

# Interventions to improve participation amongst underserved population groups in young person and adult national screening programmes in the UK: a systematic review

## Appendix 7: Results plotted by underserved group

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## Abbreviations used in presentation of results

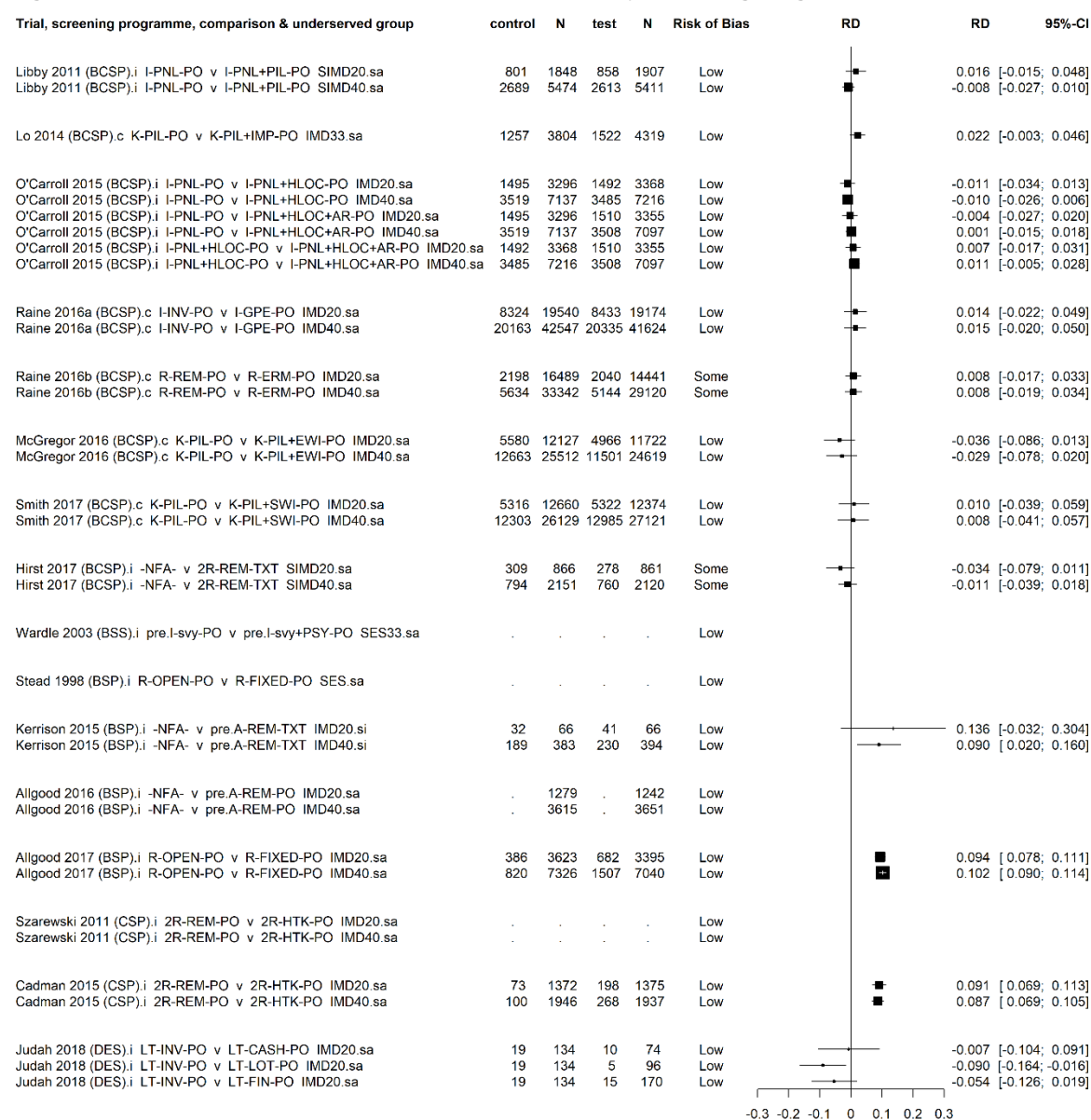
<b>Screening programme</b>		<b>Underserved group</b>		
<b>AAA</b>	Abdominal Aortic Aneurysm	<b>Category</b>	<b>Code</b>	
<b>BCSP</b>	Bowel Cancer Screening Programme	Socioeconomic	<b>IMD20, SIMD20</b>	Most deprived quintile (English IMD or Scottish IMD)
<b>BSS</b>	Bowel Scope Screening		<b>IMD40, SIMD40</b>	Two most deprived quintiles (English IMD or Scottish IMD)
<b>BSP</b>	Breast Screening Programme		<b>IMD33</b>	Most deprived tertile (English)
<b>CSP</b>	Cervical Screening Programmes		<b>SES33</b>	Most deprived tertile (Townsend score or measure not reported)
<b>DES</b>	Diabetic Eye Screening		<b>NoQual</b>	No formal qualifications
			<b>Unemp</b>	Unemployed
			<b>Tenant</b>	Housing status (renting)
<b>Basis of underserved group result</b>		Ethnicity	<b>ETH</b>	Minority ethnicity
.w	whole trial population		<b>ASIAN</b>	Asian family origin
.s	subgroup of whole trial population		<b>PAK</b>	Pakistani family origin
.i	individual demographic		<b>BGD</b>	Bangladeshi family origin
.a	area-based demographic	Age	<b>&lt;65</b>	Under 65
			<b>70+</b>	Over 70
			<b>50-54, 55-60</b>	Age range as specified
		Sex	<b>MEN</b>	Men
		Screening history	<b>FTI</b>	First-time invitee
			<b>pNON</b>	Previous non-attender
			<b>ItNON</b>	Long-term non-attender
		Current screening status	<b>rNON</b>	Recent non-attender (population recruited to trials of reminders)
<b>Intervention description</b>				
<b>Event / stage of screening pathway</b>		<b>Type of intervention</b>		<b>Mode of intervention</b>
<b>I</b>	invitation	<b>NFA</b>	no further action	<b>PO</b> post
<b>A</b>	appointment	<b>INV</b>	standard invite	<b>TEL</b> telephone
<b>K</b>	home test kit	<b>PIL</b>	patient information leaflet	<b>TXT</b> text message
<b>R</b>	reminder	<b>SWI</b>	simplified patient information	<b>F2F</b> face-to-face
<b>2R</b>	second reminder	<b>EWI</b>	enhanced patient information	<b>GP</b> general practice
<b>LT</b>	long-term non-responder	<b>PNL</b>	pre-notification letter	
<b>pre.</b>	prefixes to modify the event	<b>HCP</b>	healthcare professional	
<b>post.</b>	codes where needed	<b>PSY</b>	psychological/barriers	
		<b>AR</b>	anticipated regret	
		<b>REM</b>	(standard) reminder	<b>Other</b>
		<b>ERM</b>	enhanced reminder	<b>ICC</b> intra-cluster correlation coefficient
		<b>Combi</b>	combined invites or leaflets	
		<b>GPE</b>	GP endorsed	
		<b>GPL</b>	GP letter	
		<b>HTK</b>	home test kit	
		<b>IMP</b>	implementation intentions	
		<b>INDIV</b>	tailored to the individual	
		<b>HLOC</b>	health locus of control	
		<b>svy</b>	survey (not an intervention)	
		<b>ann</b>	annual (prefix)	

