Maximizing research impact on cancer prevention: An integrated knowledge translation approach

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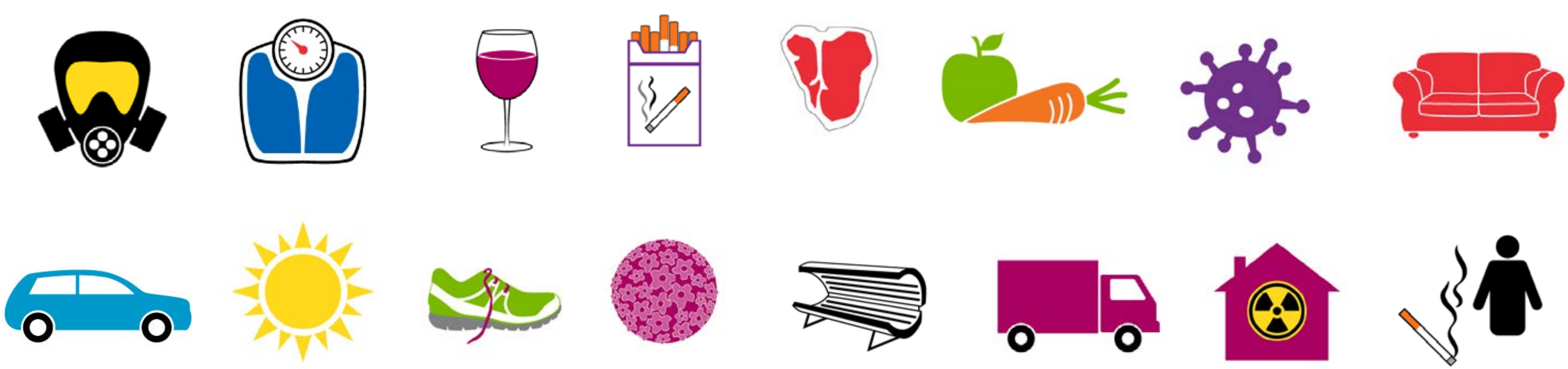
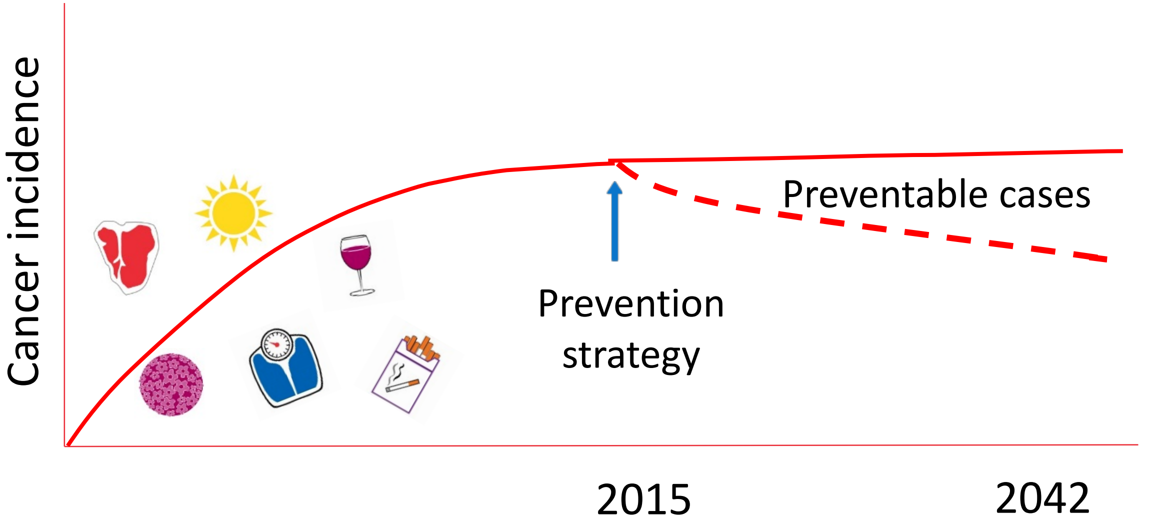
What is the ComPARe study?

- Canadian Population Attributable Risk of Cancer (ComPARe) study
- Largest study on **preventable** burden of cancer in Canada to date
- Includes more than 20 modifiable risk factors and 30 cancers



Research questions

- How many cancer cases are caused by modifiable risk factors?
- How many cancer cases will be caused by modifiable risk factors in 2042?
- If we act now to reduce exposure to risk factors, how many cancer cases could we prevent by 2042?



