“Human Papillomavirus Test After Conization in Predicting Residual Disease in Subsequent Hysterectomy Specimens”
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1. Review the demographic and clinicopathologic data for the study population. Are they typical of women with CIN3 or IA1 cervical cancer? If not, how are they different? How might the predictive value of the human papillomavirus test for residual disease be affected by those differences?

2. Why did these participants proceed with hysterectomy rather than a more conservative management? What factors were used in the process of making a decision for surgery? Would any of those factors influence the predictive value of the human papillomavirus test?

3. What were the outcomes of interest? How did the authors validate the classification of CIN3, IA1 cervical cancer, and residual disease? How could the authors have demonstrated the accuracy and consistency of those classifications?

4. Review the formulas for sensitivity, specificity, positive predictive value, and negative predictive value. How would each of these be affected by frequency of residual disease?

5. Read the ACOG Practice Bulletin, “Management of Abnormal Cervical Cytology and Histology” (Number 99, December 2008; available online at Obstet Gynecol 2008;112:1419-44). Does the evidence in the Park et al article justify any changes in the conclusions or recommendations in the next version of the Practice Bulletin?

6. From Table 3, reconstruct the 2x2 table used by the authors for the McNemar test to compare the accuracy of the resection margin with the accuracy of the human papillomavirus test in predicting residual disease. Which cells of the 2x2 table most inform the conclusion that the human papillomavirus test has “significantly greater diagnostic accuracy in predicting residual disease?”