Screening and reducing barriers to uptake

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NAEDI

National Awareness and Early Diagnosis Initiative

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CANCER RESEARCH UK

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- Laura Marlow, University College London
  - *Understanding cervical screening non-attendance among ethnic minority women*
- Kate Brain, Cardiff University
  - *Uptake and psychosocial outcomes of the UK lung cancer screening trial*

Understanding uptake vs intervening to increase uptake

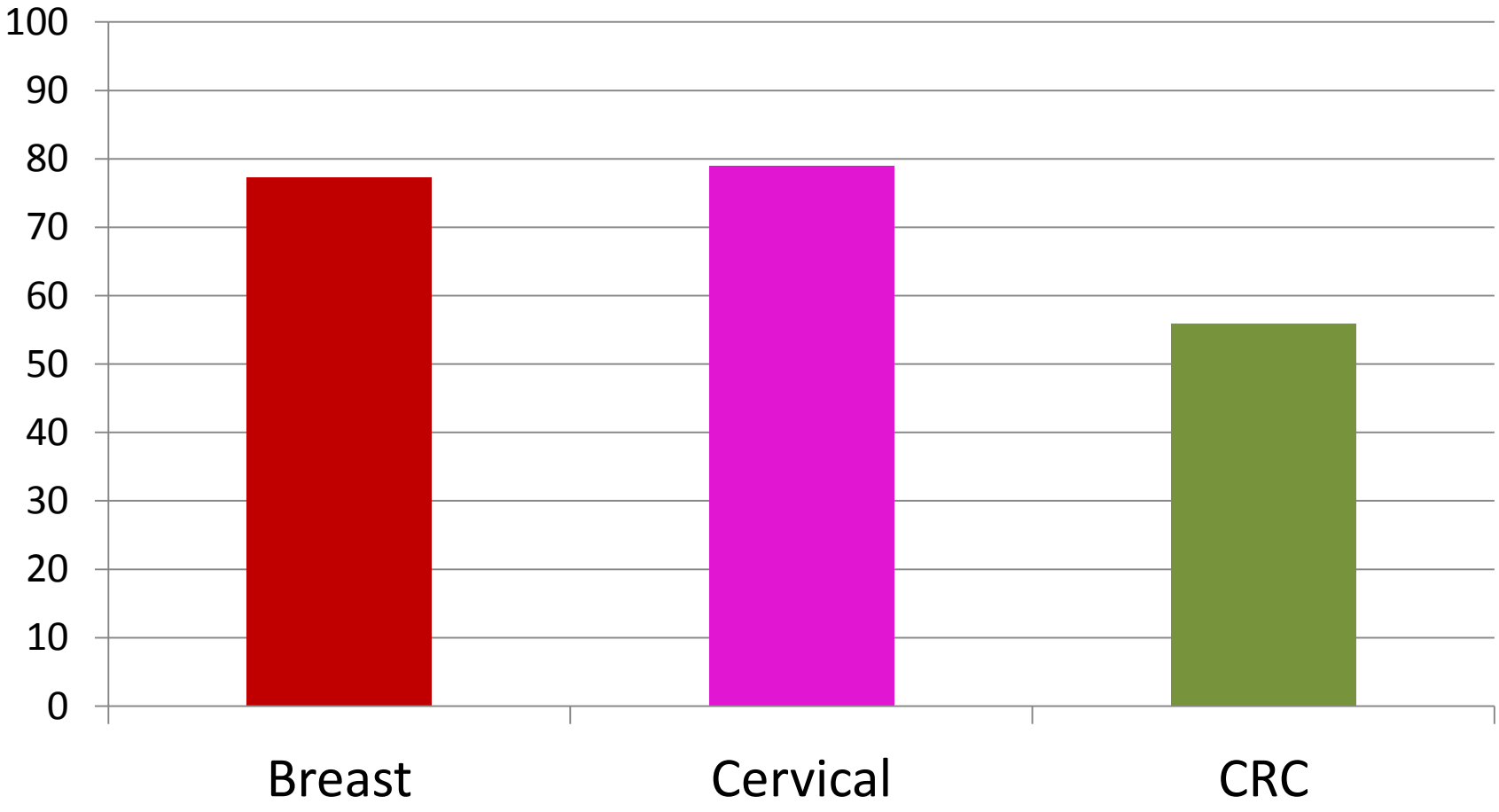
Research designed to 'understand' non-participation

- Using record data to examine demographic correlates of uptake
  - age, SES, ethnicity
- Surveys to examine cognitive and attitudinal correlates of uptake (intended, reported or recorded)
  - Knowledge, fatalism,
- Interviews with non-participants to explore 'reasons'
  - Barriers, misconceptions

