

Recommendation 1

The expert panel recommends against the use of CKC as treatment in a screen-and-treat strategy (strong recommendation, ⊕⊖⊖⊖ evidence)

Remarks: The screen-and-treat strategies considered by the panel with CKC as treatment included an HPV test, VIA, or an HPV test followed by VIA as screening. Although the benefits were similar for CKC compared with cryotherapy or LEEP for all screen-and-treat strategies, the harms were greater with CKC. This recommendation applies to women regardless of HIV status.

Evidence-to-recommendation table

Decision domain	Judgement	Summary of reason for judgement				
Quality of evidence <i>Is there high- or moderate-quality evidence?</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is high- to moderate-quality evidence for the diagnostic test accuracy data for VIA and HPV test. There is low- to very-low-quality evidence for the effects of treatment and the natural progression of CIN from observational studies often with inconsistent results across studies. The link between test accuracy data and treatment effects is very uncertain.
Yes	No					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Balance of benefits versus harms and burdens <i>Are you confident that the benefits outweigh the harms and burdens for the recommended strategy?</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The benefits of HPV screen-and-treat strategy (reduction in CIN recurrence, cervical cancer, and related mortality) may be greater than VIA, and the harms may be similar. There may also be slightly greater overtreatment and slightly fewer cancers detected with HPV test compared to VIA.
Yes	No					
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Values and preferences <i>Are you confident about the assumed or identified relative values and are they similar across the target population?</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	High value was placed on a screen-and-treat strategy versus no screening, since qualitative studies have shown that once women decide to be screened they find the screening tests and immediate treatment acceptable. High value was also placed on a reduction in cervical cancer and related mortality versus complications from treatment (e.g. major bleeding or infection requiring hospitalization). Low value was placed on minor infections or bleeding, and the small number of cancers detected at screening or of women overtreated.
Yes	No					
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Resource implications <i>Is the cost small relative to the net benefits for the recommended strategy?</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HPV testing is resource-dependent. Where HPV testing is available, affordable and implementable, the overall net benefit over VIA is worth the resources. But where not available, HPV test may not be worth the benefits.
Yes	No					
<input type="checkbox"/>	<input checked="" type="checkbox"/>					

This recommendation was made using the data from recommendations 2 to 9, in which the outcomes after use of CKC were compared to LEEP and cryotherapy (e.g. HPV→CKC in evidence for recommendation 2). Refer to the following recommendations as presented in this section.