

## WG4 Molecular Markers for Histopathology - Public Comments

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

Practice Type		
Clinician	2	29%
Pathologist	4	57%
Other, please specify	1	14%

Years of Experience		
More than 20 years	5	83%
11-20 years	1	17%
10 years or less	0	0%
Currently a resident/student	0	0%

Practice Setting		
Academic	2	29%
Community/Private Practice	4	57%
Government	0	0%
Industry	1	14%
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?**

none to my knowledge

**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?**

how implementation of these guidelines impact the number of excisional procedures Is risk of progression the same for CIN 2 P 16 positive by age? (say 21 yo vs 35 yo)

**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?**

n/a

Not that I am aware of.

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

no

I recommend using accurate nomenclature. Why call it HPV-related cancer if you did not test for HPV but rather tested for a surrogate marker like p16? There is imperfect correlation between virus infection and surrogate marker results, and it is feasible that other factors besides HPV cause the same biochemical effect as HPV infection. So if p16 is the determinant of disease category then the name of each disease subset should reflect p16 status.

No

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

no

Great job in these draft documents. In the guidance, be sure to follow principles of evidence-based medicine: rate the quality of evidence, and cite literature supporting conclusions so that it is clear that the recommendations are grounded in evidence. Rate the quality of the recommendations based on strength of evidence.

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

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?

Treatment should ideally be developed based on pathologist-defined disease categories. Therefore we need to lobby for research funding to develop lab tests that characterize the biochemical pathways that are defective in these lesions in concert with development and testing of targeted agents to intervene and manage patients enrolled in clinical trials. In short, we need to lobby NIH to fund true translational medicine that optimizes lab testing for use in clinical trials aimed at improving outcomes.

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

Great job getting pathologists, clinicians and appropriate medical scientists around the table to address these topics. For each document, create an executive summary that is written for a non-expert and that encapsulates the problem and the recommended solution. Thanks to all of you involved in this work.

## Other

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

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**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