

Appendix 1. Group Authorship

Members of the New Mexico HPV Pap Registry (NMHPVPR) Steering Committee reviewed and gave input to the manuscript and supported the concept and directions of the NMHPVPR including the evaluations presented in this manuscript. The NMHPVPR Steering members participating in this effort are as follows: Nancy E. Joste, MD, University of New Mexico Health Sciences Center and Tricore Reference Laboratories, Albuquerque, New Mexico; Walter Kinney, MD, Kaiser Permanente Northern California; Cosette M. Wheeler, PhD, University of New Mexico Health Sciences Center; William C. Hunt, MS, University of New Mexico Health Sciences Center; Alan Waxman, MD MPH, University of New Mexico Health Sciences Center; David Espey MD, US Centers for Disease Control and Prevention; Scott Norville, New Mexico Department of Health, Jane McGrath MD, University of New Mexico Health Sciences Center; Steven Jenison, MD, Community Member; Julia C. Gage, PhD, MPH, US National Cancer Institute; Philip E. Castle, PhD MPH, Albert Einstein School of Medicine; Vicki Benard, PhD, US Centers for Disease Control and Prevention; Debbie Saslow, PhD, American Cancer Society; Jane J. Kim PhD, Harvard School of Public Health; Mark H. Stoler MD, University of Virginia; Jack Cuzick, PhD, Wolfson Institute of Preventive Medicine, London; Giovanna Rossi Pressley, MSc, Collective Action Strategies, and RWJF Center for Health Policy at University of New Mexico and Kevin English, RPh MPH, Albuquerque Area Southwest Tribal Epidemiology Center (AASTECC). No compensation was received for contributions to this manuscript by any named authors or by the NMHPVPR Steering Committee members.

Appendix 2. Numbers of Cases of CIN2+ and CIN3+ by Baseline Age and Screening Result in 1) the New Mexico HPV Pap Registry (NMHPVPR) and 2) Kaiser Permanente Northern California (KPNC) Cohorts

		Number of CIN2+ cases		Number of CIN3+ cases	
		NMHPVPR	KPNC	NMHPVPR	KPNC
Age at baseline (years)					
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Overall age 21-64					
	(0-3 years)	4308	9689	1896	3804
	(0-5 years)	5481	11569	2408	4502
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Overall age 21-29					
	(0-3 years)	2503	3233	982	986
	(0-5 years)	3181	3544	1277	1084
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Overall age 30-64					
	(0-3 years)	1805	6456	914	2818
	(0-5 years)	2300	8025	1131	3418
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Age 21-24	(0-3 years)	1265	1386	455	369
	(0-5 years)	1656	1548	616	417
Age 25-29	(0-3 years)	1238	1847	527	617
	(0-5 years)	1525	1996	661	667
Age 30-39	(0-3 years)	1118	4024	550	1722
	(0-5 years)	1433	4944	689	2070
Age 40-49	(0-3 years)	462	1587	239	712
	(0-5 years)	588	1996	289	876
Age 50-64	(0-3 years)	225	845	125	384
	(0-5 years)	279	1085	153	472

Gage JC, Hunt WC, Schiffman M, Katki HA, Cheung LA, Myers O, et al. Similar risk patterns after cervical screening in two large U.S. Populations: implications for clinical guidelines. *Obstet Gynecol* 2016; 128. The authors provided this information as a supplement to their article.

		Number of CIN2+ cases		Number of CIN3+ cases	
		NMHPVPR	KPNC	NMHPVPR	KPNC
Baseline screening result					
HSIL	(0-3 years)	934	1881	641	1162
	(0-5 years)	951	1891	656	1168
LSIL	(0-3 years)	961	2081	307	611
	(0-5 years)	1040	2184	339	644
ASC-US	(0-3 years)	982	3453	344	1130
	(0-5 years)	1118	3707	414	1240
HPV-positive/ASC-US					
		778	3241	273	1060
	(0-3 years)	853	3446	311	1154
	(0-5 years)				
HPV-negative/ASC-US					
	(3-years)	44	149	16	48
	(5-years)	71	198	30	64
Cytology-negative					
	(3-years)	1431	2274	604	901
	(5-years)	2372	3787	699	1449

When using interval censoring, most cases inform 3-year and 5-year cumulative risks. For example, if a woman was diagnosed at year 4, but her clinical records indicate the event could have occurred as early as year 1, she contributes to the 3-year estimate. This table excludes event diagnosed after 5 years, some cases influenced the 3-year and 5-year risk estimates when disease onset may have occurred prior to 5-years.

