

**The simplified flow diagrams for the follow-up of the groups
of women according to their age and test results**

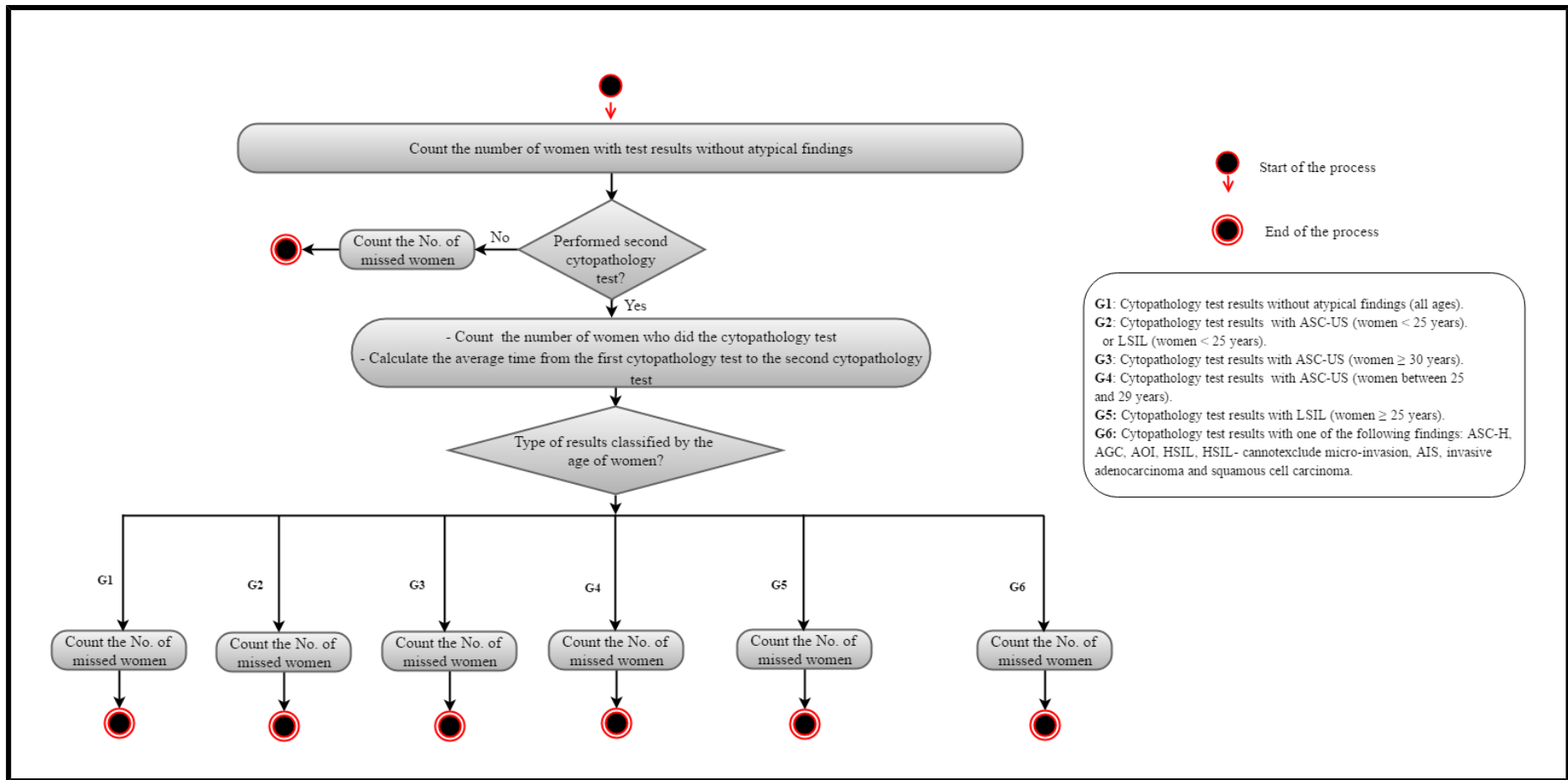


Figure 1: The simplified flow diagram for the recommended clinical approach for the women with initial diagnosis without atypical findings.

