



Responsible Healthcare Guidelines: Concerns re: Canadian Task Force on Preventive Health Care spanning multiple specialties.

Who we are. Responsible Healthcare Guidelines is a coalition of concerned healthcare professionals, allied scientists, and patient representatives with a mission to advocate for evidence-based policies and practices that prioritize the well-being of patients and equitable access to healthcare services, while promoting comprehensive reform of the national healthcare guidelines in Canada.

Why did we form? Multiple medical specialists across diverse fields of medicine are concerned about the Canadian Task Force on Preventive Health Care methodology and processes.

Why does this matter? The task force guidelines are used by provinces and primary care providers to determine the preventive care that individuals get. The health of all Canadians is being negatively impacted by out of date and inaccurate guidelines, which create inequitable access to care.

Which specialties are involved?

- Family medicine
- Breast radiologists re: Breast screening guideline (2018)
- Urologists re: Prostate screening (2014)
- Psychiatry/women's health re: Pregnancy/Postpartum depression (2022)
- Hepatologists re: HCV screening (2017)
- Ophthalmologists re: Impaired vision screening (2018)
- Pulmonologists re: Lung cancer screening (2016)
- More pending, including OBGYN (cervix cancer screening), gastroenterology (colorectal cancer screening), psychiatry (adult depression screening), pathology (all cancer screening), etc.

What are our concerns with the Task Force guideline process?

- No genuine expert input. "Clinical and content experts do not provide input into or vote on task force recommendations". Factual errors and misinterpretation of evidence noted by experts.
- Bias or Conflict of Interest is only argument used to exclude experts. Evidence is rarely addressed, despite evidence-based rebuttals of guidelines by experts.

- Claim to be highly ranked internationally, but only by other guideline-makers, not by actual specialists and not by patient outcomes (see below). “Marking each other’s homework”.
- Guideline content frequently contravenes specialist recommendations.
- Overstatement of harms of screening and understatement of benefits.
- Biased use of evidence: RCTs-only for benefits, all evidence types for harms.
- Misapplication of GRADE noted by multiple specialties.
- Outdated evidence
- Paternalistic dismissal of patient values surveys. Conclusions contradict patient preferences.
- Non-accountable structure results in errors remaining uncorrected.
- Deteriorating patient outcomes (see below)
- No audit of impact and effectiveness of guidelines. “Authority without Responsibility”
- Many guidelines are far behind other countries’ guidelines. Canadian “embarrassing”, “laughingstock” guidelines at international conferences.
- No regular update of guidelines, despite claims of updates with new evidence, Retrogressive guidelines “locked in” for up to a decade, despite new evidence.
- A recent PHAC audit of task force focussed on structure and financing, but not the guidelines development process or guideline outcomes. Mentions GRADE, but fails to note that GRADE is misapplied. This was not an external audit.

Canadian Task Force guideline outcomes: slightly more than a decade after the formation of the current task force we are starting to see lagging Canadian healthcare practices and negative population outcomes.

Cervical Screening: The Task Force 2013 guideline does not recommend HPV screening.

- [Gynecology experts strongly recommended HPV screening in 2013](#). Canada is now years behind other countries in initiating an HPV screening program.
- Despite the task force’s claims to update when there is new evidence, the FOCUS trial, proving HPV screening efficacy was published in 2015, yet there has been no guideline revision in 2023.

Breast Cancer screening: The Task Force recommends against screening women 40-49.

- The US has recently recommended we should be screening women 40-49. Breast radiologists and surgeons in Canada have been recommending this since the 1980s. Later stage and metastatic breast cancer, requiring much more expensive and less effective treatment, has [risen in younger women since the 2011 task force recommendation](#) not to screen women 40-50.
- There has been no consideration for screening women older than 74.
- There has been no consideration for supplemental screening for women with dense breasts.
- Racial disparities are not addressed.
- Women’s values are dismissed.

[Recent news](#) about a revision is not reassuring in view of [statements from a co-chair](#) that they do not see a reason to change their recommendations. The conclusion of the review, due in a few months, seems predetermined. Health Minister mentions using modern evidence, which underlines the fact that they were not in the past.

Prostate Cancer Screening: The Task Force recommends against screening for prostate cancer.

- Urologists recommended PSA screening and objected to the 2014 task force recommendation to not screen with PSA (see appendix). Subsequently, after a demonstrated increase in the incidence of metastatic prostate cancer, the USPSTF recommended PSA screening. Canada has not yet followed suit, despite claiming to revise guidelines with new evidence. The task force guidelines lead to avoidable late diagnoses.

Vision Screening: The Task Force recommends against vision screening.

- Ophthalmologists did not agree with the task force Impaired Vision screening guideline in 2018 (see appendix). They have since noted a significant decline in vision screening in the Ontario population since routine eye exams have not been funded for those aged 20-64.

Hepatitis C Screening: The Task Force recommends against HCV screening.

- Hepatologists recommended universal HCV screening (see appendix), but task force recommended only risk-based screening. This allows for a third of HCV cases to go undiagnosed, with some patients progressing to late-stage disease and needing expensive care, even liver transplants. HCV is a treatable disease if caught early but remains the chief cause of liver transplants in Canada. WHO and USA have committed to eliminating HCV, but Canada has not because of inept task force guidance, which includes obvious errors in interpretation of false positive values.

Lung Cancer screening

- A national leader in lung cancer screening and treatment has indicated that Canada has lost respect internationally based on its lung cancer screening guideline which recommends limited screening, essentially starting at 55 and ending at age 57. This is illogical and dangerous.

Perinatal depression screening: The task force guideline published in 2022 recommends against tool-based screening for depression during pregnancy and the postpartum.

- This positions Canada in opposition to the recommendations of essentially all other countries with guidelines for perinatal depression – including the USA, UK, and Australia.
- Suicide is a leading cause of maternal deaths.
- Screening for depression and facilitating connections to community supports needs to be a priority to prevent maternal suicide and reduce serious maternal and child harms associated with untreated depression in the perinatal period.

What We Recommend: The task force must be restructured and existing guidelines corrected.

- Create a credible panel, led by relevant specialists, producing guidelines based on current evidence.
- [Introduce modernized “EBM+”](#) methodology that fits with current progressive research paradigms, computer modelling, AI, living guidelines, etc. Canada could again lead in guideline development.
- Outcomes audits should be mandatory, to show potential harms or benefits to Canadians which may result from guidelines.
- Create a clear accountability structure so that guideline errors can be corrected in a timely manner, and to ensure guidelines are regularly updated.
- Specialty society guidelines, developed by experts with nuanced understandings of disease and screening outcomes should be substituted for the task force guidelines immediately until task force is rebuilt with a responsible and scientifically sound structure. The task force was dissolved in 2005 and rebuilt in its current form in 2010. This can be done again.

Additional information

Response letters and position statements from experts.

Canadian Psychiatric Association, letter from Dr Song (past-president of CPA)- “Guidelines [developed by non-specialists](#) and that are based solely on clinical trial data may oversimplify treatment and ignore clinical scenarios that require comprehensive judgment in addition to data, and may be harmful to patients.”

<https://www.cmaj.ca/content/cmaj/191/36/E1008.full.pdf>

OBGYN (Clinical lead of Ontario Cervical Screening Program) re: Cervical cancer screening in 2013 ([CTF recommended against HPV screening. Canada now lags](#)):

“We believe that the [evidence strongly supports primary HPV screening](#) is a significant step toward both increasing the efficacy of screening and decreasing its harms.”

<http://www.cmaj.ca/content/185/1/35/tab-e-letters#cervical-screening-gui...>

Gastroenterologist (head of Ontario Association of Gastroenterologists) regarding colorectal screening in 2016:

“The Task Force suggests that colonoscopy does harm... As the incidence of colon cancer ([1:19](#)) far outweighs risk associated with colonoscopy, we are concerned that there could be [more harm done when cancers are missed by inferior tests.](#)”

<https://www.cmaj.ca/content/188/5/340/tab-e-letters#colonoscopy-is-probably-the-best-colon-cancer-screening-test-its-not-proven-yet>

Pediatrician re: Developmental Delay screening guideline 2016:

“We believe that [GRADE criteria for a strong recommendation have not been met](#)... These facts, outlined in the statement itself, justify a 'weak', not a 'strong' recommendation.”

<http://www.cmaj.ca/content/188/8/579/tab-e-letters#take-home-message-of-...>

Hepatologist (Chair of Canadian Liver Foundation Medical Advisory Committee)

re: HCV screening 2017: “This can only [perpetuate Canada's low HCV diagnosis rates leading to the late diagnosis of liver cancer](#), decompensated cirrhosis and extra-hepatic illnesses.” <https://www.cmaj.ca/content/189/16/E594/tab-e-letters#recommendations-on-hepatitis-c-screening-for-adults-cmaj-2017-april-24189e594-604-doi-101503-cmaj161521>

Canadian Ophthalmological Society president re: Impaired vision screening 2018:

“Given that the authors acknowledged there was no evidence of harm associated with screening adults for impaired vision and the evidence overall for this analysis was ‘low-quality,’ we believe a recommendation of “against” screening seems to be extreme.”

“[denying this opportunity to diagnose a vision related health care issue is misguided.](#)”

<http://www.cmaj.ca/content/190/19/E588/tab-e-letters#re-screening-for-im...>

Medical oncologist re: Lung Cancer screening 2016:

“[the recommendation that patients should be screened annually for two years only is problematic.](#) Such a short interval of screening is practical in the context of a clinical trial with a limited time horizon, but not in routine practice.”

<https://www.cmaj.ca/content/188/6/425/tab-e-letters#the-consequences-of-a-short-duration-of-lung-cancer-screening>

Bariatric surgeon (Past President, Canadian Association of General Surgeons, Former Director of Bariatric Surgery Revision Clinic, Alberta Health Services) re:

Adult Obesity screening 2015 (overturned with new bariatric specialist guidelines published in CMAJ in 2020). “To not present a balanced picture of the care available to the obese patient is a disservice and [to misrepresent the evidence](#) for Bariatric Surgery in patients with severe obesity is unfortunate.”

Canadian Society of Breast Imaging position statement re: breast screening

guidelines 2018: “Task force guidelines overly [utilize data that is more than 30 years old](#). The guidelines ignore new research that incorporates the use of newer technologies and which show a 40-60% reduction in breast cancer mortality”

Canadian Association of Radiologists position statement re breast screening 2018:

“Task force recommendation against using tomosynthesis on average risk women, cited in the guidelines as a “strong recommendation, no evidence” [ignores the very large body of evidence](#) on tomosynthesis which has been summarized in 2015 by the Canadian Agency for Drugs and Technologies in Health (CADTH)”

Canadian Urological Association position statement re prostate ca screening 2014:
“Importantly, the members of the Task Force [did not include any clinician or scientist with a background in prostate cancer.](#) “

BC Reproductive Mental Health Program and Perinatal Services BC statement re: Pregnancy and postpartum depression screening 2022:
“[We disagree with the task force conclusion](#) that the evidence in support of instrument - based screening for perinatal depression is very uncertain. Our position aligns with the conclusions of the US Preventive Services Task Force and American College of Obstetricians and Gynecologists (ACOG) that there is evidence in favour of screening for depression in the perinatal period.”