**Table 1. Demographic Characteristics and Screening Process Measures for the PROSPR METRICS Cervical Research Center Cohort from 2010-2020**

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|  | **Total** |
| **Total Cohort Members1,2** | 1,060,110 |
| **Cohort Demographics at First Cohort Entry3,4** | N (Col %) |
| **Age** |  |
| 18-20 | 92,892 (8.76) |
| 21-24 | 103,662 (9.78) |
| 25-29 | 139,467 (13.16) |
| 30-39 | 216,446 (20.42) |
| 40-49 | 172,569 (16.28) |
| 50-59 | 165,256 (15.59) |
| 60-65 | 79,588 (7.51) |
| 66-69 | 28,283 (2.67) |
| 70-79 | 41,070 (3.87) |
| 80-89 | 20,877 (1.97) |
| **Race/Ethnicity5** |  |
| Hispanic | 247,426 (23.34) |
| Black, NH | 125,231 (11.81) |
| White, NH | 485,900 (45.83) |
| Asian / Pacific Islander, NH | 79,271 (7.48) |
| Native American / Alaskan Native, NH | 3,491 (0.33) |
| Other, NH | 8,670 (0.82) |
| >1 Race, NH | 18,709 (1.76) |
| Unknown | 91,412 (8.62) |
| **Health Insurance6** |  |
| Medicare | 75,762 (7.15) |
| Medicaid | 156,469 (14.76) |
| Commercial | 561,492 (52.97) |
| Other Insurance | 44,706 (4.22) |
| Uninsured | 120,270 (11.35) |
| Multiple Insurance | 84,977 (8.02) |
| Unknown | 16,434 (1.55) |
| **≥1 HPV vaccination7** | 86,370 (8.15) |
| **Under Surveillance for Prior Abnormality8** | 43,396 (4.09) |
| **Prior Primary Care Encounter within 1 Yr9** | 463,571 (43.73) |
| **No Cervix10** | 37,402 (3.53) |
| **HIV11** | 3,195 (0.30) |
| **Yost Quintile (State)12** |  |
| 1 – Low SES | 201,782 (19.03) |
| 2 | 183,457 (17.31) |
| 3 | 169,291 (15.97) |
| 4 | 197,496 (18.63) |
| 5 – High SES | 238,487 (22.50) |
| Unknown | 69,597 (6.57) |
| **Cohort Demographics during Cohort Period4** | N (Col %) |
| **Cervical Cancer13** | 693 (0.07) |
| **≥1 AIS/CIS14** | 3,719 (0.35) |
| **Deaths (Any Cause)** | 28,261 (2.67) |
| **≥1 Pap/HPV Test** | 600,703 (56.66) |
| **≥1 Abnormal Pap/HPV Test8** | 107,997 (10.19) |
| **≥1 Cervical Procedure15** | 86,384 (8.15) |
| **≥1 Pregnancy16** | 171,659 (16.19) |
| **Events during Cohort Period17** | N (Col %) |
| **Primary Care Encounters [Median (IQR)] 9** | 7 (3, 16) |
| **Pap/HPV Tests** | 1,188,588 |
| Pap Alone/ASC-US Reflex | 770,133 (64.79) |
| Co-Test | 356,662 (30.01) |
| Primary HPV | 2,316 (0.19) |
| Other | 32,411 (2.73) |
| Unknown | 27,066 (2.28) |
| **Cervical Procedures13** | 131,445 |
| Colposcopy/Biopsy | 88,821 (67.57) |
| Excisional Treatment | 9,370 (7.13) |
| Hysterectomy | 32,192 (24.49) |
| Unknown | 1,062 (0.81) |
| **Unique Performing Providers18** | 11,868 |
| **Unique Performing Facilities19** | 411 |

1 All cohort members were assigned female at birth. Females entered the cohort from 2010-2020 if aged 18-89 years old (all sites) and met additional site-specific entry criteria as follows: for KPWA and empaneled to a member network primary care provider; for MGB, visited a primary care provider within the healthcare delivery system; and for PH-UTSW, visited a primary care provider within the county safety-net system. Overall median (IQR) cohort entry year was 2012 (2010-2016), which was identical across all sites.

2 Cohort members exited the cohort from 2010-2020 due to reaching age 90 years, death, administrative cut-off (December 30th, 2020), or site-specific exit criteria as follows: for KPWA, disenrollment from the healthcare plan or residential relocation outside of the Seattle-Puget Sound SEER registry catchment area); for MGB, lack of primary care utilization >37 months; and for PH-UTSW, moving outside of Dallas County for ≥6 months or lack of primary care utilization >37 months. Overall median (IQR) cohort exit year was 2020 (2016-2020); by site, the median (IQR) cohort exit year was 2017 (2013-2020) for KPWA, 2020 (2020-2020) for MGB, and 2020 (2017-2020) for PH-UTSW. Cohort members at MGB and PH-UTSW could re-enter the cohort upon utilization when cohort entry criteria described above were met. Overall median (IQR) cohort duration was 3.9 (1.9-8.4) years; by site, the median (IQR) cohort duration was 2.3 (0.9-5.7) years for KPWA, 6.5 (3.2-10.2) years for MGB, and 4.4 (3.1-8.1) years for PH-UTSW.

