

Improving cancer surveillance for breast, colorectal and prostate cancer: Actionable recommendations for the BETTER Program

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Context

- Cancer and chronic disease prevention and screening (CCDPS) guidelines are not consistently applied in primary care.
- Cancer survivors are not only at risk of cancer recurrence but also remain at risk for other cancers and chronic diseases.
- Despite closer monitoring, cancer survivors achieve fewer prevention and screening goals than the general population.
- The BETTER Program involves an evidence-based intervention provided by a healthcare professional with enhanced skills in CCDPS and cancer surveillance, the Prevention Practitioner (PP).
- Guided by the BETTER toolkit, the PP meets with patients to assess their risk for cancer and chronic disease, and for patients with a personal history of breast, colorectal, or prostate cancer, also determines their cancer surveillance status.

Objectives

- To describe the evidence review and knowledge synthesis process used to identify and amalgamate high-quality clinical practice guidelines (CPGs); and
- To harmonize the cancer survivorship recommendations for breast, colorectal and prostate cancer; and
- To identify, develop and refine the resources and tools for inclusion in the BETTER Cancer Surveillance toolkit.

Setting

- Rural, remote, and urban primary care settings in Canada.
- Cancer survivors – adults 40-69 years of age.

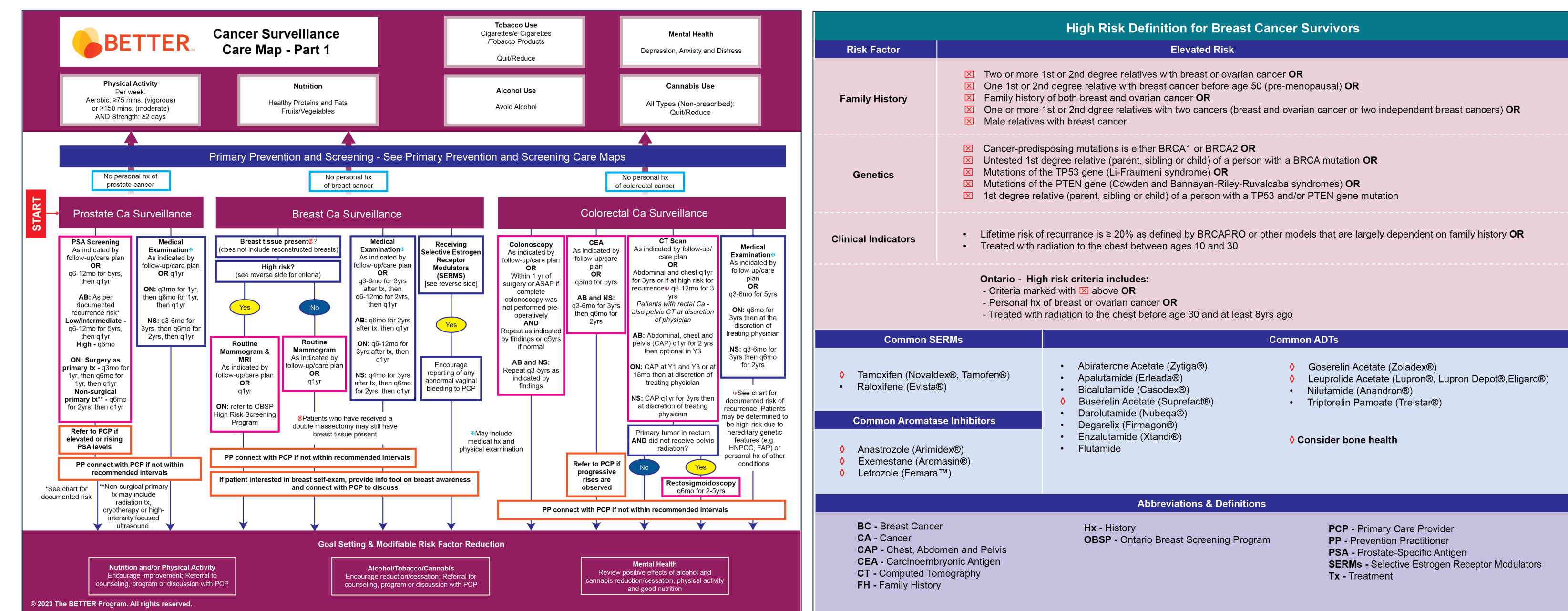
Methods

Who? Clinical Working Group (CWG) composed of decision-makers, researchers, clinicians and a patient representative across Canada.

