

Peut-on vraiment re-classifier les
carcinomes papillaires de forme
vésiculaire encapsulés (NIFT-P) en
catégorie bénigne ?

Ninety-four cases of encapsulated follicular variant of papillary thyroid carcinoma: A name change to Noninvasive Follicular Thyroid Neoplasm with Papillary-like Nuclear Features would help prevent overtreatment

Lester DR Thompson

MODERN PATHOLOGY (2016), 1-10

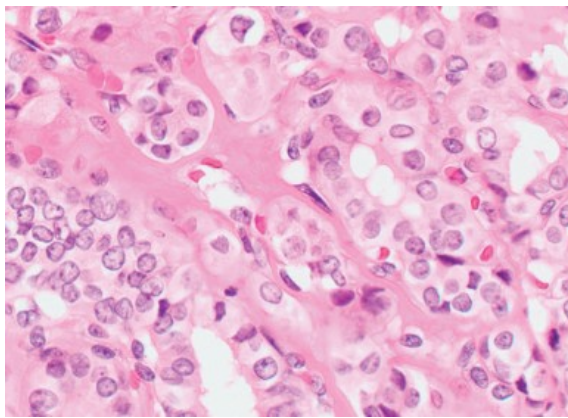
- Etude rétrospective de 94 patients
- 30% des KP (« étude sur année 2002 »)
- Différences avec KP classiques

Table 1 Papillary carcinoma clinical and macroscopic features

	<i>Encapsulated follicular variant</i> n = 94 (29%)	<i>All papillary carcinomas</i> n = 324 (100%)
<i>Gender</i>		
Females (<i>P</i> < 0.0001)	75	250
Males	19	71
<i>Age at presentation (years)</i>		
All (mean)	45.6	48.4
All (range)	20-80	13-86
< 45 years at presentation	46	128
≥ 45 years at presentation	50	195
<i>Location (dominant mass)</i>		
Right lobe	43	119
Left lobe	37	106
Isthmus	0	4
Bilateral	14	95
<i>Size (in cm)</i>		
Range	0.7-9.5 ^a	0.1-11.6
Mean (<i>P</i> = 0.01)	3.3	2.3
<i>Number of blocks submitted</i>		
Range	5-37	1-87
Average	11.9	12.8
<i>Number of tumors</i>		
Single	58	159
Multifocal (in one lobe)	22	69
Bilateral	14	96
If multiple, average number	3	3.5
<i>MACIS</i>		
Average (range)	5.0 (3.31-8.15)	5.24 (3.13-11.42)
< 6 (Number/%)	81 (86%)	243 (75%)
6.0-6.99 (Number/%)	8 (9%)	39 (12%)
7.0-7.99 (Number/%)	4 (4%)	27 (8%)
8 or higher (Number/%)	1 (1%)	15 (5%)

Abbreviations: MACIS score: metastases, age, completeness of excision, invasiveness, and size.

^aThe tumor removed was the reason for the surgery, and thus assigned a specific type even though < 1.0cm.



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Table 3 Patient management and outcome

<i>Treatment</i>	<i>Number of patients</i>	<i>Mean years of follow-up</i>
<i>Lobectomy alone</i>	42	11.3
Invasive type: LVI and/or capsular invasion	4	11.5
<i>Thyroidectomy alone</i>	21	11.6
Invasive type: LVI and/or capsular invasion	7	11.4
Thyroidectomy and lymph node dissection only	1	11.7
Completion thyroidectomy only	5	11.1
Surgery and radioablative iodine	25	10.6
<i>Surgery alone</i>	69	11.6
Median follow-up, 11.8 years; median age, 46; F:M, 55:14; median tumor size, 3.0; Stage I/II/III/IV: 44/14/11/0; no lymph node metastases, no recurrence and no distant metastases		

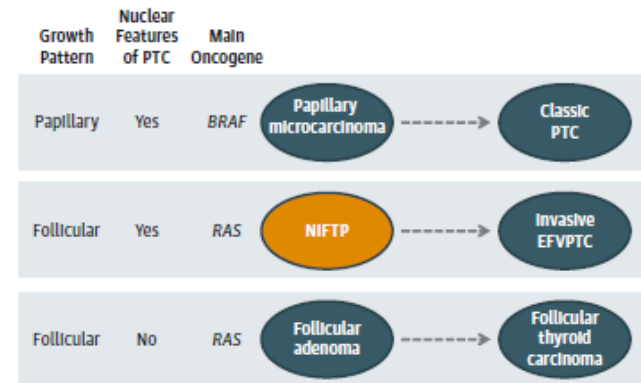
ATA RECOMMENDATION ON NIFTP

- **Nouvelle entité reconnue mais....**
- **Prévalence inconnue selon les critères: grande variabilité entre les centres!!! Inclusion en totalité de la capsule, critères nucléaires....**
- **Très faible risque de récurrence (0% ?) à valider par des études prospectives**
- **Diagnostic sur histologie définitive**

American Thyroid Association Guidelines
on the Management of Thyroid Nodules and Differentiated
Thyroid Cancer Task Force Review and Recommendation
on the Proposed Renaming of Encapsulated Follicular
Variant Papillary Thyroid Carcinoma Without Invasion
to Noninvasive Follicular Thyroid Neoplasm
with Papillary-Like Nuclear Features

L'intérêt de la biologie moléculaire ?

Gene mutation	Accepted to final Group 1
	<i>n</i> =27
<i>RAS</i> *	8
<i>NRAS</i>	(5)
<i>HRAS</i>	(2)
<i>KRAS</i>	(1)
<i>BRAF</i> K601E	1
<i>TERT</i>	
<i>PPARG</i> fusion	6
<i>ALK</i> fusion	
<i>THADA</i> fusion	6
TOTAL MUTATION POSITIVE	21 (78%)
TOTAL MUTATION NEGATIVE	6 (22%)



Original Investigation

Nomenclature Revision for Encapsulated Follicular Variant of Papillary Thyroid Carcinoma
A Paradigm Shift to Reduce Overtreatment of Indolent Tumors

Nikiforov et al.

ATA RECOMMENDATION ON NIFTP

- **Pas de totalisation chirurgicale en cas de lobectomie**
- **Pas de totalisation I***
- **SURVEILLANCE +++ : TG et echo**



Pas de recommandation stricte sur le rythme et la durée

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

American Thyroid Association Guidelines on the Management of Thyroid Nodules and Differentiated Thyroid Cancer Task Force Review and Recommendation on the Proposed Renaming of Encapsulated Follicular Variant Papillary Thyroid Carcinoma Without Invasion to Noninvasive Follicular Thyroid Neoplasm with Papillary-Like Nuclear Features

QUE DECIDER EN RCP?

6cm, homme 57a

1- Totalisation chirurgicale

2- Surveillance

3- Totalisation chirurgicale et curage ggr

4- Totalisation chirurgicale et curage ggr
puis Iodothérapie

Conclusion

- **Autres situations**
 - Faut-il tenir compte de la taille?
 - Faut-il tenir compte d'un microK papillaire associé?
 - Nodule controlatéral?
 - Difficultés de suivi?
- **Que dire au patient:** cancer? Bénin? Comment expliquer la nécessité d'un suivi? Quelle durée de suivi?