

UDC 614.2:618:616-073.43

A.S. Biduchak¹, Zh.A. Chornenka¹, E.Ts. Yasinska¹, N.V. Hopko², M.B. Myroniuk²

Women's screening: standards, recommendations, benefits

¹Bukovynian State Medical University, Chernivtsi, Ukraine²SI «Chernivtsi Oblast Center for Disease Control and Prevention of the Ministry of Health of Ukraine»

Ukrainian Journal Health of Woman. 2025. 5(180): 54-60; doi: 10.15574/HW.2025.5(180).5460

For citation: Biduchak AS, Chornenka ZhA, Yasinska ETs, Hopko NV, Myroniuk MB. (2025). Women's screening: standards, recommendations, benefits. Ukrainian Journal Health of Woman. 5(180): 54-60. doi: 10.15574/HW.2025.5(180).5460

Women's health is a strategic indicator of the state of public health, demographic stability and socio-economic development of society. It determines not only fertility and life expectancy indicators, but also forms the basis for the sustainable development of the state and the well-being of future generations. Given the global trends of population aging, urbanization and lifestyle changes, the preventive focus of medical care is gaining priority. In the context of the growing prevalence of chronic non-communicable, oncological, endocrine, and metabolic diseases, preventive measures aimed at early detection of pathology are becoming particularly relevant. Women's health screening as a system of periodic examinations allows for the diagnosis of diseases at preclinical stages, reducing mortality and improving the quality of life. At the same time, the level of coverage of screening programs remains insufficient due to low awareness of the population, socio-economic barriers and organizational difficulties in the functioning of the healthcare system.

Aim – to analyze modern standards of female screening, summarize international and national recommendations for preventive examinations and determine their role in increasing the effectiveness of early diagnosis and reducing morbidity and mortality rates.

The study is analytical and review in nature. Scientific publications, clinical guidelines and regulatory documents for 2019–2025 were analyzed. Methods of systemic, comparative and general analysis were used, taking into account age characteristics, individual risk factors and the possibilities of adapting international standards to the national context. It was established that female screening covers oncological, cardiovascular and metabolic, gynecological, hormonal, osteoporotic, and infectious areas. Regular cytological and HPV testing, mammography, as well as monitoring of blood pressure, glycemia and lipid profile ensure timely detection of pathological changes and prevention of complications. For Ukraine, it is relevant to implement a risk-oriented comprehensive screening algorithm integrated into the primary health care system, with subsequent monitoring and increasing women's adherence to preventive examinations.

Conclusion. Women's screening is an effective prevention tool that requires improving organizational mechanisms, strengthening educational work and an individualized approach at different stages of a woman's life.

The authors declare no conflicts of interest.

Keywords: women's screening, prevention, early diagnosis, cancer prevention, cardiovascular diseases, metabolic disorders, standards.

Жіночий скринінг: стандарти, рекомендації, користь

A.S. Бідучак¹, Ж.А. Чоренька¹, Е.Ц. Ясинська¹, Н.В. Гопко², М.Б. Миронюк²¹Буковинський державний медичний університет, м. Чернівці, Україна²ДУ «Чернівецький обласний центр контролю та профілактики хвороб МОЗ України»

Здоров'я жінки є стратегічним індикатором стану громадського здоров'я, демографічної стабільності та соціально-економічного розвитку суспільства. Воно визначає не лише показники народжуваності та тривалості життя, а й формує основу сталого розвитку держави та благополуччя наступних поколінь. З огляду на глобальні тенденції старіння населення, урбанізації та змін способу життя, профілактична спрямованість медичної допомоги набуває пріоритетного значення. В умовах зростання поширеності хронічних неінфекційних, онкологічних, ендокринних і метаболічних захворювань особливої актуальності набувають профілактичні заходи, спрямовані на раннє виявлення патології. Скринінг жіночого здоров'я як система періодичних обстежень дозволяє діагностувати захворювання на доклінічних стадіях, знижувати смертність і покращувати якість життя. Водночас рівень охоплення скринінговими програмами залишається недостатнім через низьку обізнаність населення, соціально-економічні бар'єри та організаційні труднощі функціонування системи охорони здоров'я.

