

Anticipated Regret To Increase Colorectal cancer screening (ARTICS)

Submission date 11/10/2012	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 08/11/2012	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 14/02/2023	Condition category Cancer	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-study-looking-at-attitudes-to-health-and-bowel-screening-in-scotland-artics>

Contact information

Type(s)

Scientific

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Additional identifiers

Protocol serial number

N/A

Study information

Scientific Title

A randomised controlled trial of a brief psychological intervention to increase the uptake of colorectal cancer screening in adults aged 50-74 years in Scotland

Acronym

ARTICS

Study objectives

In this large-scale, questionnaire-based study we will test whether asking people whether they would later regret not returning their Faecal Occult Blood Test (FOBT) screening kit for colorectal cancer increases FOBT returns.

Research questions:

1. Does a brief, theory-based anticipated regret (AR) intervention lead to a significant increase in the uptake of FOBT colorectal cancer screening in Scotland?
2. Is the effect observed equally across genders and social deprivation levels?
3. Is the effect a general consequence of the 'mere measurement effect' (i.e. completing a questionnaire about the topic in question may increase response) or is it a specific consequence of AR?
4. Is uptake influenced by participants' health beliefs, in particular anticipated regret, disgust, intention, perceived benefit and health locus of control?

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Three-armed prospective randomised controlled trial

Primary study design

Interventional

Study type(s)

Screening

Health condition(s) or problem(s) studied

Colorectal bowel cancer screening

Interventions

We will adopt a simple, between-groups, three-arm prospective randomised controlled trial design:

1. Control: no questionnaire
2. HLOC: Health Locus of Control questionnaire
3. AR: Anticipated regret questionnaire

Participants who are allocated to the questionnaire arms (2 & 3) will be told that we are studying the effects of attitudes towards screening, and how they influence FOBT returns.

Control arm

Participants in the control arm will be sent the standard pre-notification letter, according to current practice.

HLOC Intervention

Those randomly allocated to the HLOC group will also be sent the pre-notification letter plus the 18-item Health Locus of Control scale. HLOC participants will also be asked to rate their perceived disgust (ick factor) and perceived benefit of returning their FOBT using modified versions of the ick-factor scale and perceived benefit scales from our previous research with organ donation, as well as rating their intention of returning the FOBT test, all using simple scales. Participants will be asked to return this brief questionnaire in a stamped addressed envelope that will be provided. We predict that high scores on chance HLOC will predict lower return rates, as this taps a fatalistic view of health and health outcomes.

AR Intervention

Those allocated to the AR group will also be sent the pre-notification letter and will be asked to complete the same HLOC/ick/perceived benefit questionnaire as the HLOC group with 2 additional AR questions. The first of these additional questions will be placed as the very first question of the survey ('If I did not complete and return my test kit I would later feel regret') and the second will be placed immediately preceding the final question measuring intention to return the kit ('If I did not complete and return my test kit, I would later wish I had'). In order to make the two questionnaires identical in length, the HLOC questionnaire will have 2 filler questions added in the same location as the AR questions.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Return of the completed FOBT test kit to the central laboratory at the Scottish Bowel Screening Centre, within 6 months of the kit being sent out.

Key secondary outcome(s)

1. Health Locus of Control Scale
2. Perceived disgust (ick factor)
3. Perceived benefit of returning the FOBT kit
4. Intention to return the FOBT test

Completion date

31/05/2014

Eligibility

Key inclusion criteria

1. Members of the Scottish general public who are invited to participate in the national colorectal cancer screening programme
2. Aged between 50 and 74 years

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

60000

Key exclusion criteria

Does not meet inclusion criteria

Date of first enrolment

01/10/2012

Date of final enrolment

31/05/2014

Locations

Countries of recruitment

United Kingdom

Scotland

Study participating centre

University of Stirling

Stirling

United Kingdom

FK9 4LA

Sponsor information

Organisation

University of Stirling (UK)

ROR

<https://ror.org/045wgfr59>

Funder(s)

Funder type

Government

Funder Name

Chief Scientist Office of the Scottish Executive Health Department (UK) ref: CZH/4/793

Results and Publications

Individual participant data (IPD) sharing plan

Not provided at time of registration

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	01/10/2015		Yes	No
Protocol article	protocol	16/09/2013		Yes	No
Plain English results			14/02/2023	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes