Appendix 1. Exclusions for Population-based Research to Optimize the Screening Process (PROSPR) MultilEvel opTimization of the ceRvIcal Cancer Screening process in diverse Settings & populations (METRICS) Cohort Members with an Abnormal Cervical Cancer Test

	Total in Cohort n = 764,715	KPWA n = 321,173	PH n = 225,907	MGB n = 217,635
Exclusions	Total n = 747,174	Total n = 317,279	Total n = 218,790	Total n = 211,105
<21 years old or >79 years old throughout study period	n = 31,104	n = 22,167	n = 1,712	n = 7,225
No Pap/HPV test	n = 325,236	n = 158,255	n = 81,590	n = 85,391
Only abnormal Pap test outside of age range	n = 1,205	n = 281	n = 751	n = 173
Only normal/ineligible abnormal Pap test	n = 379,168	n = 134,570	n = 127,032	n = 117,566
Cervical cancer prior to abnormal Pap test	n = 266	n = 99	n = 78	n = 89
Hysterectomy prior to abnormal Pap test	n = 99	n = 8	n = 57	n = 34
Pregnant at abnormal Pap test	n = 7,043	n = 392	n = 6,364	n = 287
Only diagnostic abnormal Pap test or left the cohort the day of the abnormal Pap test	n = 1,746	n = 297	n = 1,123	n = 326
Did not remain in the cohort through the end of the initial management period (Year 0)	n = 1,307	n = 1,210	n = 83	n = 14
Included Study Cohort	n = 17,541	n = 3,894	n = 7,117	n = 6,530

Exclusions were applied sequentially in the order listed.

Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142.

The authors provided this information as a supplement to their article.

Appendix 2. Demographic and Test Characteristics of Population-based Research to Optimize the Screening Process (PROSPR) MultilEvel opTimization of the ceRvIcal Cancer Screening process in diverse Settings & populations (METRICS) Cohort Members at Index Abnormal Cervical Cancer Test by Site and Initial Management Period

		KPWA			РН		MGB		
Initial Management Period ¹	Colposcopy ≤3 mos after abnormal result	Colposcopy 3-12 mos after abnormal result	No Colposcopy within 12 mos of abnormal result	Colposcopy ≤3 mos after abnormal result	Colposcopy 3-12 mos after abnormal result	No Colposcopy within 12 mos of abnormal result	Colposcopy ≤3 mos after abnormal result	Colposcopy 3-12 mos after abnormal result	No Colposcopy within 12 mos of abnormal result
Total Patients with Qualifying Abnormal Test Total Year 0	2,976	378	540	2,724	2,565	1,828	3,654	957	1,919
Cancer Diagnoses ²	49	<5	<5	54	15	<5	17	<5	<5
Total Eligible Patients for Analysis ³	2,927	374	539	2,670	2,550	1,825	3,637	954	1,918

Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142. The authors provided this information as a supplement to their article.

Patient Characteristics at Abnormal Test	n (Row %)	n (Row %)	n (Row %)	n (Row %)	n (Row %)	n (Row %)	n (Row %)	n (Row %)	n (Row %)
Age (years)									
21-29	702 (74.4)	117 (12.4)	124 (13.2)	736 (35.1)	793 (37.8)	570 (27.2)	1,060 (53.4)	330 (16.6)	595 (30.0)
30-39	920 (79.7)	106 (9.2)	129 (11.2)	1,027 (42.3)	900 (37.2)	504 (20.7)	1,298 (58.8)	306 (13.9)	604 (27.4)
40-49	628 (76.9)	76 (9.3)	113 (13.8)	606 (41.9)	525 (36.3)	314 (21.7)	694 (57.6)	164 (13.6)	346 (28.7)
50-59	451 (73.9)	49 (8.0)	110 (18.0)	224 (30.2)	239 (32.2)	280 (37.7)	397 (54.1)	101 (13.8)	236 (32.2)
60-69	205 (73.0)	20 (7.1)	56 (19.9)	62 (22.0)	80 (28.4)	140 (49.7	155 (48.9)	43 (13.6)	119 (37.5)
70-79	21 (61.8)	6 (17.7)	7 (20.6)	15 (33.3)	13 (28.9)	17 (37.8)	33 (54.1)	10 (16.4)	18 (29.5)
Race/Ethnicity									
Hispanic	209 (73.6)	31 (10.9)	44 (15.5)	1,855 (41.6)	1,749 (39.2)	853 (19.1)	803 (58.5)	271 (19.7)	299 (21.8)
Asian / Pacific									
Islander, Non-	360 (76.1)	45 (9.5)	68 (14.4)	40 (44.4)	28 (31.1)	22 (24.4)	196 (58.9)	43 (12.9)	94 (28.2)
Hispanic									
Black, Non-		29 (12 2)	20 (17 1)	572 (20.2)		7(5 (20.0)	262 (51.0)	102 (14.0)	
Hispanic	101 (70.6)	28 (12.3)	39 (17.1)	572 (29.2)	024 (31.8)	/63 (39.0)	362 (31.9)	103 (14.8)	233 (33.4)

Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142.The authors provided this information as a supplement to their article.© 2023 American College of Obstetricians and Gynecologists.Page 3 of 10

White, Non-	1 075 (76 0)	244 (0.5)	240 (12.6)	105 (27.0	144 (28.0)	176 (24 2)	2 165 (56 1)	401 (12 7)	1 206 (21 2)
Hispanic	1,975 (70.9)	244 (9.3)	549 (15.0)	195 (57.9	144 (28.0)	170 (34.2)	2,105 (30.1)	491 (12.7)	1,200 (31.2)
None of the Above	162 (78 6)	20 (0 7)	24 (11 7)	5 (29 5)	5 (29 5)	<5 (22.1)	05 (50 5)	26 (10.2)	57 (20.2)
/ Multiple Races	102 (78.0)	20 (9.7)	24 (11.7)	5 (58.5)	5 (58.5)	~J (23.1)	95 (30.5)	50 (19.2)	57 (50.5)
Unknown	60	6	15	<5	0	6	16	10	29
Health Insurance									
Commercial	2,725 (76.5)	351 (9.9)	486 (13.6)	97 (33.5)	73 (25.2)	120 (41.4)	2,390 (56.9)	534 (12.7)	1,274 (30.4)
Medicare	122 (72.2)	15 (8.9)	32 (18.9)	89 (26.7)	93 (27.8)	152 (45.5)	175 (48.9)	61 (17.0)	122 (34.1)
Medicaid/Other/Un	80 (72 4)	9 (7 2)	21(10.2)	2 476 (28 8)	(272)	1 520 (24 1)	1 055 (54 9)	252 (19.2)	518 (26 0)
insured	80 (73.4)	8 (7.3)	21 (19.3)	2,470 (38.8)	2,373 (37.2)	1,339 (24.1)) 1,055 (54.8)) 353 (18.3)	518 (20.9)
Unknown	0	0	0	8	11	14	17	6	<5
Comorbidity Score									
0-1	2,368 (76.0)	309 (9.9)	438 (14.1)	2,234 (39.3)	2,158 (37.9)	1,299 (22.8)	2,894 (55.2)	777 (14.8)	1,571 (30.0)
2+	207 (73.7)	28 (10.0)	46 (16.4)	436 (32.2)	392 (29.0)	526 (38.9)	611 (59.9)	153 (15.0)	256 (25.1)
Unknown	352	37	55	0	0	0	132	24	91
BMI (kg/m ²)									
<18.5	46 (71.9)	7 (10.9)	11 (17.2)	30 (38.0)	20 (25.3)	29 (36.7)	102 (51.8)	24 (12.2)	71 (36.0)
18.5–24.9	1 202 (77 2)	159 (0 4)	225(124)	(40, (27, 0))	(25)(26)(5)	440 (25.7)	1 790 (56 9)	12((12,0))	01((20,2))
	1,505 (77.5)	138 (9.4)	225 (13.4)	049 (37.9)	623 (30.3)	440 (23.7)	1,780 (30.8)	430 (13.9)	916 (29.3)

Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142. The authors provided this information as a supplement to their article.