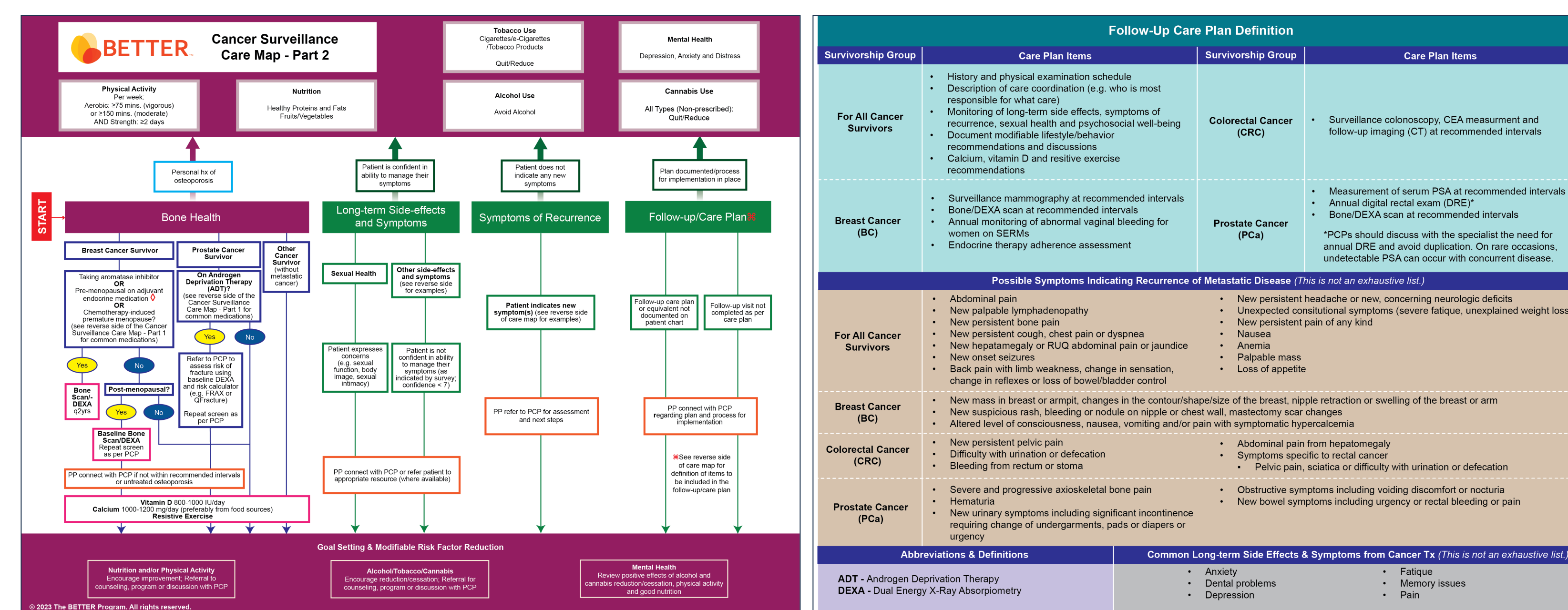
Acknowledgement

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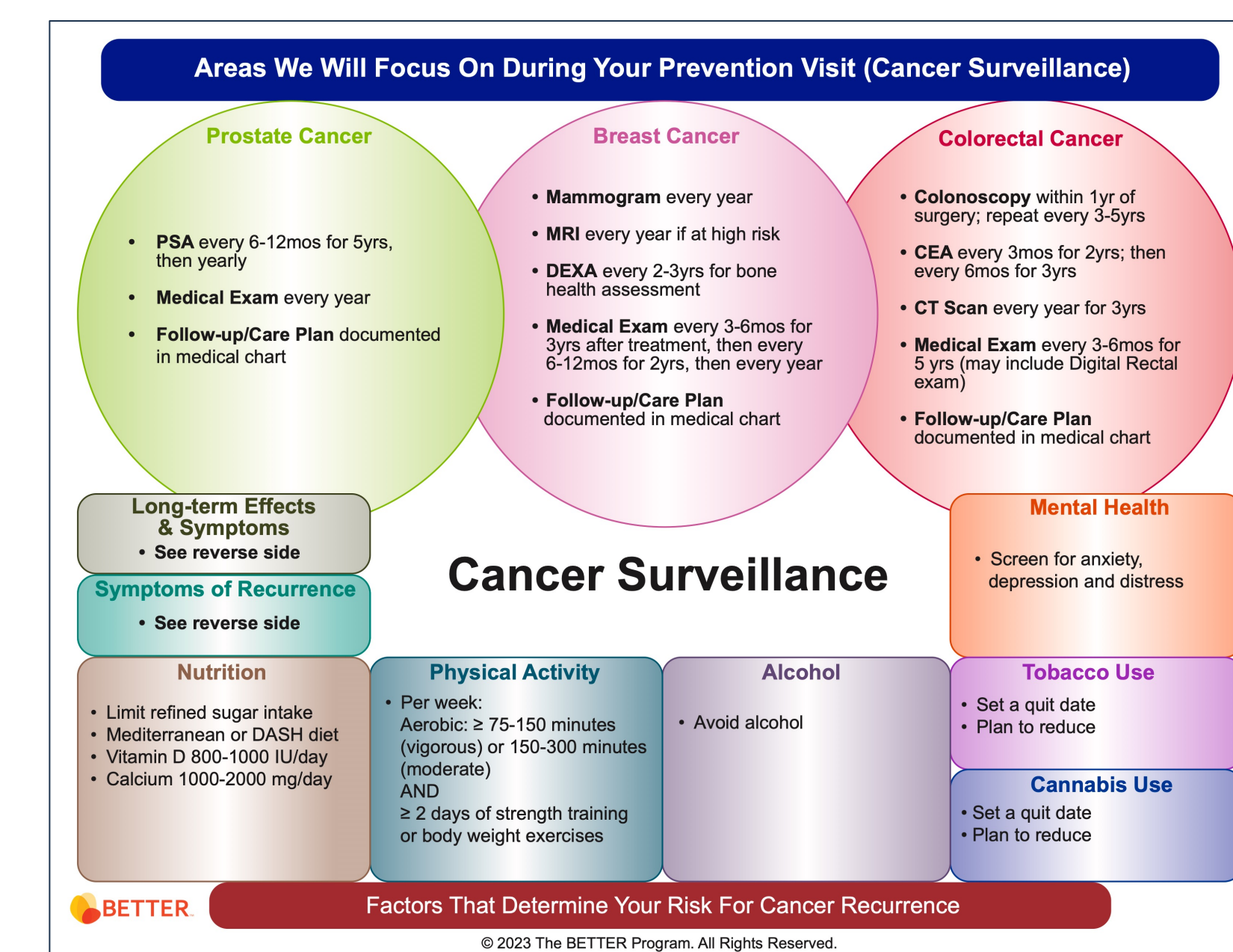
Figures 1 and 2. The BETTER Cancer Surveillance Care Map – Part 1



