

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

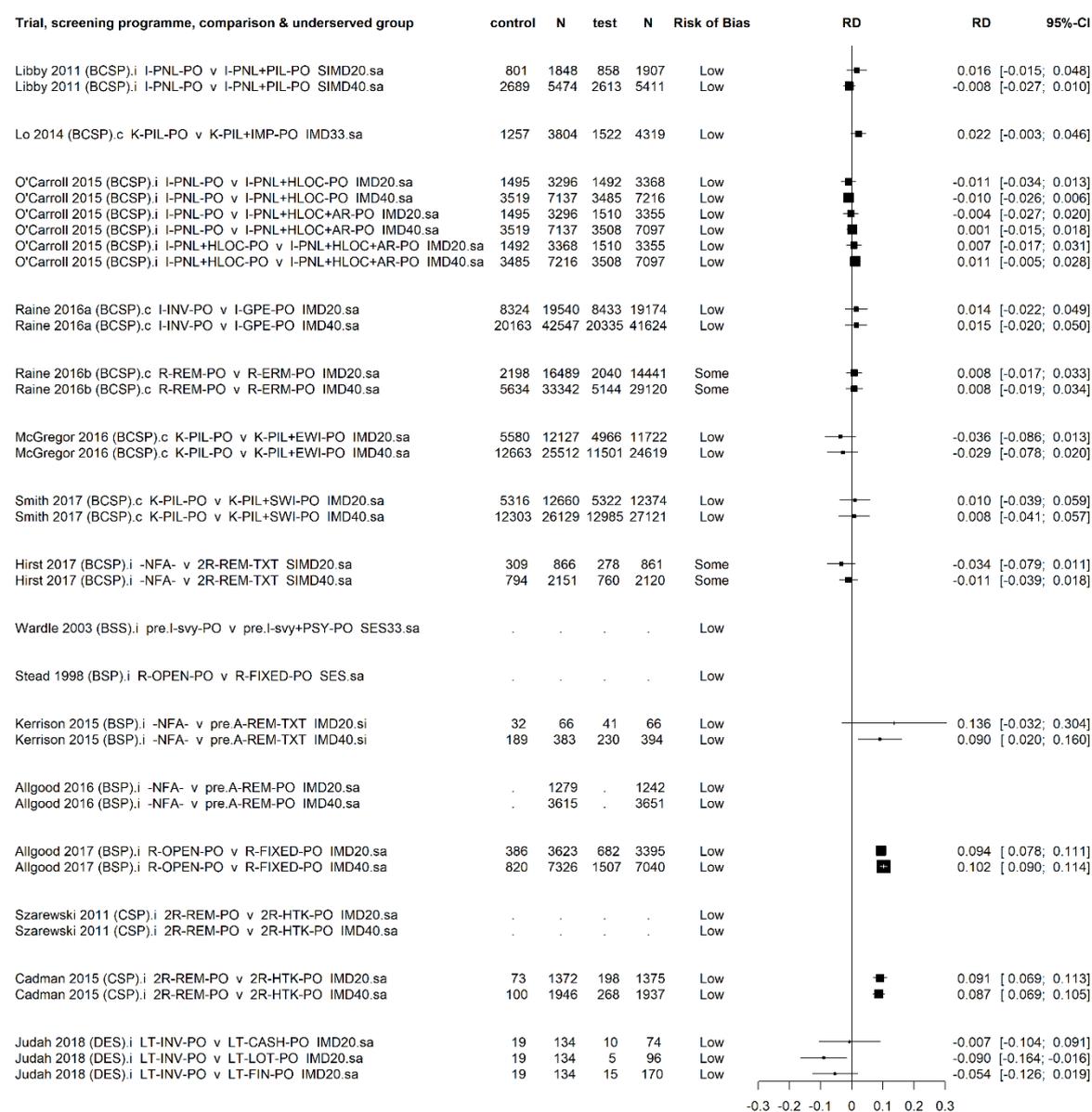
Screening programme		Underserved group		
AAA	Abdominal Aortic Aneurysm	Category	Code	
BCSP	Bowel Cancer Screening Programme	Socioeconomic	IMD20, SIMD20	Most deprived quintile (English IMD or Scottish IMD)
BSS	Bowel Scope Screening		IMD40, SIMD40	Two most deprived quintiles (English IMD or Scottish IMD)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