Мета – проаналізувати сучасні стандарти жіночого скринінгу, узагальнити міжнародні та національні рекомендації щодо профілактичних обстежень і визначити їхню роль у підвищенні ефективності ранньої діагностики та зниженні показників захворюваності й смертності.

Дослідження має аналітично-оглядовий характер. Проаналізовано наукові публікації, клінічні настанови та нормативні документи 2019–2025 рр. Використано методи системного, порівняльного й узагальнювального аналізу з урахуванням вікових особливостей, індивідуальних факторів ризику та можливостей адаптації міжнародних стандартів до національного контексту. Встановлено, що жіночий скринінг охоплює онкологічний, серцево-судинний і метаболічний, гінекологічний, гормональний, остеопоротичний та інфекційний напрями. Регулярне проведення цитологічного та тестування на вірус папіломи людини, маммографії, а також контроль артеріального тиску, глікемії та ліпідного профілю забезпечують своєчасне виявлення патологічних змін і запобігання ускладненням. Для України актуальним є впровадження ризик-орієнтованого комплексного алгоритму скринінгу, інтегрованого в систему первинної медичної допомоги, із подальшим моніторингом і підвищенням прихильності жінок до профілактичних оглядів.

Висновок. Жіночий скринінг є ефективним інструментом профілактики, що потребує вдосконалення організаційних механізмів, посилення просвітницької роботи та індивідуалізованого підходу на різних етапах життя жінки.

Автори заявляють про відсутність конфлікту інтересів.

Ключові слова: жіночий скринінг, профілактика, рання діагностика, онкопрофілактика, серцево-судинні захворювання, метаболічні порушення, стандарти.

Women's health is one of the key indicators of public health, which determines not only the quality of life of an individual but also the demographic stability and socio-economic development of society. In modern conditions of increasing prevalence of chronic non-communicable diseases, oncology and endocrine disorders, a prevention system aimed at early detection of diseases before the appearance of clinical symptoms is of particular importance. One of the most effective tools for such prevention is screening [22,24].

Screening of women's health includes a set of standardized preventive examinations aimed at early detection of the most common and socially significant diseases, in particular breast cancer, cervical cancer, cardiovascular diseases, osteoporosis, diabetes mellitus, and disorders of the reproductive system. Early diagnosis allows for a significant increase in the effectiveness of treatment, reduces mortality, and improves the prognosis for patients.

According to international and national medical organizations, regular screening programs help to reduce mortality from cancer by 20–40%, depending on the type of pathology and age group. At the same time, the level of coverage of the female population with preventive examinations in many countries, in particular in Ukraine, remains insufficient, which is associated with low awareness, fear of examinations, social and economic factors [6,21].

A feature of female screening is its age and individual differentiation. The set of recommended examinations varies depending on age, hormonal status, the presence of hereditary risk factors, concomitant diseases, and lifestyle. That is why the implementation of clear standards and adherence to evidence-based recommendations is a necessary condition for effective preventive medicine.

In modern medicine, screening is considered not only as a medical procedure, but as a comprehensive health preservation strategy that combines clinical, organizational, and educational measures [12]. The relevance of this study is due to the need to systematize modern standards of female screening, analyze recommendations, and assess their benefits for the health of women of different age groups.

The aim of this study is to analyze modern standards of female screening, summarize international and national recommendations for preventive examinations, as well as assess their benefits for early detection of diseases and improvement of health indicators of the female population.

The study is analytical and review in nature and is based on a systematic analysis of modern scientific sources, international clinical recommendations and regulatory documents regulating screening examinations for women. The principles of evidence-based medicine were used in the work, taking into account the relevance, reliability and representativeness of information sources.

The study material was publications in professional medical journals, clinical guidelines of the World Health Organization (WHO), recommendations of the European Society of Oncology, the U.S. Preventive Services Task Force (USPSTF), as well as national protocols and methodological recommendations on preventive medicine. The sources published mainly in the last 10–15 years were subject to analysis, which allowed us to take into account modern approaches to organizing female screening [11].

