



The CTFPHC Newsletter ISSUE 2

Canadian Task Force on Preventive Health Care
Developing and disseminating clinical practice guidelines for primary and preventive care, based on systematic analysis of scientific evidence.

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MESSAGE FROM THE CHAIR

Greetings! The Task Force has seen a very busy and exciting past few months with the release of our **Guideline on Breast Cancer Screening** (more info on page 2). Months of hard work put in by Task Force members, the Evidence and Review Synthesis Centre at McMaster University, the Task Force Office, and peer reviewers made this guideline possible, and resulted in recommendations that will give patients and primary care practitioners guidance on when to screen for breast cancer.



I'm pleased to announce the release of the Task Force's new video (more info on page 2), which will aid in the doctor-patient discussion surrounding screening for breast cancer. We hope this new media will highlight the importance of having an informed conversation on the harms and benefits of screening.

Looking ahead to 2012, the Task Force is continuing their work on a number of guidelines that are in progress (more of this on page 3) and we invite you to stay up to date on our work by linking up with us on our website at www.canadiantaskforce.ca

Sincerely,

Marcello Tonelli, MD SM
Chair, CTFPHC



The Task Force is comprised of 14 independent primary care experts who lead the development of recommendations for clinical preventive services in Canada. The Evidence Review and Synthesis Centre, based at McMaster University and co-funded collaboratively by CIHR and PHAC, develops systematic evidence reviews to inform practice guidelines and recommendations.

BREAST CANCER SCREENING GUIDELINE



In November of 2011, the Task Force released **Recommendations on screening for breast cancer in average-risk women aged 40-74 years**, published in the Canadian Medical Association Journal. These recommendations weigh the potential benefits of breast cancer screening against the harms of false positives and unnecessary biopsies.

REPORTING THE FACTS

Media coverage surrounding the release of the Task Force guideline on breast cancer screening was closely monitored and observed. Based on these observations, the Task Force noted some inaccuracies and misrepresentations in the coverage of these recommendations. For the sake of clarity, we would like to bring the following to our reader's attention:

- Contrary to what readers may have concluded from some of the media coverage, the Task Force is not anti-screening, nor are we pro-screening. The updated guideline supports optimum screening. These recommendations were developed to ensure the best use of mammograms and examinations for women in the 40-74 age group at average risk of developing breast cancer.
- Our guideline's scientific literature on breast cancer screening is current as of October 2011. Like the independent expert panels in other countries, the Task Force did not include observational studies to assess the benefits of treatment because of the risk of biases and of over-estimating the benefits of treatment as they have an inherently higher risk of reaching incorrect conclusions about the potential benefits of treatment.
- The Task Force guidance on mammography is largely in keeping with the current practices of the provincial and territorial screening programs. Most provinces do not actively recruit patients under 50 years of age.

Women who are under 50 years of age can get a screening mammogram in many provinces upon self-referral or physician referral – which is consistent with the Task Force recommendation that women and their physicians have an open dialogue about their options and whether or not that individual should undergo screening.

- Our recommendations are also consistent with guidelines from independent organizations in the United States, The United Kingdom and Australia. The Guidelines have also been endorsed by the College of Family Physicians of Canada.
- Task Force members are all unpaid volunteers, and contrary to many critics of the guideline, we do not have any financial or scientific conflicts of interest. For more information on the Task Force's conflict of interest policy, please review our **Procedure Manual**.

Ultimately, we want women to understand both the benefits and the risks of mammography and speak to their primary care providers about these benefits and risks when discussing their options for breast cancer screening.

BREAST CANCER VIDEO

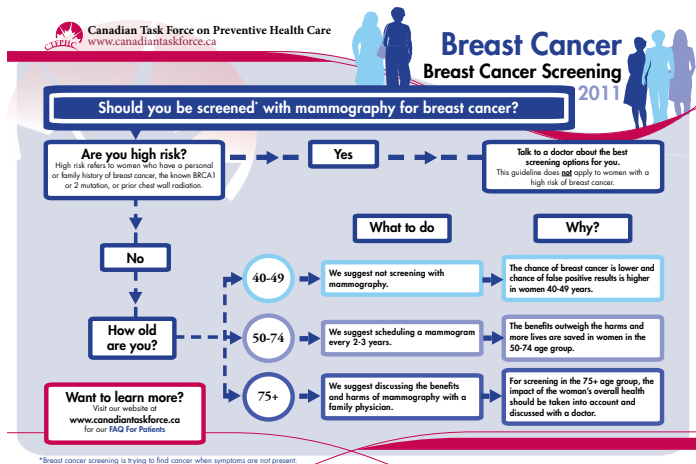
The Task Force has released a video to aid in facilitating the doctor-patient discussion around breast cancer screening.

Available on the Task Force website, it is our hope that this tool will help to interpret the breast cancer screening guideline and bring the importance of the doctor-patient discussion into focus. Every patient is different, and we encourage every woman to discuss the risks and benefits of screening with their doctor before deciding on the best approach for them.

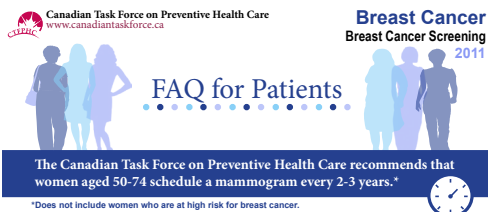
<http://youtu.be/6MMGb4MWaXk>

RESOURCES FOR PATIENTS

A patient algorithm (click the image below to view) was developed to walk patients through the Task Force's recommendations by asking questions related to risk and age.



