

Appendix 1 (as submitted by the authors)

Table A: Eligible CEAs included in the analyses

Appendix reference No	Author	Journal	Year	Country	Strategies incorporated	Preferred strategy	Grade	Affiliation with manufacturer	Funding from manufacturer	Conflict of interest	Other source of funding
1	Levin CE	Int J Cancer	2010	China	CC vs Commercial method	Commercial method	Other	No	No	No	Private
2	Liu PH	BMC Health Serv Res	2010	Taiwan	CC vs Commercial method	CC and Commercial method	>LSIL	No	No	Yes	Public
3	Dasbach EJ	J Med Econ	2010	Hungary	CC vs Commercial method	CC and Commercial method	HSIL	Yes	Yes	Yes	No
4	Kulasingam SL	BMC Med	2009	Canada	CC vs Commercial method	Commercial method	>LSIL HSIL	No	No	Yes	Public
5	Chuck A	Value Health	2009	Canada	CC vs Commercial method	CC and Commercial method	Other	No	No	No	Public
6	Vijayaraghavan A	Gynecol Oncol	2009	South Africa	CC vs Commercial method	CC and Commercial method	>LSIL HSIL	Yes	Yes	Yes	No
7	Coupe VMH	Int J Cancer	2009	the Netherlands	CC vs Commercial method	CC or Commercial method	LSIL Other	No	Yes	No	No
8	Mennini FS	Gynecol Oncol	2009	Italy	CC vs Commercial method	CC and Commercial method	Other	Yes	No	Yes	No
9	Thiry N	Int J Technol Assess Health Care	2009	Belgium	CC vs Commercial method	CC and Commercial	Other	No	No	No	Public

Appendix to: Polyzos NP, Valachis A, Mauri D, et al. Industry involvement and baseline assumptions of cost-effectiveness analyses: diagnostic accuracy of the Papanicolaou test. *CMAJ* 2011. DOI:10.1503/cmaj.101506.

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						method					
10	Anonychuk AM	BMC Public Health	2009	Canada	CC vs Commercial method	CC and Commercial method	Other	Yes	Yes	Yes	No
11	Colantonio L	Vaccine	2009	5 Latin American countries	CC vs Commercial method	CC and Commercial method	LSIL HSIL	Yes	Yes	Yes	No
12	Coupe VMH	Vaccine	2009	the Netherlands	CC vs Commercial method	CC and Commercial method	LSIL Other	No	Yes	No	No
13	de Kok IMCM	J Natl Cancer Inst	2009	the Netherlands	CC vs Commercial method	CC and Commercial method	LSIL Other	No	Yes	No	No
14	Kim JJ	BMJ	2009	USA	CC vs Commercial method	CC	LSIL HSIL	No	No	No	Private+Public
15	Reynales-Shigematsu LM	Arch Med Res	2009	Mexico	CC vs Commercial method	CC and Commercial method	HSIL	No	Yes	No	Public
16	Rogoza RM	Vaccine	2009	the Netherlands	CC vs Commercial method	Commercial method	Other	Yes	No	No	No
17	Zechmeister I	Vaccine	2009	Austria	CC vs Commercial method	CC and Commercial method	LSIL Other	No	No	No	Public
18	Annemans J	Pharmacoeconomics	2009	Belgium	CC vs Commercial method	CC and Commercial method	LSIL HSIL	Yes	Yes	Yes	No
19	Kim JJ	Ann Intern Med	2009	USA	CC vs Commercial method	CC and Commercial method	LSIL	No	No	No	Public

