

# CANADIAN TASK FORCE ON PREVENTIVE HEALTH CARE

Meeting of June 24, 2010  
Southway Inn – Ottawa, Ontario

## PUBLIC RECORD OF MEETING

### Present:

#### Task Force Members

**Chair:** Dr. Marcello Tonelli

Dr. Michel Joffres

**Vice-Chair:** Dr. Richard Birtwhistle

Dr. Patrice Lindsay

Dr. Neil Bell

Dr. Kevin Pottie

Dr. Paula Brauer

Dr. Elizabeth Shaw

Dr. James Dickinson

Dr. Harinder Singh

#### Public Health Agency of Canada (PHAC)

Dr. Sarah Connor Gorber

Dr. Gabriela Lewin

Tess Grisé

Catherine Makris

Nancy Hajal

Christopher Murray

Meaghan Isaacs

### Note Taking

Diane Finkle-Perazzo, Wordsmith Writing and Editing Services

#### Evidence Review and Synthesis Centre (ERSC)

Dr. Parminder Raina

Donna Fitzpatrick-Lewis

#### Expert Advisor (KT)

Dr. Sharon Straus (teleconference)

### Regrets:

Dr. Donna Ciliska, Dr. Martin Fortin, Mary Gauld, Dr. Nicole Hodgson, Dr. Patricia Parkin

## **1 Review of Action Items from April 26 – 27 Meeting Minutes**

Members reviewed the minutes of the previous meeting and noted action items that were completed.

## **2 Concept Paper**

The Task Force members reviewed the draft of a concept paper which includes a vision for the CTFPHC. In order for the Task Force guidelines to be useful within the context of numerous additional guidelines available to primary health care professionals, it will be important to be clear on how the Task Force guidelines differ and how Task Force experts will avoid duplication of guideline production. Members discussed the draft concept paper and put forward a number of suggestions. It is expected that the concept paper will be made public in late 2010.

## **3 Working Group Presentations**

### **3.1 Topic Prioritization**

Dr. Sarah Connor Gorber provided an overview of the topic prioritization process by the Task Force. The Task Force had previously selected four topics for 2010. One additional topic was required for 2010 and 8-10 topics for 2011. The topics identified for 2010 are:

- screening for breast cancer
- screening for hypertension
- screening for diabetes
- screening for depression
- screening for cervical cancer

Dr. Connor Gorber provided a detailed review of the process used for topic selection. This process resulted in a short list of 30 new topics which was ranked and used to determine the final recommendations for topics. Following the meeting, the list of topics will be voted upon by Task Force members and the final list of topics will be made public on the Task Force website.

Task Force Members discussed the topic prioritization process and had a number of suggestions to ensure that priorities are driven by what practitioners need. Recommendations should be framed in order of priority so that practitioners can determine how to be most effective when counselling patients.

### **3.2 Methods**

Dr. Marcello Tonelli provided a report from the Methods Working Group and is in the process of revising the methods manual of the Task Force. Guidelines will generally be

provided in a number of formats: a one-page clinician summary; a four–five page published manuscript and a twenty-five page technical document.

Task Force members raised a number of lenses and contextual factors to consider during the research and guideline process (e.g. aboriginals, elderly, remote dwellers, children and gender). There was discussion about the importance of communicating with Statistics Canada about data collection issues around these population groups.

### **3.3 Breast Cancer**

Dr. Tonelli reported on activities of the breast cancer working group. The project scope includes an update of the 2008 U.S. Preventive Services Task Force (USPSTF) guidelines; reformatting according to GRADE and the addition of new CTFPHC sections according to contextual questions.

Task Force members provided a number of suggestions related to issues such as over-diagnosis and the need for guidance on other populations with a low/high incidence of breast cancer.

### **3.4 Breast Cancer Evidence Summary**

Dr. Parminder Raina and Donna Fitzpatrick-Lewis provided a presentation and discussion of the breast cancer evidence collected by the ERSC. The purpose of the review is to provide an update of the 1994 Canadian Task Force recommendations on breast cancer screening and the 2009 USPSTF recommendations on breast cancer screening. In addition to the presentation slides, participants also examined a handout which provided GRADE tables and plots.

Task Force members raised a number of points related to the presentation of age range and the need for a uniform language and scale.

### **3.5 Hypertension**

Dr. Patty Lindsay provided a report from the hypertension working group and presented a draft of several key questions. Task Force members made suggestions such as including sub-populations and the value of treatment issues.

### **3.6 Diabetes**

Dr. Kevin Pottie provided an overview of the evidence protocol for diabetes. Recent work by the diabetes working group has included the development and refining of the decision process: population, intervention, control and outcome (PICO) ; refining an analytical framework to assist with key questions; selecting key outcomes; considering other recommendations as well as contextual issues.

Task Force members discussed issues such as the fact that age group is an important consideration given that diabetes is being seen in younger groups. There is currently an increase in interest in diabetes in children and there is knowledge that incidence will rise in

this group. It was agreed that there should be a separate guideline that covers diabetes in children.

It was agreed that the working group would re-rank the outcomes, work on the questions to make them consistent with the previous guidelines and develop an approach to improve outcomes.

### **3.7 Depression**

Dr. Michel Joffres provided an overview of the evidence protocol for depression. A conference call has been held as well as e-mails to discuss key questions. There has also been a follow-up call to discuss the list of questions and presentation. Next steps will involve refining questions and creating an algorithm and ranking outcomes/harms as well as further involvement and discussions with the ERSC.

Task Force members suggested that the list of outcomes be reduced and raised a number of additional issues for discussion at the next working group teleconference.

## **4 Knowledge Transfer and Exchange – Status and Next Steps**

Dr. Sharon Straus joined the meeting by teleconference and provided an update on the work of the KT working group. The objectives of the work group are to tailor the KT strategy for each guideline including consideration of relevant integrated and end of guideline KT approaches; identify and engage relevant partners/stakeholders early in the guideline development process and strive to keep them engaged throughout the dissemination process.

Task Force members suggested that the electronic health records initiatives be examined as a basis for ongoing evaluation of guideline uptake and practice.

The Task Force will establish a stakeholder advisory group focused on engaging experts in implementation of working groups and methodology development to provide continuing expertise.

## **5 Strategic Planning and Discussion on Member Roles and Responsibilities**

Dr. Tonelli congratulated Task Force members on their work and acknowledged how far they had come in two months. The Task Force then discussed a number of process issues such as the extensive time commitment and frequency of meetings. It was suggested that a regular teleconference be held at a time that Task Force Members can attend.