# 1 Forest plots for socioeconomically deprived groups

Three trials reported subgroups by qualifications, tenancy status and unemployment status but no numerical results were available for these groups and so all of these results relate to quintiles (or in some cases tertiles) defined by the Index of Multiple Deprivation or its Scottish equivalent (with Stead and Wardle using alternative area-based measures but not reporting any numerical results).

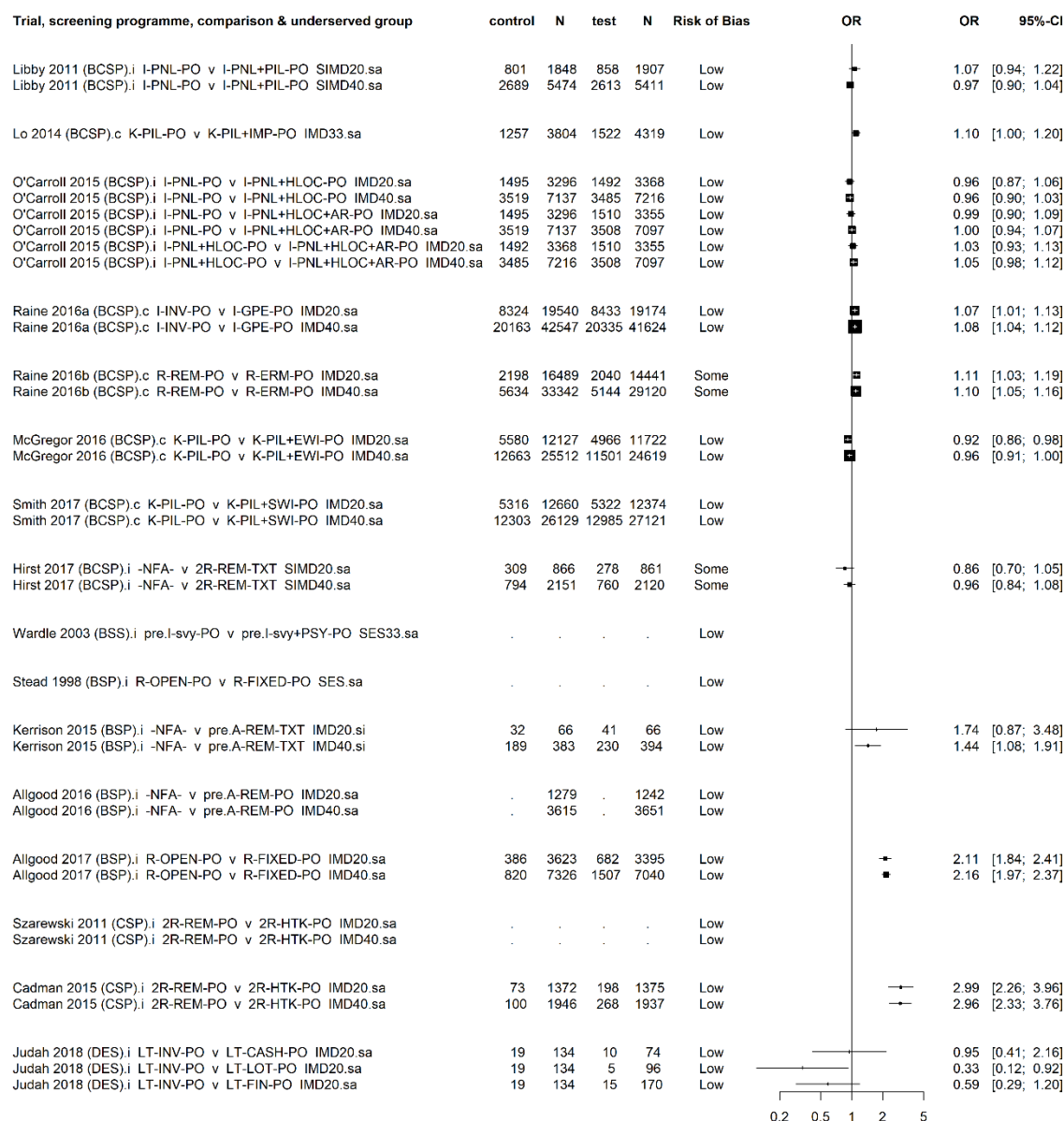
Note that the subgroup results for most deprived 40% in the plots below include the most deprived 20% and so these pairs of estimates are not independent of each other.

