

Thyroid 2024 Q&A

	Question	Answer
1.	Question about NFTP's and now NOT being reportable? Why is that? Makes us a tad nervous to make NR. Any comment?	They are not reportable and I don't think that will change. Despite the histologic name, the WHO determined they do not meet the criteria for a /2 or /3 behavior.
2.	When looking at the drop in cases due to NIFTP, there is a problem. The standard setters interpreted the term <i>non-invasive</i> in NIFTP to mean in situ and continued to collect these cases as in situ /2 cases. Registry numbers will NOT show what the medical experts thought. It took years before this coding was fixed.	That is a valid point! I believe these cases were collected as /2 from 2018-2021. Starting with cases diagnosed 2021, NIFTP is not reportable to any standard setters. It is considered a /1 behavior.
3.	Now that Hurthle and Oxyphilic adneoca is not considered follicular would I I code 2 primaries if I have a 2.7 cm Hurthle cell and a 0.8 cm papillary dx at same time. We can no longer stop at M7?	Rule M7 indicates only histologies in the follicular and papillary rows of table 12 apply. Oxyphilic has it's own row. I assume that means rule M7 would not apply in your scenario.
4.	So , you can use grade D for Undifferentiated / Anaplastic CA ?	That is my understanding. High grade can be assigned as grade D for thyroid.
5.	Jim, you said undiff and anaplastic are same, so are both 8020/3?	According to the Solid Tumor Rules Table 12, Anaplastic carcinoma is 8021/3 and carcinoma undifferentiated is 8020/3.
6.	Do we always code the suffix for thyroid: "m" or "s" Or only for papillary or FTC since according to AJCC are classified ad differentiated?	This question has been submitted to AJCC through CAnswer Forum for educational products. https://cancerbulletin.facs.org/forums/node/79685
7.	Can we use TiRads 4 or 5 to apply the m suffix	A question has been submitted to AJCC asking what criteria are required to assign the (m) suffix. I did not ask specifically about the Ti RADS scoring. If you have a case where the nodules are assigned a TiRADS score, you might want to send it to CAnswer forum and ask if the scores should be used to assign the "m" suffix. IF you do, please let me know!
8.	The clinical m suffix is hard to pin down, If there are multiple nodules but the only bx one can we use the m suffix or do we need a statement that these are malignant?	This question has been submitted to AJCC.

9.	Concerning your question about why cN0a (bx confirmed) is lower than cN0b, I'm thinking that if visible on imaging there is greater mass with potential malignancy vs microscopic confirmation...so if visible on imaging, worse case i.e, cN0b rather than cN0a.	That may be!
10.	Maybe the N0a and N0b reasoning is that something that is clinically evident by imaging is usually larger than if only pathologically positive. so maybe it is kind of reverse thinking...not sure	That sounds reasonable.
11.	PG 890 ajcc second paragraph mentions N1 is classified as stage 1 at dx and reclassified as stage 2 disease in older patients. so if the pt is 53 with stage t2 n1 m1 what is the correct stage group 1 or 2	That would be stage 2 due to the patient age and the distant mets. Donna from AJCC replied... <i>The questioner misunderstands the AJCC paragraph.</i> <i>It is just pointing out the difference in staging for N1 based on the 2 different age groups in the stage table</i>
12.	AJCC pg 882 shows histology 8020 is "Anaplastic thyroid carcinoma", whereas in STRs 8020/3 is listed as "Carcinoma, undifferentiated"	The preferred term for 8020/3 is Carcinoma, undifferentiated according to ICD O 3.2.
13.	Can synchronous papillary thyroid carcinomas occur simultaneously in both the struma ovarii and the thyroid? We encountered a rare case where a patient was dx with high grade papillary thyroid carcinoma within a struma ovarii. the pt underwent ovarian cystectomy, and a few months later, a total thyroidectomy revealed a small nodule in the lobe dx as PTC.	They may, but according to rule M13, they would be 2 primaries.
14.	Near-total thyroidectomy is an operation that involves the surgical removal of both thyroid lobes except for a small amount of thyroid tissue (on one or both sides less than 1.0 mL). Subtotal thyroidectomy leaves 3 g to 5 g on the less affected side of the thyroid gland.Aug 7, 2015 Total or near-total thyroidectomy versus subtotal ... - NCBI	Thank you!

	National Institutes of Health (NIH) (.gov)	
15.	The order of the T, N, and M categories is based on worsening prognosis, and applies to the N0 subcategories.	Thank you!
16.	Regarding reportability on imaging- Parts labeled as findings/impression/recommendation, which is dictated by radiologist? Does 1 take precedence over the other? For eg. if in a report Impression states SUSP of MAL & in the findings & recommendation it states high suspicion. Is high suspicion for MAL reportable?	I would go with the final impression over what you find in the findings section.
17.	Are you going to include the answers to the case scenarios in the handouts sent after a week?	Yes
18.	If an FNA (cyto) is susp, but is later confirmed, is that FNA date the date of DX?	Yes.
19.	Isn't it "different" for thyroid regarding the multifocal vs multiple tumors? That we would code "m" for multifocal for thyroid? (AJCC path T suffix notes (m)multiple synchronous tumors OR for thyroid differentiated and anaplastic only, MULTIFOCAL tumor)	We have sent the question to AJCC. You can find it on the forum for NAACCR Webinars. https://cancerbulletin.facs.org/forums/node/79685
20.	For Case Scenario #1, would the Clin N be cN0b since no LNs on imaging?	Yes!
21.	Why can't you code 1 for LVI if present for Thyroid? STORE manual states you can only code 0,2,3,4 or 9 for this site.	If a pathologist is following the CAP protocol they should differentiate between angio and lymphatic invasion. If they are not following the protocol and simply state LVI is present, it is not clear how the case should be coded. We've submitted a question to the CoC asking for guidance. https://cancerbulletin.facs.org/forums/node/153078