

Simple, Personalized Interventions Improve Colorectal Cancer Screening Rates

Atlanta 2007/09/24 -Different types of personalized interventions can improve colorectal cancer (CRC) screening rates in primary care practices, according to a new study. Writing in the November 1, 2007 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society, Dr. Ronald Myers from Thomas Jefferson University in Philadelphia and co-authors found in primary care practices that, compared to no intervention at all, a personalized behavioral intervention service offered to patients who are not up to date with screening guidelines - from a simple targeted mailing of CRC information and screening supplies to contacts that address psychosocial barriers to screening use - significantly improved CRC screening rates.

Colorectal cancer is the third most common cancer and the third leading cause of cancer-related deaths in both men and women in the United States. Since most patients do not become symptomatic until the disease has become advanced, early screening is critical to saving lives. Current guidelines for men age 50 and older differ on the frequency of required screenings, but general recommendations include fecal testing for blood every one to two years, flexible sigmoidoscopy or barium enema every five years, and colonoscopy every ten years. However, recent studies show that only 42 percent of Americans had received fecal testing or endoscopy in the previous five years.

Dr. Myers and his co-investigators conducted a randomized controlled clinical trial to evaluate the efficacy of standard and tailored educational interventions targeting at-risk patients in primary practice settings. The investigators randomly assigned 1,546 at-risk patients to either no intervention/control (n=387), standard intervention (SI) with mailing education and screening supplies (n=387), tailored intervention (TI) with mailing personalized education and screening supplies (n=386), or tailored intervention plus one-year phone (TIP) follow-up (n=386).

Dr. Myers and his co-authors found that patient screening rates were significantly higher two years after enrollment in each intervention group compared to the control group. Only 33 percent of the controls that received no intervention received CRC screening compared to 46 percent in the SI, 44 percent in the TI, and 48 percent in the TIP groups.

Analysis of the demographic characteristics of each group showed that advanced age and education levels as well as prior cancer screening were predictive of higher rates of screening, as were the beliefs that screening works and is supported by physicians. Being close to deciding in favor of screening was also a positive predictor. Anxiety about the tests predicted avoidance of CRC screening.

This study confirms that CRC screening can be increased significantly in primary care practices. In addition, the study shows that there is a significant benefit associated with using simple interventions to raise CRC screening rates. Findings also indicate that screening promotion services delivered by an ancillary service provider could dramatically increase CRC screening use in primary care practices. "These findings provide support for the use of simple, personalized interventions in primary care practice settings to increase CRC screening use among adult patients who are not up to date with CRC screening guidelines," conclude Dr. Myers and his co-authors.

Article: "A Randomized Controlled Trial of the Impact of Targeted and Tailored Interventions on Colorectal Cancer Screening," Ronald E. Myers, Randa Sifri, Terry Hyslop, Michael Rosenthal, Sally W. Vernon, James Cocroft, Thomas Wolf, Jocelyn Andrel, Richard Wender, *CANCER*; Published Online: September 24, 2007 (DOI: 10.1002/cncr.23022); Print Issue Date: November 1, 2007.

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