

**National Screening Advisory Committee (NSAC)  
Note of the meeting held on 23 February 2023**

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**Members present:**

- Professor Niall O’Higgins (Chair)
- Dr Ellen Crushell
- Professor Michael Rigby
- Professor Keelin O’Donoghue
- Dr Susan Kent
- Professor Andrew Green
- Dr Paul Kavanagh
- Jillian van Turnhout
- Dr James O’Mahony
- Dr Aoife Doyle

**Observers:**

- Fiona Murphy, CEO, National Screening Service

**Secretariat:**

- Evette Wade, Population Health Screening Unit
- Jane Hannon, Population Health Screening Unit
- Inese Freimane, Population Health Screening Unit
- Luke Crealy, Population Health Screening Unit

**Department of Health:**

- Kate O’Flaherty, Population Health Screening Unit

**Health Information and Quality Authority (HIQA):**

- Dr Susan Spillane, Head of Assessment, Health Technology Assessment (HTA)
- Dr Laura Comber, Senior Health Technology Assessment (HTA) Analyst in attendance for agenda item 4

**Member Apologies:**

- Dr Jennifer McSharry
- Dr Velma Harkins
- Professor Sheelagh McGuinness
- Dr Mary Codd
- Lora Ruth Wogu
- Professor Ciaran O’Neill
- Irene Regan

## **1. Welcome & Introductions**

The Chair welcomed everyone to the meeting.

### **Conflict of Interest**

The Chair reminded members of the need to declare any potential conflicts of interest. There were no new conflicts of interests declared.

### **Minutes of the 08 December 2022 meeting**

The minutes of the 08 December 2022 meeting were circulated by the Secretariat to Committee members ahead of the meeting. The Chair sought any matters of accuracy on the draft document. No matters of accuracy were identified, and the minutes were approved for publishing.

### **Matters arising**

The Chair updated the Committee on the recent expansion of the team in HIQA which is being increased to nine permanent posts. These positions will exclusively support the work of the NSAC. It was noted that recruitment for these roles was underway and at an advanced stage.

The development of the NSAC Ethics Framework remains ongoing and the Secretariat will update the Committee at the next meeting on 25 May 2023.

At the meeting on 08 December 2022, the Secretariat confirmed the three new members of the NSAC International Honorary Advisory Faculty. Since then, the Chair has held an introductory video call with each of the new members Dr Elisabete Weiderpass, Professor Michael Geraghty and Professor Walter Ricciardi. The Chair noted that the new members were supportive of the work of the Committee and looks forward to calling on them in an advisory capacity from time to time.

### **NSAC Vacancies**

The Chair was pleased to inform the Committee that four new members had been appointed to the Committee by the Minister for Health and will join the next meeting on 25 May 2023. A Selection Committee was convened, chaired by Committee member Dr James O'Mahony. Dr O'Mahony was joined by Dr Ellen Crushell (Committee member), Ms Lora Ruth Wogu (Committee member), and Dr Eibhlin Connolly (Deputy Chief Medical Officer, Department of Health). Dr O'Mahony provided an overview of the selection process where 20 applications were evaluated for the four vacancies. The Selection Committee considered each application and a preferred candidate for each role was recommended to the Chair of the NSAC. The Chair was satisfied that the chosen candidates meet the criteria for their specific roles as set out in the information booklet.

Ms Dolores Keane was appointed to the Medico-Legal role, Ms Hilary McGouran was appointed to the Communications/Journalism role, Dr Alissa Connors was appointed to the Diagnostic Imaging role, and Prof Deirdre Murray was appointed to the Cancer role.

## **2. NSAC Annual Call 2022**

Kate O'Flaherty, Department of Health, updated the Committee on the response to the second Annual Call for new population-based screening programmes or changes to existing programmes. A paper detailing the submissions was circulated to the Committee prior to the meeting. The Annual Call was launched on 30 November 2022 with a closing date of 27 January 2023.

The call received a total of 19 submissions from various sources that included members of the public, patient advocates, the HSE and health professionals. It was noted as a particular positive to see a greater proportion of engagement from members of the public and patient advocates in 2022.

