Cancer Screening: Patient Navigation Services to Increase Screening for Colorectal Cancer

Summary Evidence Table

Abbreviations Used in This Document

- Intervention components:
 - CI: client incentive
 - o CR: client reminder
 - o GE: group education
 - o OE: one-on-one education
 - PAF: provider assessment and feedback
 - o PI: provider incentive
 - o PR: provider reminder
 - o ROPC: reducing out-of-pocket costs
 - RSB: reducing structural barriers
 - SM: small media
- Cancer types
 - o BC: breast cancer
 - o CC: cervical cancer
 - CRC: colorectal cancer
- Screening tests
 - FIT: fecal immunochemical blood test
 - FS: flexible sigmoidoscopy
 - o FOBT: fecal occult blood test

Others

- ACS: American Cancer Society
- o CHC: community health centers
- o CHR: community health representative
- CHW: community health worker
- o EHR: electronic health record
- o FPL: federal poverty line
- o FQHC: federally qualified health center
- GED: General Educational Development
- HS: high school
- o N/A: not applicable
- NR: not reported
- o PCP: primary care provider
- Pct pts: percentage points
- o PN: patient navigator
- RCT: randomized control trial
- USPSTF: United States Preventive Services Task Force

Notes:

- Suitability of design includes three categories: greatest, moderate, or least suitable design. Read more
- Quality of Execution Studies are assessed to have good, fair, or limited quality of execution. Read more
- Race/ethnicity of the study population: The Community Guide only summarizes race/ethnicity for studies conducted in the United States.

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Author year:	Location: Chicago, Illinois, US	Type of deliverers	Population of focus:	Screening test: FOBT
Baker et al.,		engaged, and services	Hispanic or Latino people	
2014	Population density: urban	delivered:	without insurance	Up to date or repeat screening:
		Clinic staff: all		repeat screening; patients all have
Study design:	Setting: clinic (FQHC)	intervention components	Eligibility criteria:	had FOBT in the previous year, and
Individual RCT		PN: 3 months follow-up	Patients 51-75 years of age,	completed FOBT or FIT screening
	Intervention duration: 12	call	preferred language English	test within 6 months of repeat
Suitability of	months		or Spanish, negative FOBT	screening deadline
design:		Training: NR	results the previous year	_
Greatest	Intervention details:			Self-report or medical record:
	Type of cancer addressed: CRC	Supervision: NR	Exclusion: patients up to	medical records
Quality of		-	date with CRC screening,	
execution:	Type of services provided: CR	Matching to	with medical conditions such	Follow-up Time: 6 months
Good	(follow-up) + PAF + PI + ROPC +	population: NR	as chronic diarrhea,	
	RSB, reduce admin barriers		inflammatory bowel disease,	Results:
		Educational	or iron deficiency	FOBT screening:
	CR (follow-up): letter sent to	background: NR		Intervention:
	intervention patients due for CRC		Sample size:	Pre: 0%
	screening; automated phone calls	Payment: NR	Intervention: 225	Post: 185/225 = 82.2%
	and text messages 2 days later,		Control: 225	Change: 82.2 pct pts
	to patients not returning kit 2	Methods used to		
	weeks later, and 3 months later	interact with	Attrition: N/A	Control:
	PAF: feedback to clinicians on	participants:		Pre: 0%
	their CRC screening rates	Remote: telephone and	Demographics for	Post: 84/225 = 37.3%
	PI: CRC screening rates used as a	text messages	intervention group:	Change: 37.3 pct pts
	quality metric to determine		Age, mean: 60 years	
	clinicians' incentive compensation		Gender: 70% female, 30%	Absolute difference : +44.9 pct pts
	formula		male	Relative difference: +120.2%
	RSB, reduce admin barriers:		Race/Ethnicity: 88%	
	mailed FIT kit and replacement		Hispanic, 12% other	Positive FOBT results:
	sent if needed		Employment: NR	Intervention: 10/185 = 5.4%
	ROPC: stamped envelope to		Income: NR	Control: 19/84 = 23%
	return completed FIT kit		Education: NR	
			Insurance: 23% insured,	Diagnostic colonoscopy for
	Intervention intensity: 2 or		77% uninsured	patients with positive FOBT
	more contacts		Established source of care:	results:
			100% goes to the	Intervention: 6/10 = 60%
	Control group: CR (no follow-		intervention clinics	Control: 11/19 = 53%
	up) + PAF + PI		Baseline screening: 0%	
				Absolute difference: +7 pct pts

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Author year:	Location: Atlanta, Georgia, US	Type of deliverers	Population of focus:	Screening test: up to date using
Blumenthal et		engaged, and services	Black or African American	any CRC test
al., 2010	Population density: urban	delivered:		
		CHW: RSB, reduce admin	Eligibility criteria:	Up to date or repeat screening:
Study design:	Setting : community and clinic	barriers	African American, over 49	up to date
Group RCT		Research staff: SM +	years of age, no history of	
	Intervention duration: 27	ROPC	CRC, and no previous CRC	Self-report or medical record:
Suitability of	months		screening test within the	self-report
design:		Training: researcher	recommended time interval	
Greatest	Intervention details:	conducted training for		Follow-up Time: 6 months
	Type of cancer addressed: CRC	staff responsible for	Sample size:	
Quality of		recruiting participants	Intervention: 84	Results:
execution:	Type of services provided: ROPC	and conducting	Control: 88	CRC screening with any test:
Fair	+ RSB, reduce admin barriers +	interventions		Intervention:
	SM		Attrition: 30.4%	Pre: 0%
		Supervision: NR		Post: 14/84 = 16.7%
	ROPC: reimbursement up to \$500		Demographics for	Change: 16.7 pct pts
	for out-of-pocket costs incurred	Matching to	intervention group:	
	for CRC screening	population: NR	Age, mean: 66 years	Control:
	RSB, reduce admin barriers:		Gender: 73% female; 27%	Pre: 0%
	assistance for patients with	Educational	male	Post: 11/88 = 12.5%
	negotiating direct payment;	background: NR	Race/Ethnicity: 100% Black	Change: 12.5 pct pts
	letters of introduction and		or African American	
	guarantee of payment for patient	Payment: NR	Employment: NR	Absolute difference: +4.2 pct pts
	to assist in scheduling test visit		Income: NR	Relative difference: +33.3%
	SM: gift bags to all participants,	Methods used to	Education: 12% elementary	
	including pamphlets on CRC and	interact with	school; 48% HS or technical;	
	screening	participants:	40% ≥some college	
		Both: face-to-face, mail,	Insurance: 38% private;	
	Intervention intensity: 2 or	and telephone	58% Medicare or Medicaid;	
	more contacts		4% uninsured	
			Established source of care:	
	Control group: SM		NR	
			Baseline screening of	
			intervention group: 0%	
Author year:	Location : Moloka'i, Hawaii, US	Type of deliverers	Population of focus:	Screening test: colonoscopy or
Braun et al.,		engaged, and services	Asian American or Pacific	FOBT
2015	Population density: rural	delivered:	Islander living in Hawaii	
	,	CHWs (lay navigators):		Up to date or repeat screening:
Study design:	Setting : community and clinic	all intervention	Eligibility criteria:	up to date
Individual RCT	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	components	Medicare beneficiaries	
			residing in Moloka'i, Hawaii	

Intervention duration: 48 months Intervention details: Type of cancer addressed: BC, CC, and CRC	Training: an initial 48-hour evidence-based navigator training program, with quarterly continuing education sessions	Sample size: Intervention: 242 Control: 246	Self-report or medical record: self-report
Intervention details: Type of cancer addressed: BC,	hour evidence-based navigator training program, with quarterly continuing education	Intervention: 242	
Type of cancer addressed: BC,	program, with quarterly continuing education		
Type of cancer addressed: BC,	continuing education	Control: 246	1
	_	Control. 240	Follow-up Time: NR
CC, and CRC	caccione		
	363310113	Attrition: N/A	Results:
			Colonoscopy:
Type of services provided: CR +	Supervision: initial	Demographics for	Intervention:
			Pre: 60/242 = 24.8%
			Post: 104/242 = 43.0%
	professionals		Change: 18.2 pct pts
		Gender: 63% female; 47%	
transportation assistance		male	Control:
			Pre: 62/246 = 25.2%
			Post: 67/246 = 27.2%
5			Change: 2.0 pct pts
	Filipino		
			Absolute difference : +16.2 pct pts
			Relative difference: +60.4%
	background: NR		
			FOBT:
	Payment: NR		Intervention:
			Pre: 31/242 = 12.8%
			Post: 50/242 = 20.7%
			Change: 7.9 pct pts
		any CRC screening	
			Control:
	and telephone		Pre: 27/246 = 11.0%
			Post: 31/246 = 12.6%
			Change: 1.6 pct pts
appointments			
Total and the Control of the Control			Absolute difference: +6.3 pct pts
			Relative difference: +41.2%
more contacts			
Control group: alternative			
education on nutrition and			
relevant cancer education			
material from another healthcare			
facility on island			
	OE + RSB, appointment scheduling assistance + RSB, reduce admin barriers + RSB, transportation assistance CR: mailed reminders to patients due for a cancer screening OE: outreach education RSB, appointment scheduling assistance: made appointments and follow-up appointments for patients RSB, childcare assistance: made arrangements to take care of family while participants were at appointment RSB, reduce admin barriers: communicated with providers and completed paperwork RSB, transportation assistance: arranged transportation to appointments Intervention intensity: 2 or more contacts Control group: alternative education on nutrition and relevant cancer education material from another healthcare	OE + RSB, appointment scheduling assistance + RSB, reduce admin barriers + RSB, transportation assistance CR: mailed reminders to patients due for a cancer screening OE: outreach education RSB, appointment scheduling assistance: made appointments and follow-up appointments for patients RSB, childcare assistance: made arrangements to take care of family while participants were at appointment RSB, reduce admin barriers: communicated with providers and completed paperwork RSB, transportation assistance: arranged transportation to appointments Intervention intensity: 2 or more contacts Control group: alternative education material from another healthcare	Supervision by nurse, later by other healthcare professionals supervision by nurse, later sup of the later by other healthcare professionals supervision by auter supervision to posterity for male cancer types). Age, mean: 68 years Geder: 63% female; 47% male Race/Ethnicity: 50% Asian; 42% Native Hawaiian; 8% other Employment: NR Income: NR Educational background: NR Baseline screening of intervention group: 25% for any CRC screening Intervention intervention group: 25% for any CRC screening supervision by auteral the professional supervision to population: experi 63% female; 47% male Race/Ethnicity: 50% Asian; 42% Native Hawaiian; 8% other Incom

