



## Clinical Practice Guidelines in Relation to Screening Programmes

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## Wilson & Jungner, WHO 1968

1. the condition is an important health problem
2. there is an accepted treatment for cases identified
3. the condition is recognisable at an early stage
4. the natural history of the condition is known
5. there is an agreed policy on whom to treat as patients

## Wilson & Jungner, WHO 1968

6. harm from a screening program is small in relation to benefits
7. facilities for diagnosis and treatment should be available
8. there should be a suitable test
9. the screening test should be acceptable to the population
10. the costs and effectiveness of the screening should be balanced in relation to expenditure on medical care as a whole

## Danish National Board of Health 1990

1. The disease has to comprise a serious health problem
2. Acceptable and effective treatment has to be available for patients identified as having the disease
3. Diagnosis and treatment facilities have to be available
4. The disease has to be detectable in a latent or early symptomatic stage
5. Appropriate tests or examination methods have to be available

## Danish National Board of Health 1990

6. The test/examination method has to be acceptable to the population
7. The course of the disease if untreated has to be adequately elucidated – including the development from the latent to the manifest stage
8. The indications for treatment have to be clearly defined
9. The costs of case finding (including of diagnosis and treatment of patients) have to be reasonable relative to the health service's total expenses
10. Screening efforts have to be a continuous process and not a one-off event

## Danish National Board of Health 1990

11. The validity, technical effectiveness and predictive value of the screening methods have to have been described
12. Ethical, psychological and psychosocial consequences of screening (incl. of false negative and false positive test results) have to have been described
13. The health economic consequences of screening have to have been described
14. Detailed descriptions of organisation, management, resources, education and patient information have to be available.

## Programme requirements and beyond

- The Wilson and Jungner criteria and modifications are mainly *screening programme requirements*
- But what about needs for guidelines to be in place for assisting the *clinical handling of individuals*?
- Such individuals are first of all screen positive individuals who are called in for further diagnostic testing. It seems sensible to expect that screening programmes should include such guidelines



AGREE

APPRAISAL OF GUIDELINES  
FOR RESEARCH & EVALUATION - INSTRUMENT

## Programme requirements and beyond

- Where are clinical practice guidelines relevant in the “pathways” of screening programmes?

## Recommendations

1. The role of guidelines viz a viz quality standards is not entirely clear, although the overall aim is similar - to ensure the best evidence is used in practice and is informing ongoing quality improvement
2. Guidelines and quality standards should have similar expectations regarding evidence - ie be evidence based as far as possible
3. Guidelines may be more important where there is uncertainty or an obvious gap between evidence in practice, whether in a programme (eg for management of patients with established disease) or, probably more importantly, in the case of opportunistic (unmonitored) screening