Of the 19 proposals received seven were proposals for new conditions. Twelve proposals related to conditions already under consideration as part of the Committee's Work Programme (submissions were previously received in response to Annual Call in 2021). The Committee first discussed the new submissions received followed by a review of the submissions already on the Work Programme.

## **2 (a) New proposals received in 2022**

### **Heart Valve Disease**

Proposal received from a patient advocacy group to introduce a screening programme for Heart Valve Disease.

The proposal is for the introduction of screening programme for Heart Valve Disease by an annual stethoscope check for all Irish adults over the age of 65 which would be delivered in primary care.

The Committee discussed the proposal. The discussion focused around whether the proposal meets the criteria for population-based screening. The proposal notes that opportunistic screening is already happening as part of the National Chronic Disease Management Programme. The Committee concluded that it does not warrant further examination at present.

### **Decision:**

The Committee agreed that this proposal falls under routine clinical practice and that there is not sufficient information in the proposal for this condition to be considered as a population-based screening programme at this time.

Further consideration of this proposal is deferred pending significant new evidence emerging.

**Action: Secretariat to write to the proposer to update them in relation to their proposal for introduction of a screening programme for Heart Valve Disease.**

### **Genetic Haemochromatosis**

Proposal received from a patient advocacy group to introduce a screening programme for Genetic Haemochromatosis.

The proposal is to introduce biochemical and genetic screening for haemochromatosis in adults in Ireland aged 25 years+ in primary care and hospital settings. The proposal notes that Ireland has the highest rates of haemochromatosis in the world with one in 83 people predisposed to develop an iron overload because of haemochromatosis and one in five of the population are carriers of the Genetic Hemochromatosis (GH) gene. A second element of the proposal is the introduction of a registry of GH patients to help develop clinical research in the field and improve patient care and healthcare planning.

The Committee discussed the proposal and noted that, while there is a high rate of people disposed to Genetic Haemochromatosis in Ireland, the data regarding the rates of Genetic Haemochromatosis is currently unclear around how many people go on to develop it. Therefore, it may be premature to carry out an in depth evaluation of the proposal at this stage. The Committee noted that there are some targeted screening pilots in place internationally and asked the Secretariat to collate information and engage with the HSE with a view to considering the proposal further in the future.

**Decision:**

The Committee requests that the Secretariat collate information on this condition and to engage with the HSE and other stakeholders, with a view to considering it again at a subsequent meeting.

**Action: Secretariat to write to the proposer to update them in relation to their proposal for introduction of a screening programme for Genetic Haemochromatosis. Secretariat to collate available information and contact the HSE and other stakeholders seeking further information.**

**Barrett's Oesophagus**

Proposal received from a member of the public for the introduction of a screening programme for Barrett's Oesophagus.

The proposal is to introduce a screening programme for Barrett's Oesophagus for men aged 55 years using string capsule endoscopy as the test. The proposal noted that Barrett's Oesophagus is the precursor to the most common type of oesophageal cancer in Ireland, Oesophageal Adenocarcinoma.

The Committee noted that the proposal did not have sufficient information or meet the criteria for population-based screening and this condition is not screened for internationally. The condition is also not mentioned in the European Commission updated Recommendation on cancer screening.

**Decision:**

Further consideration of this proposal is deferred pending significant new evidence emerging.

**Action: Secretariat to write to the proposer to update them in relation to their proposal for introduction of a screening programme for Barrett's Oesophagus.**

**Abdominal Aortic Aneurysm**

Proposal received from a member of the public for the introduction of a screening programme for Abdominal Aortic Aneurysm (AAA). It was noted that a proposal for this condition was received through Annual Call 2021 and the Committee have already asked HIQA to look at the evidence for the introduction of screening for AAA in men aged 65 to 75 years.

The submission to Annual Call 2022 came from a new source and proposes a different age range (males aged 60 and over) and additional cohort (women over 65 who have associated risk factors).

**Decision:**

The Committee decided to ask HIQA to include the extended cohorts in scoping the evidence review process for the introduction of screening for AAA and that the new submission will be sent to HIQA.

**Action:** Secretariat to write to the proposer to update them in relation to their proposal for introduction of a screening for Abdominal Aortic Aneurysm. Chair will write to HIQA and advise that the expanded cohorts should be included when scoping the evidence review process for the introduction of screening for AAA. Secretariat to send the proposal to HIQA for consideration.