The ComPARe study team

*A separate study, led by Dr Paul Demers, a co-investigator on the ComPARe study, estimated the burden of cancer attributable to occupational exposures in Canada. Those results were incorporated into many of the dissemination products developed for the ComPARe study

CCS's role in the ComPARe study

- Funder: almost $800,000 over 5 years
- Partner: lead knowledge translation
- Knowledge user: inform research, programs, content, advocacy

KT blueprint

1 Planning

Logic model developed to describe the relationship between KT activities and the study goals.

Advisory Committee formed of key stakeholders from relevant health sectors as a mechanism to engage knowledge users.

KT Plan co-created with Advisory Committee to inform phases 2 and 3.

2 Knowledge Product Development

Key **knowledge products** were developed. Products include a website, infographics and an interactive data dashboard to house all ComPARe results.

A **toolkit** was produced to enable champions/partners to develop customized KT strategies.

3 Dissemination

A **stakeholder list** of all anticipated knowledge users was developed.

Dissemination plan was built. Activities include release webinar, conference presentations, social and traditional media.

4 Evaluation

A full **evaluation plan**, designed to assess the effectiveness of the iKT approach and KT Blueprint, was developed.

Stakeholder consultation

1. Planning

1 Planning

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Target audiences	Reason
Researchers	Direct and support research
Public health orgs (e.g., advocates)	Inform programs, influence policy-makers
Healthcare providers	Educate patients
General public	Promote healthy behaviours
Media	Generate interest

2. Sample products

Website: prevent.cancer.ca

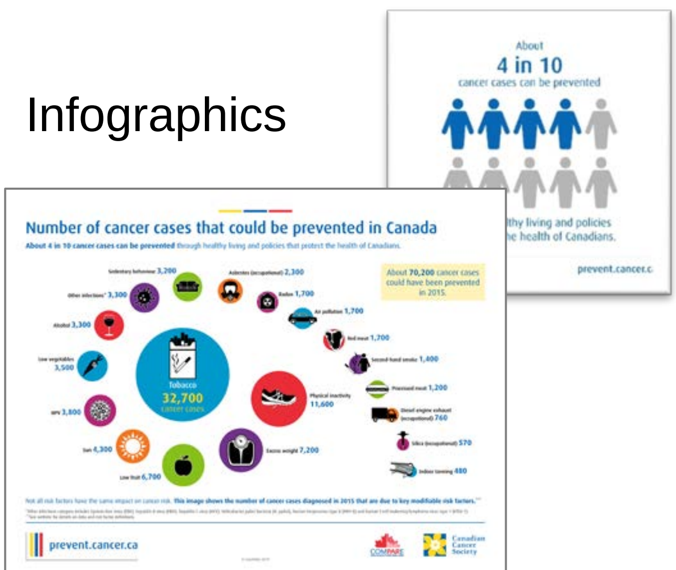
2 Knowledge Product Development

Key **knowledge products** were developed. Products include a website, infographics and an interactive data dashboard to house all ComPARe results.

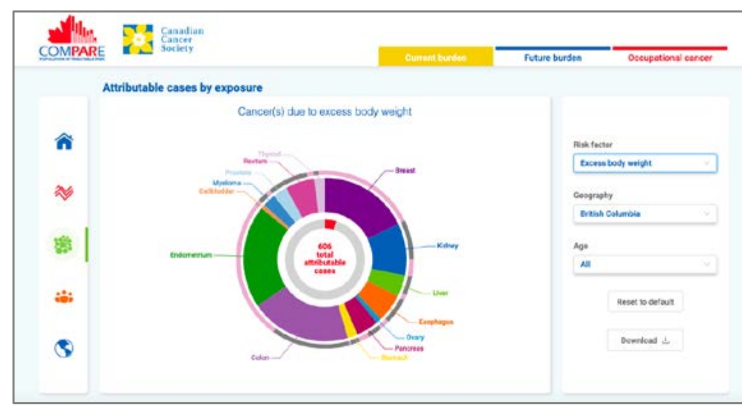
A **toolkit** was produced to enable champions/partners to develop customized KT strategies.

