

Increasing Cancer Screening: One-on-One Education - Breast Cancer

Summary Evidence Table - Studies from the Updated Search

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): Abood et al. (2005)</p> <p>Study Period: NR</p> <p>Design Suitability: Greatest</p> <p>Study Design: Other design w comparison group</p> <p>Quality of execution: Good</p> <p>Outcome Measurement: Completed screening: Mammography; Record review</p>	<p>Location: US, FL (unspecified urban area)</p> <p>1 intervention arm</p> <p>Intervention: Trained clinic staff answered calls from women inquiring about mammograms. A mammogram was offered and scheduled. The loss-framed script stressed the risk of breast cancer as a woman ages, the lack of symptoms in some cases, complications of late-stage diagnosis, the effectiveness of mammography to detect breast cancer early, and that a woman has a lot to lose by not obtaining a mammogram.</p> <p>Comparison: Usual care (the usual clinic message focused on obtaining eligibility information and offering a mammogram appointment).</p>	<p>Study population: Under- and uninsured women 50-64 years old with no history of breast cancer who self-referred or were referred by their healthcare provider to Florida's breast and cervical cancer screening program.</p> <p>Sample size: Intervention: n=112 Comparison: n=992</p>	The proportion of women completing mammography screening.	NR	I: 27.7% C: 15.8%	+11.9 pct pts (p<0.05) 95% CI: (3.3, 20.5)	6 months
<p>Author (year): Bloom et al. (2006a)</p> <p>Study Period: 1999-2002</p> <p>Design Suitability: Greatest</p>	<p>Location: US</p> <p>1 intervention arm:</p> <p>Intervention: a telephone counseling intervention for women at > average risk was designed to provide objective</p>	<p>Study population: sisters (≤1 per proband) of 220 women with breast cancer diagnosed at age ≤50 in San Francisco Bay area, 1994-1997</p>	Absolute change in proportion of women aged ≥40 years reporting maintenance stage for	I: 77% C: 71%	I: 77% C: 70%	1 pct pts 95% CI: (-13.1, 15.1)	6 months

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<p>Study Design: iRCT</p> <p>Quality of execution: Good</p> <p>Outcome Measurement: Completed screening: Mammography; Self report</p>	<p>risk info and to potentially lower their risk by adopting healthy behaviors and increase early detection of breast cancer by obtaining annual mammography beginning at age 40 and CBE.</p> <p>Comparison: no intervention</p>	<p><u>Sample size:</u> Intervention: n=80 Comparison: n=83</p> <p>(139 women were ≥ 40 years)</p>	<p>mammography screening.</p> <p>Maintenance stage defined as 1 mammogram within 14 months, ≥ 3 in the prior 5 years, and intends to get one within the next year.</p>				
<p>Author (year): Bloom et al. (2006b)</p> <p>Study Period: not reported</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Fair</p> <p>Outcome Measurement: Completed screening: Mammography; Self report</p>	<p>Location: US, Stanford, CA</p> <p>1 intervention arm:</p> <p>Intervention: Subjects were mailed a risk notification letter encouraging women to seek a breast health check-up; telephone counseling to address self-reported barriers to screening; offered free mammograms for un/underinsured; and assistance scheduling appointments for women experiencing difficulty making appointments.</p> <p>Comparison: risk notification letter</p>	<p>Study population: Women treated at Stanford University for Hodgkin’s Disease who received thoracic irradiation before age 35 and were alive and HD-free at last contact. The subjects were aged 19-54 years.</p> <p><u>Sample size:</u> Intervention: n=78 Comparison: n= 79</p>	<p>Absolute change in proportion of women reporting maintenance stage for mammography screening.</p> <p>Maintenance stage defined as 1 mammogram within 14 months, ≥ 3 in the prior 5 years, and intends to get one within the next year.</p>	<p>Full sample: I: 36% C: 41%</p> <p>Subjects 25-40 years: I: 9% C: 19%</p> <p>Subjects 40+ years: I: 63% C: 66%</p>	<p>Full sample: I: 53% C: 40</p> <p>Subjects 25-40 years: I: 34% C: 11%</p> <p>Subjects 40+ years: I: 72% C: 72%</p>	<p>Full sample: +18 pct pts (p=0.011) 95% CI: (1.2, 34.8)</p> <p>Subjects 25-40 years: +33 pct pts (p=0.001)</p> <p>Subjects 40+ years: +3 pct pts NS</p>	<p>6 months</p>
<p>Author (year): Carney et al. (2005)</p> <p>Study Period: 1999-2000</p>	<p>Location: US, New Hampshire</p> <p>2 Intervention arms:</p>	<p>Study population: Women aged 50+ years who had a registered mammogram in the New Hampshire</p>	<p>Absolute change in proportion of women completing</p>	<p>By definition, subjects were out of date with mamm. screening</p>	<p>Between the 1st and 2nd intervention :</p>	<p>After 2nd intervention +6.5 pct pts (P=0.29)</p>	<p>14 months after second mailing</p>