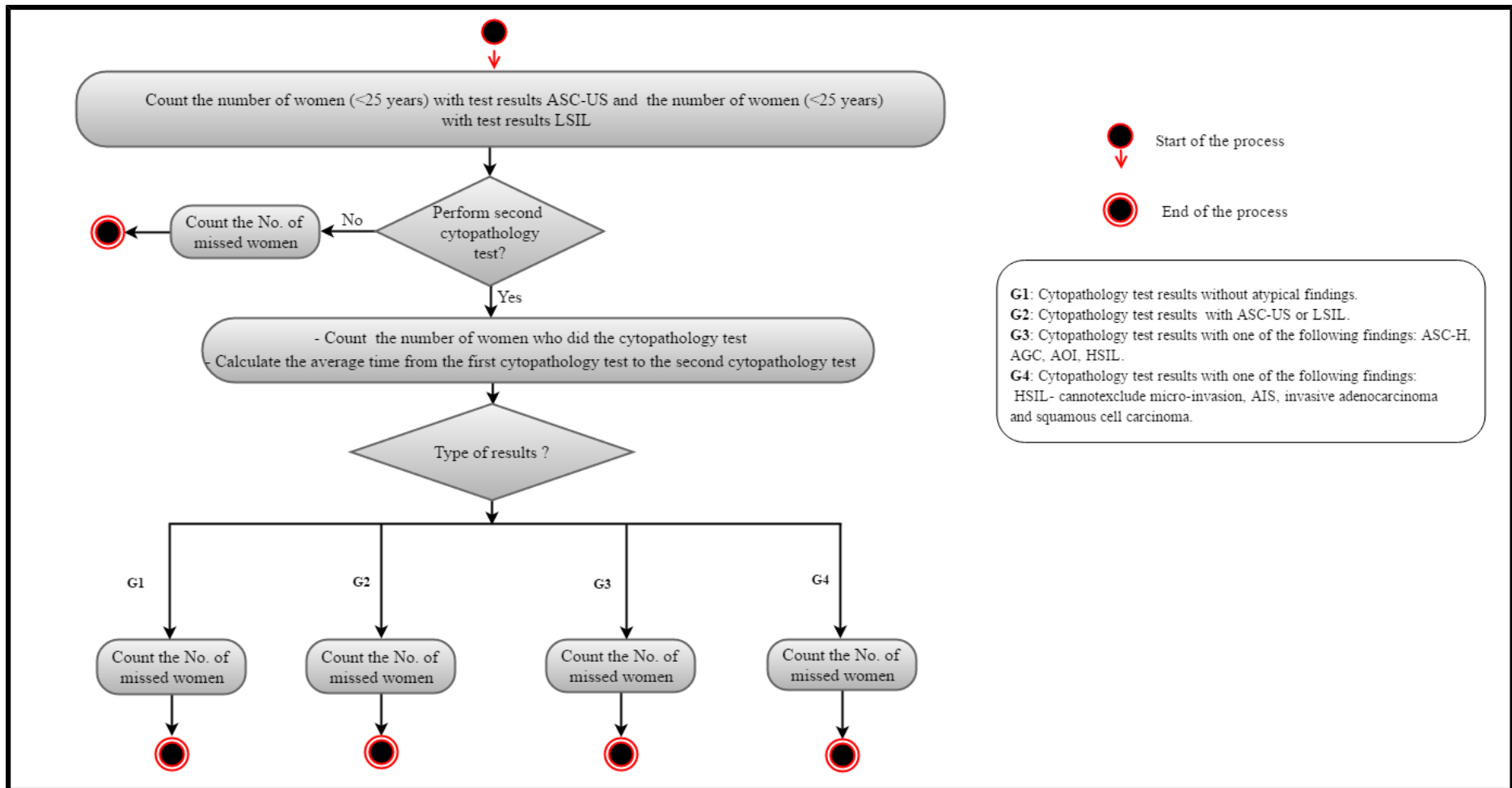


Figure 2. The simplified flow diagram for the recommended clinical approach for the women (<25 years) with diagnosis of ASC-US and women (<25 years) with initials diagnosis of LSIL.

