## **ASCEND Concurrent Initiatives Report**

## (October 2012- October 2013)

# **Summary**

This report outlines research initiatives and health promotion activities reported by specific key informants from a wide range of national and regional organisations, as well as a number of opportunistic contacts, during the period October 2012-October 2013. This covered the period directly before, during and directly after the ASCEND work stream 3 randomised controlled trials. Although it is possible that localised initiatives may have affected uptake rates in specific regions, it is considered unlikely that they would have confounded the ASCEND intervention results overall; primarily because it is improbable that concurrent interventions would also occur on alternate days.

## Background

#### Purpose of concurrent initiatives database

To identify national and local health promotion activities to promote awareness and early detection and research initiatives aiming to increase bowel cancer screening uptake occurring up to and during the ASCEND trials. We undertook this exercise to achieve a comprehensive understanding of potential influences on uptake of bowel cancer screening during the ASCEND trials.

#### **METHODS**

#### **Development of database**

The simplest way to record the initiatives was to establish an MS Excel database. The parameters for entering information into the database, agreed by the ASCEND team, were as follows:

- Brief description of the activity/s and or initiative/s
- Size of the population included in the initiative
- Participant characteristics, e.g. age
- Time period/ length of initiative/s
- Project status, i.e. open, closed or pending
- Geographical reach
- Materials available, e.g. on-line
- People/ organisations recommended to contact

#### Contacts

A list of relevant contacts, outlined in the ASCEND study protocol, were contacted initially. Following on from their recommendations a broader range of organisations and individuals were subsequently approached.

#### Quality Assurance Reference Centres and National Awareness and Early Diagnosis Initiatives

Quality Assurance Reference Centres (QARC) and the National Awareness and Early Diagnosis Initiative (NAEDI) were contacted initially as suggested by the ASCEND protocol. Brief telephone surveys were carried out with five QARC Directors and one NAEDI representative using open questions that met the parameters outlined above (Appendix 3). These conversations revealed that although the QARC and NAEDI representatives were aware of larger national campaigns, they had no knowledge of any specific research initiatives or local health promotion activities. They suggested broadening our contacts to include Primary Care Trusts and Specialist Screening Practitioners (SSPs) from the NHS Bowel Cancer Screening Programme (BCSP) for more information on these aspects.

#### • Primary Care Trusts

Contacting representatives within PCTs via telephone and e-mail proved problematic due to current re-structuring of the NHS. For example, even though we were able to contact NHS England Associate Directors (who are responsible for networks and senate support teams, including clinical commissioning groups) via e-mail, we did not receive any responses.

#### • NHS Bowel Cancer Screening Programme (BCSP)

We contacted all SSPs working with the BCSP. Given the difficulty in contacting SSPs during busy clinic hours, an on-line survey which met the parameters listed above was conducted. Within the survey, SSPs were also given the option to provide their feedback via telephone. SSPs were very knowledgeable about health promotion activities at a local and national level, but less so about recent research activities. In addition three BCSP Programme Managers based at screening centres were contacted by telephone; however they were only able to report media related health promotion activities, e.g. distribution of bowel cancer screening posters and leaflets. To gain more insight into national and local research initiatives, regular on-line research bulletins produced by the BCSP Research Committee were recorded; these bulletins provided the most up to date and thorough representation of research activities across the country during this period.

#### Cancer Organisations

As suggested stipulated by the ASCEND protocol, a Cancer Target Lead was contacted by telephone. This London representative was also only able to report larger health promotion campaigns. However, they did suggest that we contact Cancer Networks and the London Cancer Board. Due to the high number of Cancer Network representatives, this group was contacted via an email sent by the Department of Health on our behalf. This information-based e-mail was sent to all Cancer Network<sup>\*</sup> (now known as Strategic Clinical Networks, SCNs) representatives, requesting they contact the research team if they were aware of any BCS uptake initiatives in their area (Appendix 3). At the same time we also contacted all Cancer Research Networks. A similar summary and request for information was published in a National Cancer Research Network weekly bulletin (Appendix 4). No responses were received from either network.

#### Opportunistic contacts

In addition to the key informants above a number of individuals were contacted opportunistically by telephone and/or email, e.g. a Cancer Research UK (CRUK) Marketing and Campaign Manager, a Health Improvement Practitioner, and a Specialty Registrar in Public Health who reported national campaigns and local health promotion activities. Other research initiatives were also identified opportunistically during the ASCEND study and added to the database.

#### **Time period**

Communication with the contacts listed within this report was conducted from September 2012 onwards. In September 2013 a second wave of communication was undertaken which included SSP's, Cancer Networks, Cancer Research Networks and subsequent opportunistic contacts. This ensured that a realistic picture of research initiatives and health promotion activities over the two year period was captured.

#### **Randomised Controlled Trials (RCTs)**

During the ASCEND RCTs, individuals invited for screening in the NHS Bowel Cancer Screening Programme were allocated to receive an intervention on randomly selected days within a pre-specified time-period (Gist: 5th -16th November 2012, Narrative: 4th-15th March 2013, GP endorsement: 3rd -28th June 2013, Enhanced Reminder: 8th July- 2nd August 2013) .. Research initiatives and health promotion activities occurring concurrently with the ASCEND interventions are illustrated in the tables featured in this report.

### Results

In total there were 63 research initiatives and 102 health promotion activities recorded, of which 28% and 61% (respectively) were localised and specific to bowel cancer screening uptake; see tables 1 and 2a-f (Please see Appendix 1 and 2 for research initiatives and health promotion activities unrelated to bowel cancer screening uptake via FOBt) Of these up to three research initiatives and 27 health promotion activities were taking place within a 3-month time frame of each of the ASCEND interventions; see Figure 1.

Figure 1: Research initiatives and health promotion activities concurring with ASCEND interventions

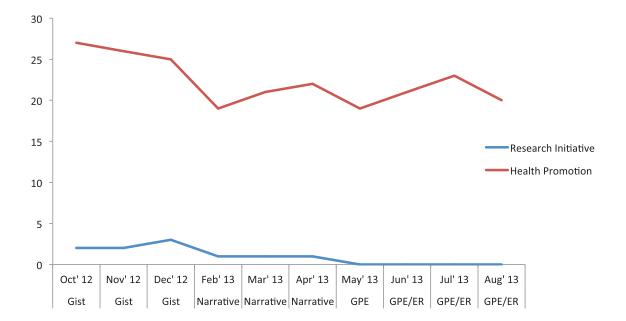


Figure 1 includes research initiatives and health promotion activities for which no definitive start/ end date was available. For those activities and initiatives where the time period was adequately reported, only one research activity coincided with an ASCEND intervention; the narrative. In contrast 63% of the health promotion activities occurred at the same time as the Gist (2), narrative (4), GP endorsement (4) and Enhanced Reminder (7) interventions.

# **Results - Table 1: Research Initiatives**

	_				Concurrent
Hub		ble 1: Research Initiatives	Time period	Reach	initiative?
Midlands &	1.	01 1 1	Apr-Mar 2013	West Midlands	Narrative
North West		participation in the NHS BCSP	Dec. 2012	Manageriala, Charabina	NI -
	۷.	GP Practices offered monetary incentives to follow up non-responders with information or phone calls	Dec 2012, Jan-Feb 2013	Merseyside, Cheshire	No
	3.	Ten Top Tips sent out with the BCSP reminder letter	Nov 2011- Jan 2012	Salford, Wigan, Bolton	No
	4.	Impact of visual aid, sent out with BCSP invites, on uptake	Aug-Oct 2011	Salford, Bolton, Wigan	No
	5.	Various focus groups (gender specific, multilingual, older people, mental health and learning disabilities)	Apr-Jul 2011	Lancashire	No
	6.	Explore the perceptions of asymptomatic individuals who choose to participate in the BCSP- (MSc research)	*	North Staffordshire	No
	7.	'Why wouldn't you?' community questionnaire to gain insight into people's barriers to screening	*	Salford, Wigan, Bolton	No
Southern	8.	Bowel Cancer Early Awareness and Diagnosis Project: Research with local communities to find out where to focus campaign and interventions	Jun-Jul 2012	Southampton, Hampshire, Isle of Wight, Portsmouth	No
London	9.	GP endorsement through letters and phone calls to patients due to receive an invitation in 18 randomised practices	Jan-Dec 2012	Tower Hamlets, City, Hackney, Newham	No
	10	. Explaining Varied Uptake of Bowel Cancer Screening in South East London; Exploration of Ethnic and Socio-Economic Variation (stage 1)- qualitative interview study, (stage 2) – questionnaire (PhD research)	*2010-2011	Lambert, Southwark	No
	11	. London Health Improvement Board trial to increase uptake	*	London	*
	12	. The role of ethnicity, socio-economic factors and cultural beliefs in the uptake of bowel cancer screening	*	London	*
North East	13	. Using 'self-generated validity' to increase uptake of bowel cancer screening- North East Hub population randomised by day to receive questionnaire with faecal occult blood test (FOBt)	Feb 2013	North East	No
	14	. Barriers to Uptake of colorectal cancer screening (BUCCS). Interview non-responders recruited via GP	* 2011	North East England	No
	15	. Participation in BCSP: exploring the processes involved and the potential role of Social Marketing as an approach to increasing future participation - qualitative study	*	North East, Yorkshire, the Humber	*
	16	A qualitative investigation exploring factors that influence non engagement of individuals, with the NHS BCSP, during round 1 and their subsequent engagement in round 2	*	South of Tyne	*
Eastern	17	. MSc project assessing intention to participate in the BCSP (no plans to publish due to small sample)	Jun 2012	Derby	No
		. Focus groups to explore the decision to participate in bowel cancer screening	* 2011	Northamptonshire	No
(********		not he found)			

Please see Appendix 1 for research initiatives unrelated to bowel cancer uptake via FOBt.

**Results - Tables 2 a-f: Health Promotion Activities** 

			Concurrent
Table 2a: Health Promotion Activities - BCS01 Midlands & North West Hub	Time period	Reach	initiative?
1. Information stand run by BCSP staff from screening centre at hospital summer fayre	Sep 2013	Sutton Coldfield	No
2. Information stand run by BCSP staff from screening centre for afro-Caribbean community at local event	Jul 2013	Small Heath	Enhanced Reminder
3. Pharmacy campaign- BCSP literature inserted into dispensing bags	* 2012	West Cheshire	

Table 2b: Health Promotion Activities -BCS02 Southern Hub	Time period	Reach	Concurrent initiative?
1. Presentations to GP surgeries with low uptake of screening to discuss ways of contacting	people who On-going	Bath	*
have not returned FOBts to the Hub			
2. Support for bowel cancer awareness month, advertisements in hospital publications, ope	n events and On-going	Brighton, Hayward's Heath,	*
public access		Hastings, Worthing	
3. Liaison with Learning Disability nurses to increase FOBt uptake in that client group	On-going	South Devon	*
. Approach patients at flu clinics with information about bowel cancer	Oct 2013	Alton	No
. Bowel cancer awareness information stand and posters in local supermarkets in low upta	ke areas Sept 2013	Exeter	No
(located through communication with local GPs)			
. Bowel cancer awareness stand at local health fayre	Sept 2013	Alton	No
. Bowel cancer awareness stand at local hospital open day	Sept 2013	Southampton	No
<ol> <li>GP training session to talk about increasing uptake and future interventions. Introduced l screening</li> </ol>	bowel scope Sept 2013	Southlake	No
. Bowel cancer awareness stand at Devon County Show	May 2013	Exeter	No
0. Stands with Specialist Screening Practitioners cover in throughout April's 'Bowel Aware	ness Month' Apr 2013	Alton, Basingstoke	No
<ol> <li>Specialist Screening Practitioners to visit GP surgeries to discuss bowel screening to enga teams understand the bowel screening process. This will hopefully help them to discuss b with patients who they are in contact with.</li> </ol>		Bath, Swindon , Wiltshire	No
2. Delivering bowel cancer awareness media to GP surgeries/ hospitals and local stores, i.e. postcards, links on intranet	posters, Sept 2012	East Kent, Canterbury, Margate	No
3. A visit was made to a Day Centre to give information about bowel screening and who to o	contact Feb-Apr 2012	Bath, Swindon, Wiltshire	No
<ol> <li>BCSP Stand with Specialist Screening Practitioners and BCSP/Health Promotion literature Trust Annual Meeting for Members and bowel cancer support group</li> </ol>	e available at * 2012	Taunton, Somerset	*
<ol> <li>Accelerating progress in early intervention work in Brighton &amp; Hove: Community initiative awareness and earlier diagnosis of bowel cancer</li> </ol>	e to raise * 2011	Brighton, Hove	No
6. Bowel cancer awareness and early diagnosis campaign	* 2011	Richmond, Kingston, Wandsworth, Croydon, Sutton , Merton	No
7. Bowel cancer awareness and early diagnosis campaign	* 2011	Southampton, Hampshire, Isle of Wight, Portsmouth	No
<ol> <li>Reminding patients at flu clinic (deprived areas) to look out for BCSP invitation. Species Practitioners available to answer questions</li> </ol>	alist Screening * 2011	Bournemouth	No

