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Anticipated Regret To Increase Colorectal cancer screening (ARTICS)

Submission date	Recruitment status	[_] Prospectively registered
11/10/2012	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[_] Statistical analysis plan
08/11/2012	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
14/02/2023	Cancer	

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
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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
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes
Plain English results			14/02/2023	No	Yes
Study website	Study website	11/11/2025	11/11/2025	No	Yes