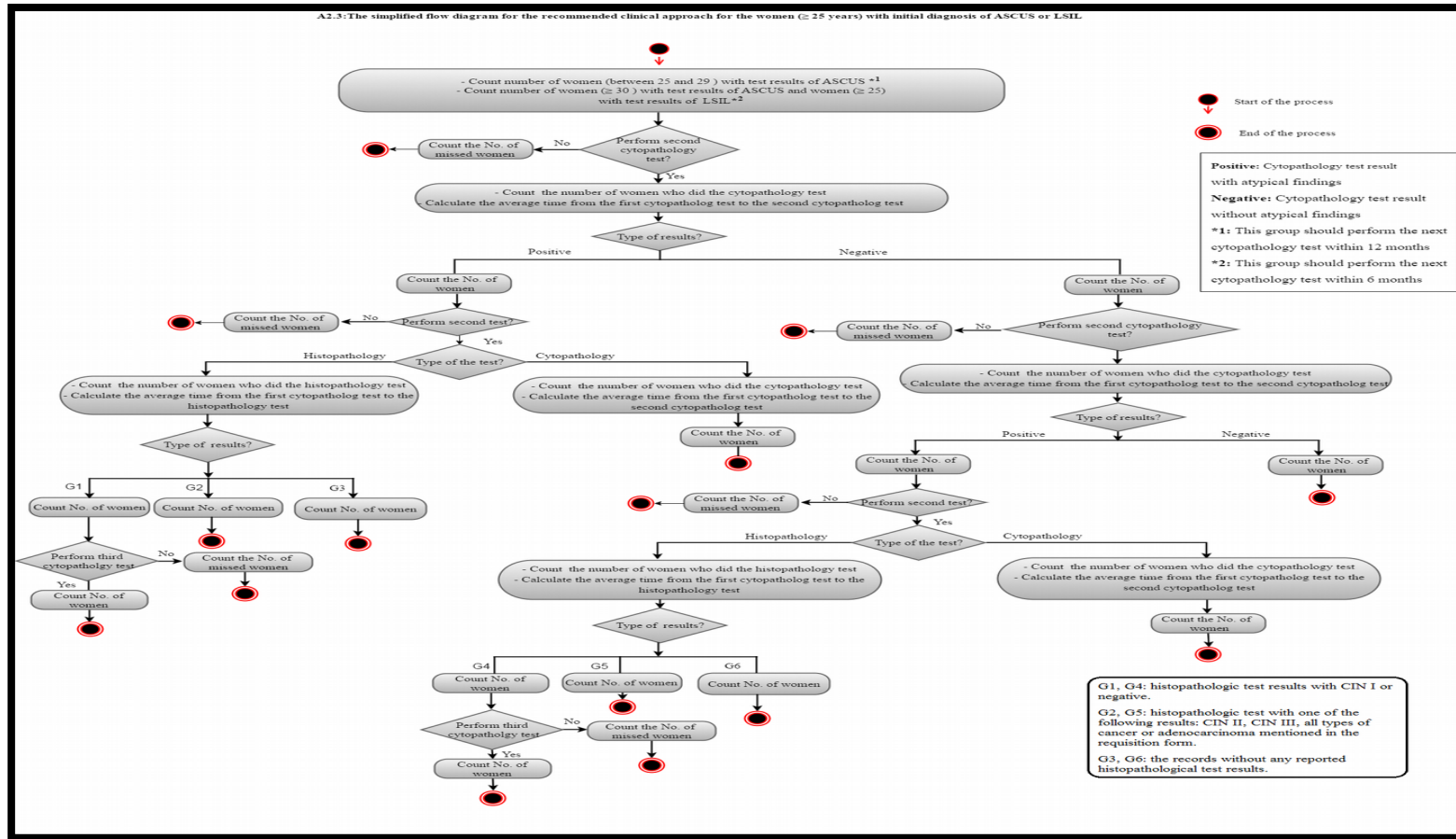


Figure 3. The simplified flow diagram for the recommended clinical approach for women between 25 and 29 years old with a Pap test result of ASC-US, or women over 29 years old with a Pap test result of ASC-US or women over 24 years old with a Pap test with LSIL.