**Figure 1 Risk difference (socioeconomic status, ordered by screening programme)**



Assumes ICC of 0.03 for Raine 2016a, Raine 2016b, Smith 2017 and McGregor 2017 because ICC was not reported (estimate of 0.03 used, based on rounding up ICCs reported by other included cluster trials).

**Figure 2 Odds ratio (socioeconomic status, ordered by screening programme)**

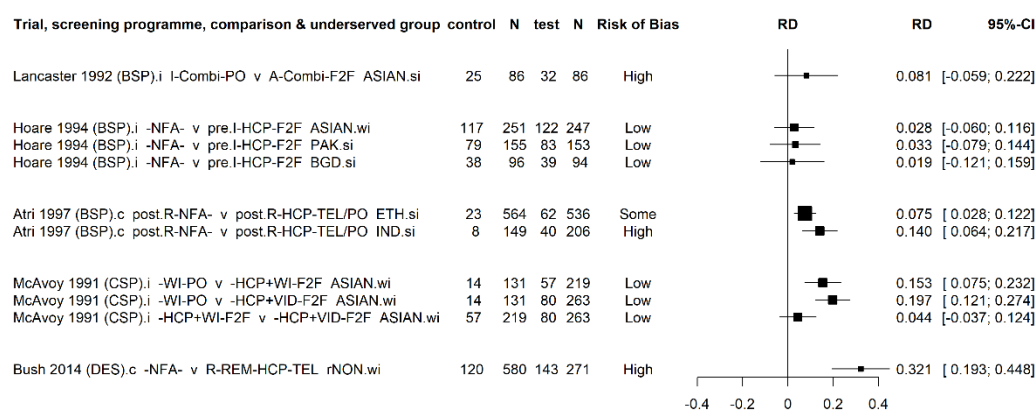


For Raine 2016a, Raine 2016b and McGregor 2017, adjusted ORs are reported.

## 2 Forest plots for minority ethnicity

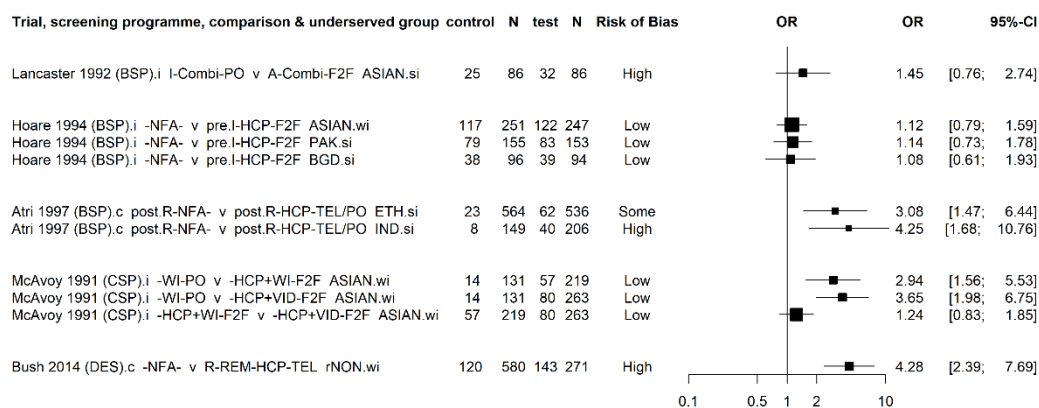
Three trials identified Asian women by picking out Asian-sounding names (McAvoy 1991, Lancaster 1992, Hoare 1994), a method which in practice classifies women by their father's or husband's assumed ethnicity. One of these trials (Hoare 1994) further classified names as originating from Pakistan or Bangladesh, an approach which may be particularly prone to error. Atri 1997 asked general practices to assess the ethnicity of their included patients. Bush 2014 cluster-randomised ten GP practices with a high proportion of Asian patients and so ethnicity is an area-based measure for this trial.

**Figure 3 Risk difference (minority ethnicity, ordered by screening programme)**



Assumes ICC of 0.03 for Atri 1997 and Bush 2014 because ICC was not reported.

