

#### OP28.4

### **The effect of Continuing Medical Education in earlier cancer diagnosis on knowledge, attitude and referral behaviour among general practitioners**

*Berit Skjødeberg Toftegaard, F Bro, AZ Falborg, P Vedsted*

*Research Unit for General Practice, Department of Public Health, Aarhus University, Denmark*

*Corresponding author: PhD Fellow Berit Skjødeberg Toftegaard, Aarhus University, Research Unit for General Practice, Aarhus C, Denmark. E-mail: berit.toftegaard@feap.dk*

**Background & Aim:** The impact of urgent cancer referral pathways depends on how the general practitioners (GPs) interpret symptoms and refer patients. Research has provided insight on symptoms' positive predictive values for specific cancer types. In Denmark, a national cancer plan launched a CME about cancer symptoms and use of urgent referral. This study aims to measure the effect of CME on the GPs' knowledge about cancer diagnosis, attitudes towards own role in cancer detection, cancer risk assessment and referral behaviour.

**Method:** We conducted a cluster-randomised stepped-wedge study in the Central Denmark Region. All GPs were assigned to one of eight geographical clusters and invited to the CME at three-week intervals between clusters. A questionnaire about knowledge and attitude was sent to each GP one month before and seven months after the CME. GPs were also asked to assess the cancer-risk in urgently referred patients. Register data on urgently referred patients was obtained for each GP during a six-month period before and after the CME. CME-participating GPs were compared with reference (non-participating) GPs by analysing before and after differences.

**Results:** One quarter of the GPs participated in the CME; 202 GPs (24.3%) completed both questionnaires. 532/524 GPs (64.0%/63.1%) assessed the risk of cancer before and after the CME, respectively. Compared to the reference group, CME-participating GPs statistically significantly changed their attitudes towards own role in cancer detection in 2 of 7 items, increased the knowledge of cancer likelihood in a 50-year-old referred patient and lowered the assessed risk of cancer in urgently referred patients. Analyses of referral behaviour are on-going.

**Conclusions:** A standardised CME can improve GP knowledge about cancer diagnosis, attitude towards own role in cancer detection and cancer-risk assessment. Whether these improvements may prompt a change in referral behaviour will be presented at the conference.