

WG4 Molecular Markers for Histopathology - Public Comments

January 23, 2012 – January 29, 2012

Practice Type		
Clinician	7	26%
Pathologist	19	70%
Other, please specify	1	4%

Years of Experience		
More than 20 years	11	39%
11-20 years	14	50%
10 years or less	2	7%
Currently a resident/student	1	4%

Practice Setting		
Academic	9	32%
Community/Private Practice	15	53%
Government	3	11%
Industry	1	4%
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?

no

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?

No responses received

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?

80.Z. Lin, M. Gao, X. Zhang et al., "The hypermethylation and protein expression of p16INK4A and DNA repair gene O6 -methylguanine-DNA methyltransferase in various uterine cervical lesions," Journal of Cancer Research and Clinical Oncology, vol. 131, no. 6, pp. 364–370, 2005. Journal of Oncology Volume 2012 (2012), Article ID 507286, 9 pages doi:10.1155/2012/507286 Review Article Biomarkers of Cervical Dysplasia and Carcinoma Sonya J. Hwang¹ and Kenneth R. Shroyer² Wang X, Tang S, Le S-Y, Lu R, Rader JS, et al. 2008 Aberrant Expression of Oncogenic and Tumor-Suppressive MicroRNAs in Cervical Cancer Is Required for Cancer Cell Growth. PLoS ONE 3(7): e2557. doi:10.1371/journal.pone.0002557

no other publications needed

no

Yes! Agoff, et al. p16INK4a Expression Correlates with Degree of Cervical Neoplasia: A Comparison with Ki-67 Expression and Detection of High-Risk HPV Types. Mod Pathol 2003;16(7):665–673 This paper shows that ~60% of CIN 1 lesions are p16 positive. Thus it's inappropriate to suggest that CIN 2 can be separated by p16 staining.

no

No

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

no

no

No

no

No

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

No

appropriate for current state of knowledge into the subject

no

No

Again, I don't think that p16 should be used to separate CIN 1 and CIN2 as a significant portion of CIN1 are positive for p16. The recommendations say to use it to confirm CIN 2, but I think that is misleading and that many people will use p16 to prove CIN2 versus CIN1. The recommendations to say to not use it to separate HG and LG, but the write up is misleading.

No

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

Differentiation between HPV and cervical cancer in young vs greater than 50 year old females.

none

not sure

younger patient's with hg versus older - some literature on this, but need more research on just following young patient's with HG. There was a recent article in Archives about this.

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

no

great job

I think that a two tiered system (LG - cin1, HG - CIN2/3) is easier for clinicians to understand and pursue treatment regimens. Some still get confused when confronted with CIN 2. As stated in the text, most studies are neutral to positive in support of a 2-tiered system of nomenclature.

Other

Practice Type

Technologist

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 responses received

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

No responses received