Study	Intervention Characteristics	Intervention Deliverer	Population Characteristics	Results
		Details		
Author year:	Location: New York City, New	Type of deliverers	Population of focus:	Screening test: colonoscopy
Christie et al.,	York, US	engaged, and services	Black or African American	l
2008		delivered:	and Hispanic or Latino	Update or repeat screening : up to
Charder de alama	Population density: urban	PN: all intervention	people with annual income	date
Study design : Individual RCT	Satting clinic	components	<\$20,000	Solf report or modical records
Illulvidual RC1	Setting: clinic	Training: NR	Eligibility criteria:	Self-report or medical record: medical records
Suitability of	Intervention duration: 5	Training: NK	Patients >50 years of age,	inedical records
design:	months	Supervision: NR	asymptomatic for	Follow-up Time: 6 months
Greatest	months	Supervision: NR	gastrointestinal symptoms,	ronow-up rime: 6 months
Greatest	Intervention details:	Matching to	in need of screening, had	Results:
Quality of	Type of cancer addressed: CRC	population: NR	primary care physician and	Colonoscopy:
execution:	Type of cancer addressed. CRC	population. Nix	referral for screening	Intervention:
Fair	Type of services provided: OE +	Educational	colonoscopy, not up to date	Pre: 0%
ı un	RSB, appointment scheduling	background: NR	with CRC screening	Post: 7/13 = 53.8%
	assistance + RSB, unspecified +	buckground: WK	with the streeting	Change: 53.8 pct pts
	SM	Payment: NR	Sample size:	Change: 33.0 per pts
		Taymone III	Intervention: 13	Control:
	OE: provided over the phone to	Methods used to	Control: 8	Pre: 0%
	discuss purpose of the procedure,	interact with	30.1.6.7.0.1	Post: 1/8 = 13.0%
	risk and benefits, preparation	participants:	Attrition: 0%	Change: 13.0 pct pts
	required, and answered additional	Remote: mail and		J. J. J. P.
	questions	telephone	Demographics for	Absolute difference: +40.8 pct pts
	RSB, appointment scheduling	•	intervention and control	Relative difference: +313.8%
	assistance: PN contacted the		group:	
	gastrointestinal scheduler to		Age, mean: 58 years	
	arrange the colonoscopy for the		Gender: 75% female; 25%	
	patient		male	
	RSB, unspecified: PN contacted		Race/Ethnicity: 21% Black or	
	patient multiple times to address		African American; 71%	
	barriers and solve problems,		Hispanic or Latino; 8% other	
	especially if patient did not		Employment: NR	
	complete the scheduled screening		Income per year: 81%	
	SM: PN mailed colonoscopy		<\$20,000; 19% >\$20,000	
	preparation instructions		Education: 71% <hs; 29%<="" td=""><td></td></hs;>	
			>HS	
	Intervention intensity: 2 or		Insurance: 36% Medicaid;	
	more contacts		52% uninsured	
			Established source of care:	
	Control group: RSB,		100% attending community	
	appointment scheduling + SM		health clinic	
			Baseline screening of	
			intervention group: 0%	

Study	Intervention Characteristics	Intervention Deliverer	Population Characteristics	Results
		Details		
Author year:	Location : California and Oregon,	Type of deliverers	Population of focus:	Screening test: FIT
Coronado et al.,	US	engaged, and services	People with lower income	
2018		delivered:	receiving care from the	Up to date or repeat screening:
	Population density: NR	Clinic staff: all	intervention FQHCs	up to date
Study design:		intervention components		
Group RCT	Setting: clinic (FQHCs)		Eligibility criteria:	Self-report or medical record:
		Training: NR	FQHC: willing to randomize	medical records
Suitability of	Intervention duration: 18		clinics and use a single fecal	
design:	months	Supervision: NR	test across all participating	Follow-up Time: 12 months
Greatest			clinics, had an electronic	
	Intervention details:	Matching to	interface with the lab that	Results:
Quality of	Type of cancer addressed: CRC	population: NR	processed the kits, and had	FIT:
execution:			sufficient capacity for follow-	Intervention:
Good	Type of services provided:	Educational	up colonoscopy, among	Pre: 0%
	CR(SM) + RSB, reduce admin	background: NR	other factors	Post: 2938/21,134 = 13.9%
	barriers	_		Change: 13.9 pct pts
		Payment: NR	Patients 50-74 years of age,	
	CR(SM): adults due for CRC	-	had a clinic visit within the	Control:
	screening were identified; clinic	Methods used to	previous 12 months, due for	Pre: 0%
	staff generated mailing lists and	interact with	CRC screening	Post: 2086/20,059 = 10.4%
	materials for 3 sequential	participants:		Change: 10.4 pct pts
	mailings: (1) an introductory	Remote: mail	Exclusion: adults with	
	letter; (2) a FIT kit packet that		evidence of relevant health	Absolute difference: +3.5 pct pts
	included wordless instructions on		conditions (e.g., colorectal	Relative difference: +33.7%
	how to complete the test; and (3)		cancer, colon disease, end-	
	a reminder letter		stage renal failure)	
	RSB, reduce admin barriers: FIT		ounge commence,	
	kits sent to patients due for a		Sample size:	
	CRC screening		Intervention: 21,134	
	arte ser cerming		Control: 20,059	
	Intervention intensity: 1 or		201161 011 207000	
	more contact		Attrition: N/A	
	more contact		Acticion: N/A	
	Control group: usual care		Demographics for	
	Control group: asaar care		intervention group:	
			Age groups: 80% 50-64	
			years of age	
			Gender: 56% female; 44%	
			male	
			Race/Ethnicity: 8% Hispanic	
			or Latino; 93% White; 3%	
			other	
			Employment: NR	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
			Income per year: 47% <fpl; 0%<="" 10%="" 100%="" 100-200%="" 17%="" 24%="" 26%="" 28%="" 36%="" baseline="" care:="" clinic="" education:="" established="" fpl;="" from="" group:="" insurance:="" intervention="" medicaid;="" medicare;="" nr="" of="" patients="" private;="" screening="" source="" td="" uninsured="" unknown="" with="" ≥200%=""><td></td></fpl;>	
Author year:	Location: Louisiana, US	Type of deliverers engaged, and services	Population of focus: People with lower income	Screening test: FOBT
Davis et al., 2013	Population density: urban and rural	delivered: Nurse manager: all	without insurance receiving care from FQHCs that serve	Up to date or repeat screening: up to date
Study design:		intervention components	communities with majority	
Group RCT	Setting: clinic (FQHC)	Turining 2 by in comics	Black or African American	Self-report or medical record: medical records
Suitability of	Intervention duration: 40	Training: 2-hr in-service training on CRC screening	population	inledical records
design:	months	and an orientation to	Eligibility criteria:	Follow-up Time: 3 months
Greatest		study during a quarterly	Patients 50-85 years of age,	•
	Intervention details:	clinic meeting; nurse	English speaking, current	Results:
Quality of	Type of cancer addressed: CRC	manager training included	clinic patient, not requiring	FOBT:
execution:		motivational interviewing	screening at an earlier age	Intervention:
Fair	Type of services provided:	techniques, use of a	according to ACS guidelines,	Pre: 0%
	OE(SM) + ROPC + RSB, unspecified	tracking system, and a protocol for contacting	not up to date with USPSTF CRC screening	Post: 245/404 = 60.6% Change: 60.6 pct pts
	urispecified	patients and assisting	recommendations, and not	Change. 60.6 pct pts
	OE(SM): provided if patients did	them with navigation if a	having an acute medical	Control:
	not return their FOBT kit, called	test was positive	concern	Pre: 0%
	patients by telephone within 2			Post: 106/275 = 38.5%
	weeks and again in 1 month	Supervision: quarterly	Sample size:	Change: 38.5 pct pts
	ROPC: pre-stamped envelope to	clinic meetings	Intervention: 404	
	mail back the completed FOBT kit		Control: 275	Absolute difference: +22.1 pct pts
	RSB, unspecified: nurse manager used motivational interviewing techniques to identify and	Matching to population: NR	Attrition: N/A	Relative difference: +57.3%
	problem-solve barriers and	Educational	Demographics for	
	motivate patients to complete	background: nursing	intervention group:	
	FOBT	1 -	Age, mean: 59 years	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	Intervention intensity: 1 or more contact Control group: ROPC	Payment: nurse salary; for 2 nurses \$106,280 (40% nurse salary, not full-time) Methods used to interact with participants: Both: face-to-face and telephone	Gender: 77% female; 23% male Race/Ethnicity: 83% Black or African American; 17% White or Hispanic Employment: NR Income: NR Education: 31% ≤HS; 47% HS graduate; 17% some college; 6% ≥college graduate Insurance: NR Established source of care: 100% patients attend the clinic Baseline screening of intervention group: 0%	
Author year: DeGroff et al., 2017 Study design:	Location: Boston, Massachusetts, US Population density: urban	Type of deliverers engaged, and services delivered: PN: all intervention components	Population of focus: People from historically disadvantaged population groups who have lower incomes and receive care	Screening test: colonoscopy Up to date or repeat screening: up to date
Individual RCT	Setting: clinic (safety net clinic)	Training: additional	from the intervention clinic	Self-report or medical record: medical records
Suitability of design: Greatest	Intervention duration: 33 months	training in motivational interviewing	Eligibility criteria: Referral by a primary care provider for colonoscopy	Follow-up Time: 6 months
Quality of execution: Good	Intervention details: Type of cancer addressed: CRC Type of services provided: OE + RSB, appointment scheduling assistance + RSB, reduce admin barriers + RSB, transportation assistance OE: informed and educated patients about colonoscopy procedure, bowel preparation, emotional concerns about the procedure	Matching to population: bilingual and familiar with population Educational background: one navigator trained at Outreach Worker Training Institute and motivational interviewing training through Cambridge Health Alliance; the other navigator trained through	screening, English or Spanish speaking, 50–75 years of age; no previous diagnosis of colon cancer or adenomatous polyps, and no active substance abuse or acute psychiatric diagnosis as determined by medical records or primary care provider Sample size: Intervention: 419 Control: 421	Results: Colonoscopy: Intervention: Pre: 0% Post: 256/419 = 61.1% Change: 61.1 pct pts Control: Pre: 0% Post: 224/421 = 53.2% Change: 53.2 pct pts Absolute difference: +7.9 pct pts Relative difference: +14.8%

