Systematic review report for question 12

PICO Question 12: For women who are of Aboriginal or Torres Strait Islander descent what is the safety and effectiveness of screening using strategies other than those recommended for the general population compared to those recommended for the general population?

Population	Study design	Intervention	Control	Outcomes
Women of Aboriginal or Torres Strait Islander descent	Screening randomized or pseudo- randomized controlled trial	Modified recommended screening strategy: - starting at an age <25 years - other	Recommended screening strategy for general population: Primary HPV screening every 5 years from ages 25 – 69 years using partial genotyping with women positive for HPV16/18 referred to colposcopy and women positive for other oncogenic types undergoing cytology triage	Cervical cancer mortality Cervical cancer diagnosis Precancerous high grade lesion detection

1. METHODS

1.1. Guidelines

Relevant recent (2005 onwards) guidelines were identified by scanning the citations identified by the literature search and searching the National Guideline Clearinghouse (http://guideline.gov/) and the Guidelines Resource Centre (www.cancerview.ca).

To be considered for adoption guidelines had to be directly relevant, based on systematic reviews of the evidence and meet the pre-specified criteria of scores of greater or equal to 70% for the domains rigour of development, clarity of presentation and editorial independence of the AGREE II instrument (http://www.agreetrust.org/resource-centre/agree-ii/).

1.2. Literature Search

Medline including articles in process, Embase, CENTRAL, Database of Abstracts of Reviews of Effects (DARE) and Health Technology Assessment (HTA) databases, were searched for articles published from 2004 until 31st August 2015, using text terms and, where available, database-specific subject headings. In these databases searches for Aboriginal and Torres Strait Islander peoples were combined with searches for HPV and cervical abnormalities, and where possible, database-specific filters for identifying randomized controlled trials and systematic reviews/meta-analyses of randomized controlled trials. A complete list of the terms used for search strategies are included as Appendix A. In addition abstracts for the 2015 EUROGIN conference were searched using the terms "Aboriginal" and "ATSI" and reference lists of relevant articles and guidelines were checked for additional potentially relevant articles.

1.3. Inclusion Criteria

Selection criteria	Inclusion criteria	
Study type	Intervention	
Study design	Randomised controlled trial (RCT) or pseudo-randomised controlled trial	
	or	
	Systematic reviews or meta-analyses of RCTs or pseudo-randomised controlled trials	
Population	Women of Aboriginal and Torres Strait Islander descent	
Intervention	Recommended screening strategy starting at age <25 years	
	or	
	Other modification of recommended screening strategy	
Comparator	Recommended screening strategy for general population:	
	Primary HPV screening every 5 years from ages 25 – 69 years using partial genotyping with women positive for HPV16/18 referred to colposcopy and women positive for other oncogenic types undergoing cytology triage	
Outcomes	Cervical cancer mortality	
	or	
	Cervical cancer diagnosis	
	or	
	CIN3+ detection	
Language	English	
Publication period	After 31 st December 2003 and before1 st September 2015	

Conference proceedings other than those from the EUROGIN 2015 were not included.

2. RESULTS

2.1. Guidelines

No guidelines were identified that contained potentially relevant recommendations.

2.2. Results of Literature Search

Figure 1 outlines the process of identifying relevant articles for the systematic review. The searches identified a total of 11 citations. Titles and abstracts were examined however none of the articles were potentially relevant to the systematic review. Thus no studies were found that directly answered the clinical question and met the inclusion criteria for this systematic review.

Database or Source	Number of Citations	Number of Articles Collected	Number of Articles Included
Medline + PreMedline+ CENTRAL + Embase	11	0	0
HTA + DARE	0	0	0
EUROGIN 2015 abstracts	0	0	0
Snowballing	N/A		