For more information on the Task Force's guideline on breast cancer screening, consult our FAQ for Patients (below):



Who is considered at 'high risk'?
High risk refers to women who have a personal or family history of breast cancer, and/or a gene mutation known as BRCA1 or BRCA2, and/or prior chest wall radiation. The BRCA1 and BRCA2 gene mutation greatly increases a person's risk of breast cancer. This guideline does not apply to women with a high risk of breast cancer. If you are high risk, consult a physician about the best screening options for you.

Why are these recommendations important?
Breast cancer is the second most common cause of cancer deaths among women aged 40-79. In 2010, approximately 80% of new breast cancer cases diagnosed in Canada were in women older than 50, and of those, approximately 28% were in women 70 or older.

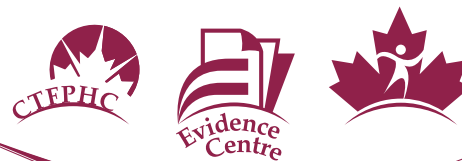
What does breast cancer screening mean?
Breast cancer screening is trying to detect cancer when symptoms are not present.

What is the best way to screen for breast cancer?
The most common method of breast cancer screening is with a special x-ray called mammography. A mammogram takes x-ray images (film or digital) of the soft tissue of the breast to look for signs that breast cancer may be developing, even if there are no previous symptoms. Other methods such as ultrasounds are also used under certain circumstances, but mammography has been shown to be the most effective method of screening for breast cancer in its early stages.

What are some of the harms associated with mammography?
Detecting cancer requires tests such as mammography (x-rays) and biopsies (taking a sample of the breast tissue to look for signs of cancer under a microscope). Because these tests are not always accurate, screening can lead to unnecessary testing or breast surgery in women without cancer. However, it can also prevent unnecessary deaths in women who have breast cancer that has not yet been detected. Some of the harms that can be associated with mammography are false positives, where a screening test indicates that you might have cancer when in fact you do not. False positive results may lead to anxiety, unnecessary biopsies, lumpectomy (removing a lump in the breast, whether cancerous or not) and/or mastectomy (removal of a breast).

As always, the Task Force encourages women to discuss their screening options with a primary care practitioner who is aware of their health background and family history.

Stay tuned on our website, www.canadiantaskforce.ca as the Task Force will be



releasing new tools to help doctors and patients work through these new guidelines.

GUIDELINES IN PROGRESS

The Task Force has begun the guideline development process on a number of topics after meeting in 2010 to establish topic priorities. Criteria for topic selection were developed and applied to ensure transparency, reproducibility and objectivity in the topic-selection process. On the basis of these criteria, the topic prioritization working group solicits and considers input from the Task Force and its partners about which topics should be addressed.

Guidelines currently being worked on are:

- Screening for diabetes
- Screening for hypertension
- Screening for depression
- Screening for cervical cancer
- Screening for obesity in adults
- Screening for obesity in children

RATING THE EVIDENCE

There are numerous evidence rating systems in use by different guideline developing organizations. With so many systems in existence, it is often difficult to compare ratings and guidelines within or among countries.

The **Grading of Recommendations, Assessment and Evaluation system (GRADE)** is an international system that aims to increase comparability among guidelines from different organizations.

The Task Force selected GRADE because it is a transparent and explicit decision-making system that has overcome the shortcomings associated with many previous rating systems.



USING GRADE

What is GRADE? GRADE is the gold standard for qualifying the rigor of research studies in the development of guidelines.

What does a strong recommendation mean? A strong recommendation means that most individuals should receive the intervention and it can be adapted as policy in most situations.

What does a conditional (weak) recommendation mean? A conditional recommendation recognizes that different choices will be appropriate for individual patients and that clinicians must help each patient arrive at a management decision consistent with his or her values and preferences. Policy making will require substantial debate and involvement of various stakeholders.

Who has endorsed or used GRADE? World Health Organization (International), The Scottish Intercollegiate Guidelines Network (UK), Ministry of Health and Long-Term Care (Ontario, Canada), American College of Physicians (U.S.A.), The Cochrane Collaboration (International), British Medical Journal (UK), Agency for Healthcare Research and Quality (U.S.A.), etc.

To view an information sheet on GRADE, click [here](#).

For an interactive guide on how to interpret the guidelines using GRADE, follow this link.

Those wishing to learn more about GRADE may be interested in reading their introductory version published in the **British Medical Journal**, which can be found [here](#).

GRADE WORKSHOPS

Interested in learning more about GRADE? Sign-up to attend a workshop today!

March 23-24, 2012: Introductory course and advanced GRADE workshop (mainly in German) in Freiburg, Germany

April 2, 2012: Half-day introductory GRADE workshop in Clearwater, Florida, USA

More courses to follow. Check back on GRADE's website as more workshops are announced or send an email to: mail@gradeworkinggroup.org

TASK FORCE AT FMF, NAPCRG

At the 2011 **Family Medicine Forum (FMF)**, that took place in Montreal, Quebec from November 3-5, 2011, the Task Force held a presentation focused on GRADE and broke into groups for a workshop to help attendees better understand GRADE.

The Task Force presented a workshop at the **North American Primary Care Research Group (NAPCRG)** annual meeting, held in Banff, Alberta from November 12-16, 2011. The meeting, which was attended by family physicians and international guideline developers, included a workshop by the Task Force based around their methodology and the guideline development process.

Be sure to check back on our website for upcoming events and Task Force presence at future conferences.

EMR MEETING IN TORONTO

Select Task Force members and Task Force Office staff met with external experts on Electronic Medical Records (EMR) in Toronto on January 11, 2012. Held at St. Michael's Hospital, this all-day meeting facilitated some key strategies for the Task Force to consider in order to best meet the needs of primary care providers in today's ever-advancing technological age.

A report of the EMR meeting in Toronto will be online on the Task Force's website once available. To receive Task Force updates as they become available, please **sign up for our mailing list**.

The Canadian Task Force on Preventive Health Care

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