

WG5 - Implications and Implementation of Standardized Terminology - Public Comments February 6, 2012 – February 12, 2012

Practice Type		
Clinician	6	86%
Pathologist	1	14%
Other, please specify	0	0%

Years of Experience		
More than 20 years	3	43%
11-20 years	1	14%
10 years or less	3	43%
Currently a resident/student	0	0%

Practice Setting		
Academic	4	57%
Community/Private Practice	3	43%
Government	0	0%
Industry	0	0%
Insurance/Payers	0	0%
*Other, please specify	0	0%

Clinician Public Comments

Question 1: What are the potential implications of standardizing histopathology terminology for lower anogenital lesions? Are there any potential benefits and/or harms not previously discussed in the prior Work Group recommendations which should be considered?

The management of "young" women with HG/CIN will need to be worked out. Currently we use the distinction between CIN 2 and CIN 3 to allow conservative management of those less likely to progress. Studies will be needed to assure that the histological plus P16 definition of HG is fairly specific for lesions less likely to regress. Otherwise a higher proportion of young women will be treated with excision than in the present three tiered algorithm.

Standardizing histopathology terminology for various lower anogenital tract sites based on evidence-based HPV-related lesions not only should simplify clinical management algorithms for standard of care, but hopefully will impact patient education and understanding. The Work Group's recommendations are comprehensive.

Question 2: Are there any additional recommendations for strategies to inform clinicians of clinical implications of this new standardized terminology:

No responses received

Question 3: What else is needed for successful implementation and dissemination of this terminology? (examples: (a) how best to facilitate adoption among various affected organizations, providers/labs, insurance companies, and industry? (b) what tools should be developed to facilitate dissemination? (c) what metrics are needed to assess the uptake and impact of this terminology?)

No responses received

Question 4: Other comments:

No responses received

Pathologist Public Comments

Question 1: What are the potential implications of standardizing histopathology terminology for lower anogenital lesions? Are there any potential benefits and/or harms not previously discussed in the prior Work Group recommendations which should be considered?

Standardization of terminology should reduce overtreatment of lesions likely to regress

Question 2: Are there any additional recommendations for strategies to inform clinicians of clinical implications of this new standardized terminology:

Dissemination of the new terminology and modified management guidelines should follow the path similar to the practice guidelines and TBS

Question 3: What else is needed for successful implementation and dissemination of this terminology? (examples: (a) how best to facilitate adoption among various affected organizations, providers/labs, insurance companies, and industry? (b) what tools should be developed to facilitate dissemination? (c) what metrics are needed to assess the uptake and impact of this terminology?)

- A. Acceptance of the new terminology will be best driven by CMS or IOM endorsement; the rationale being that standardization would minimize overtreatment of lesions likely to regress in young women
- B. CAP and ASCCP should lobby the public (media), professional societies, the payers and the government
- C. Metrics: The insurance providers driven data on colposcopic biopsies or procedures

Question 4: Other comments:

The next big and equally important challenge is to address the question of glandular lesions of cervix (definition of AIS and possible precursors) and revision of terminology of vulvar lesions (e.g. Paget's disease)

Other

Practice Type
No responses received

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