



The CTFPHC Newsletter

ISSUE 3

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.

MESSAGE FROM THE CHAIR

Greetings! I am pleased to announce the release of three new clinical practice guidelines: Type 2 Diabetes, Hypertension, and Cervical Cancer Screening.

On October 16, the Canadian Medical Association Journal (CMAJ) published [Recommendations on screening for type 2 diabetes in adults](#). In addition to the guideline, the CTFPHC has also developed knowledge translation tools for primary care providers and patients, including a [FINDRISC for Clinicians](#) and [Frequently Asked Questions \(FAQ\) document for patients](#).

On October 25, the CTFPHC launched the [Recommendations on screening for high blood pressure in Canadian Adults](#). A [Clinician Algorithm](#) was developed in partnership with the Canadian Hypertension Education Program (CHEP), to aid primary care practitioners in screening patients with hypertension.

On January 7th, 2013, [Recommendations on screening for cervical cancer](#) was published in the CMAJ. This guideline emphasizes the balance between the benefits of screening and the potential harms associated with Pap tests for patients of different age groups. For more information regarding Cervical Cancer, please see our [Resources](#) page to view tools for members of the public and primary care practitioners.

As always, we appreciate your interest in the work of the CTFPHC and we encourage you to stay up to date on our work by visiting our [website](#).

Sincerely,

Marcello Tonelli, MD SM

Chair, CTFPHC

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The Canadian Task Force on Preventive Health Care (CTFPHC) is composed of 14 experts who develop recommendations for clinical preventive services delivered by Canadian primary care practitioners. The CTFPHC is responsible for prioritizing the topics that will be reviewed, and works with the Office of the CTFPHC (OCTFPHC) to define the analytic framework and scope of each topic. In the preparation of evidence reviews and the development of recommendations for each topic, the CTFPHC collaborates with the Evidence Review and Synthesis Centre and the OCTFPHC. The CTFPHC also leads knowledge translation and dissemination activities, and assists key stakeholders in designing and implementing an evaluation strategy to assess the impact of the guidance documents.

SCREENING FOR TYPE 2 DIABETES

In October 2012, the CTFPHC released recommendations on Screening for Type 2 Diabetes in the adult population, published within the [CMAJ](#). These recommendations are important for Canadians, given that more than 200,000 Canadians are newly diagnosed with diabetes each year.

Early diagnosis of diabetes allows for effective management with diet, exercise, and medication (if necessary) that can delay the onset or reduce the risk of developing diabetic complications. Positive lifestyle habits, such as eating a healthy diet and not smoking, can slow down or prevent the development of diabetes.

Type 2 Diabetes can be effectively controlled with numerous lifestyle modifications, but it is a potentially serious condition. It is, therefore, important that Canadians talk to their primary care practitioner about the risks of diabetes and whether or not they should be screened.

For further details visit the [Screening for Type 2 Diabetes Guideline](#) page.

SCREENING FOR CERVICAL CANCER

The Cervical Cancer working group released its guidelines on January 7th, 2013. Recent new knowledge about cervical cancer has emerged within the last few years; including changes in epidemiology in Canada, liquid-based technology, and the development of tests that measure Human Papillomavirus (HPV). The CTFPHC provides recommendations that build on evidence-based research. Unlike previous screening recommendations for cervical cancer, the new CTFPHC approach balances not only the benefits of testing, but also the potential harms that may be caused from screening.

Coupled with information from other countries, this balance of information helped the CTFPHC make a strong recommendation against Pap testing in women under the age of 20, a weak recommendation against Pap testing in women less than 25 years of age, a weak recommendation to support for screening in women aged 25 to 29, and a strong recommendation for screening women ages 30 to 69.

For further details visit the [Screening for Cervical Cancer Guideline](#) page.

SCREENING FOR HYPERTENSION

Looking at new evidence regarding screening for high blood pressure, the CTFPHC updated its 1994 clinical practice guideline to incorporate this scientific research. The CTFPHC released [Recommendations on screening for high blood pressure in Canadian Adults](#) in October 2012 at the Canadian Hypertension Congress.

