

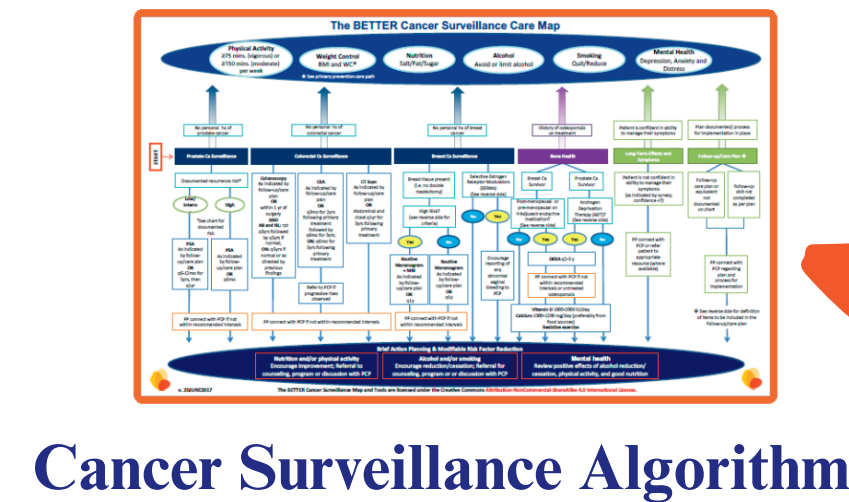
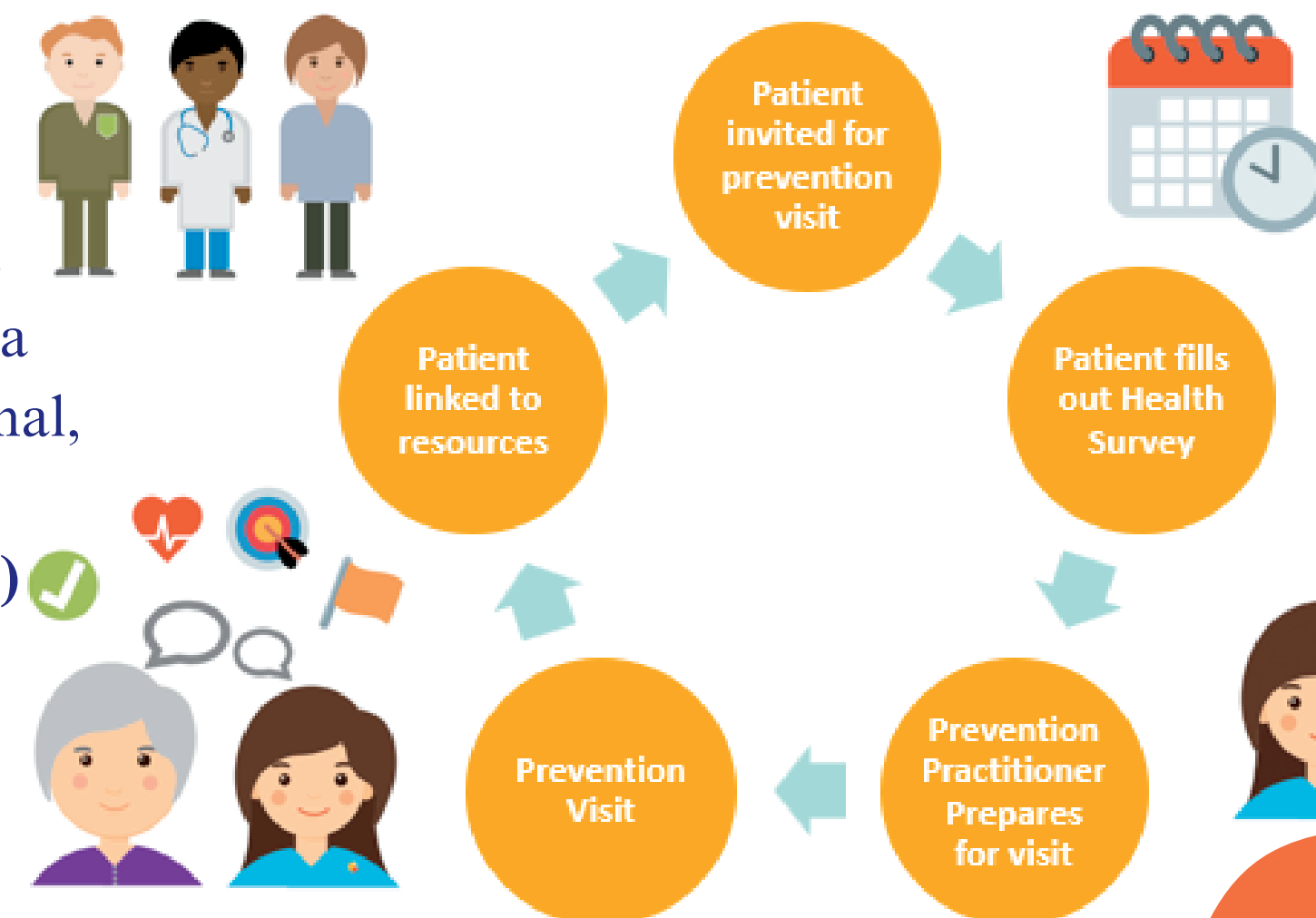
Opportunities to Improve Quality of Care for Cancer Survivors in Primary Care: Findings from the BETTER WISE Study

