The authors A. Schneider and P. Hillemanns welcome the revision of the previous Munich II cytology nomenclature and its international harmonization. However, they criticize statements by the authors of Munich III about the contribution Munich III can make towards improving communications between doctors, avoiding unnecessary follow-up examinations and therapies, and reducing subsequent costs. The authors also denounce a lack of evidence and criticize basing recommendations on individual cytological diagnostic groups; they recommend that the Munich III nomenclature be simplified in analogy to the Bethesda System (TBS). They ignored the importance of the revised cytological nomenclature of Munich III for colposcopic diagnosis and for interventional colposcopy of precancerous squamous and glandular cells of the cervix and vagina.

The Board of the Study Group for Cervical Pathology and Colposcopy (AG-CPC) is of the opinion that the Munich III Nomenclature represents a considerable improvement compared to Munich II and TBS classifications of cytological abnormalities.

1. Munich II was not used systematically in Germany. In some laboratories, the unofficial category IIw (IIk) was the most common finding, but this category did not appear in other laboratories. Its morphological characteristics had never been defined. For this reason it could never be included in official statistics. Because the forte of colposcopy is not screening but the diagnosis of abnormal cytological findings, colposcopic diagnoses did not refer to clearly defined cytological call changes. In the past, this has led some authors to water down their assessments and their scientific analyses of data. In some publications, category IIw was assigned to screening for cervical cancer and to colposcopy investigations of unremarkable cytological findings, but sometimes also to the TBS category ASCUS.

2. The previous IIID category (Munich II) included both low-grade and medium dysplasias and corresponded to CIN 1 and CIN 2. Morphological investigations and scientific data have shown that colposcopy which identifies “minor changes” (colposcopic terminology of the 2011 IFCPC Nomenclature, Rio 2011) cannot differentiate low-grade dysplasias (CIN 1) and HPV positivity from physiological findings (including metaplasias) (limited discriminatory power, low AUC value in ROC analysis). Medium-grade dysplasias (category IIID2 in Munich III) are more likely to present as “major changes” in colposcopy (colposcopic terminology of the 2011 IFCPC Nomenclature, Rio 2011), which will require closer monitoring than category IIID1 (Munich III) or colposcopic “minor changes”.

3. With its HSIL category, TBS does not differentiate cytologically between medium-grade and high-grade dysplasias which correspond to CIN 2 and CIN 3, respectively. Category IVa (Munich III) which consists mainly of “major changes” visible on colposcopy (high selectivity, high AUC value in ROC analysis) offers a better differentiation between the different biological behaviors of high-grade CINs than TBS does. Re-excision can occur with CIN 2 (category IIID2 in Munich III), which means that, depending on the colposcopic findings (localization, size and extent of the lesion, minor or major changes), surgery may not be mandatory.

4. The authors of the Comments ignored the importance of glandular cell changes which were newly included in Munich III; in particular, they did not mention ACIS or adenocarcinomas which have an incidence of around 18%. The simplification the authors demand would hamper the urgently needed colposcopic assessment and classification of glandular lesions. The current colposcopic terminology is only valid for CINs and squamous cell carcinomas.
Munich III has remedied this deficiency of Munich II, which
omitted glandular cell changes and in the past could result in
colposcopy findings being classed as less serious. The new cy-
tological nomenclature of Munich III will thus contribute to de-
veloping colposcopic criteria for a colposcopic nomenclature
for ACIS and adenocarcinomas using newly included and
clearly defined cellular criteria for glandular lesions.

5. Even though the cytological nomenclature in Munich III does
not correspond to that of TBS in certain significant areas, it
can be rendered into TBS terminology, making it possible to
carry out high-level colposcopy research and clinical studies
in Germany with results that can be published in international
journals. The revision and simplification of Munich III de-
manded by the authors would undo the efforts that have been
made to make colposcopy in Germany internationally reputa-
bale again.

6. We find the criticism directed by the authors against recom-
mandations based on cytological findings incomprehensible
with regard to the use of colposcopy for diagnosis. Colposcopy
is the only method which can be used to localize precancerous
lesions or early stage (vaginal/cervical) cancers and describe
their extent and size. This means that colposcopy is indicated
for all abnormal cytological findings.

In summary, the cytological nomenclature of Munich III, which
will come into general use from July 2014, offers considerable
benefits for the routine use of colposcopy in practice. Clearly de-

dined, suspicious cell changes can be assigned without difficulty
to one of the categories described in the colposcopic terminology
of the 2011 IFCPC Nomenclature (Rio 2011). The inclusion of
glandular changes in Munich III, identified by the suffix (g),
means that the colposcopic characteristics of glandular precancer-
ous lesions (ACIS) and cervical adenocarcinomas can be reap-
praised for the first time to create a consistent colposcopic no-
menclature for non-squamous cell carcinomas. Munich III with
its categories IIID1 and IIID2 and subsequent colposcopic assess-
ment based on the criteria of IFCPC Colposcopy Nomenclature
(Rio 2011) gives a much better picture of the biological behavior
of the various CIN categories than TBS does with LSIL and HSIL.
The Board of the AG-CPC recommends that gynecologists use
both the revised cytological classification (Munich III) and the
international colposcopic terminology of the 2011 IFCPC Nomen-
clature (Rio 2011).

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