Testing innovative strategies to reduce the social gradient in the uptake of bowel cancer screening: a programme of four qualitatively enhanced randomised controlled trials

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Declared competing interests of authors: none

Disclaimers: this report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published March 2017 DOI: 10.3310/pgfar05080

Plain English summary

Reducing the social gradient in uptake of bowel cancer screening Programme Grants for Applied Research 2017; Vol. 5: No. 8 DOI: 10.3310/pgfar05080

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B owel cancer is the second most common cause of cancer death in the UK. People who are diagnosed early have a better chance of survival. The NHS Bowel Cancer Screening Programme was set up in 2006 to help detect early-stage bowel cancer. The programme invites men and women aged 60–74 years to complete a screening test kit every 2 years.

Only about half of the people offered this screening choose to complete and return the test kit and we know that people in socially disadvantaged groups are less likely to do so. We designed four studies to try to improve uptake of screening among all social groups. Two of these studies tested the effectiveness of information leaflets: one tested an easy to understand version of the screening information leaflet included in the invitation pack sent out by the screening programme and the second provided personal stories describing the screening experience. The third study included an endorsement from the person's general practice on the invitation to participate in screening and the final study made improvements to the reminder letter that the screening programme sends out.

We found that adding leaflets to the usual invitation material did not improve uptake of screening; however, both the general practice endorsement and the improved reminder letter increased screening uptake and at very low cost. Only the improved reminder letter increased uptake among more deprived groups.

Programme Grants for Applied Research

ISSN 2050-4322 (Print)

ISSN 2050-4330 (Online)

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Editorial contact: journals.library@nihr.ac.uk

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This report

The research reported in this issue of the journal was funded by PGfAR as project number RP-PG-0609-10106. The contractual start date was in March 2011. The final report began editorial review in March 2015 and was accepted for publication in May 2016. As the funder, the PGfAR programme agreed the research questions and study designs in advance with the investigators. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The PGfAR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, CCF, NETSCC, PGfAR or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the PGfAR programme or the Department of Health.

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