

## Cancer Prevention & Control, Client-Oriented Screening Interventions: Small Media

### Summary Evidence Table

Author, Pub year, (Study Period), Intervention	Design, Category, Execution	Study Location, Setting type Population Description	Interventions Studied, Comparison, and Number of Participants	Outcome/Effect Size and Statistical Significance
<p>Bastani, 1994 (1989)  <b>Intervention:</b> Small media</p>	<p><b>Design:</b> Randomized trial (Individual)  <b>Design Category:</b> Greatest suitability  <b>Execution:</b> Fair</p>	<p>Los Angeles County; community wide (homes); Women, English speaking, aged <math>\geq 40</math> years; mostly urban; 70.8% White, 12.0% African-American, 8.3% Hispanic, 5.3% Asian, 2.9% Other; 23.5% <math>&gt;</math>\$50,000 household income, 40.3% \$20,000-49,999 household income, 25.6% <math>&lt;</math>\$20,000 household income</p>	<p>1. Informational booklet, bookmark mailed with thank you note (n=401)  <i>versus</i>                  2. Thank you note, alone (n=401)</p>	<p>Completed mammogram determined by self report                  1 versus 2 = -3.0 pct pt (NS)</p>
<p>Bastani, 1999 (1990-1991)  <b>Intervention:</b> Small media</p>	<p><b>Design:</b> Randomized trial  <b>Design Category:</b> Greatest suitability  <b>Execution:</b> Good</p>	<p>California; homes; Women who were the mother, sister or daughter of a patient with breast cancer, <math>\geq 30</math> years of age, resided in the USA or Canada, and had no personal history of breast cancer; 90.2% White; 35.9% <math>&gt;</math>\$50,000 household income, 50% \$20,000-49,999 household income, 14.1% <math>&lt;</math>\$20,000 household income                  Baseline screening</p>	<p>1. Tailored risk notification, educational booklet, notepad, and bookmark (n=382)  <i>versus</i>                  2. Basic educational materials on breast cancer and mammography (n=371)</p>	<p>Completed mammogram determined by self report                  1 versus 2 = 7.7 pct pt (<math>p &lt; .05</math>)</p>

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		mammogram in 12 months prior to baseline: I (n=382)= 55.0% C(n=371)= 54.9%		
Byles, 1996 (October-December 1992) <b>Intervention:</b> Small media	<b>Design:</b> Nonrandomized trial (group) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	New South Wales, Australia; homes and communities; Women age 18 to 70 yrs on electoral register; urban population. Baseline unscreened or overdue: I <sub>1</sub> = 45.2% I <sub>2</sub> = 27.5% C= 30.3%	1. Television media campaign plus two personally addressed letters, mailed 3 years apart, reminding women of the importance of screening. (n=15,638) <i>versus</i> 2. Initial letter only (n= 18,425) <i>versus</i> 3. No letter (n=14,527)	Completed Pap test determined by health insurance commission claims The published article did not provide an effect measure consistent with our analyses (relative, pct pt Δ in acceptance). There is a positive effect by the first letter on Pap test acceptance but not by the second.
Byles, 1995 (June 1989) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Australia, Communities, Women aged 18-70 living in designated study regions during study period (regardless of screening status)	1. Letter that covered cervical cancer screening guidelines mailed (n=959) <i>versus</i> 2. Mailed small media plus 5 prompt cards designed to assist women in overcoming commonly reported barriers to screening, including forgetting to make an appointment. Non-responders were sent a reminder notice followed by a phone call 1 month after the letter was sent (n=933) vs. 3. Control (n=1202)	Completed Pap test determined by health insurance commission claims. Published article did not provide an effect measure consistent with our analyses (relative, not pct pt Δ in acceptance). Little difference between multifaceted and simple approach. Both approaches more effective than no intervention. (Difference reported as relative Δ) 1 versus 2 = 2.8% (NS) 1 versus 3 = 34.4% (p<.05) 2 versus 3 = 31.6%

