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Paraphrase for the impact of repeat fine-needle aspiration in thyroid nodules categorized as atypia of undetermined significance or follicular lesion of undetermined significance: A single center experience

We read with a great deal and respect the research article, entitled “The impact of repeat fine-needle aspiration in thyroid nodules categorized as atypia of undetermined significance or follicular lesion of undetermined significance: A single center experience” published in *Early View*, November 30, 2020, *Diagnostic Cytopathology*. This beneficial research seems to have been designed in order of revealing any alteration in the histopathologic findings of the thyroid cytopathology with The Bethesda System for Reporting Thyroid Cytopathology (TBSRTC) III by using single or repeat fine-needle aspiration (FNA).¹ 2015 American Thyroid Association (ATA) management guidelines for adult patients with thyroid nodules and differentiated thyroid cancer² recommends the investigations such as repeat FNA or molecular testing which might be used to supplement malignancy risk assessment in lieu of proceeding directly with a strategy of either surveillance or diagnostic surgery for nodules with atypia of undetermined significance or follicular lesion of undetermined significance (AUS/FLUS) cytology, after consideration of worrisome clinical and sonographic features. It also recommends considering informed patient preference and feasibility in clinical decision making strategy ([A17] AUS/FLUS cytology, Recommendation 15A, weak recommendation moderate-quality evidence). Marin et al¹ reported that they did not detect any statistically significant difference in the malignancy rate histopathologically among the patients who had undergone directly to the surgery after a single AUS/FLUS cytology (32.2%) and the ones with a repeat FNA application (32.8%). The mentioned condition of indifference might have arisen from that the authors may have proposed the surgery for the cases with single TBSRTC III cytopathology,

possessing worrisome clinical/sonographic features, informed patient preference, and feasibility as the 2015 ATA management guidelines, recommendation 15A.² If so, it is obvious that, it would increase the estimated risk of malignancy (%) ([A10] Recommendations for diagnostic FNA of a thyroid nodule based on sonographic pattern, recommendation 8I-III, 2015 ATA management guidelines²) of the supposed thyroid nodules which possibly had been subjected to the management of decision making for undergoing directly to the surgery after a single TBSRTC III in line with the 2015 ATA management guidelines, recommendation 15A.^{2,3} Consequently, we estimate and propound that specifying the nodules with just single FNA cytology whether getting possession of worrisome/suspicious clinical/sonographic features or not among the involved study groups by physicians might be crucial for providing an additional value to the relevant works for AUS/FLUS cytology for manifesting the mentioned purposes¹ in Thyroidology. As a matter of the fact that this issue merits further investigation. We thank for Marin and colleagues¹ for their worthy study.

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CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

AUTHOR CONTRIBUTIONS

Demet Sengul: conception, design, analysis and interpretation, literature review, co-writing, editing, supervision, and final approval, agreement to be accountable for all aspects of the work. **Ilker Sengul:** conception, design, analysis and interpretation, literature

review, co-writing, editing, and final approval, agreement to be accountable for all aspects of the work. **Anton Pelikan**: design, analysis and interpretation, co-writing, editing, and final approval, agreement to be accountable for all aspects of the work.

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REFERENCES

1. Marin F, Murillo R, Diego C, Jodar E, Acevedo A. The impact of repeat fine-needle aspiration in thyroid nodules categorized as atypia of undetermined significance or follicular lesion of undetermined significance: a single center experience. *Diagn Cytopathol.* 2020;1-6. <https://doi.org/10.1002/dc.24676>.

2. Haugen BR, Alexander EK, Bible KC, et al. 2015 American Thyroid Association Management Guidelines for adult patients with thyroid nodules and differentiated thyroid cancer: the American Thyroid Association

Guidelines task force on thyroid nodules and differentiated thyroid cancer. *Thyroid.* 2016;26:1-133.

3. Sengul D, Sengul I, Van Slycke S. Risk stratification of the thyroid nodule with Bethesda indeterminate cytology, category III, IV, V on the one surgeon-performed US-guided fine-needle aspiration with 27-gauge needle, verified by histopathology of thyroidectomy: the additional value of one surgeon-performed elastography. *Acta Chir Belg.* 2019;119:38-46.