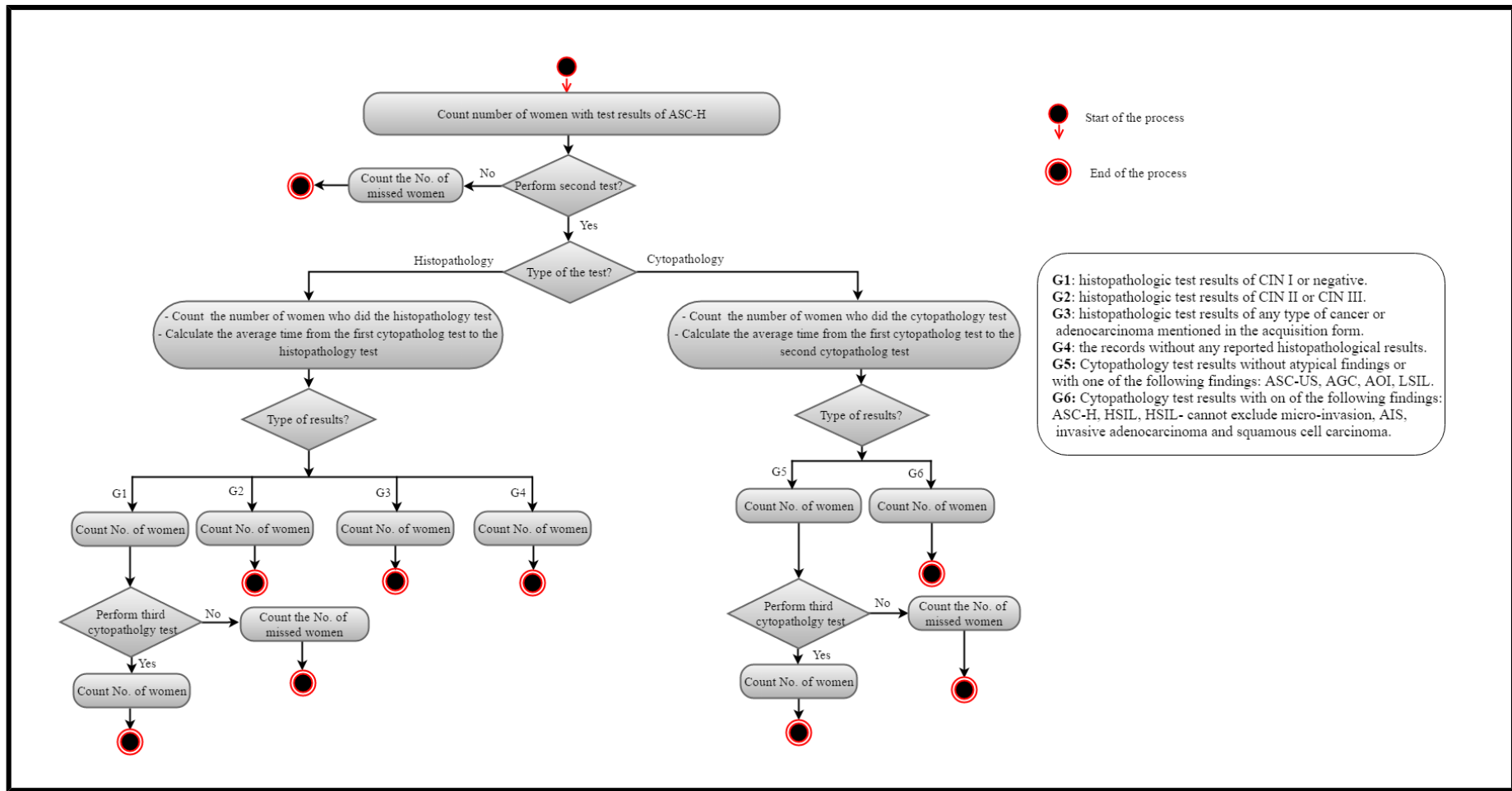


Figure 4. The simplified flow diagram for the recommended clinical approach for the women with diagnosis of ASC-H.

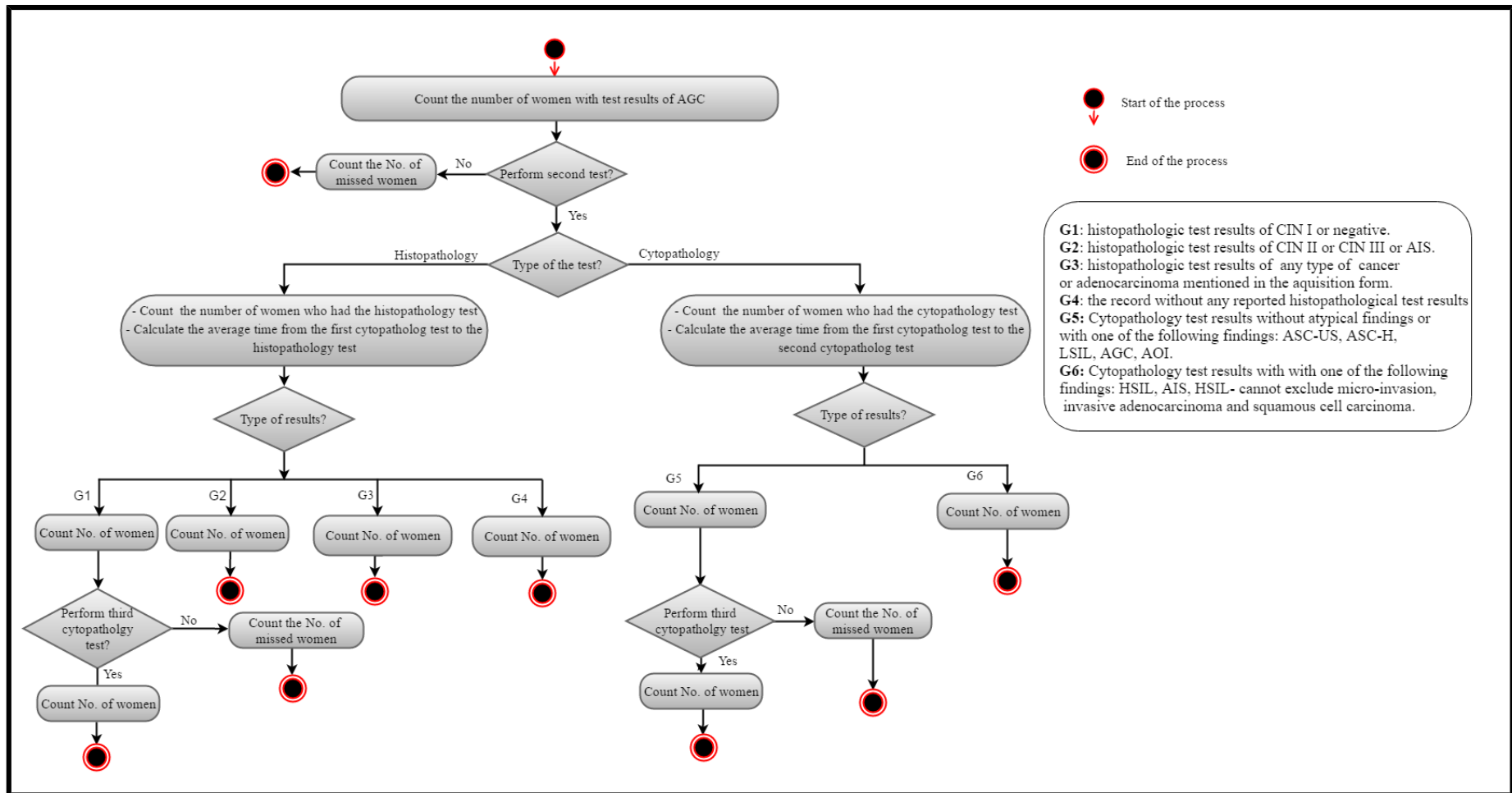


Figure 5.The simplified flow diagram for the recommended clinical approach for the women with initial diagnosis of AGC.