3 Refer to specific demographic footnotes to discern whether the demographic was determined using information inclusive of the first cohort entry date or up to the day prior to first cohort entry date.

4 Reports per-cohort member counts.

5 Race/ethnicity was classified using the following mutually exclusive categories: Hispanic; Black, Non-Hispanic (NH); White, Non-Hispanic (NH); Asian/Pacific Islander, which includes cohort members who identified as Asian, Native Hawaiian, or Pacific Islander, Non-Hispanic (NH); Native American/Alaskan Native, Non-Hispanic (NH); Other, Non-Hispanic (NH); and >1 Race, Non-Hispanic (NH), which includes cohort members who identified with multiple races/ethnicities described above.

6 Health insurance was identified from all payors used within the cohort entry calendar year. Medicaid includes people who used both Medicaid and Medicare, but not commercial or other insurance types. Other insurance includes government payor programs and workers compensation. Uninsured includes Medical Assistance at PH-UTSW only.

7 Vaccinations were identified at any time prior to cohort entry through the day of cohort entry. All sites included vaccination data derived from the healthcare system. Additionally, KPWA and MGB included vaccination data from state vaccination registries. Vaccines are reported only among those were age-eligible beginning in 2006.

8 Abnormality was identified up to three years prior to cohort entry either through documentation in the healthcare system of a cytology result as or more severe than atypical squamous cells of undetermined significance (ASC-US), an HPV-positive test result regardless of strain, or a cervical procedure, including a biopsy or excisional treatment.

9 Primary care encounters included completed in-person (2007-2020) or telehealth (2019-2020) visits with additional site-specific criteria as follows: at KPWA, a visit with either a physician, physician’s assistant, nurse practitioner, or unknown provider type within a family practice, internal medicine, pediatrics, obstetrics/gynecology, gerontology, or adolescent medicine clinic; at MGB, at an affiliated primary care or women’s health clinic; and at PH-UTSW, a visit with either a physician, nurse practitioner, or physician’s assistant within a community health, family practice, internal medicine, women’s health, geriatrics, gynecology, or HIV clinic.

10 Indicates cohort members with a documented total or radical hysterectomy or trachelectomy (all sites) or a surgical history note of prior cervix removal (KPWA) up to three years prior to cohort entry through the day of cohort entry.

11 HIV diagnosis was identified at any time prior to cohort entry through the day of cohort entry through ICD-9 and ICD-10 diagnostic codes (all sites) as well as chart review (KPWA) or disease-staging assays and special clinic visits (PH-UTSW).

12 Indicates composite Yost state-based quintile score identified based on census tract of residence at cohort entry. Most (93.97%) cohort members were from an urban census tract based on RUCA4A at cohort entry.

13 Cervical cancers were identified from central registries (SEER registry, KPWA; hospital then state registries, MGB; and state then hospital registries, PH-UTSW). Most cancers diagnosed were squamous cell carcinoma (59.45%), then adenocarcinomas (23.81%), then other cancers (16.74%). Other cancers included carcinoma not otherwise specified, glassy cell carcinoma, small cell carcinoma, adenoid basal cell carcinoma, transitional cell carcinoma, neuroendocrine carcinoma, adenosquamous carcinoma, malignant melanoma, sarcoma, adenosarcoma, Mullerian mixed tumor, carcinosarcoma, mesonephroma, and follicular lymphoma.

14 Cervical cancer counts are not mutually exclusive with AIS/CIS counts, as some patients diagnosed with AIS and/or CIS went on to develop cervical cancer in the cohort (N=173, 24.96% of cervical cancer cases). Some patients were diagnosed multiple times with AIS and/or CIS (N=5,344 total cohort AIS/CIS diagnoses).

15 Cervical procedures included colposcopy/biopsy, which also included endocervical curettage, or excisional treatment, which included loop electrosurgical excision procedure, cone biopsy, cryotherapy, laser, or other excisional procedure not otherwise specified.

16 Pregnancy was documented when cohort member was pregnant at some time during the cohort period and may have either started before cohort entry or continued after cohort exit.

17 Reports per-event counts.

18 Indicates ordering providers for all primary care encounters, Pap/HPV tests, and procedures completed during the cohort period.

19 Indicates all facilities (primary care, women’s health, or HIV clinics) at which a primary care encounter, Pap/HPV test, or procedure occurred during the cohort period.