Special issue

Infographics



Data dashboard



3. Select dissemination activities

Timeline	Activity
Pre-release	Pre-release webinars (CCS + champions)
Public release - May 8	Media strategy Social media strategy (#ComPAReStudy) Release email to key stakeholders
Post-release	CSEB 2019 sub-plenary session CME-accredited webinar ComPARe blog

3 Dissemination

A **stakeholder list** of all anticipated knowledge users was developed.

Dissemination plan was built. Activities include release webinar, conference presentations, social and traditional media.

Media

Excess weight expected to become 2nd leading preventable cause of cancer, after tobacco

First of its kind Canadian study explores modifiable cancer risk factors and finds about 4 in 10 cancer cases can be prevented

Products

- Press release
- Media backgrounders
- Key messages and QAs

Activities

- Training spokespeople
- Pitching to media
- Coordinating media interviews

4. Evaluation

Data

- Advisory Committee questionnaires
- Media and social media metrics
- Website metrics
- Record of emails sent
- Record of meetings/webinars hosted and number of attendees
- Conference and publication tracking
- Publication citations
- Policy changes

4 Evaluation

A full **evaluation plan**, designed to assess the effectiveness of the iKT approach and KT Blueprint, was developed.

Challenges and enablers

Challenges

- Competing priorities
- Unanticipated issues
- Tight, interdependent timelines
- External dependencies

Enablers

- Dedicated funding
- CCS resources
- Advisory Committee buy-in
- Collaboration between researchers and knowledge users (CCS) from outset
- ComPARe investigators championed KT

Thank you!

TheComPAReStudy@gmail.com

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Back-up slides

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KT Advisory Committee

Objectives:

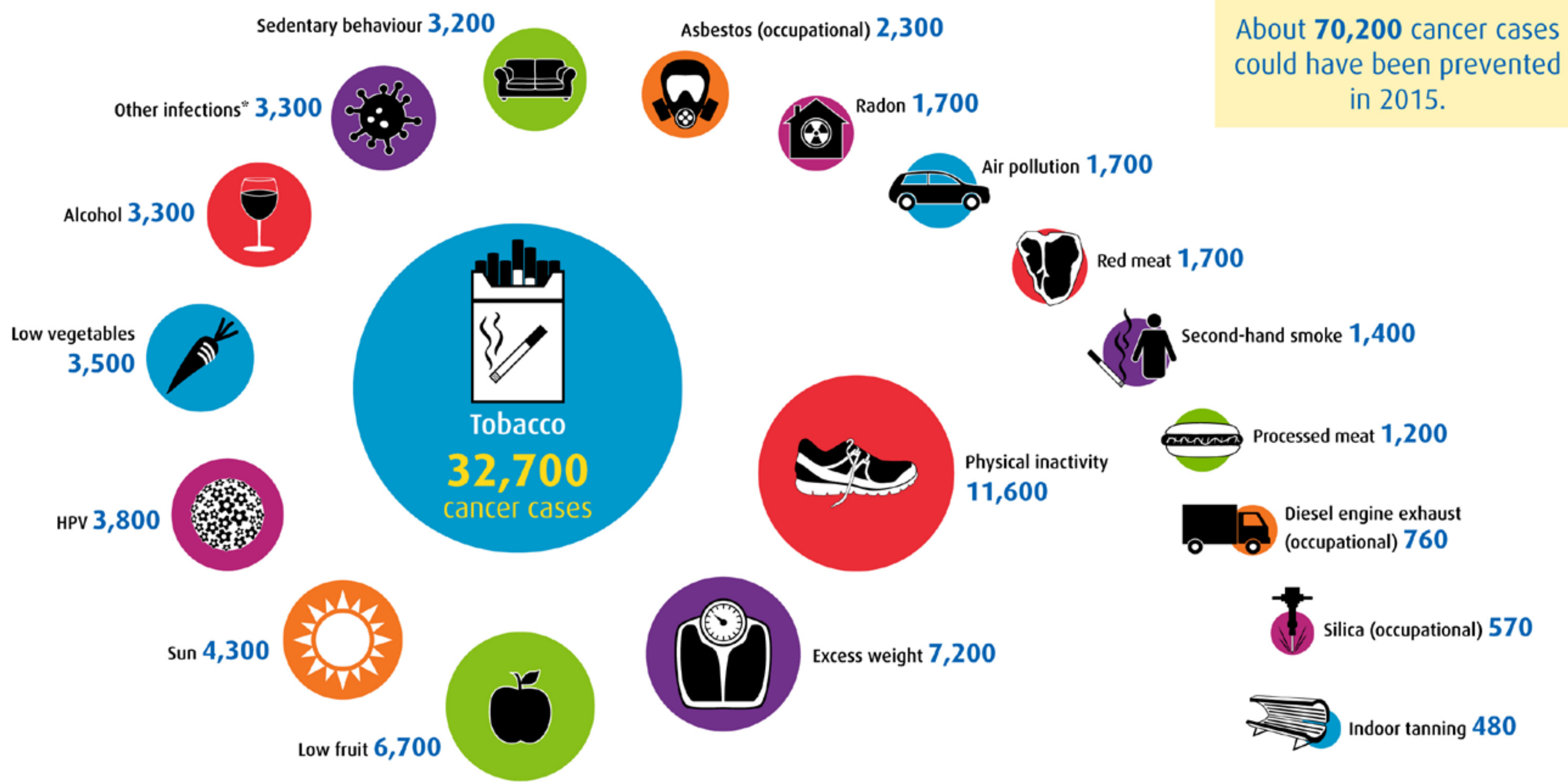
- Raise awareness of project
- Obtain feedback on KT needs (e.g., knowledge users, formats and modes of dissemination)