The CTFPHC also embarked on a new approach to guideline development; where the hypertension working group included two members of the Canadian Hypertension Education Program (CHEP). This collaboration was very productive, resulting in a streamlined guideline, as well as a decreased potential for varied guidance to primary care practitioners from different organizations. The CTFPHC completed a critical appraisal of the CHEP guidelines for measuring of blood pressure using the [AGREE tool](#) and subsequently adopted them as part of the guideline.

For further details visit the [Screening for Hypertension Guideline](#) page.



GUIDELINES IN PROGRESS

The CTFPHC is working on a number of guidelines including those which will address the following topics:

- Screening for depression
- Screening for prostate cancer
- Screening, Prevention and Treatment of Overweight / Obesity in Adult Populations
- Primary and Secondary Prevention of Overweight / Obesity in Children and Youth
- Screening for colorectal cancer

The CTFPHC always welcomes suggestions from members of the public and primary care practitioners. To submit a topic for consideration, please visit the [Call for Topics](#) page.

CTFPHC AT FMF AND NAPCRG

The Family Medicine Forum (FMF) 2012 was held in Toronto, Ontario from November 15th to 17th, 2012. Dr. Richard Birtwhistle and Dr. Neil Bell, from the CTFPHC, presented a workshop on Interpreting the CTFPHC Breast Cancer Screening Guideline. This workshop reviewed the recommendations of the CTFPHC guideline on [Screening for Breast Cancer](#) with mammography, and the [GRADE](#) methodology used to develop the guideline recommendations. Many of the issues raised by workshop participants related to understanding the harms and benefits of screening for breast cancer with mammograms.

The CTFPHC also presented at the North American Primary Care Research Group (NAPCRG) annual meeting, which was held in New Orleans, Louisiana from December 1st to 5th, 2012. The meeting was attended by family physicians and international guideline developers. The CTFPHC co-presented a workshop with other international guideline development groups; including the United States Preventive Services Task Force and the United Kingdom's National Institute for Clinical Excellence. The workshop focused on guideline development methodologies, as well as strategies for increasing guideline uptake and relevance for clinicians. The CTFPHC also completed a presentation on the work they are doing in addition to its guidelines, including adapting the guidelines for the Canadian context, identifying research gaps, implementing performance measures, and developing and evaluating novel knowledge translation strategies.

RESOURCES

The CTFPHC has developed guidance documents for members of the public and primary care practitioners, in order to aid them in the decision making process. In November 2011, the Breast Cancer Risks vs. Benefits Poster was created for different age cohorts. This tool helps women make an informed decision regarding screening with mammography.

Hypertension tools, including a clinician algorithm, were produced in late-October, 2012 to help primary care practitioners in determining a patient's risk of hypertension and provides management recommendations based on this risk.

The CTFPHC has developed screening tools for Type 2 Diabetes, and Cervical Cancer. These documents are available to help primary care practitioners implement the recommendations into their practice and help patients determine whether or not they should be screened; tools include Patient and Clinician FAQs, and Patient and Clinician Algorithms.

As always, the CTFPHC encourages members of the public to discuss screening options with their primary care practitioner, who is aware of their health background and family history.

To view all of the CTFPHC's tools, please visit the [Resources](#) page.

The image contains two informational graphics. The left graphic is a flowchart titled "SCREENING FOR HYPERTENSION IN THE ADULT POPULATION 2012". It outlines the process from initial BP measurement to follow-up visits, detailing criteria for diagnosis and management based on systolic and diastolic blood pressure readings. The right graphic is a poster titled "Should I be screened with mammography for breast cancer?". It discusses the absolute benefit of screening, showing that for 1000 women aged 40-49 years, screening results in 10 fewer breast cancer deaths. It also notes that 100 women would experience a false positive mammogram requiring further imaging, and 10 women would have a biopsy, with 1 at least 10 women requiring a breast part or all of a breast amputationally removed and 10 women would escape a breast cancer death.