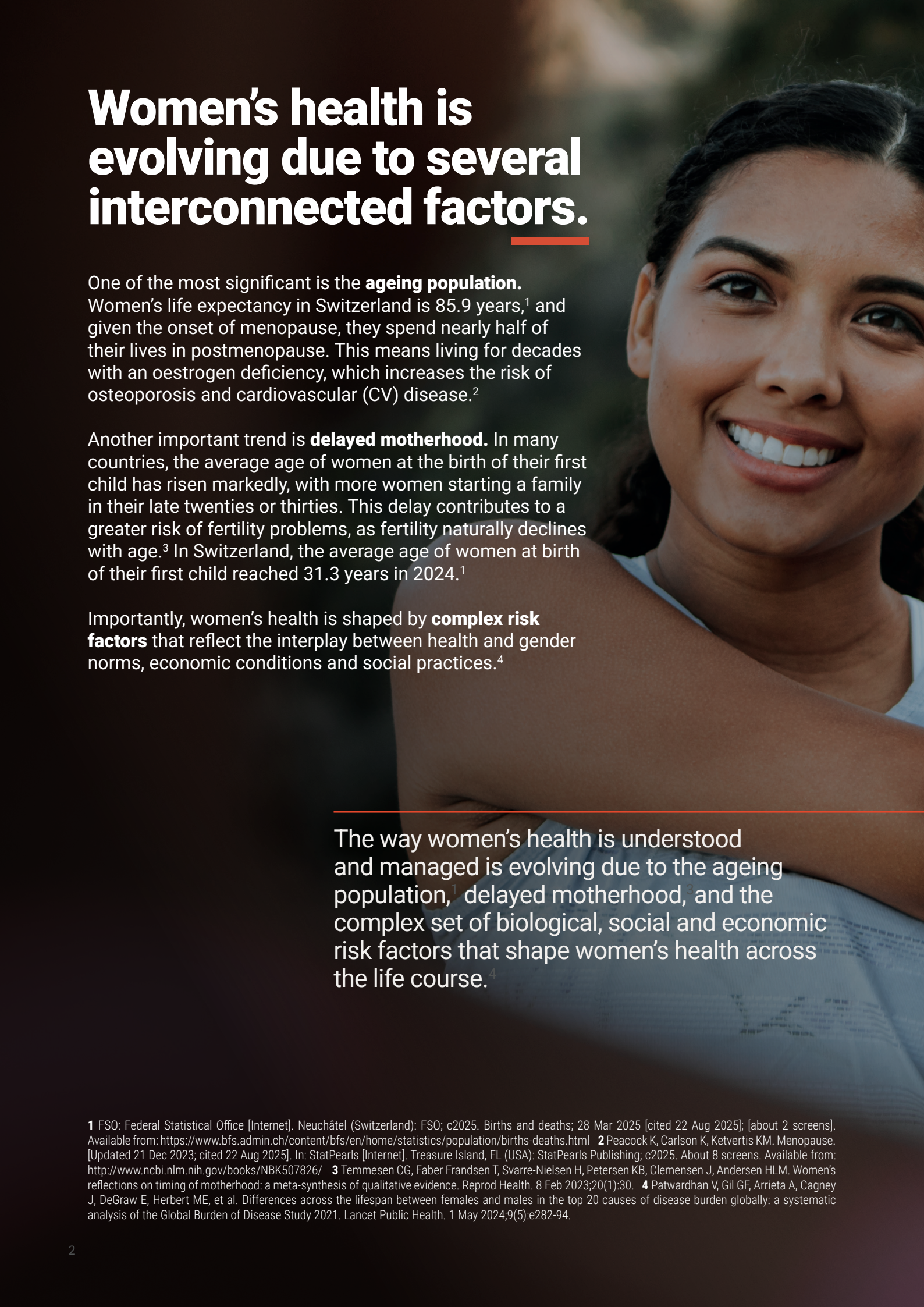


Emerging trends in women's health diagnostics

What today's GPs and gynaecologists need to know



Women's health is evolving due to several interconnected factors.



One of the most significant is the **ageing population**.

Women's life expectancy in Switzerland is 85.9 years,¹ and given the onset of menopause, they spend nearly half of their lives in postmenopause. This means living for decades with an oestrogen deficiency, which increases the risk of osteoporosis and cardiovascular (CV) disease.²

Another important trend is **delayed motherhood**. In many countries, the average age of women at the birth of their first child has risen markedly, with more women starting a family in their late twenties or thirties. This delay contributes to a greater risk of fertility problems, as fertility naturally declines with age.³ In Switzerland, the average age of women at birth of their first child reached 31.3 years in 2024.¹

Importantly, women's health is shaped by **complex risk factors** that reflect the interplay between health and gender norms, economic conditions and social practices.⁴

