Figure A1 – Management of women attending for routine screening (1 December 2017 – 31 December 2019)

**Legend**

LG = cytology results of ASC-US or LSIL.
HG = cytology results of ASC-H or worse and/or any glandular abnormality.

- Women with HPV16/18 detected and unsatisfactory LBC are classified as higher risk and recommended to have a sample for LBC collected at colposcopy. Risk level cannot be determined for women with HPV (not 16/18) detected and unsatisfactory LBC; guidelines recommend that they re-attend for a repeat LBC test in 6 weeks.
- In the current analysis, women with HPV (not 16/18) detected are only categorised as having unsatisfactory LBC if no subsequent satisfactory LBC result was available on the NCSR and had occurred by 31 December 2019 (restricted to tests where the reason was reflex LBC after detection of oncogenic HPV in primary screening).
Figure A2- Cohort description (results for all ages)

CST between 1 Dec 2017 and 31 Dec 2018 (n = 3,745,318)

- Reason for CST is primary screening (n=3,181,063; 84.9%)
  - HPV test result unsatisfactory (n=1,018; 0.3%)
  - Oncogenic HPV, not 16/18 detected (n=215,493; 6.8%)
  - HPV 16/18 detected (n=63,075; 2.0%)
  - Oncogenic HPV not detected (n=2,901,477; 91.2%)

- Reason for test is non-screening (n=564,255; 15.1%)

LBC

- Self-collect women (n=352; 0.2%)
- Unsatisfactory (n=2,054; 10.0%)
- Negative (n=139,886; 65.5%)
- Low grade (n=61,005; 28.6%)
- High grade (n=12,186; 5.7%)

Intermediate risk (n=200,891)

- Follow-up not completed (n=141,679; 70.3%)
  - Un satisfactory (n=41; 0.1%)
  - HP V 16/18 (n=1,149; 1.9%)
  - HP V not 16/18 (n=36,158; 61.9%)
  - Negative (n=21,867; 36.8%)

Attended for follow-up test (n=59,216; 29.5%)

- High grade (n=100; 8.7%)
- Low grade (n=380; 33.1%)
- Negative (n=655; 57.0%)
- Un satisfactory (n=14; 1.2%)
- High grade (n=2,114; 5.8%)
- Low grade (n=11,587; 32.0%)
- Negative (n=22,056; 61.0%)
- Un satisfactory (n=402; 1.1%)

Low grade = cytology results of ASC-US or LSIL.
High grade = cytology results of ASC-H or worse and/or any glandular abnormality.
Assessable = women with a record that colposcopy occurred after the referring HP V test, but excluding women where there is an indication histology was collected but the result was not available. 1 non-screening reasons include investigation of signs and symptoms or follow-up after a previous abnormality (including test of cure following treatment). 2 follow-up not completed due to women not yet attending for their 12-month follow-up test (including that 12 months had not yet elapsed), or follow-up outside guidelines. Women with HPV16/18 detected and unsatisfactory LBC are classified as higher risk and recommended to have a sample for LBC collected at colposcopy. Risk level cannot be determined for women with HPV (not 16/18) detected and unsatisfactory LBC. Guidelines recommend that they re-attend for a repeat LBC test in 6 weeks. In the current analysis, women with HPV (not 16/18) detected are only categorised as having unsatisfactory LBC if no subsequent satisfactory LBC result was available on the NISDR and had occurred by 31 December 2019 (restricted to tests where the reason was reflex LBC after detection of oncogenic HPV in primary screening).
Reason for test recorded on the NCSR is as specified by the healthcare provider. If women have more than one test in the time period, reason for test is based on the purpose of the first test. Data supporting this figure are available in Table A4 and Table A5 for screening tests and Table A6 and Table A7 for non-screening tests.
Figure A4 - Pre-test and Post-test Probability of CIN3+, cancer and frankly invasive cancer (in %) in women aged <50 (panels a, b and c), and women aged 50 years or older (panels d, e and f)
HG = ASC-H+ or any glandular abnormality; LG = ASC-US/LSIL; Neg = negative. Data supporting this figure are available in Table A20, Table A21 and Table A22.