

# *The Principles of Screening*

National Academy of Medicine Workshop

Challenges in Initiating and Conducting Long-Term Health Monitoring of  
Population Following Nuclear and Radiological Emergencies in the  
United States

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# *Definitions*

- Primary prevention
- Secondary prevention
- Tertiary prevention

# *Criteria for Evaluating Screening Tests*

- **Burden of suffering**
- Accuracy and reliability
- Effectiveness of early detection
- Harms
- Balance of benefits and harms

# *Burden of Suffering*

- Frequency: incidence, prevalence
- Severity: morbidity, mortality
- Clinical significance

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# *Accuracy and Reliability*

- Accuracy
  - *Sensitivity* (proportion with disease who test positive)
  - *Specificity* (proportion without disease who test negative)
  - *Positive predictive value* (proportion who test positive who have the disease)
- Reliability

# *Positive Predictive Value and Prevalence*

Prevalence = 7%

Sensitivity=100%, Specificity=98%

<u>Ultrasound</u>	<u>Cancer</u>	<u>No Cancer</u>	<u>Total</u>	<u>PPV</u>
Positive	7000	1860	8860	79%
Negative	0	91,140	91,140	
Total	7000	93,000	100,000	

# *Positive Predictive Value and Prevalence*

Prevalence = 0.07%

Sensitivity=100%, Specificity=98%

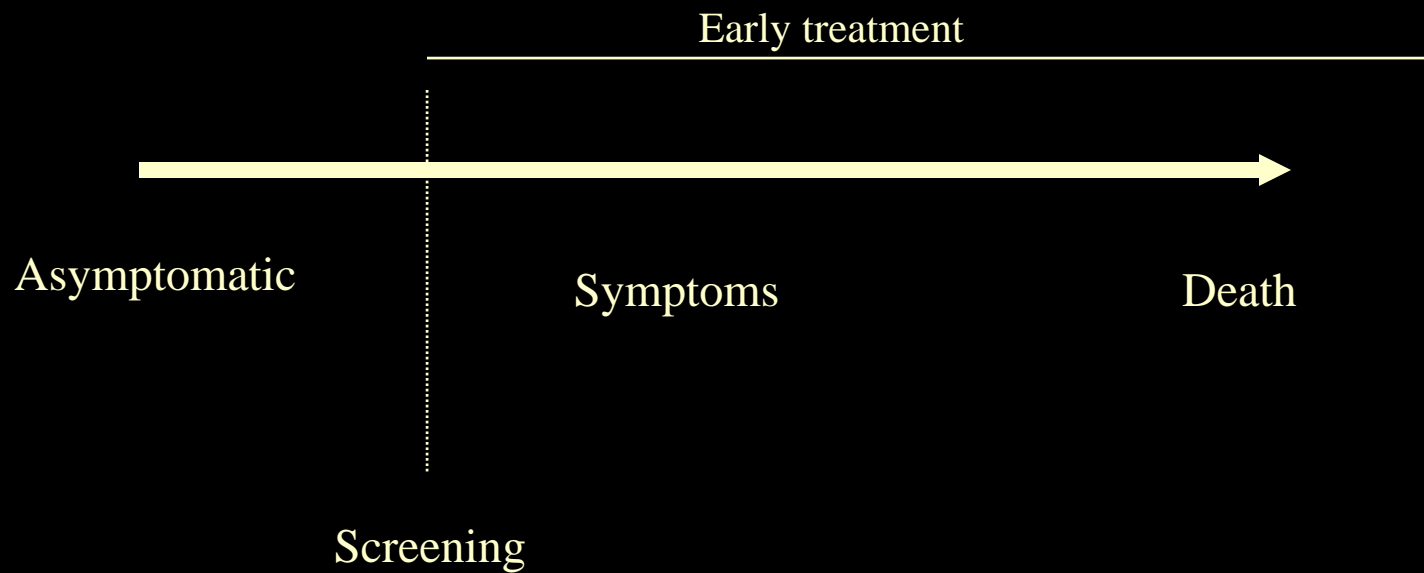
<u>Ultrasound</u>	<u>Cancer</u>	<u>No Cancer</u>	<u>Total</u>	<u>PPV</u>
Positive	70	1999	2069	3%
Negative	0	97,931	97,931	
Total	70	99,930	100,000	