The following methods were used in the study: analytical, descriptive-statistical, systems approach, and comparative analysis.

The obtained data were systematized, summarized and presented in the form of a logically structured presentation, which allowed us to assess the role of female screening in reducing morbidity, mortality, and improving the quality of life of women.

The analysis found that modern women's screening programs are based on clearly defined standards that take into account age, individual risk factors and epidemiological features of the spread of diseases. Screening measures aimed at early detection of oncological, cardiovascular, endocrine, and metabolic diseases were recognized as the most justified and effective.

Screening for oncological diseases. One of the key components of women's screening is the early detection of malignant neoplasms. The analysis of the recommendations showed that regular cytological examination of the cervix (PAP test) or testing for human papillomavirus (HPV) can significantly reduce the incidence and mortality of cervical cancer [5]. The greatest effectiveness is observed with systematic screening at intervals recommended for the appropriate age group.

Breast cancer screening using mammography remains the «gold standard» for women of older age groups. The results of numerous studies confirm that mammographic screening helps detect tumors at preclinical stages, which significantly improves the prognosis and reduces the need for aggressive treatment methods [3].

Screening for cardiovascular and metabolic disorders. An important result of the study was the confirmation of the need to include cardiovascular risk assessment in women's screening programs. Measurement of blood pressure, determination of glucose levels, and lipid profile allow for the identification of risk factors even before the development of clinical manifestations of diseases.

It has been proven that early diagnosis of metabolic disorders, in particular insulin resistance and type 2 diabetes, allows for timely adjustment of lifestyle and appointment of preventive measures, reducing the risk of complications [13].

Gynecological and reproductive screening. The results of the analysis of scientific sources indicate that gynecological screening is an integral part of a comprehensive assessment of women's health. Regular preventive examinations by a gynecologist allow for the timely detection of pelvic inflammatory diseases, benign neoplasms, endometriosis, menstrual disorders, and other pathological conditions that can negatively affect a woman's reproductive function [19].

An important component of gynecological screening is an ultrasound examination of the pelvic organs, which allows for the assessment of the condition of the uterus, ovaries, and endometrium. According to the analyzed studies, regular ultrasound examination contributes to the early detection of ovarian cysts, uterine fibroids, and other structural changes, which allows for the timely initiation of treatment or dynamic monitoring.

Hormonal screening. Hormonal disorders occupy a significant place in the structure of morbidity among women of different age groups. The results of the study showed that screening for thyroid function, in particular determining the level of thyroid-stimulating hormone, is appropriate for the early detection of hypo- and hyperthyroidism. Hormonal screening is of particular importance in women of reproductive age, pregnant women, and during menopause [20].

Assessment of sex hormone levels allows for the detection of ovulation disorders, polycystic ovary syndrome, and other endocrine disorders. Timely diagnosis of hormonal imbalance contributes to improving reproductive health and reducing the risk of developing metabolic complications.

Osteoporosis screening. Data analysis confirmed the high relevance of osteoporosis screening, especially among postmenopausal women. A decrease in

estrogen levels leads to bone loss and an increased risk of fractures. The most informative screening method is densitometry, which allows you to assess the mineral density of bone tissue.

Research results show that early detection of osteopenia and osteoporosis allows you to implement preventive measures, including dietary correction, physical activity, and drug therapy, which significantly reduces the risk of fractures and improves the quality of life of women [10].

Infectious screening. Infectious diseases, including sexually transmitted infections, remain an important medical and social problem. The results of the analysis showed that regular screening for chlamydia, gonorrhea, syphilis, HIV (human immunodeficiency virus), and viral hepatitis allows you to detect diseases at an early stage, preventing the development of complications and the spread of infection.

Screening during pregnancy planning and during gestation requires special attention, as timely detection and treatment of infections helps reduce the risk of complications for the mother and fetus.

The results obtained confirm that female screening is an effective tool of preventive medicine, which allows detecting a wide range of diseases at preclinical stages. A comparison of international recommendations indicates the general consistency of approaches to organizing screening programs, while there are certain differences in age limits and intervals of examinations [15,23].