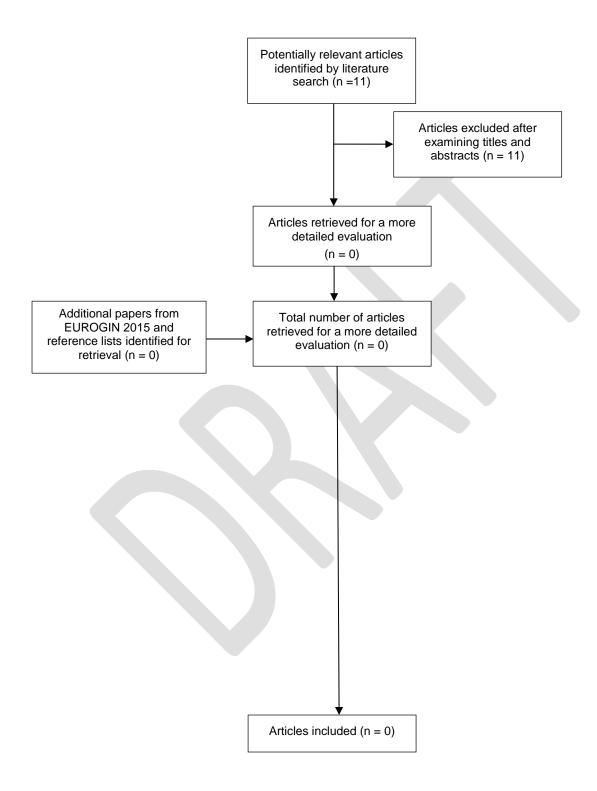


Figure 1. Process of inclusion and exclusion of studies

APPENDICES

Appendix A: Search strategies used

For Medline, PreMedline, Embase and CENTRAL databases (via OvidSP):

Searches

- 1 HPV.mp.
- 2 hr\$HPV.mp.
- 3 papillomavirus.mp.
- 4 exp Papillomavirus Infections/
- 5 exp Papillomaviridae/
- 6 exp DNA Probes, HPV/
- 7 1 or 2 or 3 or 4 or 5 or 6
- 8 cervi*.mp.
- 9 7 or 8
- 10 ((exp Australia/ or Australia\$.ti,ab.) and (Oceanic ancestry group/ or aborigin\$.ti,ab. or indigenous.mp.)) or torres strait\$ islander\$.ti,ab.
- 11 9 and 10
- 12 randomized controlled trial.pt.
- 13 controlled clinical trial.pt.
- 14 placebo.ab.
- 15 randomi?ed.ab.
- 16 randomly.ab.
- 17 trial.ab.
- 18 groups.ab.
- 19 12 or 13 or 14 or 15 or 16 or 17 or 18
- 20 11 and 19
- 21 limit 20 to english language
- 22 limit 21 to yr="2004 -Current"
- 23 remove duplicates from 22

Used the Cochrane sensitivity maximizing filter for identifying randomized controlled trials (http://handbook.cochrane.org, accessed 12/09/2015)

For Database of Abstracts of Reviews of Effects (DARE) and Health Technology Assessments (HTA) databases:

#	Searches
1.	HPV.mp.
2.	hr\$HPV.mp.
3.	papillomavirus.mp.
4.	exp Papillomavirus Infections/
5.	exp Papillomaviridae/
6.	exp DNA Probes, HPV/
7.	1 or 2 or 3 or 4 or 5 or 6

8.	cervi*.mp.
9.	7 or 8
10.	((exp Australia/ or Australia\$.ti,ab.) and (Oceanic ancestry group/ or aborigin\$.ti,ab. or indigenous.mp.)) or torres strait\$ islander\$.ti,ab.
11.	9 and 10
12.	limit 10 to english language
13.	limit 11 to yr="2004 -Current"

Appendix B:

NHMRC Evidence Hierarchy for Intervention studies

Level	Study design		
I	Meta-analysis or a systematic review of level II studies		
II	Randomised controlled trial or a phase III/IV clinical trial		
III-1	Pseudo-randomised controlled trial or a meta-analysis/systematic review of level III-1 studies		
III-2	Comparative study with concurrent controls: - Phase II clinical trial - Non-randomised, experimental trial9 - Controlled pre-test/post-test study - Adjusted indirect comparisons - Interrupted time series with a control group - Cohort study - Case-control study or a meta-analysis/systematic review of level III-2 studies		
III-3	A comparative study without concurrent controls: - Phase I clinical trial - Historical control study - Two or more single arm study10 - Unadjusted indirect comparisons - Interrupted time series without a parallel control group or a meta-analysis/systematic review of level III-3 studies		
IV	Case series with either post-test or pre-test/post-test outcomes or a meta-analysis/systematic revie of level IV studies		

According to the standards of the National Health and Medical Research Council