

Work Group on Minimally Invasive Cancers Cervix, Vagina, Vulva, Penis, Anus and Perianus body sites

Scope/Overall Purpose:
<ul style="list-style-type: none"> • To provide definitions in current usage by lower anogenital body sites (in conjunction with WG 1). • To include definitions of minimally invasive cancers (e.g. micro-invasive, minimally invasive, early invasive, and superficially invasive) and carcinoma in general integrated with clinical utility. • To review data across sites to recommend specific terminology for minimally invasive cancers, especially where minimal invasion is not well defined (i.e., anus). • To provide best pathways to communicate to clinicians in a clear and relevant fashion. • To focus on clinical input – how the histopathologic diagnosis is reconciled with current clinical management. • To make recommendations for new unified terminology if appropriate
<p><i>Notes for this project:</i></p> <ul style="list-style-type: none"> • <i>The 2001 Bethesda System for Reporting Cervical Cytology is the established cervical/vaginal cytology terminology.</i> • <i>Inclusive of squamous neoplasia for all lower anogenital tract body sites in both genders.</i> • <i>The focus is on histopathologic terminology; its scope does not include clinical management recommendations.</i>
Key questions to be addressed (WG 3 Charge):
<ol style="list-style-type: none"> 1. What is the current state of clinical management based on the morphologic diagnosis? <i>(In conjunction with by WG 1)</i> 2. What are the areas of potential overlap in histopathologic terminology (cytology, dermatopathology, GYN pathology)? <i>(In conjunction with WG1)</i> 3. What are the possibilities of integrating cytology, histology, molecular and clinical terminology? (molecular in conjunction with WG4) 4. Based on the possibilities, what would be the recommendation to clarify the histopathologic terminology? 5. Based on the recommendations, what are the criteria that define the histopathologic criteria? 6. Based on the criteria, what are the differences that effect clinical management that the clinicians need to know?