**Figure 4 Odds ratio (minority ethnicity, ordered by screening programme)**

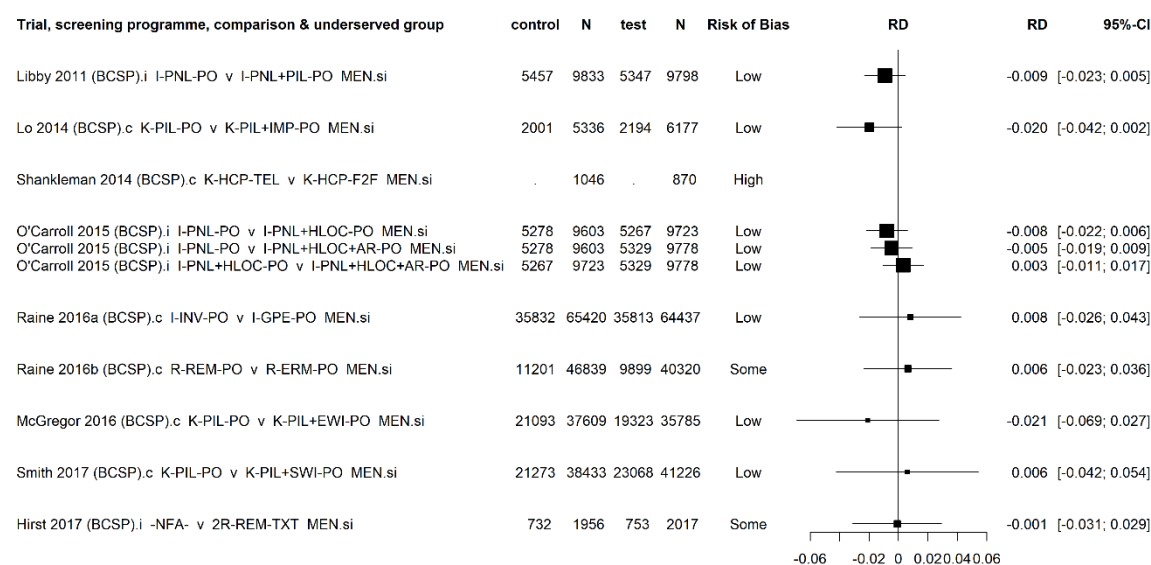


Assumes ICC of 0.03 for Atri 1997 and Bush 2014 because ICC was not reported.

### 3 Forest plots for men in BCSP

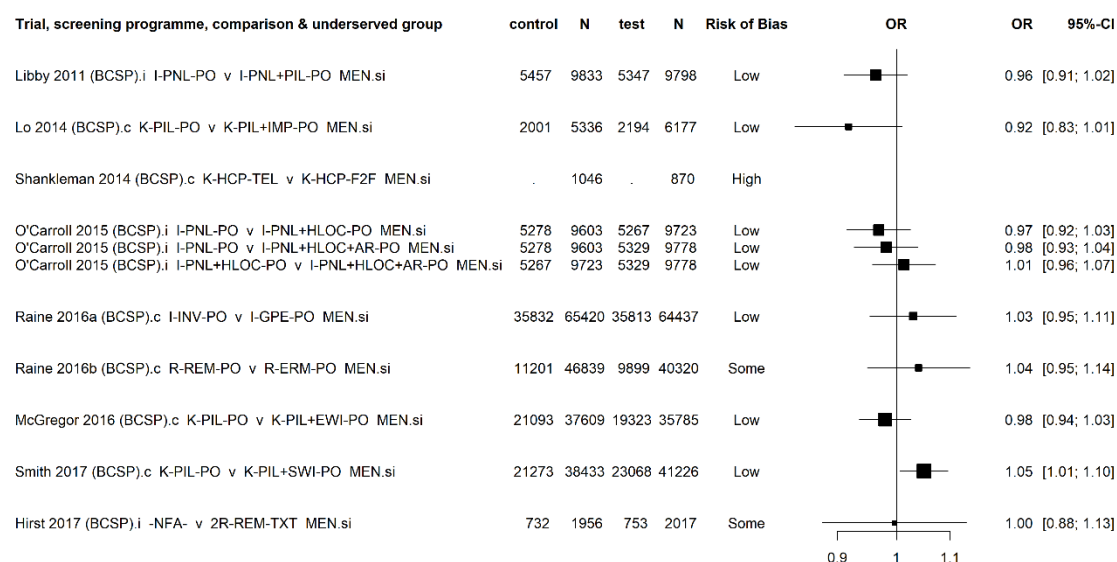
The only underserved group identified by sex was men in the BCSP.

**Figure 5 Risk difference (sex, ordered by screening programme)**



Assumes ICC of 0.03 for Raine 2016a, Raine 2016b, Smith 2017 and McGregor 2017 because ICC was not reported.

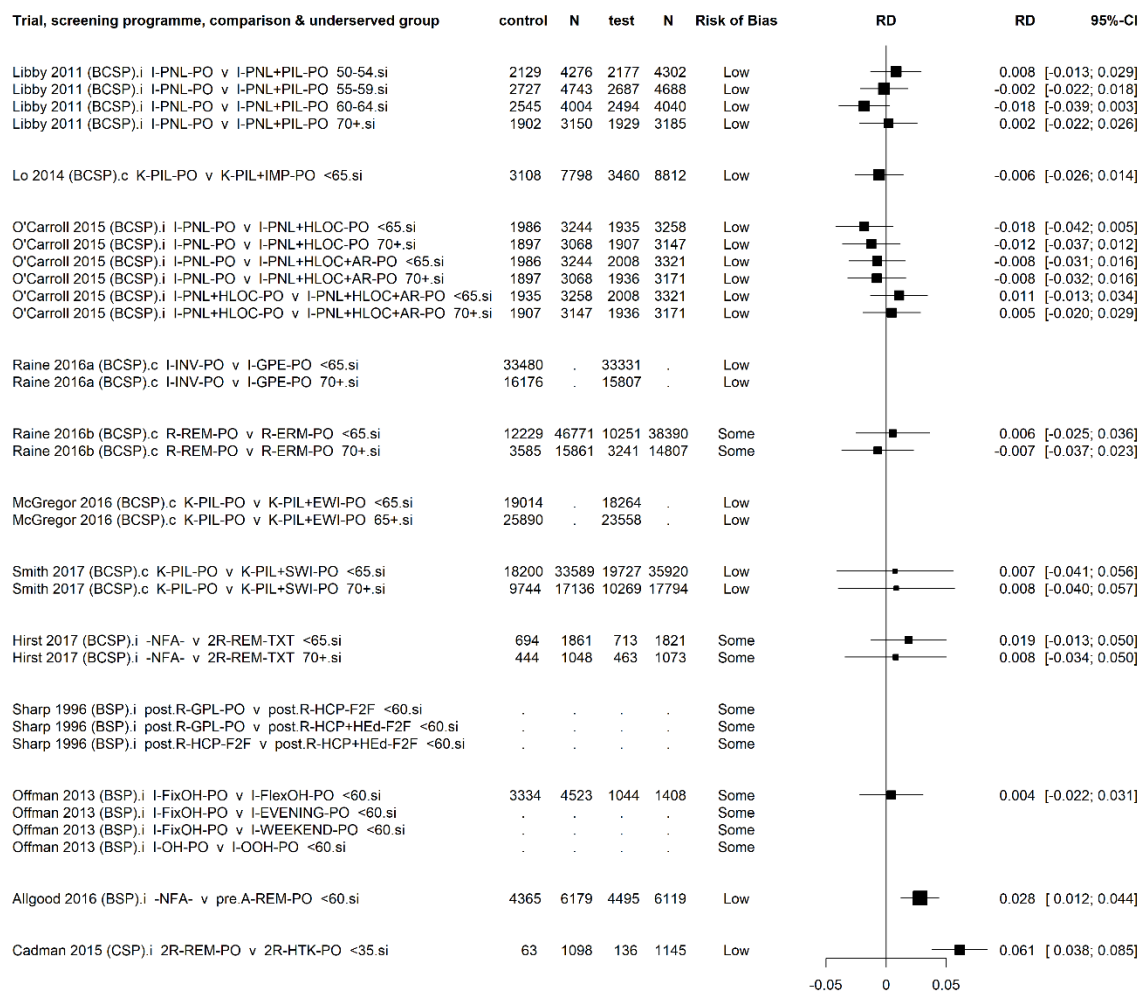
**Figure 6 Odds ratio (sex, ordered by screening programme)**



