



Canadian Task Force on Preventive Health Care

Developing and disseminating clinical practice guidelines for primary preventive care based on systematic analysis of scientific evidence.



Message From the Chair

Greetings! In this issue, I am pleased to share information on a number of exciting Task Force activities.

Earlier this month, we released our clinical practice guideline, *Recommendations on screening for breast cancer in women aged 40–74 years who are not at increased risk for breast cancer*, which was published in CMAJ. For more information about the guideline, systematic reviews, and associated KT tools, please visit the [guideline page](#).

This fall the Task Force hosted booths at two conferences: the Congrès annuel de médecine and the Family Medicine Forum. Each conference event was a success, and the Task Force disseminated thousands of KT Tools.

The Task Force recently developed videos to provide primary care practitioners with key information about lung cancer screening. The videos reference the Task Force’s [2016 lung cancer guideline](#) recommendations and explain disease progression, lung cancer screening, and the overall benefits and harms of screening. The videos are available in both [English](#) and [French](#).

In addition, the Task Force is leading a 2-year pilot initiative to develop and evaluate a network of Clinical Prevention Leaders (CPLs) who are trained in Task Force guideline development and implementation. CPLs across Canada promote the uptake of clinical practice guidelines through educational outreach and peer-to-peer learning. For more information on this initiative or how to become a CPL, see below or visit our [website](#).

As always, we appreciate your interest in the Task Force and we encourage you to stay up to date on our work by visiting our website at www.canadiantaskforce.ca.

Sincerely,

Brett Thombs, PhD
Chair, Canadian Task Force on Preventive Health Care

In This Issue

Release of the Task Force’s Breast Cancer Screening Guideline Update	2
Conferences	2
Lung Cancer Video	2
Clinical Prevention Leaders Network Update	3
Meet the Task Force	3
Announcements	3
Other Opportunities for Engagement	4
Guidelines in Progress	4

About Us

The Canadian Task Force on Preventive Health Care is composed of experts who develop recommendations for clinical preventive services delivered by Canadian primary care practitioners. The Task Force is responsible for prioritizing the topics that will be reviewed and is supported by the Global Health and Guidelines Division of the Public Health Agency of Canada to define the analytic framework and scope of each topic. The Task Force collaborates with two evidence review and synthesis centres from the University of Ottawa and the University of Alberta, which conduct evidence reviews that the Task Force uses to develop its recommendations. The Task Force’s Knowledge Translation (KT) Team from St. Michael’s Hospital in Toronto leads KT activities to promote guideline reach and uptake and to support practitioners and patients in shared decision making.

Release of the Task Force’s Breast Cancer Screening Guideline Update

On December 10th 2018, the CMAJ published the Task Force’s 18th guideline. This guideline addresses screening for breast cancer in women aged 40–74 years who are not at increased risk for breast cancer.

Recommendations

While the Task Force has not changed the direction of its recommendations from its 2011 guideline, the new guideline clarifies recommendations as being *conditional* upon a woman’s personal priorities around harms and benefits of screening.

- **The Task Force recommends against screening women aged 40 to 49 years old;** the recommendation is conditional on the relative value a woman places on possible benefits and harms from screening. In situations where women of this age wish to be screened, they are encouraged to discuss options with their health care provider.
- **The Task Force recommends in favour of screening women aged 50 to 74 years with mammography every 2-3 years.** The decision to undergo screening is conditional on the relative value that a woman places on possible benefits and harms from screening. Clinicians are encouraged to engage in shared decision-making to support women to make an informed decision aligned with their priorities.

“The Guideline reflects the growing importance of shared decision-making between patients and physicians in preventive health screening, especially in situations like this where the balance between potential benefits and harms is not certain,” said Dr. Donna Reynolds, member of the Task Force. “This has led to conditional screening recommendations that emphasize that women should be supported to make the decision that is most consistent with their own priorities regarding possible screening outcomes. For example, while screening is recommended in women aged 50-74, shared decision making should occur, and through this process some women will appropriately choose not to be screened.”

“The Canadian Partnership Against Cancer supports the Task Force’s recommendations on breast cancer screening, specifically the need for more informed conversations and shared decision-making between women and their health care providers,” said Dr. Craig Earle, vice-president, Cancer Control at the Partnership. “We know there are many women who have the positive experience of screening catching cancer early, but we know there are also some for whom screening resulted in unnecessary medical procedures and a stressful period waiting for results. The Partnership looks forward to continued work with provincial and territorial partners to monitor the performance of breast screening programs.”