							HSIL				
20	Ginsberg GM	Vaccine	2009	Global	CC vs Commercial method	CC and Commercial method ^a	LSIL	No	No	NR	No
21	Kim JJ	Vaccine	2008	Vietnam	CC vs Commercial method	CC and Commercial method-not vaccine ^b	LSIL	No	No	No	Private
							HSIL				
22	Krahn M	Canadian Agency for Drugs and Technologies in Health	2008	Canada	CC vs Commercial method	CC and Commercial method	LSIL	No	No	No	Public
							HSIL				
23	Andres-Gamboa O	Salud Pub Mex	2008	Columbia	CC vs Commercial method	CC and Commercial method	HSIL	No	No	No	No
24	Anderson R	ANZ J Public Health	2008	Australia	Only different CC strategies involved	CC	>LSIL	No	No	No	Public
25	Bergeron C	Int J Technol Assess Health Care	2008	France	CC vs Commercial method	CC and Commercial method	LSIL	Yes	Yes	Yes	No
							HSIL				
26	Szucs TD	Curr Med Res Opin	2008	Switzerland	CC vs Commercial method	CC and Commercial method	Other	Yes	Yes	Yes	No
27	Diaz M	Br J Cancer	2008	India	CC vs Commercial method	Commercial method	LSIL	No	No	No	Private
							HSIL				
28	Goldhaber-Fiebert JD	J Natl Cancer Inst	2008	USA	CC vs Commercial method	CC and Commercial method	LSIL	No	No	No	Public
							HSIL				
29	Dasbach EJ	BJOG	2008	UK	CC vs Commercial method	CC and Commercial method	LSIL	Yes	Yes	Yes	No
							HSIL				

30	Gutierrez-Delgado C	Salud Pub Mex	2008	Mexico	CC vs Commercial method	Commercial method	Other	no	no	NR	No
31	Kulasingam SL	Sex Health	2008	Australia	CC vs Commercial method	CC and Commercial method	>LSIL	Yes	Yes	Yes	No
32	Kulasingam SL	Cost Eff Resour Alloc	2008	UK	CC vs Commercial method	CC and Commercial method	Other	Yes	Yes	Yes	No
33	Kim JJ	N Engl J Med	2008	USA	CC vs Commercial method	CC and Commercial method	LSIL HSIL	No	No	No	Private+Public
34	Jit M	BMJ	2008	UK	CC vs Commercial method	CC and Commercial method	LSIL HSIL	No	No	Yes	Public
35	Dasbach EJ	Asian Pacific J Cancer Prev	2008	Taiwan	CC vs Commercial method	CC and Commercial method	HSIL	Yes	No	Yes	No
36	Dasbach EJ	Expert Rev Pharmacoeconomics Outcome Res	2008	Norway	CC vs Commercial method	CC and Commercial method	HSIL	Yes	Yes	Yes	No
37	Goldie SJ	Vaccine	2008	Latin America and Carribean	CC vs Commercial method	CC ^c	LSIL HSIL	No	No	No	Private
38	Goldie SJ	Vaccine	2008	Asia Pacific Region	CC vs Commercial method	CC or Commercial method ^c	LSIL HSIL	No	No	No	Private
39	Rogoza RM	Vaccine	2008	Canada, the Netherlands, Taiwan, UK, USA	CC vs Commercial method	CC and Commercial method	Other	No	No	Yes	No
40	Suarez E	Vaccine	2008	Chile, Finland, Ireland Poland,	CC vs Commercial method	CC and Commercial method	LSIL	Yes	No	Yes	No