For Raine 2016a, Raine 2016b, Smith 2017 and McGregor 2017, adjusted ORs are reported.

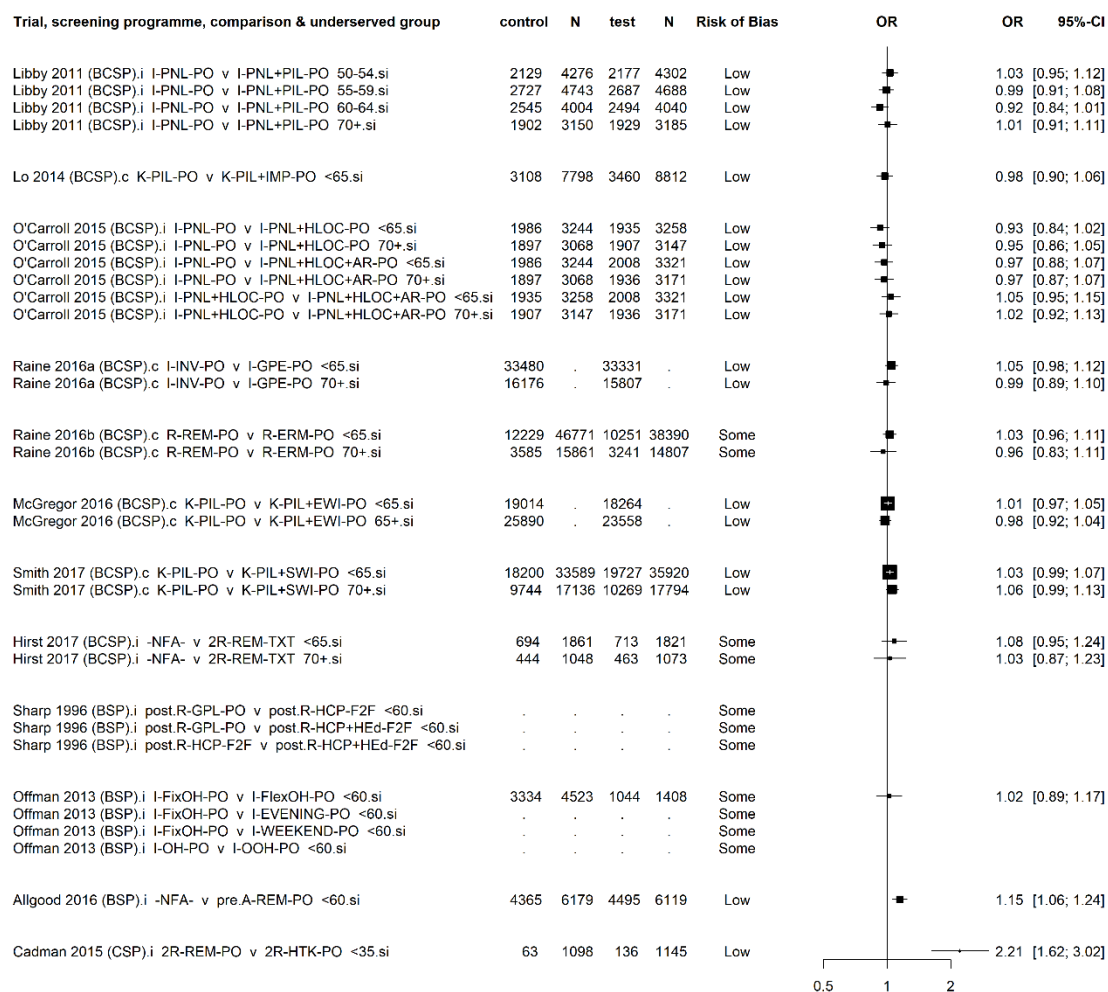
## 4 Forest plots for age

Figure 7 Risk difference (age, ordered by screening programme)



Assumes ICC of 0.03 for Raine 2016b and Smith 2017 2017 because ICC was not reported.