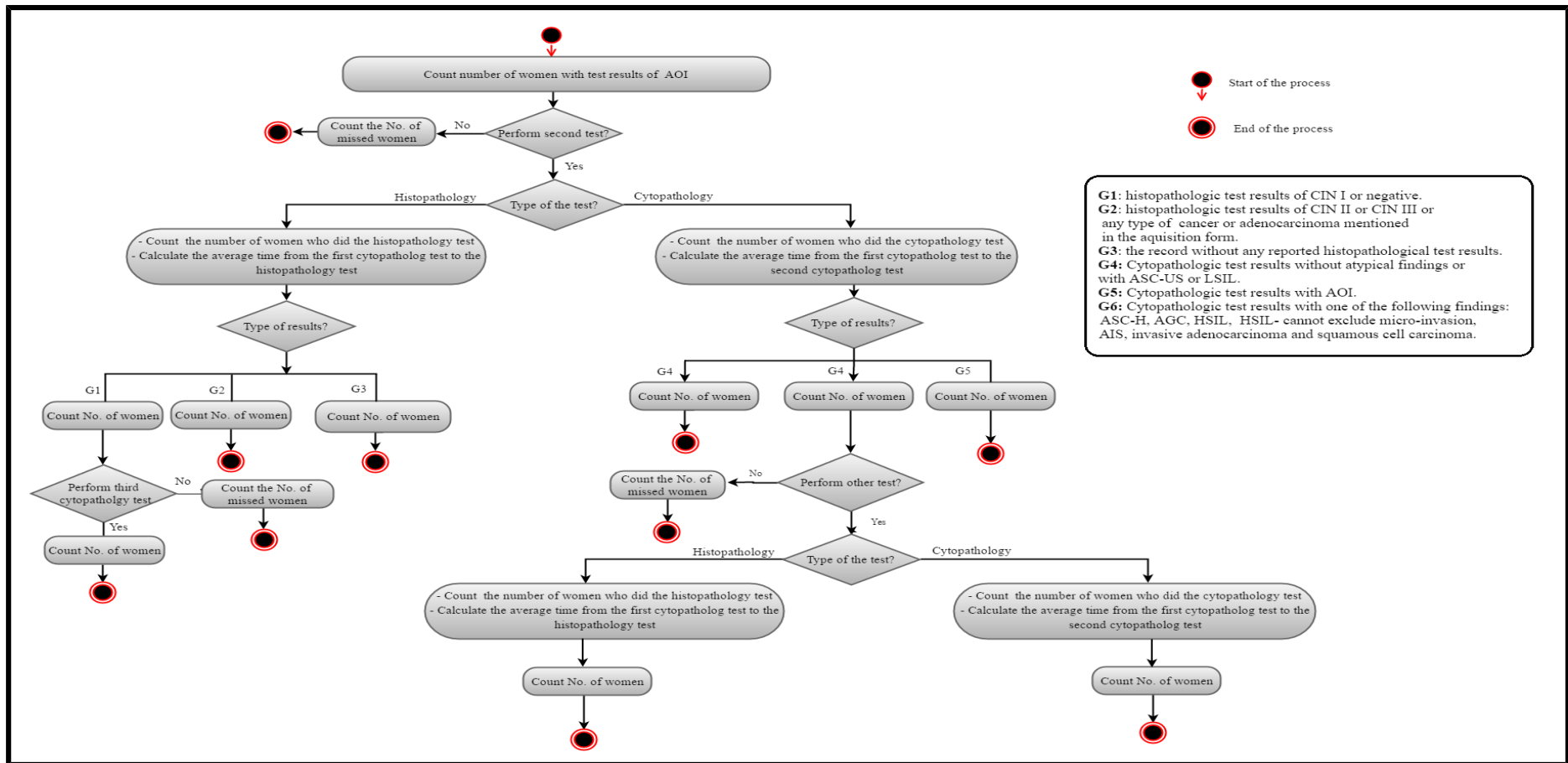


Figure 6. The simplified flow diagram for the recommended clinical approach for the women with initial diagnosis of AOI.

