

Reviewer comments

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**Article title:** Dissemination and implementation of clinical practice guidelines: a longitudinal, mixed-methods evaluation of the Canadian Task Force on Preventive Health Care knowledge translation efforts

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Reviewer 1: Dr. Kenneth Anujoo / Amsterdam Medical Centre, Vrije Universiteit

The manuscript discussed an important topic which is a tool to help in diagnosis of various types of cancer and other related outcomes. Manuscript was well-written in correct English and results logically and structurally presented. The manuscript can be improved further if authors would consider addressing the raised comments:

1. What might explain doctors more awareness of CTFPHC cancer screening guidelines compared to others

**Thank you for this question. While we did not explicitly assess the factors correlated with increased awareness, the evidence suggests that KT tools and educational materials may increase awareness and use of guidelines compared to when guidelines alone are disseminated (see interpretation). Additionally, our analysis of web analytics revealed the most ‘popular’ guidelines to be breast, prostate, and cervical cancer. These may have had more awareness given the higher prevalence of these cancers in the Canadian population (see Canadian Cancer Statistics Advisory Committee in collaboration with the Canadian Cancer Society, Statistics Canada and the Public Health Agency of Canada. Canadian Cancer Statistics 2021. Toronto, ON: Canadian Cancer Society; 2021. Available at: [cancer.ca/Canadian-Cancer-Statistics-2021-EN](https://www.cancer.ca/Canadian-Cancer-Statistics-2021-EN)). Other factors that may have impacted awareness include public/provider-facing campaigns by cancer organizations (eg: see Cancer Care Ontario’s screening programs: <https://www.cancercareontario.ca/en/cancer-care-ontario/programs/screening-programs>). Use of such public/patient awareness campaigns were also highlighted as a facilitator to guideline implementation (and may have also impacted awareness) – see Table 4.**

2. Annual evaluation of CTFPHC was conducted between 2014-2020,,,,,, (page 9, line 1), Also page 9 line 25-27 "The annual evaluation included assessment of 16 CTFPHC guidelines published between 2011- 2020" Can authors clarify the disparities between the two separate `but inclusive` periods?

**Thank you for this question. Annual evaluations began in 2014. The 2014 evaluation assessed guidelines dating back to 2011 publication; this has been clarified in Table 1.**

3. How were the pre-existing guidelines prior to the 2014, were they too generalised or limited in scope? **Guidelines published prior to 2014 included Breast Cancer (2011), Diabetes, Type 2 (2012), Hypertension (2012), and Cervical Cancer (2013). Breast Cancer, Cervical Cancer, and Prostate Cancer (2014) were evaluated in the first annual evaluation, in 2014.**

4. In this study emphasis was laid on cancer, lifestyle and prevention screening and `other` Does this indicate a higher prevalence of these outcomes in the general population?

**Thank you for this question. We assessed all of the guidelines released by the Canadian**

**Task Force during the study period. Task Force guidelines topics are identified by members of the Task Force as well as via engagement of stakeholders (such as members of the public), clinicians, the Public Health Agency of Canada, the Evidence Review and Synthesis Centre, other organizations. Members of the Task Force's topic prioritization working group examine and subjectively rank the short list of topics according to the following criteria: disease burden (prevalence, mortality, comorbidity, quality of life) and expected effectiveness of the preventive service in decreasing that burden, potential impact of recommendations in clinical practice, interest of the public or care providers, variation in care and potential for preventive service to decrease that variation, sufficiency of evidence and availability of new evidence.**

5. Awareness of Guidelines ... page 9 line 23 "Only 27% of the participants were aware of oesophageal adenocarcinoma guidelines" what might be the reason for this low awareness?

**In our interviews, we did not probe to determine the reasons for low awareness. However, lack of awareness emerged as a barrier (via the key informant interviews) to implementation of guidelines (see Table 4).**

6. How does these guidelines measure with other international standard guidelines used in other developed economies for similar cancer outcomes?

**The Task Force creates national preventive health care guidelines, based on the latest evidence and with input from a range of experts and key stakeholders including patients and members of the public (Birtwhistle et al. *Can Fam Physician*, 2012; 58(1):13-5). Task force recommendations have been recognized nationally and internationally for their rigor and usability with wide adoption in primary care. For example, its reports have been used by many agencies around the world, including the US Preventive Services Task Force (which developed its approach based on CTFPHC methods).**

Reviewer 2: Dr. Susan Baxter / Simon Fraser University

The Canadian Task Force on Preventive Health Care does vital work and I have much admiration and genuine appreciation for your group. Not to mention individual members who freely donate their time and expertise. In a world where we are exhorted to scan, probe, test and otherwise drill down into everything from pulse and heart rhythm to questionable genetic tests informing us of our mythical risk factors, a serious, research based, sensible voice is not only helpful but necessary.

I would like nothing better than to see the results of your research widely disseminated. Except that as it stands this article simply does not do your research (or your perspective) justice.

Please spend some time figuring out how to communicate not just what you did but what it means. In short, you need a complete rewrite, one which includes a Discussion section (at least as long as your Methods) that contextualizes and explains your results.

1. Please illustrate what you say with examples. You interviewed nearly 200 FP's. Surely somebody, somewhere, expanded on what you vaguely term "patient preferences" and perhaps you could share some of these while maintaining privacy/confidentiality. You transcribed hours and hours of talk with FP's "verbatim". Were there no common themes? How did the FP's you spoke to handle these patient concerns? Are there better ways you could suggest (other than simply improving your own KT procedures)? We live in a world where health is perilously close to becoming a commodity. Popular culture is forever urging us to get our cholesterol and other numbers checked. We are told we need various and sundry tests and scans performed to ward off ill health. Discourse is reductionist and piecemeal. The subtext nearly always involves the magic of medicine and how advances in health science are about to turn us all into bionic creatures. The trouble with magic, however, is that it elicits awe, not understanding. Your Task

Force has the power to counter some of that misinformation.

**Thank you for this comment. We have added illustrative quotes to illustrate the themes outlined in Table**

**4. Please see Table 5.**

2. Please elaborate somewhat on basics that clearly are obvious to you but not to anyone else, e.g., the cancer screening guidelines you refer to. Unless one goes to your web site one has no idea what these are.

**Thank you, the guidelines are explicitly highlighted (guideline, guideline release date, associated KT tools, and years of assessment) in Table 1.**

3. Knowledge Translation (KT) is something you obviously understand; few readers will. You don't need to go into massive detail but a bit of explanation and an example or two would suffice. On one instance you (p 6) you describe some measures such as publications, presentations, YouTube videos and the like but this is in the Methods section which most readers tend to avoid. Maybe you could describe one of those YouTube videos or explain the format of at least one of your podcasts. Nobody knows your work as well as you do yourselves. You are assuming the CMAJ reader knows as much as you do. They don't.

**Thank you for this suggestion. We have expanded on the types of KT tools created, and have outlined these in detail in Table 1. We have also provided a brief example in the introduction to supplement the detail in the methods and study table.**

4. When you cite how you found participants for your study (p 6-7) there was a smidgeon of detail on recruitment; I found myself wishing there were more such (even minor) detail throughout the rest of the piece.

**We recruited survey participants by advertising through the following channels: Task Force website advertisement, emails to the Task Force mailing list and recruitment database, snowball sampling through Task Force member's networks, Task Force newsletter, Task Force social media accounts and stakeholder organization communications. At the end of the survey, we asked participants if they were willing to participate in an interview. Among participants who demonstrated interest in participating in an interview, we purposefully selected individuals to represent a range of demographic characteristics, particularly related to geographical diversity, years in practice, and self-reported gender identity.**

5. You frequently refer to "guidelines and accompanying KT tools" but I doubt that would make sense to most readers. Please include an example or two. In other words, you need to create a narrative based on your research that allows the reader to understand what you are talking about.

**Thank you. We have defined KT tools in our introduction and have supplemented our introduction and methods with examples of KT tools. The list of KT tools are also provided, for each guideline, in Table 1.**

6. Along the same lines, you need to clarify at least a couple of the cancer (and other) recommendations you found were reasonably well understood. Your Appendix A gives us very little real information beyond the name and date issued. Were these related to the ones pushed by pop culture like mammography and the colonoscopies beloved of celebrities like Katie Couric?

**We did not assess providers' level of understanding of the guidelines. Our study assessed awareness of and use of guidelines (self-reported by participants) and barriers**

**and facilitators to implementation.**

7. Finally, you cite "misalignment with patient preferences" as a frequently cited reason for guideline issues. Like what? This particular tidbit was one I very much would like to see developed as it is the one area where many of us can relate (and is information we can potentially use). What kinds of beliefs do patients hold that conflict with the guidelines? Why do you think this might be? Are there personal, social, cultural, economic factors? Your piece would make a lot more sense and be much more readable if you explained, even in general germs, some of the problems FP's have and hypothesized as to the reasons. You did this extraordinary amount of work, all these interviews, gathered all this information. Perhaps you could share some of it? What did those FP's tell you? You talked to a lot of them, surely some of what they said can be summarized and used to make your points.

**Thank you. We have briefly expanded on this theme in the results and we have added illustrative participant quotes to further explain this. Please see Table 5.**

8. In a way you need to step back from the details of the actual study and think about the broader ramifications of this research and your Task Force in general. You are trying to help patients, via their physicians, FP's and otherwise, to engage in health prevention that will do the most good and the least harm. The world out there all too often tells people to do the opposite. So you need to be persuasive.

You've already done a prodigious amount of work, over years. The research took a long time and much effort. Communicating this also requires time and effort and I encourage to take the time and put in the effort and write the article your study deserves.

In my view the piece would be of interest (and use) not only to the tens of thousands of FP's across the country and beyond but to a wide range of readers interested in evidence-based prevention strategies.

**Thank you for this feedback and suggestion, we have made revisions to our manuscript and discussion accordingly.**