

Active surveillance in undetermined (Bethesda IV) thyroid nodules

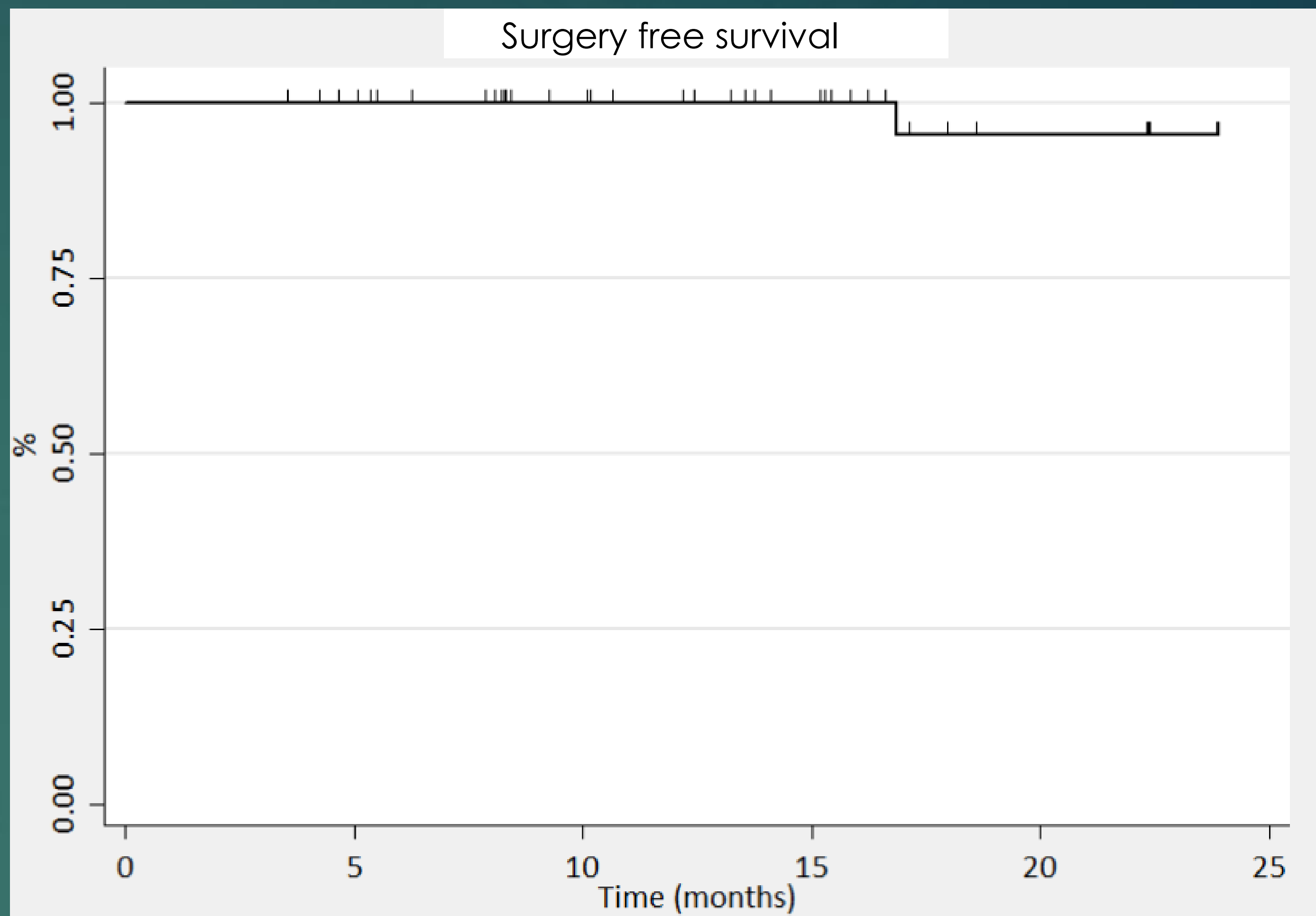
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Introduction

- Bethesda IV category is an indeterminate diagnosis with a risk of malignancy 10-40%.¹ Lobectomy or molecular testing are currently recommended by the 2015 ATA guidelines². Active surveillance is an accepted strategy for thyroid nodules Bethesda V or VI with higher risk of malignancy (>70%)³. Scarce literature assessing active surveillance to indeterminate nodules is available. The aim of this study is to report a cohort of patients with thyroid nodules Bethesda IV who are under active surveillance.

Methods

- A prospective cohort was conducted at a head and neck center in Medellín, Colombia. Between Oct 1, 2018 and Dec 31, 2019, patients with incidental US thyroid nodule and FNAB report Beth IV were included. Patients with history of head and neck cancer, clinical or ultrasound findings highly suspicious of malignancy according to ATA criteria were excluded. Only the index nodule data was recorded in patients with several nodules. The active surveillance proposed was: periodic US, and surgery if >3 mm growth was detected or patient decision. Only patients who accepted the surveillance strategy were included. Nodules stability without surgery is analyzed with a Kaplan-Meier graph.

