Increasing Cancer Screening: Reducing Structural Barriers - Cervical Cancer

Summary Evidence Table

Study	Location Intervention Comparison	Study population description Sample size	Effect measure	Reported baseline	Reported effect	Value used in summary [95%CI]	Follow- up time
Author (year): Elwood-Martin et al. (2004) *	Location: Canada, BC 1 intervention arm	Study population: Female inmates incarcerated at the Burnaby Correctional	Absolute change in completed screening (Pap-test)	Pap test:	Pap test:	Pap test	30 months
Study Period: 2000 - 2001	Intervention (RSB + 1 on1): RSB: Nurse-led	Centre for Women during some point during the study period		21.0%	26.9%	+5.9 pct pts (p=0.06) 95% CI: (-0.3, 12)	
Design Suitability: Least	clinics made available to inmates. Included scheduled	Sample Size: Pre-intervention: 357 Intervention: 376				(3.3, 2.3,	
Study Design: Pre-post	appointments for pap-tests, discussion of results, and community follow-up	intervention. 370					
Quality of execution: Fair	for women who were released. 1 on 1: Education						
Outcome Measurement: Completed Screening:	about cervical cancer and its early detection						
Pap-test Self report	Comparison: Pre- intervention						
Author (year): Pritchard et al. (1995)	Location: Australia, Perth	Study Population: Female patients ages 36 – 69 years, with no	smear among	1. 0% 2. 0% 3. 0%	1. 30.4% 2. 25.7% 3. 21.2%	1 vs. 4: +13.6 pct pts p-value: 0.002	12 months
Study Period: 1991	3 intervention arms	hysterectomy, no record of a pap smear in the	women who had a pap smear taken	4. 0%	4. 16.8%	95% CI: 5, 22	
Design Suitability: Greatest	Intervention: 1. RSB + Inv + CR + SM: Invitation to	past 2 years, attendance at the practice within the last 3 years, not known to	within 12 months of entry into the study				
Study Design: iRCT	attend a special screening clinic at a	attend another practice					

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Quality of execution: Fair Outcome Measurement: Pap-test Record Review	specific date and time, along with a letter invitation, and information brochure. In addition, non-respondents received a reminder phone call from nurse and an additional letter reminder. 2. INV + CR + SM: letter invitation, and information brochure. In addition, non-respondents received a reminder phone call from nurse and an additional letter reminder. 3. PR: Tagged with a reminder for treating physician to invite the woman to have a pap smear at the normal consultation or at the special screening clinic Comparison: Usual care (opportunistic screening	and not diagnosed with a terminal illness Sample Size: 1. RSB + Inv + CR + SM: n = 168 2. Inv + CR + SM: n = 206 3. PR: n= 198 4. Comparison: n = 185					
Author (year): White et al. (1993) Study Period: not reported	Location: US, Pittsburgh PA 1 intervention arm	Study Population: Female residents >55 years of the selected high rise apartment	Absolute change in proportion of completed pap tests	NR	I: 28.6% C: 10.8%	+17.8 pct pts p = 0.029 95% CI:	5 months

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Design Suitability: Greatest Study Design: gNCT Quality of execution: Fair Outcome Measurement: Pap-test Self Report	Intervention (RSB + GE + SM): RSB: Screening in a non-clinical setting GE: Onsite discussion held at a tenant meeting using an American Cancer Society video with an African American Actress. SM: Printed fliers placed under doors of tenants Comparison: Received only educational services by a local senior citizen's service organization	building during the study period. Sample Size: Intervention: 49 Comparison: 65				(3, 33)	

^{*}From the updated search period.