This publication represents the views and expert opinions of an IARC Working Group on the Evaluation of Cancer-Preventive Interventions, which met remotely, 12–16 October 2020.

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Fig. S1 PRISMA flow diagram showing the retrieval and selection of studies

Unique publications for review of eligibility: 
\[ N = 2967 - 45 = 2922 \]

PubMed (Medline): \( N = 2271 \)
Embase: \( N = 696 \)

Publications for review of abstract or full article: 
\[ N = 758 \]

Articles excluded based on title: \( N = 2164 \)

Articles excluded based on abstract or full article: \( N = 665^* \)

Studies included in the meta-analysis:
\[ N = 93 \]

*Reasons for exclusion
A: \( N = 114 \)
B: \( N = 21 \)
C: \( N = 225 \)
D: \( N = 185 \)
E: \( N = 9 \)
F: \( N = 95 \)
G: \( N = 5 \)
H: \( N = 5 \)
I: \( N = 6 \)

A, no primary data (letter, comment, review, economical study, protocol); B, double reporting; C, irrelevant population (triage not of HPV-positive women, or of HPV-positive women but not from screening); D, no triage testing; E, no comparative data (triage other than cytology or VIA); F, no accuracy data for detection of CIN2+ or CIN3+; G, long time interval between tests; H, triage test not defined or not applicable, or hierarchical categorization of extended genotyping; I, key data not extractable.
CIN2+, cervical intraepithelial neoplasia grade 2 or worse; CIN3+, cervical intraepithelial neoplasia grade 3 or worse; HPV, human papillomavirus; PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses; VIA, visual inspection with acetic acid. Created by the Working Group.