

Proposte di screening per le malattie reumatiche?



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1. E' opportuno
pensare di attivare
un programma di
screening di
popolazione per le
malattie
reumatiche?

2. E' opportuno
sensibilizzare le
persone affette da
malattie reumatiche
ad effettuare gli
screening
oncologici?

1. E' opportuno
pensare di attivare
un programma di
screening di
popolazione per le
malattie
reumatiche?

- sul modello degli screening oncologici...
- per la popolazione generale?
- per la popolazione a rischio aumentato?

Definizione di screening

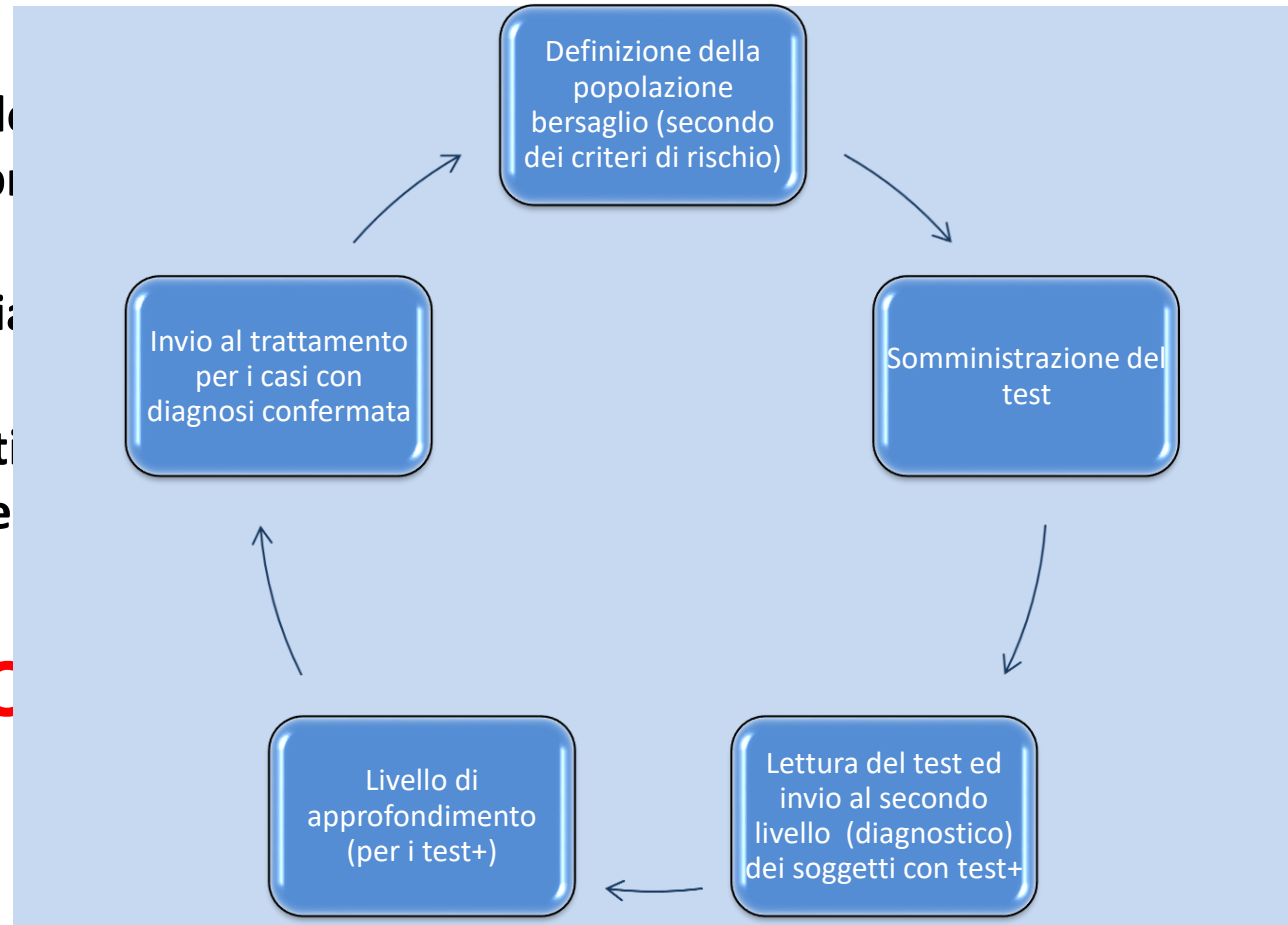
Identificazione presuntiva di malattie o difetti non riconosciuti, attraverso l'applicazione di test, esami ed altre procedure che possono essere applicate rapidamente.

