

To screen or not to screen - that is the question

Take home messages from the Small Group meetings held June/July 2021

- Patients and clinicians often overestimate the benefits of screening and underestimate the harms
- Ensure **all** (opportunistic and formal) screening supports best practice
- It's about informed and shared decision-making
- Consider ethnicity and achieving equity when offering all forms of screening

Included in this bulletin

- Principles and considerations of screening
- Prostate cancer screening
- Latest screening updates since SG round for **current** programmes
- Update on **potential** screening programmes

To screen or not to screen

Screening takes many forms in healthcare, from formal programmes to informal ad hoc services. Screening may reduce disease mortality and morbidity, but it may also be harmful. This SG topic covered the principles and considerations for best practice in relation to screening and the role of the primary healthcare practitioner. It highlighted:

- The whole health care team has the responsibility to demonstrate best practice with regard to screening, to improve patient outcomes

- It is important to understand the difference between diagnostic testing and screening and how this affects the purpose of the test and the implications of the results
- Understanding the potential harms and benefits of both formal and opportunistic screening is paramount, as is the ability to support and facilitate shared decision-making with the patient
- All forms of screening, including formal programmes and opportunistic screening, need to be equity focussed.

This clinical resource was prepared by the Clinical Quality and Education Team, Pegasus Health. Any statement of preference made is a recommendation only. It is not intended to compel or unduly influence independent prescribing choices made by clinicians. References not listed are available on request. All clinical documents produced by Pegasus Health are dated with the date they were originally produced or updated, and reflect analysis of available evidence and practice that was current at that time. Any person accessing any clinical documents must exercise their own clinical judgement on the validity and applicability of the information in the current environment, and to the individual patient. The educational material developed for delivery at this education session remains the intellectual property of Pegasus Health. This material is not to be redelivered, on sold to any individual or organisation, or made publicly available on any website or in any publication, without written permission from Pegasus Health (Charitable) Ltd.

Prostate cancer screening remains controversial

Recently an Aotearoa NZ conference (2022) highlighted that there are groups and expert health professionals, who advocate for 'organised screening' for early detection of prostate cancer. Organised screening includes screening for asymptomatic men >50yo and claims that '*informed discussions between men and their GPs, the use of a simple PSA blood test and MRI scanning of men subsequently discovered to be at risk, would result in fewer men undergoing unnecessary invasive investigations...*',^{1,2}

Currently, the best available evidence for prostate cancer screening shows that screening probably leads to a small reduction in prostate cancer specific mortality (c.1 death avoided for every 1,000 men screened over 10 years), but has no impact on all-cause mortality and is associated with a significant risk of overdiagnosis and treatment-related harms³. Shared decision making about screening is appropriate for men aged 50-70yo and 40-70yo with a family history⁴. All benefits and harms should be weighed up with men considering screening.

Internationally, there is interest in new tests that may be suitable for prostate cancer screening in the future see: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/prostate-cancer/prostate-cancer-advancements-in-screenings>. There are no current plans to introduce these tests in Aotearoa NZ, but NSU is monitoring the emerging evidence.

Screening updates for current programmes

Cervical cancer:

From July 2023, the primary test for cervical screening will change to a human papillomavirus (HPV) test, with the option of self-testing. <https://www.timetoscreen.nz/cervical-screening/changes-to-the-test/>

In September 2022, the Goodfellow Unit held a webinar providing an update on cervical screening: <https://www.goodfellowunit.org/events/cervical-screening-update>

Bowel screening:

The May 2022 Budget announced that 60,000 more people are to receive screening each year. It will include over \$36 million across four years to change the starting age for bowel screening from 60yo to 50yo for **Māori** and **Pacific** people⁵. It was scheduled to be introduced in the last quarter of 2022

References

1. Prostate Cancer Foundation. Prostate Cancer now New Zealand's most diagnosed cancer. NZ2022 [08/09/22]; News Release]. Available from: <https://prostate.org.nz/2022/08/prostate-cancer-now-new-zealands-most-diagnosed-cancer/>.
2. Van Poppel H, Roobol MJ, Chapple CR, et al. Prostate-specific antigen testing as part of a risk-adapted early detection strategy for prostate cancer: European Association of Urology position and recommendations for 2021. *European urology*. 2021;80(6):703-11.
3. Ilic D, Djulbegovic M, Jung JH, et al. Prostate cancer screening with prostate-specific antigen (PSA) test: a systematic review and meta-analysis. 2018;362.
4. bpacNZ. Testing for prostate cancer: helping patients to decide. NZ2020b [21/02/21]; Available from: <https://bpac.org.nz/2020/prostate.aspx>.
5. govt.nz B. Budget 2022 funding to lower the starting age for bowel screening for Māori and Pacific peoples. NZ2022.

with Waikato and Tairāwhiti selected as the first districts. After an evaluation of the implementation for Waikato and Tairāwhiti districts and how best to achieve a high participation rate, it will go nationwide from July 2023^{5,6}. As discussed in the recent SG meeting 'Mind the Gap- Access to Care' it is important that ethnicity data are recorded correctly, particularly for Māori and Pacific people in this case.

Update on potential screening programmes (taken from the National Screening Advisory Committee (NSAC) minutes)

• May 2021:

Lung cancer screening

While there are competing priorities with other screening programmes, lung cancer screening is actively being researched in Aotearoa NZ, with ongoing research to obtain information required before a programme can be implemented. The NSAC notes some lung cancer screening developmental work will proceed in parallel to proposed New Zealand lung cancer screening research initiatives⁷.

• October 2021:

1. Breast screening women aged 70 to 74 years

The NSAC observed there is growing support from international experts for breast screening of women aged 70-74 years. However, there were some concerns about this age extension; primarily the potential impacts of a widening equity for Māori and Pacific women and the COVID-19 affected catch-up screening volumes⁸. Additionally, the budget for 2021 announced that for the addition of this age group there is a requirement for an upgrade of the current IT system. It is hoped that this will be up and running in the next couple of years.

2. AAA (AF) screening pilot

AF screening was undertaken as part of the abdominal aortic aneurysm (AAA) research programme at Te Whatu Ora - Waitematā and Te Whatu Ora - Te Toka Tumai Auckland. This will be extended to Te Whatu Ora -Te Tai Tokerau as requested by Kōtuiti Hauora (Northern Iwi-DHB Partnership Board). Further inquiry into cost effectiveness, workforce capacity harms and benefits and integration into primary practice is required before implementation nationwide⁹.

6. NSU. Lowering the age of eligibility for Māori and Pacific peoples participating in the National Bowel Screening Programme. NZ2022; Available from: <https://www.nsu.govt.nz/health-professionals/national-bowel-screening-programme/lowering-age-eligibility-m%C4%81ori-and-pacific>.
7. NSAC. Minutes Wednesday 12 May 2021. In: Govt. N-N, editor. NZ: National Screening Advisory Committee. NZ: Ministry of Health; 2021; Available from: <https://www.nsu.govt.nz/system/files/page/nsac-12-may-2021-meeting-minutes.pdf>
8. NSAC. Minutes Wednesday 20 October 2021. Wellington: National Screening Advisory Committee, National Screening Unit, 2021.
9. ADHB. Open Board Meeting: Wednesday, 29 June 2022. NZ: Auckland District Health Board Te Toka Tumai., 2022.