**Diagnosis of NIFTP in the UK**

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We were interested to read the series of articles on NIFTP in a recent edition of The Journal of Basic and Clinical Medicine. Historic experience in the UK suggests that the incidence of non-invasive encapsulated follicular variant of papillary carcinoma (eFVPTC) is extremely low, similar to the rates reported in this journal by authors from China (1), South Korea (2), and in some centres in Switzerland (3). The UK does not have a national registry of thyroid tumours which includes information on thyroid carcinoma pathological subtype, and data on eFVPTC is therefore not specifically recorded. While it is impossible to provide conclusive nationwide data to support this assertion, informal discussions among members of the UK Endocrine Pathology Society (UKEPS, www.ukeps.com) suggest that in the UK rates of new diagnosis of non-invasive eFVPTC were historically very low, and well below 5% of all new diagnoses of thyroid cancer in the UK in the period 2000-2014. As an example of historic differences in reporting practices between the UK and elsewhere in the world, the UK Endocrine Pathology Society in 2012 conducted a survey of interobserver variation in nuclear scoring of a series of 23 static images of thyroid lesions (4). In this exercise the only accepted diagnosis was either ‘follicular variant of papillary carcinoma’ or ‘not follicular variant of papillary carcinoma’. It is interesting to note that at least some of the cases which received a majority diagnosis of ‘not follicular variant of papillary carcinoma’ in 2012 would now fulfil the nuclear scoring criteria for NIFTP tumours.

The Royal College of Pathologists 2014 Dataset for Thyroid Cancer Histopathology Reports, used by UK pathologists for reporting thyroid malignancies, also discourages the use of the terms ‘well-differentiated tumour of uncertain malignant potential’ and ‘follicular tumour of uncertain malignant potential’ (5) stating as follows ‘There is recognised intra-and inter-observer variation in the diagnosis of thyroid cancer on histology, especially for encapsulated follicular-patterned tumours. An alternative terminology of ‘well-differentiated tumour of uncertain malignant potential (WDT-UMP)’ has been proposed for encapsulated follicular-patterned tumours with equivocal nuclear features of papillary thyroid carcinoma, and for follicular tumours in general with dubious capsular invasion (FT-UMP), but this terminology is not widely accepted internationally. We consider that its adoption would not confer patient benefit and have opted, rather, to continue with traditional definition of FVPTC but within a risk-stratified approach.’

As of June 2016, NIFTP has been accepted as a diagnosis in the UK (6). Relatively larger numbers of new NIFTP cases are now being diagnosed which we believe would previously have been diagnosed mostly as follicular adenoma although also including some non-invasive eFVPTC cases. We do not see a pressing need to undertake a retrospective review of previous diagnoses of eFVPTC cases in the UK as we believe that the UK diagnostic criteria which were used until 2014 include very few lesions which would now be potentially reclassified as NIFTP tumours. Early UK experience also suggests that the majority of NIFTP tumours are preceded by FNA cytology in the lower risk categories; Thy2, Thy3a, Thy3f or Thy4 with very few Thy5 lesions. The Royal College of Pathologists Guidance on the Reporting Thyroid Cytology Specimens (7) will in, due course, be adapted to include a differential diagnosis of NIFTP as is also the case with recently proposed changes to The Bethesda System for Reporting Thyroid Cytology (8).

**References**

4. www.ipathology.org accessed 21.3.17
6. NIFTP addendum to the RCPath Dataset for Thyroid Cancer Histopathology Reports, Royal College of Pathologists 2016,