Background/Purpose: In 2011, a multidisciplinary team from our institution published a novel thyroid scoring scheme termed the McGill Thyroid Nodule Score (MTNS) that aimed to evaluate the risk of thyroid cancer based on a series of evidence based clinical, histological, and radiological risk-factors. The objective of the current study is to prospectively appraise the validity of the MTNS.

Methods: Two hundred forty five consecutive patients undergoing total/subtotal thyroidectomy were prospectively included in this study. Their MTNS score and final pathology were recorded. The risk of malignancy based on MTNS scores was calculated and compared with values reported in our original retrospective study.

Results: The incidence of cancer for a score of 0 was 0%, of 1 to 3 was 23%, of 4 to 7 was 23%, of 8 was 48%, of 9 to 11 was 51%, of 12 to 13 was 71%, and of 14 to 18 was 81%, with a 90% cancer rate in patients with a MTNS score ≥19. Both a Fisher’s exact test and linear regression analysis showed no significant difference between the true risk of malignancy and that reported in our original data series.

Discussion & Conclusion: The McGill Thyroid Nodule Score is a valid, comprehensive, and individualised scoring system that can greatly facilitate management decisions as well as communication between physicians and with patients. It can serve as a powerful adjunct in the management of patients with thyroid nodules.