

Increasing Cancer Screening: One-on-One Education - Colorectal Cancer by with Fecal Occult Blood Testing (FOBT)

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><u>Sample size:</u> 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): Myers et al. (1991)</p> <p>Study Period: 1989</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Fair</p> <p>Outcome Measurement: Completed screening: FOBT</p>	<p>Location: US</p> <p>3 intervention arms:</p> <p>Group 1: reminder phone call</p> <p>Group 2: small media + reminder phone call</p> <p>Group 3: small media + reminder phone call + one-on-one instructional phone call within 1 wk of FOBT kit mailing. Instructional call delivered by counselors using a formatted script. Content included reviewing booklet, answering questions, attempt to solicit commitment to complete screening. Reminder calls delivered by counselors using formatted script. Ascertained steps taken, reasons for nonadherence, provided response tailored to reason for nonadherence,</p>	<p>Study population: Members of US Healthcare (IPA/HMO) ages 50-74 yrs and eligible for annual FOBT screening.</p> <p><u>Sample size:</u></p> <p>Intervention (group 3): n=700</p> <p>Comparison: n=601</p>	<p>Absolute change in proportion of patients completing FOBT</p>	<p>NR</p>	<p>I (group 3): 48.1%</p> <p>C: 27.4%</p>	<p>20.7 pct pts (p<.001)</p> <p>95% CI: (15.6, 25.8)</p>	<p>90 days</p>

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	attempt to solicit commitment Comparison: usual care defined as advance letter, screening kit including cover letter, FOBT cards and information pages, and patient reminder letter for those not returned in 15 days.						
Author (year): Stokamer et al. (2005)* Study Period: 2002 Design Suitability: Greatest Study Design: iRCT Quality of execution: Good Outcome Measurement: Completed screening: Returned FOBT cards	Location: US, New York City area, NY 1 intervention arm: Intervention: A one-on-one 10-15 minute educational session by a primary care nurse on the importance of CRC screening, instruction on how to collect and return stool specimens for FOBT, how test works, what results mean and follow-up testing. Also provided a 2-page handout on CRC screening and FOBT. Instructed to return cards within 2 weeks.	Study population: Veterans Administration outpatients who were 50 years of age and older who had an FOBT ordered by their primary care provider. Subjects were primarily male (95.2% male in the intervention group, 96.2% male in the comparison group) <u>Sample size:</u> Intervention: n=396 Comparison: n=392	The proportion of subjects completing an FOBT	NR in terms of being current with FOBT screening guidelines (The # of prior FOBTs was reported for the sample. More than half of subjects had had 0 or 1 previous FOBTs.)	I: 65.9% C: 51.3%	+14.6 pct pts (p<0.001) 95% CI: (7.8, 21.4)	6 months

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	<p>Comparison: “standard” education program in which subjects received the FOBT cards and written instructions from the manufacturer on collecting stool specimens. Instructed to return cards within 2 weeks.</p>						
<p>Author (year): Thompson et al. (1986)</p> <p>Study Period: NR</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p> <p>Quality of execution: Fair</p> <p>Outcome Measurement: Completed screening: FOBT Record review</p>	<p>Location: US, Washington state</p> <p>9 intervention arms: Group 1: reminder call Group 2: print reminder Group 3: one-on-one education by a physician 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</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>Sample size: 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</p>	<p>Absolute change in proportion of patients completing at least 1 FOBT card</p>	<p>NR</p>	<p>Group 3: 80.8% Group 5: 91.7% Group 6: 85.4% Group 7: 94.4% Group 8: 74.5% Group 9: 93.0% C: 67.9%</p>	<p>Group 3: 12.9 pct pts (ns) 95% CI: (-3.4, 29.2) Group 5: 23.8 pct pts (p<.05) 95% CI: (9.3, 38.3) 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:</p>	<p>30 days</p>

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	<p>Group 9: one-on-one education by a nurse + phone and print reminders</p> <p>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.</p> <p>Comparison: all groups received FOBT packet with printed instructions describing procedures and diet.</p>					<p>(-10.5, 23.7) Group 9: 25.1 pct pts (p<.05) 95% CI: (10.7, 39.5)</p>	
<p>Author (year): Tu et al. (2006)*</p> <p>Study Period: 2003-2004</p> <p>Design Suitability: Greatest</p> <p>Study Design: iRCT</p>	<p>Location: US, metropolitan Seattle area, WA</p> <p>1 intervention arm:</p> <p>Intervention: Clinic-based education promoting FOBT was provided by a bicultural Chinese American</p>	<p>Study population: Chinese American men and women living in metropolitan Seattle, aged 50-78 years, who spoke Cantonese, Mandarin, and/or English, and who had attended a community health clinic for 12 months or longer and were not adherent to</p>	<p>Absolute change in proportion of subjects completing an FOBT</p>	<p>By definition, subjects were out of date with FOBT screening (i.e., no FOBT screening in the last 12 months) I: 0% C: 0%</p>	<p>I: 69.5% C: 27.6%</p>	<p>+41.9 pct pt (p<0.05) 95% CI: (29.7, 54.3)</p>	<p>6 months</p>

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>Quality of execution: Good</p> <p>Outcome Measurement: Completed screening: Returned FOBT card</p>	<p>health educator, who presented a motivational video in Cantonese and Mandarin on CRC screening, a bilingual motivational pamphlet, an FOBT instruction sheet, and 3 FOBT cards. Health education occurred either just before or just after the patient's medical visit. Patients could take the video home to review.</p> <p>Comparison: usual care at the clinic. (Consisted primarily of FOBT cards distributed by medical assistants with instruction to return completed cards.)</p>	<p>CRC screening guidelines.</p> <p><u>Sample size:</u> Intervention: n=105 Comparison: n=105</p>					

*From the updated search period.