



THE DEPARTMENT OF EPIDEMIOLOGY, BIostatISTICS AND OCCUPATIONAL HEALTH, - SEMINAR SERIES IS A SELF-APPROVED GROUP LEARNING ACTIVITY (SECTION 1) AS DEFINED BY THE MAINTENANCE OF CERTIFICATION PROGRAM OF THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

SPECIAL SEMINAR

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Towards Evidence-Informed Screening Guidelines, Programs and Policies

THURSDAY, 5 OCTOBER 2017 / 11:30am-12:30pm

Purvis Hall—Room 25

1020 Pine Avenue West

ALL ARE WELCOME

ABSTRACT: Technological advances in testing and new treatments are continuously creating new opportunities for screening. Economic interests behind these new technologies and products exert pressure on health system stakeholders to ensure the widest possible uptake. Health system stewardship requires timely, high-quality evidence on screening effectiveness and cost-effectiveness. However, research on screening is scarce, partly because a prolonged follow-up period is needed to assess the long-term benefits and harms of screening. During my residency training in Public Health & Preventive Medicine, I conducted three studies that sought to inform decision-making about screening. The first was a retrospective cohort study to identify risk factors for varicella susceptibility to inform varicella screening and immunization among refugees to Canada. The second was an evaluation of Ontario's policy of screening for active tuberculosis with chest radiographs on admission to a long-term care facility. The third was a systematic

review of the accuracy of screening tests for chronic hepatitis C infection among the general population. Findings from each of these studies had implications for existing or upcoming screening policies and guidelines. In my future research, I hope to build on existing primary care networks and infrastructure to conduct large-scale randomized controlled trials of screening interventions. Collaborations with organization that produce screening guidelines (e.g., the Canadian Task Force on Preventive Health Care), set screening policies (e.g., provincial Ministries of Health), and implement screening programs (e.g., Cancer Care Ontario, local public health units), will ensure the relevance of my research.

OBJECTIVES

1. Define screening and contrast it to related concepts including case-finding and surveillance;
2. Describe two biases and two harms specific to screening;

3. Use a published framework to explain key considerations for decision-making about screening.

BIO: Dr Geneviève Cadieux is currently working as an Associate Medical Officer of Health at Ottawa Public Health, where she provides expert consultation on public health issues related to health protection, health promotion, as well as knowledge exchange, planning, and quality. She recently completed her residency training in Public Health and Preventive Medicine (2017) and Family Medicine (2015) at the University of Toronto. Prior to that, she completed a MSc (2004) and PhD (2011) in epidemiology, and a MD (2013) at McGill University. Her latest research focuses on the opportunities at the intersection of global and public health, evidence-informed practice and policy, and health system stewardship; in particular: screening and related methodological issues.