regressed to CIN1 or less within 6 months after delivery (n=41), without CIN (n=16), CIN3 covering 3–4 quadrants (n=14) and randomly selected CIN3 (n=41). FAM19A4/miR124–2 methylation analysis was performed blinded on first diagnosis.

**Results** All pregnant women with cervical cancer and with CIN3 progressing to cancer tested positive for FAM19A4/miR124–2 methylation (100%, 22/22). In the regressing CIN3 group 47.5% and in the group without CIN 21.6% tested methylation positive. High-volume CIN3 and random selected CIN3 were methylation-positive in 91.7% and 82.1%. Methylation levels were significantly higher in progressive CIN3 and cancer compared to the controls (P<0.0005). The likelihood ratio of a negative methylation test (LR-) for progressive CIN3+ was 0 (95%CI:0–0.208).

**Conclusion** A negative FAM19A4/miR124–2 methylation test can rule out progressive CIN disease in pregnant women diagnosed with CIN3. This can help the clinician by managing these pregnant women with conservative follow-up until after delivery. (Int J Cancer. 2022 Jun 6. doi: 10.1002/ijc.34153)