Та	ble 2c: Health Promotion Activities - BCS03 London Hub	Time period	Reach	Concurrent initiative?
1.	Community information stands, newsletters, talks to Royal Mail staff, visits to GP surgeries in bowel cancer awareness month with leaflets and information on how to complete an FOBt	On-going	Hillingdon, North Ealing	*
2.	GP endorsed invitations to information sessions at GP practice. Calling patients about how to use the kit over the phone. Community outreach and groups to target hard to reach groups, i.e. homeless, ethnic minorities	On-going	Hackney, Tower Hamlets, Newham, Redbridge, Waltham Forest, Dagenham	*
3.	To promote bowel cancer screening in Camden general practices. Practices will be financially rewarded for increasing uptake. Non-specific activities included GP endorsement letter. GP follow-up of non-responders, GP endorsement letter for rising 60s. GP practices can choose these or any other to improve uptake.	Oct 2012 – Sep 2013	Camden	All ASCEND interventions
4.	Local bowel stretch campaign (addition to Be Clear on Cancer Campaign) - raising awareness in hard-to-reach groups	Mar 2013	Redbridge	Narrative
5.	Bowel cancer awareness stands/ stalls at bus garages and for the public	* 2013	Lewisham, Greenwich, Bromley, Bexley, Southwark, Lambert	*
6.	Bowel cancer symptom awareness campaign	Jan 2011	South West & East of England	No
7.	Bowel cancer awareness building project for outer North East London	* 2011	Redbridge, Havering, Barking, Dagenham	No
8.	Bowel cancer symptom awareness campaign	Jan 2011	South West & East of England	No
9.	Joint PCT bowel cancer improvement programme- increasing survival rates within a population	* 2011	Islington, Camden, Barnet, Enfield	No
	. Raising bowel cancer awareness and promoting early diagnosis	* 2011	Lewisham, Greenwich, Lambeth, Southwark, Bromley, Bexley	No

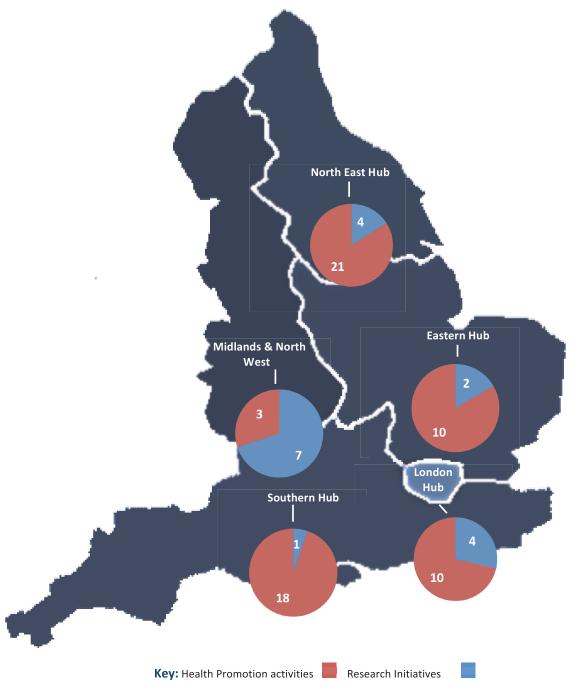
Table 2d: Health Promotion Activities - BCS04 North East Hub	Time period	Reach	Concurrent initiative?
1. Bowel cancer and bowel cancer screening awareness campaign	On-going	County Durham, Darlington	*
2. Outreach: information stands, awareness talks, health professionals and community workers training	On-going	Liverpool to Manchester	*
3. Various events with GP surgeries and the public to raise BCS and BCSP awareness	On-going	South Yorkshire, Bassetlaw	*
4. Awareness activities in local communities (stalls, leaflet distribution etc.) and GP forums	On-going	Sheffield, Rotherham, Bassetlaw	*
5. Bowel cancer screening programme/ symptom awareness: Older peoples Day	Oct 2013	Hull, East Riding	No
6. Bowel cancer screening programme/ symptom awareness: Health Trainer Reunion	Sep 2013	Hull, East Riding	No
7. Promotion stand at Driffield Show (Local farming event)	Jul 2013	East Riding	Enhanced reminder
8. Bowel cancer screening programme/ symptom awareness: Holme on Spalding Moor community support day	Jul 2013	Hull, East Riding	Enhanced reminder
9. Bowel cancer screening programme/ symptom awareness: Race for Life	Jul 2013	Hull, East Riding	Enhanced reminder
10. Presentation to GP's and practice nurses- bowel cancer awareness and information session	Jun 2013	Hull	GP endorsement
11. Bowel Cancer Awareness Month	Apr 2013	Hull, East Riding	No
12. Bowel cancer screening programme/ symptom awareness: Poster on outpatient electronic displays	Apr 2013	Hull, East Riding	No
13. Bowel cancer screening programme/ symptom awareness: Withernsea Pavilion Leisure Centre	Apr 2013	Hull, East Riding	No
14. Bowel cancer screening programme/ symptom awareness: No smoking day - Health Trainer Event - Bridlington	Mar 2013	Hull, East Riding	Narrative
15. Bowel cancer screening programme/ symptom awareness: Meeting with Goodwin Trust Hull	Mar 2013	Hull, East Riding	Narrative
16. Bowel cancer screening programme/ symptom awareness: Hull Prison Event	Nov 2012	Hull, East Riding	Gist
17. Awareness sessions/workshops on BCS in workplaces/ communities and with care staff. Using 'share packs' containing information about BCS which people can share with relevant others	Jan- Sep 2012	Gateshead, South Tyneside, Sunderland	No
18. Incentive to GPs to non-responders, write to all 74 year olds who would not receive a test kit, letters sent to non-responders via GP surgeries, targeted health events of low uptake/high deprivation, GP follow-up by telephone	* 2012	Greater Manchester	*
19. Simplified BCSP leaflet distributed to patients	* 2012	Gateshead, South Tyneside, Sunderland	*
20. Bowel cancer screening programme/ symptom awareness stand at North Point Shopping Centre	Apr 2011	Hull, East Riding	No
21. Talk to hairdressers raising awareness of all screening programmes	Nov 2011	Hull, East Riding	No

