**Supplemental Table 11: Risk of CIN3+ by partial HPV genotyping and cytology, for new infections with prior HPV-negative screening history**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Past History** | **Current HPV**  | **Current Cytology** | **Na** | **%b** | **CIN3+ Cases** | **CIN3+ Immediate risk (%)** | **CIN3+ 5-year risk (%)** | **Possible Recommended Management** | **Recommendation Confidence Score (%)** |
| **HPV-negative** | **HC2** | **NILM** | 16,552 |  | 225 | 0.74 | **2.3** | 1-year follow-up | 100 |
| **HPV16** |  | 275 | 11% | 39 | 3.0 | 7.1 | Colposcopy | Special Situation |
| **HPV18** |  | 109 | 4.4% | 9 | 2.5 | 3.8 | Colposcopy | Special Situation |
| **HR12** |  | 904 | 39% | 37 | 1.1 | **1.7** | 1-year follow-up | 100 |
| **HPV-negative** | **HC2** | **ASC-US** | 7,794 |  | 189 | 2.0 | **3.8** | 1-year follow-up | 100 |
| **HPV16** |  | 155 | 5.2% | 28 | **5.3** | 10 | Colposcopy | 84 |
| **HPV18** |  | 52 | 2.1% | 5 | 2.4 | 4.2 | Colposcopy | Special Situation |
| **HR12** |  | 478 | 19% | 23 | 1.2 | **2.2** | 1-year follow-up | 100 |
| **HPV-negative** | **HC2** | **LSIL** | 5,990 |  | 143 | 2.1 | **3.8** | 1-year follow-up | 100 |
| **HPV16** |  | 120 | 3.8% | 23 | **6.7** | 11 | Colposcopy | 94 |
| **HPV18** |  | 27 | 1.0% | 2 | 3.5 | 3.5 | Colposcopy | Special Situation |
| **HR12** |  | 264 | 10% | 14 | 1.8 | **2.5** | 1-year follow-up | 100 |
| **HPV-negative** | **HC2** | **High Grade2** | 1,224 |  | 222 | **20** | 24 | Colposcopy | 99 |
| **HPV16** |  | 55 | 1.5% | 20 | **24** | 25 | Colposcopy | 61 |
| **HPV18** |  | 26 | 0.79% | 10 | **19** | 22 | Colposcopy | 81 |
| **HR12** |  | 107 | 3.3% | 20 | **10** | 11 | Colposcopy | 100 |
| **Total of Partial HPV Genotyping Sample** | 2,572 | 100% | 230 |  |  |  |  |
| **Total of HC2 Sample** | 31,560 |  | 779 |  |  |  |  |
| **a** Column N presents the actual sample sizes**b** Column % presents the percentages of the partial HPV genotyping based on the weighted sample sizes  Information on this table could be considered for future guidelines. There was no voting on this for the current guidelines. Possible suggested management is based on pre-established risk thresholds but not on actual recommendations. HPV18 was still considered as a potentially special situation, given its high risk of cancer not reflected on CIN3+ estimates.2 High grade includes ASC-H, AGC, and HSIL+. |