

## Appendix 1. Description of the Process Used by the Five Working Groups to Evaluate the Evidence

The five working groups approached their questions differently. Some conducted a literature search of MEDLINE, whereas others relied on data review from the Kaiser Permanente Northern California Medical Care Plan (KPNC):

*Working Group 1 (unsatisfactory or no endocervical/transformation zone):* Conducted a literature search (MEDLINE). Key words: Pap unsatisfactory, Pap endocervical, cytology unsatisfactory, cytology endocervical. This yielded approximately 100 abstracts.

*Working Group 2 (management of screening abnormalities):* Relied on KPNC data. No literature search conducted.

*Working Group 3 (cervical intraepithelial neoplasia 1 (CIN 1) on ECC):* Conducted a literature search (MEDLINE). Search terms included endocervical curettage; endocervical sampling; cervical intraepithelial neoplasia; risk. Various combinations of these terms yielded about 250 abstracts. Those were screened to see whether the papers included relevant information for Working Group 3's assigned task (prevalence of and risk associated with CIN 1 on ECC). Thirty-three were found to be potentially relevant, and those were evaluated and abstracted by the working group members.

*Working Group 4 (returning to routine screening):* Relied on KPNC data but conducted a preliminary literature search (MEDLINE):

1. Cervical intraepithelial neoplasia[majr:noexp] OR (cervical[ti] AND intraepithelial[ti] AND (neoplasia[ti] OR lesion\*[ti])) OR (squamous[ti] AND (cell[ti] OR cells[ti] OR lesions[ti])) OR (cytological[ti] AND abnormalit\*[ti])
2. #1 AND ("grade 1"[tw] OR "low grade"[tw] OR "low-grade"[tw] OR "CIN 1"[tw])
3. #2 OR "atypical squamous cells"[tw] OR LSIL[ti] OR HSIL [ti]
4. #3 AND colposcopy[tw]

*Working Group 5 (21–24-year-old women):* Relied predominantly on KPNC data to define event risk, but did look to literature to confirm estimates and assess harms of aggressive management. Search terms included combinations of CIN, cytology, colposcopy, HPV testing, Pap, cervical cancer, screening, abnormality, neoplasia, cervix, p16, HPV genotyping, HPV 16, HPV 18, pain, risks, LEEP, cone, cervix, HPV, anxiety, adherence, preterm birth, PTL, PROM, PPRM, stigma.

Searches were conducted back to 1/1/2005 for all working groups except Working Group 1—it was assumed that prior searches for the 2006 guidelines were satisfactory and did not require repeating. The last paper on unsatisfactory or absent endocervical curettage (ECC) cytology was from 2009, so search went back only to 1/1/2007.

Massad LS, Einstein MH, Huh WK, Katki HA, Kinney WK, Schiffman M, et al. 2012 updated consensus guidelines for the management of abnormal cervical cancer screening tests and cancer precursors. *Obstet Gynecol* 2013;121.

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