

Strategies to reduce the social gradient in bowel cancer screening: the ASCEND project

Submission date 17/10/2012	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 17/10/2012	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 14/04/2016	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Bowel cancer is the second most common cause of cancer death in the UK. Early diagnosis improves survival and in the light of this the NHS has established the Bowel Cancer Screening Programme. This Programme offers screening using a stool testing kit to 60 - 74 year olds in England. Recent data show that only 53% of those offered screening take it up and that this varies from more than 60% in the most socially advantaged areas of the country to less than 35% in the most disadvantaged areas. The aim of this study is to reduce differences in uptake between the most and least socially advantaged groups, without compromising uptake in any of the groups, in people registered in the Bowel Cancer Screening Programme.

Who can participate?

Men and women aged between 60-74 eligible to be screened for bowel cancer.

What does the study involve?

We will examine the effectiveness, cost and cost effectiveness of four simple changes that can be easily built into the current Bowel Cancer Screening Programme delivery system. The four changes consist of two different information leaflets to be added to the invitation packs, the addition of the GP practice name to the invitation letter, and the addition of more information to the reminder letters. Participants will be randomly allocated to receive either one of the four modified invitations or the usual invitation.

What are the possible benefits and risks of participating?

There are no risks to the participants associated with these interventions.

Where is the study run from?

University College London (UK)

When is the study starting and how long is it expected to run for?

November 2012 to August 2013

Who is funding the study?

National Institute for Health Research (NIHR) (UK)

Who is the main contact?

Prof Rosalind Raine

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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

13127

Study information

Scientific Title

Strategies to reduce the social gradient in bowel cancer screening: the ASCEND project

Study objectives

Socioeconomic inequalities in screening uptake within the Bowel Cancer Screening Programme can be reduced by modifying the information about cancer screening sent routinely to the eligible population.

Ethics approval required

Old ethics approval format

Ethics approval(s)

London - Harrow Research Ethics Committee, 25/09/2012, ref: 12/LO/1396

Study design

Cluster randomised controlled trials

Primary study design

Interventional

Study type(s)

Screening

Health condition(s) or problem(s) studied

Colorectal cancer

Interventions

All of the interventions listed below will be tested against usual practice in Bowel Cancer Screening Programme.

1. Gist intervention:

This is an information leaflet which offers two levels of information about the screening programme beginning with four brief statements encapsulating the main aims of bowel cancer screening programme, followed by two pages offering additional details in simple language. This leaflet contains clear signposting to allow respondents to select the information style that suits them, including a reference to the booklet which contains more detailed information and is already part of the standard invitation pack in the Bowel Cancer Screening Programme.

2. Narrative intervention:

This is an information leaflet containing narratives and photographs of real people ('messengers') who took part in screening and with whom individuals from the lower socioeconomic strata are more likely to identify. This leaflet will be sent with the usual invitation used in the Bowel Cancer Screening Programme.

3. General Practice Endorsement intervention:

This is an invitation letter modified so that it includes the individual's GP practice name in a statement of support for the Bowel Cancer Screening Programme.

4. Enhanced Reminder intervention:

This is a modified letter containing two paragraphs to make it more memorable and inviting to the potential participants. The paragraphs are focused on conveying the information about increased risk of getting cancer with age and also drawing the recipient's attention to the fact that the letter is a reminder.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

The proportion of people in each socioeconomic group returning an adequate faecal occult blood test (FOBT) within 18 weeks of being sent an invitation. Socioeconomic groups will be identified using Index of Multiple Deprivation (IMD) quintile scores

Key secondary outcome(s)

1. Time taken to return FOBT by IMD quintile
2. Proportion of spoilt kits and their relationship to IMD quintile
3. Proportion of non-delivered kits by IMD quintile

4. Incremental cost per screening invitation
5. Incremental cost per screening invitation, both by IMD quintile and overall
6. All of the above outcomes analysed using other socioeconomic variables

Completion date

02/08/2013

Eligibility

Key inclusion criteria

1. Men and women eligible to be screened for bowel cancer in England
2. Aged between 60-74 years

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

All

Key exclusion criteria

In Intervention 3 (GP endorsed invitation letters) we will only be able to randomise eligible people to receive this intervention if they are registered with practices that have agreed to endorse the BCSP. We estimate that only about 30% of all GP practices in England will consent to their name being used on BCSP invitation letters so the majority of eligible people will receive the usual invitation letters.

Date of first enrolment

05/11/2012

Date of final enrolment

02/08/2013

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

University College London

London

United Kingdom
WC1E 7HB

Sponsor information

Organisation

University College London (UK)

ROR

<https://ror.org/02jx3x895>

Funder(s)

Funder type

Government

Funder Name

National Institute for Health Research [NIHR] (UK) ref: RP-PG-0609-10106

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

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?
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Results article	results	01/02/2016	Yes	No
Results article	results	20/02/2016	Yes	No