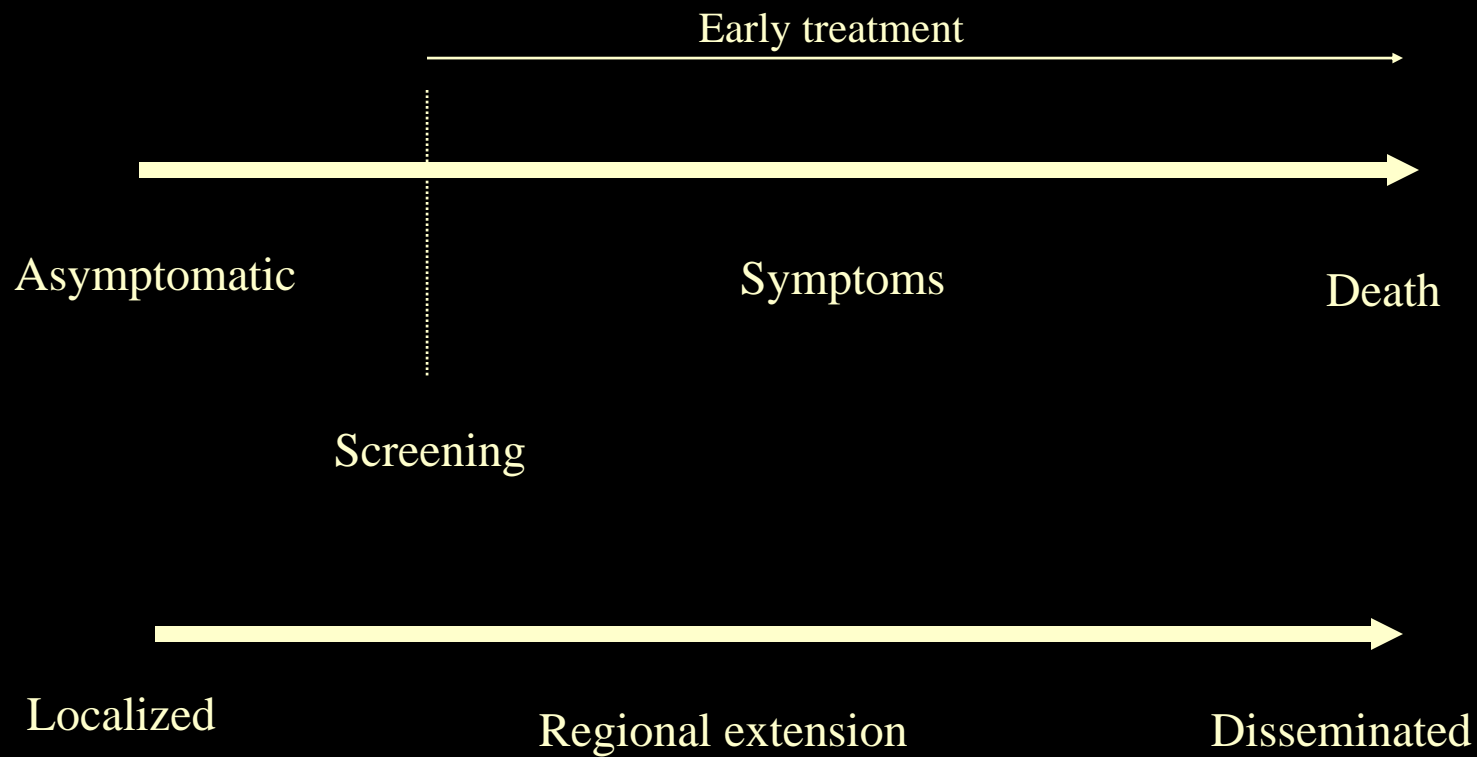
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