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BRAF V600E MUTATION IN WASHING LIQUID OF THYROID FINE NEEDLE ASPIRATION: A SURPRISING TOOL IN CYTOLOGICAL BENIGN NODULES

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OBJECTIVE

Thyroid fine needle aspiration (FNA) cytology is indeterminate in 15-25% of cases (1). Diagnostic accuracy of FNA can be improved by the combination of molecular and cytological analysis (2). In this study, washing liquid of FNA (wFNA) samples was tested for *BRAF* V600E mutation, using High Resolution Melting (HRM). The aim was to demonstrate whether *BRAF* analysis is accurate in wFNA and can be an additional tool when combined with cytology.

METHODS

Study design: cohort study involving 481 patients, corresponding to 648 FNA samples. All samples were subjected to both cytological (on cells smeared on a glass slide) and molecular analysis (on fluids obtained washing the FNA needle with 1 ml of saline) on the same aspiration. *BRAF* V600E analysis was performed by HRM after careful methodological validation for application to wFNA (sensitivity: 5.4%).

RESULTS

According to the American Thyroid Association guidelines (3), the 648 samples were classified in cytological categories ranging from Thy 1 (nondiagnostic) to Thy 5 (diagnostic for malignancy). The *BRAF* V600E mutation was found in 2 (2.5 %) Thy 3, 6 (66.6%) Thy 4 and 6 (75%) Thy 5. Surprisingly, 5 (1.2%) Thy 2 samples resulted *BRAF* mutated. *BRAF* V600E mutations were confirmed by pyrosequencing in scraped Thy 2 cytological samples. Patients underwent thyroidectomy and the diagnosis of papillary carcinoma was confirmed at histology.

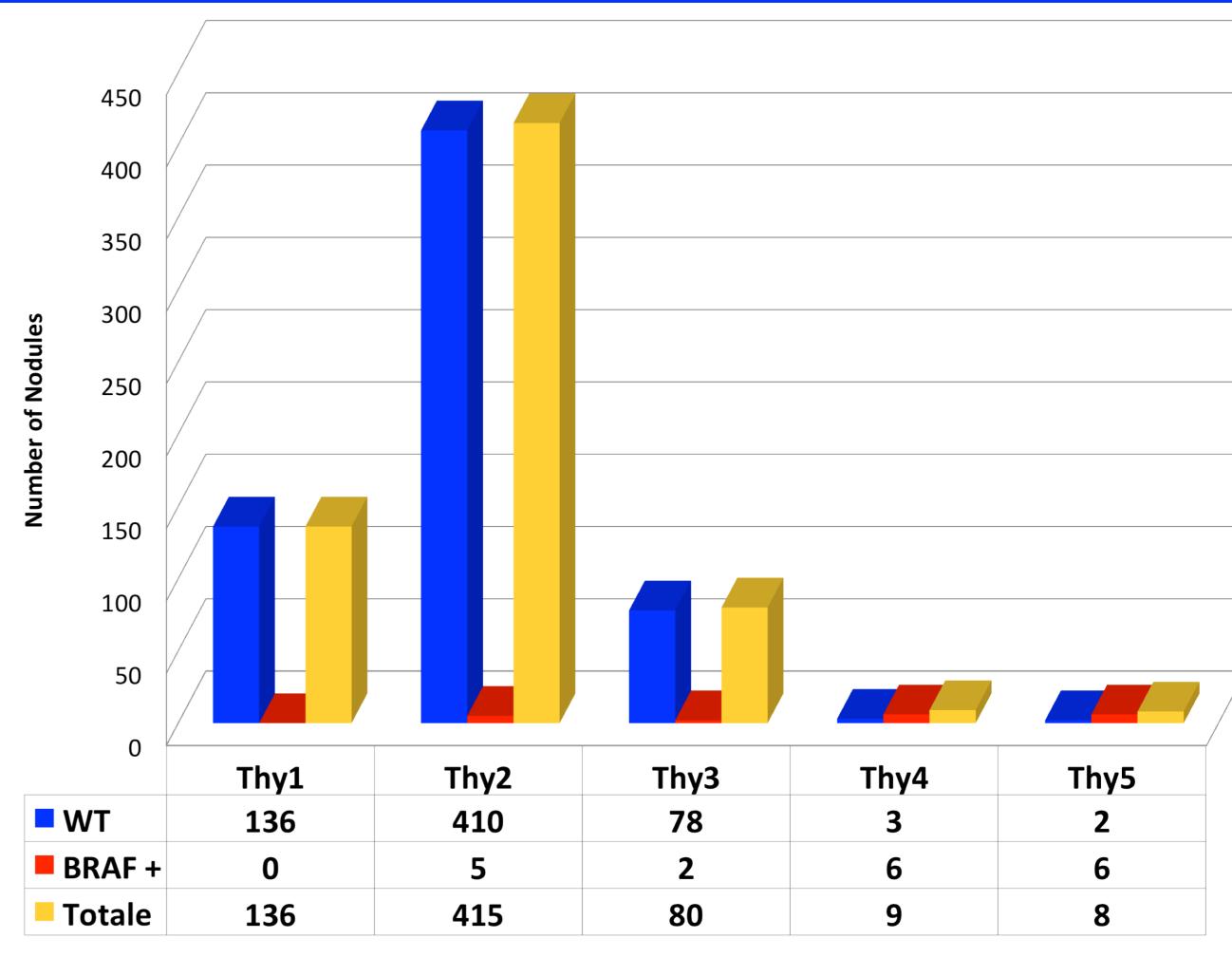


Fig 1: WT and *BRAF* + samples in each cytological category.

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|------------|---------------------|-------|---------------------|-----------------------|---|----------------|
| ID | Suspicious on US | Cyt | HRM on wFNA | Pyrosequencing on FNA | Histology | Stage |
| s1 | Yes | Thy 2 | <i>BRAF</i> V600E + | not assessed | Papillary thyroid microcarcinoma | pT1aNxMx |
| s2 | Yes | Thy 2 | <i>BRAF</i> V600E + | <i>BRAF</i> V600E + | Partially cystic papillary carcinoma | pT2NxMx |
| s3 | No | Thy 2 | <i>BRAF</i> V600E + | <i>BRAF</i> V600E + | Classical variant of papillary carcinoma | pT3mN1bMx |
| s4 | No | Thy 2 | <i>BRAF</i> V600E + | <i>BRAF</i> V600E - | No surgery | Not applicable |
| s5 | Yes | Thy 2 | <i>BRAF</i> V600E + | BRAF V600E - | Follicular variant of papillary carcinoma | pT1NxMx |
| s6 | Yes | Thy 3 | <i>BRAF</i> V600E + | not assessed | Classical variant of papillary carcinoma | pT3NxMx |
| s 7 | Yes | Thy 3 | BRAF V600E + | not assessed | Classical and follicular variant of papillary carcinoma | pT1bNxMx |

Table 1: Thy2 and Thy3 samples with *BRAF* mutation positivity at HRM.

CONCLUSIONS

BRAF assessment can be accurately performed on wFNA and improves the diagnostic performance, regardless of cytological results. In perspective, stand-by wFNA samples could be analyzed *a posteriori* in case of indeterminate cytology and/or suspicious findings on ultrasounds.

REFERENCES

(1) Cooper DS et al. Thyroid 2009; 19:1167-1214; (2) Melck AL et al. Oncologist 2010; 15:1285-1293; (3) Cooper DS et al. Thyroid 2006; 16:109-142.