**Figure 8 Odds ratio (age, ordered by screening programme)**



For Raine 2016a, Raine 2016b, Smith 2017 and McGregor 2017, adjusted ORs are reported.



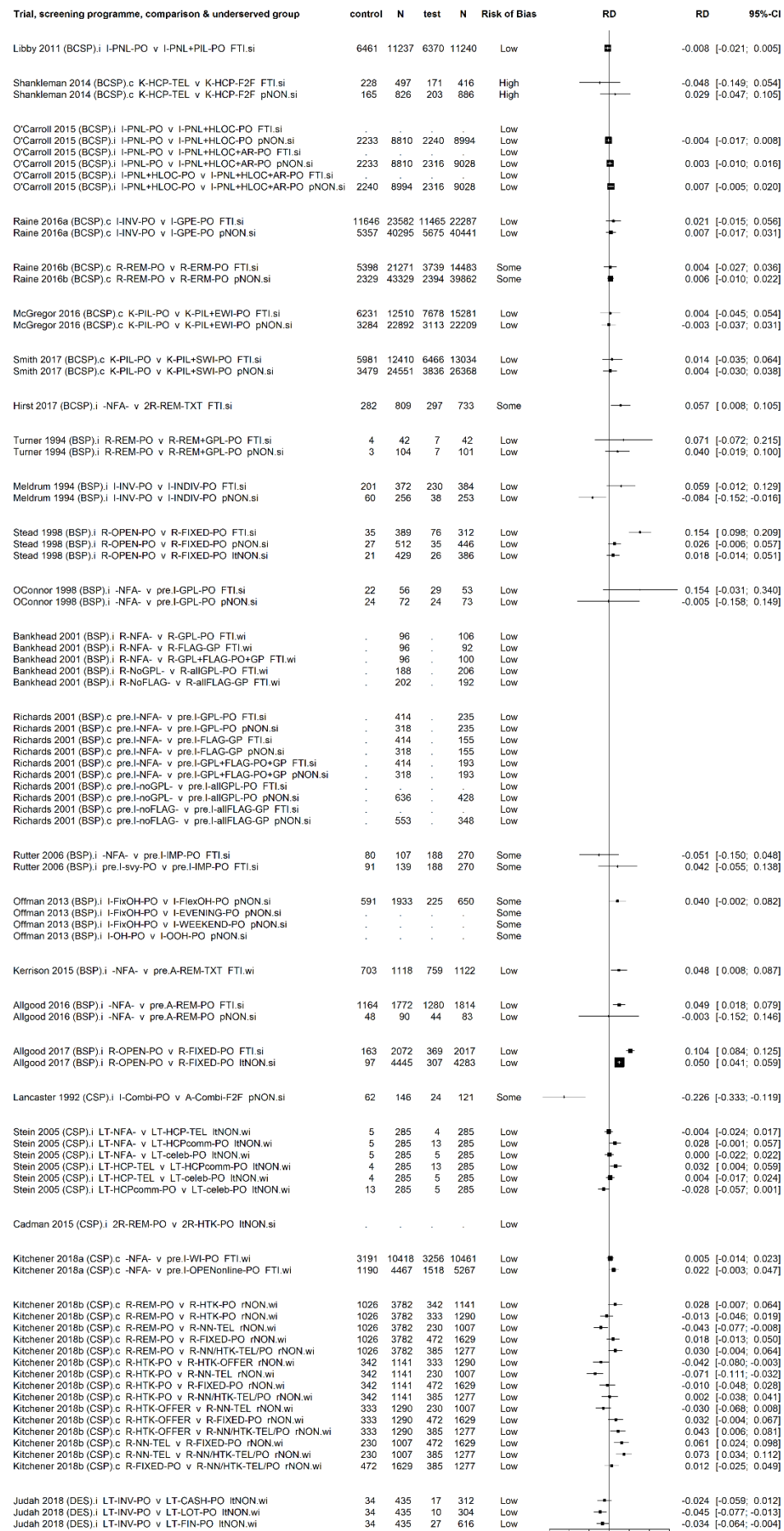
## **5 Forest plots for screening history**

The underserved groups by screening history are first-time invitees and previous non-responders (with trials which report these groups usually also reporting on previous responders). Some trials also recruited long-term non-responders or considered them as a subgroup.

