Dear Richard

I hope you’re doing well. I’d like to ask for your help and advice. Since the release of the IANS guidelines last year, I’ve been thinking about how we could estimate the optimal number of HRA providers needed in different countries/regions/environments under ideal conditions.

I’ve decided to start by creating a rough estimate, initially focusing only on Risk Group A. A colleague of mine, whose expertise lies in similar areas, is developing a Monte Carlo simulation that can be adjusted to reflect regional differences in patient populations, provider populations and approaches to screening/follow-up. To ensure the results are accurate, the input parameteres should be reasonable, and this is where I kindly ask for your input, given your excellent overview of the subject.

The best approach would most likely be to try to model the natural history of LSIL/HSIL/carcinoma and then add screening/interventions to estimate the number and type of patient encounter. As such, it would be helpful if there were any available data on the natural progression of the untreated patient, similar to what is available in colorectal carcinoma (ie, the probability/speed of progression between LSIL/HSIL/carcinoma). If precise data are not available, approximate estimates based on expert opinion would be appreciated; we can account for some degree of inaccuracy by running the simulation with various plausible (if not confirmed) parameters, and estimate whether the difference in input even leads to a difference in results. It may turn out to be neligible within the bounds of plausible parameters.

If this isn’t a convenient time or you won’t have availability in the coming days, I completely understand. In that case, could you kindly advise me on which member(s) I could turn to for guidance?

I hope I’m not taking too much of your valuable time. Thank you so much in advance!

Best regards,

[Your Name]