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Journal

Journal of Cutaneous Pathology, 36(7)

ISSN

0303-6987

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Publication Date

2009-07-01

DOI

10.1111/j.1600-0560.2008.01147.x

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Peer reviewed

Letter to the Editor

SIN, not KIN

To the Editor,

The diagnosis of *in situ* cutaneous squamous lesions is controversial and suffers from lack of reproducibility between dermatopathologists. Ramos-Ceballos et al.¹ present a study on the diagnostic concurrence between dermatopathologists utilizing a three-tiered system of grading referred to as keratinocytic intraepithelial neoplasia (KIN). While these authors show a moderate degree of concurrence between pathologists using their system, this terminology is awkward and unlikely to become widely accepted. Alternatively, we prefer the usage of the term squamous intraepithelial neoplasia (SIN),² previously proposed by Callen and Headington,² which emphasizes the analogy to cervical intraepithelial neoplasia (CIN) and vulvar intraepithelial neoplasia (VIN). Pathologists do not refer to squamous cell carcinoma *in situ* (SCCis) as 'keratinocytic cell carcinoma *in situ*', nor do we refer to invasive squamous cell carcinoma (SCC) as 'keratinocytic cell carcinoma', and we doubt that the authors propose such replacement of these commonly accepted terms. Therefore, given that these terms are strongly ingrained in dermatopathology, the usage of the terminology SIN is more appropriate than KIN, and clearly emphasizes the overlap between SIN and SCCis. In addition, while the authors argue that SIN is a less specific term than KIN, SIN is clearly more specific than the widely used terms CIN and VIN, which both refer to the respective organ systems, rather than the cell types, involved.

In this proposed classification, lesions formerly diagnosed as actinic keratosis (AK) or solar keratosis, where the atypia is confined to the basal one third of the epidermis, would be graded as SIN 1, while lesions with atypia involving half to two thirds of the epidermis (i.e., bowenoid AK) would be referred to as SIN 2. SCCis, defined by full-thickness epidermal atypia (i.e., Bowen's disease), would be diagnosed as

SIN 3 in this system. This terminology does not presuppose a progression of *in situ* neoplasia from SIN 1 to SIN 2 to SIN3, as most cases of Bowen's disease likely represent a separate (*de novo*) process from AK and bowenoid AK. In addition, it is well established that most invasive SCCs arise in AKs (SIN 1/SIN 2),³ not in Bowen's disease (SIN 3), although the later is associated with a more aggressive form of invasive SCC.⁴ Therefore, while the pathophysiologic and clinical implications would differ between SIN grades, the SIN terminology would represent a simplified, and perhaps more reproducible, classification compared with the currently used terminology. While this system may not become widely accepted soon, it is clearly preferable to, and more likely to be adapted, than the KIN terminology.

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