Table 2e: Health Promotion Activities - BCS05 Eastern Hub	Time period	Reach	Concurrent initiative?
1. Bowel cancer awareness presentations at GP surgeries, pharmacies and supermarkets- target low	On-going	Essex	*
uptake areas	0 0		
2. Bowel cancer awareness flyer in local paper	Oct 2013	East & North Hertfordshire	*
3. Inflatable colon in shopping precincts	Aug 2013	Northamptonshire	Enhanced reminder
4. Tendring Show- inflatable colon. Four Specialist Screening Practitioners attended giving out fruit	Jul 2013	Tendring (Essex)	Enhanced reminder
and info			
5. Health promotion at Lincolnshire Show - BCSP nurse were present for both days of the show giving	Jun 2013	Lincolnshire	GP endorsement
out leaflets and free items regarding the screening programme.			
6. Health promotion event for FOBT screening	Jun 2013	Watford, Hertfordshire	GP endorsement
7. Clinical lead providing bowel cancer education to GPs and practice managers	Sep 2012	West Hertfordshire	No
8. Specialist screening practitioners available with health promotion material/ inflatable colon to	* 2012	Watford	*
show polyp development into cancer			
9. Bowel cancer awareness till receipt advert	* 2012	East & North Hertfordshire	*
10. Reducing the burden of bowel cancer in Derbyshire: campaign to increase awareness and	*2011	Derbyshire county	No
knowledge of symptoms of bowel cancer. Will focus on 20% most deprived areas			
(*Details equilated has found)			

Table 2f: Health Promotion Activities - National	Time period	Reach	Concurrent initiative?
1. UK Diverticular Disease Network website – information website sponsored by the NIHR	* 2013	National	*
2. NAEDI project - campaign raising awareness of bowel cancer and early detection	* 2012	National	*

# **Concurrent initiatives by BCSP Hub Region**

Figure 2 below illustrates the number of localised research initiatives and health promotion activities, specific to bowel cancer screening uptake via FOBt, reported during the two year monitoring period



## Conclusions

Based on the findings outlined within this report, it is possible that the localised concurrent research initiatives and/or health promotion activities relating to bowel cancer screening uptake via FOBt may have increased uptake rates in specific regions, and therefore affect some analyses of trials results. However it is considered unlikely that any of these initiatives or activities would have confounded the ASCEND intervention results overall; primarily because it is improbable that concurrent interventions would also occur on alternate days.

### Limitations

It is likely that the activities and initiatives in this report are not an exhaustive list of those occurring during the monitoring period. Although every effort was made to contact the most relevant individuals and organisations, there is the possibility that some may have been unintentionally omitted. As this work relied on self-report from contacts in various formats, it was not always possible to populate all the parameters outlined in the database; only type of research initiative or health promotion activity and year were consistently communicated.