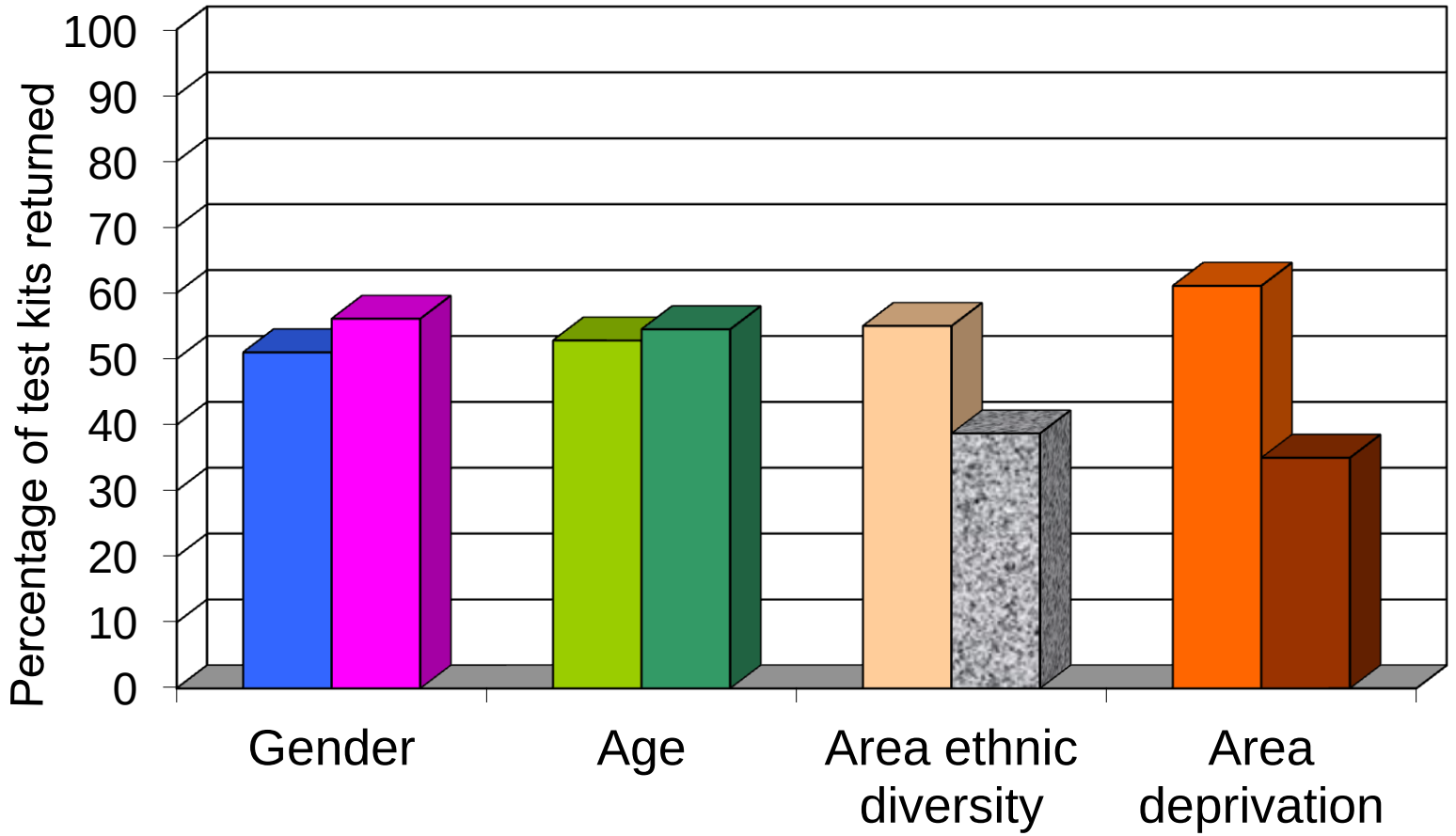
Research designed to reduce non-participation

- Modifying the test
  - FIT vs FOB, HPV self-test vs cervical smear
- Modifying the screening offer
  - Time of appointment, GP endorsement, leaflets, additional reminders
- Public education on screening
  - Media campaigns

Coverage/uptake across the 3 cancer screening programmes (FOB screening for CRC)

