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**Title**

*Improving primary prevention and screening: Knowledge synthesis and actionable recommendations for the BETTER Program*

**Priority 1 (Research Category)**

Screening, prevention, and health promotion

**Presenters**

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**Abstract**

Context: Cancer and chronic disease prevention and screening (CCDPS) guidelines are not consistently applied in primary care. Furthermore, while most patients have multiple risks and conditions, guidelines are focused on a specific disease or organ system. The BETTER program (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care) involves an evidence-based intervention provided by an allied health professional within a primary care practice who acquires advanced skills in CCDPS and takes on the role of Prevention Practitioner (PP). Using the BETTER toolkit, created through a rigorous process of knowledge synthesis and harmonization of recommendations, the PP meets with patients for a personalized prevention visit. Objective: To describe the: 1) evidence review process used to identify high-quality clinical practice guidelines (CPGs), 2) harmonization of primary prevention and screening recommendations, and 3) identification, development, and refinement of resources and tools for inclusion in the BETTER toolkit. The BETTER toolkit will be used to inform CCDPS in rural, remote, and urban primary care settings across Canada. Methods: In 2017, the BETTER Program conducted a literature review of evidence-based CPGs published between 2010 and 2016. For this update, high-quality international, Canadian, and Provincial CPGs published between 2016 and 2021, focusing on primary prevention and screening of cancer and chronic disease, and applicable to patients 40-69 years of age were identified. A Clinical Working Group consisting of decision-makers, researchers, clinicians, and a patient representative across Canada was split up into 3 topic review teams. A total of 19 CCDPS topics within scope for BETTER were identified. Topic teams reviewed the literature and synthesized guidelines based on evidence for their topic and updated the toolkits to inform the PP role. Results: Development of an updated care map that considers family history and risk factor assessment that is tailored to the patient and adaptable to diverse practice settings. Conclusions: Synthesized and evidence-based integrated care plans can be used to assess patients' CCDPS risk and

preferences in diverse populations in Canada. The updated toolkit will facilitate the application of recommendations for the primary prevention of cancer and chronic disease in patients 40-69 years of age.