The Bethesda System for Reporting Thyroid Cytopathology (Springer, in press, 2009)

Table 1-1 The Bethesda System for Reporting Thyroid Cytopathology; Recommended Diagnostic Categories

I. NONDIAGNOSTIC or UNSATISFACTORY
   Cyst fluid only
   Virtually acellular specimen
   Other (obsuring blood, clotting artifact, etc.)

II. BENIGN
   Consistent with a benign follicular nodule (includes adenomatoid nodule, colloid nodule, etc.)
   Consistent with lymphocytic (Hashimoto) thyroiditis in the proper clinical context
   Consistent with granulomatous (subacute) thyroiditis
   Other

III. ATYPIA OF UNDETERMINED SIGNIFICANCE or FOLLICULAR LESION OF UNDETERMINED SIGNIFICANCE

IV. FOLLICULAR NEOPLASM or SUSPICIOUS FOR A FOLLICULAR NEOPLASM
   - specify if Hürthle cell (oncocytic) type

V. SUSPICIOUS FOR MALIGNANCY
   Suspicious for papillary carcinoma
   Suspicious for medullary carcinoma
   Suspicious for metastatic carcinoma
   Suspicious for lymphoma
   Other

VI. MALIGNANT
   Papillary thyroid carcinoma
   Poorly differentiated carcinoma
   Medullary thyroid carcinoma
   Undifferentiated (anaplastic) carcinoma
   Squamous cell carcinoma
   Carcinoma with mixed features (specify)
   Metastatic carcinoma
   Non-Hodgkin lymphoma
   Other
<table>
<thead>
<tr>
<th>Diagnostic Category</th>
<th>Risk of Malignancy (%)</th>
<th>Usual Management*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nondiagnostic or Unsatisfactory</td>
<td>**</td>
<td>Repeat FNA with ultrasound guidance</td>
</tr>
<tr>
<td>Benign</td>
<td>0-3%</td>
<td>Clinical follow-up</td>
</tr>
<tr>
<td>Atypia of Undetermined Significance or Follicular Lesion of Undetermined Significance</td>
<td>~ 5-15%***</td>
<td>Repeat FNA</td>
</tr>
<tr>
<td>Follicular Neoplasm or Suspicious for a Follicular Neoplasm</td>
<td>15-30%</td>
<td>Surgical lobectomy</td>
</tr>
<tr>
<td>Suspicious for Malignancy</td>
<td>60-75%</td>
<td>Near-total thyroidectomy or surgical lobectomy****</td>
</tr>
<tr>
<td>Malignant</td>
<td>97-99%</td>
<td>Near-total thyroidectomy****</td>
</tr>
</tbody>
</table>

* Actual management may depend on other factors (e.g., clinical, sonographic) besides the FNA interpretation.

**See Chapter 2 for discussion.


****In the case of “Suspicious for metastatic tumor” or a “Malignant” interpretation indicating metastatic tumor rather than a primary thyroid malignancy, surgery may not be indicated.