n=19

Member organizations	Areas of expertise
Canadian Cancer Society	Advocacy
Canadian Lung Association	Cancer information
Canadian Partnership Against Cancer (CPAC)	Clinical practice
Cancer Care Ontario	Communications
CAREX Canada	Knowledge translation
Chronic Disease Prevention Alliance of Canada	Fundraising
Colorectal Cancer Canada	Health policy
Dietitians of Canada	Health promotion
National Collaborating Centre for Infectious Diseases	Research funding
Propel Centre for Population Impact	Social media
Public Health Ontario	

Number of cancer cases that could be prevented in Canada

About 4 in 10 cancer cases can be prevented through healthy living and policies that protect the health of Canadians.



Not all risk factors have the same impact on cancer risk. **This image shows the number of cancer cases diagnosed in 2015 that are due to key modifiable risk factors.****

*Other infections category includes Epstein-Barr virus (EBV), hepatitis B virus (HBV), hepatitis C virus (HCV), *Helicobacter pylori* bacteria (*H. pylori*), human herpesvirus type 8 (HHV-8) and human T-cell leukemia/lymphoma virus type 1 (HTLV-1).
**See website for details on data and risk factor definitions.

prevent.cancer.ca

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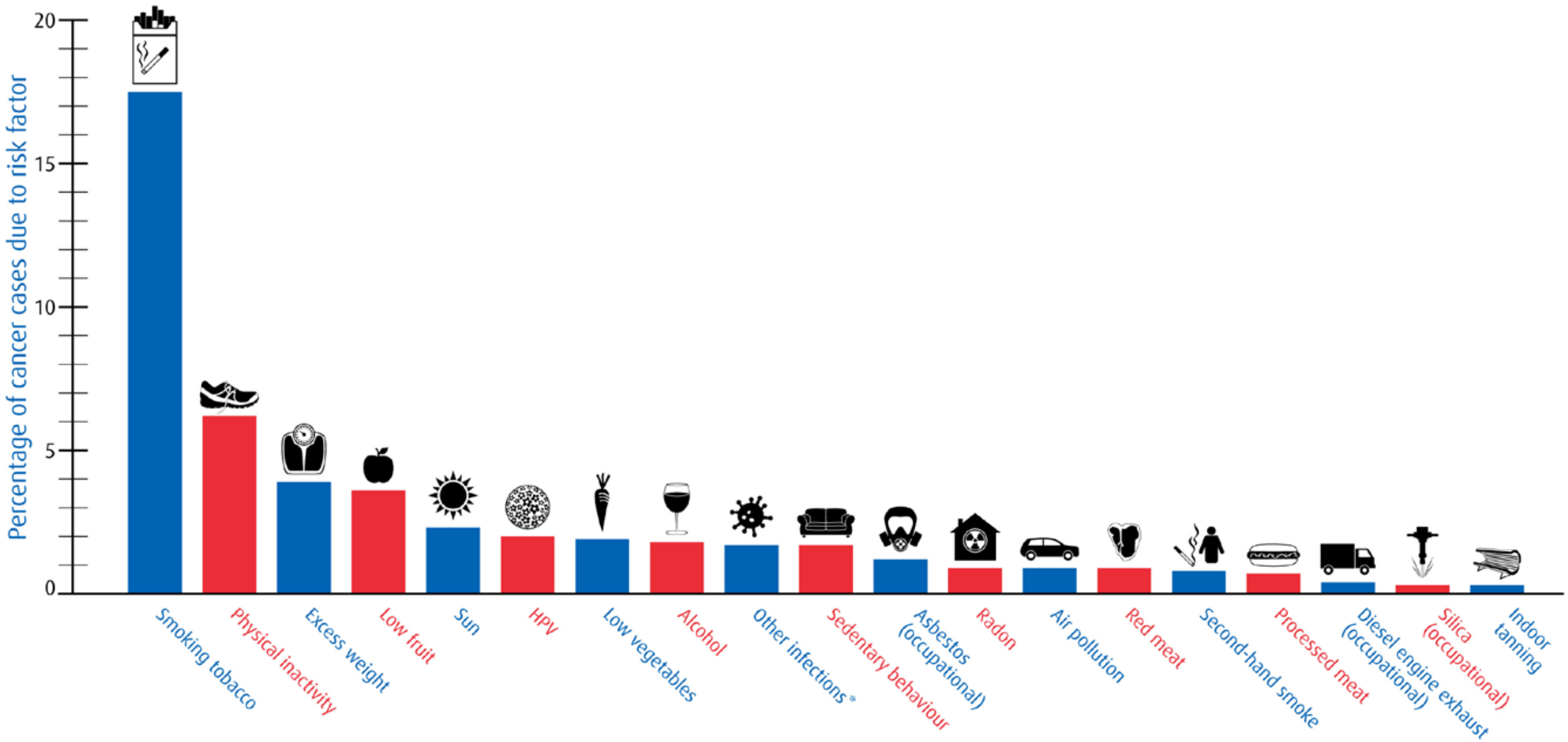
Percentage of all cancer cases that could be prevented in Canada

