Supplementary material

An updated analysis of the impact of HPV vaccination based on long-term effectiveness in the Netherlands

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Table 1. Summary of Dutch CIN treatment guidelines[1]

	2004 guidelines[2]	2015 guidelines[3]
Diagnosis at colposcopy	Targeted biopsies are required only with an atypical transformation zone	Biopsy can be omitted if there is slight cytological dysplasia and no visible colposcopic abnormalities, in situations when the whole transformation zone can be seen. At least two random biopsies should be taken where there are severe cytological abnormalities with no colposcopic abnormalities. In the case of severe cytological and colposcopic abnormalities, either two targeted biopsies can be taken or "see-and-treat" management can be used.
CIN 1	Generally not treated	In principle, should not be treated. In the case of persistent low-grade cytology outside of reproductive age, treatment options may be discussed with the patient.
CIN 2	Should be treated, preferably by LLETZ [a]	Individual assessment is required, particularly in younger women, weighing up the risks and benefit of treatment. If treatment is decided on, LLETZ [a] is recommended.
CIN 3	Should be treated, preferably by LLETZ [a]	Should always be treated. Women with high-grade cytology (moderate dyskaryosis/dysplasia or worse) and colposcopy are eligible for see-and-treat management. LLETZ [a] recommended.
Glandular disease	Conization is preferred if there is suspicion of AIS	It should be discussed with the patient whether she wants an excisional treatment or hysterectomy, provided that invasive carcinoma is excluded as far as possible.

		Conization is preferred for AIS as it allows for better accessibility of the endocervical area and margins. If LLETZ is chosen, the pathologist must be notified for a better assessment of the margins.

Notes: [a] Large loop excision of the transformation zone.

Abbreviations: CIN, cervical intraepithelial neoplasia; LLETZ, large loop excision of the transformation zone; AIS, adenocarcinoma in situ.

Source: [1-3]

REFERENCES

[1] Nederland IK. National Guidelines: CIN, AIS and VAIN version 1.0 (in Dutch). 2015. https://richtlijnendatabase.nl/richtlijn/cin_ais_en_vain/startpagina_-_cin_ais_en_vain.html
[2] Nederland IK. National Guidelines: Cervical Intra-epithelial Neoplasia (CIN), version 1.1 (in Dutch). 2004.
[3] Aitken CA, Siebers AG, Matthijsse SM, Jansen EEL, Bekkers RLM, Becker JH, et al. Management and treatment of cervical intraepithelial neoplasia in the Netherlands after referral for colposcopy. Acta Obstet Gynecol Scand. 2019;98:737-46.