

CLINICAL IMPACT OF INDETERMINATE CATEGORY IN THYROID NODULES AFTER NEW SIAPEC-IAP CLASSIFICATION

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INTRODUCTION

The increased diagnosis rate of nodular thyroid disease in general population lead to a growing interest in the search for criteria to properly refer patients to surgery. In 2014, a new Italian classification for thyroid cytology has been drafted to improve the pre-surgical risk stratification, especially in the indeterminate category. For this purpose, the previous TIR3 category splitted into TIR3A and TIR3B subclass, with different malignancy potential and therapeutic indication.

CASE SERIES

This retrospective study analyzed a consecutive series of thyroid cytologies performed at our outpatients clinic, before and after the introduction of the new SIAPEC consensus in May 31th 2014. We collected 8956 nodules: 5692 and 3264 assessed with the old and new classifications, respectively.

We found an increased rate of TIR3 cytologies from 6.1% to 20.1%, before and after the new classification. In our series, 213 TIR3B underwent surgery and 86 (40.4%) were actually thyroid cancer, with a lower proportion of malignancy in cases with Hurtle cells proliferation (6 out of 31; 19.4%). Before 2014 the incidence of thyroid cancer in indeterminate category was 28.7%. Of 349 TIR3A nodules, 60 patients underwent surgery and 15 (25%) had positive histology.

CONCLUSIONS

Since the new SIAPEC cytology classification has been adopted, we found in our series an increased proportion of TIR3 cytologies by about three time with a simultaneous reduction of TIR2; it provides a better selection of patients with Indeterminate cytology deserving surgery. However, additional parameters need to be identified to minimize the use of unnecessary surgery.