### Appendix 1: Research Initiatives unrelated to bowel cancer uptake via FOBt

Research Initiatives	Time period	Reach	Concurrent initiative?
1. An investigation of genetic factors involved in predisposition to and pathogenesis of serrated polyps and cancers of the large bowel	On-going	Multisite	*
2. Genetic predisposition to serrated neoplasia (PRESENT)	On-going	Multisite	*
<ol> <li>3 studies investigating the impact of an exercise based lifestyle intervention. Study 1 - biomarkers, Study 2- questionnaire for motivation/ behaviour change, Study 3- qualitative arm assessing impact of the intervention</li> </ol>	On-going	Norfolk , Norwich	*
4. Patient health promotion questionnaire offered to patients who have received an abnormal FOBt result	On-going	Manchester	*
5. FIT for Follow-up: Is annual faecal immunochemical occult blood testing a feasible, safe, acceptable and cost-saving alternative to colonoscopy surveillance for the diagnosis of advanced adenomas and early stage CRC in patients found to have colorectal adenomas?	On-going	Multisite	*
6. Flexi-sigmoidoscopy (bowel scope) national pilot	On-going	National	*
7. Audit of attendees for colonoscopy. Collecting data on disability and ethnicity	* 2012-2013	*	*
8. Bowel biomarkers in Bristol	*	Southern Bristol	*
9. Detect InSpect ChAracterise Resect and Discard 2	*	Durham, Darlington, North Cumbria, Northumbria, South Tees, North Tees	*
10. A Randomised Controlled Trial to Compare 2 optical technologies in Colorectal Cancer Screening	*	Multisite	*
11. Bowel Screening Follow-Up Study	*	Multisite	*
12. The seAFOod Polyp Prevention RCT	*	Multisite	*
13. A review of quality indicators in the UK BCSP	*	National	*
14. Assessment of meSalazine in Prevention of polyp Recurrence: ASPIRE	*	National	*
15. Comparison of CT colonographic appearances of screen-detected and symptomatic colorectal cancers	*	National	*
16. Development and evaluation of a patient reported experience measure (FS-PREM) for flexible sigmoidoscopy screening	*	National	*
17. Site distribution of colorectal neoplasia in BCSP subjects and the effect of index polyp site on the distribution of future colonic polyps	*	National	*
18. The Million Women Survey Study	*	National	*
(*Details could not be found)			

			Concurrent
Research Initiatives contd.	Time period	Reach	initiative?
19. The role of faecal volatile organic compounds (VOCs) as a non-invasive diagnostic biomarker	*	National	*
of colorectal cancer (Pilot study)			
20. Audit of participation rates in the Oxfordshire BCSP- forms part of MSc dissertation. This is	*	Oxfordshire	*
simply an audit of participation rates, not an intervention to improve participation			
1. Diet and physical activity to prevent recurrence of high risk adenomas: a feasibility study	*	Shropshire	*
2. A study to pilot the recruitment of a cohort of individuals at risk of colorectal cancer through	*	*	*
the NHS BCSP- recruiting samples from BCSP patients undergoing colonoscopy			
3. Analysis of the spread of genetic abnormalities that are involved in the progression of pre-	*	*	*
malignant disease to cancer in the human gastrointestinal tract			
4. Biomarkers of CRC risk in the normal bowel (BOCCARINO)	*	*	*
5. Circulating MicroRNAs are Novel Biomarker for Colorectal Cancer Screening	*	*	*
6. Clinical and molecular characterisation of polyp cancers in the bowel cancer screening	*	*	*
programme: Analysis of 5 year outcomes and correlation with clinico-pathological biomarkers			
7. Colorectal cancer screening with coloncyte derived DNA analysis	*	*	*
8. Development and evaluation of an enhanced web-based BCSP public information portal.	*	*	*
9. Development and Prospective Evaluation of A Nurse Assessed Patient Comfort Score	*	*	*
(NAPCOMS) For Colonoscopy			
0. Does regular use of Scope Guide give endoscopists applying for BCSA an advantage	*	*	*
1. Endoscopic Non-Technical Skills (ENTS) a qualitative study of human factors in gastrointestinal	*	*	*
endoscopy			
2. Establishment of a Biobank for the Characterisation of the Exosome Biosignature of	*	*	*
Colorectal Cancer (C-BEEB)			
3. Feasibility of combining CT colonography images and optical colonoscopy video images of the	*	*	*
large bowel.			
4. Identification of early Biomarkers of risk in Colon Cancer using an Electronic 'e' Nose	*	*	*
5. Is the tumour suppressor APC crucial to iron mediated colorectal carcinogenesis	*	*	*
6. Optimising the use of nitrous oxide during screening colonoscopy.	*	*	*
7. Patients' experience of being diagnosed with bowel cancer through the national screening	*	*	*
programme: a phenomenological approach			
Details could not be found)			

