

# Increasing Cancer Screening: Client Reminders - Breast Cancer

## 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><b>Author (year):</b> Crawford (2005)</p> <p><b>Study Period:</b> 2002 - 2003</p> <p><b>Design Suitability:</b> Greatest</p> <p><b>Study Design:</b> Other design with concurrent comparison</p> <p><b>Outcome Measurement:</b> Completed Screening Mammography</p> <p>Administrative data</p>	<p><b>Location:</b> US, Eastern Region</p> <p><b>CR:</b> Automated interactive voice reminder was used in a series of prompts reminding patients to have one of three specified services (breast and cervical cancer screening, or influenza immunization.</p> <p><b>Comparison:</b> No intervention</p>	<p><b>Study Population:</b> Women aged 52 - 69 years old.</p> <p><b>Sample Size:</b> n= 7166 I: 3691 (51.5%) C: 6475 (48.5%)</p>	<p>Absolute change in completed screening (mammogram)</p>	<p>NR</p>	<p>I: 18.1% C:15.1%</p>	<p>+3 pct pts [95% CI: 1.5, 4.5] (p&lt;0.001)</p>	<p>5 - 9 months</p>

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<p><b>Author (year):</b> Hofvind (2007)</p> <p><b>Study Period:</b> 11/1995 – 1/2006</p> <p><b>Design Suitability:</b> Least</p> <p><b>Study Design:</b> Pre-post Only</p> <p><b>Outcome Measurement:</b> Completed Screening Mammography</p> <p>Record Review</p>	<p><b>Location:</b> Norway</p> <p><b>Usual care invitation:</b> The ordinary invitation included a personal letter sent to women inviting them to attend a pre-scheduled appointment</p> <p><b>CR:</b> Reminder letter mailed to patients who did not attend for screening 3 to 8 weeks after their scheduled appointment. The women were asked to call and schedule the appointment</p> <p><b>Comparison:</b> Pre-intervention</p>	<p><b>Study Population:</b> All women aged 50 – 69 years eligible to be screened through the screening program. Women in the reminder group had not responded to the initial invitation within 3 to 8 weeks after their scheduled time</p> <p><b>Sample Size:</b> n = 393,464</p>	<p>Absolute change in completed screening relative to pre-intervention period</p>	<p>0%</p>	<p>15.9%</p>	<p>+15.9% 95% CI: [15.8, 16]</p>	<p>NR</p>																														
<p><b>Author (year):</b> Partin (2005)</p> <p><b>Study Period:</b> 1998 – 2000</p> <p><b>Design Suitability:</b> Greatest</p> <p><b>Study Design:</b> iRCT</p> <p><b>Outcome Measurement:</b></p>	<p><b>Location:</b> US</p> <p>2 intervention arms</p> <p><b>SM + CR:</b> Received a thank you card in the mail 1 month following the initial mammogram, three newsletters (2,5, and 8 months) to remind women of the importance of regular screening and availability of program services and social support. Also received a</p>	<p><b>Study Population:</b> Participants in the screening program (a low-income group receiving free screening through program) ages 40 – 63 yrs who had received a mammogram between June and November 1998. Women were excluded if their clinic requested that patients not be contacted, had an abnormal mammogram results, were diagnosed</p>	<p>Absolute change in repeat mammography screening</p>	<p>NR (all women had a recent index mammogram through the program)</p>	<p>CR alone:</p> <table border="0"> <tr> <td></td> <td>I</td> <td>C</td> </tr> <tr> <td>13 m:</td> <td>30%</td> <td>28%</td> </tr> <tr> <td>15 m:</td> <td>43%</td> <td>38%</td> </tr> <tr> <td>18 m:</td> <td>49%</td> <td>43%</td> </tr> <tr> <td>24 m:</td> <td>52%</td> <td>47%</td> </tr> </table> <p>SM + CR:</p> <table border="0"> <tr> <td></td> <td>I</td> <td>C</td> </tr> <tr> <td>13 m:</td> <td>32%</td> <td>28%</td> </tr> <tr> <td>15 m:</td> <td>45%</td> <td>38%</td> </tr> <tr> <td>18 m:</td> <td>51%</td> <td>43%</td> </tr> <tr> <td>24 m:</td> <td>54%</td> <td>47%</td> </tr> </table>		I	C	13 m:	30%	28%	15 m:	43%	38%	18 m:	49%	43%	24 m:	52%	47%		I	C	13 m:	32%	28%	15 m:	45%	38%	18 m:	51%	43%	24 m:	54%	47%	<p>CR alone: 24 m: +5 pct pts 95% CI [1.2, 11.2] (ns)</p> <p>SM + CR: 24 m: +7 pct pts (p&lt;.05)</p>	<p>24 months</p>
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Repeat Screening Mammography  Administrative data	reminder 10 months following initial mammogram, emphasizing importance of annual mammograms, highlighting program as a potential payment source and providing instructions on how to access services.  <b>CR:</b> received only the client reminder  <b>Comparison:</b> Usual Care	with breast cancer, or had long lag times between their qualifying mammogram and when it was entered into program databases  SM + CR (Maximum n) = 560 CR only (Minimum n) = 502 Control n = 496					
<b>Author (year):</b> Ruffin (2004)  <b>Study Period:</b> 1994 – 1998  <b>Design Suitability:</b> Greatest  <b>Study Design:</b> gRCT  <b>Quality of execution:</b> Fair (4 limitations)  <b>Outcome Measurement:</b>	<b>Location:</b> US, Michigan  <b>CR:</b> Provided patients with their screening history and cues to future screening, including cancer screening guide with recommendations for their practice. Wallet-sized. MD could mark the most recent tests on it. Guides unique to each practice.  <b>PR:</b> Provided patient's screening history and current screening recommendations. Specific intervention was unique to each	<b>Study Population:</b> Patients aged 50+, no prior cancer, seen 2+ times in prior 2 yrs. <u>Practice:</u> 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.  <b>Sample Size:</b> Practices n = 22	Incremental effect of client reminder over PAF  Incremental effect of client reminder over PR + PAF	2. 54% 4. 51%  3. 41% 1. 58%	2. 55% 4. 47%  3. 39% 1. 49%	2 vs. 4: 5 pct pts  3 vs. 1: 7 pct pts	36 months