The way women's health is understood and managed is evolving due to the ageing population,¹ delayed motherhood,³ and the complex set of biological, social and economic risk factors that shape women's health across the life course.⁴

¹ FSO: Federal Statistical Office [Internet]. Neuchâtel (Switzerland): FSO; c2025. Births and deaths; 28 Mar 2025 [cited 22 Aug 2025]; [about 2 screens]. Available from: <https://www.bfs.admin.ch/content/bfs/en/home/statistics/population/births-deaths.html> ² Peacock K, Carlson K, Ketvertis KM. Menopause. [Updated 21 Dec 2023; cited 22 Aug 2025]. In: StatPearls [Internet]. Treasure Island, FL (USA): StatPearls Publishing; c2025. About 8 screens. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK507826/> ³ Temmesen CG, Faber Frandsen T, Svarre-Nielsen H, Petersen KB, Clemensen J, Andersen HLM. Women's reflections on timing of motherhood: a meta-synthesis of qualitative evidence. *Reprod Health*. 8 Feb 2023;20(1):30. ⁴ Patwardhan V, Gil GF, Arrieta A, Cagney J, DeGraw E, Herbert ME, et al. Differences across the lifespan between females and males in the top 20 causes of disease burden globally: a systematic analysis of the Global Burden of Disease Study 2021. *Lancet Public Health*. 1 May 2024;9(5):e282-94.



As can be inferred from these data, **general practitioners and gynaecologists have a fundamental and increasingly relevant role in women's health diagnostics**; with screening and diagnostic tests as trusted allies, they contribute to the early detection of diseases and to continuous follow-up throughout all stages of life.

With screening and diagnostic tests as trusted allies, general practitioners and gynaecologists have an increasingly relevant role in women's early detection of diseases and follow-up throughout all stages of life.

The goal of this document is to **provide evidence-based insights into the evolving landscape of women's health diagnostics**, illustrating how demographic changes, reproductive trends and complex risk factors are reshaping clinical practice, and how both general practitioners and gynaecologists can play a growing role in ensuring earlier detection, more precise risk stratification, and more effective patient care across the female life course.

Key trends



Earlier and broader screening in clinical practice

Healthcare is moving towards a **continuous, proactive model centred on the patient, with prevention, early risk identification and timely diagnosis at its core**. This approach helps identify health problems before symptoms appear and improves the efficiency of healthcare systems.⁵

Following this shift towards the model, some risk-based screening programmes are expanding to cover a wider range of age groups for certain diseases. For example, in the case of **breast cancer**:

- In Switzerland, mammography is recommended for women aged 50 to 69, but in some cantons this recommendation is extended to 74 years.^{6,7} It is worth noting that a recent study found that women in central Switzerland –where organised cantonal breast screening programmes are still not in place– present with significantly larger tumours and more cases of lymph node involvement compared with most other regions of the country that already have established programmes. These findings highlight the value of organised screening programmes as opposed to opportunistic screening.⁸
- European recommendations advise organised mammography screening for asymptomatic women aged 45–74 at average risk,^{9,10} broadening the traditional 50–69 range.¹⁰

⁵ Deloitte. The Future of Health in Europe [Internet]. London (UK): Deloitte; 11 Mar 2023 [cited 27 Aug 2025]. 24 p. Available from: <https://www.deloitte.com/content/dam/assets-zone2/ch/en/docs/industries/life-sciences-health-care/2024/deloitte-ch-lshc-the-future-of-health-in-europe.pdf> ⁶ Ebnöther E. Le dépistage du cancer du sein par mammographie [Internet]. Bern (Switzerland): Ligue suisse contre le cancer; c2017. 20 p. Available from: https://www.swisscancerscreening.ch/fileadmin/user_upload/mammografie_fr_scs_190311_web.pdf ⁷ Swiss Cancer Screening [Internet]. Bern (Switzerland): Swiss Cancer Screening; c2025. Le cancer du sein chez la femme : chiffres et faits; 5 Sep 2025 [cited 27 Aug 2025]. Available from: <https://www.swisscancerscreening.ch/fr/depistage-du-cancer/sein/chiffres-et-faits> ⁸ Gutzeit A, Dubsky P, Matoori S, Plümecke T, Froehlich JM, Bech-Hohenberger R, et al. Breast cancer in Switzerland: a comparison between organized-screening versus opportunistic-screening cantons. ESMO Open [Internet]. 1 Oct 2024 [cited 27 Aug 2025];9(10). Available from: <https://doi.org/10.1016/j.esmoop.2024.103712> ⁹ ECIBC: European Commission Initiative on Breast and Colorectal cancer [Internet]. Brussels (Belgium): ECIBC; c2025. European guidelines on breast cancer screening and diagnosis; Sep 2021; cited 27 Aug 2025. Available from: https://cancer-screening-and-care.jrc.ec.europa.eu/en/ecibc/european-breast-cancer-guidelines?topic=63&usertype=60&filter_1=80&filter_2=97&updatef2=0 ¹⁰ The Council of the European Union [Internet]. Brussels (Belgium): European Union; c2025. Council updates its recommendation to screen for cancer; 9 Dec 2022 [updated 24 Apr 2025; cited 27 Aug 2025]; [about 5 screens]. Available from: <https://www.consilium.europa.eu/en/press/press-releases/2022/12/09/council-updates-its-recommendation-to-screen-for-cancer/>

Another area in which it is reasonable to assume that the number of certain tests has increased, not only for screening but also for clinical management, is **pregnancy planning and fertility treatments**.

