Overtreatment in a See-and-Treat Approach to Cervical Intraepithelial Lesions

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1. In the Introduction, the authors discuss the Dutch program for screening and evaluating for cervical cancer and treating precancerous lesions. Compare their screening intervals, referrals for colposcopy, and prevalence of high-grade cervical lesions with your own experience. Discuss whether there are sufficient similarities to justify generalizing the authors’ findings in the current paper to your own practice.

2. Review the changes in classification and methods of cervical cancer screening since 1980. Discuss whether the diagnosis of “moderate dyskaryosis or worse” was the same in 2010 as in 1981 and whether any temporal differences could bias the authors’ findings. Have the authors addressed these potential biases with their analysis of overtreatment rates before and after 1996?

3. There was no review of histopathology or cytopathology in this study. Is the lack of review an important weakness?


5. The authors claim that an overtreatment rate of 2.8% represents “best practice.” Do you agree? How would you need to change your approach to achieve an overtreatment rate of 2.8% with patients whom you “see-and-treat?” In this study almost 90% of participants known to have high-grade cervical intraepithelial neoplasia (CIN) were treated in the “see-and-treat” protocol. How does the overtreatment rate relate to the percentage of women with high-grade CIN treated with a “see-and-treat” approach?

6. What is meant by the “number needed to harm,” and how were the estimates derived?