



ACADEMY OF MEDICINE, SINGAPORE
PATRON: PRESIDENT OF REPUBLIC OF SINGAPORE

PRESS RELEASE

EMBARGOED UNTIL 10 FEBRUARY 2011

**ACADEMY OF MEDICINE, SINGAPORE RELEASES
EVIDENCE-BASED GUIDELINES ON SCREENING TESTS**

*Evidence-based Framework on Recommended Screening Tests Developed to
Enhance and Improve Best Medical Practice and Care in Singapore*

(Singapore, 10 February 2011): Academy of Medicine, Singapore today released the first evidence-based best practice guidelines on Screening Tests in Singapore.

Screening is defined as the use of tests or procedures to detect disease early in people without symptoms. Screening people who are apparently well in order to pick up asymptomatic disease can be beneficial to the individual if early treatment improves outcomes. It is beneficial to society at large if identification leads to the prevention of disease development and progression.

Screening tests are widely available in Singapore, and are provided by both public and private healthcare institutions. In view of the general interest in health screening, a review of the situation would be useful.

“Screening should be based on scientific evidence and clinical judgment. Way back in the past, practitioners derived much of their evidence from personal experience and ad hoc evaluation of personally collected data. Today, few of us have the breadth and depth of experience that can provide us with the evidence to guide our actions,” said Professor Lee Hin Peng, fellow of Chapter of Public Health and Occupational Physicians, of the current screening practices in Singapore.

A Screening Test Review Committee (STRC), consisting of representatives from the Academy of Medicine, Singapore (AMS) and Health Promotion Board (HPB), was set up to provide expert opinion on the appropriate use of specific screening tests for the early detection of disease.

A Screening Test framework has been developed with the aim of providing clear guidance to healthcare professionals and members of the public about the value of specific screening tests and clinical indications, given the wide range of medical conditions for which screening is being offered, to aid the clinical judgement of physicians.

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The STRC's recommendations are based on thorough and impartial review of current clinical evidence, MOH clinical practice guidelines, established overseas clinical guidelines, and after taking into account the inputs of the various Chapters and Colleges under the AMS. "We matched their comments against the international literature so that these guidelines will be justifiable and balanced," explained Professor Lee, who also chairs Screening Test Review Committee.

"The guidelines drawn from the framework can serve many parties: clinicians who have to recommend screening tests for patients, clinic administrators who may want to offer screening packages and policy makers who may want to use them to guide policy decisions," A/Prof Tan Kok Chai, Master of Academy, added.

A three-category framework for screening tests, with categories of "Suitable for population-level screening", "Suitable for individual-level decision" and "Not recommended" was used. The criteria for categorisation are detailed in the final report which will be released for circulation today.

To highlight an extraction from the report, some of the screening tests and corresponding diseases which fall under Category 1, i.e. suitable for population level screening are:

- For adults (age dependant): Screening for Obesity, Hypertension, Hyperlipidemia, Diabetes Mellitus and Colorectal Cancer. In addition, women should be screened for Cervical Cancer and Breast Cancer.

"The STRC depends on a whole mass of scientific literature, which of course has to be sifted through and evaluated for the strength of evidence," Professor Lee elaborated. "The result is this framework. We welcome relevant and constructive feedback, and will review it annually or even earlier if needed."

Healthcare professionals may make submissions to the STRC to review screening tests for inclusion into the Report, or to revise the current categorisation, e.g. to change from Category 3 to Category 2. Such submissions should be accompanied by supporting scientific evidence.

The Screening Tests guidelines will be available to all medical practitioners and healthcare professionals via the Academy of Medicine, Singapore website: www.ams.edu.sg/guidelines2.asp. In addition, a simplified guide will be published for the public in due course.

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ABOUT ACADEMY OF MEDICINE, SINGAPORE

Academy of Medicine, Singapore, was formed in 1957, and is a professional institution of medical and dental specialists. The Academy is devoted to advancing the art and science of medicine in Singapore through postgraduate specialist training; maintenance of high standards of competency and ethical integrity through continuous professional development as well as dissemination of information and knowledge to the public on matters related to health.

The vision of the Academy is to be the leading institution for postgraduate medical education in the region. From a membership of 75 in 1969, the Academy has now grown with a total membership base of over 2,400 members under 11 different Colleges and Chapters.

For more information, please refer to www.ams.edu.sg

ABOUT SCREENING TEST REVIEW COMMITTEE

The Screening Tests Review Committee was tasked to develop a Screening Test Framework and make recommendations on the categorisation of commercially-available screening tests within the Screening Test Framework, based on careful review of published scientific evidence and consideration of the overall strength of evidence and the likely benefits and harms that will accrue to the person undergoing such screening.

The committee could also be consulted by the Ministry of Health (MOH) to provide expert opinion on the appropriateness of use of specific screening tests for the early detection of disease, as and when such opinion is needed by MOH.

The committee convenes at least once a year to review the current categorisation of screening tests within the Screening Test Framework to ensure continued relevance and appropriateness of the categorisation.