## **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 the 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  Is there high- or moderate-quality evidence?	Yes No	There is low- to high-quality evidence for the diagnostic test accuracy data for all screen-and-treat strategies. 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.
Balance of benefits versus harms and burdens  Are you confident that the benefits outweigh the harms and burdens for the recommended strategy?	Yes No	The desirable effects of screen-and-treat strategies with cold knife conization may be greater than no screening, but may be similar to other screen-and-treat strategies with cryotherapy or LEEP. However, the risk of major and minor harms was greater when compared to those strategies.
Values and preferences  Are you confident about the assumed or identified relative values and are they similar across the target population?	Yes No	A high value was placed on the complications (including risk of premature delivery) from treatment with cold knife conization after screening.
Resource implications Is the cost small relative to the net benefits for the recommended strategy?	Yes No	Resources for cold knife conization are greater than for cryotherapy or LEEP.

This recommendation was made using the data from recommendations 1 to 8, in which the outcomes after use of CKC were compared to LEEP and cyrotherapy. Refer to the following recommendations as presented in this section.