

CT scan in asymptomatic people for Individual Health Assessment

Report of the WHO Workshop in Seoul, 26-28 Sept 2016

The long trip to Seoul has been compensated by the interesting and stimulating discussion. I felt that participants showed more availability in sharing ideas than in other occasions.

The topic “CT scan in asymptomatic people for Individual Health Assessment” has been thoroughly examined by a panel of experts from around the world, consisting of several radiologists, regulators, patients’ representatives, a cardiologist and a family doctors.

The problem of diagnostic examinations in asymptomatic patients for IHA, outside of validated and programmed screening, is arising in many countries and there aren’t enough studies that allow to know the impact of the phenomenon on health. One of these, carried out in Korea, where a screening for thyroid cancer has been delivered by hospitals with a cheap fee, showed increasing incidence of diagnosis and treatment without results on mortality.

The topic has been discussed looking at 3 main aspects: Evidence based, Governance including Ethical issues, and Finance. Each participant analyzed the topic bringing its specific point of view. Few questions raised immediately:

- If a screening is not recommended by scientific bodies, also for specific population, is it correct the concept of “individual screening”?
- Who decides to carry out a CT scan?
- Who takes responsibility as regards justification?
- Should NHS, or insurance, cover costs of IHA?
- ...and cover the possible follow up?

CT scan for IHA is increasing not only in developed countries, and several reasons are contributing to it: fear of cancer, “awareness” campaigns, advertising by medical centres, media and internet pressure, interest of industries and professionals bodies, defensive medicine, etc. It is usually performed in private but the follow up, also for uncertain findings, is often on charge of NHS or insurances, with waste of public resources.

The issues of overdiagnosis and the topic of quaternary prevention - illustrated by recorded presentation by John Broadesen and by one of my two - provoked much interest and a deep discussion, as well as the need of basing any aspect of medicine, including test in asymptomatic patient, on a patient-doctor encounter, where giving information regarding possible benefits and risks of ionizing radiation and from overdiagnosis and uncertain findings.

In 3 breakout sessions we tried to find out a framework of requirements concerning the topic and it has been general agreement on the needs:

- to record in public registers the carried out examination, also from private facilities, to produce strong evidence
- that any examination should be justified,
- to define referral criteria and procedures of cooperation with radiologists when a CT scan is requested by a physician
- to give to the radiologist practitioner the full responsibility of justification when a patient addresses directly to a radiological centre
- to send the ray-report to the family doctor, or to the physician who usually take care of the patient, to ensure the continuity of care

Summarize the whole 3 days workshop is impossible, but WHO will draft a shared document of the meeting and will publish all the presentations in a website page.

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