CPG Feedback Form

Tēnā koutou,

This form is designed for you to submit your revisions and comments for all 14 CPG sections, along with preferences on how this information is made available. This forum allows us to collate all feedback to implement into the guidelines, in an iterative and collaborative process. Your feedback and insights are valuable and greatly appreciated.

## General

### Your details and useability preferences

|  |  |
| --- | --- |
| 1. Your name
 | Click or tap here to enter text. |
| 1. **Organisation you work for**
 | Click or tap here to enter text. |
| 1. **Your role**
 | Click or tap here to enter text. |
| 1. **What is your preferred method of accessing the Clinical Practice Guidelines?**

An example of online Australian guidelines can be found here: <https://www.cancer.org.au/clinical-guidelines/cervical-cancer/cervical-cancer-screening>  | [ ] Current format of guidelines book [ ] Online version[ ] Indifferent |
| 1. **Would downloadable clinical flow charts be useful?**
 | [ ] Yes[ ] No |

## Section 1

### Te Tiriti o Waitangi and equity

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| 1. Are you satisfied with the content and recommendations made in Section 1?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |

## Section 2

### HPV Primary Screening

* Screening age and interval
* HPV testing options for participants
* Transitioning into the HPV screening programme

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| 1. Are you satisfied with the content and recommendations made in Section 2?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |
| 1. **Are you satisfied with the figures and tables in Section 2?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |

## Section 3

### Managing participants with invalid HPV test results and/or unsatisfactory cytology samples

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| 1. Are you satisfied with the content and recommendations made in Section 3?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |
| 1. **Are you satisfied with the tables in Section 3?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |

## Section 4

### Management of participants after HPV testing

* HPV not detected
* HPV detected 16 or 18
* HPV detected Other

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| 1. Are you satisfied with the content and recommendations made in Section 4?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |
| 1. **Are you satisfied with the figures in Section 4?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |

## Section 5

### Colposcopy and Treatment

* Colposcopy
* Treatment

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| 1. Are you satisfied with the content and recommendations made in Section 5?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |

## Section 6

### Management of those with a normal colposcopy and/or with a histologically confirmed low grade squamous abnormalities following HPV detected (any type) and negative, ASC-US or LSIL cytology

* Normal colposcopic findings following HPV detected (any type) and negative, ASC-US or LSIL cytology
* Histologically confirmed LSIL following HPV detected (any type) and negative, or ASC-US or LSIL cytology

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| 1. Are you satisfied with the content and recommendations made in Section 6?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |
| 1. **Are you satisfied with the figures and tables in Section 6?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |

## Section 7

### Management of those with high grade cytology, discordant with the colposcopic impression and/or histopathology results

* Discordant results

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| 1. Are you satisfied with the content and recommendations made in Section 7?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |
| 1. **Are you satisfied with the figures in Section 7?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |

## Section 8

### Management of histologically confirmed high grade squamous abnormalities

* Diagnosis
* Treatment of HSIL
* Invasive carcinoma
* Conservative management of CIN2
* Repeat treatment of HSIL
* Test of cure after treatment for HSIL

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| 1. Are you satisfied with the content and recommendations made in Section 8?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |
| 1. **Are you satisfied with the figures and tables in Section 8?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |

## Section 9

### Management of glandular abnormalities

* Diagnosis
* Treatment of glandular lesions
* Follow up after excisional treatment for AIS

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| 1. Are you satisfied with the content and recommendations made in Section 9?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |
| 1. **Are you satisfied with the figures in Section 9?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
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## Section 10

### Screening of total hysterectomy

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| 1. Are you satisfied with the content and recommendations made in Section 10?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |
| 1. **Are you satisfied with the table and figures in Section 10?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
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## Section 11

### Screening and colposcopy during pregnancy

* Cervical screening during pregnancy
* Colposcopy during pregnancy

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| 1. Are you satisfied with the content and recommendations made in Section 11?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
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| 1. **Are you satisfied with the figure in Section 11?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
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## Section 12

### Screening for immune deficient participants

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| 1. Are you satisfied with the content and recommendations made in Section 12?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |
| 1. **Are you satisfied with the tables in Section 12?**
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
 | Click or tap here to enter text. |

## Section 13

### Screening for participants exposed to diethylstilbestrol

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| 1. Are you satisfied with the content and recommendations made in Section 13?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
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## Section 14

### Follow up of participants following treatment for gynaecological cancer

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| 1. Are you satisfied with the content and recommendations made in Section 14?
 | [ ] Yes[ ] Somewhat[ ] No |
| 1. **Please outline any feedback. If you are referencing a specific part, please specify what it is.**
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## Section 15

### General feedback

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| Click or tap here to enter text. |



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