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Champion, 2002 (1996 – 2000) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	St. Louis, MO & Bloomington, IN; two HMO's and a General medicine clinic; Women with no history of breast cancer, <u>no mammogram in 15 months</u> , and $\geq 51$ years of age; 21% African American, 77% White; 24% < \$15,000 annually	1. Tailored letter mailed (n=263) <i>versus</i> 2. Control: usual care (n=269)	(p<.05) Completed mammogram determined by self-report  1 versus 2 = 11.2 pct pt (NR)
Champion, 2003 (1996-2000) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Indiana; Large HMO and a General medicine clinic Women (at the selected HMO and general medicine clinic) between the ages of 50 and 85, <u>no mammogram in the last 15 months</u> and no history of breast cancer; 24.0%-40.7% African American across groups; 21.2% income < \$10,000	1. Letter from physician (n=131) <i>versus</i> 2. Control: general postcard reminder to schedule a mammogram (n=134)	Completed mammogram determined by self report  1 versus 2 = 14.2 pct pt (p<.05)
Davis, 1998 (study period not reported) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Philadelphia, Pennsylvania; university-based public hospital; women age $\geq 40$ yrs <u>who had not had a mammogram in the past year and were waiting to see a physician in 1 of 2 outpatient clinics in Northwest Louisiana</u> ; Predominantly African American (66%– 73% across groups) and low	1. Brochure (n=147) <i>versus</i> 2. Brochure plus video (n=151) <i>versus</i> 3. Control: Personal recommendation from an investigator to get a mammogram (n=147)	Completed mammogram determined by medical record audit (total utilization rate after 24 months)  1 versus 3 = -3.0 pct pt (NS) 2 versus 3 = 3.0 pct pt (NS)

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<p>Dickey, 1992 (12/13/88–4/13/89)  <b>Intervention:</b> Small media</p>	<p><b>Design:</b> Nonrandomized trial (group),  <b>Design category:</b> greatest suitability,  <b>Execution:</b> fair</p>	<p>income  San Francisco, CA; two practice groups of a residency-affiliated family health center; English- or Spanish-speaking women, ages 19–74, at least one visit with continuing provider during 14 mos. prior to index visit or at least two visits with continuing provider in 18 mos. after index visit, no AIDS or ARC diagnosis, not pregnant 14 mos. prior to index date and 18 mos. after index date, and never seen for care by principal investigator. No mention of screening status for inclusion</p>	<ol style="list-style-type: none"> <li>1. Patient-held minirecord (health diary) was distributed (n=200) <i>versus</i></li> <li>2. No intervention in place (n=200)</li> </ol>	<p>Completed mammogram, Pap test, and FOBT determined by medical record audit at 6 months  Mammogram:  1 versus 2 = 24.8 pct pt (&lt;.05)  Pap test:  1 versus 2 = 21.8 pct pt (&lt;.05)  FOBT:  1 versus 2 = 18.3 pct pt (&lt;.05)</p>
<p>Dietrich, 1989 (1984, one year period?)  <b>Intervention:</b> Small media</p>	<p><b>Design:</b> Randomized trial (Individual)  <b>Design Category:</b> Greatest suitability  <b>Execution:</b> Fair</p>	<p>New England town of ~ 10,000; established community practice; Age ≥65 years, had office visits during 3-month enrollment period, had received care from practice for at least 12 months; race/ethnicity not reported.</p>	<ol style="list-style-type: none"> <li>1. Letter and questionnaire mailed (n=59) <i>versus</i></li> <li>2. No mailing of materials (n=55)</li> </ol>	<p>Complete mammogram, Pap determined by record audit:  1 versus 2 = 20.0 pct pt (NS)  Pap test:  1 versus 2 = 12.0 pct pt (NS)  "FOBT" excluded since only done as a one-time stool guaiac</p>
<p>Eaker, 2004 (January 16, 2001 – ~ September 2001)  <b>Intervention:</b> Small</p>	<p><b>Design:</b> Randomized trial (Individual)  <b>Design Category:</b> Greatest suitability</p>	<p>Uppsala County, Sweden; community/region wide; age 25 – 59, residents in Uppsala County, had not</p>	<ol style="list-style-type: none"> <li>1. Modified letter and brochure (n=NR) <i>versus</i></li> <li>2. Standard letter</li> </ol>	<p>Completed Pap test determined by database record review  1 versus 2 = 1.3 pct pt</p>

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media	<b>Execution:</b> Fair	<u>had Pap during call-recall system and invited to screening during 17 weeks in the first ½ of 2001. Overdue?</u>	(n=NR)	(NS)
Falvo, 1993 (3 month intervention period, year not reported) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Rural Midwestern city; family practice center; Female patients presenting at the family practice center over 3 months, <u>no previous mammogram</u> , no history of breast disease, and no history of breast-related symptoms or problems; population not well described.	1. Pamphlet delivered by physician (n=25) <i>versus</i> 2. Oral information about mammography from their physician (n=25) <i>versus</i> 3. Pamphlet and oral information from their physician (n=25) <i>versus</i> 4. No intervention (n=25)	Completed mammogram determined by medical record audit No results other than non significant p-value to describe inter-group comparisons None, NS
Fox, 2001 (1991-1993) <b>Intervention:</b> Small media	<b>Design:</b> Quasi-randomized trial, <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Greater Los Angeles, CA; community- wide; Medicare beneficiaries who were non-institutionalized women with no history of breast cancer and able to complete the 45-minute bilingual telephone interview or mailed questionnaire (on occasion, in person interview); 54%-79% White, 14%-34% Black, 7%-12% Hispanic; (regardless of screening status)	1. Letter mailed (n=434) <i>versus</i> 2. No mailing (n=483)	Completed mammogram within the last 2 years determined by self report 1 versus 2 = 5.7 pct pt (p<.05)
Harris, 2000	<b>Design:</b> Randomized trial	Hunter Area of New South	1. Pamphlet (n=158)	Completed FOBT

