

WG3 Terminology for Minimally Invasive Cancers, Integrating Morphology, Biology, and Clinical Management - Public Comments January 30, 2012 – February 5, 2012

Practice Type		
Clinician	1	20%
Pathologist	4	80%
Other, please specify	0	0%

Years of Experience		
More than 20 years	3	60%
11-20 years	2	20%
10 years or less	0	0%
Currently a resident/student	0	0%

Practice Setting		
Academic	4	80%
Community/Private Practice	1	20%
Government	0	0%
Industry	0	0%
Insurance/Payers	0	0%
*Other, please specify	0	0%

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?

nil

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

no

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

no

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

pagets of the vulva

Question 5: 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?

yes. Burghardt E. Technique and place of cervical conization. Clinical Obstetrics and Gynecology, Vol 25, no 4, 1982. p849-861. This article describes how cold knife cones are sectioned, processed and histologically examined. This method is the foundation for the determination of depth of invasion and horizontal spread of cervical SCC which predict lymph node spread. However since cold knife cones are rarely performed in North America and most cones are currently LEEP procedures, the Burghardt method of grossing to determine the metrics of superficial SCC does not apply to these specimens. Consequently the interpretation of the literature on horizontal spread in the context of how the cone specimen is grossed is inconsistent in North America. Consequently the teaching on how the spread measured is inconsistent. If as WG3 recommends the greatest dimension from the slide is used for horizontal spread, this will result in either the vertical or horizontal dimension being measured. In my opinion the horizontal spread in the situation of one focus of SCC in one slide is an estimate based on the thickness of the block. Most blocks are approximately 3 mm thick and therefore the SCC is at most 3mm. If there is SCC in more than one slide, then the contiguousness of the blocks involved is important to determine horizontal spread. In my opinion the word contiguous needs to be added to the document if the numbers of blocks involved is to be totalled to generate the horizontal spread. The Royal college of Pathologists check list on cancer reporting deals well with this issue as does the publication by Garg K et al. Microinvasive carcinoma of the cervix. Pathology Case Reviews 2006 vol 11, no 3. page 121-129.

no

None known.

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

no

no

no

No

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

yes. please see previous comment

no

no

No

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

The glandular malignancies also need a consistent terminology.

Better morphological definitions for the criteria for depth measurement for each site

Appropriate tissue management, fixative, processing, sectioning

Question 5: Other comments (including, if applicable, support for the recommendations):

none. I am unable to support the recommendation as written.

no

Support

Other

Practice Type
No responses received

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No responses received

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

No responses received