About 4 in 10 cancer cases can be prevented through healthy living and policies that protect the health of Canadians.



Not all risk factors have the same impact on cancer risk. **This image shows key modifiable risk factors and the percentage of cancer cases related to them.****

*Other infections category includes Epstein-Barr virus (EBV), hepatitis B virus (HBV), hepatitis C virus (HCV), *Helicobacter pylori* bacteria (*H. pylori*), human herpesvirus type 8 (HHV-8) and human T-cell leukemia/lymphoma virus type 1 (HTLV-1).
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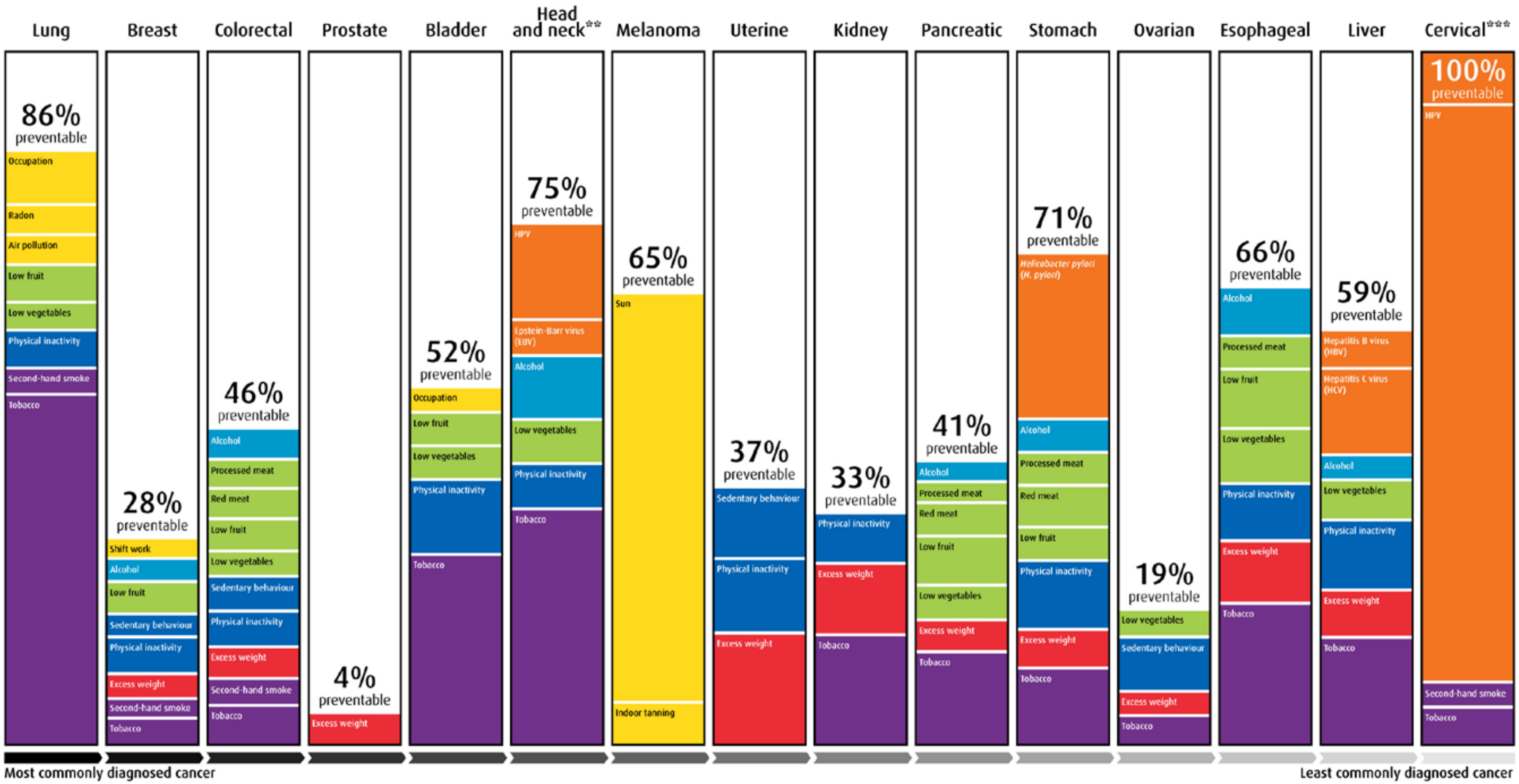
Percentage of cancers that are preventable in Canada