This clinical practice guideline has been endorsed by the Nurse Practitioners’ Association of Canada (NPAC).

For the complete guideline and accompanying patient and clinician Knowledge Translation tools, please visit: www.canadiantaskforce.ca

Conferences

Attending key conferences is an important component of the Task Force’s strategy to ensure that practitioners have the opportunity to learn about the Task Force, our clinical practice guidelines, and other activities while directly accessing our KT tools and other resources. This fall the Task Force attended the Congrès annuel de médecine and the Family Medicine Forum.

Congrès annuel de médecine 2018

The Task Force exhibited at the 2018 Congrès annuel de médecine hosted by the Médecins francophones du Canada from October 11 to 12, 2018 in Montreal, Quebec. The Médecins francophones du Canada represents Canada’s French-speaking physicians, and the annual conference attracts hundreds of physicians and other health care professionals, including those working in family medicine. The Task Force disseminated over 2000 of our French KT tools and had great conversations with those who attended the conference.

Click [here](#) for more information about this conference.

Family Medicine Forum 2018

The Task Force also exhibited at the Family Medicine Forum hosted by the College of Family Physicians of Canada, from November 15 to 17, 2018 in Toronto, Ontario. Thousands of delegates attended, including primary care practitioners, residents, medical students, physician assistants, and nurse practitioners. The Task Force distributed approximately 9400 KT tools, including our most recently published tools on screening for asymptomatic bacteriuria in pregnancy and screening for impaired vision. Members and alumni of the Task Force also presented three sessions:

1. *Update on screening recommendations: What is new, what is controversial?*
2. *Prevention in practice: What to do less often, or not at all?*
3. *Assessing the quality of guidelines to choose for family practice.*

Click [here](#) for more information about this conference.

Lung Cancer Video

This video was developed by the Task Force to provide primary care physicians with key information about lung cancer screening. The video references the Task Force’s [2016 lung cancer guideline](#) recommendations. The video explains disease progression; lung cancer screening; and the Task Force lung cancer screening guideline recommendations, including the overall benefits and harms of screening.

To access the Task Force’s Lung Cancer Video in English or French please visit:

- [English Video Series](#)
- [French Video Series](#)

Clinical Prevention Leaders Network Update

The purpose of this network is to develop Canadian capacity in clinical practice guideline development, to promote the uptake of clinical practice guidelines, and to address barriers to guideline implementation at a local level through educational outreach and peer-to-peer learning, in conjunction with other knowledge translation activities. An initial group of 13 CPLs were selected based on their experience as a practicing primary care practitioner or allied health professional; interest in the CTFPHC and evidence-based medicine; experience in educational outreach; and the degree to which they are considered social influencers.

We are currently recruiting additional CPLs to join this initiative. If you are interested in becoming a CPL please contact **Kate Einarson, research coordinator** (EinarsonK@smh.ca) with the subject line ‘CPL Network’.

Meet the Task Force

Dr. Donna Reynolds



Hi, I’m Donna. I am a full-time family physician in Toronto and an assistant professor at the Department of Family and Community Medicine at the University of Toronto and the Scarborough and Rouge Hospital. I am also a public health and preventive medicine specialist and assistant professor with the Dalla Lana

School of Public Health, also at “U of T”. Having joined the Task Force in 2017, I still feel relatively new to the processes and people. I am extremely grateful, however, for the friendly, enthusiastic, curious and methodologically rigorous environment that is the Task Force. During my career, I have always had an interest in triangulating research, service, and policy with the aim to augment each domain. The Task Force activities help me fulfill this balance, making me a better clinician, researcher, and guideline developer.

I started my career as a research assistant at the Ontario Cancer Foundation (now Cancer Care Ontario), and became interested in epidemiology. With encouragement of some incredible researchers, I achieved my master of science, however, I outgrew my job! I subsequently became a research coordinator at the Health Priorities Analysis Unit at McMaster. The unit was a bridge between academia and public health and introduced the challenges of disseminating research and health communication. I can’t say enough about the positive, equitable environment promoted by McMaster. Hence, I went to medical school there!

