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Effective Health Screening – What You Must Know

By A/Prof Goh Lee Gan

This is the theme of the SMA's 33rd National Medical Convention. The Convention is an opportunity for the Singapore Medical Association to get in touch with the public as well as the medical profession on a key healthcare topic. Last year, the focus was on "Infectious Diseases", and the year before, it was on "Exercise".

27 - 28 APRIL 2002

The Convention consists of a **Public Forum** on **Saturday, 27 April 2002**. The **Medical Symposium** will be held on the next day, **Sunday, 28 April 2002**. The venue for both the afternoon sessions will be at **Suntec Singapore, Level 3**.

Both sessions will cover topics on **effective screening for the middle-aged and the elderly, colorectal cancer, prostate cancer, breast cancer, and cervical cancer**. There are many areas where updating of the current world view and evidence will no doubt be done. For example, there is now confirmatory evidence of the usefulness of mammography in reducing fatality from breast cancer.

EXCITING IDEA BUT NOT SO SIMPLE

The idea of catching a disease early and doing something about it is an exciting one. "What a close shave, I am just in time". This is the mental drama that will excite us to go for health screening.

And companies are quick to see this and employ it to induce people to buy their products or patronise their services:

"Take up our banking policy and we will give you a free check-up."; or

"Take up our insurance policy and we will offer you a health screening package for your family."

The list of offers can go on. Some one-upmanship will no doubt show its presence soon, with some offering to do more tests than the other free check-ups. Is that wisdom? Well, the public can come and hear the real answers at the upcoming Convention.

USUAL AND EXTRA TESTS

Does one shoe fit all? There are the usual recommendations where there is evidence that some screening has made a difference because the pick-up allows some action to be taken before the disease has a chance to kill or maim a person.

To these will be added overriding considerations because of special risks. Examples of such risks are family history, occupation and also socio-economic hardships. Individuals with such extra risks will require extra tests because there is clear evidence that they are at risk. The starting point however must be that there is evidence that screening makes a difference to fatality figures. Finally, there are individual considerations. This is where the importance of the ICE of the person should be explored – his ideas, concerns and expectations – for the extra tests.

US PREVENTIVE TASK FORCE

There are several sources of information where up-to-date and authoritative information on health screening is available. The drawback is that they are based largely on Caucasian populations. Perhaps the best known of them all is the work of the US Preventive Task Force

(USPTF). The US Preventive Task Force is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services.

The US Preventive Services Task Force (USPSTF) was convened by the US Public Health Service to rigorously evaluate clinical research in order to assess the merits of preventive measures, including screening tests, counselling, immunisations, and chemoprophylaxis. The Task Force's pioneering efforts culminated in the 1989 Guide to Clinical Preventive Services. A second edition of the Guide was published in 1996.

Now, a third USPSTF is updating assessments and recommendations and addressing new topics. The Center for Practice and Technology Assessment (CPTA), of the Agency for Healthcare Research and Quality, oversees operation of the USPSTF. The work of the USPSTF and new releases in Preventive Services are available on the Agency for Healthcare Research and Quality (AHRQ) website at <http://www.ahrq.gov/clinic/prevenix.htm>. It is worth visiting the site.

SINGAPORE CLINICAL PRACTICE GUIDELINE ON HEALTH SCREENING

SMA understands that a clinical practice guideline to help healthcare providers make decisions in Singapore is in the pipeline. A workgroup has been formed to produce it. Hopefully this document will help to benchmark what screening practices should be such that we are effective. We look forward to its appearance. ■



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