INTERVENTIONS TO INCREASE COLORECTAL CANCER SCREENING

Kristina Chen (Usha Menon)
Department of Nursing, University of Utah

Regular screening for colorectal cancer (CRC) facilitates early detection, which, in turn, contributes to reduction of morbidity and mortality. Current screening rates raise serious prognostic concerns; for example, fecal occult blood test (FOBT) rates were reported to be less than 27% and 5 year screening rates for sigmoidoscopy / colonoscopy were less than 40%. Screening rates for CRC must increase substantially in order for the benefits of early detection to be realized.

Tailored health promotion approaches have shown great promise in recent years for increasing screening and decreasing morbidity and mortality in other contexts. Such approaches have been used to study dietary behavior change, smoking cessation, and mammography use. There is, however, almost no research testing the effectiveness of tailored approaches for CRC screening. This study tested a tailored intervention based on a strong theoretical framework that aimed to increase FOBT and sigmoidoscopy use among average-risk members of a managed care organization.

A prospective, randomized intervention study was conducted in which participants were randomly assigned to one of three groups: 1) usual care, 2) tailored print communication from their primary care provider, and 3) non-tailored print communication from their primary care provider. Data were collected via telephone at baseline and two months post-intervention. Those in the intervention groups received a generic letter (Group 3) or a mailed packet with education tailored to their baseline beliefs and attitudes (Group 2). The study is on going, so only preliminary results will be reported.

This study is supported by a grant from the National Cancer Institute – RO3 CA93184; PI – Usha Menon, PhD, RN