In most countries with a developed health care system, screening is integrated into primary health care and is accompanied by active educational work among the population. In Ukraine, despite the availability of regulatory documents and clinical protocols, the level of coverage of women by screening programs remains insufficient. The main barriers are low awareness, limited access to medical services, socio-economic factors and insufficient motivation of patients.

An important aspect of the discussion is the issue of personalization of screening. Universal recommendations do not always take into account individual risk factors, which may reduce the effectiveness of preventive measures. Current trends indicate the need to transition to a risk-based approach that allows optimizing the frequency and volume of examinations for each woman.

The economic feasibility of screening programs deserves special attention. Numerous studies prove that the costs of preventive examinations are significantly

Table 1

Recommended screening tests for women by age

Screening type	18–29 years old	30–39 years old	40–49 years old	50–64 years old	65 years and older
Gynecological examination	1 time per year	1 time per year	1 time per year	1 time per year	As indicated
PAP test / HPV test	PAP test every 3 years	PAP test or HPV test every 3–5 years	HPV test every 5 years	HPV test every 5 years	As indicated
Pelvic ultrasound	As indicated	1 time per 1–2 years	1 time per 1–2 years	As indicated	As indicated
Mammography	-	If there are risk factors	1 time per 1–2 years	1 time per 2 years	As determined by individual decision
Breast self-examination	Monthly	Monthly	Monthly	Monthly	Monthly
Blood pressure measurement	1 time per year	1 time per year	1–2 times per year	1–2 times per year	Regularly
Blood glucose test	As indicated	1 time per 3 years	1 time per 1–3 years	1 time per 1–3 years	Regularly
Lipid profile	As indicated	1 time per 5 years	1 time per 3–5 years	1 time per 3–5 years	As indicated
Thyroid function screening (TSH)	As indicated	As indicated	1 time per 5 years	1 time per 3–5 years	As indicated
Densitometry	-	-	If there are risk factors	1 time per 2–5 years	Regularly
STI (sexually transmitted infections) screening, HIV, hepatitis screening	By risk	By risk	By risk	By risk	As indicated

lower compared to the costs of treating diseases in the later stages. Thus, investments in screening have not only a medical, but also a socio-economic effect.

At the same time, it is necessary to take into account possible limitations of screening, in particular the risk of false-positive results, overdiagnosis, and psychological burden on patients [16,18]. This emphasizes the importance of adhering to clear standards and screening examinations depending on age (Table 1), informed consent and proper counseling of women.

In accordance with the above, we have provided a comparative analysis of the benefits of female screening and the possible consequences of its absence, which clearly demonstrates the importance of preventive examinations (Table 2). The presented data indicate that regular screening contributes to early detection of diseases, reducing the risk of complications and mortality, while ignoring such measures leads to late diagnosis and deterioration of health, as shown in the table [2,8].

A comparative analysis of the benefits of female screening and the possible consequences of its absence indicates the high clinical and social significance of preventive programs [1,4]. Regular screen-

ing examinations allow not only to reduce the level of morbidity and mortality, but also to significantly improve the quality of life of women, reduce health-care system costs, and prevent the development of serious complications.

The recommendations in the table are based on generalized international and national clinical guidelines and can be adjusted depending on individual risk factors, family history, and comorbidities. A personalized approach to screening can increase its effectiveness and avoid overdiagnosis.

In accordance with international and national recommendations for female screening, the results of which are summarized and systematized in Table 3, common and different approaches to screening programs were identified, reflecting modern priorities of preventive medicine and the peculiarities of health-care organization at different levels.

