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Effectiveness of Small Media (Tailored or Non-tailored) Interventions to Promote Breast, Cervical and Colorectal Cancer Screening in Communities and Health Care Systems

Mammography screening every 1 or 2 years is recommended for women age 40 and older. The benefits of regular mammography increase with age, whereas the possibility of harms from screening diminish from ages 40 to 70. So, the balance of benefits and harms grows more favorable as women age. The benefits of Papanicolau (Pap) smear testing for women over 21 from screening for cervical cancer are also clear. The incidence of cervical cancer has decreased significantly during the last 40 years, in large part because of early detection. Periodic screening for colorectal cancer for men and women age 50 years and older is strongly recommended. Benefits from screening substantially outweigh potential harms. Several effective screening tests are available, including fecal occult blood testing, sigmoidoscopy, and colonoscopy. However, despite the existence of these tests, utilization rates are below recommended levels according to Healthy People 2010 objectives, especially among individuals in some minority groups and among low income individuals who may not have regular medical care. The question is then, what are effective strategies to promote increased use of breast, cervical and colorectal cancer screening?

Systematic reviews of published studies, conducted on behalf of the Task Force on Community Preventive Services by a team of experts, found that small media was effective in increasing screening for breast cancer. Based on these reviews, the Task Force issued recommendations to implement these efforts. On the other hand, insufficient evidence was found to address the role of small media in increasing cervical and colorectal cancer screening and therefore recommended for further research. It is important to remember that **this finding does NOT mean this intervention does not work**, but rather indicates that additional research is needed to determine the effectiveness of these interventions.

Background on small media (tailored and non-tailored) interventions to promote breast, cervical and colorectal cancer screening

- Small media interventions are based on the premise that dissemination of information about the benefits and availability of screening will motivate populations to be screened.
- Small media interventions use booklets, brochures, flyers, newsletters, informational letters, or videos.
- Small media interventions may or may not be tailored to fit the individual's risk profile. Tailored interventions use information about individuals, collected from them or about them. Non-tailored interventions are not designed for individual members of a population.

Findings from the systematic review

Search results:

- 127 articles reviewed
- 97 studies included in one of the 6 intervention reviews conducted by the Task Force
- 15 qualifying studies

- A total of 17 studies were identified by the Task Force and two were found to have limited quality and were therefore excluded from the review.
- Ten studies were identified that dealt with breast cancer screening by mammography and found the median change from baseline percentage was 12.1% ($p=0.016$).
- There were six studies of cervical cancer screening. Evidence was found to be insufficient to assess the effectiveness because the number of studies is small and the results are inconsistent.
- Five studies were identified for colorectal cancer screening. Evidence was found to be insufficient to assess the effectiveness because the number of studies identified was too small and the results were inconsistent.
- Small media interventions for breast cancer were effective in both rural and urban setting, HMO, private practices, homes and communities as well as a range of clients including predominately Caucasian, predominantly African-American and multi-ethnic populations.
- Directions for future research:
 - What are the minimum and maximum requirements for the intensity of small media interventions?
 - Are tailored small media interventions more effective than those that are non-tailored?
 - What is the cost benefit or cost-utility of using small media interventions with increased access?

What you can do with this finding

- Use this finding and suggestions for improvement in research components along with information from [Cancer Control PLANET](#) to find local contacts and research tested programs that support implementation of recommended interventions or further research to address gaps in the evidence.

Publications:

- **MMWR/Recommendations and Reports** – Winter 2003.

The Guide to Community Preventive Services (Community Guide) provides recommendations on population-based interventions to promote health and to prevent disease, injury, disability, and premature death, appropriate for use by communities and healthcare systems. For more information about the Community Guide (including links to publications and a variety of resources) see

www.thecommunityguide.org and for more information about Task Force findings on skin cancer prevention see

www.thecommunityguide.org/cancer/

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Updated – September 15, 2003