Here are a few data point that set the scene¹¹:



In 2024, Switzerland reported its **lowest birth rate on record**, at 1.3 children per woman, falling short of the EU average of 1.46 live births.



Around **1 in 7** couples in Switzerland **experience infertility**, and this figure is projected to increase.



Family planning is now typically postponed until after the age of 31, and often into the late thirties among those with higher levels of education, further intensifying the impact of age-related infertility.

Around 1 in 7 couples in Switzerland experience infertility, and this figure is projected to increase.¹¹

In this context, assisted reproductive technology (ART) has been steadily increasing. It is currently estimated that over **8 million children worldwide have been born as a result of ART**.¹²

Importantly, before initiating an ART, **the evaluation of key hormonal markers is recommended. Among these, the anti-Müllerian hormone (AMH)** is particularly highlighted, as it is currently the most reliable marker of ovarian reserve¹³ and as it is useful for predicting both high and low responses to ovarian stimulation^{13,14} and reducing the risk of ovarian hyperstimulation syndrome.¹³ Additionally, both European and Swiss guidelines recommend systematic screening for serum thyroid stimulating hormone (TSH) in all women of subfertile couples prior to an ART procedure, as subfertility may be associated with thyroid dysfunction.¹⁵

¹¹ Brzykcy A, Keller N, Leeners B, Sander G. If only I knew: Fertility policy and family planning in Switzerland [Internet]. St. Gallen (Switzerland): University of St. Gallen; Mar 2025 [cited 29 Aug 2025]. 40 p. Available from: <https://www.diversity-inclusion-platform.ch/wp-content/uploads/2025/09/white-paper-if-only-i-knew-fertility-policy-and-family-planning-in-switzerland-20250820-korrektur.pdf> ¹² Sciorio R, Tramontano L, Campos G, Greco PF, Mondrone G, Surbone A, et al. Vitrification of human blastocysts for couples undergoing assisted reproduction: an updated review. *Front Cell Dev Biol*. 17 May 2024;12:1398049.