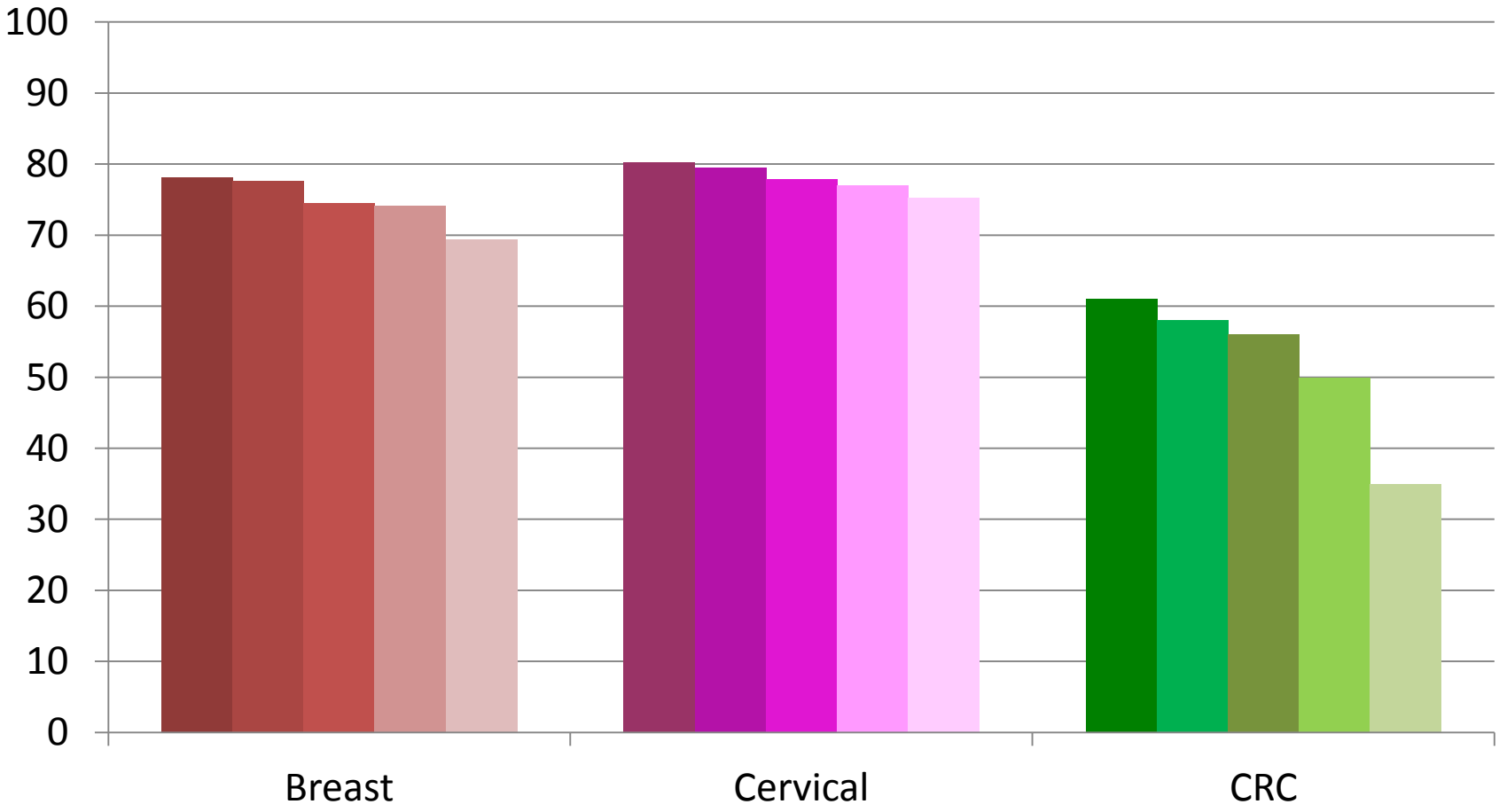


FOBT kit return in the first 2.6 million invitations



Von Wagner et al, 2011, IJE

Coverage/uptake by PCT-level deprivation in England



Knowledge, beliefs and attitudes as predictors of non-participation

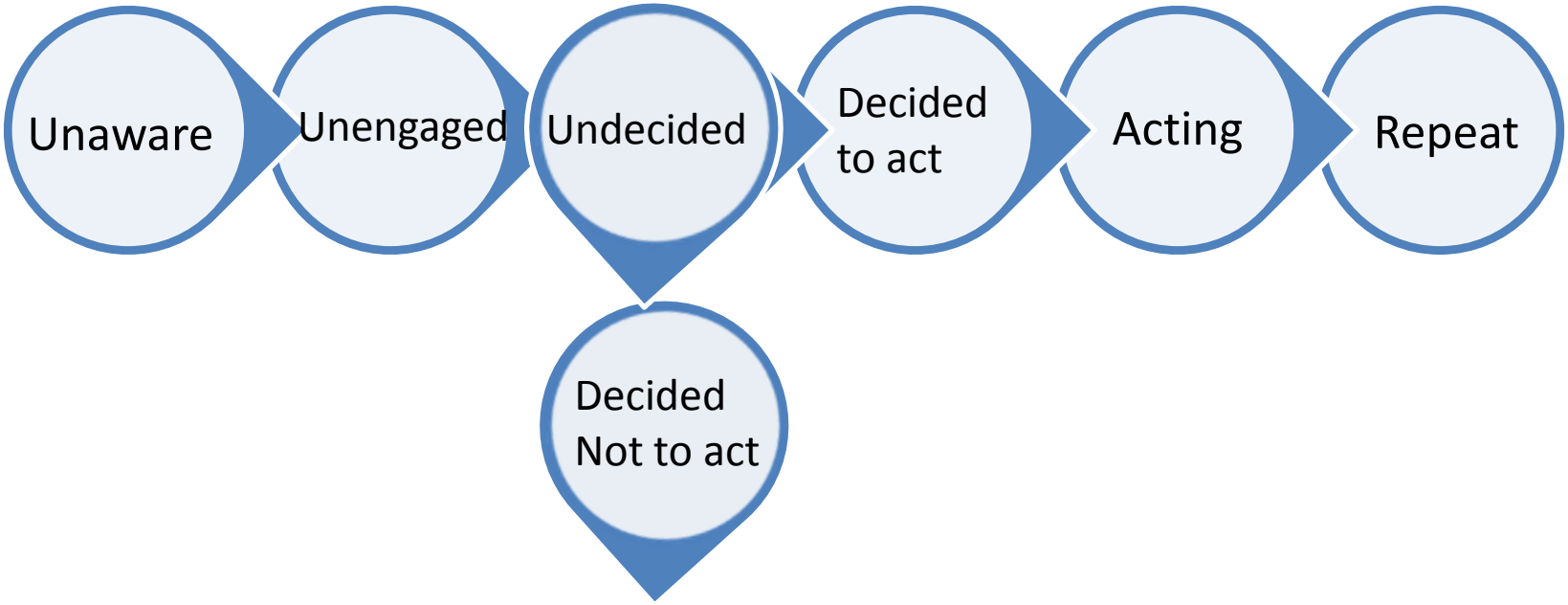
- Knowledge
  - Lower knowledge about cancer and screening
  - Lack of awareness that screening is for asymptomatic individuals
- Cancer fatalism
  - Higher in non-attenders
- Perceived personal benefits
  - Small differences in perceived benefit of early detection
  - Small differences in perceived reassurance with a negative result
- Risk
  - No consistent associations
- Worry/fear
  - No consistent associations

Interviews with non-attenders: what have we learned?

- A few people are really set against screening
  - Can't face doing this test
  - Can't face a cancer diagnosis (at this point)
- Some describe 'barriers' (e.g. disgust, invasive), more for CRC
- Many people have not yet 'got around to it'
- Some feel they don't need the test, often based on misunderstanding
  - Not a common cancer
  - Don't have symptoms
- Some have no recollection of being asked
- Many never read the information/invitation

