Development of a Breast Disease Site Group for Eastern Health

The first meeting of the Breast Disease Site Group of the St John's Hospitals of Eastern Health took place in June of 2006. The impetus for this group arose from the office of Dr. R.Williams, Vice President of Medical Services, and Eastern Health.

The aims of the group are to develop evidence-based clinical practice guidelines for the care and treatment of NL women and men of with breast cancer, and to develop strategies for collecting and analyzing existing breast cancer data within Eastern Health in an effort to clearly outline the burden of breast cancer for Newfoundlanders. There will be a focus on guideline development and implementation on local needs, address local breast cancer issues and develop a clinical research agenda within Eastern Health.

The co-chairs of the group in 2006 are Dr Joy McCarthy, medical oncology and Dr Beverley Carter, pathology. Membership includes representation from medical oncology, pathology, oncology nursing, medical genetics, pharmacy, radiation oncology, palliative care, and surgery. It is hoped to add membership from radiology, breast research at Memorial University of Newfoundland and the Cancer surveillance program at Eastern Health.

Clinical guidelines, defined as 'systematically developed statements to assist both practitioner and patient decisions in specific circumstances', have become increasingly common in oncology clinical care. Interest in clinical guidelines has its origin in issues such as rising healthcare costs and variations in patient care. They are viewed as useful tools for making care more consistent and efficient and for closing the gap between what clinicians do and what scientific evidence supports. Clinical practice guidelines allow all patients to receive the best care possible and are viewed as an important tool in the quest to promote evidence based practice. The Provincial Strategy for Cancer Control has also recommended guideline development as an essential component of cancer care for the Province.

The development and updating of high-quality clinical practice guidelines require substantial resources. Producing a clinically valid and utilizable guideline is a labour and resource intensive process. It is also time consuming.

An alternative strategy to developing local guidelines from scratch would be to adapt an existing guideline to local circumstances. Trans-contextual adaptation of guidelines is increasingly being considered as an alternative to de novo guideline development. Adaptation includes searching for existing guidelines, detailed analysis of the coherence between the evidence and the recommendations, and adaptation of the recommendations to the specific locality, taking into account the organization of the health care system and cultural context. This can reduce duplication of effort and inefficient use of resources, and guarantee a high-quality product, equal to de novo development. Many published clinical practice guidelines do not meet the basic quality requirements. There is a need for validated criteria to assess the quality of all guidelines produced by the group. The most

important benefits of local guideline activity are increased healthcare efficiency and effectiveness, greater consistency of treatment, and team building for the various specialty groups involved.

Local adaptation is described in the literature as an important strategy in achieving local ownership and relevance of guidelines in order to increase the likelihood of their uptake and implementation.

Dissemination strategies for clinical practice guidelines are often ineffectual. Greater emphasis needs to be placed on this aspect of the process, rather than creation. Electronic dissemination is being cited as the most promising route for maximal uptake and acceptance of guidelines.

Panel composition for the development of practice guidelines is important. The greater the involvement of clinical experts in the development process of CPGs, the less the recommendations seem to reflect research evidence. Even though their participation is important for CPG uptake, clinical expert panels appear to have difficulty limiting CPGs to research-based recommendations. It is therefore imperative that the BDSG include as its members research assistants and information technology experts.

At present approximately 25 clinical practice guidelines have been identified as being needed within Eastern Health. These range from pathologic assessment of breast specimens, to use of novel pharmaceuticals, to identification and investigation of high-risk families. These guidelines will be used throughout Eastern Health and hopefully throughout the province.

The staffing requirements are part-time (0.5FTE) secretary, part time (0.5FTE) information technology and full time (1.0 FTE) research assistant.

DUTIES OF STAFF

Secretarial - Maintaining and organizing a filing system
Typing of guidelines
Accurate documentation of meetings – minutes and attendance (for CME/MOCOMP)
Drafting and typing memos and documents
Photocopying, binding and distributing documents
General correspondence for co-chairs

Information Technology - Accessing Tumour Registry/OPIS data at HBMCC
Compiling relevant breast cancer surveillance data
Identifying and assessing trends
Developing effective electronic dissemination strategies,
Website development

Research Assistant - Accessing existing national and internationals guidelines
Carrying out current and relevant literature searches
Working with the IT consultant to modify existing CPG to local trends
Presentation of draft guidelines to relevant members of the BDSG for editing and updating