A comparative analysis of WHO recommendations, European and national protocols indicates a general consistency of approaches to organizing female screening, while differences in the age limits for starting examinations and their frequency are observed [7,14,17]. National recommendations in some cases provide for an earlier start of screening,

Table 2

Benefits of female screening and possible consequences of its absence

Screening Area	Benefits of regular screening	Possible consequences of lack of screening
Cervical cancer	Detection of precancerous changes and early stages of the disease; high treatment effectiveness	Late diagnosis, high risk of invasive cancer and mortality
Breast cancer	Early detection of small tumors; reduced mortality	Late diagnosis, aggressive treatment, worse prognosis
Cardiovascular diseases	Early correction of risk factors; reduced incidence of complications	Myocardial infarction, stroke, chronic heart failure
Diabetes	Timely detection of carbohydrate metabolism disorders	Micro- and macrovascular complications, disability
Osteoporosis	Fracture prevention; preservation of quality of life	Fractures of the femoral neck, spine, increased mortality
Hormonal disorders	Normalization of hormonal balance; preservation of reproductive function	Infertility, menstrual disorders, metabolic complications
Sexually transmitted infections	Early treatment and prevention of the spread of infections	Chronic inflammatory processes, infertility, pregnancy complications
Thyroid diseases	Prevention of cardiovascular and metabolic complications	Metabolic disorders, cardiac complications
Reproductive health	Pregnancy planning and reduction of risks for the mother and fetus	Pregnancy complications, perinatal losses

Table 3

Comparative characteristics of international and national recommendations for female screening

Screening Type	WHO	European recommendations	National recommendations (Ukraine)
Cervical cancer	HPV test from age 30 every 5 years	PAP test from 25 years or HPV test from 30 years	PAP test from age 21 every 3 years
Breast cancer	Mammography from age 50 every 2 years	Mammography from 50 years every 2 years	Mammography from age 40 every 1–2 years
Cardiovascular risk	Regular assessment from age 18	Risk assessment from 18 years	Annual blood pressure and glucose monitoring
Diabetes	Screening from age 35	Screening from 40 years	Screening taking into account risk factors
Osteoporosis	Densitometry from age 65	Densitometry from 65 years	According to indications or after menopause
Thyroid function	If there are symptoms	According to indications	According to indications
STIs, HIV	If there is a risk	If there is a risk	If there is a risk
Reproductive health	Before planning a pregnancy	Before planning a pregnancy	Before planning a pregnancy

which is due to epidemiological features and the availability of medical services.

The differences identified emphasize the need to adapt international standards to the conditions of a particular country, taking into account demographic, socio-economic, and medical factors. This approach allows for ensuring maximum effectiveness of screening programs and their compliance with the needs of the female population [9,25].

Analyzing the above research data, taking into account national and international standards, we

proposed an algorithm for conducting a comprehensive screening of women's health (Fig.), which has six stages, each of which has a sequential set of actions of a medical professional.

The proposed algorithm for female screening reflects a phased and comprehensive approach to assessing a woman's health. Its use allows systematizing preventive measures, ensuring early detection of pathological conditions, and implementing the principles of personalized medicine. A clear sequence of actions contributes to increasing the effectiveness of