				Taiwan			HSIL				
41	Coupe VMH	BJOG	2007	Netherlands	CC vs Commercial method	CC and Commercial method	HSIL	No	No	NR	No
42	Sheriff SK	Eur J Health Econ	2007	Germany	CC vs Commercial method	Commercial method	HSIL	Yes	Yes	Yes	No
43	Goldie SJ	Vaccine	2007	Brazil	CC vs Commercial method	CC or Commercial method ^p	LSIL	No	No	No	Private
							HSIL				
44	Brisson M	Vaccine	2007	Canada	CC vs Commercial method	CC and Commercial method	LSIL	No	No	Yes	No
							HSIL				
45	Gingsberg GM	Vaccine	2007	Israel	CC vs Commercial method	CC	LSIL	No	No	NR	No
46	Insinga RP	Vaccine	2007	Mexico	CC vs Commercial method	CC and Commercial method	LSIL	Yes	Yes	Yes	No
							HSIL				
47	Elbasha EH	Emerg Infect Dis	2007	USA	CC vs Commercial method	CC and Commercial method	HSIL	Yes	No	Yes	No
48	Capri S	Italian J Public Health	2007	Italy	CC vs Commercial method	CC and Commercial method	LSIL	No	No	NR	No
							HSIL				
49	Kulasingam SL	Obstet Gynecol	2006	USA	Only different CC strategies involved	CC	>LSIL	No	No	No	Public
50	Kulasingam SL	J Natl Cancer Inst	2006	USA	CC vs Commercial method	Commercial method	Other	No	Yes	No	Public
51	Legood R	BMJ	2006	UK	CC vs Commercial method	CC and Commercial method	Other	No	No	No	Public

52	Berkhof J	Int J Cancer	2006	Netherlands	CC vs Commercial method	Commercial method	>LSIL HSIL	No	No	No	Public
53	Lier D	Alberta Cervical Cancer Screening Program	2005	Canada	CC vs Commercial method	CC and Commercial method	LSIL Other	No	No	NR	Public
54	Goldie SJ	New Engl J Med	2005	India, Kenya, Peru, South Africa, Thailand	CC vs Commercial method	Commercial method	HSIL	No	No	No	Public
55	Neville MA	ANZ Obstet Gynecol	2005	Australia	CC vs Commercial method	Commercial method	Other	No	No	NR	No
56	Kim JJ	J Natl Cancer Inst	2005	UK	CC vs Commercial method	Commercial method	>LSIL	No	No	No	Public
57	Hughes AA	Diagn Cytopathol	2005	USA	CC vs Commercial method	Commercial method	Other	No	No	NR	No
58	Novoa Vasquez	Rev Esp Salud Publica	2004	Mexico	CC vs Commercial method	CC	>LSIL	No	No	No	No
59	Kim JJ	J Public Health	2004	Hong Kong	CC vs Commercial method	CC or Commercial method	Other	No	No	NR	No
60	Sherlaw-Johnson C	Br J Cancer	2004	UK	CC vs Commercial method	Commercial method	LSIL Other	No	No	NR	No
61	Karnon J	Health Technol Assess	2004	UK	CC vs Commercial method	Commercial method	LSIL Other	No	No	No	Public
62	Goldie SJ	Obstet Gynecol	2004	USA	CC vs Commercial method	Commercial method	Other	No	No	No	Public
63	Goldie SJ	J Natl Cancer Inst	2004	USA	CC vs Commercial method	CC and Commercial method	Other	No	Yes	Yes	Public

64	Taira AV	Emerg Infect Dis	2004	USA	CC vs Commercial method	CC and Commercial method	>LSIL	No	No	No	Public
65	Lytwyn	Arch Pathol Lab Med	2003	Canada	CC vs Commercial method	CC and Commercial method	HSIL	Yes	No	NR	No
66	Mittendorf T	Eur J Health Econ	2003	Germany	CC vs Commercial method	CC and Commercial method	Other	No	Yes	Yes	Public
67	Sanders GD	Emerg Infect Dis	2003	USA	CC vs Commercial method	CC and Commercial method	>LSIL	No	No	No	No
68	Kulasingam SL	JAMA	2003	USA	CC vs Commercial method	CC and Commercial method	HSIL	No	Yes	Yes	No
69	Maxwell LG	Obstet Gynecol	2002	USA	CC vs Commercial method	Commercial method	>LSIL	No	No	Yes	Private+Public
70	Mandelblatt J	J Natl Cancer Inst	2002	Thailand	CC vs Commercial method	CC and Commercial method	LSIL HSIL	No	No	No	No
71	Kim JJ	JAMA	2002	USA	CC vs Commercial method	CC and Commercial method	LSIL HSIL	No	No	Yes	Public
72	Mandelblatt J	JAMA	2002	USA	CC vs Commercial method	CC and Commercial method	LSIL HSIL	No	No	Yes	No
73	Van den Akker E	J Natl Cancer Inst	2002	High income countries	Only different CC strategies involved	CC	>LSIL	No	No	No	Private+Public
74	Goldie SJ	Am J Med	2001	USA	CC vs Commercial method	CC and Commercial method	Other	No	No	No	Public
75	Goldie SJ	JAMA	2001	South Africa	CC vs Commercial method	Commercial	Other	No	Yes	Yes	Private