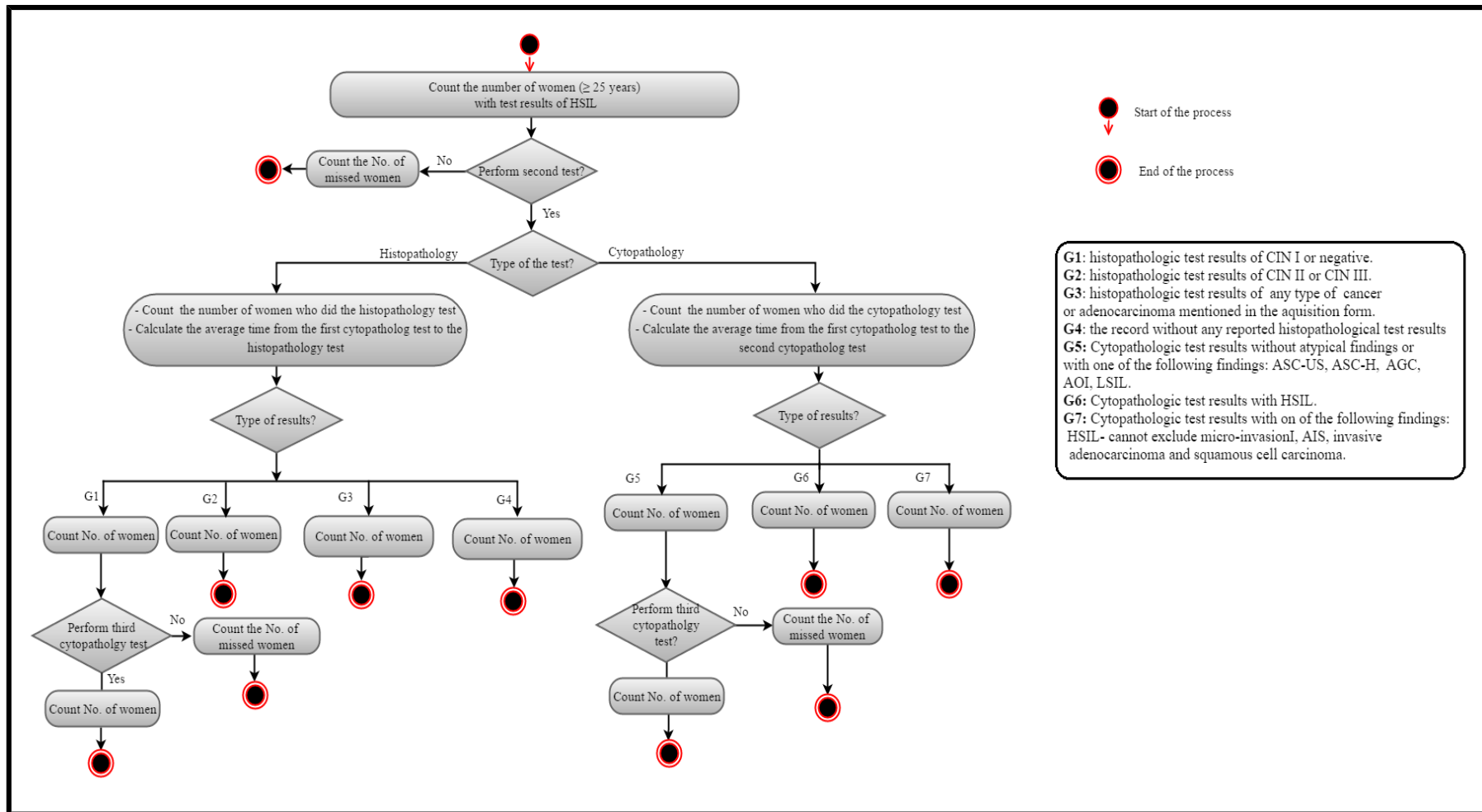


Figure 7. The simplified flow diagram for the recommended clinical approach for the women (≥25 years) with initial diagnosis of HSIL.

