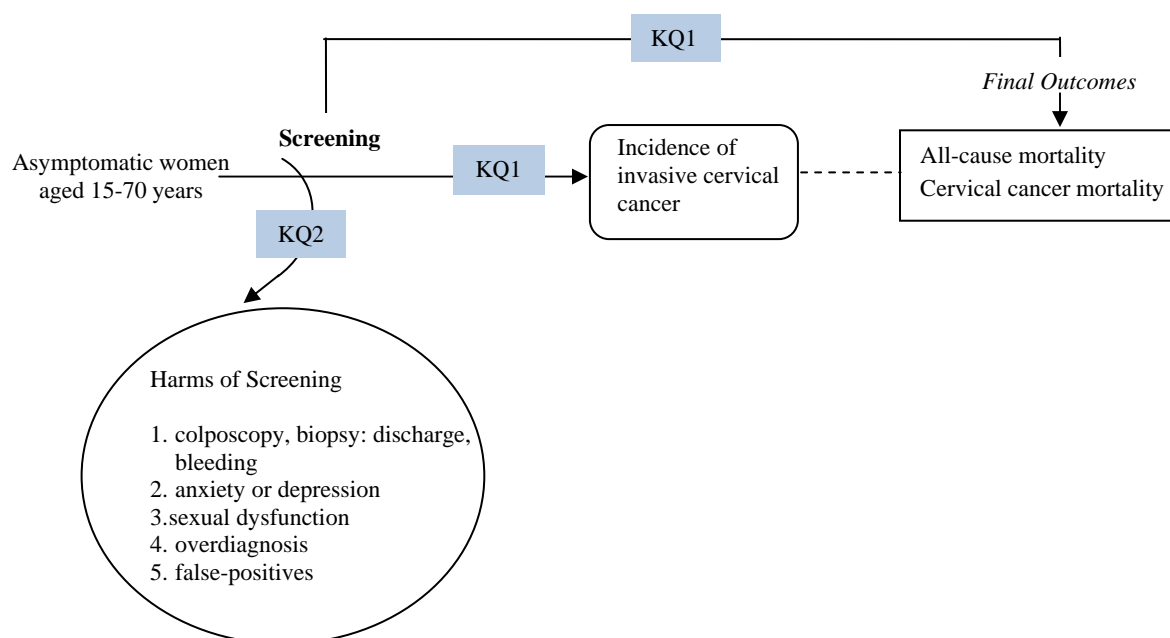


## Appendix 1 (as supplied by the authors): Analytic Framework and Key Questions



Key questions considered for this review include:

- KQ1. What is the effect of cervical cancer screening on incidence of and mortality from invasive cervical cancer or all-cause mortality?
- KQ1a. Do liquid-based methods of cytology reduce incidence of or mortality from invasive cervical cancer compared to slide-based techniques?
- KQ1b. Does either primary or reflex HPV testing reduce incidence of or mortality from invasive cervical cancer compared to conventional cytologic screening?
- KQ1c. Does computer-assisted screening reduce incidence of or mortality from invasive cervical cancer compared to conventional cytologic screening?
- KQ1d. How does varying the screening interval affect incidence of or mortality from invasive cervical cancer?
- KQ1e. How does varying the age at which screening is started or stopped reduce incidence of or mortality from invasive cervical cancer?

- KQ2. What are the harms of cervical cancer screening? (Including: colposcopy and biopsy procedures; anxiety/depression; sexual dysfunction; overdiagnosis; and false-positives).
- KQ2a. At what rates do these harms occur, by age, and with different screening intervals?

Additional contextual questions are:

- CQ1. What are the harms of cervical cancer screening for pre-cancer (i.e., false-positive/specificity and overdiagnosis rates)?
- CQ2. What are the harms of treatment of cervical cancer? Harms include: (a) harms of colposcopy, (b) harms of cone biopsy (immediate and late effects): pre-term labour, miscarriage, (c) harms of LEEP (immediate and late effects): pre-term labour, miscarriage, (d) harms of total hysterectomy: incontinence, infection, hospitalization, (e) harms of radiotherapy.
- CQ3. What is the effect of cervical cancer screening in subgroups: reduction in mortality and/or morbidity, and harms? Subgroups include: (a) Aboriginal populations, (b) rural populations, (c) immigrants, (d) pregnant women, (e) women who have sex with women, (f) immunocompromised women (e.g., with HIV), (g) women who had a hysterectomy, (h) women who received the HPV vaccination, and (i) women who have multiple partners or a change in partners (they may be at a higher risk of HPV infection and progression). Is there evidence that women from any of these groups have a higher risk of invasive cervical cancer, or greater risk of harms (of screening), and if so, is there evidence that screening policies should be different for any of these groups: more or less frequent or with different starting/stopping rules?
- CQ4. What are the resource implications and cost effectiveness of cervical cancer screening in Canada?
- CQ5. What are patients' values and preferences regarding cervical cancer screening?
- CQ6. What process and outcome performance measures or indicators have been identified in the literature to measure and monitor the impact of cervical screening?
- CQ7. What is the evidence of the value of organized programs for cervical cancer screening?
- CQ8. What is the evidence of using different categories of health care professionals to perform Pap smears in medical or different settings?
- CQ9. What is the evidence of the value (acceptability, participation rates) of women self-sampling for HPV testing?