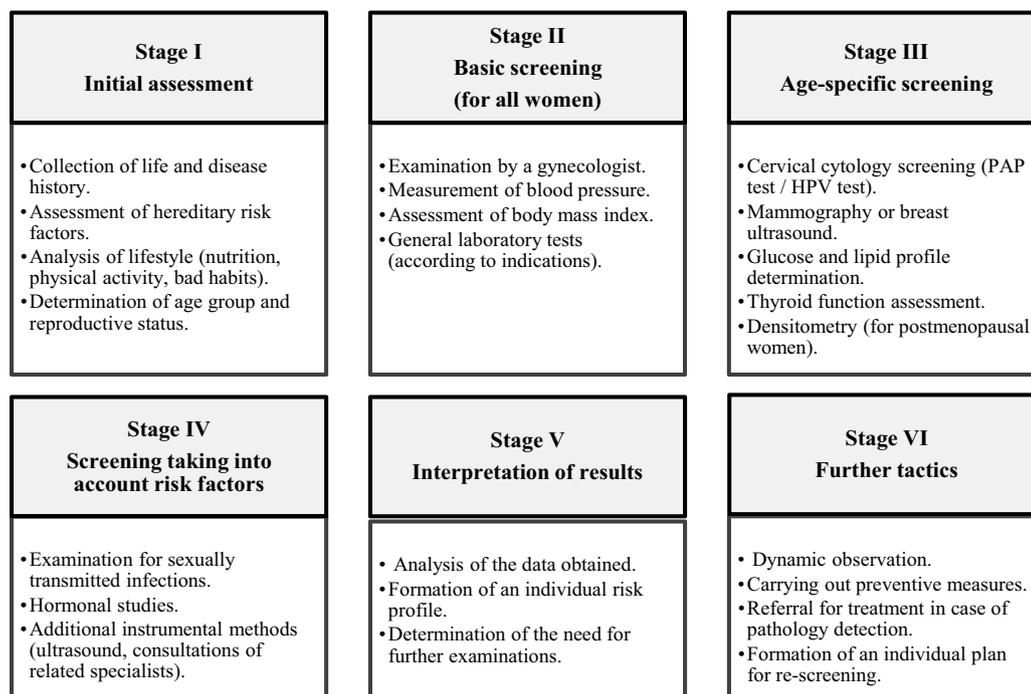


Fig. Algorithm for conducting a comprehensive screening of women’s health

screening programs and optimizing healthcare system resources.

Conclusions

Women’s screening is a key element of preventive medicine, allowing for the detection of diseases at preclinical stages, reducing mortality, and improving the quality of life of women. Systematic screening examinations contribute to the early diagnosis of oncological, cardiovascular, endocrine, metabolic, and gynecological diseases.

Analysis of modern standards and recommendations showed that the most effective are screening programs based on an age approach and taking into account individual risk factors. It is important to adhere to clear examination intervals determined by international and national clinical guidelines.

Oncological screening (cervical cancer, breast cancer) remains a priority area of women’s screening, since early detection of these diseases significantly increases the chances of complete recovery and reduces the need for radical treatment. Regular PAP tests, HPV tests, and mammography are evidence-based preventive measures.

Screening for cardiovascular and metabolic diseases (measurement of blood pressure, assessment of lipid profile, determination of glucose level) allows for the timely detection of risk factors and prevention of complications. This is of particular impor-

tance in age groups of 40+ years, when the risk of cardiovascular events increases significantly.

Hormonal and osteoporotic screening are important for women of reproductive age and the postmenopausal period. Densitometry and assessment of thyroid function allow for the prevention of serious complications associated with hormonal imbalance and decreased bone mass.

The analysis conducted indicates the need to increase public awareness and improve the organization of screening programs, in particular in Ukraine. Among the key problems are low coverage, insufficient motivation, socio-economic barriers, and limited access to preventive services.

To increase the effectiveness of female screening, it is advisable to implement a risk-based approach that allows individualizing examinations and optimizing the resources of the healthcare system. In addition, it is important to ensure that women are informed about the benefits of screening and possible risks, as well as to provide quality counseling.

The implementation of a comprehensive screening algorithm, which includes initial assessment, basic and specific screening, as well as further surveillance tactics, is an important condition for effective prevention of women’s diseases. Such an approach allows you to create a holistic system for maintaining women’s health at different stages of life.

The authors declare no conflicts of interest.