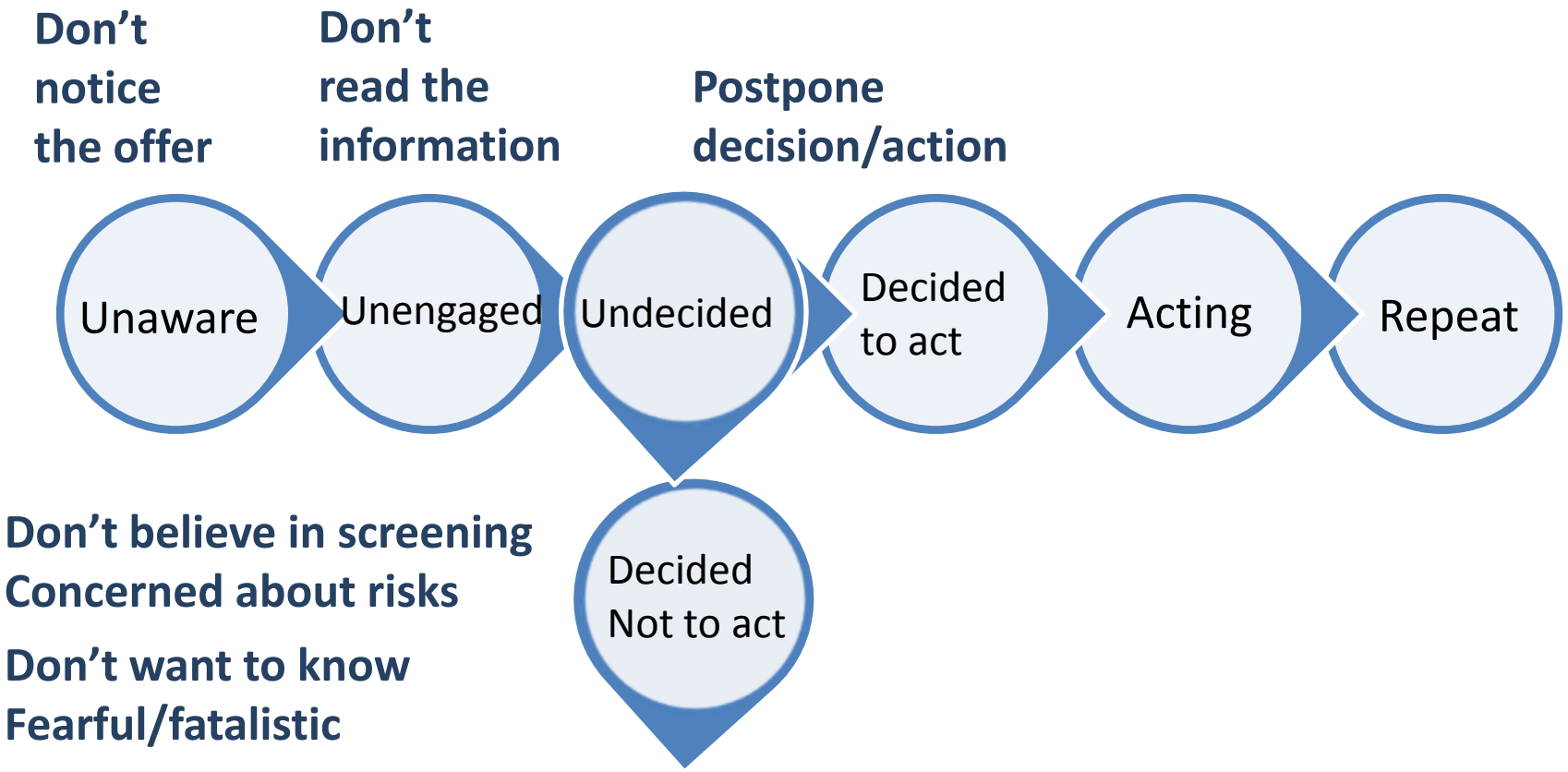
Not necessarily a rational decision

The Precaution Adoption Process Model; emphasising the pre-decision stages



Weinstein 1988)

Applying the Precaution Adoption Process Model to the screening decision process



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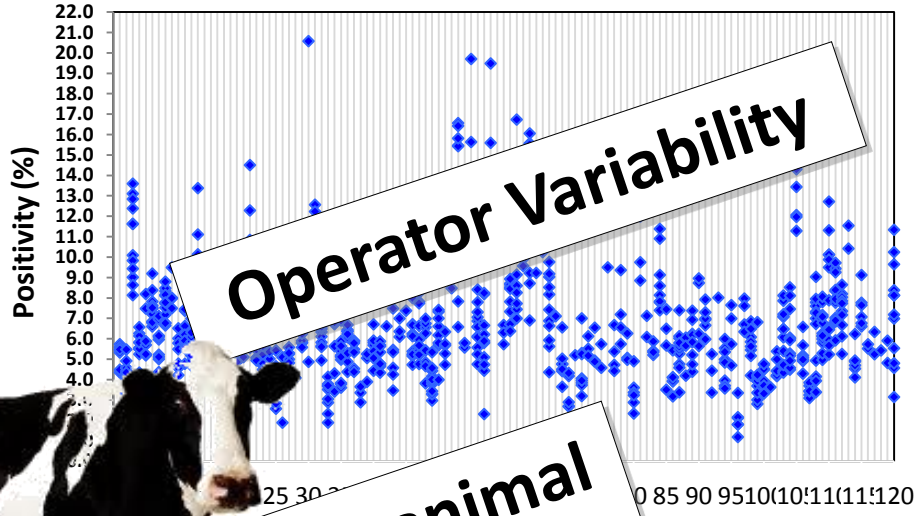
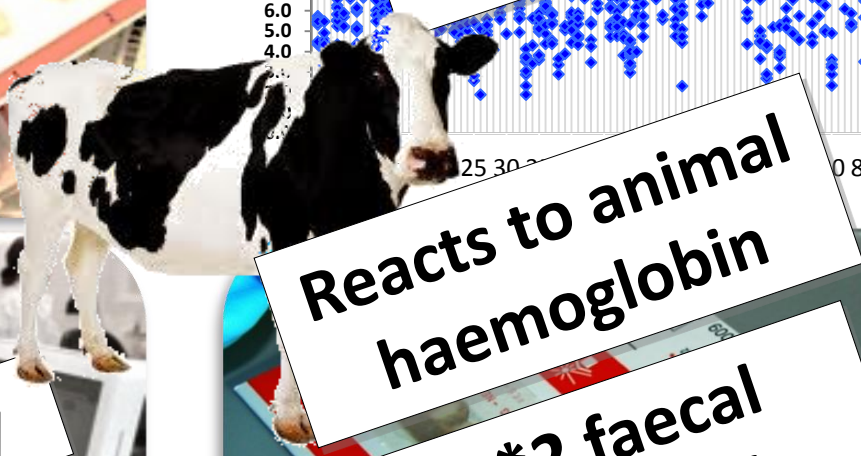
  - GP endorsement
  - Additional patient leaflets
  - Additional reminders
  - Patient navigation
- Public education
  - Media campaigns

Why we need a *Better Test for Haemoglobin*

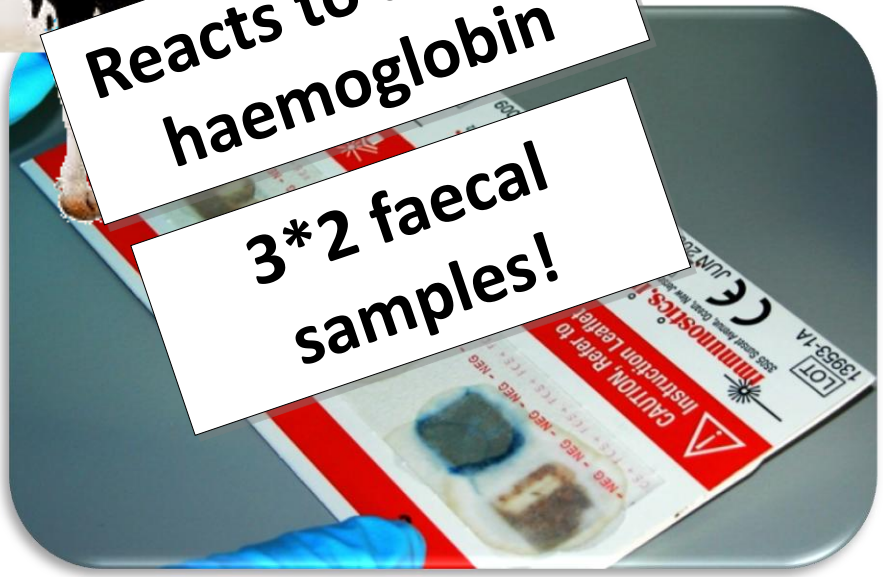
(on behalf of Professor Stephen Halloran)



