

Background	<p>In Switzerland, every year around 260 women are diagnosed with cervical cancer, and around 70 die from it. Almost all tumours of the cervix are attributable to persistent infection with specific types of human papilloma virus (HPV).</p> <p>Screening enables tissue changes in the cervix to be detected at an early stage, preventing cancer or enabling it to be treated promptly. Currently, screening in Switzerland usually involves investigating cell changes (cytological examination) in a cervical smear. In other countries however, smears are increasingly being tested for specific types of HP virus. In Switzerland, it is women personally or their doctors who request a screening test.</p> <p>The Cancer Screening Committee has appraised the available evidence on the clinical effectiveness and cost-effectiveness of the different methods of cervical cancer screening. Based on this appraisal, the Committee issued the following recommendations.</p>
Who is this recommendation for?	<p>All women and non-binary persons and transgender men with a cervix who are aged between 21 and 70 years (target groups).</p>
What does the Cancer Screening Committee recommend?	<p><i>For persons aged 21 to 29 years:</i></p> <p><b>Cervical smear and cytological examination (GRADE strong recommendation)</b></p> <p>In this age group, HPV infections are very frequent and in most cases clear up on their own. Following up all HPV infections would result in numerous unnecessary and in some cases stressful investigations.</p> <p><i>For persons aged 30 to 70 years:</i></p> <p><b>Cervical smear and HPV test followed by cytological examination where required (GRADE weak recommendation)</b></p> <p>Existing studies indicate that, in this age group, an HPV test is more effective than a cytological examination and cost-effective. There is no clear data on the preferred screening method in the target groups.</p> <p><i>Independent of age group:</i></p> <p><b>A screening interval of three years instead of one year (GRADE strong recommendation)</b></p> <p>There are no indications of an advantage of annual screening, whereas longer intervals reduce the inconvenience of screening and are more cost-effective.</p> <p><b>The Committee also suggests a screening interval of five years instead of three years (GRADE weak recommendation)</b></p> <p>The available data shows no substantial differences between three- and five-year intervals. However, an extension of this interval would require greater acceptance and an effective implementation strategy.</p>
What other important points should be borne in mind?	<p><b>Reimbursement of the HPV test as a screening test by the statutory health insurance (GRADE strong recommendation)</b></p> <p>Coverage of the cost of HPV-based screening by the statutory health insurance is a pre-requisite to guarantee access to screening for all those entitled to it.</p> <p>To implement the recommendations and reduce existing inequalities in screening coverage, a comprehensive information campaign should address all target groups and relevant healthcare players. Since the current state of knowledge only allows for weak recommendations on several issues, and since the preferences of the individuals in the target groups vary, it is important that an informed decision can be made. This is to be arrived at through shared decision-making between the persons in the target groups and healthcare staff. An organised screening program is likely to improve access, simplify practice, ensure testing quality and would make it easier to exempt cervical cancer screening from requiring a deductible.</p>
Where is the full report?	<p><a href="https://cancerscreeningcommittee.ch/en/">https://cancerscreeningcommittee.ch/en/</a></p>