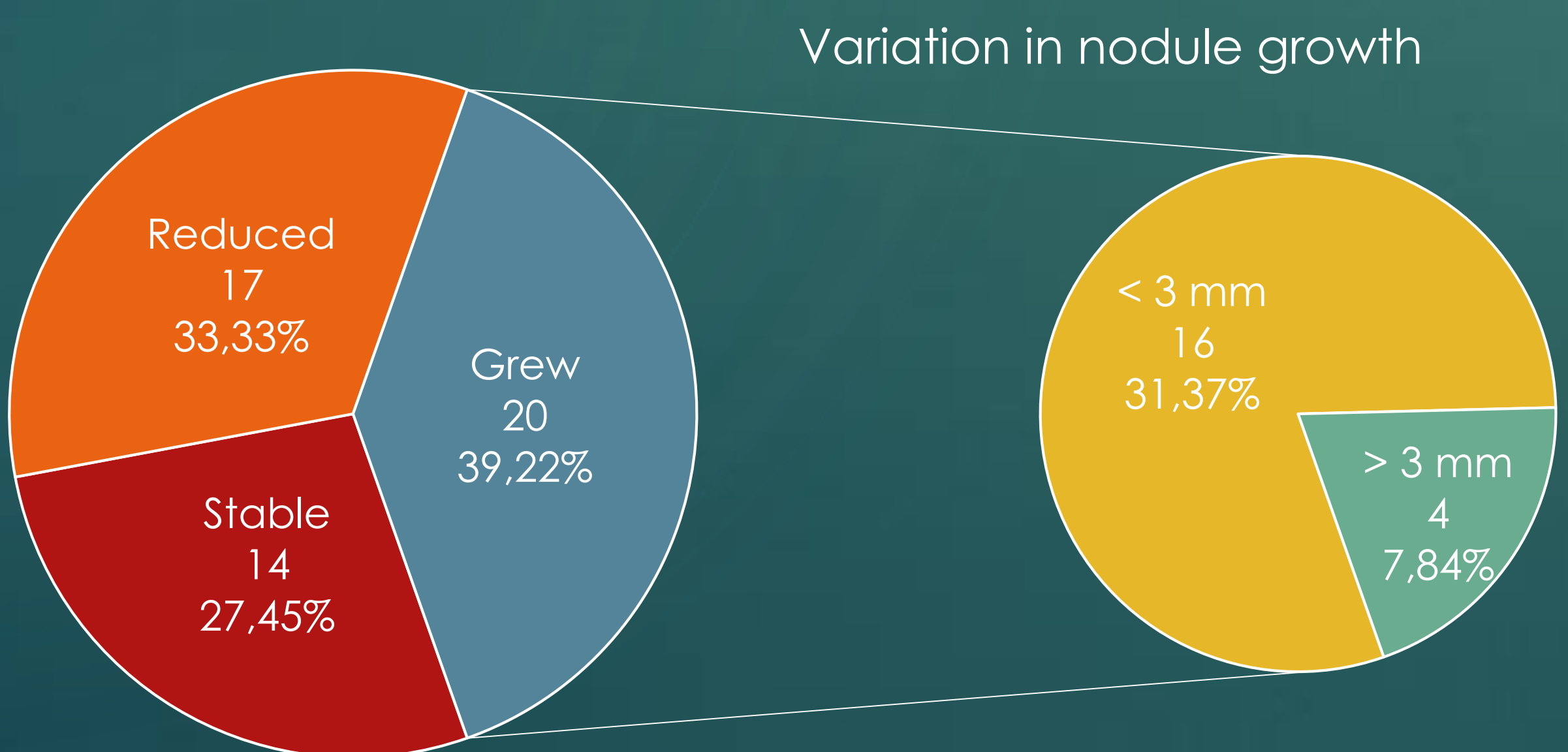


Results

- 51 patients were included. The mean age was 53 yo (0-80). 82% were women, the mean size was 16.04 ± 7.3 mm (range 5-50mm). The median follow-up was 15.3 months (3-75). Growth > 3mm was reported in 4 patients (7.8%). Three patients underwent surgery, two because of growth and one because of surgeon preference. Thyroid malignancy was reported in only one patient (papillary carcinoma). The median 24-month surgery-free survival was 95.8% (95% CI 0.73-0.99).

Conclusion

- This cohort demonstrates that active surveillance strategy in patients with Bethesda IV nodules patients is feasible with similar results as those reported for Bethesda V-VI nodules, avoiding the risks of surgery and the need of long-life oral levothyroxine. These results should be seen with caution due to the selection of suitable cases and the short follow-up, but it could be an alternative to diagnostic surgery or molecular testing if it is not available.



References :

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