						method					
76	Montz FJ	Obstet Gynecol	2001	USA	CC vs Commercial method	Commercial method	>LSIL	No	Yes	Yes	No
77	Taylor LA	Arch Fam Med	2000	USA	CC vs Commercial method	Commercial method	>LSIL	No	Yes	Yes	No
78	Myers ER	Obstet Gynecol	2000	USA	Only different CC strategies involved	CC	>LSIL	No	No	No	Public
79	Hutchinson ML	Am J Manag Care	2000	USA	CC vs Commercial method	Commercial method	LSIL HSIL Other	No	Yes	No	No
80	Goldie SJ	Ann Intern Med	1999	USA	Only different CC strategies involved	CC	Other	No	No	No	Public
81	Brown AD	JAMA	1999	USA	CC vs Commercial method	Commercial method	Other	No	No	No	Private
82	Cuzick J	Health Technol Assess	1999	UK	CC vs Commercial method	CC and Commercial method	LSIL HSIL	No	No	No	No
83	van Ballegooijen M	Br J Cancer	1997	Netherlands	CC vs Commercial method	CC	>LSIL	No	No	No	Public
84	Matsunaga G	J Epidemiol	1997	Japan	Only different CC strategies involved	CC	Other	No	No	No	No
85	Schechter CB	Acta Cytol	1996	USA	CC vs Commercial method	Commercial method	LSIL HSIL	No	No	Yes	No
86	Fahs MC	Ann Intern Med	1992	USA	Only different CC strategies involved	CC	Other	No	No	No	Public
87	Koopmanschap MA	Int J Cancer	1990	Netherlands	Only different CC strategies involved	CC	Other	No	No	No	Public

88	Mandelblatt J	JAMA	1988	USA	Only different CC strategies involved	CC	Other	No	No	No	No
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CC: conventional cytology

^a Vaccination is cost-effective strategy if cost per dose is 0.60 \$ or 2 \$

^b Vaccination is cost-effective strategy if cost per vaccinated girl is < 25 \$

^c Vaccination is cost-effective if cost per vaccinated girl is < 10 \$

Table B: Eligible CEAs not included in the analyses

Appendix reference No	Author	Journal	Year	Country	Strategies incorporated	Preferred strategy	Grade	Affiliation with manufacturer	Funding from manufacturer	Conflict of interest	Other source of funding
89	TOMBOLA Group	BMJ	2009	UK	CC vs other strategy *	CC	Other	No	No	Yes	Public
90	Perovic S	J BUON	2009	Serbia	Only different CC strategies involved	CC	Other	No	No	NR	Public
91	Sinanovic E	Vaccine	2009	South Africa	CC vs Commercial method	CC or Commercial method ^a	Other	No	No	No	Private
92	Oddsson K	Acta Obstetrica et Gynecologica Scandinavica	2009	Iceland	CC vs Commercial method	CC and Commercial method	Other	No	No	No	No
93	Dee A	Eur J Public Health	2009	Ireland	CC vs Commercial method	CC and Commercial method	Other	No	No	No	No
94	Bistolletti P	Int J Cancer	2008	Sweden	CC vs Commercial method	CC and Commercial method	Other	No	No	No	Public
95	Goldie SJ	Vaccine	2008	72 GAVI-eligible countries	CC vs Commercial method	CC ^b	Other	No	No	No	Private
96	Chesson HW	Emerg Infect Dis	2008	USA	CC vs Commercial method	CC and Commercial method	Other	No	No	No	No
97	Usher C	Vaccine	2008	Ireland	CC vs Commercial method	CC and Commercial method	Other	No	No	No	No