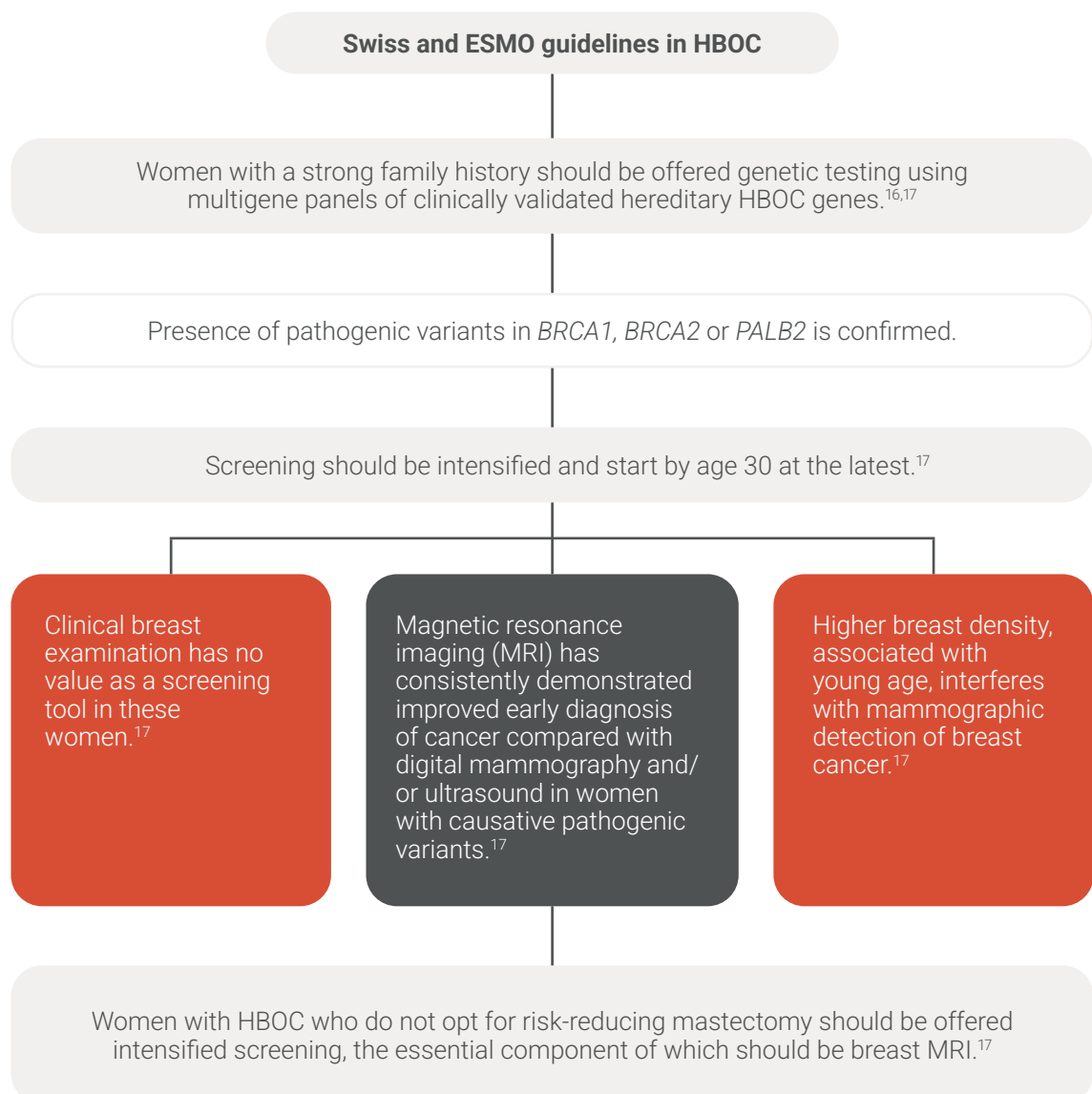
¹³ Iwase A, Asada Y, Sugishita Y, Osuka S, Kitajima M, Kawamura K, et al. Anti-Müllerian hormone for screening, diagnosis, evaluation, and prediction: A systematic review and expert opinions. *J Obstet Gynaecol Res*. 2024;50(1):15-39. ¹⁴ Ata B, Bosch E, Broer S, Griesinger G, Grynberg M, Kolibianakis E, et al. Ovarian stimulation for IVF/ICSI. Update 2025 [Internet]. Strombeek-Bever (Belgium): European Society of Human Reproduction and Embryology; 2025 [cited 29 Aug 2025]. 185 p. Available from: https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Guidelines-in-development/Update_OS ¹⁵ Poppe K, Bisschop P, Fugazzola L, Minziori G, Unuane D, Weghofer A. 2021 European Thyroid Association Guideline on Thyroid Disorders prior to and during Assisted Reproduction. *Eur Thyroid J*. Feb 2021;9(6):281-95.



Integrated strategies for screening and risk profiling in oncology

In **breast and ovarian cancer**, clinical practice is increasingly moving towards an integrated model of risk profiling and screening, where the assessment of family risk and genetic testing can guide the use of early detection tests.

For example, Swiss and European Society for Medical Oncology (ESMO) guidelines in **hereditary breast and ovarian cancer syndromes** (HBOC) outline this pathway:



Own elaboration based on Stoll et al. 2021¹⁶ and Sessa et al. 2023.¹⁷

Apart from HBOC, **MRI** is also recommended in the following cases¹⁸:



uncertainty following
standard imaging



lobular cancers



suspected multifocality
and/or multicentricity



breast implants

In women at average risk (general population), additional imaging modalities, such as **digital breast tomosynthesis (3D mammography)**, may be considered as an alternative to standard 2D digital mammography when appropriate.¹⁸



¹⁶ Stoll S, Unger S, Azzarello-Burri S, Chappuis P, Graffeo R, Pichert G, et al. Update Swiss guideline for counselling and testing for predisposition to breast, ovarian, pancreatic and prostate cancer. Swiss Med Wkly. 13 Sep 2021;151:230038. ¹⁷ Sessa C, Balmaña J, Bober SL, Cardoso MJ, Colombo N, Curigliano G, et al.; ESMO Guidelines Committee. Risk reduction and screening of cancer in hereditary breast-ovarian cancer syndromes: ESMO Clinical Practice Guideline. Ann Oncol. Jan 2023;34(1):33-47. ¹⁸ Loibl S, André F, Bachelot T, Barrios CH, Bergh J, Burstein HJ, et al. ESMO Guidelines Committee. Early breast cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. Ann Oncol. Feb 2024;35(2):159-82.



