

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 (obscuring 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 1-2 The Bethesda System for Reporting Thyroid Cytopathology: Implied Risk of Malignancy and Recommended Clinical Management		
Diagnostic Category	Risk of Malignancy (%)	Usual Management*
Nondiagnostic or Unsatisfactory	**	Repeat FNA with ultrasound guidance
Benign	0-3%	Clinical follow-up
Atypia of Undetermined Significance or Follicular Lesion of Undetermined Significance	~ 5-15%***	Repeat FNA
Follicular Neoplasm or Suspicious for a Follicular Neoplasm	15-30%	Surgical lobectomy
Suspicious for Malignancy	60-75%	Near-total thyroidectomy or surgical lobectomy****
Malignant	97-99%	Near-total thyroidectomy****

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

**See Chapter 2 for discussion.

***Estimate extrapolated from histopathologic data from patients with ‘repeated atypicals’ (Yang J et al. Fine-Needle Aspiration of Thyroid Nodules: A Study of 4703 Patients with Histologic and Clinical Correlations. Cancer 2007;111: 306-15; Yassa L et al, Long-Term Assessment of a Multidisciplinary Approach to Thyroid Nodule Diagnostic Evaluation. Cancer 2007; 111: 508-16.)

****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.