98	Favato G	HCVI, Henley Discussion Paper Series	2007	Italy	CC vs Commercial method	CC and Commercial method	Other	No	No	NR	No
99	Boot HJ	Vaccine	2007	The Netherlands	CC vs Commercial method	CC and Commercial method	Other	No	No	Yes	No
100	Kim JJ	Br J Cancer	2007	UK	CC vs Commercial method	CC ^c	Other	No	No	NR	Public+Private
101	Norwegian Knowledge Centre for the Health Services	NOKC Report	2007	Norway	CC vs Commercial method	CC and Commercial method	Other	No	No	NR	No
102	Danish Health Technology Assessment	Health Technological Assess	2007	Denmark	CC vs Commercial method	CC and Commercial method	Other	No	No	NR	No
103	Koong SL	J Med Screening	2006	Taiwan	Only different CC strategies involved	CC	Other	No	No	No	No
104	Legood R	Int J Cancer	2005	India	Only different CC strategies involved	CC	Other	No	No	No	Private
105	Dewilde S	Med Decision Making	2004	UK,USA,Australia, Japan	Only different CC strategies involved	CC	Other	No	No	No	Public
106	Straughn JM	J Low Genit Tract Dis	2004	USA	CC vs Commercial method	Commercial method	Other	No	No	NR	No
107	Suba EJ	Cancer	2001	Vietnam	Only different CC strategies involved	CC	Other	No	No	No	Public+Private
108	Raab S	Am J Clin Pathol	1999	USA	CC vs Commercial method	CC	Other	No	No	No	No
109	Raab S	Am J Clin Pathol	1999	USA	Only different CC strategies involved	CC	Other	No	No	No	No

CC: conventional cytology

^a Vaccination is cost-effective strategy only if vaccine cost is lower than (not estimated) ^b Vaccination is cost-effective strategy if cost per vaccinated girl is < 10 \$

^c Vaccination is cost-effective strategy if cost per vaccinated individual is < 50 \$ *CC versus colposcopy

Table C: Eligible CEAs unable to retrieve in fulltext

Appendix reference No	Author	Journal	Year	Country	Strategies incorporated	Preferred strategy	Grade	Affiliation with manufacturer	Funding from manufacturer	Conflict of interest	Other source of funding
110	Hsaïri M,	Tunis Med	2000	Tunisia	Only different CC strategies involved	CC	NR	NR	NR	NR	NR
111	Smith BL,	J Reprod Med	1999	USA	CC vs Commercial method	Commercial method	NR	NR	NR	NR	NR
112	Carter PM	J Am Board Fam Pract	1993	USA	Only different CC strategies involved	CC	NR	NR	NR	NR	NR
113	Massad LS	J Reprod Med	1993	USA	CC vs Commercial method	Commercial method	NR	NR	NR	NR	NR
114	Boon ME	Acta Cytol	1981	NR	Only different CC strategies involved	CC	NR	NR	NR	NR	NR

CC: conventional cytology

NR; not retrievable data

Table D: Characteristics of cost-effectiveness studies involving the Pap test for cervical cancer screening or prevention and of those that provided sensitivity/specificity estimates for the Pap test

	All studies N=109	Studies providing sensitivity/ specificity estimates for Pap test N=88	Non-eligible studies N=21
Journal			
General medicine	25 (22.9)	22 (25)	3 (14.3)
Other	84 (77.1)	66 (75)	18 (85.7)
Year of publication			
- 2005	42 (38.5)	36 (40.9)	6 (28.6)
2006 – 2010	67 (61.5)	52 (59.1)	15 (71.4)
Country, N (%)			
USA	30 (27.5)	26 (29.5)	4 (19.0)
Europe	37 (33.9)	27 (30.7)	10 (47.6)
Multinational	10 (9.2)	8 (9.1)	2 (9.5)
Other	32 (29.4)	27 (30.7)	5 (23.8)

