

Lecture Title:	<u>Diagnostic criteria for Thy 1- 5 reporting categories</u>
Lecturer Name:	Dr Sarah J Johnson
Lecturer Biography:	<p>MBBS PhD FRCPath Consultant Cyto/Histopathologist and Lead Endocrine Pathologist – Newcastle upon Tyne Hospitals NHS Foundation Trust. Honorary Lecturer – University of Newcastle upon Tyne</p> <p>Secretary – UK Endocrine Pathology Society (UKEPS) – www.ukeps.com</p>
Abstract	<p>The use of each Thy cytology category will be reviewed and illustrated with examples. Use of the categories is also summarised below.</p> <p>Potentially difficult diagnostic areas will be mentioned including suspicious vs diagnostic of papillary thyroid carcinoma (PTC), Hashimoto’s thyroiditis vs PTC, and Hurthle cell lesions vs PTC.</p>
Take home message(s)	<p><u>Reporting Thyroid Cytopathology: Recommended Diagnostic Categories, RCPATH Nov 2009</u></p> <p>Thy1 = Non-diagnostic for cytological diagnosis</p> <ul style="list-style-type: none"> - insufficient well-visualised follicular epithelial cells - technical problems <p>Thy1c = Non-diagnostic for cytological diagnosis - Cystic lesion</p> <ul style="list-style-type: none"> - cyst fluid specimens (with cyst macrophages) not reaching required follicular epithelial cellularity and without abundant colloid <p>Thy2 = Non-neoplastic</p> <ul style="list-style-type: none"> - achieves required epithelial cellularity (at least 6 groups each with at least 10 well-visualised cells) - may allow specific diagnosis, eg colloid nodule, Hashimoto’s thyroiditis <p>Thy2c = Non-neoplastic, cystic lesion</p> <ul style="list-style-type: none"> - cyst fluids consisting predominantly of colloid and cyst macrophages, even if fewer follicular epithelial cells than the adequacy criterion <p>Thy3f = Neoplasm possible, suggesting follicular neoplasm</p> <ul style="list-style-type: none"> - suggests follicular neoplasm <p>Thy3a = Neoplasm possible, atypia/non-diagnostic</p> <ul style="list-style-type: none"> - atypia or other features that raise the possibility of neoplasia but are insufficient to place into any other category <p>Thy4 = Suspicious of malignancy</p> <ul style="list-style-type: none"> - suspicious of malignancy but not allowing confident diagnosis <p>Thy5 = Malignant</p> <ul style="list-style-type: none"> - diagnostic of malignancy

References	<p>Cross P, Chandra A, Giles T, Johnson SJ, Kocjan G, Poller D, Stephenson TJ. Guidance on the reporting of thyroid cytology specimens. Royal College of Pathologists, 2009.</p> <p>Ali S, Cibas ES. The Bethesda system for reporting thyroid cytopathology. New York: Springer, 2010.</p>
Declaration of interest	<p>Secretary – UK Endocrine Pathology Society (UKEPS). Fellow of RCPATH. Member of BSCC & BTA. Co-author of RCPATH Guidance on the reporting of thyroid cytology specimens.</p>