25.0–29.9	710 (74.2)	103 (10.8)	144 (15.1)	861 (38.3)	820 (36.5)	567 (25.2)	979 (56.6)	258 (14.9)	494 (28.5)
<u>></u> 30.0	865 (76.8)	105 (9.3)	157 (13.9)	1,128 (37.9)	1,082 (36.3)	769 (25.8)	729 (54.0)	223 (16.5)	397 (29.4)
Unknown	<5	<5	<5	<5	<5	20	47	13	40
Yost Quintile									
(State)									
1	290 (75.3)	45 (11.7)	50 (13.0)	1,160 (38.5)	1,070 (35.6)	780 (25.9)	816 (57.9)	264 (18.7)	329 (23.4)
2	516 (76.2)	69 (10.2)	92 (13.6)	709 (36.9)	744 (38.8)	467 (24.3)	440 (54.5)	130 (16.1)	238 (29.5)
3	589 (76.9)	64 (8.4)	113 (14.8)	336 (38.7)	311 (35.8)	221 (25.5)	461 (56.5)	110 (13.5)	245 (30.0)
4	775 (77.2)	92 (9.2)	137 (13.7)	232 (36.7)	213 (33.7)	188 (29.7)	605 (53.6)	159 (14.1)	364 (32.3)
5	672 (75.2)	87 (9.7)	135 (15.1)	87 (39.0)	69 (30.9)	67 (30.0)	1,147 (56.5)	248 (12.2)	634 (31.3)
Unknown	85	17	12	146	143	102	168	43	108
Abnormal Test									
Characteristics									
Risk Status at									
Abnormal Test									
Surveillance/Altern	526 (62 0)	120 (14 2)	192 (21.9)	746 (28.0)	1120 (42-1)	705 (20.0)	1 296 (49 2)	521 (18 5)	050 (22.1)
ate Risk	550 (05.9)	120 (14.3)	103 (21.0)	/40 (20.0)	1120 (42.1)	195 (29.9)	1,300 (40.3)	551 (10.5)	<i>75</i> 0 (<i>35</i> .1)
Average Risk	1,193 (81.3)	116 (7.9)	159 (10.8)	1,019 (44.1)	826 (35.8)	465 (20.1)	1,486 (63.9)	256 (11.0)	583 (25.1)
1	I			1			I		

Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142. The authors provided this information as a supplement to their article.

Unknown Risk	1,198 (78.2)	138 (9.0)	197 (12.9)	905 (43.6)	604 (29.1)	565 (27.2)	765 (58.1)	167 (12.7)	385 (29.2)
Abnormal Test									
Result									
High-Grade	1 020 (77 7)	121 (0 1)	174 (12-1)	022 (65.0)	272(10.0)	220(16.0)	508 (66 4)	110 (12 2)	102 (21 4)
(<u>></u> HSIL)	1,030 (77.7)	121 (9.1)	174 (13.1)	932 (03.0)	273 (19.0)	230 (10.0)	398 (00.4)	110 (12.2)	193 (21.4)
Low-Grade	1 957 (77 0)	228 (10.0)	280 (12.1)	1 (00 (21 8)	2155(40.5)		2 774 (57 5)	722 (15.0)	1 220 (27 ()
(<u><</u> LSIL)	1,837 (77.9)	238 (10.0)	289 (12.1)	1,090 (31.8)	2,133 (40.3)	1,471 (27.7)	2,774 (37.3)	722 (13.0)	1,330 (27.6)
Persistent Mild	40 (20 5)	15 (11 5)	76 (59.0)	49 (16 2)	122 (41.5)	124 (42.2)	265 (22.0)	100 (15 ()	205 (50.5)
Abnormality	40 (30.3)	15 (11.5)	76 (58.0)	48 (16.3)	122 (41.5)	124 (42.2)	265 (33.9)	122 (15.6)	395 (50.5)
Initial Management									
Characteristics									
Most Severe									
Pathology in Year									
04									
AIS / CIN III / CIN	438 (80 8)	50 (10.3)	0	739 (64 7)	404 (35 4)	0	458 (80 0)	108 (10 1)	0
II / HSIL	-10 (07.0)	50 (10.5)	U	155 (04.7)	+0+ (33. 1)	U		100 (17.1)	U
LSIL / CIN I	676 (90.6)	70 (9.4)	0	1,220 (47.3)	1,359 (52.7)	0	623 (82.3)	134 (17.7)	0

Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142.The authors provided this information as a supplement to their article.© 2023 American College of Obstetricians and Gynecologists.Page 6 of 10

