

Increasing Cancer Screening: Client Reminders - Colorectal Cancer, FOBT

Summary Evidence Table - Studies From the Updated Search Period

Study	Location Intervention Comparison	Study population description Sample size	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow- up time
<p>Author (year): Church (2004)</p> <p>Study Period: 2/2000 – 3/2001</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Fair (2 Limitations)</p> <p>Outcome Measurement: Completed Screening Self report</p>	<p>Location: US, Wright County, Minnesota</p> <p>2 Intervention Arms</p> <p>RSB: FOBT kits sent via direct mail 2 months after baseline. Included a postage-paid, addressed return envelope</p> <p>SM: A pamphlet providing answers to FAQs about FOBT. Letter also informed participant about risk factors and that individuals at risk might need some other form of screening and should discuss with their MDs</p> <p>CR: After the initial letters and FOBT kits were mailed, nonresponsive participants received a mailed reminder 1 month later, another mailing with a 2nd FOBT kit a month after that, and, 1 month later, a reminder by phone to complete the test.</p> <p>1. RSB + SM + CR 2. RSB + SM Comparison: No kits and no reminders</p>	<p>Study Population: Wright County residents who were 50+ years old and had a mailing address with a ZIP code that included some part of the county as of January 1, 2000.</p> <p>Sample Size: I: 647 C: 648</p>	Incremental effect of CR over RSB + SM	<p>FOBT</p> <p>1. 23% 2. 21% 3. 22%</p> <p>Flex Sig</p> <p>1. 36% 2. 35% 3. 37%</p> <p>Colonoscopy</p> <p>1. 28% 2. 25% 3. 29%</p> <p>BE</p> <p>1.12% 2. 12% 3. 18%</p> <p>Any</p> <p>1. 56% 2. 53% 3. 57% 1.</p>	<p>FOBT</p> <p>1. 47% 2. 39% 3. 24%</p> <p>Flex Sig</p> <p>1. 38% 2. 37% 3. 38%</p> <p>Colonoscopy</p> <p>1. 37% 2. 28% 3. 31%</p> <p>BE</p> <p>1. 12% 2. 12% 3. 13%</p> <p>Any</p> <p>1. 70% 2. 66% 3. 64% 1.</p>	<p>1 vs. 2 +6 pct pts 95% CI:[0.6, 11.4]</p> <p>1 vs. 2 0 pct pts</p> <p>1 vs. 2 + 6 pct pts 95%CI: [0.6, 11.4]</p> <p>1 vs. 2 0 pct pts</p> <p>1 vs. 2 +1 pct pts [-4.1, 6.1]</p>	12 months

Study	Location Intervention Comparison	Study population description Sample size	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow- up time
<p>Author (year): Ruffin (2004)</p> <p>Study Period: 1994 – 1998</p> <p>Design Suitability: Greatest</p> <p>Study Design: gRCT</p> <p>Quality of execution: Fair (4 limitations)</p> <p>Outcome Measurement: Completed Screening FOBT</p> <p>Record Review</p>	<p>Location: US, Michigan</p> <p>CR: Provided patients with their screening history and cues to future screening, including cancer screening guide with recommendation s for their practice. Wallet-sized. MD could mark the most recent tests on it. Guides unique to each practice.</p> <p>PR: Provided patient’s screening history and current screening recommendations. Specific intervention was unique to each practice. Most common was flow sheet with cues.</p> <p>PAF: Each practice met with investigators and reviewed baseline chart audits.</p> <ol style="list-style-type: none"> 1. PR + PAF 2. CR + PAF 3. PR + CR + PAF 4. Comparison: Usual Care + PAF 	<p>Study Population: Patients: aged 50+, no history of cancer, seen 2+ times in prior 2 yrs.</p> <p>Practice: non-subspecialty care, served adults, not providing primarily acute or urgent care, didn’t exclude pts because of older age or race, saw more than 10 patients per day, at least 50% of MDs agreed to participate.</p> <p>Sample Size: Practices n = 22</p>	<p>Incremental effect of client reminder over PAF</p> <p>Incremental effect of client reminder over PR + PAF</p>	<ol style="list-style-type: none"> 1. 35% 2. 38% 3. 31% 4. 38% <p>2.</p>	<ol style="list-style-type: none"> 1. 24.0% 2. 34.0% 3. 33.5% 2. 40.5% 	<p>2 vs. 4: -6.5 pct pts</p> <p>3 vs. 1: 13.5 pct pt</p>	<p>36 months</p>

Note the table does not include evidence from the following study:

Segnan N, Senore C, Andreoni B, et al. Randomized trial of different screening strategies for colorectal cancer: patient response and detection rates. *J Natl Cancer Inst* 2005;97(5):347–57.