References/Література

1. Aguiar-Ibáñez R, Mbous Y, Sharma S, Chakali R, Chawla E. (2025). Barriers to cancer screening uptake and approaches to overcome them: a systematic literature review. *Front Oncol.* 15: 1575820. doi: 10.3389/fonc.2025.1575820.
2. Bernstein E, Lev-Ari S, Shapira S, Leshno A, Sommer U, Al-Shamsi H et al. (2023). Data From a One-Stop-Shop Comprehensive Cancer Screening Center. *J Clin Oncol.* 41(14): 2503-2510. doi: 10.1200/jco.22.00938.
3. Gavinski K, DiNardo D. (2023). Cervical Cancer Screening. *Med Clin North Am.* 107(2): 259-269. doi: 10.1016/j.mcna.2022.10.006.
4. Hijrah H, Usman AN, Sanusi Baso Y, Syarif S, Ahmad M, Nulandari Z. (2024). Influence of variables on breast self-examination: Potential barrier or enhancement of breast cancer prevention. *Breast Disease.* 43(1): 145-155. doi: 10.3233/BD-249001.
5. Karavska A, Kizub D, Dzhemiliev A, Wanis K, Vus V, Kopetskyi V et al. (2024). Factors Affecting Breast Cancer Screening in Ukraine. *JCO Glob Oncol.* 10(1): 75-76. doi: 10.1200/GO-24-65000.
6. Lebedyuk VV. (2024). Management of patients with abnormal screening results and precancerous conditions of the cervix according to national standards 2024 (clinical case). *Ukrainian Journal of Woman.* 6(175): 83-88. [Лебедюк ВВ. (2024). Ведення пацієнок з аномальними результатами скринінгу та передраковими станами шийки матки відповідно до національних стандартів 2024 року (клінічний випадок). *Український журнал Здоров'я жінки.* 6(175): 83-88]. doi: 10.15574/HW.2024.6(175).8388.
7. Mills JM, Morgan JR, Dhaliwal A, Perkins RB. (2021). Eligibility for cervical cancer screening exit: Comparison of a national and safety net cohort. *Gynecol Oncol.* 162(2): 308-314. doi: 10.1016/j.ygyno.2021.05.035.
8. Mondragón Márquez LI, Domínguez Bueso DL, González Ruiz LM, Liu JJ. (2023). Associations between sociodemographic factors and breast, cervical, and colorectal cancer screening in the United States. *Cancer Causes Control.* 34(12): 1073-1084. doi: 10.1007/s10552-023-01758-z.
9. Narayan AK, Miles RC, Woods RW, Spalluto LB, Burnside ES. (2024). Methodological Considerations in Evaluating Breast Cancer Screening Studies. *J Breast Imaging.* 6(6): 577-585. doi: 10.1093/jbi/wbae038.
10. Nicholson WK, Silverstein M, Wong JB, Chelmsow D, Coker TR, Davis EM et al. (2025). Screening for Osteoporosis to Prevent Fractures: US Preventive Services Task Force Recommendation Statement. *JAMA.* 333(6): 498-508. doi: 10.1001/jama.2024.27154.
11. Ponzel NI. (2025). Validation of the Ukrainian questionnaire «Assessment of Patient Readiness for Breast and Cervical Cancer Screening». *Family Medicine. European practices.* 2: 54-58. doi: 10.30841/2786-720X.2.2025.331927.
12. Radziszewska YeB, Sukhina OM, Vasylyev LYa, Sukhin VS, Nemal'tsova KV, Hranovska HI et al. (2024). Determination of risk factors for the occurrence of recurrences, metastases, and somatic complications after treatment of locally advanced cervical cancer using modern information technologies. *Ukrainian journal of radiology and oncology.* 32(4): 478-490. doi: 10.46879/ukroj.4.2024.478-490.
13. Rajaram S, Gupta B. (2021). Screening for cervical cancer: Choices & dilemmas. *Indian J Med Res.* 154(2): 210-220. doi: 10.4103/ijmr.ijmr_857_20.
14. Sabatino SA, Thompson TD, White MC, Villarreal MA, Shapiro JA, Crosswell JM et al. (2023). Up-to-Date Breast, Cervical, and Colorectal Cancer Screening Test Use in the United States, 2021. *Prev Chronic Dis.* 20: E94. doi: 10.5888/pcd20.230071.
15. Sahasrabudhe VV. (2024). Cervical Cancer: Precursors and Prevention. *Hematol Oncol Clin North Am.* 38(4): 771-781. doi: 10.1016/j.hoc.2024.03.005.
16. Salingaros S, Shieh Y, Finkel ML, Polaneczky M, Korenstein D, Marti JL. (2024). Public cervical cancer screening recommendations from US cancer centers: Assessing adherence to national guidelines. *J Med Screen.* 31(3): 201-204. doi: 10.1177/09691413241238960.
17. Sefuthi T, Nkonki L. (2022). A systematic review of economic evaluations of cervical cancer screening methods. *Syst Rev.* 11(1): 162. doi: 10.1186/s13643-022-02017-z.
18. Serrano B, Ibáñez R, Robles C, Peremiquel-Trillas P, de Sanjosé S, Bruni L. (2022). Worldwide use of HPV self-sampling for cervical cancer screening. *Prev Med.* 154: 106900. doi: 10.1016/j.ypmed.2021.106900.
19. Shami S, Coombs J. (2021). Cervical cancer screening guidelines: An update. *JAAPA.* 34(9): 21-24. doi: 10.1097/01.jaa.0000769656.60157.95.
20. Simms KT, Keane A, Nguyen DTN, Caruana M, Hall MT, Lui G et al. (2023). Benefits, harms and cost-effectiveness of cervical screening, triage and treatment strategies for women in the general population. *Nat Med.* 29(12): 3050-3058. doi: 10.1038/s41591-023-02600-4.
21. Svintsitskyi VS, Prymak VV, Renkas OP. (2020). Modern approaches of the diagnostics and treatment of cervical cancer. *Ukrainian Medical Journal.* 2(3): 1-7. doi: 10.32471/umj.1680-3051.137.178064.
22. Tokar P. (2025). Indicators of primary detection, staging and dispensary registration of cervical cancer in Ukraine (2014-2023): epidemiological and regional analysis. *Health & Education.* 3: 90-100. doi: 10.32782/health-2025.3.10.
23. Viveros-Carreño D, Fernandes A, Pareja R. (2023). Updates on cervical cancer prevention. *Int J Gynecol Cancer.* 33(3): 394-402. doi: 10.1136/ijgc-2022-003703.
24. Yezhova IE, Volodko NA. (2025). Clinical, morphological and molecular markers in the formation of prognosis in patients with cervical cancer: literature review. *Reproductive endocrinology.* 6: 43-58. doi: 10.18370/2309-4117.2025.81.43-58.
25. Zafar N, Wolf AB, Kepniss JL, Teal AC, Brem RF. (2024). Effectiveness of Community Education for Breast Cancer Screening. *J Breast Imaging.* 6(2): 166-174. doi: 10.1093/jbi/wbae002.