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	RSB, appointment scheduling assistance: made appointments, with follow up calls to participants to remind them of the appointment RSB, reduce admin barriers: assisted participants with obtaining bowel preparation materials, picked up the medication along with the appropriate type of liquid to mix with the medication and, if needed, accompanied them to the pharmacy RSB, transportation assistance: arranged for escorts and transportation services Intervention intensity: 3 contacts, on average navigators spent 14 minutes per patient Comparison group: RSB, appointment scheduling assistance	2-day PN training at Harold P. Freeman Patient Navigation Institute Payment: NR Methods used to interact with participants: Both: mainly through telephone, but also face- to-face and mail	Attrition: N/A Demographics for intervention group: Age groups: 53% 50-54 years of age; 34% 55-64 years of age; 13% 65-74 years of age Gender: 55% female; 46% male Race/Ethnicity: 41% Black or African American; 39% Hispanic or Latino; 15% White; 5% other Employment: 44% employed; 14% out of work; 14% not in labor force (student, retired, housewife); 29% unable to work Income per year: 32% \$0-\$9,999; 27% \$10,000 -\$19,999; 15% \$20,000 -\$34,999; 7% \$35,000-\$49,999; 9% \$50,000 or more; 11% NR Education: 34% <hs; 0%<="" 100%="" 14%="" 18%="" 2%="" 35%="" 98%="" baseline="" bmc="" care:="" college="" college;="" degree="" diploma="" established="" ged;="" go="" group:="" higher="" hs="" insurance:="" insured;="" intervention="" of="" or="" screening="" some="" source="" td="" to="" uninsured=""><td></td></hs;>	
Author year: Dietrich et al., 2006	Location: New York City, New York, US	Type of deliverers engaged, and services delivered:	Population of focus: People receiving care from FQHCs that serve	Screening test: up to date using any CRC test, FOBT
Study design: Individual RCT	Population density: urban	Prevention care manager: all intervention components	communities with high proportions of people who were from historically	Up to date or repeat screening: up to date

Study	Intervention Characteristics	Intervention Deliverer	Population Characteristics	Results
		Details		
	Setting : community and clinic		disadvantaged groups and	Self-report or medical record:
Suitability of	(FQHC)	Training: 7 hours of	had lower incomes	medical records
design:		training, including review		
Greatest	Intervention duration: 18	of USPSTF	Eligibility criteria:	Follow-up Time: 3 months
	months	recommendations,	Females 50 to 69 years of	
Quality of		barriers to cancer	age who were overdue for at	Results:
execution:	Intervention details:	screening, and role-	least 1 cancer screening,	Up to date with any CRC test:
Fair	Type of cancer addressed: BC,	playing telephone calls	were patients of clinic for at	Intervention:
	CC, and CRC		least 6 months, had no plan	Pre: 271/696 = 39.0%
		Supervision: calls to	to move or change clinic for	Post: 438/696 = 63.0%
	Type of services provided:	patients monitored to	15 months, and spoke	Change: 24.0 pct pts
	OE + RSB, appointment	ensure quality and	English, Spanish, or Haitian	
	scheduling assistance + RSB,	consistency; call logs	Creole	Control:
	reduce admin barriers + RSB,	reviewed at monthly		Pre: 271/694 = 39.0%Post: 347/694
	transportation assistance + SM	meetings to ensure	Exclusion: females who were	= 50.0%
		intervention fidelity	acutely ill or currently	Change: 11.0 pct pts
	OE: trained prevention care		receiving cancer treatment	
	manager provided information on	Matching to		Absolute difference: +13.0 pct pts
	screenings and barriers to care	population: based on	Sample size:	Relative difference: +26.0%
	RSB, appointment scheduling	patient language	Intervention: 696	
	assistance: prevention care	patrone range age	Control: 694	FOBT:
	manager helped with scheduling	Educational		Intervention:
	screening	background: mostly	Attrition: 1%	Pre: 166/696 = 23.9%
	RSB, reduce admin barriers: for	college graduates	Activities 170	Post: 296/696 = 42.5%
	participants who reported	conege graduates	Demographics for	Change: 18.7 pct pts
	difficulty communicating with	Payment: NR	intervention group (for all	Change: 10.7 per pts
	their physicians, cards listing	rayment. WK	cancer types):	Control:
	overdue screenings were sent as	Methods used to	Age, mean: 58 years	Pre: 177/694 = 25.5%
	communication tools; provided	interact with	Gender: 100% female	Post: 213/694 = 30.7%
	direction to screening facilities	participants:	Race/Ethnicity: NR	Change: 5.2 pct pts
		Remote: mail and	Employment: NR	Change: 5.2 pct pts
	RSB, transportation assistance:			Abasista differences 112 Final na
	helped participants to find means	telephone	Income per year: based on	Absolute difference: +13.5 pct pts
	of transportation to appointments		median income at	Relative difference: +48.2%
	SM: prevention care manager		participants' zip code: 34%	
	sent accurate information about		<\$25,000; 39% \$25,000-	
	screening via mail		\$40,000; 27% >\$40,000	
			Education: NR	
	Intervention intensity: 2 more		Insurance: 93% insured; 5%	
	contacts; series of telephone		uninsured; 2% unknown	
	support calls		Established source of care:	
			100% go to the clinics	
	Control group: usual care		Baseline screening of	
			intervention group: 39% up	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
			to date with any CRC test; 24% with FOBT	
Author year: Dietrich et al., 2013	Location : New York City, New York, US	Type of deliverers engaged, and services delivered:	Population of focus: Females in Medicaid management system	Screening test: up to date using any CRC, colonoscopy, FOBT
	Population density: urban	Preventive care manager:	,	Up to date or repeat screening:
Study design:		all intervention	Eligibility criteria:	up to date
Individual RCT	Setting : community and clinic	components	Females speaking English,	
	(FQHC)		Spanish, or Russian as their	Self-report or medical record:
Suitability of		Training: initial half day	primary language, 50-63	medical records
design : Greatest	Intervention duration: 18 months	training plus 4 additional trainings	years of age, continuously enrolled with a participating clinic for at least 12 months	Follow-up Time: >6 months
Quality of	Intervention details:	Supervision: NR	Chille for at least 12 months	Results:
execution:	Type of cancer addressed: CRC		Exclusion: up to date for	Up to date using any CRC test:
Fair	7,7	Matching to	CRC screening according to	Intervention:
	Type of services provided:	population: NR	USPSTF recommendations or	Pre: 0%
	CR(SM) + OE + PR + RSB,		with claims indicating any	Post: 206/562 = 36.7%
	appointment scheduling	Educational	history of CRC, recent active	Change: 36.7 pct pts
	assistance	background: NR	cancer treatment, or a	
			recent breast, cervical or	Control:
	CR(SM): women overdue for	Payment: NR	lung cancer diagnosis	Pre: 0%
	cancer screening were mailed			Post: 514/1678 = 30.6%
	language-appropriate educational	Methods used to	Sample size:	Change: 30.6 pct pts
	materials and	interact with	Intervention: 562	
	OE: mailed a personalized letter	participants:	Control: 1,678	Absolute difference: +6.1 pct pts
	introducing Prevention Care	Remote: mail and	Assuration .	Relative difference: +19.9%
	Manager, strongly recommended cancer screening tests, and listed	telephone	Attrition: Demographics for	Colonoscopy:
	overdue screenings; telephone		intervention group:	Intervention:
	outreach began a week later		Age, mean: 56 years	Pre: 0%
	using a script to confirm		Gender: 100% women	Post: 148/562 = 26.3%
	screening history, address		Race/Ethnicity: NR	Change: 26.3 pct pts
	barriers, and collect demographic		Employment: NR	Change. 20.5 per pts
	information		Income: NR	Control:
	PR: women overdue for cancer		Education: NR	Pre: 0%
	screening were mailed a card		Insurance: 100% insured	Post: 341/1678 = 20.3%
	listing overdue screenings to		Established source of care:	Change: 20.3 pct pts
	share with PCP		100% go to the clinics	
	RSB, appointment scheduling		Baseline screening of	Absolute difference: +6.0 pct pts
	assistance: Prevention Care		intervention group: 0%	Relative difference: +29.6%
	Managers scheduled			

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	appointments if women			FOBT:
	specifically requested help			Intervention:
				Pre: 0%
	Intervention intensity: 2 or			Post: 70/562 = 12.5%
	more contacts; telephone			Change: 12.5 pct pts
	outreach with initial calls			
	averaging 13.5 minutes and			Control:
	subsequent calls averaging 6.6			Pre: 0%
	minutes			Post: 205/1678 = 12.2%
	Comparison group: usual care			Change: 12.2 pct pts
				Absolute difference : +0.3 pct pts Relative difference : +2.5%
Author year:	Location: Houston, Texas, US	Type of deliverers	Population of focus:	Screening test: up to date using
Enard et al.,		engaged, and services	Hispanic or Latinos, majority	any CRC test, colonoscopy or FS
2015	Population density: urban	delivered:	with less than HS education	, , , , , , , , , , , , , , , , , , , ,
		PN: all intervention		Up to date or repeat screening:
Study design:	Setting : community and clinic	components	Eligibility criteria:	up to date
Individual RCT	,		Latino Medicare enrollees	·
	Intervention duration: 36	Training: 80 hours of	outside of primary care	Self-report or medical record:
	months	standardized training on	provider setting, 50 years or	self-report
Suitability of		core PN competencies,	older, covered by Medicare	
design:	Intervention details:	attended at least one 3-	parts A and B, could	Follow-up Time: >6 months
Greatest	Type of cancer addressed: BC,	day continuing education	participate in English or	
	CC, CRC, lung, and prostate (only	conference sponsored by	Spanish, not diagnosed with	Results:
Quality of	reported CRC screening)	ACS	any type of cancer within	Up to date using any CRC test:
execution:			last 5 years	Intervention:
Fair	Type of services provided: GE +	Supervision: NR		Pre: 0%
	OE + RSB, appointment	84 - 8 - 10 to 8 -	For current study, focused	Post: 59/219 = 26.9%
	scheduling assistance + RSB,	Matching to	on screening arm	Change: 26.9 pct pts
	reduce admin barriers	population: bilingual	participants at the cancer	Control
	GE: information and counseling	Educational	center recruitment site, who were not adherent to CRC	Control: Pre: 0%
	offered at family level	background: bachelor's	screening	Post: 54/230 = 23.5%
	OE: educated participants about	degree in public health or	Screening	Change: 23.5 pct pts
	screening tests available through	related field and 2 years	Sample size:	Change, 23.3 pct pts
	Medicare, screening guidelines,	or more experience	Intervention: 135	Absolute difference: +3.5 pct pts
	Medicare's coverage of CRC	facilitating community-	Control: 168	Relative difference: +3.5 pcc pcs
	screening; information and	based support services or	2011.101.100	Relative difference. 1 14.7 70
	counseling offered to individuals	case management	Attrition: 38%	Colonoscopy or FS:
	RSB, appointment scheduling			Intervention:
	assistance: services offered; 18%	Payment: NR		Pre: 0%

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	of intervention participants received this service RSB, reduce admin barriers: referrals and assistance to participants to overcome barriers to screening Intervention intensity: 1 or more contact; median of 3 contacts ranging from 1-20 Comparison group: mailed educational materials outlining preventive services available through Medicare	Methods used to interact with participants: Remote: telephone	Demographics for intervention group: Age groups: 27% 50-64 years of age; 73% 65-75 years of age Gender: 56% female; 44% male Race/Ethnicity: 100% Hispanic or Latino Employment: NR Income: NR Education: 66% <hs; (100%="" 0%<="" 100%="" 34%="" 80%="" baseline="" care="" care:="" established="" group:="" have="" insurance:="" insured="" intervention="" medicare)="" of="" screening="" source="" td="" ≥hs=""><td>Post: 35.6% Change: 35.6 pct pts Control: Pre: 0% Post: 23.8% Change: 23.8 pct pts Absolute difference: +11.8 pct pts Relative difference: +49.6%</td></hs;>	Post: 35.6% Change: 35.6 pct pts Control: Pre: 0% Post: 23.8% Change: 23.8 pct pts Absolute difference: +11.8 pct pts Relative difference: +49.6%
Author year: Fiscella et al., 2011	Location: upstate New York, New York, US Population density: urban	Type of deliverers engaged, and services delivered: PN: CR1 + CR2 + RSB, reduce admin barriers	Population of focus: People receiving care from safety net clinic serving people with lower income	Screening test: up to date using any CRC test Up to date or repeat screening:
Study design: Individual RCT Suitability of design: Greatest	Setting: clinic (safety net clinic) Intervention duration: 19 months Intervention details:	Research or clinic staff: provider reminder Training: formal training on the intervention, use of a database, health	Eligibility criteria: Patients 50-75 years of age, past due for CRC screening, with >12 months from last FOBT or >5 years since last sig or >10 years since last	up to date Self-report or medical record: medical records Follow-up Time: 12 months
Quality of execution: Good	Type of cancer addressed: BC and CRC Type of services provided: CR1 + CR2 + PR + RSB, reduce admin barriers CR1: Letters were signed by PCP and indicated patient was overdue for mammography, CRC screening or both	promotion, and assisting patients navigate health and social services Supervision: social worker Matching to population: recruited from community	colonoscopy Exclusion: no visit to the clinic in past 2 years or high risk for CRC based on personal or family history Sample size (CRC only): Intervention: 163 Control: 160 Attrition: NR	Results: Up to date using any CRC test: Intervention: Pre: 0% Post: 47/163= 28.8% Change: 28.8 pct pts Control: Pre: 0% Post: 16/160 = 10.0% Change: 10.0 pct pts

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	CR2: automated phone call, 2 nd letter PR: clinician prompt sheet or electronic prompts to remind clinician that patients were past due for mammography, CRC screening, or both RSB, reduce admin barriers: mailed out FOBT or FIT kits to unscreened patients Intervention intensity: 2 or more contacts Comparison group: usual care	Educational background: NR Payment: NR Methods used to interact with participants: Both: clinical point of care prompts, mail, and telephone	Demographics for intervention group (CRC only): Age groups: 64% 50-59 years of age; 36% ≥60 years of age Gender: 55% female; 45% male Race/Ethnicity: 19% Black or African American; 69% White; 13% other Employment: NR Income per year: 18% <\$30,000; 44% \$30,000-\$39,000; 39% >\$40,000 Education: NR Insurance: 47% private; 19% Medicaid; 23% Medicare; 10% uninsured Established source of care: 100% go to clinic Baseline screening of intervention group: 0%	Absolute difference: +18.8 pct pts Relative difference: +188.0%
Author year: Ford et al., 2006	Location: Detroit, Michigan, US Population density: urban	Type of deliverers engaged, and services delivered: Case manager: all	Population of focus: Black or African American males	Screening test: FS Up to date or repeat screening: up to date
Study design: Individual RCT Suitability of design: Greatest	Setting: clinic Intervention duration: 36 months Intervention details:	Training: training in appointment scheduling procedures for cancer screening and procedures	Eligibility criteria: African American males aged 55 years or older, enrolled in the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial at the	Self-report or medical record: medical records Follow-up Time: 36 months
Quality of execution:	Type of cancer addressed: CRC, prostate, lung, and ovarian Type of carvices provided: PSB	of the trial Supervision: NR	Henry Ford Health System site in Detroit, Michigan in 1999	Results: FS: Intervention:
Fair	Type of services provided: RSB, appointment scheduling assistance + RSB, reduce admin barriers + RSB, transportation assistance	Matching to population: African American case manager over 40 years of age	Sample size: Intervention: 352 Control: 351	Pre: 0% Post: 81/352 = 23.0% Change: 23.0 pct pts Control:

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
			Attrition: NR	Pre: 0%
	RSB, reduce admin barriers:	Educational		Post: 80/351 = 22.8%
	helped obtain health insurance	background: NR	Demographics for	Change: 22.8 pct pts
	information		intervention group:	onanger ==re per per
	RSB, appointment scheduling	Payment: NR	Age, mean: 63 years	Absolute difference: +0.2 pct pts
	assistance: assisted with	,	Gender: 100% male	Relative difference: +1.0%
	scheduling screening	Methods used to	Race/Ethnicity: 100% Black	
	appointment	interact with	or African American	
	RSB, transportation assistance:	participants:	Employment: 31% working;	
	provided health and financial	Remote: telephone	60% retired; 6% extended	
	support information	•	sick leave or disabled; 4%	
			unemployed	
	Intervention intensity: 2 or		Income per year: 32%	
	more contacts		<150% of FPL; 68% ≥150% of FPL	
	Comparison group: usual care		Education: 23% <hs; 22%<="" td=""><td></td></hs;>	
	group: acad: care		HS grad; 8% post HS (e.g.,	
			vocational); 28% some	
			college; 8% college	
			graduate; 12% post-	
			graduate	
			Insurance: NR	
			Established source of care:	
			NR	
			Baseline screening of	
			intervention group: 0%	
Author year:	Location: Rochester, New York,	Type of deliverers	Population of focus:	Screening test: up to date using
Fortuna et al.,	US	engaged, and services	People receiving care from	any CRC test
2014		delivered:	the intervention clinic which	
	Population density: urban	Clinic staff: CR(SM)	served communities with	Up to date or repeat screening:
Study design:		Outreach worker: OE +	high proportions of people	up to date
Individual RCT	Setting: clinic	RSB, appointment	who were from historically	
		scheduling assistance +	disadvantaged groups and	Self-report or medical record:
Suitability of	Intervention duration: NR	RSB, reducing admin	had lower incomes	medical records
design:		barriers		
Greatest	Intervention details:		Eligibility criteria:	Follow-up Time: 13 months
	Type of cancer addressed: BC	Training: NR	Registered patient at the	_
Quality of	and CRC		study clinic, had at least 1	Results:
execution:		Supervision: NR	visit to the practice in the	Up to date using any CRC test:
Good	Type of services provided:		last 2 years, 50-74 years of	Intervention:
	CR(SM) + OE + RSB,	Matching to	age, past due for CRC	Pre: 0%
	appointment scheduling	population: NR	screening	Post: 34/158 = 21.5%

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	assistance + RSB, reduce structural barriers CR(SM): single letter from practice sent to remind patients they were overdue for screening, with follow-up, automated calls OE: trained outreach worker made telephone calls with up to 3 attempts, used motivational interview techniques to encourage screening RSB, appointment scheduling assistance: outreach worker offered to assist with scheduling an appointment RSB, reduce admin barriers: patients who did not want to undergo colonoscopy were offered a mailed FIT kit as an alternative method of CRC screening Intervention intensity: 2 contacts Comparison group: CR(SM)	Educational background: NR Payment: NR Methods used to interact with participants: Remote: telephone	Exclusion: patients at higher risk for cancer, including prior cancer, premalignant conditions, positive FOBT or FIT result at last testing, or first-degree relative with a previous diagnosis of CRC Sample size: Intervention: 158 Control: 156 Attrition: NR Demographics for intervention group: Age groups: 65% 50-59 years of age; 35% ≥60 years of age; 35% ≥60 years of age Gender: 54% female; 46% male Race/Ethnicity: 35% Black or African American; 48% White; 17% other Employment: NR Income per year: 34% <\$30,000; 40% \$30,000- 39,000; 27% >\$40,000 Education: NR Insurance: 40% private; 20% Medicaid; 34% Medicare; 6% uninsured Established source of care: 100% go to clinic Baseline screening of intervention group: 0%	Change: 21.5 pct pts Control: Pre: 0% Post: 19/156 = 12.2% Change: 12.2 pct pts Absolute difference: +9.3 pct pts Relative difference: +76.2%
Author year: Goldman et al., 2015	Location: Chicago, Illinois, US Population density: urban	Type of deliverers engaged, and services delivered:	Population of focus: People receiving care from the intervention FQHC	Screening test: FOBT Up to date or repeat screening:
Study design:	Setting: clinic (FQHC)	Clinic staff: CR + PAF + PI	serving communities with high proportions of Hispanic	up to date

