
The Bethesda System for Reporting Thyroid Cytopathology

Syed Z. Ali • Edmund S. Cibas
Editors

The Bethesda System for Reporting Thyroid Cytopathology

Definitions, Criteria,
and Explanatory Notes

Second Edition

 Springer

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ISBN 978-3-319-60569-2

ISBN 978-3-319-60570-8 (eBook)

DOI 10.1007/978-3-319-60570-8

Library of Congress Control Number: 2017948245

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Printed on acid-free paper

This Springer imprint is published by Springer Nature

The registered company is Springer International Publishing AG

The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Preface to the First Edition

This atlas is the offspring of the “The National Cancer Institute (NCI) Thyroid Fine Needle Aspiration (FNA) State of the Science Conference,” hosted by the NCI and organized by Dr. Andrea Abati. Preparations for the conference began 18 months earlier with the designation of a steering committee and the establishment of a dedicated, permanent web site. The meeting took place on October 22 and 23, 2007, in Bethesda, Maryland, and was co-moderated by Susan J. Mandel and Edmund S. Cibas.

The discussions and conclusions regarding terminology and morphologic criteria from the meeting were summarized in publications by Baloch et al. [1, 2] and form the framework for this atlas. The atlas is organized by the general categories of “Nondiagnostic,” “Benign,” “Follicular Neoplasm/Suspicious for a Follicular Neoplasm,” “Suspicious for Malignancy,” and “Malignant,” and it includes the definitions and morphologic criteria of these categories as set forth by Baloch et al. The majority of the conference participants also agreed on a category of “undetermined significance,” which is incorporated in this atlas (Chap. 4).

It is critical that the cytopathologist communicate thyroid FNA interpretations to the referring physician in terms that are succinct, unambiguous, and helpful clinically. We recognize that the terminology used here is a flexible framework that can be modified by individual laboratories to meet the needs of their providers and the patients they serve. Historically, the terminology for thyroid FNA has varied markedly from one laboratory to another, creating confusion in some instances and hindering the sharing of data among multiple institutions. It is the hope of all the contributors to this atlas that it will be a valuable supplement to the terminology committee’s extraordinary summary document.

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Preface to the Second Edition

The second edition of this atlas was inspired by new developments in the field of thyroid cytopathology since the publication of the first edition 8 years ago. These include revised guidelines for the management of patients with thyroid nodules [1], the introduction of molecular testing as an adjunct to cytopathologic examination, and the reclassification of the noninvasive follicular variant of papillary thyroid carcinoma as noninvasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)[2]. Much of the groundwork for this atlas was laid by a symposium entitled “The Bethesda System for Reporting Thyroid Cytopathology (TBSRTC): Past, Present, and Future” at the 2016 International Congress of Cytology in Yokohama, Japan. Preparations for the symposium began 12 months earlier with the designation of a steering group and the appointment of an international panel composed of 16 cytopathologists and an endocrinologist, whose task was to review and summarize the published literature in English since the introduction of TBSRTC.

The symposium, moderated by Drs. Syed Ali and Philippe Vielh, took place on May 30, 2016, and the discussions and recommendations from the symposium have been summarized in a publication by Pusztaszeri et al. [3]. Based on the panel’s recommendation, the six original general categories (“Nondiagnostic,” “Benign,” “Atypia of Undetermined Significance/Follicular Lesion of Undetermined Significance,” “Follicular Neoplasm/Suspicious for a Follicular Neoplasm,” “Suspicious for Malignancy,” and “Malignant”) have been retained in this second edition. The chapters devoted to these categories now have expanded and refined definitions, morphologic criteria, and explanatory notes.

It’s gratifying to see that TBSRTC has been widely adopted in the USA and worldwide and endorsed by the American Thyroid Association [1]. It has gone far toward improving communication between cytopathologists and their clinical colleagues and has provided a uniform template for the sharing of data among investigators. It is our hope that it will continue to stimulate interest in the improvement of thyroid cytopathologic diagnosis and the betterment of patients with thyroid nodular disease.

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Acknowledgments

The editors would like to express their gratitude for the extraordinary work and dedication of many outstanding individuals who laid the foundation for the Bethesda System for Reporting Thyroid Cytopathology (TBSRTC) in 2007 and contributed to the publication of the two monographs (TBSRTC 2010 and TBSRTC II 2018). This includes the organizers and participants of the National Cancer Institute (NCI) Thyroid Fine Needle Aspiration (FNA) State of the Science Conference in Bethesda, Maryland, in 2007 and the International Academy of Cytology (IAC)-sponsored special symposium “TBSRTC: Past, Present, and Future” at the ICC congress in Yokohama in 2016.

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