Menopause and midlife health as a turning point

More than half of women are expected to live beyond the age of 90 by 2030. The remarkable increase in longevity means that **women now spend nearly half of their lives in the postmenopausal stage**, reshaping the way we think about healthy ageing.¹⁹ Fortunately, after decades of neglect, public awareness of menopause is finally on the rise.²⁰

Women now spend nearly half of their lives in the postmenopausal stage, reshaping the way we think about healthy ageing.¹⁹

Menopause, defined as the absence of menstruation for 12 consecutive months, is preceded by perimenopause, a period of about four to eight years during which the ovaries gradually slow their production of certain reproductive hormones.²⁰ At present, the diagnosis of perimenopause and postmenopause in women aged 45 and over is still based on clinical parameters. However, assessing hormonal levels helps with the diagnosis in certain situations.

For instance, it is **recommended to measure follicle-stimulating hormone (FSH) levels** to make this diagnosis in the following situations:

- in women aged 40 to 45 with menopausal symptoms – e.g. hot flushes or changes in their menstrual cycle;
- in women under 40 if there are indications of primary ovarian insufficiency (POI).²¹ While FSH is used to confirm the diagnosis of POI, additional blood tests can be performed to measure levels of luteinising hormone (LH), oestradiol and prolactin, among other hormones.¹⁹

Apart from its well-known debilitating symptoms, studies have shown that menopause increases the risk of developing CV disease²² – the leading cause of death for both women and men in Europe²³ – and osteoporosis.²⁴

In midlife and beyond, screening and diagnostic tests remain reliable partners, supporting early risk detection and protecting women's long-term health.

¹⁹ Lambrinoudaki I, Armeni E, Goulis D, Bretz S, Ceausu I, Durmusoglu F, et al. Menopause, wellbeing and health: A care pathway from the European Menopause and Andropause Society. *Maturitas*. Sep 2022;163:1-14. ²⁰ Peebles L. The new science of menopause: these emerging therapies could change women's health. *Nature*. Jan 2025;637(8047):782-4. ²¹ Inwald EC, Albring C, Baum E, Beckermann M, Bühling KJ, Emons G, et al. Perimenopause and Postmenopause - Diagnosis and Interventions. Guideline of the DGGG and OEGGG (S3-Level, AWMF Registry Number 015-062, September 2020). *Geburtshilfe Frauenheilkd*. Jun 2021;81(6):612-36. ²² Kamińska MS, Schneider-Matyka D, Rachubińska K, Panczyk M, Grochans E, Cybulska AM. Menopause Predisposes Women to Increased Risk of Cardiovascular Disease. *J Clin Med*. 13 Nov 2023;12(22):7058. ²³ Statistics Explained – Eurostat – European Union [Internet]. Brussels (Belgium): European Union; c2025. Causes of death statistics; Mar 2025 [cited 29 Aug 2025]; [about 8 screens]. Available from: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Causes_of_death_statistics ²⁴ Cortet B, Gueñabens N, Brandi ML, Siggekow H. Similarities and differences between European guidelines for the management of postmenopausal osteoporosis. *Arch Osteoporos*. 5 Sep 2024;19(1):84.



CV disease

On the one hand, the loss of oestrogen at menopause removes an important protection against CV disease, thereby increasing risk. In addition, other factors often linked with menopause—such as obesity, high blood pressure, or type 2 diabetes—can further raise CV vulnerability.^{22,25} These findings have led to changes in the current clinical guidelines on CV health, in which the following is stated²⁶:

- Systematic global CV disease risk assessment is recommended in women with any major vascular risk factor.
- Systematic or opportunistic CV risk assessment in women over 50 years of age or postmenopausal women with no known atherosclerotic CV disease (ASCVD) risk factors may be considered.

One of the most important markers regarding CV risk assessment is **low-density lipoprotein cholesterol** (LDL-C), as it is a risk factor for ASCVD and serves as a primary target in CV prevention.²⁶



Osteoporosis

On the other hand, the increased risk of osteoporosis and fractures in postmenopausal women is also a cause for concern. **Dual-energy X-ray absorptiometry** (DEXA) is the established gold standard non-invasive method for the quantitative measurement of bone mass density (BMD) and prediction of fracture risk, and it should be performed in the following cases¹⁹:

- in all postmenopausal women aged 65 years and above
- in women aged 50 to 65 with specific risk factors for osteoporosis

Additionally, some bone markers may also be assessed in order to exclude or detect secondary causes of osteoporosis and to facilitate follow-up. Specifically, laboratory tests such as **serum calcium, alkaline phosphatase, 25-(OH)-vitamin D** or **CTX** may be recommended after low-trauma fractures or when history or examination suggests an underlying disease.²⁷