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Individual RCT		PN: RSB, reduce admin	or Latino residents without	Self-report or medical record:
	Intervention duration: NR	barriers	insurance	medical records
Suitability of	Intervention details:	Training: NR	Eligibility criteria:	Follow-up Time: 12 months
design:	Type of cancer addressed: CRC		Patients 50-75 years of age,	
Greatest		Supervision: NR	preferred language of	Results:
	Type of services provided: CR +		English or Spanish, at least 2	FOBT:
Quality of	PAF + PI + RSB, reduce admin	Matching to	clinic visits over 2 years	Intervention:
execution:	barriers	population: NR	before the study, no	Pre: 0%
Good			documentation of CRC	Post: 84/210 = 40.0%
	CR: medical assistants identified	Educational	screening	Change: 40.0 pct pts
	and counseled patients due for	background: NR		
	screening		Exclusion: patients	Control:
	PAF: provided routine quality	Payment: NR	inappropriate for FOBT (e.g.,	Pre: 0%
	measurement and feedback on		chronic diarrhea,	Post: 47/210 = 22.4%
	CRC screening rates to providers	Methods used to	inflammatory bowel disease,	Change: 22.4 pct pts
	PI: CRC screening added as a	interact with	iron deficiency, metastatic	
	quality metric for providers'	participants:	cancer, and previous total	Absolute difference : +17.6 pct pts
	incentive compensation formula	Remote: mail, telephone,	colectomy), and those who	Relative difference: +78.6%
	RSB, reduce admin barriers: FIT	and text	had a pending or completed	
	kits mailed to patients' homes,		referral for colonoscopy,	
	with follow-up calls, texts, and		completed FIT, or precluding	
	phone calls by the CRC Screening Navigator		diagnosis	
			Sample size:	
	Intervention intensity: 1 or		Intervention: 210	
	more contact		Control: 210	
	Comparison group: CR + PAF + PI		Attrition: N/A	
			Demographics for	
			intervention group:	
			Age, mean: 58 years	
			Gender: 66% female; 34%	
			male	
			Race/Ethnicity: 21% Black or	
			African American; 61%	
			Hispanic or Latino; 13%	
			White; 5% other	
			Employment: NR	
			Income: NR	
			Education: NR	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
			Insurance: 6% private; 15%	
			Medicaid; 11% Medicare;	
			69% uninsured	
			Established source of care:	
			100% go to the intervention	
			clinic	
			Baseline screening of	
			intervention group: 0%	
Author year:	Location: Hazard, Kentucky, US	Type of deliverers	Population of focus:	Screening test: FIT
Hardin et al.,		engaged, and services	People experiencing	
2020	Population density: rural	delivered:	homelessness who were	Up to date or repeat screening:
		Clinic staff: CI	receiving care from the	up to date
Study design:	Setting: clinic (FQHC)	Nurse + PN: OE + PR	intervention FQHC	
Pre-post only		PN: RSB, reduce admin		Self-report or medical record:
	Intervention duration: 12	barriers	Eligibility criteria:	medical records
Suitability of	months		Patients of clinic who were	
design:		Training: NR	eligible for and selected the	Follow-up Time: 13 months
Least	Intervention details:		FIT screening option,	
	Type of cancer addressed: CRC	Supervision: NR	average risk adults aged 50-	Results:
Quality of			74, not up to date with	FIT:
execution:	Type of services provided: CI +	Matching to	screening	Intervention:
Fair	OE + PR + RSB, reduce admin	population: NR		Pre: 40/184 = 21.7%
	barriers		Sample size:	Post: 168/353 = 47.6%
		Educational	Intervention: 353	
	CI: patients were given \$10 gift	background: NR		Absolute change : +25.9 pct pts
	card when they returned the		Attrition: NR	Relative change: +118.9%
	completed kit	Payment: \$9,163 for PN		
	OE: nurse discussed appropriate		Demographics for	
	screening options with patient;	Methods used to	intervention group:	
	PNs follow-up biweekly with a	interact with	Age, mean: NR	
	phone or mail reminder to	participants:	Gender: NR	
	complete and return the kit;	Both: face-to-face with	Race/Ethnicity: NR	
	providing further instructions on	nurse in clinic and remote	Employment: NR	
	using the kit	follow up	Income: 80% homeless	
	PR: prior to a scheduled office		Education: NR	
	visit, nurses or PNs would identify		Insurance: NR	
	patients due for CRC screening and inform providers		Established source of care:	
	RSB, reduce admin barriers:		100% go to the intervention clinic	
	follow-up with patients, provided		Baseline screening of	
	further instructions if needed,		intervention group: 21.7%	
	Turtiler instructions if fleeded,		intervention group: 21.7%	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	and replaced kits that had been lost			
	Intervention intensity : 1 or more contact			
	Comparison group: pre intervention			
Author year:	Location: Western region, US	Type of deliverers	Population of focus:	Screening test: FIT
Haverkamp et		engaged, and services	American Indian	_
al., 2020	Population density: rural	delivered:		Up to date or repeat screening:
		CHR: OE	Eligibility criteria:	up to date
Study design:	Setting: clinic	Clinic staff: CR + ROPC +	Patients who had obtained	Colf was and as well-ad as a said
Individual RCT	Intervention duration: 6-7	RSB, reduce admin barriers	services at least once in the	Self-report or medical record: medical records
Suitability of	months	Darriers	past 3 years from one of the participating clinics, 50-75	inedical records
design:	months	Training: CHR trained	years of age, not up to date	Follow-up Time: 6-7 months
Greatest	Intervention details:	about CRC screening	with CRC screening per	Tollow up Time: 6 7 months
Greatest	Type of cancer addressed: CRC	recommendations and	USPSTF criteria and had no	Results:
Quality of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	intervention protocol	history of CRC or total	FIT:
execution:	Intervention arm 1: mail +	·	colectomy	Intervention arm 1:
Fair	outreach	Supervision: NR	,	Pre: 0%
	Type of services provided: CR +		Sample size:	Post: 68/361 = 18.8%
	OE + ROPC + RSB, reduce admin	Matching to	Intervention arm 1: 361	Change: 18.8 pct pts
	barriers	population: CHRs self-	Intervention arm 2: 361	
		identified as American	Control: 566	Control:
	CR: a letter sent with the FIT kit	Indian		Pre: 0%
	notifying participants that they	Educational	Attrition: N/A	Post: 36/566 = 6.4%
	were due for CRC screening OE: provided by American Indian	Educational background: NR	Demographics for	Change: 6.4 pct pts
	CHR over the phone to discuss	background: NR	intervention group (both	Absolute difference : +12.4 pct pts
	the importance of CRC screening,	Payment: NR	arms):	Relative difference: +193.8%
	answer participants' questions,	I dyment MK	Age, mean: 60 years	Relative difference: 1193.070
	and offered to take the completed	Methods used to	Gender: 52% female; 48%	Intervention arm 2:
	FIT kit to the clinic lab; home	interact with	male	Pre: 0%
	visit follow-up was conducted if	participants:	Race/Ethnicity: 100%	Post: 61/361 = 16.9%
	participants did not return the	Intervention arm 1:	American Indian	Change: 16.9 pct pts
	completed test	Both: face-to-face, mail,	Employment: NR	
	ROPC: FIT kit return envelope	and telephone	Income: NR	Control:
	pre-stamped		Education: NR	Pre: 0%
	RSB, reduce admin barriers:	Intervention arm 2:	Insurance: 100% American	Post: 36/566 = 6.4%
	mailed FIT kits with instructions;	Remote: mail	Indian tribal health center	Change: 6.4 pct pts

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	follow-up letter mailed to nonrespondents		Established source of care: 100% go to clinic Baseline screening of	Absolute difference: +10.5 pct pts Relative difference: +164.1%
	Intervention intensity, arm 1: 1 or more contact		intervention group: 0%	
	Intervention arm 2: mail Only Type of services provided: CR + RSB, reducing admin barriers + ROPC			
	Intervention intensity, arm 2: 1 or 2 contacts			
	Comparison group: usual care			
Author year:	Location: southwest Georgia, US	Type of deliverers	Population of focus:	Screening test: up to date using
Honeycutt et		engaged, and services	People who were	any CRC test, colonoscopy
al., 2013	Population density: rural	delivered:	underinsured or without	
		PN: all intervention	insurance receiving care	Up to date or repeat screening:
Study design:	Setting : community and clinic	components	from CHCs serving	up to date
Retrospective			communities with	
cohort	Intervention duration: 18	Training: trained	predominately African	Self-report or medical record:
Contract title	months	profession health	American population	medical records
Suitability of	Tutomontion details.	navigators	Fliathilla, missuis.	Falland on Times 10 manths
design:	Intervention details:	Companyisiana ND	Eligibility criteria: Individuals 50-64 years of	Follow-up Time: 18 months
Moderate	Type of cancer addressed: CRC	Supervision: NR		Deculte:
Ougliby of	Type of complete provided, OF 1	Matabina ta	age, eligible for sliding-fee	Results:
Quality of execution:	Type of services provided: OE + PAF + PR + ROPC + RSB,	Matching to population: NR	scale services (i.e., documented low-income,	Up to date with any CRC test: Intervention:
Fair	transportation assistance	population: NK	underinsured, or uninsured),	Pre: 0%
rall	transportation assistance	Educational	visited a clinic at least once	Post: 123/289 = 42.6%
	OE: provided one-on-one patient	background: NR	during the study period	Change: 42.6 pct pts
	education and appointment	background: NK	during the study period	Change: 42.0 per pes
	reminders	Payment: NR	Exclusion: history of CRC,	Control:
	PAF: gave provider feedback on	,	colorectal polyps, ulcerative	Pre: 0%
	screening referral patterns	Methods used to	colitis, Crohn's disease, or a	Post: 56/520 = 10.8%
	PR: managed provider reminder	interact with	first-degree relative with	Change: 10.8 pct pts
	systems to prompt health care	participants:	CRC or adenomatous polyps	
	providers to refer patients for	NR .	. //	Absolute difference : +31.8 pct pts
	screening and coordinate		Sample size:	Relative difference: +295.2%
	screening and follow-up services		Intervention: 289	
			Control: 520	Colonoscopy:

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	ROPC: partnering gastroenterology practices provided colonoscopies at a reduced cost, which was paid entirely by the Community Cancer Screening Program for all patients RSB, transportation assistance: helped patients overcome barriers to screening (e.g., costs, transportation, literacy) Intervention intensity: 1 contact Comparison group: usual care	Details	Attrition: N/A Demographics for intervention group: Age groups: 43% 50-54 years of age; 34% 55-59 years of age; 23% 60-64 years of age Gender: 69% female; 31% male Race/Ethnicity: 76% Black or African American; 24% White Employment: NR Income: NR Education: NR Insurance: 100% eligible for sliding-fee scale services Established source of care: 100% go to CHCs Baseline screening of intervention group: 0%	Intervention: Pre: 0% Post: 90/257 = 35.0% Change: 35.0 pct pts Control: Pre: 0% Post: 33/510 = 6.5% Change: 6.5 pct pts Absolute difference: +28.5 pct pts Relative difference: +441.2%
Author year: Jandorf et al., 2005 Study design:	Location: New York City, New York, US Population density: urban	Type of deliverers engaged, and services delivered: PN: all intervention components	Population of focus: People receiving care from the intervention FQHC serving people from historically disadvantaged	Screening test: colonoscopy, FOBT Up to date or repeat screening: up to date
Individual RCT	Setting: clinic (FQHC) Intervention duration: 3	Training: trained to be PN	groups and with lower income	Self-report or medical record: medical records
Suitability of design: Greatest	months Intervention details:	Supervision: NR	Eligibility criteria: Patients attending the intervention FQHC, 50 years	Follow-up Time: 6 months colonoscopy, 3 months FOBT
Quality of execution:	Type of cancer addressed: CRC	Matching to population: recruited	of age or older, no FOBT within the past year, no FS	Results: Colonoscopy:
Good	Type of services provided: PR + RSB, appointment scheduling assistance	people with similar cultural background as participants	or barium enema within past 3-5 years, no colonoscopy within past 10 years	Intervention: Pre: 0% Post: 9/38 = 23.7% Change: 23.7 pct pts
	PR: charts were reviewed to confirm participants' eligibility,	Educational background: NR	Sample size: Intervention: 38	Control:

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	and FOBT cards were placed in the reviewed charts to remind physicians to order CRC test RSB, appointment scheduling	Payment: NR Methods used to	Control: 40 Attrition: N/A	Pre: 0% Post: 2/40 = 5.0% Change: 5.0 pct pts
	assistance: PN assisted patients to schedule appointments if needed	interact with participants: Remote: telephone	Demographics for intervention group: Age, mean: 61 years	Absolute difference: +18.7 pct pts Relative difference: +374.0%
	Intervention intensity : 1 or more contacts		Gender: 76% female; 24% male Race/Ethnicity: 79% Hispanic or Latino	FOBT: Intervention: Pre: 0% Post: 16/38 = 42.1%
	Comparison group: PR		Employment: 8% employed Income per year: 72% <\$10,000 Education: 13% HS or more Insurance: 69% with public insurance Established source of care: 97.4% have primary care provider Baseline screening of intervention group: 0%	Change: 42.1 pct pts Control: Pre: 0% Post: 10/40 = 25.0% Change: 25.0 pct pts Absolute difference: +17.1 pct pts Relative difference: +68.4%
Author year: Lasser et al., 2011	Location: Cambridge, Somerville, and Everett, Massachusetts, US	Type of deliverers engaged, and services delivered:	Population of focus: People receiving care from the intervention clinics which	Screening test: up to date using any CRC test, colonoscopy, FOBT
Study design : Individual RCT	Population density: urban	PN: all intervention components	served populations who were from historically disadvantaged groups and	Up to date or repeat screening: up to date
Suitability of design:	Setting: clinic Intervention duration: 6	Training: 2-day training program that included lectures and role-playing	had lower incomes Eligibility criteria:	Self-report or medical record: medical records
Greatest	months	scenarios for providing the services, with	Patients 52-74 years of age, had 1 visit to intervention	Follow-up Time: 12 months
Quality of execution: Fair	Intervention details: Type of cancer addressed: CRC	additional training when needed	clinic in the previous 2 years, had not completed CRC screening, and spoke	Results: Up to date using any CRC test: Intervention:
	Type of services provided: CR(SM) + OE + RSB, appointment scheduling assistance + RSB, reduce admin barriers	Supervision: project manager audited at least 5 calls and weekly meetings	English, Haitian Creole, Portuguese, or Spanish as primary language Exclusion: patients with	Pre: 0% Post: 79/235 = 33.6% Change: 33.6 pct pts Control:
			acute illness, an end-stage	Pre: 0%

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	CR(SM): sent letters signed by the PCP notifying patients that they were overdue for CRC	Matching to population: fluent in English, Spanish,	medical disease, severe psychiatric conditions, active substance abuse, or	Post: 46/230 = 20.0% Change: 20.0 pct pts
	screening, with a CRC screening brochure OE: some patients received	Portuguese, or Haitian Creole	cognitive impairment Sample size:	Absolute difference: +13.6 pct pts Relative difference: +68.0%
	education about CRC, screening tests, motivating them to get	Educational background: some	Intervention: 235 Control: 230	Colonoscopy: Intervention:
	screened, how to prepare for tests, and meeting them on the	college or college	Attrition: N/A	Pre: 0% Post: 62/235 = 26.4%
	day of their colonoscopy as emotional support	Payment: NR	Demographics for	Change: 26.4 pct pts
	RSB, appointment scheduling assistance: helped patients make	Methods used to	intervention group: Age, mean: 61 years	Control: Pre: 0%
	colonoscopy appointments RSB, reduce admin barriers: helped patients obtain health	interact with participants: Remote: mail and	Gender: 60% female; 40% male Race/Ethnicity: 27% Black or	Post: 30/230 = 13.0% Change: 13.0 pct pts
	insurance coverage, mailed FOBT cards and instructions, and found someone to accompany patients	telephone	African American; 48% White; 26% other or unknown	Absolute difference : +13.4 pct pts Relative difference : +103.1%
	back home after the procedure		Employment: NR Income: NR	FOBT: Intervention:
	Intervention intensity: 1 or more contacts, average call lasting 107 minutes, ranging 4-		Education: NR Insurance: 32% private; 22% Medicare; 19%	Pre: 0% Post: 17/235 = 7.2% Change: 7.2 pct pts
	335 minutes		Medicaid; 13% Commonwealth Care; 10%	Control:
	Comparison group: usual care		Health Safety Net; 1% other; 3% uninsured Established source of care:	Pre: 0% Post: 15/230 = 6.5% Change: 6.5 pct pts
			100% go to intervention clinics Baseline screening of intervention group: 0%	Absolute difference: +0.7 pct pts Relative difference: +10.8%
Author year: Leone et al., 2013	Location : Cape Fear, North Carolina, US	Type of deliverers engaged, and services delivered:	Population of focus: People receiving Medicaid benefits	Screening test: up to date using any CRC test
Study design: Pre-post with	Population density: urban and rural	PN: all intervention components	Eligibility criteria: Patients aged 50-74 years,	Up to date or repeat screening: up to date
comparison	Setting: clinic		currently enrolled in Medicaid and not Medicare,	Self-report or medical record: medical records

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Suitability of design:	Intervention duration: 6 months	Training: 2-day training course for PN with mock	not up to date with CRC screening	Follow-up Time: 12 months
Greatest		calls		
Quality of execution:	Intervention details: Type of cancer addressed: CRC	Supervision: research team monitored calls and	Sample size: Intervention: 240 Control: 174	Results: Up to date using CRC test: Intervention:
Fair	Type of services provided: CR + SM + RSB, appointment	provided feedback	Attrition: 0.8%	Pre: 0% Post: 22/240 = 9.2%
	scheduling assistance + RSB, transportation assistance	Matching to population: NR	Demographics for	Change: 9.2 pct pts
	CR: a letter from physician indicating that patients needed to be screened for CRC SM: CRC screening decision aid called CHOICE, an 11-minute DVD that provides information about CRC, different tests to screen, testimonials from people who have been screened and a comparison of colonoscopy and stool blood test screening RSB, appointment scheduling assistance: helped patients making appointments RSB, transportation assistance: assisted with transportation Intervention intensity: 1 or 2 contacts	Educational background: NR Payment: staff, paid for job Methods used to interact with participants: Remote: mail and telephone	intervention group: Age, mean: 57 years Gender: 57% female; 43% male Race/Ethnicity: 31% African American; 62% White; 7% other Employment: NR Income: 89% with continuous eligibility for Medicaid during study Education: NR Insurance: 100% Medicaid Established source of care: 100% go to the intervention clinic Baseline screening of intervention group: 0%	Control: Pre: 0% Post: 13/174 = 7.5% Change: 7.5 pct pts Absolute difference: +1.7 pct pts Relative difference: +22.7%
	Comparison group: usual care			
Author year: Ma et al., 2009	Location: Pennsylvania, US Population density: urban	Type of deliverers engaged, and services delivered:	Population of focus: Korean American immigrants with lower income	Screening test: up to date using any CRC test
Study design : Pre-post with comparison	Setting: community and clinic	CHW: GE Clinic staff: ROPC PN: RSB, appointment	Eligibility criteria: Active members of the	Up to date or repeat screening: up to date
Suitability of design:	Intervention duration: 6 months	scheduling assistance + RSB, reduce admin barriers + RSB,	participating Korean churches, self-identified as Korean Americans, aged 50	Self-report or medical record: medical records
Greatest	Intervention details:	translation assistance +	years or more, no history of	Follow-up Time: 12 months