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<p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Good</p> <p>Outcome Measurement: Completed screening; Mammography; Mammogram registry</p>	<p>1. Tailored one-on-one education: telephone counseling by health educators addressed barriers to mammography and assessed stage of readiness to change. The counseling intervention occurred twice and was conducted in the fall of 1999 and 2000.</p> <p>2. Small media: women received general health information packets by mail that included brochures about breast cancer and mammography screening recommendations as well as a brochure describing services provided by NH DOH. Mailings were sent to women twice in fall 1999 and fall 2000.</p>	<p>Mammography Network’s records in 1996-1997 and who had not had a mammogram in the intervening 24 months. Women with a history of breast cancer and whose initial mammogram was abnormal were excluded.</p> <p><u>Sample size</u> One-on-one: n=126 Small media: n=132</p>	<p>mammography screening</p>	<p>(i.e., no screening in the last 24 months) Phone: 0% Mail: 0%</p>	<p>Phone: 60.3% Mail: 47.7% P=0.04</p> <p>After 2nd intervention Phone: 41.3% Mail: 34.8% p=.29</p>	<p>95% CI: (-5.3, 18.3)</p>	<p>or counseling call</p>
<p>Author (year): Champion et al. (2007)</p> <p>Study Period: 1996-2002</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Fair</p>	<p>Location: US, St. Louis, MO and Indianapolis, IN</p> <p>3 intervention arms:</p> <p>Phone only: trained counselors used a tailored printed guide generated by the tailoring program to deliver the same information contained in the print intervention. Telephone counselors deviated from content in the tailored printed counseling guide only when participants asked specific questions.</p>	<p>Study population: Participants were members of a managed health care plan or patients of a low-income, university-affiliated primary health care clinic, both in the Midwestern United States. All participants entered the study as non-adherent for mammography in the previous 15 months. Mean age was 66 years.</p> <p><u>Sample size:</u> Phone only: n=314</p>	<p>Absolute change in the proportion of women completing mammography screening</p>	<p>By definition, subjects were out of date with mamm. screening (i.e., no screening in the last 15 months) Phone: 0% Print: 0% Phone & Print: 0% Comp: 0%</p>	<p>Phone: 29% Print: 32% Phone & Print: 35% Comp: 23%</p>	<p>Phone: 6 pct pts (p=0.021) 95% CI: (-1.0, 13.0)</p> <p>Phone & Print: +12 pct pts (p=0.001) 95% CI: (4.8, 19.2)</p>	<p>4 months after intervention</p>

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<p>Outcome Measurement: Completed screening; mammography; Record review</p>	<p>Print only: included a mailed tailored print intervention that included a physician-signed cover letter and a one-to three page newsletter. The cover letter addressed the woman's age, family history, and stage of mammography adoption. The tailored newsletter included information addressing the participant's perceived risk, benefits and barriers to mammography and self-efficacy as assessed in the baseline interview. The third newsletter page, with information about how to arrange for a mammogram, was included only for women who had not had a previous mammogram.</p> <p>Phone & print: Women received the mailed print letters followed by a telephone counselor's call within a week of the mailing.</p> <p>Comparison: Usual care</p>	<p>Print only: n=329 Phone & print: n=308 Comparison: n=294</p>					
<p>Author (year): Husaini et al. (2005)</p> <p>Study Period: 1998-2000</p> <p>Design Suitability: Greatest</p> <p>Study Design:</p>	<p>Location: US, metropolitan Nashville, TN and rural TN. Results here for urban sample.</p> <p>Intervention: A church-based educational program including a group video presentation with facilitated question and answer session, and a home visit by a lay home health educator. The educator offered</p>	<p>Study population: African American women > age 40 who were members of churches in metropolitan Nashville, TN</p> <p><u>Sample size</u> Intervention: n=166 Comparison: n=52</p>	<p>Absolute change in proportion of women completing screening.</p>	<p>I: 72.3% C: 69.2%</p>	<p>I: 88.0% C: 84.6%</p>	<p>0.3 pct pts (ns) 95% CI: (-10.7, 11.3)</p>	<p>6 months</p>

