



Objective: San Francisco has a large Chinese population who represent a large proportion of patients seen at the UCSF/Mt. Zion FNA clinic for FNAB of thyroid lesions. We compare our experience with thyroid FNAB in the Chinese population to patients of other ethnicities.

Method: We reviewed 156 consecutive thyroid FNAB seen at UCSF/Mt. Zion from 1997-1999. The cases are separated into the following categories: ethnicity [Chinese (n=45) vs. non-Chinese (n=111)] and biopsy setting [FNA specialty clinic (n=56) vs. others (n=100)]. All Chinese patients were biopsied in our FNA clinic.

Results: The diagnoses were: Chinese patients: benign thyroid nodule (BTN) - 26(58%); benign cyst - 3(7%); follicular neoplasm (FN) - 4(9%); papillary carcinoma (PC) - 3(7%); inflammatory - 5(11%); other - 2(4%); inadequate - 2(4%). Non-Chinese patients biopsied by cytologists: BTN - 4(37%); benign cyst - 1(9%); FN - 3(27%); PC - 2(18%); other - 1(9%); inadequate - 0(0%). Non-Chinese patients biopsied by non-cytologists: BTN - 46(46%); benign cyst - 7(7%); FN - 1(1%); PC - 5(5%); inflammatory - 2(2%); other - 4(4%); inadequate - 35(35%).

Discussion: Thyroid FNAB can establish diagnoses that require surgical (FN, PC and "other" lesions) or clinical followup. The groups examined have no significant differences in followup requirement (20% in Chinese vs. 15% in non-Chinese) with adequate biopsy. However, a 10-fold reduction in inadequate biopsies was seen in biopsies performed in the FNAB clinic (3.5%) vs. other (35%).

Conclusion: FNAB of thyroid nodules performed in the setting of a specialty FNA clinic is a highly effective method of evaluating thyroid nodules in Chinese patients. In our experience, when comparing adequate biopsies, the Chinese population with thyroid nodules appears to have a similar incidence of thyroid disease requiring surgery as the non-Chinese population with thyroid nodules.