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Follicular Thyroid Cancer

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Guest Editor:

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Vorträge

V 01 Histologische und zytologische Charakteristika des FTC/TNM Klassifikation – Was hat sich verändert?

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Follicular thyroid carcinoma (FTC) is defined as a malignant epithelial tumor showing follicular differentiation and lacking the nuclear features of papillary thyroid carcinoma. In endemic regions the FTC accounts for 20–30% of malignant thyroid tumors, is more frequently observed in females and usually presents as a solitary, unifocal nodule with more than 1 cm in diameter.

Histological evidence of capsular or vascular invasion is a prerequisite for the diagnosis of FTC. Capsular invasion is defined by tumor penetration through the tumor capsule unassociated with the site of a previous fine needle aspiration biopsy. Vascular invasion is defined by the presence of intravascular tumor cells either covered by endothelium or associated with thrombus. In order to qualify as vascular invasion, involved vessels must be within or beyond the tumor capsule.

In the WHO classification Hurthle cell carcinomas do not represent a separate entity and are considered as the oxyphilic variant of FTC. For oxyphilic FTCs the same diagnostic criteria apply as for conventional FTC.

Among FTCs, aggressive behavior is correlated with histological findings. Tumors with capsular invasion alone only very rarely metastasize and a lethal course of the disease is not documented. The probability of aggressive behavior increases with the extent of vascular invasion. The risk of recurrence or metastasis in tumors with minimal vascular invasion is low but not minimal. The risk of metastatic disease in those tumors with widespread vascular invasion is substantial. Oxyphilic differen-