Table 2. Management of Cytology or Co-Testing Results – Normal and Squamous Lesions⁶

	Coverning Beauty	Recommended Action	
	Screening Result	Cytology Alone	Co-Testing
1.	Negative for intraepithelial lesion or malignancy (NILM) (normal cytology)	Repeat every 3 years (after 2 initial annual screen with normal cytology)	every 5 years If hrHPV negative, but history of hrHPV positive or cytology abnormality in the last screening: Repeat screening (co-testing or cytology) in 3 years If hrHPV positive, then 3 options: Repeat cytology in 6 months for 3 times; Repeat co-testing in 12 months; or Do genotyping for HPV16/18: If HPV 16/18 positive, refer colposcopy If HPV 16/18 negative, repeat co-testing or cytology in 1 year, then in 3 years,
2.	Normal but	If age <30 years: manage as norma	then routine screening
	transformation zone absent	If age ≥30 years: HPV testing (preferred) or manage as normal smears.	
3.	Atypical squamous cells of undetermined significance (ASCUS)	Repeat cytology in 6 months and 12 months Or, Triage with HPV testing	If hrHPV positive: colposcopy If hrHPV negative: repeat screening in 3 years
4.	Low Grade Squamous Intraepithelial Lesion (LSIL)	Refer for colposcopy	If hrHPV positive: colposcopy If hrHPV negative: repeat co-testing or cytology in 12 months If either abnormal: refer for colposcopy If both normal, repeat co-testing or cytology in 3 years, then routine screening
5.	ASC-H (including cases with coexisting LSIL)	Refer for colposcopy	
6.	High Grade Squamous Intraepithelial Lesion (HSIL)	Refer for colposcopy	
7.	Squamous cell carcinoma	Early referral for colposcopy and biopsy	

NILM = Negative for Intraepithelial Lesion or Malignancy; ASCUS = Atypical Squamous Cells of Undetermined Significance; LSIL = Low Grade Squamous Intraepithelial Lesion; ASC-H = Atypical Squamous Cells – Cannot Exclude High Grade SIL; HSIL = High Grade Squamous Intraepithelial Lesion; HPV = Human Papillomavirus; hrHPV = High-risk HPV