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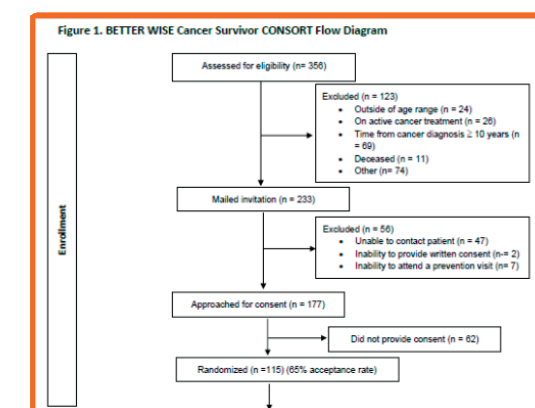
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Background

- The BETTER WISE (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care for Wellness of Cancer Survivors and Patients) intervention is an evidence-based approach to prevention and screening for cancers and chronic diseases in primary care, which includes comprehensive surveillance for breast, prostate, and colorectal cancer survivors.
- The BETTER intervention has been proven effective in randomized trials and implementation studies.¹⁻³
- Prevention visits are provided by a health professional, the **Prevention Practitioner (PP)** trained in BETTER WISE



Cancer Surveillance Algorithm



CONSORT Flow Diagram

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Table 1. Baseline demographic characteristics of 80 cancer survivors within BETTER WISE intervention arm and control wait-list arm. Percentage calculations exclude missing from denominator.

Descriptive variables at baseline	All N=80	Intervention N=42	Control N=38
Breast cancer (n, %)			
1. No	8 (14.3)	3 (10.3)	5 (19.2)
2. Yes	47 (85.3)	26 (99.7)	21 (80.8)
3. Missing (i.e. males)	25	13	12
Prostate cancer (n, %)			
1. No	8 (32.0)	5 (38.5)	3 (25.0)
2. Yes	17 (68.0)	8 (61.5)	9 (75.0)
3. Missing (i.e. females)	55	29	26
Colorectal cancer (n, %)			
1. No	43 (78.8)	23 (78.6)	20 (78.9)
2. Yes	17 (21.2)	9 (21.4)	8 (21.1)
3. Missing	0	0	0

Demographic Characteristics

Table 2. Met actions at 12 months/eligible actions at baseline for cancer and chronic disease prevention and screening actions and for cancer surveillance actions in cancer survivors.

Section	Action	All n met at 12 months/eligible at baseline (%)	Intervention n met at 12 months/eligible at baseline (%)	Control n met at 12 months/eligible at baseline (%)
A				
1	Screening			
1	Fasting blood sugar or hemoglobin A1c screening	14/38 (36.8%)	5/18 (27.8%)	9/20 (45.0%)
2	Fasting blood sugar or hemoglobin A1c monitoring	2/2 (100.0%)	1/1 (100.0%)	1/1 (100.0%)
3	Blood pressure screening	11/15 (73.3%)	3/3 (100.0%)	8/12 (66.7%)
4	Blood pressure monitoring	13/13 (100.0%)	8/8 (100.0%)	5/5 (100.0%)
5	Breast cancer screening (women only; N = 55)	23 (66.7%)	0 (0.0%)	23 (66.7%)
6	Colorectal cancer screening (women only; N = 55)	12/19 (63.2%)	6/8 (75.0%)	6/11 (54.5%)
7	Cervical cancer screening (women only; N = 55)	9/18 (50.0%)	3/6 (50.0%)	6/12 (50.0%)
8	Cardiovascular risk assessment	3/25 (12.0%)	3/11 (27.3%)	0/14 (0.0%)

Met Screening Actions at Baseline

Results

- There were 80 cancer survivors for whom we had baseline and 12 month outcome data.
- Differences between the composite indices in the 2 study arms were not statistically significant, although post-hoc analysis suggested the COVID-19 pandemic was a key factor in these results.
- Qualitative findings suggested participants and stakeholders generally viewed BETTER WISE positively and emphasized the effects of the pandemic.

Conclusions

BETTER WISE shows promise for providing an evidence-based, patient-centred, comprehensive approach to prevention, screening, and cancer surveillance for cancer survivors in the primary care setting.

Literature Cited

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