HPV /									
Condylomata /	633 (91.1)	62 (8.9)	0	196 (45.8)	232 (54.2)	0	240 (82.5)	51 (17.5)	0
Atypia									
Normal	805 (87.2)	118 (12.8)	0	493 (51.0)	474 (49.0)	0	2,084 (78.9)	558 (21.1)	0
Insufficient /									
Unknown / No	375 (83.5)	74 (16.5)	0	22 (21.4)	81 (78.6)	0	232 (69.3)	103 (30.8)	0
Biopsy									
No Procedure	0	0	539 (100.0)	0	0	1,825 (100.0)	0	0	1,918 (100.0)
Treatment									
Completed in Year									
0 ⁵									
No	2,321 (73.2)	310 (9.8)	539 (17.0)	1,900 (32.1)	2,192 (37.1)	1,825 (30.8)	3,081 (52.8)	840 (14.4)	1,918 (32.9)
Yes	606 (90.5)	64 (9.6)	0	770 (68.3)	358 (31.7)	0	556 (83.0)	114 (17.0)	0

¹ Initial Management Period reflects time to first procedure as either within 3 months (\leq 91 days), 3-12 months (92-365 days), or not within 12 months (see Figure 1). Additional procedures may have occurred at later in that time period or beyond. Age, risk status, abnormal test result, most severe pathology in Year 0, and whether treatment was completed in Year 0 were significantly different (p<0.001) by initial management across all sites; race/ethnicity, health insurance, and comorbidity score were significantly different (p<0.001) by initial management at PH and MGB; BMI was significantly different (p<0.001) by initial management at MGB.

Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142.The authors provided this information as a supplement to their article.©2023 American College of Obstetricians and Gynecologists.Page 7 of 10

² Cancer diagnoses were identified through pathology reports and central cancer registries. Cancer diagnoses made among patients for whom a procedure was not documented during the Initial Management Period (Months 0-12) were identified exclusively from central cancer registries.

³ Patients diagnosed with cancer in Months 0-12 were excluded from Total Eligible Patients for Analysis because these cancers were detected before the start of follow-up.

⁴ Most severe pathology result recorded for all procedures that occurred in Initial Management Period (Months 0-12).

⁵ Treatment included LEEP, cone, or unspecified excisional procedure as well as cryotherapy or laser ablation.

Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142. The authors provided this information as a supplement to their article. ©2023 American College of Obstetricians and Gynecologists. Page 8 of 10 Appendix 3. Surveillance, Epidemiology, and End Results (SEER) Stages for Cancers Diagnosed During the Initial Management Period

and Follow-up Period After Abnormal Cervical Cancer Test

SEER Stage ¹	Total	Colposcopy ≤3 mos After Abnormal Result	Colposcopy 3- 12 mos After Abnormal Result	No Colposcopy Within 12 mos of Abnormal Result
Cancers Diagnosed in Months 0-12²	147	120	22	5
Localized	74 (70.5)	60 (72.3)	13 (76.5)	<5 (20.0)
Regional	26 (24.8)	20 (24.1)	<5 (23.5)	<5 (40.0)
Distant Site(s)/Node(s)	<5 (3.8)	<5 (2.4)	0	<5 (40.0)
Unknown/Unstaged	43	38	5	0
Cancers Diagnosed during Follow-Up³	65	27	13	25
Localized	30 (76.9)	15 (93.8)	6 (85.7)	9 (56.3)
Regional	8 (20.5)	<5 (6.3)	0	7 (43.8)
Distant Site(s)/Node(s)	<5 (2.6)	0	<5 (14.3)	0
Unknown/Unstaged	26	11	6	9

¹ Reflects the Surveillance, Epidemiology, and End Results (SEER) stage of the cervical cancer diagnosed.

² Includes cervical cancers diagnosed 0-12 months (\leq 365 days) from the abnormal cervical cancer test.

³ Includes cervical cancers diagnosed at least 12 months (>365 days) from the abnormal cervical cancer test through cohort exit.

Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142. The authors provided this information as a supplement to their article. ©2023 American College of Obstetricians and Gynecologists. Page 9 of 10 Appendix 4. Time to cervical cancer diagnosis after index abnormal cervical cancer test and initial management period, stratified by cytology result severity and risk status. Kaplan-Meier estimates for cumulative detection of cervical cancer after an abnormal cervical cancer test and the initial management period, stratified by result severity. Cumulative detection estimates stratified by risk status are shown for low-grade abnormalities (n = 12,525).



Alimena S, Lykken JM, Tiro JA, Chubak J, Kamineni A, Haas JS, et al. Timing of colposcopy and risk of cervical cancer. Obstet Gynecol 2023;142. The authors provided this information as a supplement to their article.

 $\ensuremath{\mathbb{C}}$ 2023 American College of Obstetricians and Gynecologists.

Page 10 of 10