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<p>Completed Screening Mammogram</p> <p>Record Review</p>	<p>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"> <li>1. PR + PAF</li> <li>2. CR + PAF</li> <li>3. PR + CR + PAF</li> <li>4. Comparison: Usual Care + PAF</li> </ol>						
<p><b>Author (year):</b> Vernon (2008)</p> <p><b>Study Period:</b> 2001 – 2004</p> <p><b>Design Suitability:</b> Greatest</p> <p><b>Study Design:</b> IRCT</p> <p><b>Outcome Measurement:</b> Completed and Repeat Screening: Mammography Self Report</p>	<p><b>Location:</b> US</p> <p><b>Targeted Intervention:</b> Included a set of four educational booklets, a letter for the woman to use to discuss mammography with her healthcare provider and a pamphlet about services available thru the VA</p> <p><b>Tailored Intervention:</b> Included a letter that addressed each participant's responses to constructs, included feedback on recent mammography behavior and intention, gave information and</p>	<p><b>Study Population:</b> Women veterans aged 52+ not currently serving on active duty with no prior breast cancer diagnosis, who were physically and mentally able to participate, had a valid social security number, and a current mailing address in the United States or Puerto Rico</p> <p><b>Sample Size:</b> Coverage: at least 1 post intervention mammogram</p> <p>Group 1: n=1803 Group 2: n=1857 Comparison: n=1840</p>	<p>Absolute change in mammogram completion (at least one mammogram during the study period)</p> <p>Absolute change in repeat mammography (2 post intervention mammograms 6 to 15 months apart)</p>	<p>NR</p> <p>NR</p>	<p>I: 46.0% C: 44.7%</p> <p>I: 24.8% C: 22.0%</p>	<p>1.3 pct pts 95% CI: [-1.9, 4.5] (ns)</p> <p>+2.8 pct points 95% CI: [-1.4, 7.0] (ns)</p>	<p>3.25 yrs</p>

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	motivational messages and suggested activities to move her to the next stage of change. Included strategies to overcome barriers, and a reminder about her next mammogram due date. Also included bookmarks with solutions to barriers the woman identified.  Group 1 : Targeted + Tailored CR + SM Group 2: Targeted SM Group 3: Comparison: No intervention	Compliance: 2 post intervention mammograms 6 to 15 months apart Group 1: n=781 Group 2: n=825 Comparison: n=754					

Note this table is missing evidence from the following study:

Goel A, George J, Burack RC. Telephone reminders increase rescreening in a county breast screening program. *J Health Care Poor Underserved* 2008;19:512-21.