

Increasing Cancer Screening: One-on-One Education - Colorectal Cancer by Colonoscopy or Flexible Sigmoidoscopy

Summary Evidence Table

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): Costanza et al. (2007)</p> <p>Study Period: 2001-2004</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Fair</p> <p>Outcome Measurement: Completed screening: FOBT, sigmoidoscopy, or colonoscopy</p> <p>Record review</p>	<p>Location: US, Massachusetts and Connecticut</p> <p>1 intervention arm:</p> <p>Intervention: A two-step program with a mailed print brochure followed three months later by telephone counseling. The intervention group was sent a print brochure that discussed CRC basics and screening. Three months after receiving their brochure, intervention subjects were to receive a telephone counseling call that tailored counseling to a subject's responses to questions that the computer prompts the counselor to ask. The protocol included a motivational counseling segment for subjects who</p>	<p>Study population: English-speaking patients 50 to 75 years old who had documentation of a visit to a study practice within the prior two years and no record of a colonoscopy within the prior 10 years. Patients with history of polyps, colorectal cancer or other colon disease requiring frequent screening were excluded.</p> <p>Sample size: Intervention: n=1648 Comparison: n=1756</p>	<p>Absolute change in proportion of subjects being up to date on CRC screening (FOBT, sigmoidoscopy, or colonoscopy)</p>	<p>Any CRC test I: 44% C: 46%</p> <p>FOBT I: 12% C: 11%</p> <p>Sig: I: 19% C: 20%</p> <p>Colonoscopy: I: 25% C: 24%</p> <p>According to ACS guidelines</p>	<p>Any CRC test I: 25% C: 24%</p> <p>FOBT I: 12% C: 10%</p> <p>Sig: I: 1% C: 1%</p> <p>Colonoscopy: I: 15% C: 15%</p> <p>Within 17-22 mos from baseline</p>	<p>Any CRC test: 1 pct pt (NS) 95% CI: (-2.4, 4.4)</p> <p>FOBT: +2 pct pts 95% CI: (-0.5, 4.5)</p> <p>Sig: 0 pct pts 95% CI: (-0.8, 0.8)</p> <p>Colonoscopy: 0 pct pts 95% CI: (-2.8, 2.8)</p>	<p>17-22 months</p>

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	<p>were not planning to get tested.</p> <p>Comparison: Usual care</p>						
<p>Author (year): Glanz et al. (2007)</p> <p>Study Period: NR</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Good</p> <p>Outcome Measurement: Completed screening: FOBT, flexible sigmoidoscopy or colonoscopy</p>	<p>Location: US, Hawaii</p> <p>1 intervention arm</p> <p>Intervention: An individual face to face health counseling intervention with a nurse educator or trained health educator, tailored print materials, and two follow-up phone calls. Counseling focused on CRC, risk factors for cancer, colorectal cancer screening modalities, and guidelines. Teaching aids such as flip charts, and tailored print materials were used. Tailored materials included personal risk profile with feedback about perceived benefits and barriers to screening; index patient risk information; personal screening</p>	<p>Study population: Male and female siblings and children residing in Hawaii, age ≥ 40 years, who had a family history of colorectal cancer in one first degree relative (FDR). Colorectal cases were identified through the Hawaii Tumor registry, diagnosed 1997-2001 with colorectal adenocarcinoma. Index pts were excluded if too sick, did not speak English, or if had another FDR with colorectal cancer. FDRs were excluded if they had a personal history of colorectal cancer, were non-English speaking, or had 2+ FDRs with colorectal cancer.</p> <p><u>Sample size</u> Intervention: n=85 Comparison: n=91</p>	<p>Absolute change in proportion of patients receiving appropriate screening depending on risk level, age and doctor recommendation</p>	<p>I: 29% C: 31%</p>	<p>I: 53% C: 44%</p>	<p>11 pct pts (p=.09) 95% CI: (-3.7, 25.7)</p>	<p>12 months post-intervention</p>