About 4 in 10 cancer cases can be prevented through healthy living and policies that protect the health of Canadians.*



Some types of cancers are more preventable than others. **This graph shows some of the key cancers in Canada that could be prevented broken down by risk factor.**

*See website for details on data and risk factor definitions.
**Includes oral, pharyngeal and laryngeal cancers.

***All cervical cancers are caused by HPV, but not all HPV infections will lead to cervical cancer. Other risk factors, like tobacco and birth control pills, increase the likelihood that an HPV infection will lead to cervical cancer.

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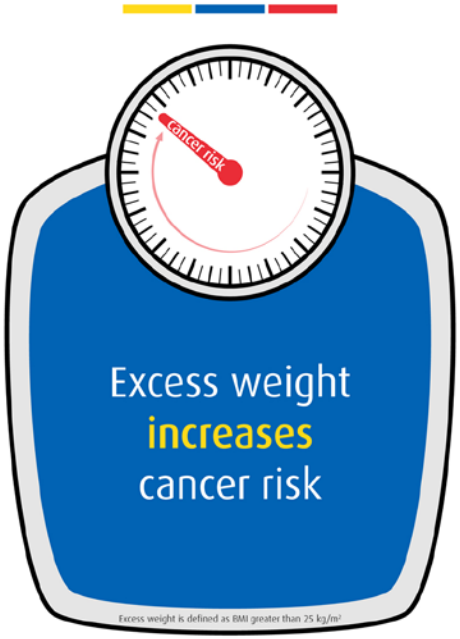
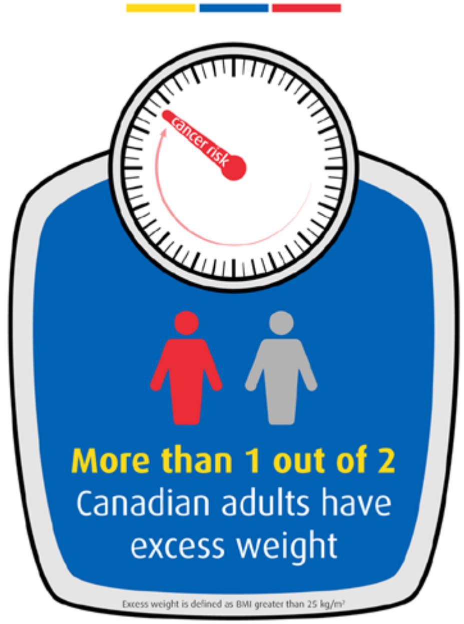
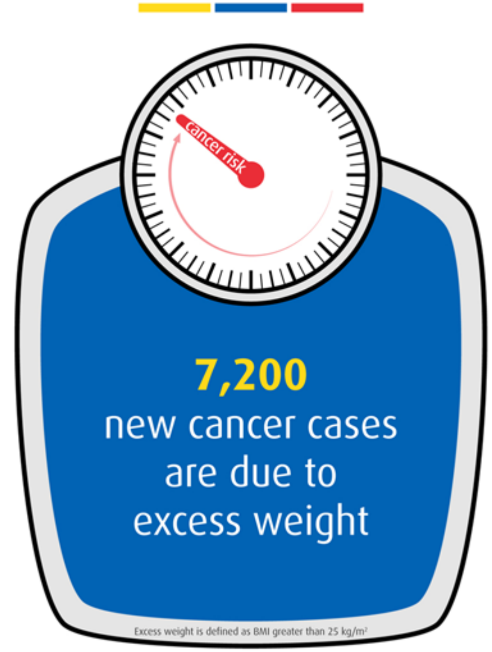
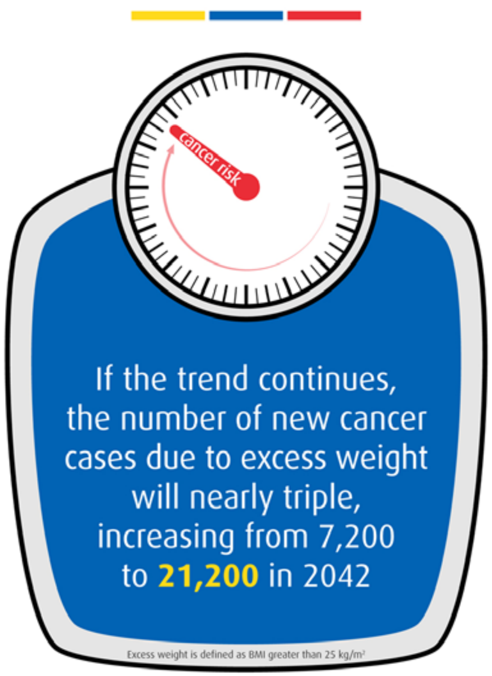
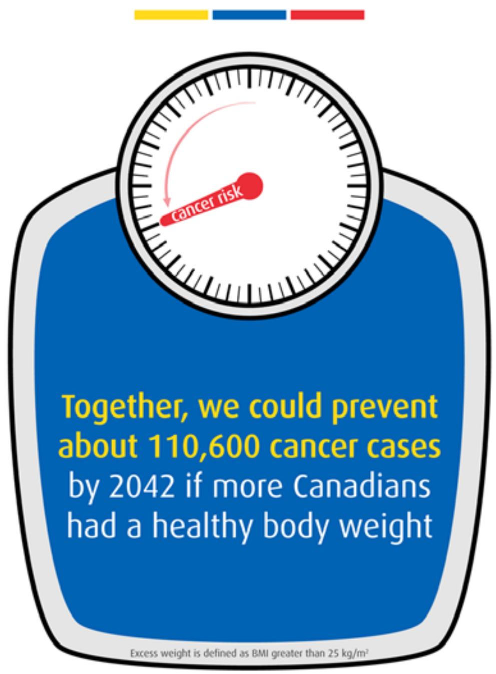

cancer risk
Excess weight
increases
cancer risk
Excess weight is defined as BMI greater than 25 kg/m²


cancer risk
More than 1 out of 2
Canadian adults have
excess weight
Excess weight is defined as BMI greater than 25 kg/m²


cancer risk
7,200
new cancer cases
are due to
excess weight
Excess weight is defined as BMI greater than 25 kg/m²


cancer risk
If the trend continues,
the number of new cancer
cases due to excess weight
will nearly triple,
increasing from 7,200
to 21,200 in 2042
Excess weight is defined as BMI greater than 25 kg/m²


cancer risk
Together, we could prevent
about 110,600 cancer cases
by 2042 if more Canadians
had a healthy body weight
Excess weight is defined as BMI greater than 25 kg/m²

Next steps for CCS

Putting this information into action:

- Inform research priorities
- Support programs and services
- Update cancer information
- Further advocacy