I test di screening selezionano la malattia da quelle che possono essere prevenute.

Non è da considerarsi diagnosi.

Le persone con risultati positivi vengono inviate dal medico per la diagnosi e il trattamento.

Lo screening è un **PROCEDIMENTO**.



Tutte le fasi devono essere monitorate e valutate

Obiettivo dello screening:



diminuire la mortalità e/o l'incidenza di una malattia identificandola in una fase asintomatica e attivando opportuni percorsi diagnostico-terapeutici capaci di modificare la storia naturale della patologia rilevata.

WHO recommendations for disease screening

- ■ The disease should represent an important health problem
- ■ A treatment should be available for the disease
- ■ Facilities for diagnosis and treatment of the disorder should be available
- ■ A latent (preclinical) stage of the disease should be detectable
- ■ A test or examination for the condition (such as analysis of an autoantibody that defines a preclinical state) should exist
- ■ The screening test should be acceptable to the general population
- ■ The natural history of the disease should be adequately understood
- ■ An agreed policy on whom to treat is required
- ■ The total cost of identifying a case among the population should be economically balanced in relation to medical expenditure as a whole
- ■ Case-finding should be a continuous process, necessitating regular repeat testing, not just a 'once and for all' project

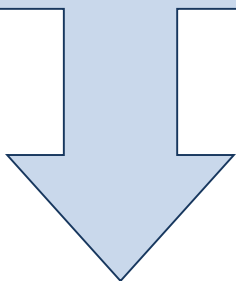
La bilancia tra vantaggi e svantaggi dello screening ha un equilibrio delicato