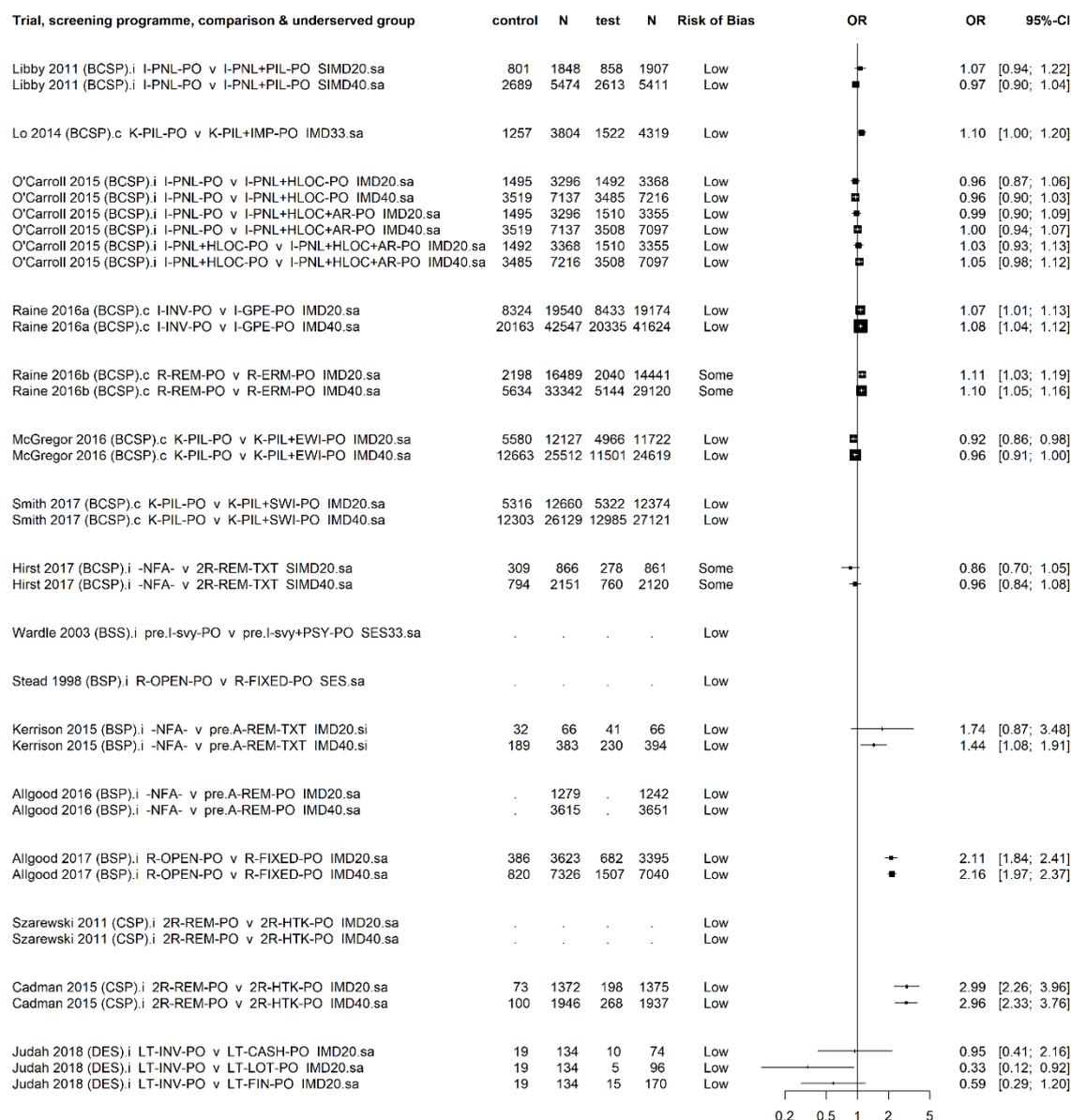
Note that the subgroup results for most deprived 40% in the plots below include the most deprived 20% and so these pairs of estimates are not independent of each other.

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)

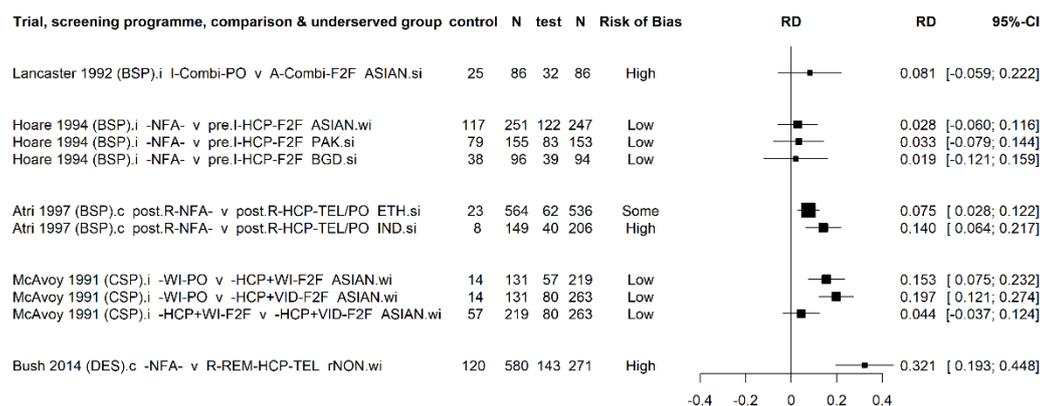


For Raine 2016a, Raine 2016b and McGregor 2017, adjusted ORs are reported.

