

Remarks on the “Comments on the Publication of Munich Nomenclature III by the Cytology Coordination Conference” by A. Schneider and P. Hillemanns (Geburtsh Frauenheilk 2014; 74: 242–243)

Kommentar zum Beitrag „Stellungnahme zur Veröffentlichung der ‚Münchener Nomenklatur III‘ von der Koordinations-Konferenz Zytologie“ von A. Schneider und P. Hillemanns (Geburtsh Frauenheilk 2014; 74: 242–243)

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It is gratifying that the authors of the Comments, one of whom is working at a university hospital and the other of whom is working in a private practice, generally commented favorably on the revised classification for the cytological diagnosis of cervical Pap smears, which will come into general use on July 1 of this year. Some of the criticisms voiced in the Comments were probably due to the authors' being unaware of the original publication by the Cytology Coordination Conference, published a few months previously in a gynecological journal (Frauenarzt 2013; 11: 2–7). Thus, the Munich Nomenclature III does not represent an attempt to translate the Bethesda System into German. That would be neither useful in terms of content nor possible with regard to perpetuating and continuing the Munich Nomenclature. Similarly, the view that the objective and the conclusions of the revised Nomenclature should have been evidence-based is erroneous. The criticism that Munich Nomenclature III with its traditional division into six main groups is too differentiated is superfluous. The Bethesda System makes use of 18 subgroups to describe the morphological variety of cytological findings, which are then grouped together into higher level categories for reasons of practicability (Solomon D, Nayar R. The Bethesda System for Reporting Cervical Cytology. Springer; 2004).

The authors responsible for updating the Munich Nomenclature deliberately included recommendations on differential diagnoses as the aim was to do justice to each individual case. It was also done with the intention of integrating more meaningful diagnostic methods, which will be available in the foreseeable future and which will replace various unspecific methods and their incalculable potential for damage such as HPV tests. Combining abnormal cytological findings with recommendations for further procedures is not merely a traditional part of the Munich Nomenclature but also a common feature of classifications in other countries as well. Of course such recommendations in reports on diagnostic findings cannot replace the guidelines on patient care developed by different scientific committees. Such guidelines are developed using the evidence base of the respective country and are tailored to specific healthcare systems. For that reason alone it would not be possible to simply use a classification which is merely a translation of a foreign categorization into diagnosis-related groups. We are confident that the benefits of Munich Nomenclature III will quickly become apparent to all users and that the authors of the Comments will come to realize this in the course of their own daily diagnosis of Pap smears.

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