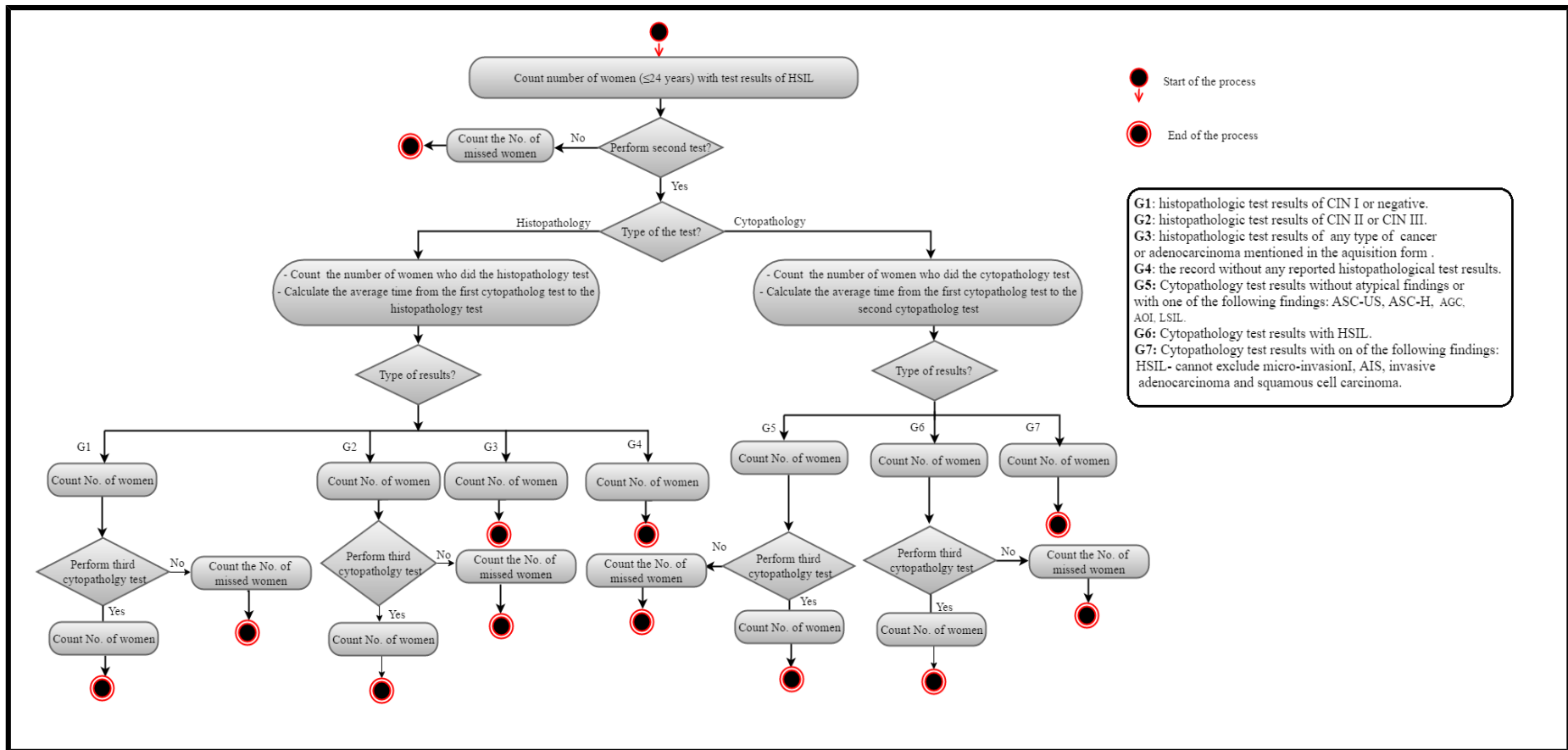


Figure 8: The simplified flow diagram for the recommended clinical approach for the women (≤ 24 years) with initial diagnosis of HSIL.

