A guide to FNA Thyroid Cytology Reporting



Clinical information			
<u>\$1.02</u>	Clinical information provided on request form (complete as narrative or use the structured format below)	Text	
	History of prior surgery/ radiation	Text	
	Thyroid function test results (T3, T4, TSH, Thyroid antibodies)	Text	
	NODULES (Repeat for each nodule identified)		
	Location and size	Text	
	Radiologic/sonographic appearance	Cystic Solid Mixed Other (describe)	
	Calcification	Absent Present	
S1.03	Pathology accession number	Text	
<u>\$1.04</u>	Principal clinician caring for the patient	Text	
<u>G1.01</u>	Other clinical information received	Text	
Procedural information			
	aurai illioi mation		
<u>52.01</u>	Date of FNA	Text	
		Text Text	
<u>S2.01</u>	Date of FNA FNA operator (name, contact details, role ie radiologist/		
<u>\$2.01</u> <u>\$2.02</u>	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s)	Text	
\$2.01 \$2.02 \$2.03	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S)	Text	
\$2.01 \$2.02 \$2.03	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule)	Text	
\$2.01 \$2.02 \$2.03	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule) Size	Text Text mm Absent	
\$2.01 \$2.02 \$2.03	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule) Size Calcification	Text Text mm Absent	
\$2.01 \$2.02 \$2.03	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule) Size Calcification Number of passes	Text Text mm Absent Present	
\$2.01 \$2.02 \$2.03	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule) Size Calcification Number of passes Aspirated to dryness	Text Text mm Absent Present No/Yes	
\$2.01 \$2.02 \$2.03 \$2.01	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule) Size Calcification Number of passes Aspirated to dryness Residual mass	Text Text mm Absent Present No/Yes No/Yes No/Yes Not sampled	
\$2.01 \$2.02 \$2.03 \$2.01	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule) Size Calcification Number of passes Aspirated to dryness Residual mass LYMPH NODES If sampled, record the	Text Text mm Absent Present No/Yes No/Yes No/Yes Not sampled Sampled	
\$2.01 \$2.02 \$2.03 \$2.01	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule) Size Calcification Number of passes Aspirated to dryness Residual mass LYMPH NODES If sampled, record the location, size and level	Text Text mm Absent Present No/Yes No/Yes Not sampled Sampled Text	
\$2.01 \$2.02 \$2.03 \$62.01	Date of FNA FNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule) Size Calcification Number of passes Aspirated to dryness Residual mass LYMPH NODES If sampled, record the location, size and level Aspirate appearance	Text Text mm Absent Present No/Yes No/Yes Not sampled Sampled Text Text	
\$2.01 \$2.02 \$2.03 \$2.02 \$2.02	PNA operator (name, contact details, role ie radiologist/pathologist/other) Location of sampled nodule(s) (repeat for each aspirated nodule) DESCRIPTION OF NODULE(S) (repeat for each aspirated nodule) Size Calcification Number of passes Aspirated to dryness Residual mass LYMPH NODES If sampled, record the location, size and level Aspirate appearance Any difficulties with the aspiration	Text Text mm Absent Present No/Yes No/Yes Not sampled Sampled Text Text Text	

Specimen information			
<u>\$2.04</u>	Specimen types/slides	Text	
<u>\$2.05</u>	Distribution of biopsy material (choose all that apply)	Flow cytometry IHC Cytogenetics FISH Molecular testing Microbiology Tissue bank Other (specify)	

Microscopic findings		
<u>\$3.01</u>	Classification (for recommended terminology refer to p2)	Text
	Further specific diagnosis (if applicable)	Text
<u>\$3.02</u>	Summary of cytological findings	Text
	Recommendation (if applicable)	Text

Ancillary findings	
G4.01 IMMUNOHISTOCHEMISTRY	
Antibodies	Positive Ab Negative Ab Equivocal Ab
Interpretive comment	Text
FLOW CYTOMETRY	
Antibodies	Positive Ab Negative Ab Equivocal Ab
Interpretive comment	Text
CYTOGENETICS	
Results	Text
Interpretive comment	Text
MOLECULAR GENETICS	
Results	Text
Interpretive comment	Text
FISH	
Results	Text
Interpretive comment	Text
MICROBIOLOGY (including staining cultures and PCR)	Text
Results	Text
Interpretive comment	
Test result type (Repeat for each other test performed)	Text
Results	Text
Results	Text
Interpretive comment	

Synthesis and overview			
<u>G5.01</u>	Overarching comment	Text	

Notes

General categories with comparison to the Bethesda system and comments/recommendations

RCPA/ASC Classification/terminology	Bethesda	Category number	Comments and recommendations *
Non-diagnostic	Non- diagnostic/Unsatisfactory	1	
Benign	Benign	2	
Indeterminate OR Follicular lesion of undetermined significance	Atypia of undetermined significance/ Follicular lesion of undetermined significance	3	1. The use of the term atypia in the general diagnostic category is discouraged. 2. The word atypia is used to describe a cellular or architectural feature. 3. Includes follicular and non follicular lesions. 4. Most cases will have a benign follow up. 5. The choice of recommended term is dependent on the circumstances.
Suggestive of a follicular neoplasm	Follicular neoplasm or Suspicious for FN	4	The use of the term suspicious is not recommended
Suspicious of malignancy	Suspicious of malignancy	5	
Malignant	Malignant	6	

Note: The descriptor must always be stated in a report with the category number. The number should NOT be used without the descriptor to avoid any potential miscommunication with other numbered categories used for other sites eg breast. Following general categorisation a specific diagnosis must be stated, favoured or suggested, where applicable.