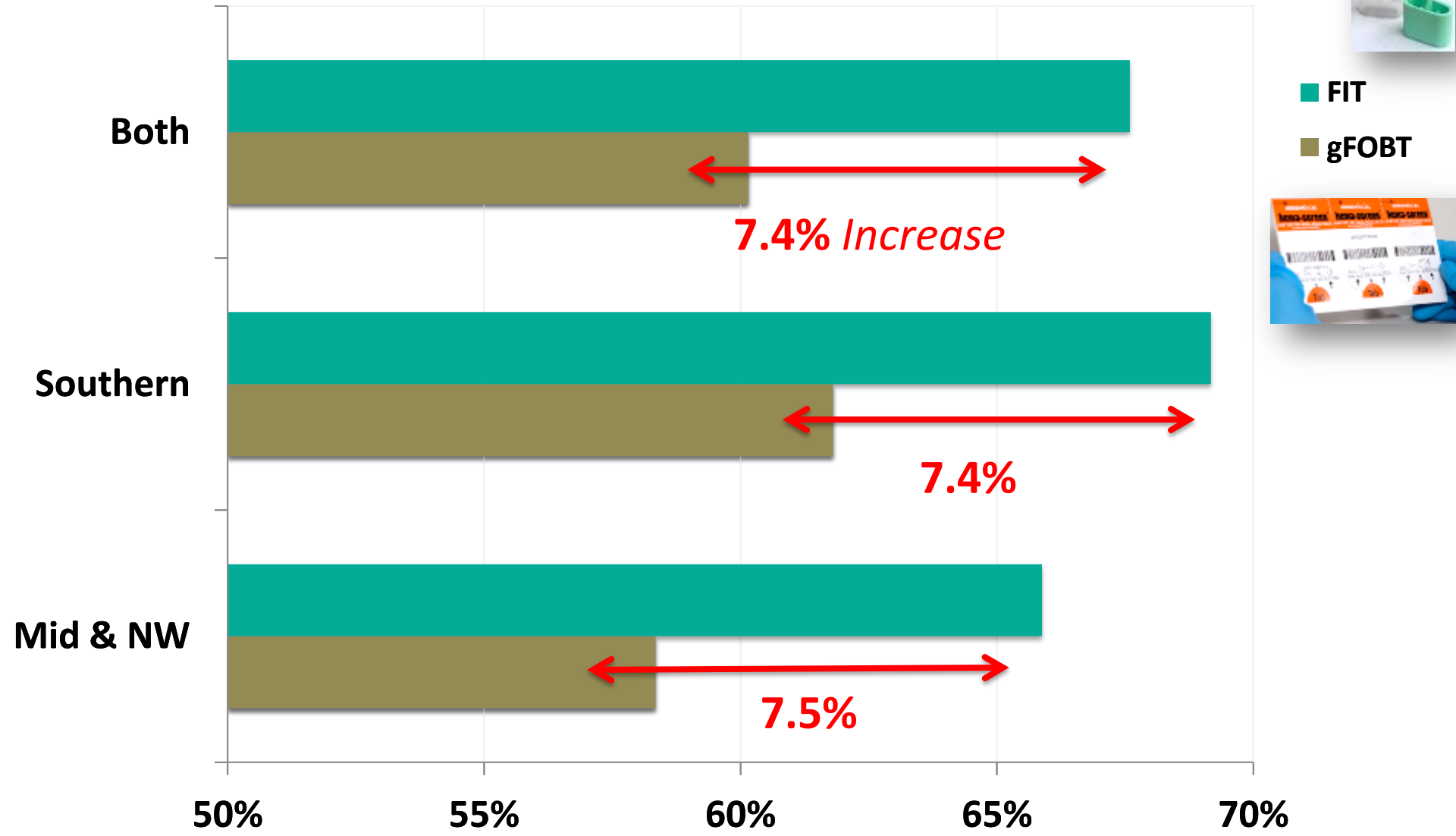


Reacts to animal haemoglobin

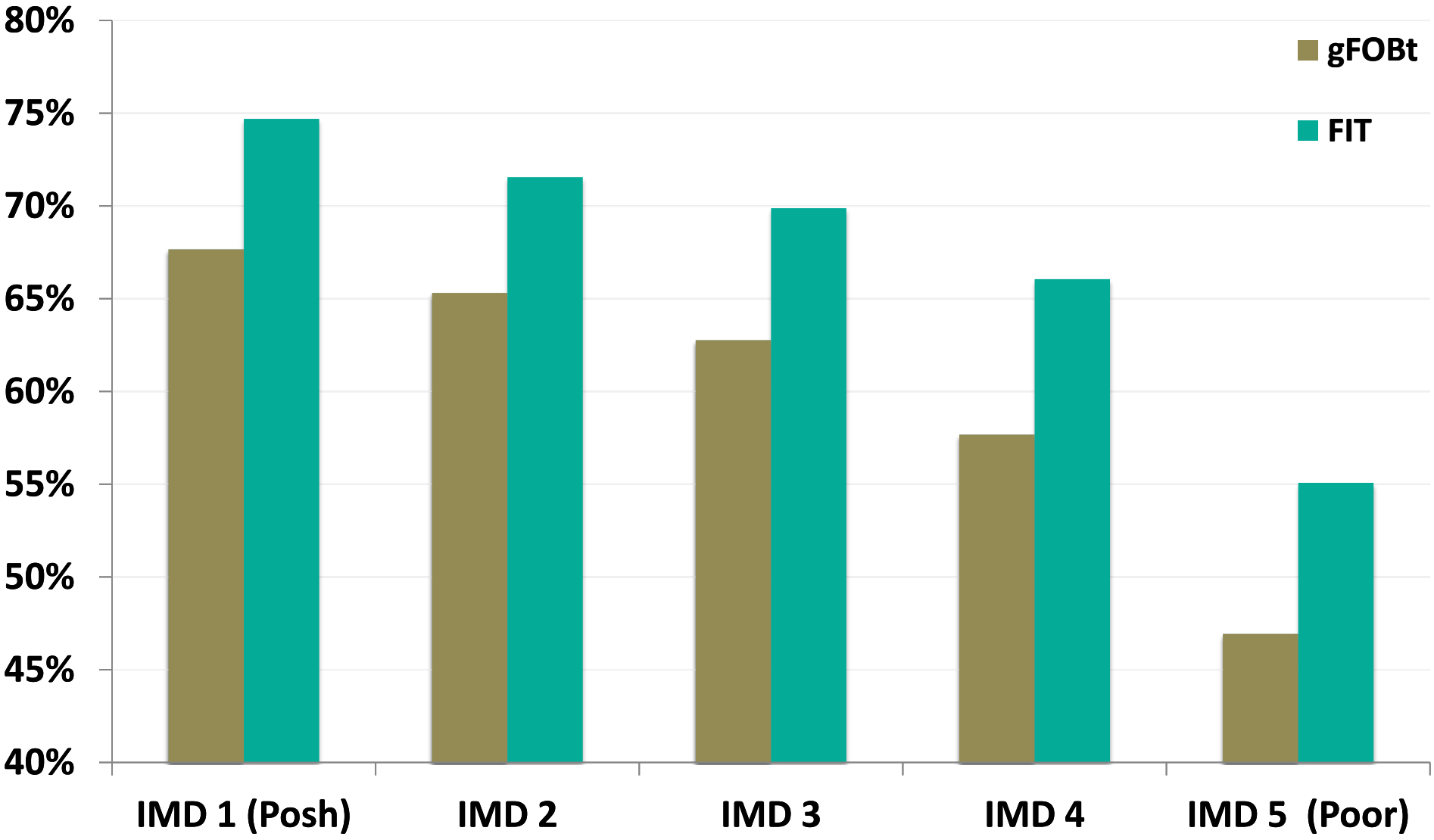
3*2 faecal samples!