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(NR) <b>Intervention:</b> Small media	(Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Wales, Australia; women with a positive family history of colorectal cancer seen at general practitioners' offices; population not well described.	<i>versus</i> 2.Crossover design. Patients considered exposed to the intervention if they saw their general practitioner during the intervention period (n=145)	determined from referrals/appointments: Screening of 1 <sup>st</sup> degree relative Group 1: 18% uptake Group 2: 4% uptake OR=4.7, 95% CI=1.4-16.7
Hart, 1997 (NR) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Market Harborough, England; community wide; residents of Market Harborough aged 61-70 years registered with the selected practice; population not well described.	1.Invitation to receive free FOBT and leaflet about colorectal cancer screening (n=806) <i>versus</i> 2.Invitation to receive free FOBT only(n=765)	Completed FOBT determined by number of FOBT kits received 1 versus 2 = 7.0 pct pt (p<.05)
Herman, 1995 (October 1989- March 1990) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Good	Cleveland, OH; clinic/office; 65+ years of age w/o dementia or severe illness; 36.4%-49.1% African American, 45.9%-57.1% White, 5.0%-7.3% Hispanic; subset of 471 w/o prior mammogram.	1.Educational materials given to the patient by the nurse (n=159) <i>versus</i> 2.MD intensive education only (n=161)	Completed mammogram to women with no previous mammogram determined by medical record audit 1 versus 2 = 13.4 pct pt (p<.05)
Jibaja-Weiss, 2003 (NR) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Houston, TX; clinic/office; age 18-64 yrs <u>no mammogram or Pap test during past 2 years</u> ; had no more than 2 visits for an acute or chronic illness within the past 2 years; and mailing address verified by telephone contact; 38%-43.5%	1.Letter mailed (n=460) <i>versus</i> 2.Tailored letter mailed (n=524) <i>versus</i> 3.Usual care (n=499)	Completed cancer-screening services within 12 mo. of intervention determined by electronic appointment system Mammogram 1 versus 3 = 9.8 pct pt (p<.05) 2 versus 3 = -7.7 pct pt (p<.05)

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		African American, 39.7%-40.9% Mexican American, and 16.8%-18.8% non-Hispanic.		Pap 1 versus 3 = 4.0 (NS) 2 versus 3 = -16.2 (p<.05)
Kramish-Campbell, 2004 (1998-2000) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Group) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	North Carolina rural community; Churches with 80 or more active members; predominantly African American; active participants 18 and older; Baseline data : I (n=76) 19.7%, C(n=69) 30.4%	1. Tailored videotapes and newsletters (n= 76) <i>versus</i> 2. Offered health education sessions and speakers on topics of their choice not directly related to study objectives (n=69)	Completed CRC screening determined by self report of (1) FOBT in the past year and (2) any combination of test indicating up-to-date adherence with recommendations 1 versus 2 = 25.8 pct pt (p<.05)
Lee, 1991 (1988) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Washington state; employees ≥40 yrs; 56%-58% male/42%-43% female; 91-98% White. Random assignment of participants by FOBT during the last 3 years and by 3 risk levels for colorectal ca.	1. Two detailed letters (n=139) <i>versus</i> 2. Simple letter explaining the availability of the FOB test at the worksite clinic (n=139)	Completed FOBT during a 3 month FU period determined by medical record audit.  1 versus 2 = 4.3 pct pt (NS)
Lipkus, 2000 (June 1994 – March 1998) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Raleigh/Durham/Chapel Hill, NC (urban) HMO; Age ≥50 yrs; 5 HMO sites; ≤ 2 mammograms in 36 month period. Excluded non-English speaking/ hx of breast cancer with double mastectomy; currently with breast cancer; 82% Caucasian, 16% African American; mean age 59 yrs	1. Tailored booklet (n=366) <i>versus</i> 2. Usual care (Extensive system of reminders to non-compliant eligible women) (n=362)	Mammography completed (on schedule) as determined by self report after first year: 1 vs. 2 = 7 pct pt (p<0.05) (10 pct pt among women on schedule at pre-intervention survey [n=261] vs. -2 pct pt among women off schedule at pre-intervention survey)

