

RADIOLOGICAL–PATHOLOGICAL DIAGNOSTIC RATE OF THE BRITISH THYROID ASSOCIATION ULTRASOUND CLASSIFICATION OF

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THYROID NODULES AT NMUH

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BACKGROUND

New guidelines were published by the British Thyroid Association on the Management of Thyroid Cancer in February 2014.

The guidelines recommend the U scoring system for assessing risk of malignancy of thyroid nodules on ultrasound and guiding fine needle aspiration cytology (FNAC).

We undertook a 2-cycles audit at North Middlesex University Hospital between March 2020 to January 2022 to ascertain whether the new guidelines were being followed.

OBJECTIVES

Primary objective:

- Assess diagnostic rate of FNAs done at NMUH

Secondary objectives:

- Ascertain whether BTA U classification was used to score thyroid nodules.
- Assess average waiting time between requesting and performing the FNA.
- Predicting difference in accuracy of BTA used by radiologists and sonographers.

METHODS

- We performed a closed loop audit on the use of BTA-U classification of thyroid scans and the diagnostic rates of FNA cytology based on the U classification, after the results of the first cycle and recommendations to use BTA-U classifications, we performed the 2nd cycle which resulted in wider use of U-classification and increased diagnostic rates of FNA at the hospital.

-Population sample

This audit looked at patients who attended the North Middlesex Hospital (NMH) radiology department for FNAC between March 2020 to January 2022.

Number of patients recruited for audit = 136

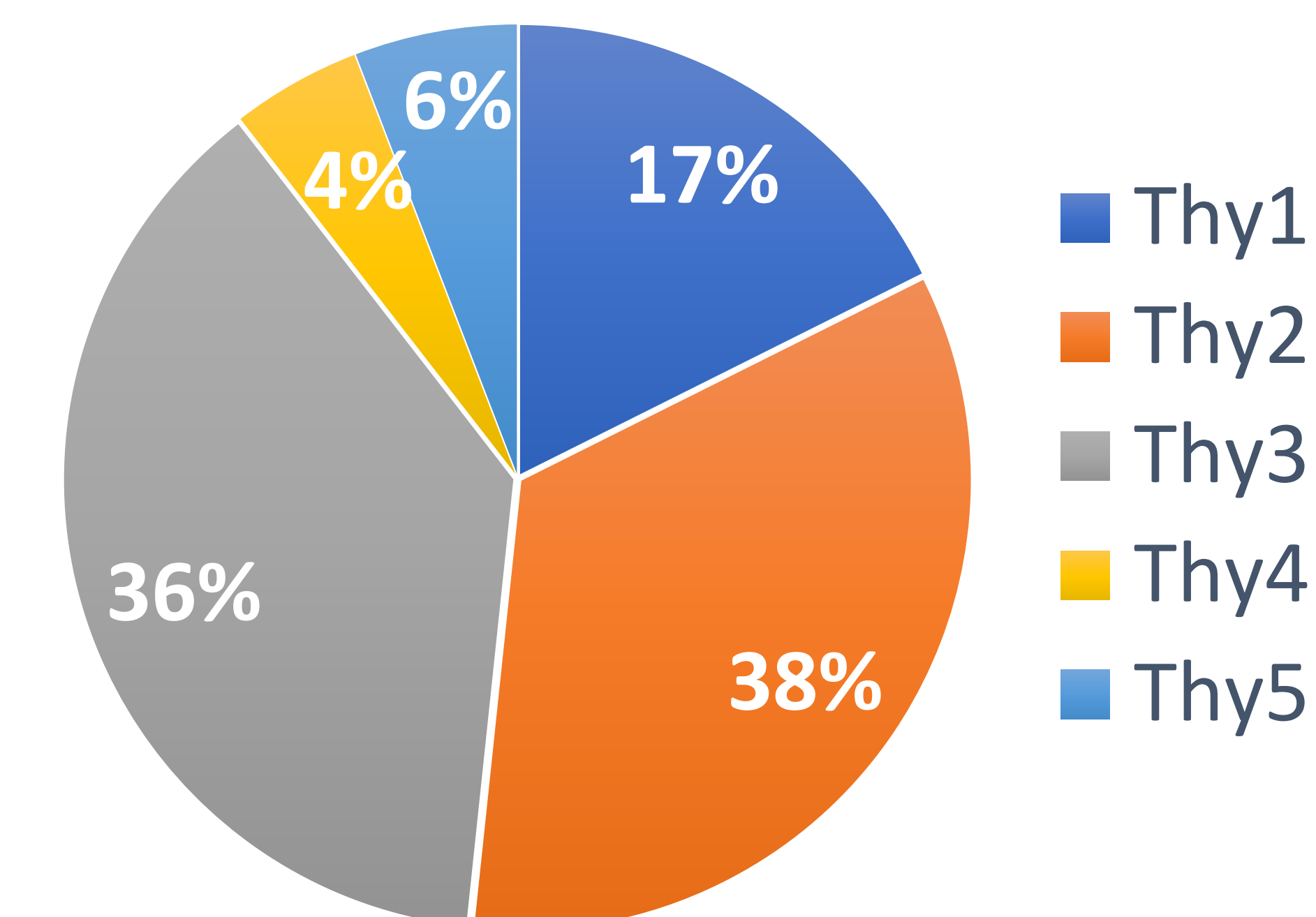
Number of thyroid scans = 136 + 9 (More than one nodule and FNA)

Ave age = 55yrs

Age range = 21-90 yrs

RESULTS

- **Diagnostic rate of the FNAC** is 83.3% which is above the average 70% success rates agreed by RCR
- **Average waiting time** between request date and study completion was 5.4 weeks.
- **43 scans of the sample were downgraded** 18 of which were done by sonographers while 5 were done by radiology consultants while the rest were obtained externally.
- **U classification** is used in 95.1% of the scans.
- **Thy1** = 15 (16.6%)
- **Thy2** = 34 (37.7%)
- **Thy3a** = 22 (24.4%)
- **Thy3f** = 10 (11.11%)
- **Thy4** = 4 (1 medullary ca, 1 papillary ca) (4.4%)
- **Thy5** = 5 (4 papillary ca) (5.5%)



CONCLUSION AND RECOMMENDATIONS

- Given the high diagnostic rates of the BTA-U classification in diagnosing non-benign nodules in addition to the relatively long waiting times between the thyroid scan initially performed and the FNA done, it's recommended to establish a one-stop clinic for FNAC led by consultant radiologist to help minimising the waiting time and early diagnosing.
- Workshops done by radiology consultant to train sonographers performing thyroid scans.
- Perform 3rd cycle of the audit to ensure adherence to guidelines.

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