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<p>gRCT</p> <p>Quality of execution: Fair</p> <p>Outcome Measurement: Incremental effect of one-on-one education over group education and small media Completed screening: Mammography; Self-report</p>	<p>additional educational materials, demonstrated self-breast exam with a breast model and facilitated access to a mammogram through vouchers from the American Cancer Society, if the participant lacked insurance</p> <p>Comparison: group video presentation and facilitated question and answer session</p>						
<p>Author (year): Otero-Sabogal et al. (2006)</p> <p>Study Period: 2000-2001</p> <p>Design Suitability: Greatest</p> <p>Study Design: gRCT</p> <p>Quality of execution: Good</p> <p>Outcome Measurement: Incremental effect of a tailored one-on-one education call over a multicomponent intervention that</p>	<p>Location: US, CA</p> <p>Intervention: manual tracking system; appt scheduling; reminder card & call (manual tickler system prompted case managers to mail reminder cards 1 month prior to scheduled appts – follow-up reminder call by case manager if patient did not make appt within 2 wks); physician and staff delivery of breast health education (during the clinic visit, nurse assessed pt knowledge about breast cancer screening and barriers. A scripted protocol was followed to address individual barriers and to encourage pts to overcome their specific barriers). An education flow sheet served as a provider prompt (attached to each chart and listed BC</p>	<p>Study population: Women age ≥ 50 who received a mammogram at selected CA Cancer Detection Program community clinics with rescreening rates lower than the median of all program clinics (0.36). Women were required to have a normal mammogram, were not diagnosed with breast cancer in the prior 5 yrs and were not on short-term follow-up. Women with prior unknown mammogram results or whose results were presumed abnormal, whose mammogram was funded by a non-BCCP source, or who had rescreening mammograms done</p>	<p>Absolute change in proportion of women completing rescreening mammograms (defined as returning for a mammogram 10-18 months after the index mammogram)</p>	<p>I: 44.4% C: 32.1%</p>	<p>I: 45.1% C: 50.2%</p>	<p>-17.4 pct pts (p=.04)</p> <p>95% CI (-27.7, -7.1)</p>	<p>18 months</p>

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<p>included one-on-one education in person) Completed screening: Mammography; Record review</p>	<p>exams needed to be performed and recommendations to be given to each patient). Also included a 5-10 min tailored counseling call to patients due for screening, Individualized to stage of readiness and personal barriers. Call followed an algorithm to determine messages to be given according to pts responses. Patients were encouraged to overcome barriers and develop an action plan.</p> <p>Comparison: above except did not receive the tailored counseling call.</p>	<p>outside of system were excluded.</p>					
<p>Author (year): Paskett et al. (2006)</p> <p>Study Period: 1998-2002</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Good</p> <p>Outcome Measurement: Completed Screening: Mammography; Record review</p>	<p>Location: US, Robeson County NC</p> <p>1 intervention arm:</p> <p>Intervention: A tailored one-on-one education program to promote obtaining mammography and to provide education about breast abnormalities and breast screening, offered by lay health advisors (LHA). The intervention was designed to address barriers to mammography experienced by rural women, and was tailored to individual women's needs. Subjects received 3 home visits by a LHA that provided education about mammography and BSE as</p>	<p>Study population: Rural, low-income African American, Native American, and white women aged > 40 years living in Robeson County, North Carolina, who had received health care at the Robeson Health Care Corporation (4 community health centers) within the last 2 years, but had not had a mammogram in the last 12 months.</p> <p><u>Sample size:</u> Intervention: n=453 Comparison: n=444</p>	<p>Absolute change in proportion of women completing screening.</p>	<p>By definition, subjects were out of date with mammogram screening (i.e., no screening in the last 12 months) I: 0% C: 0%</p>	<p>I: 42.5 C: 27.3</p>	<p>+15.2 pct pts (p<0.001) 95% CI: (9.0, 21.4)</p>	<p>12-14 months</p>

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	<p>well as assistance with scheduling a mammogram. Follow-up phone calls discussed remaining barriers to obtaining a mammogram. Mailings addressed readiness to change and were tailored to stage of change.</p> <p>Comparison: 6 months after random assignment, comparison group women received an NCI brochure on the need for regular cervical cancer screening.</p>						

Note: this table is missing evidence from the following study:

Saywell RM, Champion VL, Sugg Skinner C, Menon U, Daggy J. A cost-effectiveness comparison of three tailored interventions to increase mammography screening. *J Womens Health* 2004;13(8):909–18.