Figures 3 and 4. The BETTER Cancer Surveillance Care Map – Part 2



Figures 5 and 6. The Prevention Prescription and Bubble Diagram



Methods (cont'd)

How? Building on previous work¹ and working with the Centre for Effective Practice (Toronto, Ontario, Canada), high-quality international, Canadian, and Provincial CPGs published between 2016 and 2021, focusing on breast, colorectal, prostate or general cancer survivorship, and applicable to our population of interest were identified to update the existing BETTER Cancer Surveillance toolkit.

What? Four areas were identified as topics of focus for review and synthesis of the guideline recommendations:

- Breast cancer survivorship
- Colorectal cancer survivorship
- Prostate cancer survivorship
- General cancer survivorship

Results

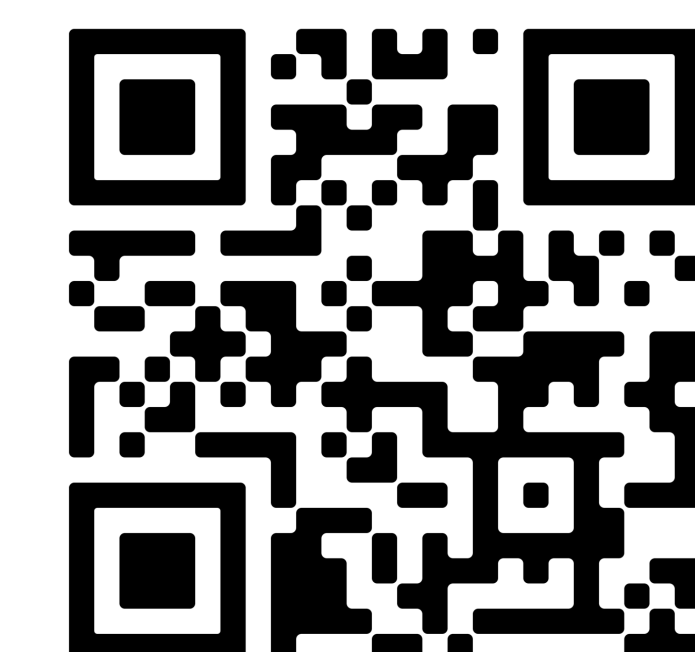
The BETTER Cancer Surveillance Care Maps (Figures 1-4) guide clinicians on appropriate care paths for breast, colorectal and prostate cancer survivorship. These consider bone health, long-term side effects and symptoms, signs and symptoms of recurrence and follow-up/care plan for all cancer survivors 40-69 years of age.

The final CWG recommendations informed the updated BETTER Cancer Surveillance toolkit:

- Patient health survey focused on information not well documented in charts, including a detailed cancer treatment history.
- Agenda-setting and patient-facing educational tools - the Prevention Prescription and Cancer Surveillance Bubble Diagram (Figures 5 and 6).

Conclusion

Synthesized and evidence-based integrated care paths can be used to assess patients' cancer survivorship status and preferences in diverse populations in Canada.



References

- Campbell-Scherer et al. Guideline harmonization and implementation plan for the BETTER Trial (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Family Practice). Canadian Medical Association Journal Open (CMAJ Open) January 22, 2014; 2(1): E1-10.