²⁵ Berman K. After Decades of Misunderstanding, Menopause is Finally Having Its Moment [14 Apr 2025; cited 29 Aug 2025]. In: Yale School of Medicine [Internet]. New Haven (Connecticut, USA): Yale School of Medicine, c2025. [About 9 screens]. Available from: <https://medicine.yale.edu/ysm/news-article/after-decades-of-misunderstanding-menopause-is-finally-having-its-moment/> ²⁶ Visseren FLJ, Mach F, Smulders YM, Carballo D, Koskinas KC, Böck M, et al. 2021 ESC Guidelines on cardiovascular disease prevention in clinical practice. Eur Heart J. 7 Sep 2021;42(34):3227-337. ²⁷ ASCO: Association Suisse Contre l'Ostéoporose. Osteoporose. Recommandations 2025. Prévention. Diagnostic. Traitement [Internet]. Geneva (Switzerland): ASCO; c2025 [cited 7 Sep 2025]. 8 p. Available from: <https://www.svg.ch/userfiles/downloads/ASCO%20Recommandation2025%20final.pdf>



A shift toward holistic, life-course, preventive care

Women's health diagnostics are no longer confined to the early detection of single diseases; they are becoming part of a **broader, lifelong strategy of prevention**.²⁸

This makes sense because the different aspects of health are deeply interconnected, and changes in one often have repercussions in others. For example, the hormonal transitions that occur during menopause can:

- lead to skin changes²⁹
- increase CV vulnerability²²
- accelerate bone loss²⁴
- disrupt metabolic balance³⁰

Therefore, it is important for general practitioners and gynaecologists to adopt a **holistic perspective of women's care**. Additionally, they should understand **women's health as a continuous process throughout life**, rather than focusing only on specific situations such as maternity.³¹ Professionals need to contextualise each woman's stage of life and determine the most appropriate strategy to adopt preventive measures, diagnose conditions and plan treatments.³²

With this approach, **screening and diagnostic tests become a strong ally in anticipating risks and supporting better decisions at every stage of life**.²⁸

Screening and diagnostic tests are key allies in health prevention at every stage of a woman's life.²⁸

Ultimately, moving towards a holistic and life-course approach means employing interconnected health strategies. In this model, diagnostics support not only timely treatment but also sustained, prevention-based wellbeing, **empowering women to take a proactive role in their health at every stage of life**.²⁸

²² Kamińska MS, Schneider-Matyka D, Rachubińska K, Panczyk M, Grochans E, Cybulska AM. Menopause Predisposes Women to Increased Risk of Cardiovascular Disease. *J Clin Med*. 13 Nov 2023;12(22):7058. ²⁴ Cortet B, Gueñabens N, Brandi ML, Siggekow H. Similarities and differences between European guidelines for the management of postmenopausal osteoporosis. *Arch Osteoporos*. 5 Sep 2024;19(1):84. ²⁸ Lefton M. Diagnostic Testing Can Help Women Improve Health at Every Stage of Life [24 Oct 2022; cited 10 Sep 2025]. In: Society for Women's Health Research (SWHR) [Internet]. Washington DC (USA): SWHR; c2022 [cited 10 Sep 2025]. [About 4 screens]. Available from: <https://swhr.org/diagnostic-testing-can-help-women-improve-health-at-every-stage-of-life/> ³⁰ Jeong HG, Park H. Metabolic Disorders in Menopause. *Metabolites*. 8 Oct 2022;12(10):954. ³¹ Lassi ZS, Wade JM, Ameyaw EK. Stages and future of women's health: A call for a life-course approach. *Womens Health*. 21 Apr 2025;21:17455057251331721. ³² Soares Júnior JM, Lopes RD, Sorpreso ICE, Baracat EC. Women health: holistic view. *Rev Assoc Med Bras* (1992). 4 Aug 2023;69(suppl 1):e2023S127.

Practical applications

Diagnostics play an essential role in routine women's health consultations, as they enable risk stratification, guide clinical decision-making and establish personalised follow-up. Below is a summary of specific examples of how tests can support key clinical situations:

Fertility planning

AMH

- to assess ovarian reserve¹³
- to predict the response to ovarian stimulation before initiating an ART procedure^{13,14}

TSH

- in women of subfertile couples prior to an ART procedure¹⁵

Menopause consultations

FSH

- to diagnose women aged 40 to 45 with menopausal symptoms²¹
- in women under 40 if there are indications of POI (oligo-amenorrhoea or amenorrhoea of at least 4 months)²¹

LH, oestradiol, prolactin

- in women under 40 with suspected POI, as additional supportive diagnostic tests¹⁹

LDL-C

- in women over 50 years of age or postmenopausal women (it may be considered for systematic or opportunistic CV risk assessment)²⁶

DEXA

- in all postmenopausal women aged 65 years and above, to measure BMD and predict fracture risk¹⁹
- in women aged 50 to 65 with specific risk factors for osteoporosis¹⁹

Serum calcium, alkaline phosphatase, 25-(OH)-vitamin D, CTX

- they may be recommended after low-trauma fractures²⁷
- when history or examination suggest an underlying disease²⁷