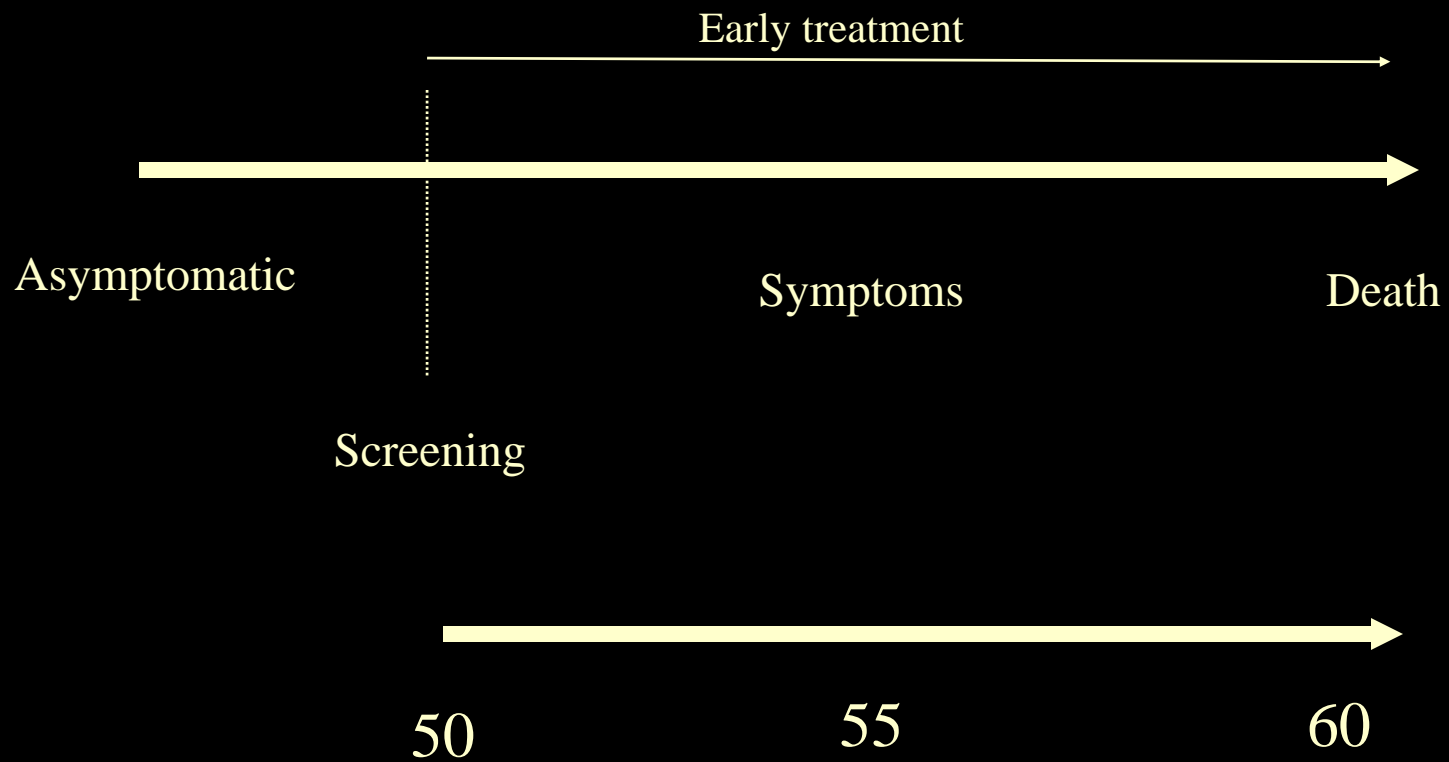
# *Rationale for Early Detection*