### **Developmental Dysplasia of the Hip**

Proposal received from the HSE for the introduction of a screening programme to identify Developmental Dysplasia of the Hip in newborn babies up to six weeks old.

The proposal is to introduce a new screening programme to expand the current selective programme whereby all babies would be routinely referred for ultrasound examination at birth, to be performed by six weeks of age for Developmental Dysplasia of the Hip. The proposal notes that there is currently a selective programme that screens babies for Developmental Dysplasia of the Hip and around 20% are sent for an ultrasound test by 6 weeks of age, arising from the routine clinical examination of all newborn babies.

The Committee noted the benefits of early intervention and discussed the organisational and operational challenges which may arise in developing an organised population-based screening programme based on ultrasound examination with appropriate governance.

#### **Decision:**

The Committee decided that there was sufficient information contained in the proposal to warrant looking at the evidence for the introduction of this screening programme on a population basis, and decided to ask HIQA to look at the evidence in other jurisdictions in relation to ultrasound screening of all newborn babies for Developmental Dysplasia of the Hip. The Secretariat will send on the proposal to the HIQA team for consideration.

**Action:** Secretariat to write to the proposer to update them in relation to their proposal for the introduction of a screening programme utilising ultrasound examination for Developmental Dysplasia of the Hip. The Chair will write to HIQA and ask that they look at the evidence in other jurisdictions in relation to ultrasound screening of all newborn babies for Developmental Dysplasia of the Hip. Secretariat to send the proposal to HIQA for consideration.

### **Lichen Sclerosus**

Proposal received from a member of the public to introduce a modification to the CervicalCheck programme to include screening for Lichen Sclerosus (LS).

The proposal suggests that a visual check be performed during the cervical screening test and, if there are signs of LS (white patches/areas on the skin, fusion or adhesions or tearing of the skin), the person to be referred for diagnosis and treatment. The Committee is not aware that this check is part of any cervical screening programme internationally.

The Committee considered the proposal and concluded that they would seek the views of the CervicalCheck programme to aid their further consideration of the proposal.

**Decision:**

The Committee decided to seek the views of the CervicalCheck screening programme in relation to this proposal.

**Action:** Secretariat to write to the proposer to update them in relation their proposal to introduce a modification to CervicalCheck to include screening for Lichen Sclerosus. Chair to write to the CervicalCheck programme to seek their views on this proposal.

**Hurler Syndrome**

Proposal received from advocacy group for a modification to the Newborn Bloodspot Screening (NBS) Programme.

The proposal is for the addition of Mucopolysaccharidosis type 1 (MPS1) - Hurler Syndrome to the NBS Programme.

The Committee noted that Hurler Syndrome is one of the 35 conditions that are currently included in the preliminary review underway on the expansion of the NBS programme. During its discussions the Committee welcomed the engagement of the advocacy group given the relevance of this condition to the Traveller population.

**Action:** Secretariat to contact the proposer to update them in relation their proposal for the addition of Hurler Syndrome to the NBS programme.

**2 (b) Proposals already on the NSAC work programme**

Kate O’Flaherty, Department of Health, provided the Committee an overview of the twelve proposals received as part of Annual Call 2022 which are already on the Committee’s Work Programme having been received as part of Annual Call 2021:

- Spinal Muscular Atrophy
- Fetal Aneuploidy
- Breast Density
- BowelScreen age range eligibility
- CervicalCheck self-sampling
- Prostate Cancer
- Lung Cancer
- Structural Heart Disease

Following a preliminary review by the Secretariat, it was noted that some of the proposals received in response to Annual Call 2022 had been received in response to the first Annual Call in 2021. Proposals may have come from new sources (some received from the same source) however, it was noted that the proposals are not significantly different to those received in 2021.

In relation to the other proposals, the Committee noted that, while some submissions contained additional information, there were none of sufficient significance to revisit the current position and decided to send the submissions which are currently under consideration to HIQA.