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				[n=106])
McAvoy, 1991 (April –November 1987 *the study was conducted and collecting data from February 1987-March 1988) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Good	Leicester, UK; homes; women with Asian names, registered with general practitioner and <u>no record of pap test up to 31 Dec 1986</u> ; “Asian” refers to Pakistani and New Commonwealth ethnic origin /descent, including those from Bangladesh and east Africa	1. Leaflet and fact sheet mailed (n=131) <i>versus</i> 2. Women were not contacted at all in any way (n=124)	Completed Pap determined by medical record audit 1 versus 2 = 6.0 pct pt (NS)
McCaul, 2002 (September 1996) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	North Dakota statewide; HMO; Medicare subscribers 65-80 yrs with no <u>mammogram paid for by Medicare in the previous 2 ½ years</u> ; pop not well described.	1. Letter mailed by Medical Director(n=944) <i>versus</i> 2. Enhanced letter mailed by medical Director (n=944) <i>versus</i> 3. No letter(n=1037)	Completed mammogram determined by review of Medicare records 1 versus 3 = .5 pct pt (NS) 2 versus 3 = .1 pct pt (NS)
Mead, 1995 (4-week period in February 1993) <b>Intervention:</b> Small media	<b>Design:</b> Pre-post <b>Design Category:</b> Least suitability <b>Execution:</b> Fair	Albuquerque, NM; family practice clinic (U of New Mexico School of Medicine); age >21 yrs seen in family practice clinic if at the time of visit hadn't received one of the preventive services w/in specified period; race/ethnicity NR.	1. Posters and videos in patient area (n=389) <i>versus</i> 2. Historical controls (n=381)	Completed mammogram and Pap test determined by medical record audit Mammogram 1 versus 2 = 12.0 pct pt (NS) Pap test 1 versus 2 = -1.0 pct pt (NS)
Mitchell 1991 1989 <b>Intervention:</b> Small media	<b>Design:</b> Nonrandomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Victoria, Australia (two regions, East and Northwest); Age 40-69, race/ethnicity not reported	1. Letter alone (n~1190) 2. No intervention (n~1880)	Completed Pap test determined by reports within 12 week period before intervention): 1 vs. 2 = 3.1 pct pt (p<.05)
Powe, 2002	<b>Design:</b> Randomized trial	Eight counties in	1.Video (“Telling the	Completed FOBT



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(NR) <b>Intervention:</b> Small media	(Group) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	southern state; senior centers/non clinical setting; African American women, ≥ 50 yrs old and mentally oriented to time and location, usually attending centers daily for lunch; mean age 73.4-75.13 yrs; 76%-94% mean income <\$10000;	Story - To Live is God's Will"), 12 month calendar with CRC information, poster at senior center, mailed brochure, color handout with instructions & pictorial of how to correctly complete FOBT(n=40) <i>vs.</i> 2. Video ("Telling the Story - To Live is God's Will") (n=37) <i>vs.</i> 3. ACS video "Colorectal Cancer: The Cancer No One Talks About". (n=29)	determined by kits returned to researcher 1 versus 3 = 56.0 pct pt (p<.05) 2 versus 3 = 27.0 pct pt (p<.05)
Pye, 1988 (study period not reported) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Nottingham, UK; homes; men and women ages 50-74 yrs; population not well described.	1. Letter, educational leaflet, & FOBT <i>vs.</i> 2. Educational leaflet 2 weeks before FOBT and letter <i>vs.</i> 3. FOBT and doctor's usual letter N=3860	Completed FOBT determined by medical record audit 1 versus 3= -9.0 pct pt(NS) 2 versus 3= -4.0 pct pt(NS)
Rakowski, 1998 (study period not reported)	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Rhode Island and Massachusetts; homes, HMO; women ages 40-74 yrs, English speaking, and not diagnosed or suspected of having breast cancer, and not pregnant or nursing; 94% White. (regardless of screening status)	1. Packet of information mailed (n=479) <i>versus</i> 2. Packet of information tailored to stage of adoption mailed (n=461) <i>versus</i> 3. Control group received no patient materials. (n=457)	Completed mammogram determined by self report 1 versus 3 = 3.6 pct pt (NS) 2 versus 3 = 8.7 pct pt (p<.05)