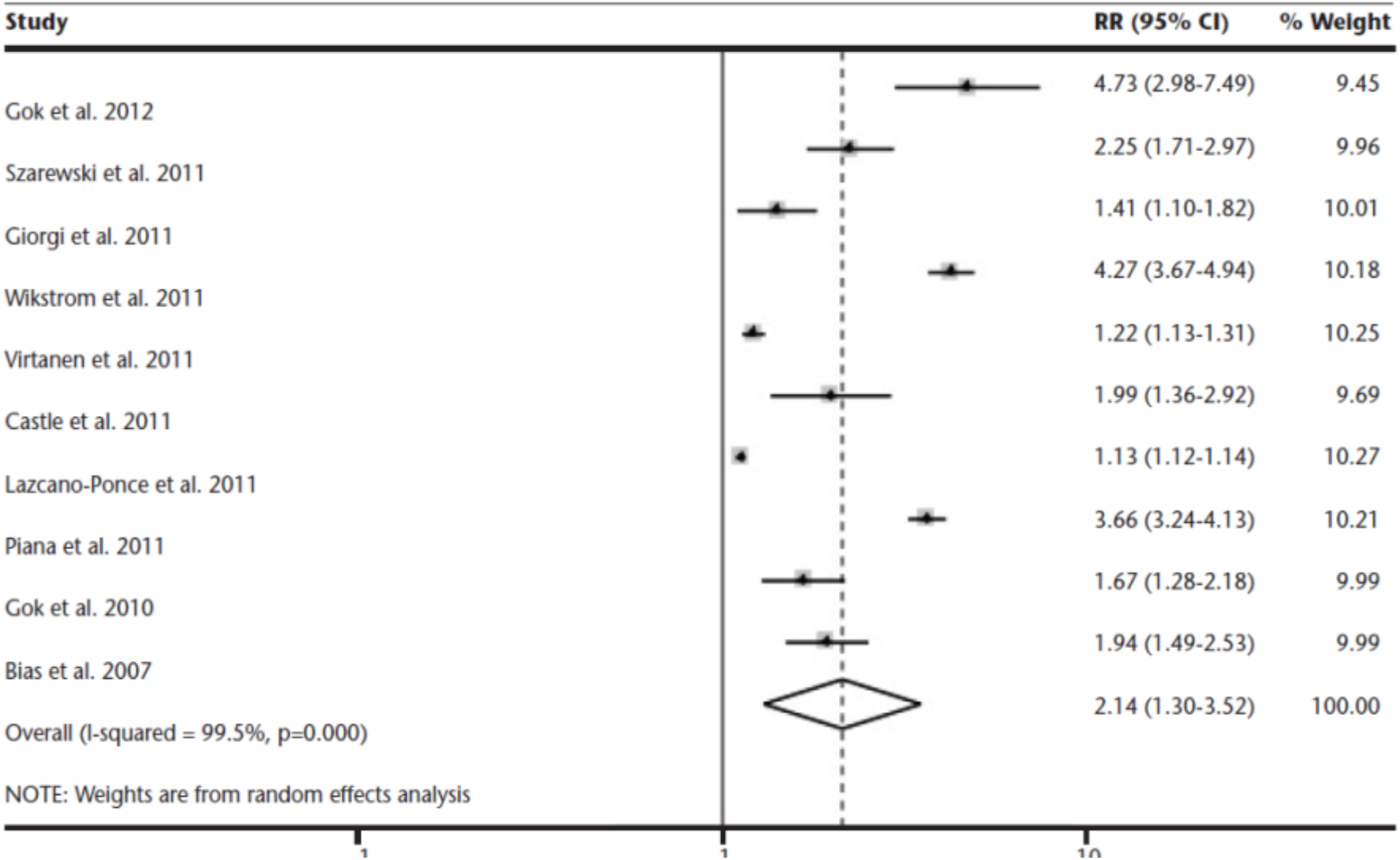
The FIT Pilot Trial in 2 Hubs (FIT instead of FOBT in 1 in 28 tests; Stephen Halloran, Steve Smith, Sue Moss and colleagues)



