

# Comparing Interventions to Increase Colorectal Cancer Screening in Low-Income and Minority Patients

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## Abstract:

Both computer-tailored and patient navigator interventions have been shown to increase CRC screening rates and improve bowel preparation, but no comparative studies have been conducted and none have evaluated the additive effect of combining these approaches for CRC screening. People differ on the types and levels of intensity of interventions needed to move them to complete CRC screening.<sup>35</sup> Upon completion of this study, we will have determined the comparative effectiveness of two readily translatable theory-based interventions to increase CRC screening. Further, we will identify *moderators and mediators* of intervention effects that will help us understand, respectively, who benefits most (and least) from which type of intervention and through what mechanisms the interventions are working. The proposed comparative analyses will inform decisions about interventions that can: 1) increase CRC screening; 2) improve bowel preparation for those having a colonoscopy; and 3) reduce CRC morbidity and mortality for low-income and minority patients, who bear a disproportionate burden from this preventable disease.

We will use a three-group randomized trial design to compare the effectiveness of two theory-based interventions to promote completion of CRC screening and, for those who complete colonoscopy, high quality bowel preparation. We will enroll an ethnically diverse group of 750 men and women who cancelled, or did not attend, their colonoscopy appointment and randomize them to receive: 1) a mailed tailored DVD intervention; 2) the tailored DVD *plus* a patient navigator intervention; or 3) usual care.

The **aims of this study** are to:

**Aim 1. Compare the effectiveness of two interventions designed to promote CRC screening - a mailed tailored DVD versus the mailed tailored DVD *plus* telephone-based patient navigation - to each other and to usual care.**

Hypothesis 1.1: Participants who receive the tailored DVD *plus* telephone-based patient navigation intervention will have higher rates of colorectal cancer screening with fecal immunochemical test (FIT), colonoscopy, or either screening test compared to those who receive the tailored DVD alone.

Hypothesis 1.2: Participants who receive either intervention will have higher rates of colorectal cancer screening with fecal immunochemical tests (FIT), colonoscopy, or either screening test than those who receive usual care.

Hypothesis 1.3: Participants who receive either intervention who complete colonoscopy will have: 1) better quality of bowel preparation; 2) less anxiety about the procedure; and 3) greater satisfaction with the colonoscopy experience than those who receive usual care.