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## Case 2

B.B. 37 year-old woman with TDC. October 2001: exeresis of a thyroid papillary carcinoma (PC) in TDC infiltrating soft local tissues (T3NxMx). December 2001: Total thyroidectomy (tTx) with histologic finding of benign adenomatous goiter. 2002–2008: five radiometabolic treatment (cumulative dose of 500 mCi of <sup>131</sup>I) due to iodine uptaking lung metastases. September 2009: persistence of elevated Tg levels (56.1 ng/ml) following recombinant human TSH stimulation. Proposal of further radiometabolic treatments refused.

## Case 3

B.S. 42 year-old man. November 2001: PC of thyroglossal duct infiltrating the surrounding fibro-adipose tissue with lymphatic and intravascular diffusion. March 2002: tTx with evidence of two foci of PC (T3bN0Mx). July 2002: 100 mCi of <sup>131</sup>I, Tg undetectable and WBS negative.

## Case 4

D.B. 21 year-old woman with a PC follicular variant in TDC. July 2010: tTx with histologic evidence of benign macrofollicular goiter.

## Conclusions

The higher prevalence of DTC (also in form of aggressive variants) in dysembrogenetic than in eutopic thyroid tissue (0.4 vs 0.004%) argues in favor of a close monitoring of all the dysembrogenetic thyroid lesions.

## Declaration of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

## Funding

This research did not receive any specific grant from any funding agency in the public, commercial or not-for-profit sector.

**P1768**

**Nursing assistance increases the efficiency of ultrasound-guided fine-needle aspiration biopsy (US-FNAB) in the management of thyroid nodules: the MoCyThy (Modena's Cytology of the Thyroid) DATABASE**

S. Belli, C. Carani, A. Ansaloni, K. Cioni, L. Zirilli, M. Velasco, M. Simoni, B. Madeo & V. Rochira  
University of Modena & Reggio Emilia, Azienda AUSL of Modena-NOCSAE of Baggiovara, Modena, Italy.

## Introduction

US-FNAB is the most cost/effective and accurate diagnostic procedure for the evaluation of thyroid nodules. In the clinic, the nursing assistance is not always available for the US-FNAB procedure in all endocrinological centers and its value remains to be established.

## Aim of the Study

To demonstrate the role of nursing assistance in US-FNAB procedures in improving the efficiency of this procedure.

## Methods

All clinical data of the patients were collected and analyzed using the MoCyThy DATABASE, which is the part of the institutional database ENDOBASE (based on the MySQL open source technology) devoted to store data of all institutional US-FNABs. Of the 7377 US-FNAB performed at the Unit of Endocrinology of Modena from 2006 to 2009, we compared 4831 US-FNAB performed with nursing assistance with 2546 US-FNAB performed by the same medical team, but without nursing assistance.

## Results

The number of US-FNAB performed for every work session ( $7.57 \pm 3.94$  vs  $6.59 \pm 3.03$ ), the number of slides assessed for every work session ( $77.55 \pm 42.93$  vs  $41.61 \pm 31.81$ ), the number of slides prepared for each FNA ( $10.23 \pm 3.2$  vs  $6.31 \pm 2.89$ ) were all significantly higher in the sessions with nursing assistance than in those without nursing assistance ( $P < 0.001$  at Mann-Whitney Rank Sum Test).

## Conclusions

The support of nursing assistance has a relevant impact on the efficiency of the US-FNAB procedure in terms of the number of US-FNAB performed in each session and of number of slides prepared for each session and for each US-FNAB. In clinical practice, nursing assistance may improve the outcome of US-FNAB procedures and is cost-effective.

## Declaration of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

## Funding

This research did not receive any specific grant from any funding agency in the public, commercial or not-for-profit sector.

**P1769**

**Multiplicity as a prognostic factor of papillary thyroid carcinoma**

J. Kim, J. Won, K. Ko & B. Rhee  
Sangye Paik Hospital, Inje University College of Medicine, Seoul, Republic of Korea.

## Backgrounds

Multiplicity of papillary thyroid carcinoma (PTC) are not an unusual finding, although the origin of these foci is unclear. Either intraglandular metastases from a single dominant tumor or unrelated neoplastic clones were definitively proven as the means by which multicentric PTC form. In addition, there is insufficient clinical information concerning multicentric PTC presentation, prognosis, and long-term follow-up studies after treatment. Multiplicity of PTC has not been considered as an independent prognostic factor from a variety of tumor staging systems.

## Aims

To evaluate whether that the presence of multiplicity would be associated with tumor recurrence in PTC patients.

## Methods

A total 249 PTC patients at a single institution who underwent total thyroidectomy and node dissection were retrospectively reviewed; the mean follow-up period was 2.8 years. Postoperative radioactive iodide ablation for thyroid remnant was performed after surgery for most patients.

## Results

Of all the PTC cases reviewed, 85 cases (34%) were categorized as multicentric PTC. Compared with patients with unifocal PTC, multicentric PTC patients demonstrated higher cervical lymph node metastasis and tumor recurrence. Multiplicity was also significantly associated with tumor recurrence; 6 vs 1% with and without multiplicity, respectively ( $P = 0.022$  by log-rank test). However, this association was lost on multivariate analysis adjusting for conventional clinicopathological predictors of recurrence.

## Declaration of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

## Funding

This research did not receive any specific grant from any funding agency in the public, commercial or not-for-profit sector.

**P1770**

**Frequency and predictive factors of malignancy in residual thyroid tissue after partial thyroidectomy for differentiated thyroid cancer**

F. Gokay, D. Berker, U. Ozuguz, S. Isik, M. Muslim Tuna, Y. Yalcin, A. Arduc & S. Guler  
Ankara Numune Training And Research Hospital, Ankara, Turkey.

## Background

The main objective of this study is to establish the rate of malignancy in residual thyroid tissue in patients with DTC, and whether the serum thyroglobulin (Tg) level before complementary thyroidectomy and histopathologic characteristics of the tumor would be able to foresee malignancy in residual tissue.

## Methods

Our study included 58 patients with DTC that underwent complementary thyroidectomy that results were analyzed retrospectively. Patients were then divided into two groups as patients that were established to have tumor in residual tissue (group 1) and not to have tumor in residual tissue (group 2) based on the pathology findings of residual tissue following complementary thyroidectomy. Both groups were compared in terms of serum Tg levels before complementary thyroidectomy and histopathologic characteristics of tumor.

## Results

Fifty three patients were found to have papillary thyroid cancer and five had follicular thyroid cancer. Median tumor diameter was 0.8 cm (0.1–5.5 cm), 16 patients (27.6%) was found to have multifocality, 4 patients (6.9%) had perithyroidal invasion, 16 patients (27.6%) had capsular invasion, and 7 patients (12.1%) was established to have vascular invasion. Following the complementary thyroidectomy, 13 patients (22.4%) out of 58 patients with DTC were found to have malignancy in residual tissue. A statistically significant difference was not observed between the two groups in terms of gender, age, serum Tg level before complementary thyroidectomy, type of tumor pathology, tumor size, bilaterality multifocality, arterial invasion, capsular invasion, and extrathyroidal invasion presence ( $P > 0.05$ ).

## Conclusions

Factors that enable foreseeing malignancy in residual thyroid tissue are not completely known. In our study, we established that serum Tg level before complementary thyroidectomy and histopathologic characteristics of tumor does

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