**Decision:**

The Committee decided to uphold their current decisions as noted on the Committee's Work Programme and the Secretariat will send the Annual Call 2022 submissions to HIQA for proposals that are currently under consideration. The Committee decided to consider the proposals on Fetal Aneuploidy and cancer that were received in response to Annual Call 2022, later in the meeting.

**Action:** The Secretariat to send the new submissions received in response to Annual Call 2022 to HIQA for proposals that are currently under consideration. The Secretariat will also write to all the proposers to update them in relation to their proposals.

**3. NSAC Annual Call 2021 Antenatal Screening and Screening for Familial Hypercholesterolaemia**

Several proposals were received during Annual Call 2021 which the Committee decided to review again at their 23 February 2023 meeting.

Six proposals for the introduction of population-based screening programmes for four antenatal/prenatal conditions were received during Annual Call 2021. At its 26 May 2022 meeting, the Committee noted that it would be beneficial to seek the views of the National Women and Infants Health Programme (NWIHP) to assist them in considering of these proposals further, namely:

- Fetal Alcohol Spectrum Disorder (FASD)
- First Trimester fetal chromosomal abnormalities/congenital anomaly
- Critical congenital heart disease (CCHD)
- Vasa Previa (VP)

The NWIHP responded on 12 January 2023 and a paper detailing their views on each of the proposals was circulated to the Committee prior to the meeting. The Committee noted the recently published [National Clinical Practice Guideline The Fetal Anatomy Ultrasound](#) (Institute of Obstetricians & Gynaecologists and RCPI) which was referenced in the response from NWIHP.

**Fetal Alcohol Spectrum disorder**

The Committee reviewed the advice from NWIHP which validated the preliminary view of the Committee that this proposal does not meet the criteria for population-based screening. The Committee noted that there is no defined screening test for the at-risk population and there are clinical and ethical issues which may arise in relation to appropriate care and equity.

**Decision:**

The Committee decided that the appropriate management of women and babies who are at risk is best dealt with as part of clinical practice.

**Action:** Secretariat to write to the proposers to update them in relation to their proposal for the introduction of a screening programme for Fetal Alcohol Spectrum disorder.

**Critical Congenital Heart Disease**

The Committee noted that the recently published [National Clinical Practice Guideline The Fetal Anatomy Ultrasound](#) suggests the introduction of a screening protocol for screening for Critical

Congenital Heart Disease during the fetal anatomy ultrasound examination and the Committee were satisfied that the condition is best managed as part of clinical practice.

**Decision:**

The Committee decided that this is best dealt with as part of clinical practice in line with clinical guidelines.

**Action:** Secretariat to write to the proposer to update them in relation to their proposal for the introduction of a screening programme for Critical Congenital Heart Disease.

**Vasa Praevia**

The Committee noted that there is currently risk factor based targeted screening in place in Ireland, as noted in the new [National Clinical Practice Guideline The Fetal Anatomy Ultrasound](#) in cases with risk factors for Vasa Praevia. Evidence is changing and, in future, there may be sufficient information to support the introduction of universal screening for Vasa Praevia. The Committee concluded that it would not take this proposal any further, while being cognisant that, as clinical practice progresses with the implementation of the guidelines and further evidence emerges, the Committee may be requested to consider this proposal again in the future.

**Decision:**

The Committee decided that this is best dealt with as part of clinical practice in line with clinical guidelines.

**Action:** Secretariat to write to the proposers to update them in relation to their proposal for the introduction of a screening programme for Vasa Praevia.

**Fetal aneuploidy (First Trimester fetal chromosomal abnormalities/congenital anomaly)**

Two submissions were received in Annual Call 2021 and a further submission received in Annual Call 2022 for the introduction of screening for Fetal Aneuploidy.

The Committee discussed the ethical and other issues related to screening for this condition and noted that some people can access testing privately which leads to inequity in the system. The Committee also discussed the availability of care and treatment pathways should screening be introduced.

The Committee concluded that the Chair would write to the Department of Health and HSE to inform that the Committee has received a number of submissions for the introduction of screening for this condition and highlight that a number of significant issues have been identified in relation to service delivery for the condition and that it would be important that further policy and service progression is progressed.

**Decision:**

The Committee agreed that the Chair would write to the Department of Health and the HSE to outline the Committee's concerns.



**Action:** Secretariat to write to the proposers to update them about the proposal to introduce a screening programme for Fetal aneuploidy. Chair to write to the Department of Health and the HSE to advise of the Committee's advice on this matter.

### **Familial Hypercholesterolaemia**

Two submissions were received in Annual Call 2021 for the introduction of a population-based screening programme for Familial Hypercholesterolaemia (FH).

The Secretariat updated the Committee on its work to coordinate and collate further information on developments on screening for FH, mainly underway elsewhere in Europe. It was noted that there was an initiative in Northern Ireland and the Secretariat would include this in its research.

### **Decision:**

The Committee decided to defer further consideration of the proposal pending the Secretariat collating further information which will be presented to them at a future meeting.

**Action:** Secretariat to write to the proposers to update them in relation to their proposal for the introduction of a screening programme for Familial Hypercholesterolaemia. Secretariat to continue to collate further information from other countries.

## **4. Expansion of the Newborn Bloodspot Screening (NBS) Programme**

### **a) Update from HIQA on the Spinal Muscular Atrophy (SMA) HTA process**

Dr Laura Comber, Senior Health Technology Assessment (HTA) Analyst, HIQA, updated the Committee on the process outline for the SMA HTA. Dr Comber provided an overview of HIQA processes and an update on the progress to date. Terms of Reference for the HTA have been agreed, and the protocol which outlines the approach for the HTA has been drafted.

The establishment of an expert advisory group (EAG) is underway, and it is expected that their first meeting will take place before the next meeting of the Committee on 25 May 2023.

Dr Comber noted that the following chapters of the HTA are in progress and will be considered at the first EAG meeting:

- Description of technology
- Systematic review of test accuracy
- Overview of clinical effectiveness of screening and of the available disease-modifying treatment options in Ireland
- Systematic review of cost effectiveness

The second EAG meeting later in the year will consider:

- Epidemiology and burden of disease
- Budget impact and resource implications
- Organisational implications
- Ethical and social considerations

Dr Comber noted that early research is showing the existence of a number of subgroups of SMA which will not be detected during testing, and this is making up a large proportion of the early work on the HTA.

A further update will be provided at the Committee's next meeting.

**b) Update from Secretariat on Expansion of Newborn Bloodspot Screening Programme**

Kate O'Flaherty, Department of Health, provided an update on the ongoing work with HIQA and the group of clinical and technical experts, as agreed by the NSAC, on the expansion process at the latest meeting.

The Secretariat will continue to work with HIQA and the group of clinical and technical experts to further refine the process, and the group will be reconvened before the 25 May 2023 meeting of the Committee.

**5. Cancer Screening**

Evette Wade, NSAC Secretariat, provided a presentation on the updated European Council Recommendation on cancer screening which was formally approved on 09 December 2022.

The updated Recommendation favours extended screening for breast, cervical and colorectal cancer and the gradual introduction of screening for lung, prostate and gastric cancer.

The presentation outlined the current Irish position noting that Ireland has already introduced three population-based screening programmes (BreastCheck, CervicalCheck and BowelScreen) and is progressing work on the age expansion eligibility for breast and bowel screening. Work is also progressing on self-sampling in cervical screening.

In relation to the three additional cancers, currently not included in the screening programme in Ireland, it was noted that the Committee has received proposals for two of these (lung and prostate cancer).

The presentation noted that this is the first time the internationally accepted Wilson and Jungner criteria are recognised in the Recommendation. Member States are also advised to take into account the scientific evidence along with local context when implementing the updated Recommendation. Equity and communicating the benefits and risks of screening are also important elements of the updated Recommendation.

The need for dialogue with key stakeholders and collaboration with European colleagues was highlighted as an important factor for Ireland to consider when working to implement the update Recommendation.

The Committee then discussed the updated Recommendation in relation to Ireland's existing cancer screening programmes.

### **Breast Cancer**

The Committee reviewed the updated Recommendation on breast cancer screening and noted the recommended age range of 50 to 69 years and the suggestion of a lower age limit of 45 years and upper age limit of 74 years. The Committee noted that they had already asked HIQA to look at the evidence for age range extension in the BreastCheck programme (45 to 74 years) including consideration of breast density as it applies to the younger age cohorts, and that a scoping paper from HIQA was reviewed at its 22 September 2022 meeting. The paper recommended that a full

Health Technology Assessment would be required to fully review the evidence for expansion of the programme.

### **Colorectal Cancer**

The Committee reviewed the updated Recommendation on colorectal cancer screening and noted that the recommended age range is 50 to 74 years. The Committee noted that they had already asked HIQA to look at the evidence for age range extension in the BowelScreen programme (50 to 74 years) and that a scoping paper from HIQA was reviewed at its 22 September 2022 meeting. The paper recommended that a full HTA would be required to fully review the evidence for expansion of the programme.

The Committee then reviewed its position and recommendations from the HIQA scoping reports which advised that a full HTA to gain a more complete understanding of the evidence ahead of decision making on extension of the age of eligibility for these programmes should be carried out.

### **Decision:**

The Committee has decided to reaffirm their decision to proceed to full HTA for both proposals in sequence. The Committee discussed this further and noted that the BowelScreen programme is planning to begin some age range expansion (to age 59 years in 2023) and, given the practicalities, decided that it would be efficient to seek to complete the HTA on colorectal cancer screening age range expansion first as this would likely be extremely beneficial to the programme in its current expansion.

**Action: Chair to write to HIQA to formally request that they progress the work for age range extension in both programmes and complete the BowelScreen HTA first. Secretariat to write to the proposers to update them on proposals on age range eligibility in the BreastCheck and BowelScreen programmes.**

### **Cervical Cancer**

The Committee reviewed the updated Recommendation on cervical cancer screening and noted the recommendation to screen for HPV in women aged 30 to 65 years, to consider adapting age ranges and intervals to individual risk based on HPV vaccination status and the possibility of introducing self-sampling.

The Committee noted that the CervicalCheck programme introduced HPV screening in 2020 and screens women between the ages of 25 and 65 at various intervals.

The Committee received proposals on the introduction of self-sampling, and this is already on the Committee's Work Programme.

**Action: Secretariat to write to the proposers to update them on the proposal to introduce self-sampling in the CervicalCheck programme.**

The Committee then discussed the updated Recommendation on the introduction of new cancer screening programmes.

### **Lung Cancer**

The Committee reviewed the updated Recommendation on lung cancer screening and noted the recommendation to explore the feasibility and effectiveness of introducing lung cancer screening.

Any lung cancer screening programme should be implemented in a stepwise approach to ensure gradual and appropriate planning, piloting, and roll-out of the screening programme.

The Committee noted that proposals for the introduction of lung cancer screening were received in Annual Call 2021 and 2022 and that pilot studies are underway in some countries, including Ireland. The Secretariat will engage with the various stakeholders involved in the research and collate information for their consideration.

**Action: Secretariat to begin to collate further information for the Committee's consideration. Secretariat to write to the proposers to update them in relation to their proposal on the introduction of screening for lung cancer.**

### **Prostate Cancer**

The Committee reviewed the updated Recommendation on prostate cancer screening and noted the recommendation to explore the feasibility and effectiveness of introducing prostate cancer screening. Any new prostate cancer screening programme should be implemented in a stepwise approach to ensure the gradual and appropriate planning, piloting, and roll-out of the screening programme.

The Committee noted that proposals for the introduction of prostate cancer screening were received in Annual Call 2021 and 2022 and that preliminary pilot studies are in progress in some countries, including Ireland. The Secretariat will engage with the various stakeholders involved in the research and collate information on what is happening nationally and internationally for their consideration.

**Action: Secretariat to begin to collate further information for the Committee's consideration. Secretariat to write to the proposers to update them in relation to their proposal on the introduction of screening for prostate cancer.**

### **Gastric Cancer**

The Committee reviewed the updated Recommendation on gastric cancer screening and noted the recommendation to consider the introduction of screening in those countries or regions inside countries with high gastric cancer incidence and death rates.

The Committee noted that it has no submissions on hand for the introduction of screening for gastric cancer and that it would be useful to seek information from the National Cancer Registry (NCRI) for trends on the incidence and mortality in Ireland over the last 20 years. It was noted that gastric cancer incidence in Western Europe has been in significant decline in recent years but changes in population demographics in Ireland may be relevant to its considerations.