● Clinical laboratory testing ● Radiology

13 Iwase A, Asada Y, Sugishita Y, Osuka S, Kitajima M, Kawamura K, et al. Anti-Müllerian hormone for screening, diagnosis, evaluation, and prediction: A systematic review and expert opinions. *J Obstet Gynaecol Res.* 2024;50(1):15-39. **14** Ata B, Bosch E, Broer S, Griesinger G, Grynberg M, Kolibianakis E, et al. Ovarian stimulation for IVF/ICSI. Update 2025 [Internet]. Strombeek-Bever (Belgium): European Society of Human Reproduction and Embryology; 2025 [cited 29 Aug 2025]. 185 p. Available from: https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Guidelines-in-development/Update_OS **15** Poppe K, Bisschop P, Fugazzola L, Minziori G, Unuane D, Weghofer A. 2021 European Thyroid Association Guideline on Thyroid Disorders prior to and during Assisted Reproduction. *Eur Thyroid J.* Feb 2021;9(6):281-95. **19** Lambrinoudaki I, Armeni E, Goulis D, Bretz S, Ceausu I, Durmusoglu F, et al. Menopause, wellbeing and health: A care pathway from the European Menopause and Andropause Society. *Maturitas.* Sep 2022;163:1-14. **21** Inwald EC, Albring C, Baum E, Beckermann M, Bühlung KJ, Emons G, et al. Perimenopause and Postmenopause - Diagnosis and Interventions. Guideline of the DGGG and OEGGG (S3-Level, AWMF Registry Number 015-062, September 2020). *Geburtshilfe Frauenheilkd.* Jun 2021;81(6):612-36. **26** Visseren FLJ, Mach F, Smulders YM, Carballo D, Koskinas KC, Bäck M, et al. 2021 ESC Guidelines on cardiovascular disease prevention in clinical practice. *Eur Heart J.* 7 Sep 2021;42(34):3227-337. **27** ASCO: Association Suisse Contre l'Ostéoporose. Osteoporose. Recommandations 2025. Prévention. Diagnostic. Traitement [Internet]. Geneva (Switzerland): ASCO; c2025 [cited 7 Sep 2025]. 8 p. Available from: <https://www.svggo.ch/userfiles/downloads/ASCO%20Recommandation2025%20final.pdf>

Breast cancer risk review

2D (or 3D) mammography

- in women aged 50 to 74, every 2 years⁶

Genetic testing using multigene panels of clinically validated hereditary HBOC genes (BRCA1, BRCA2, PALB2, etc.)

- in women with a strong family history of HBOC^{16,17}

Breast MRI

- in women with HBOC who do not opt for risk-reducing mastectomy¹⁷
- in cases of uncertainty following standard imaging, as well as in lobular cancers, suspected multifocality and/or multicentricity, and in women with breast implants¹⁸



Clinical laboratory testing



Radiology



Genetics



⁶ Ebnöther E. Le dépistage du cancer du sein par mammographie [Internet]. Bern (Switzerland): Ligue suisse contre le cancer; c2017. 20 p. Available from: https://www.swisscancerscreening.ch/fileadmin/user_upload/mammografie_fr_scs_190311_web.pdf ¹⁶ Stoll S, Unger S, Azzarello-Burri S, Chappuis P, Graffeo R, Pichert G, et al. Update Swiss guideline for counselling and testing for predisposition to breast, ovarian, pancreatic and prostate cancer. Swiss Med Wkly. 13 Sep 2021;151:230038. ¹⁷ Sessa C, Balmaña J, Bober SL, Cardoso MJ, Colombo N, Curigliano G, et al.; ESMO Guidelines Committee. Risk reduction and screening of cancer in hereditary breast-ovarian cancer syndromes: ESMO Clinical Practice Guideline. Ann Oncol. Jan 2023;34(1):33-47. ¹⁸ Loibl S, André F, Bachelot T, Barrios CH, Bergh J, Burstein HJ, et al.; ESMO Guidelines Committee. Early breast cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. Ann Oncol. Feb 2024;35(2):159-82.



Patient-centred diagnostics in practice

Delivering truly patient-centred care means ensuring that diagnostics are:

accurate

accessible

timely

easy to integrate into everyday medical practice

For doctors



Simplifying the diagnostic workflow can free up valuable time that can be invested in listening to and guiding their patients.

For patients



It translates into clearer information, quicker access to results and ultimately greater confidence in their care journey.

A key aspect of simplifying the diagnostic workflow is the **optimisation of access to tests**, which today is achieved through digital platforms such as **e-Unilabs**. This comprehensive solution centralises all laboratory interactions within a single secure environment:

- Electronic test ordering
- Access to current and historical results
- Exploring a directory of more than 2,500 analyses with pre-analytical requirements
- Ordering consumables with 24-hour delivery
- Scheduling courier collections

In parallel, evidence from hospital settings shows that **electronic ordering systems can reduce laboratory turnaround times**.³³ While external laboratories operate under different conditions, these findings illustrate the general impact of digitalisation on improving speed and efficiency in diagnostic pathways.