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Quality of execution: Fair	Type of services provided: GE + ROPC + RSB, appointment scheduling assistance + RSB, reduce admin barriers + RSB, translation assistance + RSB, transportation assistance GE: small group CRC education sessions in Korean ROPC: clinical partners provided services at reduced cost to patients who were uninsured or underinsured RSB, appointment scheduling assistance: helped set up appointments RSB, reduce admin barriers: provided assistance with registration, other paperwork, and medical results facilitation RSB, translation assistance: helped patients translating during appointment RSB, transportation assistance: assisted with arranging transportation Intervention intensity: 2 or more contacts Comparison group: non-cancer general health information	RSB, transportation assistance Training: NR Supervision: NR Matching to population: bilingual GE sessions Educational background: NR Payment: NR Methods used to interact with participants: Both: face-to-face for GE; follow-up through remote and face-to-face	polyp, CRC cancer, or family history of CRC, and never had CRC screening or were overdue for screening Sample size: Intervention: 84 Control: 83 Attrition: N/A Demographics for intervention group: Age, mean: 63 years Gender: 61% female; 39% male Race/Ethnicity: 100% Asian Employment: NR Income per year: 40% <\$10,000; 11% \$10,000-\$20,000; 22% \$20,000-\$30,000; 28% >\$30,000-\$40,000 Education: 19% <hs; 13.1%<="" 38%="" 39%="" 44%="" 50%="" 61%="" baseline="" care:="" college="" established="" group:="" hs;="" insurance:="" insured;="" intervention="" more="" of="" or="" physician="" regular="" screening="" source="" td="" uninsured="" with=""><td>Results: Up to date using any CRC test: Intervention: Pre: 11/84 = 13.1% Post: 65/84 = 77.4% Change: 64.3 pct pts Control: Pre: 8/83 = 9.6% Post: 9/83 = 10.8% Change: 1.2 pct pts Absolute difference: +63.1 pct pts Relative difference: +427.5%</td></hs;>	Results: Up to date using any CRC test: Intervention: Pre: 11/84 = 13.1% Post: 65/84 = 77.4% Change: 64.3 pct pts Control: Pre: 8/83 = 9.6% Post: 9/83 = 10.8% Change: 1.2 pct pts Absolute difference: +63.1 pct pts Relative difference: +427.5%
Author year:	Location: Philadelphia,	Type of deliverers	Population of focus:	Screening test: up to date using
Ma et al., 2019	Pennsylvania, New Jersey, US	engaged, and services delivered:	Korean American immigrants with lower income	any CRC test
Study design : Group RCT	Population density: urban	CHW: GE Clinic staff: RSB,	Eligibility criteria: Churches: Korean American	Up to date or repeat screening: up to date
Suitability of design:	Setting: community and clinic Intervention duration: NR	alternative screening hours	churches: Korean American churches in Philadelphia or NJ area, serving mainly	Self-report or medical record: medical records

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Quality of execution: Fair	Intervention details: Type of cancer addressed: CRC Type of services provided: GE + RSB, alternative screening hours + RSB, appointment scheduling assistance + RSB, reduce admin barriers GE: group sessions facilitated by bilingual health educators to increase understanding of CRC screening methods and available resources RSB, alternative screening hours: offered more flexible hours of clinic operation with bilingual medical staff on site RSB, appointment scheduling assistance: provided assistance scheduling appointments with clinic partners for sigmoidoscopy or colonoscopy RSB, reduce admin barriers: offered FIT home kit to participants at education sessions, not at clinic with instructions in Korean; PN helped with paperwork Intervention intensity: 1 or more contacts Comparison group: non-cancer general health information	PN: RSB, appointment scheduling assistance + RSB, reduce admin barriers Training: NR Supervision: NR Matching to population: bilingual CHW Educational background: NR Payment: NR Methods used to interact with participants: Both: face-to-face for most interactions, follow-up through telephone	immigrant population; 30 churches were paired by size and geographic location Participant: self-identified Korean Americans, 50 years of age or older, did not have a colorectal polyp, CRC cancer, or a family history of CRC, and non-adherent to CRC screening guidelines Sample size: Intervention: 470 Control: 455 Attrition: N/A Demographics for intervention group: Age, mean: 62 years Gender: 58% female; 42% male Race/Ethnicity: 100% Asian Employment: 56% employed; 44% unemployed or retired or homemaker Income per year: 37% <\$20,000; 42% \$20,000 -\$40,000; 21% >\$40,000 Education: 12% <hs; 0%<="" 33%="" 46%="" 54%="" 55%="" 57%="" baseline="" care:="" college="" established="" group:="" hs;="" insurance:="" insured;="" intervention="" more="" of="" or="" physician="" regular="" screening="" source="" td="" uninsured="" with=""><td>Results: Up to date using any CRC test: Intervention: Pre: 0% Post: 277/470 = 58.9% Change: 58.9 pct pts Control: Pre: 0% Post: 61/455 = 13.4% Change: 13.4 pct pts Absolute difference: +45.5 pct pts Relative difference: +339.6%</td></hs;>	Results: Up to date using any CRC test: Intervention: Pre: 0% Post: 277/470 = 58.9% Change: 58.9 pct pts Control: Pre: 0% Post: 61/455 = 13.4% Change: 13.4 pct pts Absolute difference: +45.5 pct pts Relative difference: +339.6%
Author year: Myers et al., 2014	Location: Philadelphia, Pennsylvania, US Population density: urban	Type of deliverers engaged, and services delivered:	Population of focus: African Americans served by the intervention clinic	Screening test: up to date using any CRC test

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Study design:		Clinic staff: CR(SM) +	Eligibility criteria:	Up to date or repeat screening:
Individual RCT	Setting: clinic	RSB, reduce admin	Patients at clinic self-	up to date
		barriers	identified as African	
Suitability of	Intervention duration: 60	PN: OE	Americans, 50 to 75 years of	Self-report or medical record:
design:	months		age, no prior diagnosis of	medical records
Greatest		Training: NR	colorectal neoplasia or	
	Intervention details:		inflammatory bowel disease,	Follow-up Time: 12 months
Quality of	Type of cancer addressed: CRC	Supervision: NR	visited a participating	_
execution:		-	practice within the previous	Results:
Good	Type of services provided:	Matching to	2 years, had complete	Up to date using any CRC test:
	CR(SM) + OE + RSB, reduce	population: NR	contact information, and not	Intervention:
	admin barriers		compliant with ACS CRC	Pre: 0%
		Educational	screening guidelines	Post: 166/382 = 43.5%
	CR(SM): CRC screening info	background: NR		Change: 43.5 pct pts
	booklet mailed to participants		Sample size:	
	overdue for CRC screening, with	Payment: NR	Intervention: 382	Control:
	a personalized message to get		Control: 379	Pre: 0%
	screened, also identified	Methods used to		Post: 122/379 = 32.2%
	participants' preferred screening	interact with	Attrition: NR	Change: 32.2 pct pts
	methods	participants:		
	OE: trained PN called participants	Remote: mail and	Demographics for	Absolute difference: +11.3 pct pts
	to discuss materials, assess	telephone	intervention group:	Relative difference: +35.1%
	screening preferences, concerns,		Age groups: 75% 50-59	
	and barriers to screening,		years of age; 25% ≥60	
	developed a plan to complete the		years of age	
	screening, and arrange a follow-		Gender: 73% female; 27%	
	up call		male	
	RSB, reducing admin barriers:		Race/Ethnicity: 100% Black	
	FIT kit sent to participants who		or African American	
	expressed preference for this		Employment: NR	
	screening methods		Income: NR	
	and seeming meanings		<i>Education</i> : 59% ≤HS; 41%	
	Intervention intensity: 1 or		>HS	
	more contacts		Insurance: NR	
	more contacts		Established source of care:	
	Comparison group: CR(SM) +		100% go to intervention	
	RSB, reduce admin barriers		clinic	
	1.02/ reduce durini barriers		Baseline screening of	
			intervention group: 0%	
			meer vericion group. 070	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
Author year:	Location: Pennsylvania, US	Type of deliverers	Population of focus:	Screening test: up to date using
Myers et al.,		engaged, and services	Hispanic or Latino	any CRC test, colonoscopy, FIT
2019	Population density: urban	delivered:	populations who had lower	, , , , , , , , , , , , , , , , , , , ,
		Clinic staff: CR(SM) +	incomes and were served by	Up to date or repeat screening:
Study design:	Setting: clinic	RSB, reduce admin	the intervention clinic	up to date
Individual RCT		barriers		
	Intervention duration: 12	PN: OE	Eligibility criteria:	Self-report or medical record:
Suitability of	months		Clinic: 5 primary care	medical records
design:		Training: NR	practice with relatively large	
Greatest	Intervention details:		numbers of Hispanic or	Follow-up Time: 12 months
	Type of cancer addressed: CRC	Supervision: NR	Latino patients	
Quality of				Results:
execution:	Type of services provided:	Matching to	Participants: EHR used to	Up to date using any CRC test:
Good	CR(SM) + OE + RSB, reduce	population: bilingual PN,	identify patients of Hispanic	Intervention:
	admin barriers	fluent in both Spanish	or Latino ethnicity, 50-75	Pre: 0%
		and English	years of age, not been	Post: 153/197 = 77.7%
	CR(SM): CRC screening info		diagnosed with CRC, no	Change: 77.7 pct pts
	booklet mailed to participants	Educational	personal or family history of	
	overdue for CRC screening, with	background: NR	CRC or polyps, not up to	Control:
	a personalized message to get		date with CRC screening	Pre: 0%
	screened, also identified	Payment: NR		Post: 88/203 = 43.3%
	participants' preferred screening		Sample size:	Change: 43.3 pct pts
	methods	Methods used to	Intervention: 197	
	OE: trained PN called participants	interact with	Control: 203	Absolute difference : +34.3 pct pts
	to discuss materials, assess	participants:		Relative difference: +79.2%
	screening preferences, concerns,	Remote: mail and	Attrition: NR	
	and barriers to screening,	telephone		Colonoscopy:
	developed a plan to complete the		Demographics for	Intervention:
	screening, and arrange a follow-		intervention group:	Pre: 0%
	up call		Age, mean: 57 years	Post: 40/197 = 20.3%
	RSB, reducing admin barriers:		Gender: 59% female; 41%	Change: 20.3 pct pts
	FIT kit sent to participants who		male	
	expressed preference for this		Race/Ethnicity: 100%	Control:
	screening methods		Hispanic or Latino	Pre: 0%
			Employment: 21% full time;	Post: 12/203 = 5.9%
	Intervention intensity: 1 or		18% part time; 23% keeping	Change: 5.9 pct pts
	more contact		house; 31% unable to	Alected differen
	20.4044		work/disability; 7% retired	Absolute difference : +14.4 pct pts
	Comparison group: CR(SM) +		Income per year: 69%	Relative difference: +243.5%
	RSB, reduce admin barriers		<\$14,999; 23% \$15,000 -	
			\$29,999; 8% ≥\$30,000	FIT:
			Education: 52% <hs; 26%<="" td=""><td>Intervention:</td></hs;>	Intervention:
			HS or GED; 22% >HS	Pre: 0%