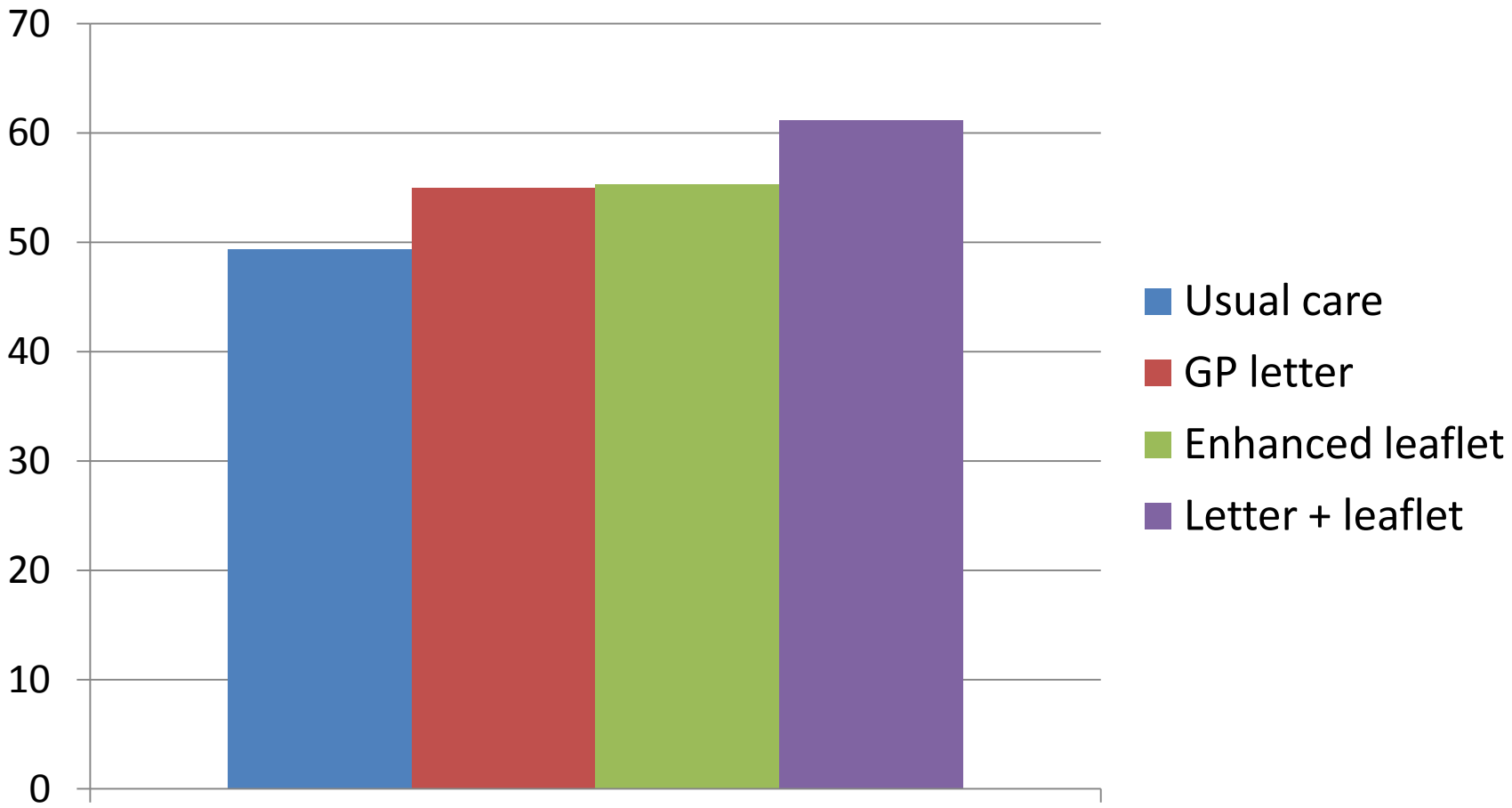
Uptake of each test by deprivation group



Relative screening compliance in HPV self-testing vs PAP tests for never/underscreened women (Racey et al. 2013)



Primary care endorsement and patient leaflet to improve FOB uptake



Hewitson et al, 2011


NHS
Bowel Cancer
Screening Programme
You can't always see the signs
60
Take the Test
For further information:
Freephone: 0800 707 60 60
Website: www.cancerscreening.nhs.uk


Aged over 60?
Make sure you do your
bowel cancer screening
It's as simple as
beating bowel cancer
1
Look at
2
2s!

