Increasing Cancer Screening: Reducing Structural Barriers - Colorectal 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
Author (year): Denis et al. (2007) Study Period: Sept 2003-Sept 2006 Design Suitability: Least Study Design: Pre-post Quality of execution: Fair Outcome Measurement: FOBT Returned Kit	Location: France: Haut- Rhin 1 intervention Arm RSB + Inv + CR: Participants in the region were invited to visit their GP for screening. Non-respondents were mailed a recall letter (6 months later), and a FOBT kit was mailed if invitees did not respond (4 months after letter) with an additional letter 6 weeks later if necessary. Comparison: pre-intervention	Residents in the region ages 50 – 74 who were identified by the Sickness Fund. Residents were exluded if they that had recent screeing, were considered high risk, had a personal history of colorectal cancer or other bowel disease, or had another serious illness. Mailed kit: 89,365	Absolute change in CRC screeing measured by returned FOBT kits	0%	16.3%	+16.3 pct pts 95% CI: (16.1, 16.5)	36 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
Author (year): Gellert et al. (2006)	Location: US, Hawaii	Study Population: Residents of Molokai Island who were 50	Absolute change in completed screening (either	38%	76%	+38 pct points 95% CI: (21, 55)	6 months
Study Period: Not reported	1 intervention arm Intervention (RSB + 1 on 1):	years and older and registered to participate in the community	FOBT, Flex Sig, or colonoscopies)				
Design Suitability:	1 011 1).	celebration day.					
Least	RSB: A one day community	Sample Size: n= 53					
Study Design: Pre-post	celebration (ho'olaule) with personalized						
Quality of execution:	recruitment						
Fair	1 on 1: 30 minute, one on one talk-						
Outcome Measurement: Completed Screening Mammography Clinical Breast Exam; Self Report	story style screening and education visits with a same sex physician, with culturally relevant cancer education brochures						
	Comparison: Pre- intervention						

Study	Location Intervention Comparison	Study population description Sample size	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow- up time
Author (year):	Location:	Study Population:	Absolute change in	0%	41.1%	+41.1 pct pts	6 months
Myers et al. (2008)	United States, Atlantic Region	Women and men ages 50 – 79 years who had	completed screening (FOBT or			95% CI: (33, 49)	
Study Period: Not reported	1 Intervention Arm	visited the practice within the previous 2 years	colonoscopy)			(33, 13)	
Docian Suitability	Intervention:	years					
Design Suitability: Least	Employed tailored navigation	Sample Size:					
	(individualized	n = 154					
Study Design:	assistance) to						
Single Group Pre-Post	overcome barriers to care in a health care						
Quality of execution:	system						
Fair	Comparison: Pre- intervention						
Outcome							
Measurement:							
Completed Screening: FOBT or Colonoscopy							
Medical Record Review							
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Study	Location Intervention Comparison	Study population description Sample size	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow- up time
Author (year): Nash et al. (2007) Study Period: May 2003 - August 2003	Location: US, New York NY 1 intervention Arm Patient navigators assisted patients	Study Population: Patients at the Lincoln Medical Center in who were referred for either a screening or diagnostic colonoscopy from a GI or	Absolute change in mean number of screening colonoscopies per month at the the Lincoln Medical Center	56.8	119	+ 62.2 colonoscopies per month +9.5 relative change	6 months
Design Suitability: Least Study Design: Pre-post	with completion of screening, by helping to complete paperwork, scheduling appointments, and providing	colonoscopy clinic Sample Size: Screening colonosopies: n=1060					
Quality of execution: Fair Outcome Measurement: Mean number of	appointment reminders.	Pre intervention: n= 227 Post intervention: n=833					
colonoscopies per month; Record Review							

Please note: the table is missing evidence from the following study:

Goldberg D, Schiff GD, McNutt R, Furumoto-Dawson A, Hammerman M, Hoffman A. Mailings timed to patients' appointments: a controlled trial of fecal occult blood test cards. *Am J Prev Med* 2004;26(5):431–5.