FAQs for Management Guidelines Public Comment Period

1. **Who developed these guidelines?**
   The ASCCP Risk-Based Management Consensus Guidelines represent a consensus of nearly 20 professional organizations, and—for the first time—patient advocates, convened by ASCCP; they are designed to safely triage individuals with abnormal cervical cancer screening results. The last 10 years of research has shown that risk-based management allows clinicians to better identify which patients will likely go on to develop pre-cancer and which patients may be indicated to return to routine screening. A full list of organizations participating in the consensus process is available.

2. **How are these guidelines different?**
   The new Risk-Based Management Consensus Guidelines have several important differences from the 2012 Guidelines, while retaining many of principles, such as the principle of equal management for equal risk. Rather than consider test results in isolation, the new guidelines use current and past results to create individualized assessments of a patient's risk of progressing to precancer or cancer. The goals of the ASCCP Risk-Based Management Consensus Guidelines are to increase accuracy and reduce complexity for providers and patients.

3. **Do the new guidelines still use algorithms?**
   The new guidelines rely on individualized assessment of risk taking into account past history and current results. Risk estimation will use technology, such as a smartphone application or website. Because the new Risk-Based Management Guidelines will be electronic, updates and new technologies will be incorporated at a much faster rate than in previous iterations of guidelines. The ability to adjust to the rapidly emerging science is critical for the long-term utility of the guidelines. There will be an option available at no cost.

4. **Why were the guidelines revised now?**
   The management guidelines were revised now due to the availability of sufficient data from the United States showing that incorporation of the risk-based approach can provide more appropriate and personalized management for an individual patient based on their current results and past history. In addition, several new recommendations for cervical cancer screening have come out since 2012, such as primary HPV as a screening option for patients 25 years of age and older. Updated guidelines were needed to incorporate these changes. In addition, changing the paradigm of management from one that is based on specific test results to one that is based on a patient's risk will allow for incorporation of future technologies as well.

5. **When will the new guidelines be ready for implementation?**
   The public comment period will be open through September 1, 2019. The Guidelines Working Groups will review comments and revise guidelines accordingly. The goal is to make the guidelines available for use in 2020.

6. **How do I provide feedback on the new guidelines?**

The preliminary documents to inform the guidelines are now available for comment. Please take this opportunity to review the new material, as well as the portions of the 2012 guidelines that have been retained and provide feedback. We want and need your input!

Comments are being collected through a SurveyMonkey web-based tool. Comments can be made anonymously, or with your affiliation.

Although open to the public for comment, these guidelines are intended for use by healthcare providers and may contain vocabulary unfamiliar to the lay public.