

Increasing Cancer Screening: Client Reminders

Task Force Finding and Rationale Statement

Intervention Definition

Client reminders are written (letter, postcard, email) or telephone messages (including automated messages) advising people that they are due for screening. Client reminders may be enhanced by one or more of the following: follow-up printed or telephone reminders; additional text or discussion with information about indications for, benefits of, and ways to overcome barriers to screening; or assistance in scheduling appointments. These interventions can be untailored to address the overall target population or tailored with the intent to reach one specific person, based on characteristics unique to that person, related to the outcome of interest, and derived from an individual assessment.

Task Force Finding (July 2010)

The Community Preventive Services Task Force recommends the use of client reminders to increase screening for breast and cervical cancers on the basis of strong evidence of effectiveness. The Task Force also recommends the use of client reminders to increase colorectal cancer screening with fecal occult blood testing based on strong evidence of effectiveness. Evidence is insufficient, however, to determine effectiveness of client reminders in increasing colorectal cancer screening with other tests (colonoscopy, flexible sigmoidoscopy), because of inconsistent evidence.

Rationale

Based on this update of a previous review, the Task Force makes no change to its original recommendation for the use of client reminders to increase screening for breast and cervical cancers based on strong evidence of effectiveness. The recommendation for client reminders for colorectal cancer screening with FOBT has been revised to reflect strong evidence of effectiveness because five studies indicated a substantial incremental effect of adding client reminders to other intervention components (median increase 10.9 percentage points), and evidence from the original review demonstrated consistently positive findings for studies of client reminders alone (4 studies, median increase 11.5 percentage points). The previous finding of insufficient evidence to determine effectiveness for colorectal cancer screening with tests other than FOBT is unchanged because only two additional studies were identified and they produced inconsistent effect estimates.

For breast cancer screening, four additional studies of absolute change in screening use were identified during the update interval, and their results demonstrated positive effects that fell within the range of effects from the original review. Similarly, for cervical cancer screening, four additional studies of absolute change that were identified during the update interval demonstrated positive effects. For colorectal cancer screening, three additional studies were identified that did not include information on absolute effect sizes.

As in the original review, findings should apply across a range of settings and populations. No harms of client reminders were identified in the reviewed literature, or by the systematic review team.

There was also evidence of incremental benefits from using client reminders as part of multicomponent interventions that include other approaches to increase cancer screening. This effect was noted particularly for breast cancer screening and for colorectal cancer screening by FOBT. This finding may not apply to other colorectal cancer screening tests, based on the availability of only two studies that showed small incremental effects for these tests. For cervical cancer screening, there may be a modest incremental effect of adding client reminders to other intervention components, though this conclusion was based on only four studies, one of which found a negative effect. Decisions

about when to use a multicomponent approach, and which specific combinations of interventions to implement, should be based on careful consideration of specific characteristics of the target population and the most important barriers to screening.

Publications

Sabatino SA, Lawrence B, Elder R, Mercer SL, Wilson KM, DeVinney B, Melillo S, Carvalho M, Taplin S, Bastani R, Rimer BK, Vernon SW, Melvin CL, Taylor V, Fernandez M, Glanz K, Community Preventive Services Task Force. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for The Guide to Community Preventive Services. *Am J Prev Med* 2012;43(1):765-86.

Community Preventive Services Task Force. Updated recommendations for client- and provider-oriented interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med* 2012;43(1):760-4.

Disclaimer

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Document last updated September 25, 2013

Suggested Citation:

The Community Preventive Service Task Force (CPSTF). *Increasing Cancer Screening: Client Reminders [for Breast, Cervical, and Colorectal Cancers]*. The Community Guide [www.thecommunityguide.org]. The Community Preventive Service Task Force, Atlanta, Georgia, 2010. <https://doi.org/10.15620/cdc/164171>