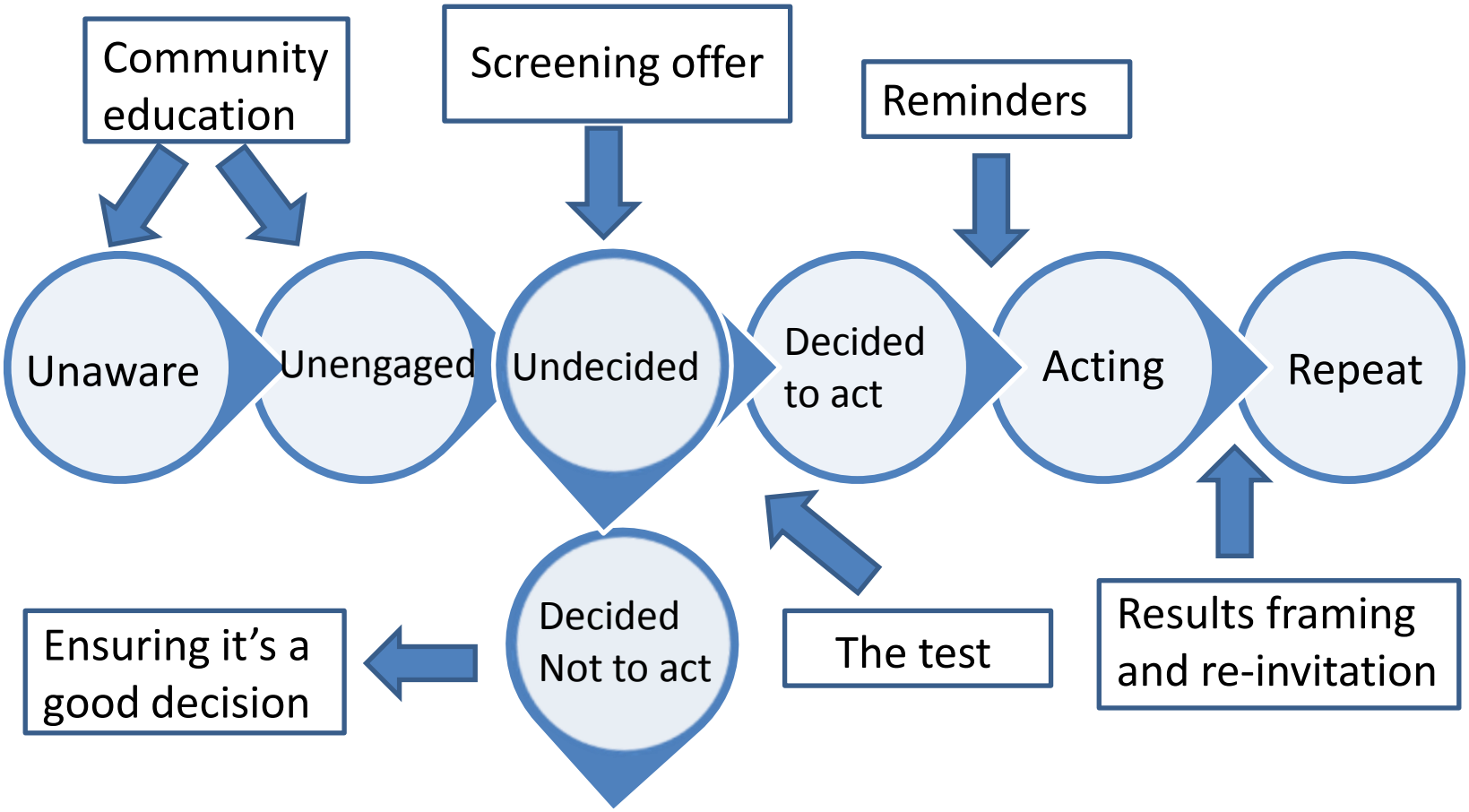

Bowel cancer screening gave me more time with my family. Don't miss out on time with yours
Bowel cancer screening saves lives
If you receive the screening kit, use


Bowel Screening
I've done the test.
Have you?
To find out more call the Helpline on 0800 0121 833
or visit www.bowelscreening.scot.nhs.uk


9 OUT OF 10
PEOPLE BEAT
BOWEL CANCER
WHEN IT'S FOUND EARLY.
BOWEL CANCER DON'T WAS A CHANCE. TAKE THE TEST.
NHS
0800 0121 833


FORGOTTEN SOMETHING?
JUST A REMINDER

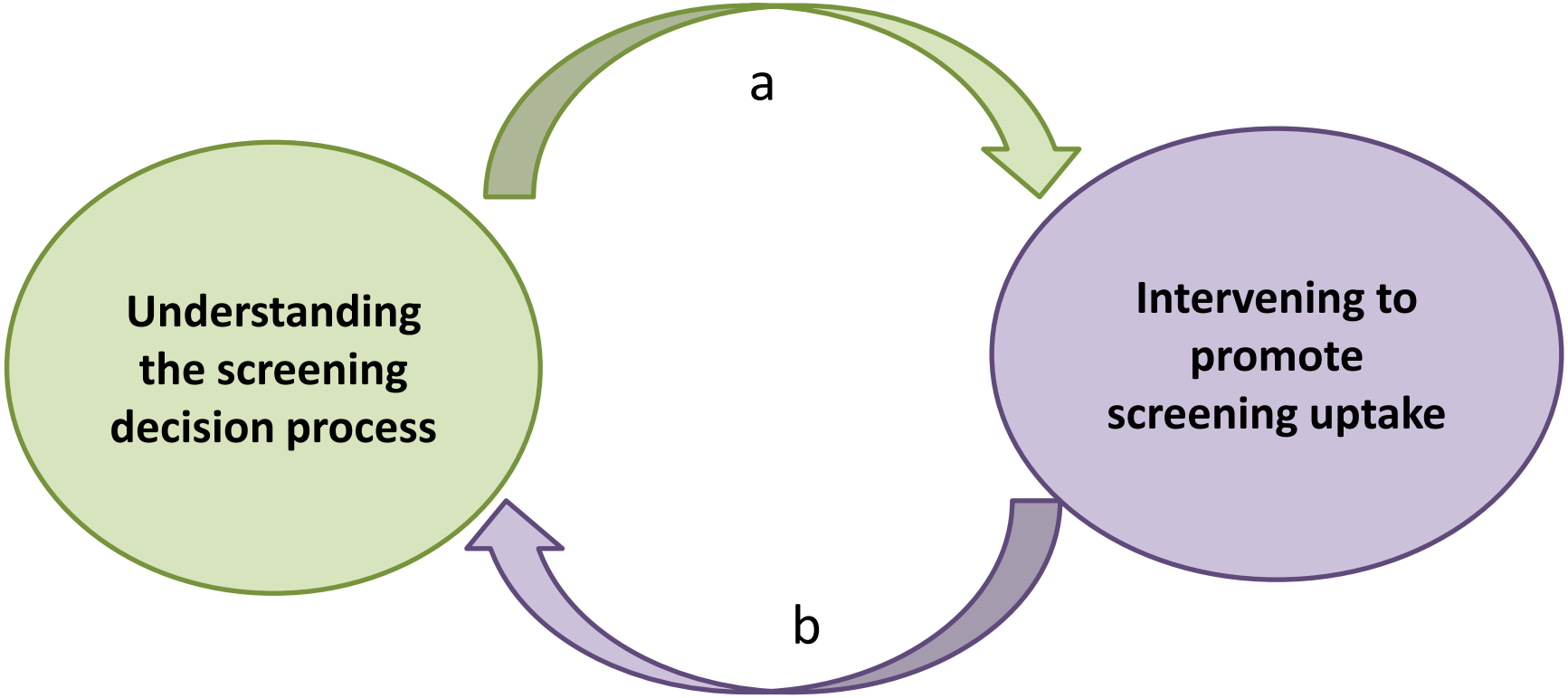
Integrating intervention with processes of screening decision-making



Integrating descriptive and intervention research

a) developing interventions to promote timely and informed decisions

b) examining the effects of system-based interventions on the decision process



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Pulling out all the stops to deliver the screening offer

- Usual care
  - Case flagging when screening was due, FOBT (single sample FIT) kits given out when patient attended, clinician feedback + incentives compensation **Uptake = 37.3%**
- Intervention
  - Automated phone call and text to say screening was due and kit would be arriving
  - FIT mailed to home with letter from GP
  - Plain language information + graphics
  - Repeat calls and texts if FIT not returned by 2 weeks
  - Screening navigator called if FIT not returned by 3 months + new kit sent if patient wanted **Uptake = 82.2%**

Baker et al, *JAMA Int Med*, 2014