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Promoting evidence-informed breast cancer prevention

Submission date 29/05/2008	**Recruitment status** No longer recruiting	[X] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [_] Record updated in last year
Registration date 09/06/2008	**Overall study status** Completed	
Last Edited 09/06/2008	**Condition category** Cancer	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Study information

Scientific Title
Do tailored messages promote evidence-informed decision making in breast cancer prevention?

Study objectives

Breast cancer is the most common cancer affecting women in Canada and in women under 50 it is the most common cause of death from any cancer. The goal of this study is to evaluate a knowledge transfer and exchange strategy to improve the provision of public health services for breast cancer prevention and early detection.

Research questions:
1. Are tailored messages more effective than access to www.health-evidence.ca in facilitating evidence-informed decision making (EIDM) among public health professionals working in breast cancer prevention and early detection?
2. Are tailored messages more effective than access to www.health-evidence.ca in promoting the use of research evidence in program planning decisions among individual public health decision makers?
3. Is EIDM influenced by characteristics of the organisation, environment, and individual?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethics approval submitted to the Hamilton Health Sciences/Faculty of Health Sciences Research Ethics Board on the 27th May 2008. REB to review on the 17th June 2008 meeting.

Primary study design
Interventional

Study design
Interventional, mixed methods, single-site study consisting of a stratified randomised controlled trial and a descriptive, qualitative study.

Study type(s)
Prevention

Health condition(s) or problem(s) studied
Breast cancer

Interventions
A tailored messaging (TM) intervention will be implemented over one year and will be comprised of three distinct components:

1. An expert consensus panel:
Researchers, health care providers, policy-makers working in breast cancer prevention and early detection across Canada will be convened to identify the most effective and important public health-related interventions. A complete list of interventions shown to be effective in systematic reviews identified by the research team will be generated. Through a Delphi approach experts will identify those breast cancer prevention and early detection interventions for which there is the most convincing evidence of effectiveness and are most important to implement in public health.

2. Three one-day regional workshops:
Recommendations of the expert panel will be presented to decision makers in the TM group.

The goal of the workshop is to:
2.1. Learn about effective interventions for breast cancer prevention and early detection, and
2.2. To discuss and debate how to apply this knowledge in their local settings

3. Tailored messaging (TM) activities:
TM will consist of electronically mailed recommendations from the expert panel, along with the citations, abstracts, summaries (written by the research team) and full text links/or PDF documents of rigorous systematic reviews. All decision makers in each health unit in the TM group will receive the materials and will have access to www.health-evidence.ca, (described under control, to follow) where all of the TM materials will be housed.

Control:
The control group will have access to www.health-evidence.ca, an on-line registry of literature reviews evaluating the effectiveness of public heath interventions. The registry is easily accessible, free of charge, and easy to navigate. In addition to identifying the citation, participants will also be able to access the published abstracts of reviews, the research teams rating of the methodological quality of the review, and short summaries of the reviews written by the research team. Launched in March 2005, www.health-evidence has as many as 200 hits per day (greater than 20,000 per year), primarily from public health decision makers in Canada. Participants in the control group will be able to access the same materials used in the TM intervention on www.health-evidence.ca. DMs will also receive materials promoting use of the site.

Total duration of the intervention being implemented is one year. Total duration of follow up data collection will be three months.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
The primary outcome will be the percentage change in the number of evidence-based interventions from baseline and will be calculated as the outcome variable (this variable can be either negative or greater than 100). Then, the value of this variable will be tabulated per province/territory. For each province/territory multiple measurements for the TM and control groups will be available. If the number of health units for the TM or control group is less than three for a particular province/territory, the data for that province/territory will be amalgamated with the neighboring province/territory. A fixed effect meta-analytic approach will be used to compare the difference between the control group and treatment group. This technique will permit us to report treatment effect size and the corresponding 95% confidence interval.

Key secondary outcome(s)
1. To assess whether TMs are more effective than access to www.health-evidence.ca in promoting the use of research evidence in program planning decisions, a multi-level mixed effect regression analysis will be used to compare the perceived self-reported incorporation of research evidence on breast cancer prevention and early detection into decision makers' program planning decision-making. Using this technique we will be able to examine the difference between intervention and control while adjusting for the possible effects of the

organisational, the individual and the environment (province/territory).
2. To determine whether EIDM influenced by characteristics of the organisation, environment, and individual, the outcome variable will be the number of breast cancer prevention and early detection interventions implemented by each health unit. A multilevel log-linear model will assess the difference between the TM and control groups while adjusting for characteristics of the organisation, individual, and the environment (province/territory).

Completion date
01/07/2010

Eligibility

Key inclusion criteria
Study participants include public health professionals responsible for making policy or program decisions related to breast cancer prevention directly (e.g. screening, physical activity, healthy eating), including program managers, directors, and medical officers of health working in public health units in Canada.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. No responsibility for and/or involvement in decision making related to breast cancer prevention
2. Not currently working in a public health unit

Date of first enrolment
01/07/2008

Date of final enrolment
01/07/2010

Locations

Countries of recruitment
Canada

Study participating centre

1200 Main Street West
Hamilton
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Sponsor information

Organisation
McMaster University (Canada)

ROR
https://ror.org/02fa3aq29

Funder(s)

Funder type
Research organisation

Funder Name
Canadian Breast Cancer Foundation - Ontario Region (Canada)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Study website	Study website	11/11/2025	11/11/2025	No	Yes