

## WG2 Terminology for Intraepithelial Lesions, Integrating Morphology, Biology, and Clinical Management - Public Comments

### January 30, 2011 – February 5, 2012

Practice Type		
Clinician	7	44%
Pathologist	9	56%
Other, please specify	0	0%

Years of Experience		
More than 20 years	8	53%
11-20 years	4	27%
10 years or less	3	20%
Currently a resident/student	0	0%

Practice Setting		
Academic	4	27%
Community/Private Practice	6	40%
Government	2	13%
Industry	0	0%
Insurance/Payers	0	0%
*Other, please specify	3	20%
*Clinic Not for profit Planned Parenthood		

### Clinician Public Comments

**Question 1: Were any published articles omitted from consideration (please refer to Work Group scope/key questions and inclusion/exclusion criteria links above)? How would these articles impact the Work Group's conclusions?**

no

**Question 2: Do you think there are any significant misrepresentations or biases in the draft recommendations?**

No responses received

**Question 3: Do you have any disagreements with the main conclusions and/or evaluations of the literature?**

No responses received

**Question 4: What topics/gaps for future research/guidelines should be priorities?**

No responses received

**Question 5: Which would be your preference on the following recommended terminologies (please select only one preferred terminology or free-text other suggestion)?**

Low Grade HPV-Associated Squamous Intraepithelial Lesion (LHIL)High Grade HPV-Associated Squamous Intraepithelial Lesion (HHIL)	0	0%
Low Grade Squamous Intraepithelial Lesion (LSIL)High Grade Squamous Intraepithelial Lesion (HSIL)	2	100%
Squamous HPV Viral Cytopathic Lesion Squamous HPV Associated Dysplasia (SHAD)	0	0%
Condyloma Cervical/Vaginal/Vulvar/Anal/Penile Intraepithelial Lesion	0	0%
Low-grade Intraepithelial Abnormality (LGIA)High-Grade Intraepithelial Abnormality (HGIA)	0	0%
Other suggestion	0	0%

**Question 6: Other comments (including, if applicable, support for the recommendations):**

No responses received

## Pathologist Public Comments

**Question 1: Were any published articles omitted from consideration (please refer to Work Group scope/key questions and inclusion/exclusion criteria links above)? How would these articles impact the Work Group's conclusions?**

no

No. Great impact

no

None known.

**Question 2: Do you think there are any significant misrepresentations or biases in the draft recommendations?**

no

no

No

**Question 3: Do you have any disagreements with the main conclusions and/or evaluations of the literature?**

no

no

No

**Question 4: What topics/gaps for future research/guidelines should be priorities?**

clarifying morphological criteria of "gray zone" CIN II

These guidelines are for HPV-related squamous lesions. Should IHC or ISH be used to confirm HPV? What is the recommended method of confirming HPV?

Implementing standard terminology, evaluating reproducibility

**Question 5: Which would be your preference on the following recommended terminologies (please select only one preferred terminology or free-text other suggestion)?**

Low Grade HPV-Associated Squamous Intraepithelial Lesion (LHIL)High Grade HPV-Associated Squamous Intraepithelial Lesion (HHIL)	1	20%
Low Grade Squamous Intraepithelial Lesion (LSIL)High Grade Squamous Intraepithelial Lesion (HSIL)	4	80%
Squamous HPV Viral Cytopathic Lesion Squamous HPV Associated Dysplasia (SHAD)	0	0%
Condyloma Cervical/Vaginal/Vulvar/Anal/Penile Intraepithelial Lesion	0	0%
Low-grade Intraepithelial Abnormality (LGIA)High-Grade Intraepithelial Abnormality (HGIA)	0	0%
Other suggestion	0	0%

**Question 6: Other comments (including, if applicable, support for the recommendations):**

Whether or not HPV and/or p16 testing must be done on low grade/benign lesions to separate morphologic "look alike"; i.e. is this a condyloma or a bona fide LSIL??

I like the idea of a unified terminology of LG or HG intraepithelial lesion, but I am concerned that just calling a lesion like VIN 3 high grade may not confer to the clinicians that it represents SCCIS.

none

none

I am in support of 2 tierd recommendations

Support

## Other

<b>Practice Type</b>
No responses received

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Other suggestion	0	0%

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