Research Initiatives contd.	Time period	Reach	Concurrent initiative?
38. Piloting molecular diagnostic methods for Extended Spectrum Beta-Lactamase Producing Coliforms (ESBLPC)	*	*	*
in bowel cancer screening cards.			
39. Project to increase uptake amongst visually impaired	*	*	*
40. Reaching sensory impaired people: good practice communication guidelines- Project 2- focus groups and	*	*	*
interviews			
41. Reasons for non-attendance at specialist screening practitioner clinics and colonoscopy following a positive	*	*	*
faecal occult blood test.			
42. Study of the effectiveness of the current FOBt screening algorithm	*	*	*
43. The potential for use of geo-demographic segmentation to guide health promotion initiatives	*	*	*
44. The use of M2-Pk as part of a national BCSP	*	*	*
45. What percentage of patients presenting with colorectal cancer have had a negative FOB result or a negative	*	*	*
colonoscopy on the BCSP			
(*Details could not be found)			

### Appendix 2: Health promotion addressing cancer more generally

Health Promotion Activities: BCS01 Midlands & North West Hub	Time neried	Deach	Concurrent initiative?
<ol> <li>424 Lives Project- GP practices to create individual action plans to improve cancer screening uptake in patients who do not respond to their screening invitation</li> </ol>	Time period On-going	Reach Merseyside, Cheshire	*
<ol> <li>Healthy Community Collaborative: raising awareness about early detection of cancer in the local community</li> </ol>	On-going	North Staffordshire, Stoke On Trent, South Staffordshire	*
<ol> <li>Information, display boards, advice linking with 'Improving Working Lives' (improving NHS staff welfare) team</li> </ol>	Sep 2012	Berwick	No
4. iVan Cancer Vehicle (information bus) to increase cancer awareness	* 2012	Merseyside, Cheshire	*
5. 'Sharing and Caring' stand 'Active for Age'	Sep 2011	Mid-Cheshire	No
6. 'Communities against Cancer': raise awareness about earlier recognition of breast, bowel and lung cancer. Aims to reduce health inequalities by targeting groups at highest risk.	* 2011	Bury	No
7. Developing community cancer champions: volunteers who go out into their community and raise awareness about common cancer symptoms	* 2011	Bedfordshire	No
8. 'Get checked': the early detection of cancer	* 2011	Halton, St Helens	No
<ol> <li>'Don't be a cancer chancer': raise awareness about earlier recognition of breast, bowel and lung cancer.</li> </ol>	* 2011	Ashton, Leigh, Wigan, Bolton, Bury, Central & East Cheshire, Heywood, Rochdale, Middleton, Manchester, Oldham, Salford, Stockport, Tameside, Glossop, Trafford	No
10. Cancer awareness and early detection campaign	* 2011	North Staffordshire	No
11. Sandwell community cancer awareness initiative (SCCAI) (*Details could not be found)	* 2011	Sandwell	No

			Concurrent
Health Promotion Activities: BCS02 Southern Hub	Time period	Reach	initiative?
1. On-going activities, e.g. posters to GP practices and pharmacies and mail drop covering	On-going	Sussex	*
breast, lung and bowel cancer screening			
2. Social marketing, GP education and health champions in Croydon: Early diagnosis of	* 2012	Croydon	*
lung, breast and bowel cancer			
3. Colorectal and Lung Cancer campaign	Jan 2011	Swindon, Oxford, Reading, Slough,	No
		Milton Keynes	
4. Outreach cancer awareness sessions to improve 1 year cancer survival rates in East	* 2011	East Sussex Downs , Weald, Hastings ,	No
Sussex, particularly focusing on lung and bowel cancer		Rother	
5. 'The Big C- Can we talk about it?' campaign	* 2011	Eastern , Coastal Kent	No

н	ealth Promotion Activities: BCS03 London Hub	Time period	Reach	Concurrent initiative?
1.	Outreach: information stands, awareness talks, health professionals and community workers training	On-going	London, Northampton, Oxford, Kent	*
2.	Pop-up shop to raise cancer awareness	Feb-Mar 2013	Haringey	Narrative
3.	A Trafford against cancer campaign (ATACC)	* 2011	Trafford	No
4.	Early diagnosis project	* 2011	Ealing	No
5.	Hillingdon cancer awareness and early detection project	* 2011	Hillingdon	No
6.	Social marketing, GP education and health champions in Croydon	* 2011	Croydon	No

