Screening for thrombophilia

Introduction

The aim of the HTA programme is to ensure that high quality research information on the costs, effectiveness and broader impact of health technologies is produced in the most efficient way for those who use, manage and work in the NHS. Health technology assessment forms the largest portfolio of work in the NHS Research and Development Programme and each year about forty new studies are commissioned to help answer questions of direct importance to the NHS. The studies include primary and secondary research and cost about £10 million a year. Questions are identified and prioritised to meet the needs of the NHS and its patients.

Question

What are the risks and benefits of screening for thrombophilia?

The topic

Thrombophilia is a disturbance of the coagulation mechanism which may lead to venous thromboembolism, with deep vein thrombosis being the most common problem. Thrombophilia can be inherited or acquired. Currently there is no unified approach to screening for thrombophilia and screening practices are indiscriminate with great countrywide variation in practice.

Methods

Secondary research is required in the form of a systematic review, with modelling to address the cost effectiveness of screening for thrombophilia in different populations. Groups to be considered for screening may include patients before surgery, particularly hip and knee replacement, pregnant women, women requesting the pill who have a family history of venous thrombosis, women with thrombophilia taking HRT, women with recurrent abortion and fetal loss and people with previous deep vein thrombosis (DVT) or family history of DVT.

The review should included assessment of the extent to which screening would meet the criteria used by the National Screening Committee for the evaluation of screening tests. These are available from NCCHTA or from the NSC website at www.nsc.nhs.uk/pdfs/criteria.pdf

Making an application

If you wish to submit a proposal on this topic, complete the electronic application form and return it to the Commissioning Manager at the National Coordinating Centre for Health Technology Assessment, Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX by 11 May 2001. Applications will be reviewed by the HTA Commissioning Board at its meeting in July 2001.

Applications received after 1700 hours on the due date will not be considered.

Guidance on applications

Methods

Applicants should demonstrate knowledge of current research in the field and of systematic review methods and state how these would apply to the question posed. Valid and reliable methods should be proposed for identifying and selecting relevant material, assessing its quality and synthesising the results. Guidance on choice of appropriate methods is contained in NHS CRD Report 4 *Undertaking systematic reviews of research or effectiveness* (www.york.ac.uk/inst/crd/report4.htm). Where policy implications are considered, the emphasis should be on assessing the likely effects of a range of policy options open to decision makers rather than a judgement on any single strategy. Where epidemiological modelling or economic evaluation is required, the range of uncertainty associated with the results should be assessed. In the assessment of cost-effectiveness, further data collection may be required to estimate resource use and costs. If there is evidence that the ratio of costs and benefits may differ between readily identifiable groups, applicants are encouraged to state how they will identify these differences.

Updating

In order to inform decisions on whether and when to update the review, researchers will be expected to give some indication of how fast the evidence base is changing in the field concerned, based on the nature and volume of ongoing work known at the time the review is completed. Applicants should note that they will not be expected to carry out updating as part of the contract to complete the review.

Communication

Communication of the results of research to decision makers in the NHS is central to the HTA Programme. Applicants will be required to communicate their work through peer-reviewed journals and may also be asked to support the NCCHTA in further efforts to ensure that results are readily available to all relevant parties in the NHS. Where findings demonstrate continuing uncertainty, these should be highlighted as areas for further research.

Timescale

There are no fixed limits on the duration of projects or funding. However, there is a pressing need within the NHS for the information and so the research would normally be expected to be completed within 12 months.