# *Stage Shift*



# *Lead-Time Bias*



# *Confirming Effectiveness*

- Randomized controlled trials
- Well-designed observational studies
- Relative vs. absolute benefit
- Number-needed-to-screen
- Optimal interval
- When to stop
- Selective vs universal screening

# *Relative versus Absolute Benefit*

Example:

*“drug X reduces incidence of CRF by 20%”*

If baseline risk of CRF is 1:10,000 (0.010%),  
drug X decreases incidence to 1:12,000  
(0.008%) =

Absolute reduction of 0.002%

$NNT = 100/0.002 = 50,000$

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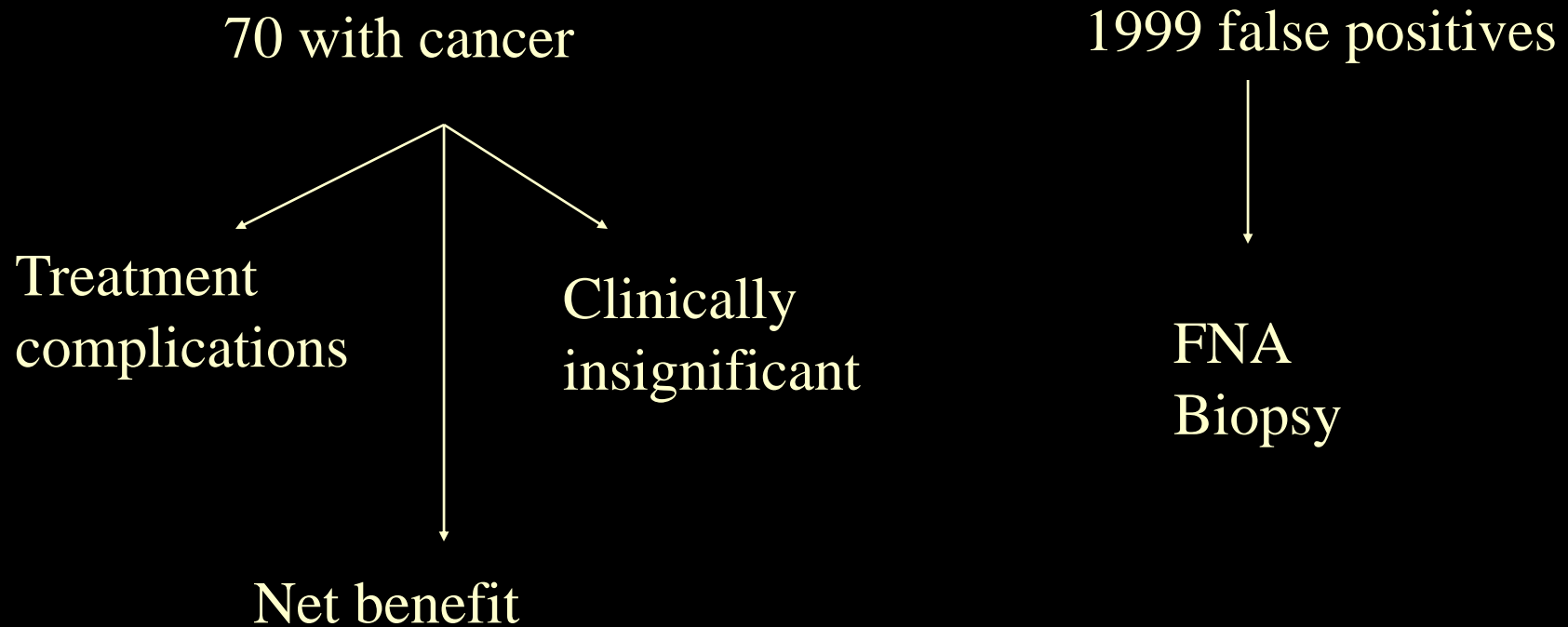
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# *Harms of Screening*

- Test procedure
- Anxiety and labeling effects
- False-positive results
- Harms of treatment