**Riduzione
della mortalità
(e talvolta incidenza)**

**Aumento della
Sopravvivenza**

Percorso Guidato

Qualità Controllata



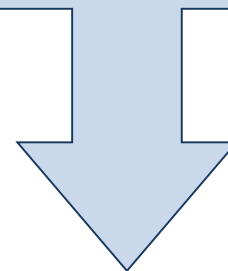
Ansia

Sovradiagnosi

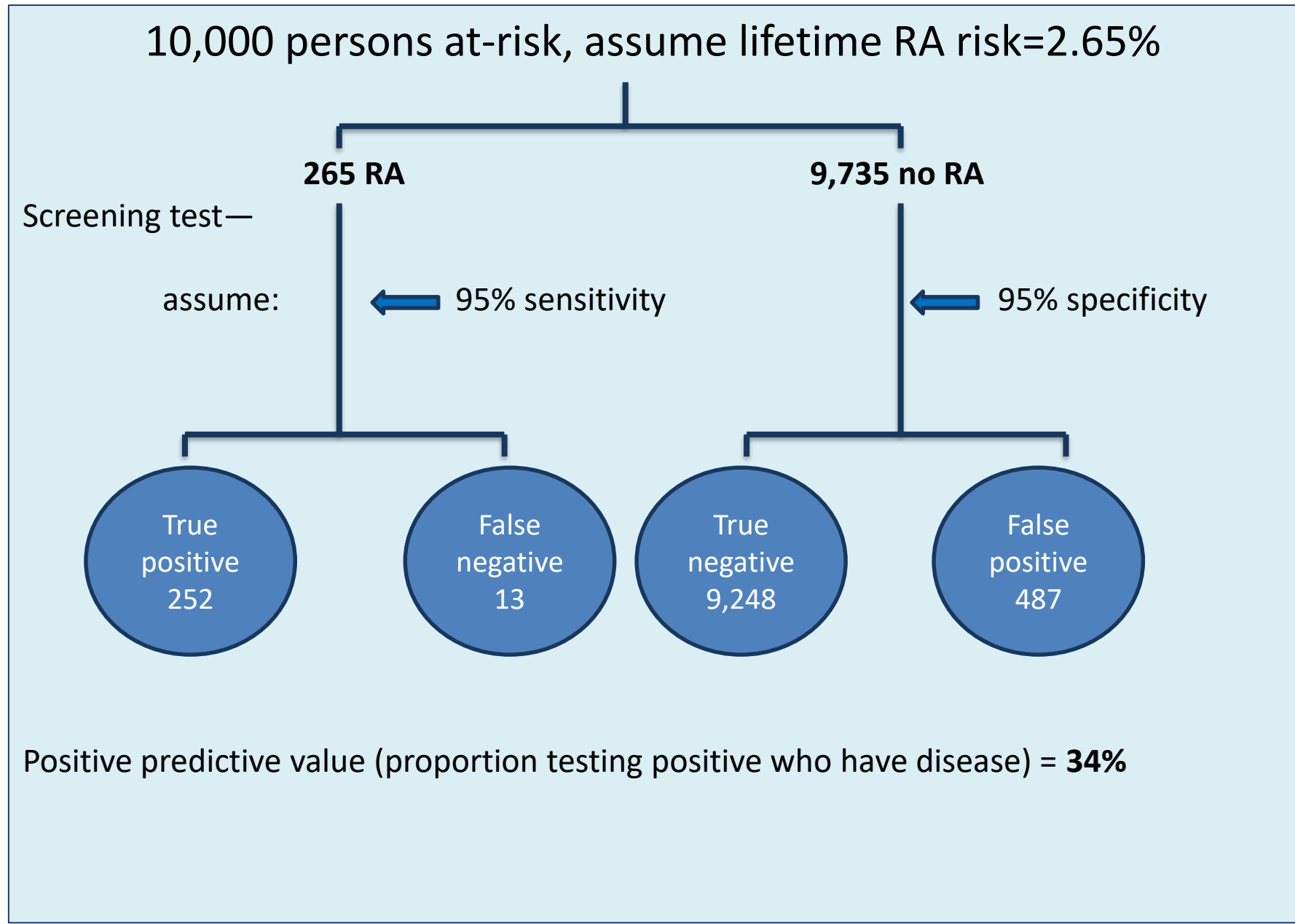
Sovratrattamento

Falsi positivi

Falsi negativi



Hypothetical performance of a screening test to detect preclinical rheumatoid arthritis (RA).



Source: Calonge N: Developing Evidence-Based Screening Recommendations, with Consideration for Rheumatology - Rheum Dis Clin N Am 40 (2014) 787–795 - U.S. Preventive Services Task Force

▲ ▼ Rheumatic diseases **affect a large number of individuals and lead to significant morbidity**, in some cases increased mortality, and high health care costs and loss of productivity.

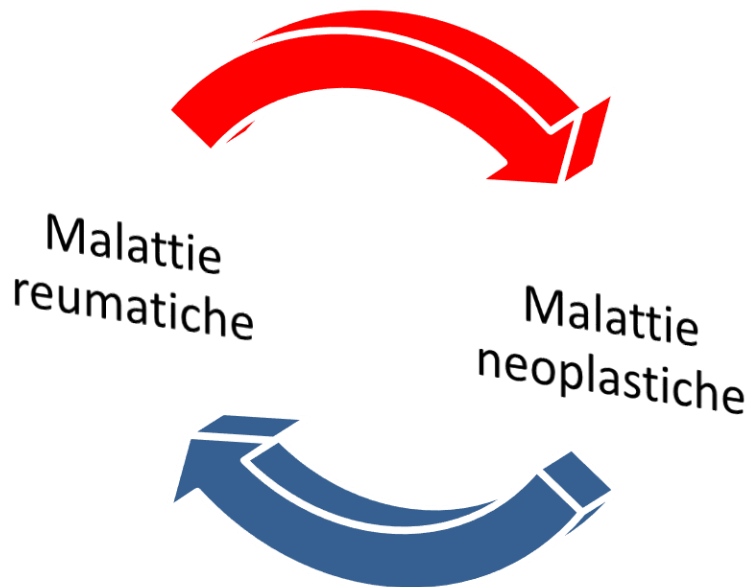
▲ ▼ A growing understanding of the natural history of many of these diseases suggest that they **could be approached in a preventive fashion** to either stop the initial development of disease, or halt progression to disease during its preclinical phase.

▲ ▼ **A better understanding of disease pathogenesis** may lead to effective screening and prevention strategies for a broad range of rheumatic disease in the near future.

▲ ▼ Furthermore, studies of disease pathogenesis need to be paralleled by studies **of the cost-effectiveness, feasibility and ethics** of prevention strategies as well as subject-related factors that can influence participation in prevention.

2. E' opportuno sensibilizzare le persone affette da malattie reumatiche ad effettuare gli screening oncologici?

- qual è la loro adesione ai programmi di screening?
- quali gli ostacoli e le barriere?
- quali le conoscenze dei professionisti sanitari?