Strategies compared, N (%)			
CC different strategies	15 (13.9)*	9 (10.2)	6 (30.0)*
CC vs commercial method	93 (86.1)	79 (89.8)	14 (70.0)
Number of strategies, N (%)			
2	28 (25.7)	21 (23.9)	7 (33.3)
3	14 (12.8)	10 (11.4)	4 (19.1)
>3	67 (61.5)	57 (64.8)	10 (47.6)
Preferred strategy as most cost-effective, ** N (%)			
CC	8 (8.6)	5 (6.3)	3 (21.4)
Commercial method	23 (24.7)	22 (27.8)	1 (7.2)
CC and commercial method	58 (62.4)	48 (60.8)	10 (71.4)
CC or commercial method	4 (4.3)	4 (5.1)	-
Vaccines involved or only screening strategies involved			
Vaccine involved	54 (49.5)	43 (48.9)	11 (52.4)
Only screening strategies involved	55 (50.5)	45 (51.1)	10 (47.6)

Pap test threshold, N (%)			
ASCUS	28 (25.7)	28 (31.8)	-
HGSIL	1 (0.9)	1 (1.1)	-
No data available	80 (73.4)	59 (67)	21 (100)
Grade of lesions, N (%)			
CIN1	2 (1.8)	2 (2.3)	-
>CIN1	14 (12.8)	14 (15.9)	-
>CIN2	39 (35.8)	39 (44.3)	-
Other	33 (30.3)	33 (37.5)	-
No data available	21 (19.3)	-	21 (100)
Number of references given, N (%)			
0	28 (25.7)	13 (14.8)	15 (71.4)
1	25 (22.9)	24 (27.3)	1 (4.8)
2	18 (16.5)	17 (19.3)	1 (4.8)
>2	38 (34.9)	34 (38.6)	4 (19.0)
Reference to a meta-analysis, N (%)			

Yes	41 (37.6)	39 (44.3)	2 (9.5)
No	68 (62.4)	49 (55.7)	19 (90.5)

CC: conventional cytology (Pap test)

*Included N=108 in all studies and N=20 in non-eligible studies because of the exclusion of one study [89 appendix reference] compared conventional cytology versus colposcopy which is a non-commercial strategy

* Included only studies involving the comparison of CC vs a commercial method (N=93 in all studies included, N=79 in studies eligible for analysis and N=14 in non-eligible studies)

Table E: Stratified analysis for sensitivity and specificity among baseline estimates, higher and lower ranges, adopted in cost-effectiveness analyses according to the inclusion of a vaccine or screening strategies only

	Vaccine involved (n=43)		Screening only (n=45)	
	Sensitivity – lower - upper	Specificity – lower - upper	Sensitivity – lower - upper	Specificity – lower – upper
Author affiliated with manufacturer				
Yes	61 (6) – 44 (7) – 79 (2)**	96 (1) – 90 (0) – 99 (0)	55 (9)-NA- NA	85 (12)-NA-NA
No	67 (13) – 43 (12) – 88 (11)	95 (2) – 81 (23) – 97 (3)	63 (14)-51 (16)-81 (16)	94 (4)-85 (10)-97 (4)
Funding from the manufacturer				
Yes	60 (7)** – 45 (8) – 85 (8)	96 (1) – 86 (5) – 98 (1)	51 (6)***-37 (10)-74 (14)	94 (3)-NA-NA
No	68 (12) – 42 (12) – 86 (11)	95 (2) – 80 (29) – 97 (4)	65 (14)-52 (15)-82 (16)	93 (6)-85 (10)-97 (4)