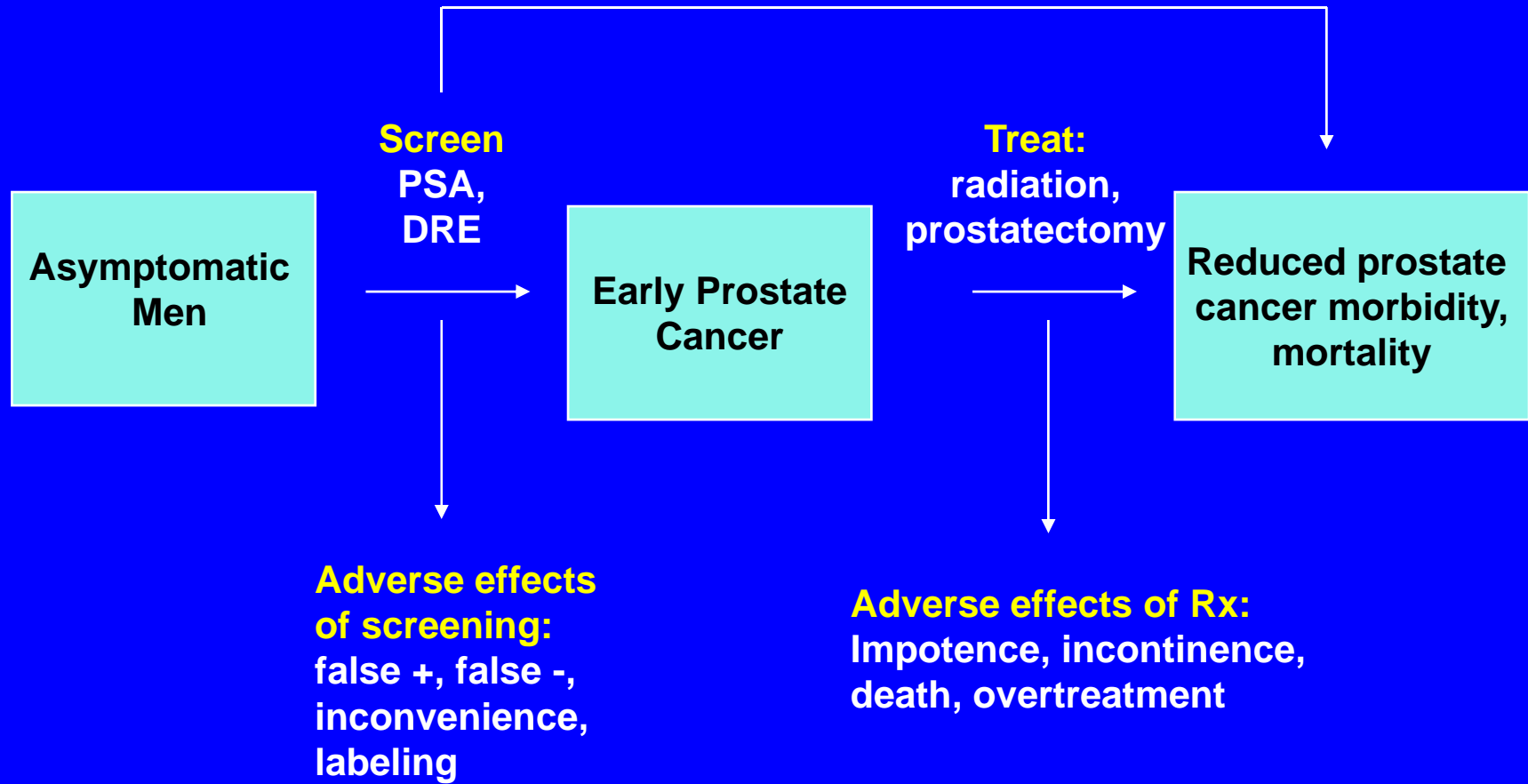
# Potential Harms



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- **Balance of benefits and harms**

# *Logic for Screening*



# *Balance of Benefits and Harms*

- Objective component
  - Subjective component
- 

- Resources
- Feasibility
- Politics and public expectations
- Ethical and legal factors

## *Who is on the Guideline Panel?*

- Topic experts and specialists vs. generalists and experts in analytic science
  - Conflicts of interest
    - Intellectual
    - Financial
  - Referral bias