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Concise Report

Reports of abnormal cervical cancer screening tests in systemic sclerosis

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Objective. To assess the prevalence of abnormal cervical cancer screening (Pap tests) reported by women with SSc onset before the age of 50 yrs.

Methods. Female members of a Canadian multi-centre SSc cohort completed standardized assessments and were questioned regarding a history of an abnormal Pap test. Potential correlates examined included demographics, reproductive history, smoking, diffuse vs limited SSc type, immunosuppressant exposure and SSc duration.

Results. In the 320 women with SSc onset before the age of 50 yrs, the life-time prevalence of an abnormal Pap test (according to self-report) was 25.4% (95% CI 20.9, 30.4%). By comparison, self-reported prevalence of abnormal Pap tests among general population Canadian females was recently reported at 13.8% (95% CI 11.6, 16.4%). Women with diffuse SSc ($n=142$), tended to have a higher prevalence of self-reported cervical dysplasia (31.7%) compared with those with limited disease (20.7%), but the CIs overlapped. A multivariate logistic regression found a significant positive association between self-reported abnormal Pap test and diffuse disease [odds ratio (OR) 1.87; 95% CI 1.01, 3.47]. An independent association of an abnormal Pap test with smoking (OR 2.43; 95% CI 1.23, 4.78) and with younger age at disease onset was also noted.

Conclusions. We noted a high prevalence of abnormal Pap tests self-reported in our sample. Increased risk was seen among those with diffuse SSc, and also among smokers and those with a younger age at disease onset. Thus, it seems prudent to ensure that adequate attention is paid to cervical cancer screening for women with SSc.

Key words: Cervical dysplasia, Pap test, Malignancy, Systemic sclerosis, Scleroderma.

Adherence to recommendations for cervical and breast cancer screening in systemic sclerosis

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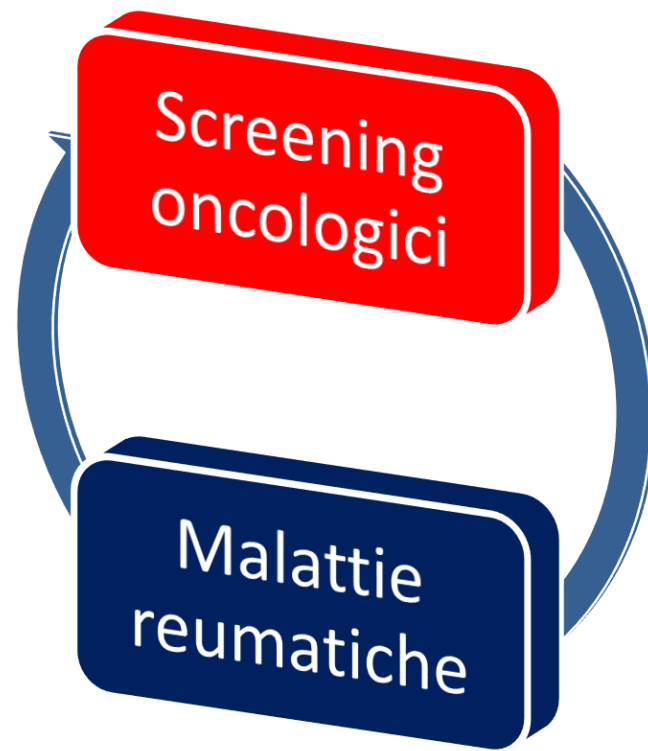
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Table II - Frequency of adherence to cervical and breast cancer screening among patients affected by systemic sclerosis, other chronic rheumatic disorders (rheumatic patient controls), and subjects from the general population.

	Yes	No	Total	Comparison between SSc pts and other subgroups
Cervical cancer screening				
SSc	49 (86.0%)	8 (14.0%)	57	-
Rheumatic patient controls	98 (95.1%)	5 (4.9%)	103	P=0.066
General population	78 (96.3%)	3 (3.7%)	81	P=0.051
Breast cancer screening				
SSc	52 (86.7%)	8 (13.3%)	60	-
Rheumatic patient controls	73 (96.1%)	3 (3.9%)	76	P=0.060
General population	55 (100%)	0	55	P=0.006

SSc, systemic sclerosis; pts, patients.



- !! Formazione/Informazione del personale
- !! Approccio integrato (evitiamo i compartimenti stagni...)
- !! Collaborazione tra lo screening regionale con SC Reumatologia, Città della Salute e della Scienza
- !! L'importanza della prevenzione primaria (lo stile di vita)