

Interventions to Promote Colorectal Cancer Screening in Primary Care: Results of a Randomized Trial

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Abstract

Aims: The purpose of this randomized trial was to compare rates of self-reported colorectal cancer (CRC) screening and forward movement in stage of adoption at 6 months post-intervention. African American primary care patients (n=595) who were eligible for CRC screening were randomly assigned to receive a computer-delivered tailored CRC screening intervention (n=286) or a non-tailored screening brochure (n=309) prior to their scheduled visit with their primary care provider. Hypotheses were that differences between groups would be observed in proportions of patients who: 1) completed fecal occult blood tests (FOBT) or colonoscopy; and 2) had moved forward in stages of adoption for these tests.

Methods: Participants completed baseline and 6-month telephone interviews; interventions were delivered prior to primary care provider visits. Differences between groups were examined using chi-square tests, predictors of screening were determined using logistic regression models.

Results: In the computer-tailored group, the FOBT completion rate was 12.6% compared to 7.8% in the brochure group (p=0.05). The colonoscopy completion rate was 17.5% in the computer group vs. 15.2% in the brochure group (p=0.45). Forward stage movement for FOBT was observed in 28.4% of the computer groups vs. 20.8% in the brochure group (p=0.03). Forward stage movement for colonoscopy was 38.5% in the computer group and 36.8% (p=0.68) in each group, respectively.

Conclusions: The computer-tailored intervention was more effective than the brochure at increasing FOBT completion and movement toward action. More research is needed to explain why the tailored intervention was not more effective at increasing colonoscopy completion and to identify moderators of intervention efficacy.