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	<p>recommendation chart; action planning form. Follow up calls at 3 wks and 2 mos after counseling session included review of action plans, and reinforcement of information.</p> <p>Comparison: General health counseling related to diet, exercise, tobacco, and screening for cancer and cardiovascular risk, which was also tailored to subjects' reported behaviors and characteristics at baseline. Also included tailored print materials for participants and 2 follow-up calls.</p>						
<p>Author (year): Thompson et al. (1986)</p> <p>Study Period: NR</p> <p>Design Suitability: Greatest</p> <p>Study Design:</p>	<p>Location: US, Washington state</p> <p>9 intervention arms:</p> <p>Group 1: reminder call</p> <p>Group 2: print reminder</p> <p>Group 3: one-on-one education by a physician</p>	<p>Study population: Members of Group Health Cooperative, a large HMO, with existing appointments for a physical exam, 45 years of age or older, English-speaking, without presumed or confirmed diagnosis of colorectal cancer and free of debilitating mental illness.</p>	<p>Absolute change in proportion of patients completing at least 1 FOBT card</p>	<p>NR</p>	<p>Group 3: 80.8%</p> <p>Group 5: 91.7%</p> <p>Group 6: 85.4%</p> <p>Group 7: 94.4%</p> <p>Group 8: 74.5%</p> <p>Group 9: 93.0%</p> <p>C: 67.9%</p>	<p>Group 3: 12.9 pct pts (ns)</p> <p>95% CI: (-3.4, 29.2)</p> <p>Group 5: 23.8 pct pts (p<.05)</p> <p>95% CI: (9.3, 38.3)</p>	<p>30 days</p>

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iRCT Quality of execution: Fair Outcome Measurement: Completed screening: FOBT Record review	Group 4: print and phone reminder Group 5: one-on-one education by a physician + phone reminder Group 6: one-on-one education by a physician + print reminder Group 7: one-on-one education by a physician + phone and print reminders Group 8: one-on-one education by a nurse Group 9: one-on-one education by a nurse + phone and print reminders The one-on-one education consisted of an interactive 3-5 min talk by the physician or nurse on the importance, purpose, and procedure of FOBT. Covered purpose of test, personalized risk by tying in symptoms where appropriate, discussed diet, reviewed instructions. Comparison: all groups received FOBT packet with	<u>Sample size:</u> Group 1: n=55 Group 2: n=55 Group 3: n=52 Group 4: n=45 Group 5: n=48 Group 6: n=48 Group 7: n=54 Group 8: n=51 Group 9: n=43 Comparison: n=56				Group 6: 17.5 pct pts (p<.05) 95% CI: (1.7, 33.3) Group 7: 26.5 pct pts (p<.05) 95% CI: (12.8, 40.2) Group 8: 6.6 pct pts (ns) 95% CI: (-10.5, 23.7) Group 9: 25.1 pct pts (p<.05) 95% CI: (10.7, 39.5)	

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	printed instructions describing procedures and diet.						
<p>Author (year): Turner et al. (2008)</p> <p>Study Period: 2005-2006</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Good</p> <p>Outcome Measurement: Colonoscopy; scheduling system records</p>	<p>Location: US, an unnamed urban location</p> <p>Intervention: One-on-one education to promote attendance at a first scheduled colonoscopy using peer coach telephone support. Peer coach calls used a motivational interviewing approach and were scheduled within 2 weeks preceding the colonoscopy appointment.</p> <p>All subjects (intervention and comparison) received an instructional sheet by mail and a phone call several days before the appointment as a reminder from the endoscopy suite.</p> <p>Comparison: received 2 mailed brochures about colonoscopy</p>	<p>Study population: Eligible patients of 4 urban primary care practices who were at least 50 years old and had a colonoscopy scheduled by their primary care provider at 1 of 2 endoscopy suites. Patients had at least 3 scheduled visits to a study practice since 2002 and kept less than the median proportion (<75%) were selected. Patients with a record of a previous colonoscopy since December 1997, high readiness to screen and health professionals were excluded.</p> <p>Sample size Intervention: n=70 Comparison: n=66</p>	<p>Absolute change in proportion of patients attending colonoscopy</p>	<p>Eligible subjects had not had a colonoscopy since 1997 (in 7 years) when data on scheduled appointments began.</p>	<p>I: 68.6% C: 57.6%</p>	<p>+11 pct pts (p=.18) 95% CI: (-5.1, 27.1)</p>	<p>The intervention occurred within 2 wks of appointment</p>