A study on age and nodule size in affecting decision for repeat thyroid FNAC after one benign cytology.

Cheah SK[1], Pierce B[1], Premkumar A[1], Sreenan S[1], McDermott J[1], Hickey N[2], Walsh T[3], Leen E[4], Sabah M[4], Kyaw Tun T[1].

[1]Departments of Endocrinology, [2]Radiology, [3]Surgery and [4]Histopathology, Connolly Hospital Blanchardstown, Dublin 15.

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

INTRODUCTION

Fine needle aspiration cytology (FNAC) is a widely adopted pre-operative investigation tool for thyroid nodules. The British Thyroid Association (BTA) recently updated guidelines recommending that an FNAC which initially yields benign cytology (Thy2) should be repeated if there is any clinical or ultrasound (US) suspicion (1). We postulate that there is a tendency for a more conservative approach in older patients and those with smaller thyroid nodules on US.

METHODS

From our multidisciplinary meeting (MDM) database for thyroid nodules under investigation from **2012-2015**, we identified **126 cases** with a single Thy2 cytology.

Post MDT, cases were recommended for conservative management (clinical or US surveillance) or invasive management (repeat FNAC or surgery).

The mean age and nodule size were compared between these two groups using an independent t-test.

RESULTS

MDM-recommended approach after one benign cytology:

- US (36 cases, 29%)
- clinical surveillance (28 cases, 22%)
- for surgery (9 cases, 7%)
- repeat FNAC (53 cases 42%)

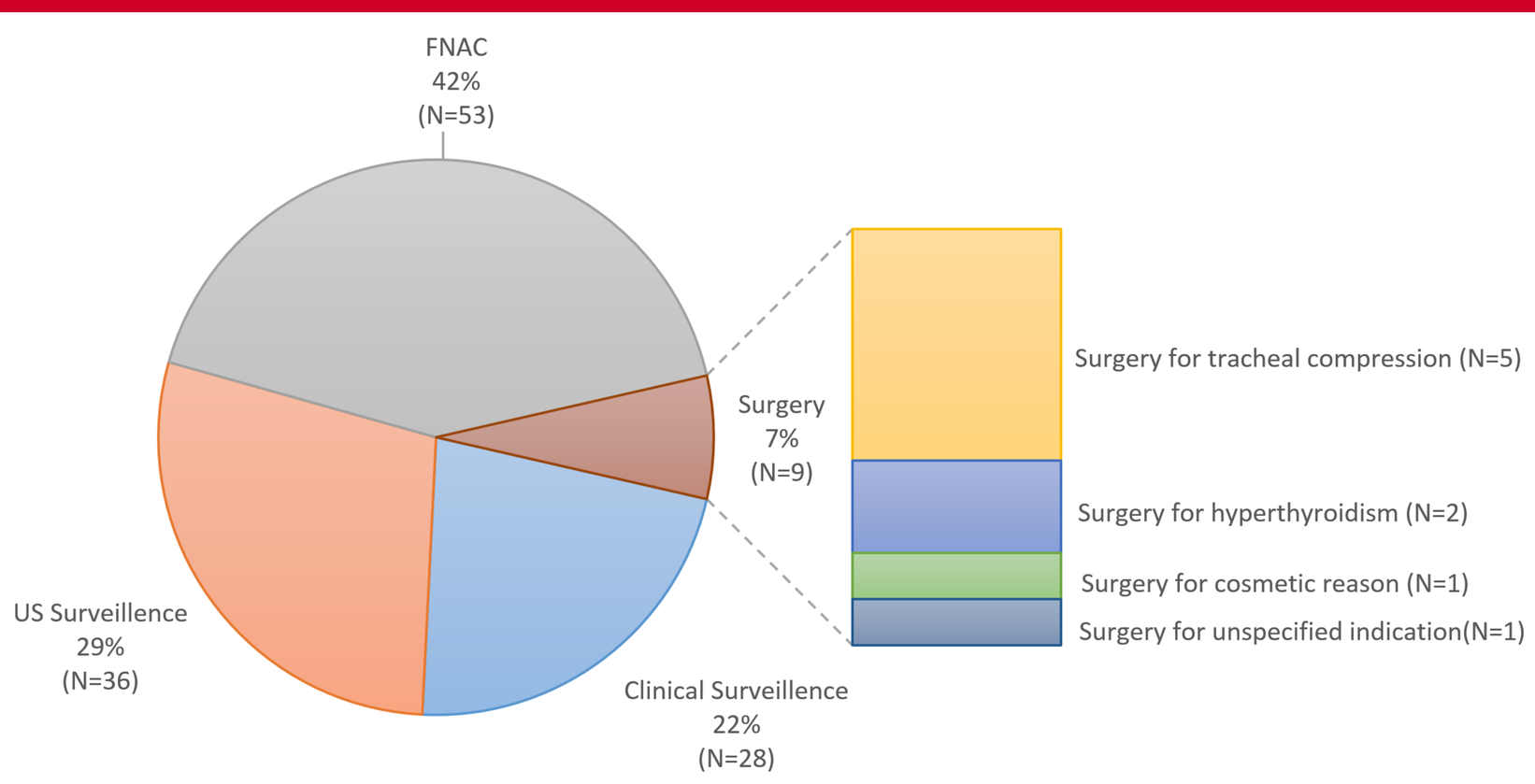

Fig 1: *MDT-recommended approach after one benign cytology*

	Conservative approach (US or Clinical Surveillance)	Invasive management (Repeat FNAC or Surgery)
Number	64 patients	62 patients
Percentage	51%	49%
Age (mean**±SD in years**)	**56.7 ± 16.7**	**47 ± 15.2**
Nodule size (mean**±SD in mm**)	**25.1 ± 15.2**	**33.7 ± 15.2**

Table 1: difference in age and nodule size for patients recommended for more conservative approach after one benign cytology

After one benign cytology, we observed that **conservative approach** was adopted

In older patients
mean difference of 9.7 years (p=0.001)

with smaller nodule
mean difference of 8.5mm for nodule size (p=0.002).

CONCLUSION

After one benign thyroid cytology, there is a tendency for a more conservative approach with US and clinical surveillance in older patients with smaller nodule size. From this study, the thresholds directing such decisions lie at approximately 50 years of age and a nodule size of 30mm.

REFERENCE

1. Peros P, et al. Clin Endocrinol (Oxf). 2014; 81: 1–122.

Connolly Hospital Blanchardstown

RCSI HOSPITALS OSPIDÉIL RCSI

EP1122

ECE 2016 28 – 31 May 2016 MUNICH, GERMANY 18th EUROPEAN CONGRESS OF ENDOCRINOLOGY