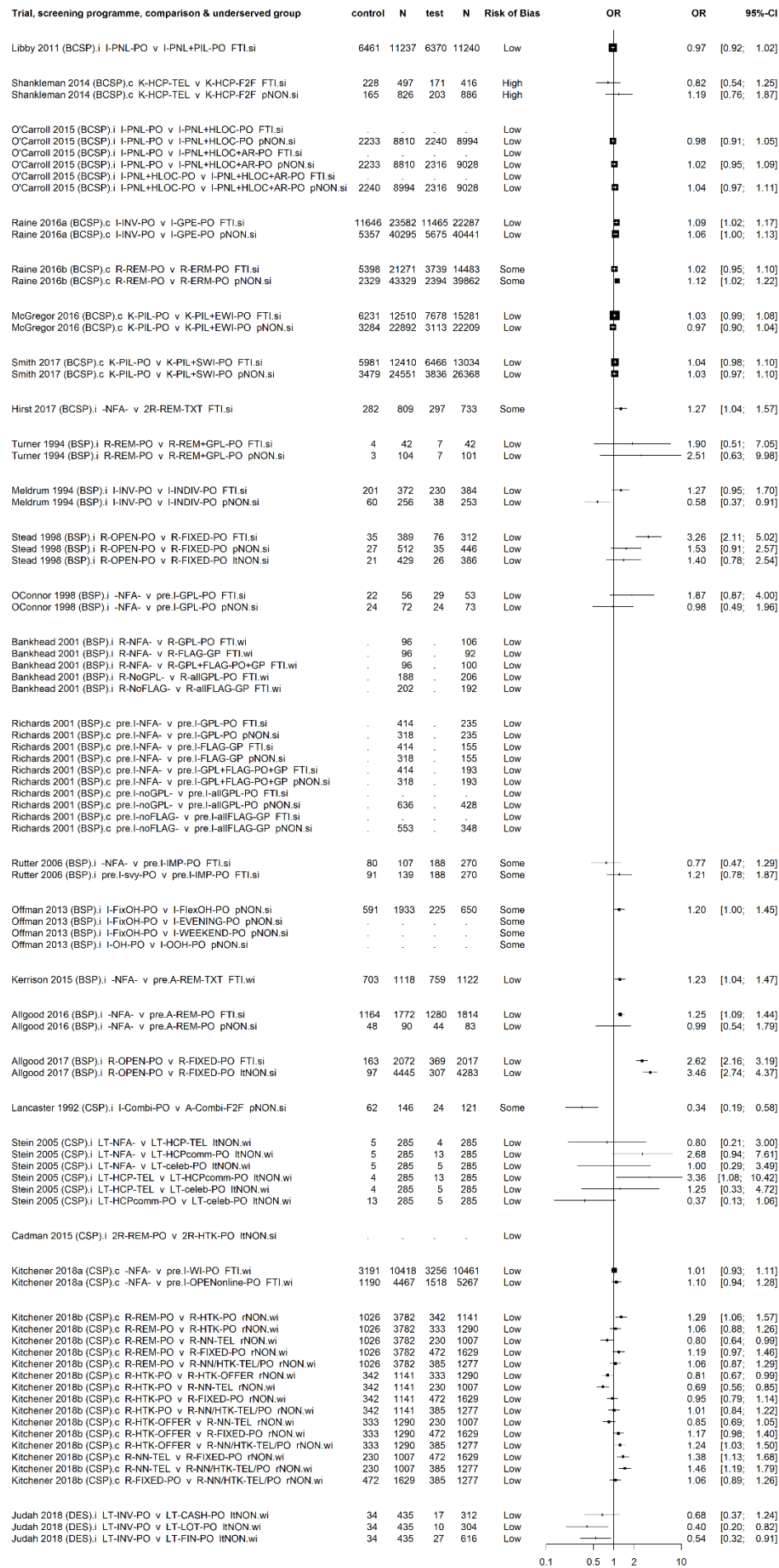
For RD plots: assumes ICC of 0.03 for Raine 2016a, Raine 2016b, Smith 2017 and McGregor 2017 because ICC was not reported.

For OR plots: for Raine 2016a, Raine 2016b, Smith 2017 and McGregor 2017, adjusted ORs are reported.

