



**AF-SCREEN**

International Collaboration Meeting

Rome, Italy

August 26, 2016

# AF-SCREEN INTERNATIONAL COLLABORATION MEETING

Arguments against screening	Potential Consensus response
Asymptomatic, undiagnosed AF are lower risk than patients in the pivotal trials. Uncertainty over whether worth treating (UK NSC) <a href="#">159</a>	Incidentally detected AF not low risk, treatment seems to be similarly effective. Question: on brief SCAF - is absolute risk high enough to justify treatment?
Don't need expensive new technology - doctors should just check pulse in every consultation <a href="#">159</a>	Doctors don't check pulse, and new technologies are more accurate, readily available, inexpensive, easy
Need more information on benefits and harms before screening healthy general population <a href="#">159</a>	Cost effectiveness simulations indicate screening" will be cost-effective, but is an RCT needed?
Treatment and care for AF not optimal, why find more (UK NSC)	This is not an argument against screening, rather it is an argument in favour of improving treatment
The test needs to be improved and standardized (UK NSC)	This criticism not really valid now
Opportunity cost of health care spent on screening vs treatment of known disease	Common to all screening tests.
Unintended Harms: diagnostic cascade, "incidentalomas,"	This is common to all screening tests, and risk benefit needs to include these
Need an RCT <a href="#">160</a>	RCT may be required, but evidence suggests not low



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## **WHO Wilson and Jungner criteria for systematic screening**

- **Condition an important health problem ✓**
- **Accepted effective treatment ✓ (but it has to be offered and accepted) ?**
- **Recognised latent stage ✓**
- **Suitable acceptable test ✓**
- **Natural history is understood from presymptomatic to symptomatic ?✓**
- **Agreed policy on who should receive treatment ✓**
- **Cost of case-finding and treatment economically balanced in relation to total medical expenditures ✓**
- **Case finding should be a continuing process probably✓**