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Self-sampling vs. reminder letter: effects on cervical cancer screening attendance and coverage

Submission date 13/02/2010	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 06/04/2010	**Overall study status** Completed	
Last Edited 10/04/2012	**Condition category** Cancer	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
Self-sampling vs. reminder letter: A randomised controlled trial to investigate the effects on cervical cancer screening attendance and coverage

Study objectives

Self-sampling is more efficient than a written reminder letter in improving cervical cancer screening attendance and coverage among current non-attendees

Ethics approval required
Old ethics approval format

Ethics approval(s)
This study was approved by the Ethical Committee in Hospital District of Helsinki and Uusimaa in March 2008 (ref: 430/E9/07 HUS). It was also approved by the City of Espoo.

Study design
Randomised open label controlled parallel group trial

Primary study design
Interventional

Study type(s)
Screening

Health condition(s) or problem(s) studied
Cervical cancer screening

Interventions
All non-participants after the primary cervical cancer screening invitation in the city of Espoo in years 2008 and 2009 received either a high-risk (hr) Human Papillomavirus (HPV) self-sampling test or a written reminder letter.
Both arms received an information letter on the study, information pamphlet on cervical cancer screening and HPV.
Participants in the self-sampling arm also received an informed consent sheet, Pantarhei Screener® self-sampling device (Panterhei Devices, Netherlands) and user instruction sheet on the use of the self-sampling test. Women to be screened were asked to use the sample within 2 weeks of its arrival and mail the sample within 24 hours of sample taking. Results of the screening test were promised within 2 months of the return.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Increase in attendance and coverage of cervical cancer screening

Key secondary outcome(s))
1. Prevalence of hrPV-infections higher among those women that do not participate cervical cancer screening after the primary invitation.
2. Feasibility, usability and acceptance of self-testing among women

Completion date
31/05/2010

Eligibility

Key inclusion criteria
Women, ages 30-65, living in the city of Espoo who received an invitation to cervical cancer screening but did not take part.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
Female

Key exclusion criteria
Address information for non-participants was updated from the Population Register Centre before the interventions were sent and women who had no address information available, were dead or living outside Espoo were excluded.

Date of first enrolment
01/11/2008

Date of final enrolment
31/05/2010

Locations

Countries of recruitment
Finland

Study participating centre
Pieni Roobertinkatu 9
Helsinki
Finland
00130

Sponsor information

Organisation
Finnish Cancer Organisations (Finland)

ROR
https://ror.org/05pgg4z49

Funder(s)

Funder type
Research organisation

Funder Name
Finnish Cancer Organisations (Finland)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/09/2011		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes