

Factors ID'd for fine needle aspiration diagnostic accuracy

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(HealthDay)—Factors that can independently predict fine needle aspiration (FNA) diagnosis for follicular variant papillary thyroid carcinoma (FVPTC) as suspicious malignancy or malignant have been identified, according to research published online Nov. 18 in *Head & Neck*.

Young Jun Chai, M.D., from the Seoul National University Boramae Medical Center in South Korea, and colleagues examined factors associated with diagnostic accuracy of preoperative FAN for FVPTC. Two hundred twenty-five patients with FVPTC who underwent thyroidectomy were included: 117 in group A (Bethesda category II, III, or IV) and 108 in group B (category V or VI).

The researchers found that, compared with group A, group B was

associated with older age, malignant ultrasonographic features, smaller tumor size, extrathyroidal extension, higher stage, and B-type Raf (BRAF)^{V600E} mutation. Malignant ultrasonographic features and tumor size ≤ 3.0 cm were independent predictive factors for group B in multivariate analysis.

"FVPTCs > 3.0 cm are unlikely to be diagnosed as category V or VI," the authors write. "Clinicians should keep FVPTC in mind and consider diagnostic lobectomy for the nodules regardless of FNA or ultrasonographic findings."

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