bined with current cervical cancer screening and HPV disease treatment practices in Turkey. For the vaccination strategy, 85% coverage rate was assumed in the framework. Existing model-based program cervical cancer screening and HPV disease treatment practices in Turkey. Costs were estimated from the perspective of the Turkish healthcare system, using direct medical costs associated with the diagnosis and treatment of cervical cancers.

RESULTS: The model predicted the highest incremental cumulative % (56% reduction in the incidence of 6/11/16-related cases of CIN1, CIN2/3, cervical cancer, cervical cancer deaths, genital warts-female, and genital-warts-male was 78% (4,894), 72% (3,537), 57% (7,277), 54% (40,513), 86% (40,647), and 86% (40,029), respectively, in the vacci- nation group compared to the reference group. Number of 6/11/16/18-related CIN1, CIN2/3, cervical cancer, cervical cancer deaths, and genital warts (both in female and male population) was halved in the vaccination strategy group compared to the reference strategy group by year 19, 24, 41, 44, and 14, respectively. The incre- mental QALYs for the vaccination strategy were compared to no vaccination strategy the vaccination strategy group compared to the reference strategy group by year 19, 24, 41, 44, and 14, respectively. The incre- mental QALYs for the vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy were compared to no vaccination strategy.