

Primum non nocere: first do no harm: reponse to Phillida Bunkle

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The response by Phillida Bunkle¹ to my letter in the *NZMJ*² has at its centre two demonstrably false statements.

1. “[Green] attempted tampering with the labels on the smears and slides; retrospectively changing some diagnoses, claiming that they had been invasive all along (the so called ‘colposcopic misses’); reclassifying cases; and publishing these unscientific, erroneous results.”

The last of these points would be libellous, were Green still alive. There is no evidence of such tampering. Pathologist Jock Mclean (whom Bunkle refers to) categorically stated at the Cartwright Inquiry that Green did not manipulate diagnoses—any changes were the result of honest and open discussion.³

2. “Green maintained that CIS [carcinoma in situ] and invasive cervical cancer were separate conditions; one did not progress to the other.”

This is untrue. A survey of Green’s own scientific writing quickly dispels this notion. He did not maintain that CIS could not progress to invasive cervical cancer but rather that the proportion doing so “is small—probably much less than 10 percent”.⁴ His questioning as to whether “the invasive potential in in situ cancer is as high as has been claimed”⁵ was repeated in the recent authoritative overview in the *British Medical Journal* which showed “higher rates of regression and lower rates of progression than previously reported”. This retrospective overview now justifies the questions Green was addressing 40 years ago and his approach to the management of CIS with its concluding recommendation of “conservative management with active surveillance, instead of immediate local excision”.⁶

Competing interests:

Nil.

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<http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1482-21-september-2018/7700>

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