Appendix 1. Detailed statement explaining cervical precancer and excisional treatment for cervical precancer in patient preferences survey.

The purpose of this survey is to understand what information patients would want to have to make a specific decision about her gynecologic health. ANY woman, regardless of gynecologic health history, is welcome and encouraged to participate. Please read the details below and answer the questions that follow. Thanks for your time and insight.

Right now, if a woman has certain combinations of abnormal Pap test or HPV test results, doctors do a colposcopy with biopsy to determine if she needs a treatment like a LEEP procedure. A colposcopy procedure is when the doctor or healthcare provider places the speculum, cleans the cervix with a vinegar solution, and looks with a magnifying glass. If he or she sees anything abnormal, they take a small biopsy, which removes a tiny piece of skin from the cervix to send to the laboratory for analysis. Colposcopy with biopsy usually finds precancer, but biopsies can sometimes miss disease that is there. A LEEP procedure involves removing the piece of the cervix where the precancer is located and is usually done as an office procedure. The tissue is sent for pathology to get a diagnosis and make sure no cancer is present. A LEEP works over 90% of the time to prevent cancer. However, sometimes women who get pregnant after they have recovered from their LEEP are a little more likely to have a premature baby.

New guidelines will offer women the option to get a LEEP without a biopsy if her Pap and HPV test results show a high risk of pre-cancer (sometimes called high grade dysplasia or cervical intraepithelial neoplasia grade 2 or 3). Specifically, this would be a 50% risk of having the highest level of precancer (CIN3) which always requires a LEEP procedure, and a 75% chance of having a lower grade precancer (CIN2) for which LEEP is recommended for women over age 25.

Women will need to talk with their providers to decide whether to do the biopsy to see if she has a precancer before doing LEEP, or to just go ahead with LEEP since 3 out of 4 women with these results will need one. We are doing this survey to understand what information patients need to make these decisions.

Please let us know what you, as a patient, would want to talk about with your doctor to make this decision.

This survey is being done by Cervivor. Cervivor is a global community of advocates who inspire and empower women affected by cervical cancer by educating and motivating them to use their voices for creating awareness to end stigma, influence decision and change, and end cervical cancer. Find out more at [www.cervivor.org](https://www.google.com/url?q=http://www.cervivor.org&sa=D&ust=1560470816970000&usg=AFQjCNGbM-tLfi-m61TRPOVM03tYqCMulQ).