UK National Screening Committee

Screening for COPD in adults evidence map consultation comments pro-forma

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Do you consent to your name being published on the UK NSC website alongside your response?	**Yes**		

Section and / or page number	**Text or issue to which comments relate**	**Comment** *Please use a new row for each comment and add extra rows as required.*
P4	**Targeted Screening**	**We agree with the UK NSC position to not introduce screening for COPD in adults.** **The potential value of targeted screening would depend on whether identifying reduced spirometry results (for example, <80% predicted) leads to meaningful behaviour change, particularly improved smoking cessation rates. In the absence of clear evidence that this results in improved outcomes, the case for targeted screening remains limited.** **We do not consider that population-wide screening would be an effective or proportionate approach.**
P10 & 11	**Cohort Selection**	**We are concerned that no specific cohorts have been considered within this work. Groups such as people with severe mental illness, neurodivergence, or a learning disability may face additional barriers to accessing smoking cessation support and diagnostic services. They are also less likely to engage with preventative interventions, such as vaccination programmes and targeted lung health checks.** **In this context, there may be value in considering whether defined high-risk cohorts could benefit from a more tailored or targeted approach. This could help address existing inequalities in access and outcomes, and ensure that those**

		at greatest risk are not inadvertently excluded from potential interventions.
General	**General**	**We note that observational studies suggest earlier diagnosis and treatment of COPD may be associated with reduced exacerbations, hospitalisations and mortality compared with later diagnosis. While acknowledging the limitations of observational evidence, this supports the potential value of earlier identification in symptomatic individuals.** **We agree that non-selective population screening is unlikely to be cost-effective, which is consistent with international evidence. However, the Global Initiative for Chronic Obstructive Lung Disease (2026) recommendation for case-finding in higher-risk patients is a pragmatic approach that warrants consideration.** **In relation to previous concerns raised by the UK NSC, we note that there is an established diagnostic pathway for COPD based on characteristic symptoms and confirmatory spirometry, as reflected in National Institute for Health and Care Excellence guidance. The impact of case-finding on smoking cessation remains mixed, but there is emerging evidence that structured interventions in early disease may lead to improved outcomes.** **There is therefore a reasonable evidence base to support targeted case-finding in higher-risk, symptomatic populations. These individuals may be identifiable through validated questionnaires, which could be incorporated into existing primary care interactions, such as NHS Health Checks or routine reviews for cardiovascular disease, given the high level of co-morbidity.** **Further research is needed to assess the cost-effectiveness and feasibility of such targeted approaches within the NHS.**

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