

# Estimating uptake of colorectal cancer screening tests

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<b>Registration date</b> 25/04/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 14/09/2016	<b>Condition category</b> Cancer	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Bowel cancer is a National Health Service (NHS) priority as 1 in 20 people will develop the disease and half of those will die, equating to 17,000 each year in the UK. Bowel cancer is largely preventable via the timely detection and removal of precancerous growths in the bowel (called adenomas) and chances of survival are improved greatly if bowel cancer is detected early, before the disease causes symptoms. As a result, screening tests for adenomas and bowel cancer in people who do not currently have symptoms are an important method for reducing the number of deaths from bowel cancer. However, the success of any screening test depends on people being willing to be tested so it is essential that tests are as acceptable as possible to invitees in order to maximise uptake. There are several tests that could be used to screen for bowel cancer, each with their own advantages and disadvantages, and there is no clearly superior option. For example, some tests are more accurate than others but screening invitees might consider these to be less convenient than alternatives. It is currently unclear which test people would be most likely to have. It is also uncertain what the specific reasons are that underpin these preferences. This study aims to answer these questions.

### Who can participate?

We are recruiting members of the public who are representative of individuals who have not had bowel cancer screening before but are approaching the age at which it is offered. We are sending out questionnaires to men and women aged 45-54 years via their General Practitioner. We are also using several other criteria to ensure that people in our study are similar to those who would be offered screening. For example, individuals will only be invited to take part if they have not previously had a diagnosis of bowel cancer or already have regular bowel tests for reasons unrelated to screening.

### What does the study involve?

People who are eligible to take part in the study will be posted a questionnaire and written information about one of the four tests that we are investigating. The test that they will receive information about will be randomly determined. Individuals will be asked to read the information and complete the questionnaire, which asks questions on whether they believe they would be willing to have the test and their impressions of the different aspects of the procedure (for example, how convenient or inconvenient it might be for them). Participants will then send

the questionnaire back to the main study centre, where we will compare peoples responses across the different tests once they have all been collected.

What are the possible benefits and risks of participating?

Participating in the study will allow people to provide their views on future directions for how bowel cancer screening is offered. Otherwise, there are few direct benefits and harms for people taking part in the study. They may find the topic interesting and the information useful if they ultimately experience one of the tests (in a screening setting or if they have bowel symptoms). It is possible that some people may find the subject matter distasteful or distressing. Invitees will be given the contact details of the research team, their GP and other bowel cancer organisations (e.g. Beating Bowel Cancer UK) if they have any questions or concerns.

Where is the study run from?

The study is being co-ordinated from the Department of Epidemiology and Public Health at University College London, located in central London. Three practices are involved in the study (two in Cumbria, one in Middlesex).

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

May 2013 to August 2013

Who is funding the study?

National Institute for Health Research (NIHR) (UK)

Who is the main contact?

Mr Alex Ghanouni  
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## Contact information

**Type(s)**

Scientific

**Contact name**

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## Additional identifiers

**Protocol serial number**

14254

# Study information

## Scientific Title

Which colorectal cancer screening test would achieve the highest level of uptake? A survey of public attitudes

## Study objectives

This study will randomise patients registered at GP practices to receive information on one of several bowel cancer screening tests and a questionnaire. The questionnaire will ask participants whether they think they would have the test and their perceptions on key aspects (e.g. invasiveness and accuracy). Responses will be compared between tests to determine the most acceptable modality that is likely to obtain the highest level of uptake.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

NRES Committee North West Greater Manchester East, Proportionate Review Sub-Committee, 28/01/2013, ref: 13/NW/0077

## Primary study design

Interventional

## Study design

Randomised interventional study

## Study type(s)

Screening

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

Topic: Primary Care Research Network for England / Colorectal cancer screening

## Interventions

Eligible individuals will be randomised to receive information and a questionnaire regarding one of four bowel cancer screening tests:

1. Flexible-sigmoidoscopy: An internal camera exam that examines the lower third of the large bowel, can take biopsies, remove pre-cancerous polyps and detect cancer early when it is most treatable; patients would be required to administer an enema before the test
2. Colonoscopy: Another internal camera exam but one that examines the full length of the large bowel; theoretically, it can find and prevent more cancers but also has more risks than flexible sigmoidoscopy; patients would have to undergo a powerful laxative before the test
3. Non-laxative CT colonography: A scan exam that can find and prevent almost as many cancers as colonoscopy with fewer risks and without the laxative preparation beforehand. However, if any abnormalities were detected during the test, patients would require a colonoscopy for further evaluation
4. Laxative CT colonography: Similar to non-laxative CT colonography except that it is even closer to colonoscopy in terms of the ability to find and prevent cancer. However, it requires the same powerful laxative preparation before the test as colonoscopy

The questionnaires will be identical across conditions except for the name of the test. Participants will be asked their opinions about the test about which they have received information but will not be invited to undergo any testing as part of the study.

Follow Up Length: 1 month

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

Intention to be screened; Timepoint(s): When questionnaire is returned by post to the main study office

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

Current secondary outcome measures as of 08/05/2013:

1. Perceived accuracy; Timepoint(s): When questionnaire is returned by post to the main study office
2. Perceived benefits; Timepoint(s): When questionnaire is returned by post to the main study office
3. Perceived preparation burden; Timepoint(s): When questionnaire is returned by post to the main study office
4. Perceived test burden; Timepoint(s): When questionnaire is returned by post to the main study office
5. Preferred surveillance modality; Timepoint(s): When questionnaire is returned by post to the main study office

Previous secondary outcome measures until 08/05/2013:

1. Perceived accuracy; Timepoint(s): When questionnaire is returned by post to the main study office
2. Perceived benefits; Timepoint(s): When questionnaire is returned by post to the main study office
3. Perceived preparation burden; Timepoint(s): When questionnaire is returned by post to the main study office
4. Perceived test burden; Timepoint(s): When questionnaire is returned by post to the main study office

### **Completion date**

08/07/2013

## **Eligibility**

### **Key inclusion criteria**

1. Male and female aged 45-54 years
2. Clinically judged to be suitable to receive a questionnaire and information on a bowel cancer screening test (see exclusion criteria below)

### **Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Previous diagnosis of bowel cancer or recent diagnosis of other cancer
2. Terminal illness
3. Learning disability
4. Receives regular colonoscopies
5. Experiencing significant cognitive decline

**Date of first enrolment**

13/05/2013

**Date of final enrolment**

08/07/2013

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

United Kingdom

England

**Study participating centre**

Department of Epidemiology and Public Health

London

United Kingdom

WC1E 6BT

**Sponsor information****Organisation**

UCL/UCLH/Royal Free Biomedical Research Unit (UK)

**ROR**

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

# Funder(s)

## Funder type

Government

## Funder Name

NIHR (UK) - Central Commissioning Facility (ref: RP-PG-0407-10338)

# 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?
<a href="#">Results article</a>	results	01/07/2014		Yes	No
<a href="#">Results article</a>	results	13/09/2016		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No