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Screening: what, how, and on what evidence to make decisions?

The goal of screening is to identify individuals within an apparently healthy population who are at higher risk of developing a disease or health condition, so that early treatment or intervention can be offered. It aims to reduce the incidence, severity, and/or mortality associated with that disease or health condition in the population[1] .

Numerous criteria are required to assess the clinical value of screening, which is why it is not justified to screen for all asymptomatic conditions. First, the benefit-risk ratio of screening is not always favorable: this may be due to the poor performance of the screening test, the lack of effective treatment for screened patients, or the excessive risk of adverse effects associated with the test or treatment, particularly the risk of overdiagnosis and overtreatment. Second, the cost-effectiveness of screening is not always favorable, and it depends on the resources available within each healthcare system. Finally, screening and any subsequent diagnostic and therapeutic procedures must be accessible and acceptable to the target population.

As primary care providers with a patient-centered approach, general practitioners are at the heart of preventive medicine[2]. While general practitioners (GPs) address an average of 2.2 health issues per visit, 22% of these involve preventive care, which is initiated by the GP in half of the cases[3]. In particular, the GP must determine whether their patients are eligible for recommended screenings and then work with them to prioritize which ones should be performed. This prioritization must take into account the benefit-risk ratio of each screening and the patients' values and preferences[4] .

A systematic review published in 2024 showed that the Haute Autorité de santé (HAS) recommended screening for 67 health conditions: twice as many as in the United Kingdom (n = 32) or the United States (n = 30)[5] . These two countries have independent agencies dedicated to evaluating the appropriateness of screening: *the US Preventive Services Task Force* (USPSTF) and the *UK National Screening Committee* (UK-NSC). In France, the HAS does not publish recommendations specifically dedicated to screening as a whole.

Among the HAS's screening recommendations, 75% had not been evaluated for their level of evidence. Of the remaining quarter, 70% were classified as "expert opinion," which represents a very low level of evidence. The HAS recommends screening for half of the health conditions for which the USPSTF considers

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Uncertain relevance: for example, screening for peripheral arterial disease[6]. The applicability of the screenings recommended in France was questionable due to the large number of eligibility criteria and undefined screening intervals in 26.0% of cases.

In France, the lack of specific recommendations limits a comprehensive assessment of the relevance of screening tests. To help patients prioritize the screening tests most relevant to them, primary care physicians need recommendations that are not only reliable but also practical, particularly in terms of access to and follow-up after screening[7] .

You can learn more about this topic by watching the plenary session of the Scientific Council on the CNGE's YouTube® channel.

References

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