

# Primary care based text-reminders in colorectal cancer screening

<b>Submission date</b> 17/09/2015	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 18/09/2015	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 15/01/2018	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Colorectal cancer (CRC, also known as bowel cancer) is the fourth most common cancer and the second leading cause of cancer related deaths in England. Screening the at risk population for CRC by way of biennial faecal occult blood testing (FOBT) reduces CRC deaths by detecting CRC early, at a time when it is easier to treat. In England, the National Health Service (NHS) runs an organised population-based CRC screening programme (Bowel Cancer Screening Programme, BCSP), which offers biennial screening via guaiac-based faecal occult blood testing (gFOBT) to any men and women aged 60-74. With 54% overall uptake, CRC screening has the lowest uptake rate amongst all of the organised National Cancer Screening Programmes (Breast and Cervical Cancer Screening) in England. As such, there is an important need for interventions to promote uptake of FOBT in the capital to reduce inequalities in uptake. Increasing evidence demonstrates that General Practitioner (GP) endorsement promotes CRC screening uptake and there is a growing interest in the use text-message reminders to increase participation in cancer screening. The present study aims to investigate the effectiveness of a primary care based text-message reminder to promote CRC screening uptake in London.

### Who can participate?

Adults aged between 60 to 75 who are eligible for bowel cancer screening.

### What does the study involve?

Participants are randomly allocated to one of two groups. Participants are sent an invitation letter with screening information booklet by their local Hub. They then receive the gFOBT kit and instructions 8-10 days later. They are asked to collect samples of three separate bowel motions and send the completed kit back to the hub. A letter is sent after four weeks of non-response. Those allocated to the first group receive a text message reminder to send their kit back. Those in the second group receive the standard screening materials. Uptake in both groups will be measured at 18 weeks and compared for statistically significant differences.

### What are the possible benefits and risks of participating?

Not provided at the time of registration.

Where is the study run from?

NHS Bowel Cancer Screening Programme London Hub (UK). This study will be conducted in 180 primary care practices in London.

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

July 2015 to January 2017

Who is funding the study?

North West London Hospitals Trust (UK)

Who is the main contact?

Dr Christian von Wagner

## Contact information

### Type(s)

Scientific

### Contact name

Dr Christian von Wagner

### Contact details

University College London

1-19 Torrington Place

London

United Kingdom

WC1E 6BT

## Additional identifiers

## Study information

### Scientific Title

A randomised controlled trial to test the effectiveness of primary care-based text-message reminders in facilitating uptake of colorectal cancer screening in London

### Acronym

TRICCS

### Study objectives

The aim of this study is to test the effectiveness (intention-to-treat analysis) and efficacy (per-protocol analysis) of primary care based text-message reminders to promote uptake of bowel cancer screening in London.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

1. East Midlands Derby Ethics Committee, 01/04/2015, ref: 15/EM/0159
2. Confidentiality Advisory Group, 12/08/2015 ref: 15/CAG/0156

## **Primary study design**

Interventional

## **Study design**

Non-clinical randomised controlled trial

## **Study type(s)**

Screening

## **Health condition(s) or problem(s) studied**

Bowel Cancer

## **Interventions**

At age 60, and then every two years up to and including age 74, all patients registered with a GP and living in England (who have not explicitly opted out of screening) are sent an invitation letter with the screening information booklet by their local Hub. The gFOBt kit and instructions follow 8-10 days later. The individual is asked to collect samples from three separate bowel motions, and return the completed kit to the Hub in a pre-paid envelope for processing (see Figure 1). Repeat gFOBt kits are sent out following a 'spoilt kit', 'technical failure', or an 'unclear result'. A reminder letter is sent after four weeks of non-response. The screening episode is closed if there has been no response within 13 weeks without another notification to the individual. The GP practices will receive a letter for their patients' non-attendance. Following an abnormal result a referral is made to the local screening centre for further diagnostic investigations.

### **Intervention group:**

People who are randomised to the intervention group will receive a text-message reminder in addition to the standard materials if they have not returned the test kit at eight weeks of their screening episode (i.e. three weeks after the 'reminder letter'). The reminder text will include the name of the GP practice, GP endorsement, the purpose of the text-message, and guidance on where to get more information. The content of the text-message has been selected by a steering group involving patient representatives, GP Cancer Leads, Public Health England-Behavioural Insights Team and the BCSP London Hub.

### **Usual Care group:**

Individuals in the control group will only receive the standard NHS CRC screening materials.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

The proportion of people classified as adequately screened within 18 weeks of the invitation letter in the control and intervention group.

## **Key secondary outcome(s)**

1. Participant update in the control and intervention groups, is evaluated in the 18th week of the screening episode
2. The effect of the intervention on screening uptake by demographic variables (socioeconomic status i.e. Index of Multiple Deprivation (IMD) rank, gender, age, CCG and screening round) measured at the end of the intervention

**Completion date**

02/01/2017

**Eligibility****Key inclusion criteria**

1. Aged between 60 and 75
2. Registered with a participating London GP practice enrolled in the study.
3. Eligible for bowel cancer screening

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Stoma patients who have had their entire large bowel removed
2. Stoma patients who have had an ileostomy
3. Opted out from text-messaging services which is provided by their registered GP practice

**Date of first enrolment**

01/12/2015

**Date of final enrolment**

01/01/2017

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre**

**NHS Bowel Cancer Screening Programme London Hub**

St Marks Bowel Cancer Screening Centre

St Marks Hospital, Watford Road

Harrow

Middlesex

London  
United Kingdom  
HA1 3UJ

## Sponsor information

### Organisation

University College London

### ROR

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

## Funder(s)

### Funder type

Hospital/treatment centre

### Funder Name

North West London Hospitals Trust

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Data sharing statement to be made available at a later date

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	23/05/2017		Yes	No
<a href="#">Protocol article</a>	protocol	25/01/2016		Yes	No
<a href="#">HRA research summary</a>			26/07/2023	No	No