Health Promotion Activities: BCS04 North East Hub	Time period	Reach	Concurrent initiative?
	•	Yorkshire	Gist & Narrative
1. Media awareness on TV as part of Department of Health public awareness campaign	Aug 2012- Mar 2013	forksnire	GISL & Narrative
2. Liverpool Cancer Awareness Project	* 2011	Liverpool	No
3. NHS Doncaster early cancer initiative	* 2011	Doncaster	No
4. North of Tyne healthy communities collaborative expansion into rural	* 2011	North Tyneside, Newcastle	No
Northumberland			
5. Raising cancer awareness and early diagnosis in communities within Bolton	* 2011	Bolton	No
6. Sheffield Cancer Awareness Programme	* 2011	Sheffield	No
7. Teesside cancer project linked to NHS health check programme	* 2011	Hartlepool, Middlesbrough, Redcar,	No
		Cleveland, Stockton on Tees	
8. Yorkshire cancer network cancer awareness and early diagnosis	* 2011	Bradford, Airedale, Calderdale,	No
		Kirklees, North Yorkshire, York,	
		Wakefield District	

Health Promotion Activities: BCS05 Eastern Hub	Time period	Reach	Concurrent initiative?
1. EPOC - Early Presentation Of Cancer - this organisation work in Lincolnshire and are continuously doing health promotion activities to both large and small groups on all	On-going	Lincolnshire	*
aspects of cancer awareness			
2. 'Check not chance' campaign	* 2011	Warwickshire	No
3. Mainstreaming DECREASED 2010 programme	* 2011	Derby city	No
4. Change makers improving cancer awareness and early detection	* 2011	Nottingham City	No
5. 'Let's Talk Cancer' awareness and early diagnosis project	* 2011	Leicester	No
6. Northamptonshire cancer awareness and early presentation	* 2011	Northamptonshire	No
7. Outsmarting cancer together (NAEDI)	* 2011	Cambridgeshire, Peterborough, Norfolk,	No
		Suffolk, Bedfordshire, Great Yarmouth,	
		Waveney	

			Concurrent
Health Promotion Activities: National	Time period	Reach	initiative?
1. 'Be Clear on Cancer' Reminder campaign – national campaigns targeting various	On-going	National	*
cancer types			
(*Details could not be found)			

### Appendix 3

### **Concurrent Initiative Contact Sheet**

Contact:	Date:
Called by: Gemma	
Are you aware of activities?	any current and/or future bowel cancer screening research/ health promotion
If YES, prompt: • • • •	Brief description of the activity/s and or initiative/s Sample size of the population Participant characteristics, e.g. age Time period/ length of activity/s and or initiative/s Project status, i.e. open, closed or pending Geographical reach
Are there any wel	bsites where this information/ materials are available?
Can you suggest a research/ health	ny other people/organisations I should contact to ask about bowel cancer screening promotion activities

### Appendix 4

#### Notification to Cancer Network/ Cancer Research Network

On behalf of University College London and Imperial College London I am writing to let you know about an NIHR funded research programme called ASCEND and to seek your help in providing the researchers with information.

The ASCEND study aims to reduce differences in bowel cancer screening uptake between the most and least socially advantaged groups. The study is a collaboration between University College London, Imperial College London, Queen Mary's University London and all five NHS Bowel Cancer Screening Programme (BCSP) Hubs in England. To date they have developed four evidence-based interventions which are currently being tested in randomised controlled trials.

Two of the interventions provide additional information about the screening programme, in formats that are associated with increased salience and comprehension in lower socio- economic groups. These comprise the 'Essentials' leaflet, which provides simplified information about bowel cancer screening in order to increase its accessibility, and the 'People's Stories leaflet' which uses extracts from interviews with people who have taken part in the BCSP. Both leaflets will supplement the existing Bowel Cancer Screening 'The Facts' leaflet.

The other two interventions comprise modifications to the existing invitation materials used by the BCSP, in the form of a general practice endorsement added to the current invitation letter (subject to general practice agreement) and an enhancement to the current reminder letter.

The first of the trials took place between 5th-16<sup>th</sup> November 2012. The last trial will be completed by 2<sup>nd</sup> August 2013. The most effective interventions will then be combined and tested in a final large national randomised control trial in 2015.

As part of this work, the research team at University College London is gathering information about any other bowel cancer screening research/health promotion activities that are taking place over the next 5 years, either nationally or locally, which aim to improve screening uptake.

If you are aware of any initiatives to increase bowel cancer screening uptake, please contact: Dr Gemma Vart (Research Psychologist) <u>g.vart@ucl.ac.uk</u> 0207 679 1940

If you would like more information about ASCEND, please contact: Dr Cecily Palmer (ASCEND Project Manager/ Research Associate) <u>cecily.palmer@ucl.ac.uk</u> 0207 679 5632