Rapid On-site Evaluation of Ultrasound Guided Fine Needle Aspiration Thyroid Nodule Biopsy: Does it Have a Role in the Reduction of Non-diagnostic Sample Rate?

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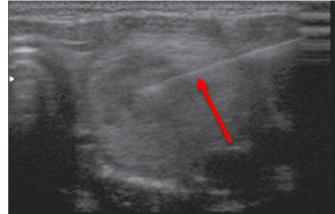


Background

- Thyroid nodules are one of the most common incidental imaging findings
- US guided FNA is used for tissue sampling
- FNAs are increasing due to increasing find of thyroid nodules







Needle FNA in suspicious nodule



Current protocol

- 6 FNA passes are obtained for each nodul
- 20-25g needle used
- Non-diagnostic specimen is possible due to inadequate passes
- Operator unsure if specimen is adequate upon completion of FNA



Aim

Detect the effect of rapid on site evaluation on the success of obtaining adequate diagnostic samples and decreasing rebiopsy rate



Implementing rapid on-site cytological exam to check for sample adequacy





Pathology team present in room at time of biopsy with rapid stains



Methods

- Thyroid nodules FNA 2017-2018 were identified.
- Variables:
 - Sample adequacy, yes or no
 - On-site exam, yes or no
 - Nodule size
- Fisher's exact test used to determine significance
- Small nodules (≤ 2 and ≤ 3 cm) studied



Results

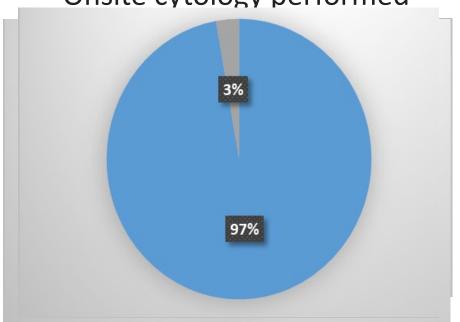
- 355 patients with 443 nodules were reviewed
- On-site cytological exam was performed in 60 cases (17%) with 65 nodules
- 121 patients with nodules ≤2 cm

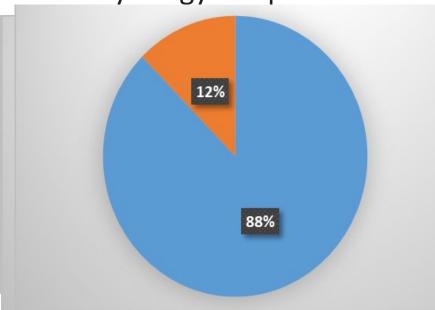


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Conclusion

- FNA biopsy of thyroid nodules is one of the most commonly performed procedures.
- Inadequate sample is frustrating for the patient, results in rebiopsy, and increases cost.
- Performing rapid on-site cytological exam, particularly in nodules less than 2 cm resulted in reduction of the incidence of obtaining inadequate sample.
- In our experience, this has led to improving the quality and safety of patient care.





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