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Letter to the Editor

## Letter to the editor in response to the article “The presence of papillary features in thyroid nodules diagnosed as atypia of undetermined significance or follicular lesion of undetermined significance increases cancer risk and should influence treatment?”



Respected Sir,

It was quite interesting to read the article in which the authors have tried to evaluate the influence of papillary features on risk of malignancy within the Atypia of Undetermined Significance or Follicular Lesion of Undetermined Significance (AUS-FLUS) Bethesda System for Reporting Thyroid Cytopathology (BSRTC) diagnostic category.

In their study, the authors found AUS-FLUS in 22% of FNAB specimens. This percentage seems to be alarming. Though there is an inter-laboratory and inter-cytopathologist variation in the reporting of AUS-FLUS but the 7% threshold has become the accepted general benchmark for percentage of specimens reported under Thyroid Bethesda System.<sup>1,2</sup>

We would like to know the performance benchmarks used in their cytopathology laboratory. In the light of such high rate of detection of an AUS/FLUS sample in their cohort, is it proper to deduce that a separate subgrouping be created within the AUS/FLUS category?

Thank you.

### References

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2. Layfield LJ, Morton MJ, Cramer HM, et al. Implications of the proposed thyroid fine-needle aspiration category of “follicular lesion of undetermined significance”: a five-year multi-institutional analysis. *Diagn Cytopathol.* 2009 Oct;37(10):710–714. <https://doi.org/10.1002/dc.21093>.

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