**Action: Chair to contact the NCRI seeking further information on trends in gastric cancer in Ireland over the last 20 years.**

## **6. Work Plan 2023**

Having carefully considered all Annual Call 2022 submissions, the outstanding Annual Call 2021 submissions and the updated European Council Recommendation on cancer screening, the Chair provided an overview and recap of the Committee's Work Programme and key areas for progress in 2023.

- Concerning the formal requests already made to HIQA the Chair restated that an HTA on the addition of Spinal Muscular Atrophy (SMA) to the NBS Programme is underway and the Committee should expect to receive the final report in Q4 2023.
- The Chair noted that HIQA has begun initial scoping work on the introduction of a population-based screening programme for Abdominal Aortic Aneurysm (AAA). The Committee had decided earlier in the meeting to progress this work with the extended cohorts in line with the submission received in Annual Call 2022.
- The Committee reaffirmed its decision for HIQA to progress HTAs on the evidence for changes the age range eligibility in the BowelScreen and BreastCheck programmes, with BowelScreen to be completed as soon as practicable.

The Committee noted that Prof. O'Higgins term as Chair of the Committee will finish in June 2023. The Secretariat will support the Minister for Health when he launches an expression of interest for the role which is planned for Q2 2023.

It was also noted that as the term of office for several members of the Committee will come to an end in October 2023. The Secretariat will seek members' views on next steps to avoid unnecessary loss of significant corporate memory and has a smooth transition to a refreshed membership.

The Committee also suggested that the Secretariat develops a survey of members to evaluate what has worked well since its establishment, what were the challenges and what is important for members of the Committee.

**Action: Secretariat to seek members' views on their term of office and to develop a survey of the members.**

## **7. NSAC Standing Orders**

The Secretariat provided an update on the review of the NSAC Standing Orders. A draft revised Standing Orders document was circulated to the Committee prior to the meeting and the Secretariat requested that members review the document and revert with any comments or edits.

An updated document will be presented to the Committee at the next meeting on 25 May 2023 for consideration.

Action: Secretariat to collate the responses received in relation to the updated Standing Orders and present a further updated document at the 25 May 2023 meeting.

#### **8. Communications & Engagement Update**

The Secretariat provided an update on recent Communications and Engagement since the 08 December 2022 meeting which included the conclusion of the Annual Call 2022 campaign and the advertisement for the four Committee vacancies. Preparations are also underway for the publication of the NSAC Annual Report 2022 and the recruitment campaign for the appointment of a new Chair.

#### **9. Administration**

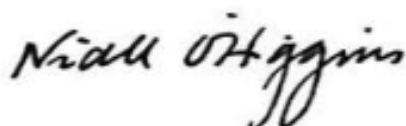
The Chair thanked everyone for their attendance and noted that the next meeting of the Committee is on 25 May 2023 and will be held in person.

**National Screening Advisory Committee (NSAC)  
Chair's Actions  
Following the 23 February 2023 meeting  
Notification of Chair's action on behalf of the NSAC**

| <b>Action Number</b> | <b>Chair's action</b>  | <b>Complete yes/no</b> |
|----------------------|--|------------------------|
| 1                    | Chair will write to HIQA and advise that the expanded cohorts should be included when scoping the evidence review process for the introduction of screening for AAA. Secretariat to send the proposal to HIQA for consideration. | Yes                    |
| 2                    | Chair to write to the CervicalCheck programme to seek their views on this proposal (Lichen Sclerosus).   | Yes                    |
| 3                    | Chair to write to the Department of Health and the HSE to advise of the Committee's advice on this matter (Fetal aneuploidy).  | Yes                    |
| 4                    | Chair to write to HIQA to formally request that they progress the work for age range extension in both programmes and complete the BowelScreen HTA first.  | Yes                    |
| 5                    | Chair to contact the NCRI seeking further information on trends in gastric cancer in Ireland over the last 20 years.   | Yes                    |

I confirm that I have taken the Chair's actions recorded above.

**Professor Niall O'Higgins**



**Chair, National Screening Advisory Committee**

**Date: 25/05/2023**