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
			Insurance: 72% insured; 23% uninsured Established source of care: 100% go to the intervention	Post: 113/197 = 57.4% Change: 57.4 pct pts Control:
			clinic Baseline screening of	Pre: 0% Post: 76/203 = 37.4%
			intervention group: 0%	Change: 37.4 pct pts
				Absolute difference : +19.9 pct pts Relative difference : +53.2%
Author year:	Location: Chelsea,	Type of deliverers	Population of focus:	Screening test: up to date using
Percac-Lima et al., 2009	Massachusetts, US	engaged, and services delivered:	People receiving care from intervention clinic serving a	any CRC test, colonoscopy
Study design:	Population density: urban	PN: all intervention components	predominantly immigrant population with lower	Up to date or repeat screening: up to date
Individual RCT	Setting: clinic	Training: 6 hours of	incomes	Self-report or medical record:
Suitability of	Intervention duration: 9	training addressing PN	Eligibility criteria:	medical records
design: Greatest	months	and CRC screening	Patients 52-79 years of age, had not undergone CRC	Follow-up Time: 9 months
G. Gatest	Intervention details:	Supervision: principal	screening	Tonon up Immor 5 monans
Quality of	Type of cancer addressed: CRC	investigator and		Results:
execution:		community health	Exclusion: patients who were	Up to date using any CRC test:
Good	Type of services provided: OE +	director supervised PN	acutely ill, or had dementia,	Intervention:
	SM + RSB, appointment	Matables	metastatic cancer,	Pre: 0%
	scheduling assistance + RSB, reduce admin barriers + RSB, transportation assistance	Matching to population: bilingual PN	schizophrenia, or any end stage disease	Post: 112/409 = 27.4% Change: 27.4 pct pts
	transportation assistance	Educational	Sample size:	Control:
	OE: initial interview with patients	background: college	Intervention: 409	Pre: 0%
	to identify and explore barriers,	educated	Control: 814	Post: 97/814 = 11.9%
	educating patients about CRC			Change: 11.9 pct pts
	screening, motivating and	Payment: NR	Attrition: 6.5%	
	coaching patients SM: introductory letter in	Methods used to	Demographics for	Absolute difference : +15.5 pct pts Relative difference : +130.3%
	patients' native language	interact with	intervention group:	
	explaining the project and	participants:	Age, mean: 63 years	Colonoscopy:
	educational materials related to	Both: face-to-face,	Gender: 58% female; 42%	Intervention:
	CRC screening	mailing and telephone	male	Pre: 0%
	RSB, appointment scheduling		Race/Ethnicity: 2% Asian;	Post: 85/409 = 20.8%
	assistance: scheduling		6% Black or African American; 40% Hispanic or	Change: 20.8 pct pts

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	RSB, reduce admin barriers:		Latino; 47% White; 5%	Control:
	accompanying patients to		other or unknown	Pre: 0%
	colonoscopy testing		Employment: NR	Post: 78/814 = 9.6%
	RSB, transportation assistance:		Income: authors stated	Change: 9.6 pct pts
	providing a free shuttle service		"low-income neighborhood"	
	directly to the main hospital, and		Education: NR	Absolute difference: +11.2 pct pts
	in some cases, taxicab vouchers		Insurance: 54% private;	Relative difference: +116.7%
	were provided to get home after		29% public; 14% free care;	
	the procedure		4% uninsured	
			Established source of care:	
	Intervention intensity: 2 or		100% go to the intervention	
	more contacts		clinic	
			Baseline screening of	
	Comparison group: usual care		intervention group: 0%	
Author year:	Location: Chelsea,	Type of deliverers	Population of focus:	Screening test: colonoscopy
Percac-Lima et	Massachusetts, US	engaged, and services	People receiving care from	
al., 2014		delivered:	intervention clinic which	Up to date or repeat screening:
	Population density: urban	PN: all intervention	served communities with	up to date or repeat screening
Study design:		components	large proportions of people	
Pre-post with	Setting: clinic		who were from historically	Self-report or medical record:
comparison		Training: received	disadvantaged groups and	medical records
	Intervention duration: 48	training	had lower incomes	
Suitability of	months			Follow-up Time: 48 months
design:		Supervision: principal	Eligibility criteria:	_
Greatest	Intervention details:	investigator and	Patients attending the	Results:
	Type of cancer addressed: CRC	community health	intervention clinic, not up to	Colonoscopy:
Quality of		director	date with CRC screening	Intervention:
execution:	Type of services provided:			Pre: 1533/3115 = 49.2%
Fair	CR(SM) + OE + RSB,	Matching to	Sample size:	Post: 2156/3115 = 69.2%
	appointment scheduling	population: spoke the	Intervention: 3,115	Change: 20.0 pct pts
	assistance + RSB, reduce admin	same language as the	Control: 43,905	Carabasala
	barriers + RSB, transportation	patients	ALL THE AND DIVA	Control:
	assistance	Educational	Attrition: N/A	Pre: 27441/43905 = 62.5%
	CD(CM), everdue nationte were	Educational	Domographics for	Post: 32314/43905 = 73.6%
	CR(SM): overdue patients were	background: college	Demographics for	Change: 11.1 pct pts
	sent letters in their native language that explained the	educated	intervention group: Age, mean: 61 years	Absolute difference: 19 0 not no
	project and included educational	Payment: NR	Gender: 57% female; 43%	Absolute difference: +8.9 pct pts Relative difference: +151.9%
	materials related to CRC	rayillelit: NK	male	Relative unlerence: +131.9%
	screening	Methods used to	Race/Ethnicity: 2% Asian;	
	OE: PN called or met the patient	interact with	5% Black or African	
	in the health center, educated the	participants:	American; 39% Hispanic or	

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	patient about CRC screening and explored the patient's barriers to screening RSB, appointment scheduling assistance: PN helped schedule appointments RSB, reduce admin barriers: PN accompanied patients without available family members RSB, transportation assistance: PN helped organize transportation Intervention intensity: 3 or more contacts Comparison group: usual care	Both: face-to-face, mail, and telephone	Latino; 50% White; 4% other Employment: NR Income: authors stated "low- income neighborhood" Education: NR Insurance: 37% private; 17% Medicaid; 33% Medicare; 11% free care; 2% self-pay Established source of care: 100% go to the intervention clinic Baseline screening of intervention group: 49.2%	
Authorycom	Location: Charlotte, North	Type of deliverers	Population of focus:	Severating tests up to date using
Author year: Reuland et al., 2017	Carolina and Albuquerque, New Mexico, US	engaged, and services delivered: Clinic staff: SM	People receiving care from the intervention clinics which served communities with	Screening test: up to date using any CRC test, FOBT or FIT, colonoscopy
Study design : Individual RCT	Population density: urban	PN: OE + RSB, reduce admin barriers	large proportions of Hispanic or Latino residents who had	Up to date or repeat screening: up to date
	Setting: clinic		lower incomes	
Suitability of	Intervention devetion, 26	Training: 6 hours of	Elizibilitar quitorio.	Self-report or medical record:
design : Greatest	Intervention duration: 26 months	initial training in CRC navigation, and monthly	Eligibility criteria: Patients 50-75 years of age,	medical records
Greatest	months	check-ins with study	spoke English or Spanish,	Follow-up Time: 6 months
Quality of	Intervention details:	team member	without personal or family	
execution:	Type of cancer addressed: CRC		history of CRC, polyps, or	Results:
Good		Supervision: monthly	inflammatory bowel disease,	Up to date using any CRC test:
	Type of services provided: OE +	check-ins	not up to date with	Intervention:
	SM + RSB, reduce admin barriers	Matching to	recommended CRC	Pre: 0%
	OE: information was tailored	Matching to population: bilingual PNs	screening, and had upcoming appointments in	Post: 90/133 = 68.0% Change: 68.0 pct pts
	based on individual patient	population biningual FNS	the intervention clinics	Change, oolo per pro
	factors, including preferred CRC	Educational		Control:
	test, screening barriers, and	background: trained as	Sample size:	Pre: 0%
	stage of readiness for screening	medical assistants, social	Intervention: 133	Post: 36/132 = 27.0%
	SM: CRC screening decision aid	workers, or have master's	Control: 132	Change: 27.0 pct pts
	video about 15 minutes long,	degree in public health	Assuration N/A	Alegalista differences and 44 O mail
	overviewing the importance of CRC screening, CRC tests, and	Payment: NR	Attrition: N/A	Absolute difference : +41.0 pct pts Relative difference : +151.9%

Study	Intervention Characteristics	Intervention Deliverer Details	Population Characteristics	Results
	selection of a colored brochure corresponding to patients' screening readiness RSB, reduce admin barriers: PNs offered and distributed FOBT or FIT kits using standing order, and were able to replace lost kits Intervention intensity: 2 or more contacts Comparison group: alternative intervention showing food safety video, usual care with PCP	Methods used to interact with participants: Both: face-to-face and with remote follow-up for patients not completing screening	Demographics for intervention group: Age, mean: 58 years Gender: 66% female; 34% male Race/Ethnicity: 27% Black or African American; 56% Hispanic or Latino; 17% White Employment: 74% employed Income per year: 78% <\$20,000; 22% ≥\$20,000 Education: 46% <hs; 0%<="" 100%="" 14%="" 23%="" 29%="" 35%="" 54%="" baseline="" care:="" clinics="" established="" go="" group:="" health="" insurance="" insurance:="" intervention="" medicaid;="" medicare;="" no="" of="" private;="" screening="" source="" td="" the="" to="" ≥hs=""><td>FOBT or FIT: Intervention: Pre: 0% Post: 72/133 = 54.0% Change: 54.0 pct pts Control: Pre: 0% Post: 28/132 = 21.0% Change: 21.0 pct pts Absolute difference: +33.0 pct pts Relative difference: +157.1% Colonoscopy: Intervention: Pre: 0% Post: 19/133 = 14.0% Change: 14.0 pct pts Control: Pre: 0% Post: 8/132 = 6.0% Change: 6.0 pct pts Absolute difference: +8.0 pct pts Relative difference: +133.3%</td></hs;>	FOBT or FIT: Intervention: Pre: 0% Post: 72/133 = 54.0% Change: 54.0 pct pts Control: Pre: 0% Post: 28/132 = 21.0% Change: 21.0 pct pts Absolute difference: +33.0 pct pts Relative difference: +157.1% Colonoscopy: Intervention: Pre: 0% Post: 19/133 = 14.0% Change: 14.0 pct pts Control: Pre: 0% Post: 8/132 = 6.0% Change: 6.0 pct pts Absolute difference: +8.0 pct pts Relative difference: +133.3%