Conflict of interest with the manufacturer				
Yes	63(8)-41(10)-84(9)	96(1)-77(28)-99(1)	58(13)-53(19)-81(16)	94(3)-86(12)-98(1)
No	69 (13)-46(12)-90(7)	96(3)-89(7)-96(4)	66(13)-50(16)-83(12)	95(3)-85(10)-97(3)
Not reported	56(8)-35(1)-73(18)	95(0)-88-99	56(16)-55(10)-73(26)	87(10)-82(10)-95(8)
Author affiliation or funding from the manufacturer				
Yes	60 (6)**- 44 (7) – 85 (8)	96 (1) – 86 (5) – 98 (1)	53 (7)*-37 (10)-74 (14)	90 (9)-80 (0)-97 (0)
No	69 (13)- 42 (12) – 86 (12)	95 (2) – 80 (29) – 97 (4)	65 (14)-52 (16)-82 (16)	94 (4)-85 (10)-97 (4)
Author affiliation or funding or conflict of interest with the manufacturer				
Yes	61 (8) ***-42 (9)- 85 (9)	96 (1) – 78 (26) – 98 (1)	58 (12)*-52 (17)-79 (15)	92 (7)-86 (12)-98 (1)
No	74 (11)-46 (13)- 91 (7)	95 (3) – 92 (5) – 95 (5)	67 (12)-51 (16)-84 (11)	95 (3)-85 (9)-97 (3)
Other funding reported				
Yes	72 (12) -43 (13) -91 (7)**	95 (2) – 80 (27) -97 (3)	64 (13)-48 (15)-82 (13)	95 (3)-85 (11)-98 (2)
No	60 (7)** – 43 (7) – 79 (10)	96 (1) – 87 (5) – 99 (1)	60 (15)-57 (15)-80 (20)	92 (7)-85 (8)-96 (6)

Values represent mean and values in parentheses represent standard deviations (SD)

NA; non-applicable

* if p<0.05 * * if p<0.01 ***if p<0.001 ****if p<0.0001

Table F: Baseline assumptions for sensitivity and specificity adopted for high grade and low grade lesions in eligible cost-effectiveness analyses

LSIL

HSIL

Appendix to: Polyzos NP, Valachis A, Mauri D, et al. Industry involvement and baseline assumptions of cost-effectiveness analyses: diagnostic accuracy of the Papanicolaou test. CMAJ 2011. DOI:10.1503/cmaj.101506.

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	Sensitivity	Specificity	Sensitivity	Specificity
Vaccines or only screening strategies involved				
Vaccine involved	59 (13)	94 (4)	68 (12)	96 (1)
Only screening strategies involved	54 (16)	93 (8)	64 (12)	93 (7)
Author affiliated with manufacturer				
Yes	48 (16)	96 (1)	59 (5)	93 (8)
No	60 (13)	95 (4)	70 (12)*	95 (2)
Funding from the manufacturer				
Yes	46 (13)	96 (2)	57 (4)	95 (2)
No	62 (12)**	94 (4)	70 (12)****	95 (2)
Conflict of interest with the manufacturer				
Yes	56 (15)	93 (6)	63 (10)	95 (3)
No	59 (15)	96 (2)	71 (11)	95 (2)
Not reported	56 (10)	96 (1)	54 (14)	71
Author affiliation or funding from the manufacturer				
Yes	47 (13)	96 (2)	58 (5)	93 (7)
No	62 (12)**	94 (4)	71 (12)***	95 (2)
Author affiliation or funding or conflict of interest with the manufacturer				
Yes	52 (14)	94 (5)	62 (10)	94 (6)
No	63(14)*	96 (1)	73 (11)**	95 (2)
Other funding reported				
Yes	63 (14)	91 (7)	72 (12)	95 (2)
No	53 (13)*	96 (2)	61 (9)**	94 (6)

Values represent mean and values in parentheses represent standard deviations (SD)

* if $p < 0.05$ * * if $p < 0.01$ ***if $p < 0.001$ ****if $p < 0.0001$

Appendix Reference list

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