³³ Gallier S, Zou X, Evison F, Hodson J, Atia J, Webster C, et al. The Impact of Electronic Order Communications on Laboratory Turnaround Times in Acute Hospital Care [Internet]. medRxiv; 2024 [cited 4 Sep 2025]. p. 2024.01.06.24300924. Available from: <https://www.medrxiv.org/content/10.1101/2024.01.06.24300924v1>

Structured diagnostic panels also play a key role. **Grouping relevant biomarkers** for specific clinical situations provides added clinical value, as it facilitates, for example³⁴:

- the stratification of the risk of developing certain diseases
- the early implementation of strategies to prevent them

Finally, **visual, concise and well-organised reports** make results easier to interpret and explain, which fosters greater understanding and save time³⁵. For instance, the graphical visualisation of patient data over time, integrated with electronic health records, can facilitate interpretation and the diagnostic process.³⁶

Taken together, these innovations simplify daily practice, improve access to clinically valuable tests and ensure results that are more timely and easier to interpret, truly placing the patient at the centre of diagnosis.

A photograph of three elderly women with white hair, smiling and hugging each other. They are wearing scarves and jackets, suggesting a cool environment. The background is slightly blurred, showing some greenery.

Digitalisation, structured diagnostic panels and visual reports simplify daily practice, improve access to clinically valuable tests and ensure results that are timelier and easier to interpret, truly placing the patient at the centre of diagnosis.²⁸

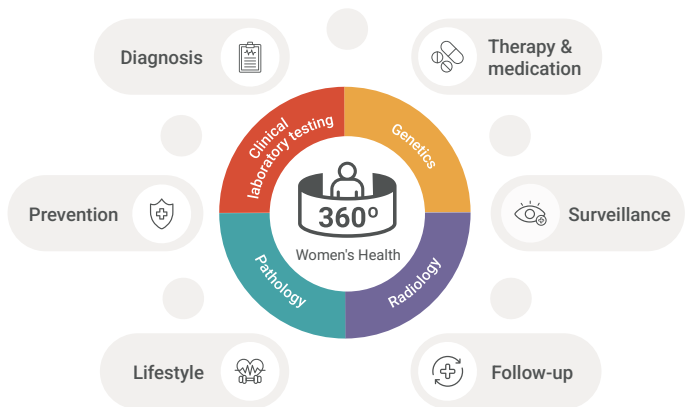
²⁸ Lefton M. Diagnostic Testing Can Help Women Improve Health at Every Stage of Life [24 Oct 2022; cited 10 Sep 2025]. In: Society for Women's Health Research (SWHR) [Internet]. Washington DC (USA): SWHR; c2022 [cited 10 Sep 2025]. [About 4 screens]. Available from: <https://swhr.org/diagnostic-testing-can-help-women-improve-health-at-every-stage-of-life/> ³⁴ Ridker PM, Moorthy MV, Cook NR, Rifai N, Lee IM, Buring JE. Inflammation, Cholesterol, Lipoprotein(a), and 30-Year Cardiovascular Outcomes in Women. *N Engl J Med*. 4 Dec 2024;391(22):2087-97. ³⁵ Fischer SH, Safran C, Gajos KZ, Wright A. Visualization of Electronic Health Record Data for Decision-Making in Diabetes and Congestive Heart Failure. *ACI Open*. 25 Mar 2020;04:e35-43. ³⁶ Linhares CDG, Lima DM, Ponciano JR, Olivatto MM, Gutierrez MA, Poco J, et al. ClinicalPath: A Visualization Tool to Improve the Evaluation of Electronic Health Records in Clinical Decision-Making. *IEEE Trans Vis Comput Graph*. Oct 2023;29(10):4031-46.

By your side every step of the way



Four ways to diagnose, one way to care

At Unilabs, we believe that the **best care comes from connection across technologies, specialties, and stages of the patient journey.** That's why our approach to Women's Health is built on diagnostic integration. By connecting insights from clinical laboratory testing, radiology, pathology, and genetics, we help healthcare professionals make faster, clearer, and more confident decisions.



Collaborative expertise network

Within our extensive **European network of over 300 specialists working in multidisciplinary teams**, we provide you with comprehensive, actionable insights to improve support your practice.

+30 years
experience

+200 labs
worldwide

+100 specialists
dedicated genetics team

+4,000 genetic tests
services portfolio



Efficiency & accessibility

Efficiently **delivering high-quality results through cutting-edge automation and state-of-the-art.** Our advanced solutions ensure you receive timely and accessible diagnostic information.



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