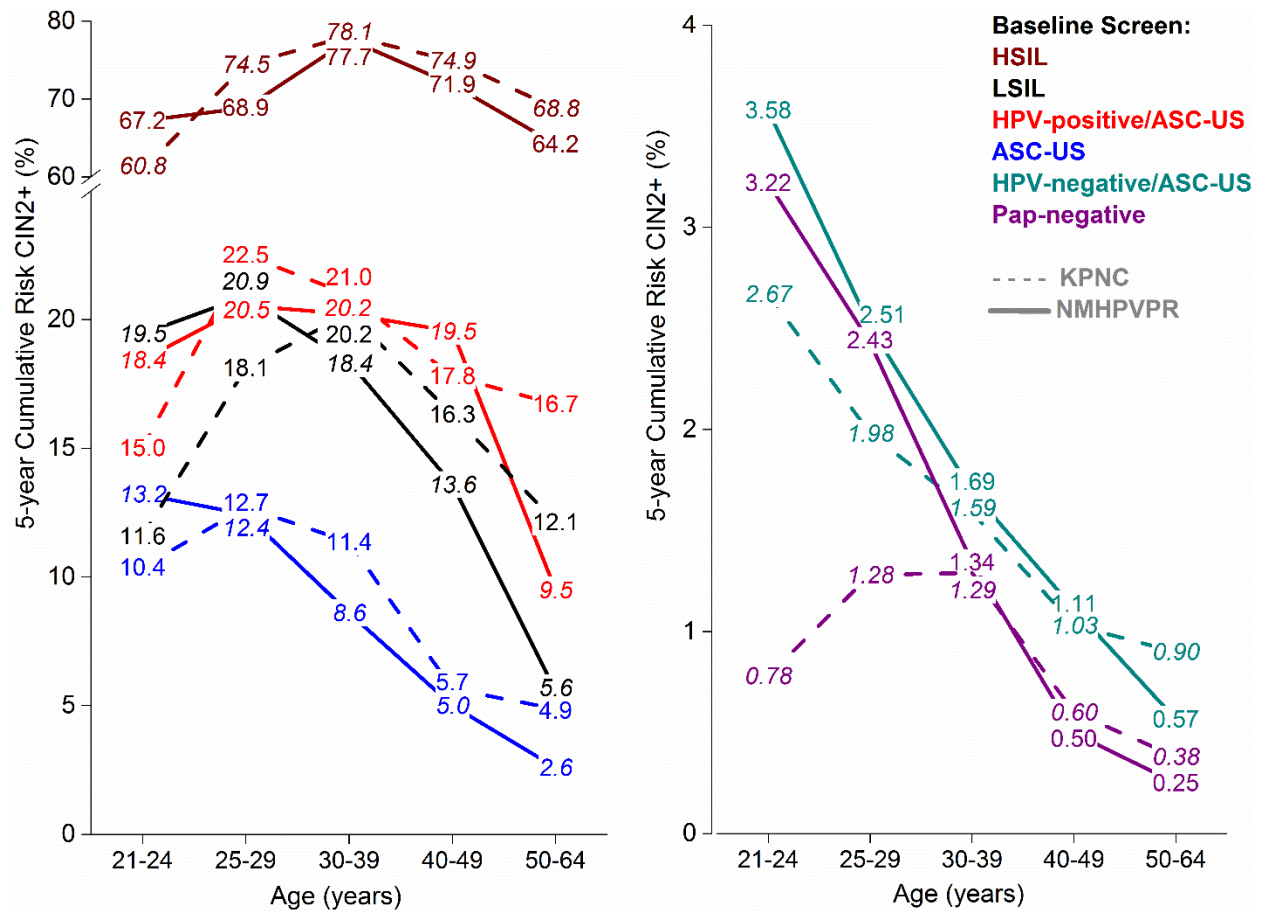
LSIL: Low grade squamous intraepithelial lesion, HPV: human papillomavirus, ASC-US: atypical squamous cells of undetermined significance, AGC: Atypical atypical glandular cells, ASC-H: atypical squamous cells cannot rule out high-grade, HSIL: high-grade squamous intraepithelial lesion, SCC: squamous cell carcinoma.

Sage JC, Hunt WC, Schmittman M, Kuhn M, Cheung LA, Myers O, et al. Similar risk patterns after cervical screening in two large U.S. Populations: implications for clinical guidelines. *Obstet Gynecol* 2016; 128. The authors provided this information as a supplement to their article.

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Appendix 3. Cumulative Risks of CIN3+ by Baseline Age and Screening Result in 1) the New Mexico HPV Pap Registry (NMHPVPR) and 2) Kaiser Permanente Northern California (KPNC) Cohorts



NMHPVPR, New Mexico HPV Pap Registry; KPNC, Kaiser Permanente Northern California.

Women with baseline Pap results of AGC, ASC-H or SCC Pap are excluded from analysis.

NMHPVPR is a state-wide registry capturing all cervical cytology and HPV tests and all cervical pathology under the New Mexico Notifiable Diseases and Conditions. 453,618 women screened between 2007-2011 with a Pap negative, ASC-US, LSIL or HSIL Pap test were included.

KPNC is an integrated health care management system. 1,307,528 women screened between 2003-June 2013 with a Pap negative, ASC-US, LSIL or HSIL Pap test were included.

Gage JC, Hunt WC, Schiffman M, Katki HA, Cheung LA, Myers O, et al. Similar risk patterns after cervical screening in two large U.S. Populations: implications for clinical guidelines. *Obstet Gynecol* 2016; 128. The authors provided this information as a supplement to their article.

LSIL: Low grade squamous intraepithelial lesion, HPV: human papillomavirus, ASC-US: atypical squamous cells of undetermined significance, AGC: Atypical glandular cells, ASC-H: atypical squamous cells cannot rule out high-grade, HSIL: high-grade squamous intraepithelial lesion, SCC: squamous cell carcinoma.