Відомості про авторів:

Бідучак Анжела Степанівна – д.мед.н., доц. каф. соціальної медицини та організації охорони здоров'я БДМУ. Адреса: м. Чернівці, вул. Ю. Федьковича, 16. <https://orcid.org/0000-0003-3475-1497>.

Чорненка Жанетта Анатоліївна – к.мед.н., доц. каф. соціальної медицини та організації охорони здоров'я БДМУ. Адреса: м. Чернівці, вул. Ю. Федьковича, 16. <https://orcid.org/0000-0003-2314-1976>.

Ясинська Ельвіра Цезарівна – к.мед.н., доц. каф. соціальної медицини та організації охорони здоров'я БДМУ. Адреса: м. Чернівці, вул. Ю. Федьковича, 16. <https://orcid.org/0000-0002-3768-7278>.

Гопко Наталія Василівна – к.мед.н., доц. каф. соціальної медицини та організації охорони здоров'я БДМУ. Адреса: м. Чернівці, вул. Ю. Федьковича, 16. Ген. директор ДУ «Чернівецький обласний центр контролю та профілактики хвороб МОЗ України». Адреса: м. Чернівці, вул. Гакмана Євгена Метрополита, 7. <https://orcid.org/0000-0002-6612-2620>.

Миронюк Мар'яна Богданівна – асистент каф. соціальної медицини та організації охорони здоров'я БДМУ. Адреса: м. Чернівці, вул. Ю. Федьковича, 16. Заст. ген. директора з організації епідеміологічного нагляду ДУ «Чернівецький обласний центр контролю та профілактики хвороб МОЗ України». Адреса: м. Чернівці, вул. Гакмана Євгена Метрополита, 7. <https://orcid.org/0009-0002-2251-1672>.

Стаття надійшла до редакції 29.06.2025 р.; прийнята до друку 30.10.2025 р.