My residency was a new program that combined family medicine and public health and preventive medicine, and I continue to wear both “hats”. For eight years, I was an Associate Medical Officer of Health in Ontario and worked on the control and investigation

of the Walkerton Water disaster, SARS, and many other chronic and novel infectious disease topics. SARS was extremely difficult for frontline public health staff as the chronic lack of resources for our public health system was laid bare. At the same time, it provided amazing opportunities for cooperation between clinicians, public health, and researchers. As it has been said, “*It was the best of times and the worst of times*”.

Mid-career, I wanted a change and transitioned to vaccine research for five years. I worked on vaccines at all stages of development. I oversaw global clinical trials and participated in vaccine licensures around the world – truly rewarding.

Now, I practice family medicine full-time, with diverse patients covering the entire age continuum. I enjoy teaching medical students and residents and I am thrilled to share the Task Force’s KT tools with them. I continue with research projects, ever looking for opportunities to learn. To maintain work-life balance, I keep active with ice dancing (yes, figure skating), windsurfing, hiking, running and more (I love cardio). My husband and sheltie help keep me grounded, as do my patients whose lives I am privileged to be a part of. Thanks for the opportunity to share!

Announcements

Annual Evaluation

The CTFPHC invites you to participate in our 2018 annual evaluation! Our evaluation seeks to measure the impact and uptake of our guidelines and tools, and to identify new opportunities for the CTFPHC. We would love to get your input! You can participate in the evaluation by:

- Completing an [online survey](#) for a chance to **WIN AN IPAD**; or
- Completing an [online survey](#) and participating in a telephone interview for **\$100 COMPENSATION**

For more information, please visit our [website](#) or contact **Kyle Silveira, research assistant**, (SilveiraK@smh.ca) with the subject line “Annual Evaluation 2018”.

We look forward to hearing from you!

CTFPHC Internship Program

The Task Force is committed to providing mentored training opportunities to Canadian health care trainees and early career professionals. Opportunities for Task Force Interns include short-term and longer-term internships. Interns will have the opportunity to work closely with a Task Force member who will supervise and provide mentorship.

- Short-term Internships
Include projects that can be completed in a period consistent with a residency research rotation and could be used to fulfill rotation requirements.
- Longer-term Internships
Involve a mentored experience working with the Chair of a Task Force guideline working group from the initiation of the guideline process through completion.

Eligible applicants include MDs in residency training programs or who are conducting fellowships, trainees in doctoral programs, and practicing health care professionals in the first 5 years of their careers.

For more information regarding specific eligibility for short-term and long-term internships and the application procedure, please visit the [Task Force Internship Program](#) page.

Other Opportunities for Engagement

Usability Testing of Practitioner Tools

The Task Force produces practitioner tools to support each of its guidelines. To ensure that the content, layout, navigation, and aesthetics of these tools are appropriate and useful for practice, we conduct usability testing with practitioners. If you are interested in reviewing and providing feedback on one of our upcoming guideline tools, please contact **Kyle Silveira, research assistant** (SilveiraK@smh.ca) for more information. Participants will be paid for their time.

Patient Engagement in Guideline Development

The Task Force engages patients in its guideline development process. Specifically, the Task Force recruits patients to provide input at up to three stages of the guideline development process: (1) when outcomes are selected for inclusion in the systematic review protocol; (2) when the final guideline recommendations and KT tools are developed; and (3) when patient KT tools are usability tested. The Task Force uses feedback provided by patients to guide the search for evidence on the harms and benefits of preventive health care interventions and to develop KT tools to accompany the guidelines.

Guidelines in Progress

Upcoming Task Force clinical practice guidelines include the following topics:

Screening for esophageal adenocarcinoma

For more information about these forthcoming guidelines, please visit our [upcoming guidelines website page](#).

Topic Suggestions

Is there a preventive health topic that you would like to see the Task Force develop a clinical practice guideline for? Let us know what you are passionate about! We accept topic suggestions on a rolling basis. To submit a suggestion, please complete an [online form](#).

Suggestions for the next newsletter

Is there a subject that you would like to see addressed in the next issue of the Task Force newsletter? Let us know what you would like to see covered! We are always accepting suggestions. To submit a suggestion, please contact **Arthana Chandraraj, research assistant** (ChandrarajA@smh.ca) with the subject line “Newsletter Suggestions”.