Letter to the Editor

In Response to Laryngeal Precursor Lesions: Interrater and Intrarater Reliability of Histopathological Assessment

In Reply:

We thank Dr. Gale and her colleagues for their response to our article, "Laryngeal Precursor Lesions: Interrater and Intrarater Reliability of Histopathological Assessment," and we are pleased that The Laryngoscope has given us the opportunity to respond to their letter to the editor. Also, we appreciate that our well-reputed colleagues acknowledge our finding of an unfortunate error in the reference book WHO Classification of Head and Neck Tumours, and that they recommend that our findings be highlighted.

In our study we compared the interrater reliability and agreement of the World Health Organization (WHO) Classification WHOC 2017 with the WHOC 2005, and tested the intrarater reproducibility and agreement of the WHOC 2005 through reevaluation of 211 laryngeal samples previously diagnosed with precursor lesions.

The crude interrater agreement for the WHOC 2005 was 0.57, with a corresponding unweighted κ value of 0.38 (95% confidence interval [CI]: 0.31-0.48) and a standard linear weighted κ value of 0.52 (95% CI: 0.42-0.60). The crude interrater agreement for the WHOC 2017 was 0.83, with a corresponding unweighted κ value of 0.45 (95% CI: 0.31-0.59) and a standard linear weighted kappa value of 0.46 (95% CI: 0.30-0.60).

Thus, the interrater crude agreement for WHOC 2017 was higher than that for WHOC 2005, but the corresponding κ values were not significantly different (P = .30). These results led us to the statement "our study did not confirm the expected improvement in reliability." To avoid any misunderstanding, we could instead have used the unambiguous term “improvement in interrater reliability.” For that we apologize. We conclude only on the inter- and intrarater agreement of the WHOC 2005 and WHOC 2017, and did not assess the prognostic value of the WHOC 2017, which was outside the scope of our study.

Regarding the comment on biomarkers as replacement for morphological data, we would like to emphasize that we never intended to suggest such change for the time being. The wording could have been “without inclusion” instead of “without consideration”. We recognize the thorough work of the committee behind the establishment of the WHOC 2017 and their substantial previous scientific work, and obviously biomarkers have been considered throughout the working process, as also mentioned in the reference book. Nevertheless, we still find it relevant to encourage future studies on the classification of precursor lesions and potential biomarkers as addition to the established morphological criteria to achieve more reliable diagnoses and hence optimal treatment planning.

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