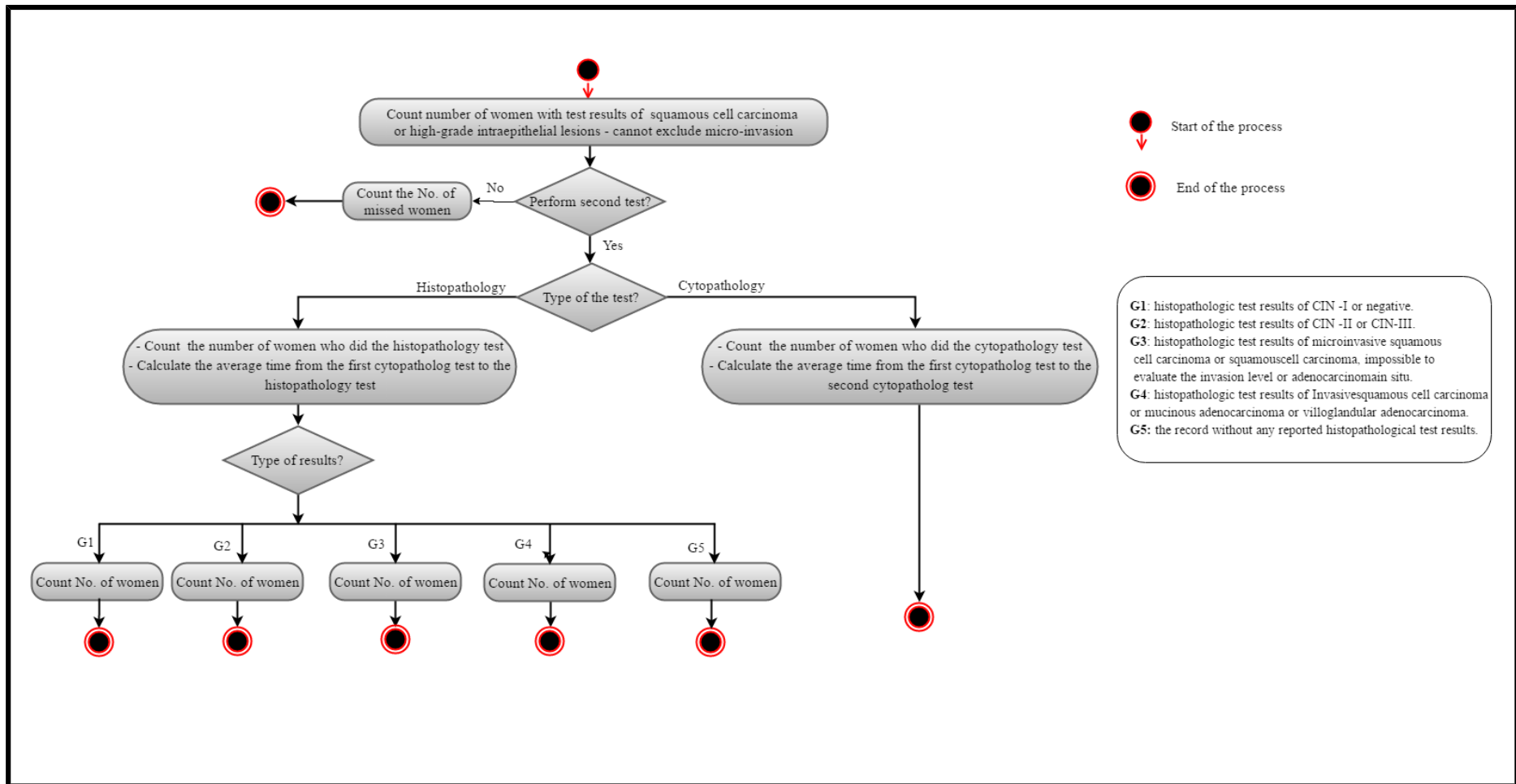


Figure 9. The simplified flow diagram for the recommended clinical approach for the women with initial diagnosis of squamous cell carcinoma or high-grade intraepithelial lesions - cannot exclude micro-invasion.

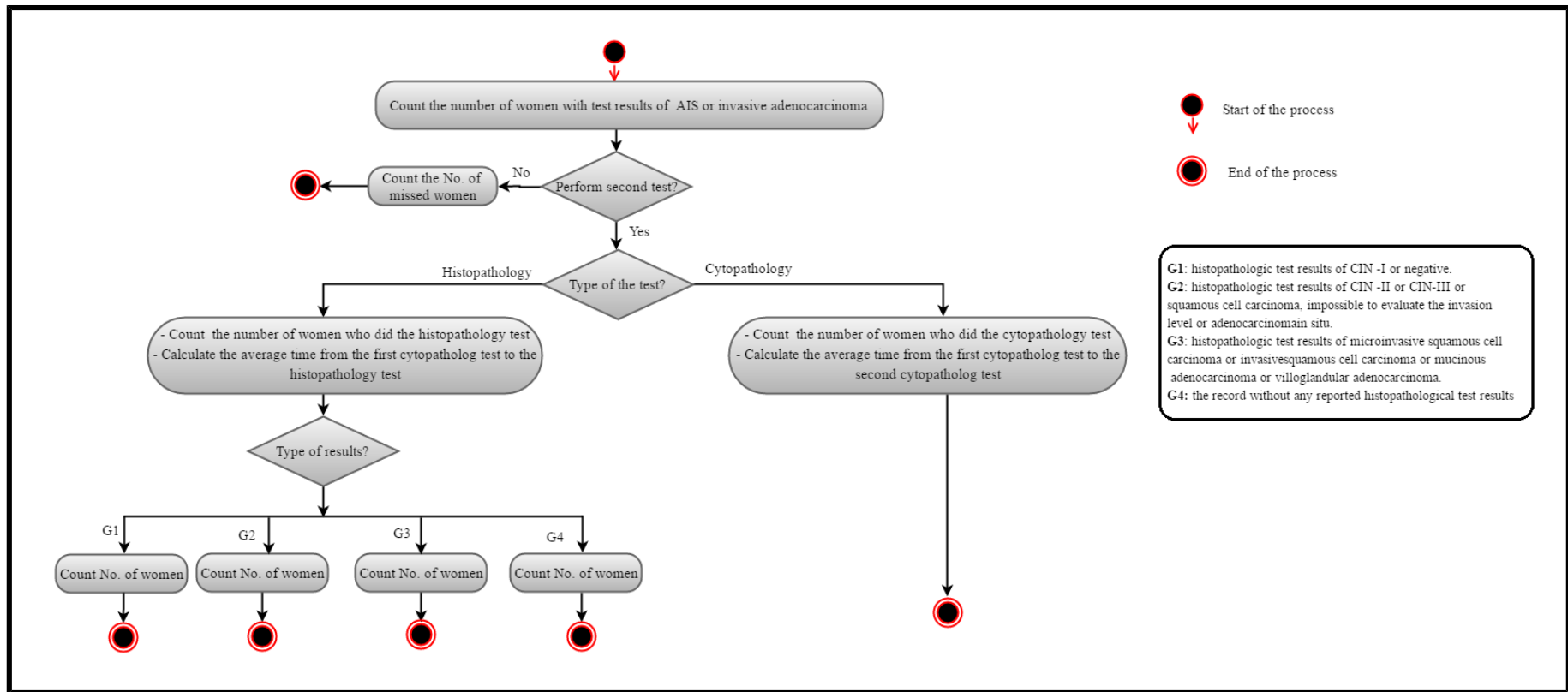


Figure 10. The simplified flow diagram for the recommended clinical approach for the women with initial diagnosis of AIS or invasive adenocarcinoma.