**Figure 9 Risk difference (screening history, ordered by screening programme)**



**Figure 10 Odds ratio (screening history, ordered by screening programme)**

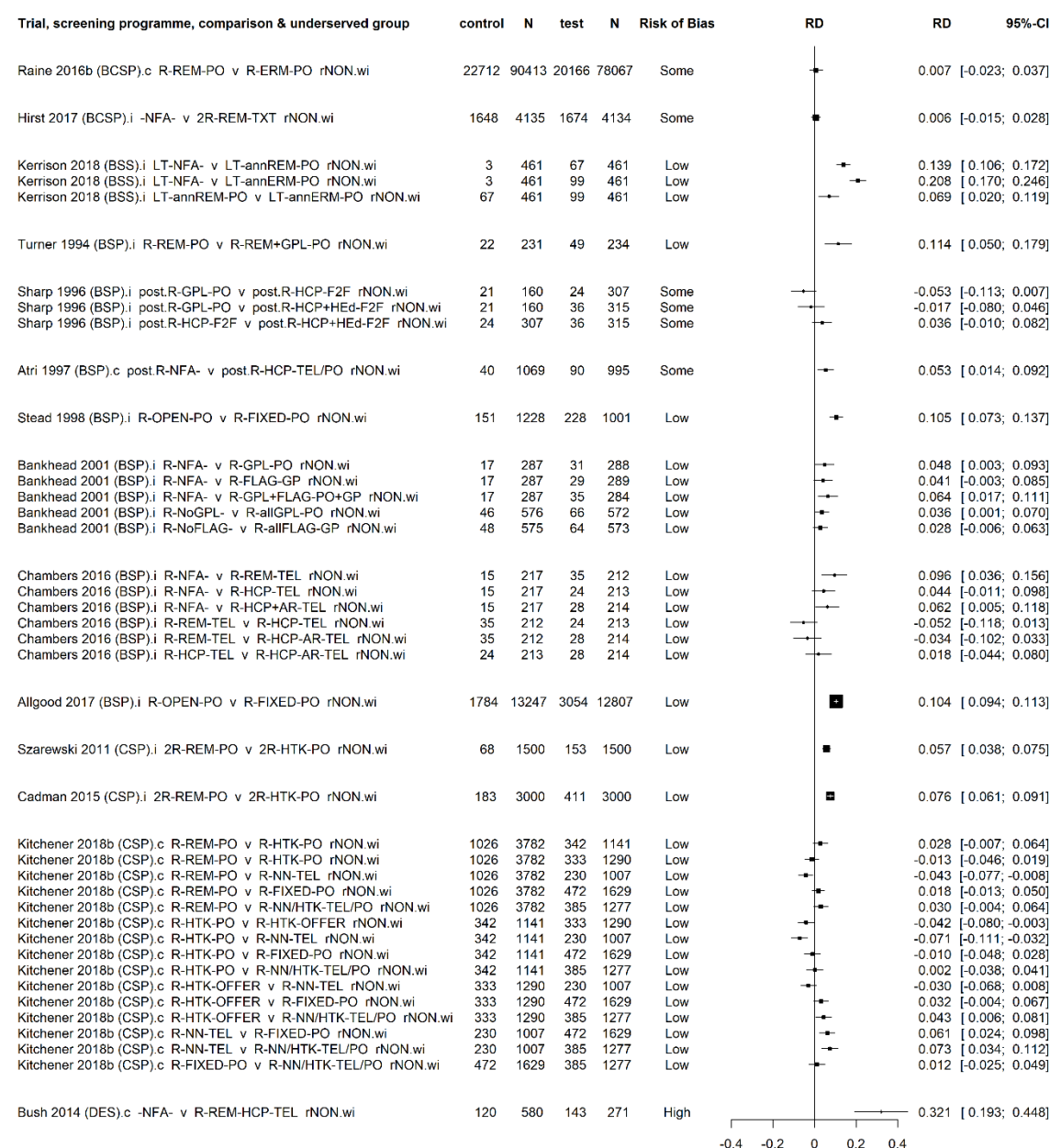


0.1 0.5 1 2 10

## 6 Forest plots for recent non-responders (trials of reminders)

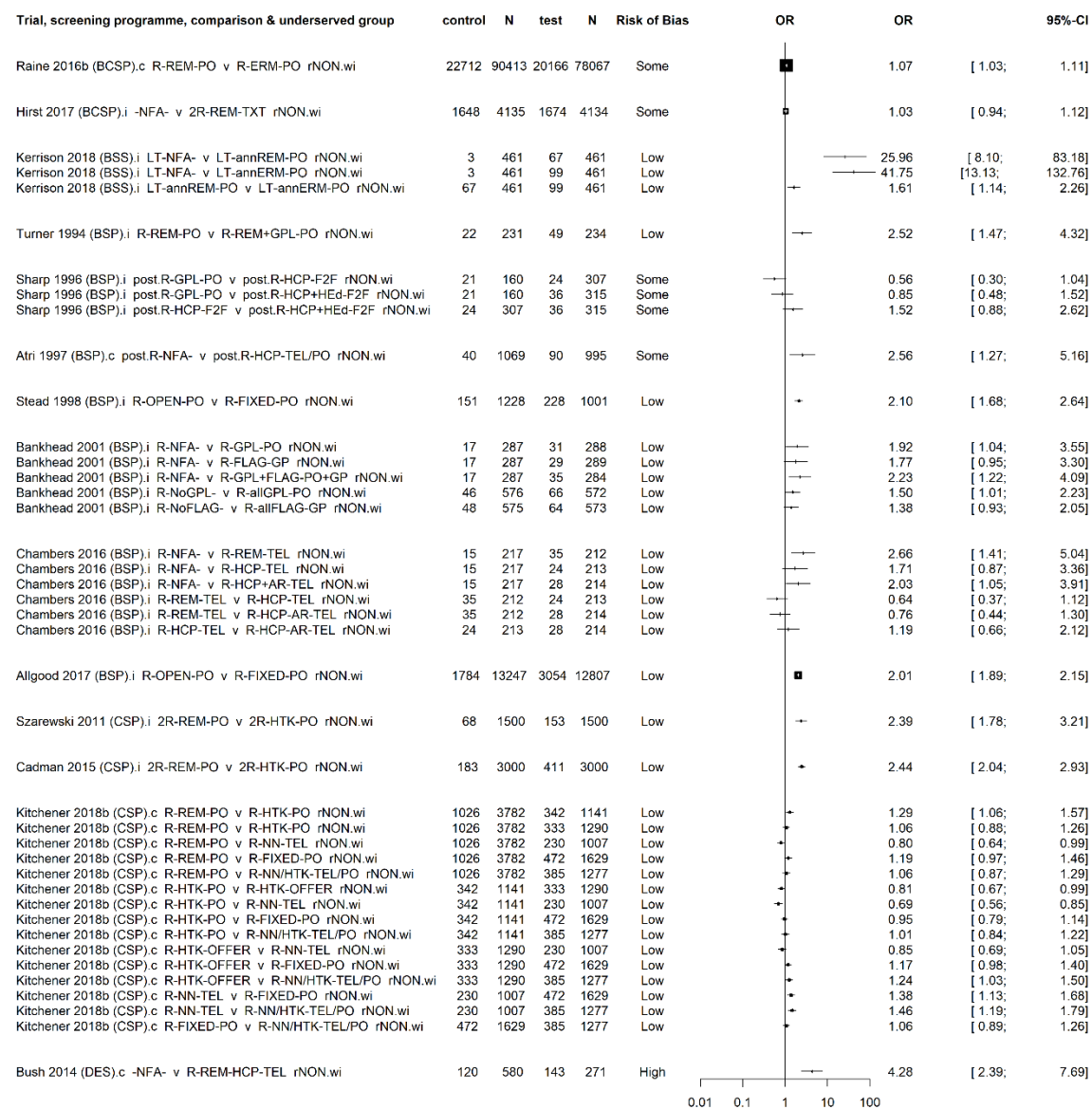
Control arms with no reminders at all have been excluded from this analysis, apart from those for BSS, as reminders are already a part of the standard screening process for other programmes because there is very strong evidence that they improve uptake.

**Figure 11 Risk difference (recent non-responders, ordered by screening programme)**



Assumes ICC of 0.03 for Atri 1997, Bush 2014 and Raine 2016b because ICC not reported.

**Figure 12 Odds ratio (recent non-responders, ordered by screening programme)**



For Raine 2016b, adjusted OR is reported.