WG5 - Implications and Implementation of Standardized Terminology - Public Comments
January 30, 2012 – February 5, 2012

Practice Type		
Clinician	1	33%
Pathologist	2	67%
Other, please specify	0	0%

Years of Experience		
More than 20 years	1	33%
11-20 years	2	67%
10 years or less	0	0%
Currently a resident/student	0	0%

Practice Setting		
Academic	2	67%
Community/Private Practice	1	33%
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?

concerns that favoring a specific microscopic diagnosis will potentially financially benefit those doing the interpretation. (already and issue with ASC-US)

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

no

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 access the uptake and impact of this terminology?)

Monitoring of % of cases where P 16 is used

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?

Benefits: ameliorate confusion among clinicians who are not expert in these areas. Harms: if the terms Low Grade Squamous I L and High Grade squamous IL are used, will cause confusion with cytologic terminology.

standardization is urgently needed!

Standardization is important. Issues were discussed.

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

A syllabus similar to that of the ASCCP for management of Pap Abnormalities would be good. Also use of Web Learning such as Medscape with free CME is recommended.

no

Good publications.

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 access the uptake and impact of this terminology?)

Meeting with stakeholders Meet with health and hospital associations Work with Icd 9 and Icd 10 representatives to adopt the changes. It is a laborious process. Years ago I assisted in the development of codes to distinguish dysphasia on bx from that on Paps and it took a while

Disseminate through CAP system, since CAP accredits most cytology labs in the USA. Surveys by CAP of participating labs. Submit articles and letters to gyn and familyg practice publications.

Question 4: Other comments:

Thanks for taking on this important issue!

Other

Practice Type
Cancer Registry PI

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?

No responses received

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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 access the uptake and impact of this terminology?)

No responses received

Question 4: Other comments:

Need to consider any implications of new reporting requirements to the workload for cancer registrars and related personnel.