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Rimer, 1999 (1992 - 1996) <b>Intervention:</b> Small media	<b>Design:</b> Quasi-randomized trial (individual), <b>Design category:</b> greatest suitability <b>Execution:</b> good	Durham, N.C.; office/clinic; women 18-80 y/o seen in clinic w/in 18 mo prior to study; 81% African-American; 27% married, 42% employed, 21% H.S. + education, 34% not insured	1. Tailored (individualized cancer screening advice) print material sent on birthday + computer driven provider reminder 2. Provider reminder, only	Completed Pap test w/in previous year (self-report: 1 (59%) vs. 2 (61%) = -2 pct pt
Rimer, 2002 (November 1997 – August 2000) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	North Carolina (statewide enrollment in Blue Cross Blue Shield of NC i.e. BCBSNC); HMO; women aged 40 – 44 and 50 – 54; 81%-85% White, 14%-16% Black. (regardless of screening status)	1. Tailored print material – booklet followed by newsletter (n=374) <i>versus</i> 2. Usual care (n=378)	Completed mammogram determined by self report 1 versus 2 = -4.5 pct pt (NS)
Rothman, 1993 (January 1990) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (group) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Northeastern US; workplaces; Female employees of a utility company aged <u>40 and older who were not compliant with breast cancer screening</u> ; mean age 49 years; 85% White, 12% African American, 0.5% Hispanic, 1% Asian.	1. Video emphasizing women’s responsibility for getting a mammogram <i>versus</i> 2. Video emphasizing doctor’s responsibility for detecting breast cancer <i>versus</i> 3. Video with no assigned responsibility	Completed mammogram determined by self report 1 versus 2 = 8.8 pct pt (p<.05) 1 versus 3 = 10.7 pct pt (p<.05) 2 versus 3 = 1.9 pct pt (NR) Excluded from analysis because only compared three variations of the educational video
Seow, 1998 (1994-1997) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Singapore; hospitals and homes; women between the ages of 50 and 64 years selected for the Breast Screening Project <u>who</u>	1. Letter plus brochure mailed (n=500) <i>versus</i> 2. Women who received only the series of invitations (n=500)	Completed mammogram determined by medical record audit 1 versus 2 = 0.6 pct pt (NS)

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		had not responded to the invitation and first reminder and were due to receive their second reminders; Mean age 58.4-59.0 across groups; 69.8%-74.2% Chinese, 16.4%-19.4% Malay, 8.4%-10.0% Indian.		
Skinner, 1994 (NR) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial (Individual) <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	North Carolina; clinic; ages 40–65 yrs who had visited one of the selected practices in the previous 2 yrs, had telephones, and had never been diagnosed with breast cancer; 84% White, 16% African American; 10% less than high school education. (Regardless of screening status)	1. Tailored recommendation letter mailed (n=248) <i>versus</i> 2. Standard recommendation letter sent with no individualized message (n=249)	Completed mammogram determined by self report 1 versus 2 = 13.0 pct pt (NS)
Taylor, 2002 (1999-2000) <b>Intervention:</b> Small media	<b>Design:</b> Randomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair	Seattle, WA and Vancouver, CAN; community-based; 20-69 yrs; Must speak Cantonese, Mandarin or English; no history of invasive cervical cancer; no hysterectomy; <u>identified as an underutilized Pap test users (not having a Pap test in previous 2 years)</u> ; 100% Chinese.	1. Letter, fact sheet, motivational pamphlet, video, educational brochure mailed 2. Control: Usual care N=402	Completed Pap test determined by self report verified by medical record audit 1 versus 2 = 10.0 pct pt (p<.05)

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<p>Yancey, 1995 (May- December 1992) <b>Intervention:</b> Small media</p>	<p><b>Design:</b> Nonrandomized trial <b>Design Category:</b> Greatest suitability <b>Execution:</b> Fair</p>	<p>New York City, NY and Los Angeles, CA; clinic/office; <u>eligibility criteria not reported</u>. RYAN (NYC) – 55.7%-58.3% Latina, 30.1%-31.7% African American, 6.8%-7.3% White; VFC (LA)– 75.4%-81.2% Latina, 5.2%-6.2% African American, 12.3%-16.9% White; 84.9%-86.7% &lt;poverty line.</p>	<p>1. Videos in clinic (LA) (n=335) <i>versus</i> 2. Patients of both clinics/centers during “off weeks” comprised the comparison group – clinics served as their own controls (LA)(n=325) 3. Videos in clinic (NYC) (n=533) <i>versus</i> 4. Patients of both clinics/centers during “off weeks” comprised the comparison group – clinics served as their own controls (NYC)(n=551)</p>	<p>Completed Pap test determined by medical record audit 1 versus 2 = 8.0 pct pt (p&lt;.05) 3 versus 4 = 5.0 pct pt (p&lt;.05)</p>