2 Forest plots for minority ethnicity

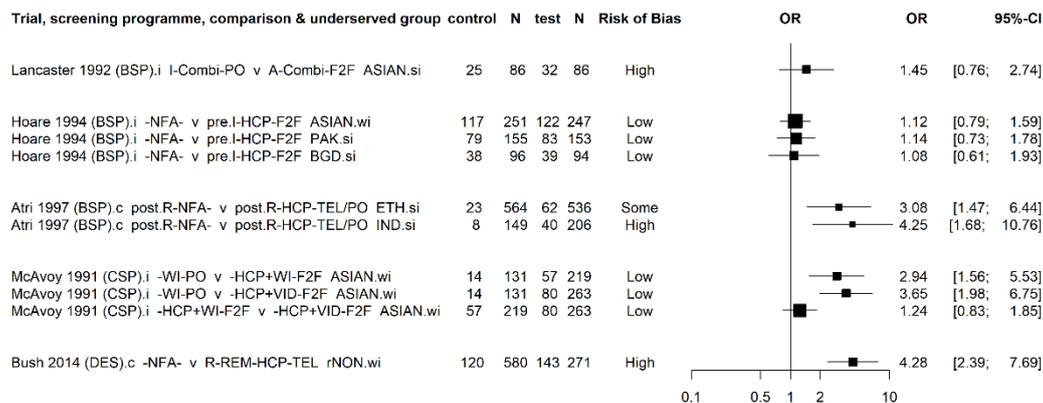
Three trials identified Asian women by picking out Asian-sounding names (McAvoy 1991, Lancaster 1992, Hoare 1994), a method which in practice classifies women by their father's or husband's assumed ethnicity. One of these trials (Hoare 1994) further classified names as originating from Pakistan or Bangladesh, 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)

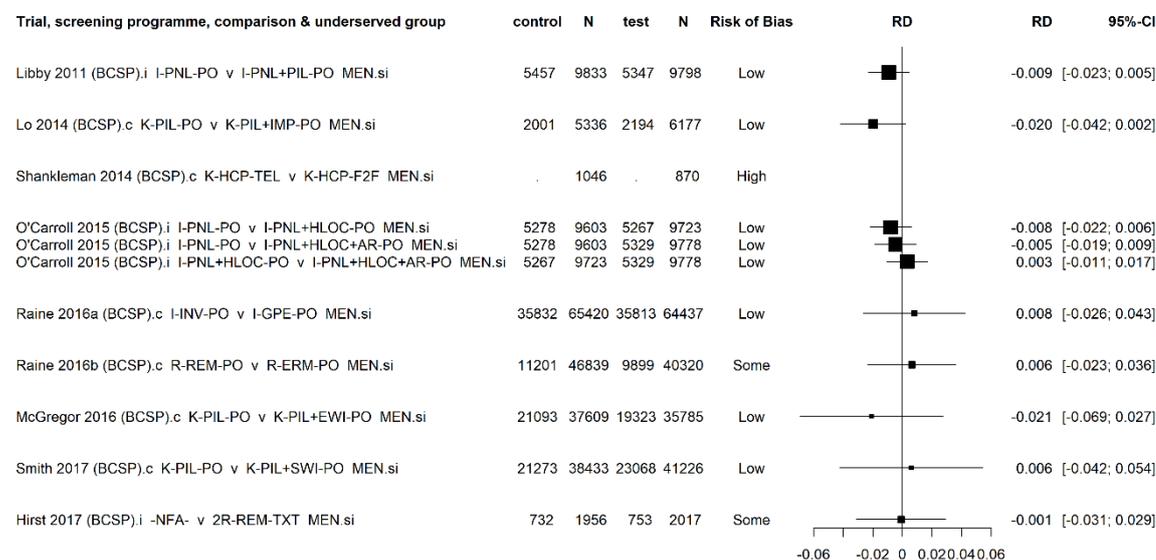


Assumes ICC of 0.03 for Atri 1997 and Bush 2014 because ICC was not reported.

3 Forest plots for men in BCSP

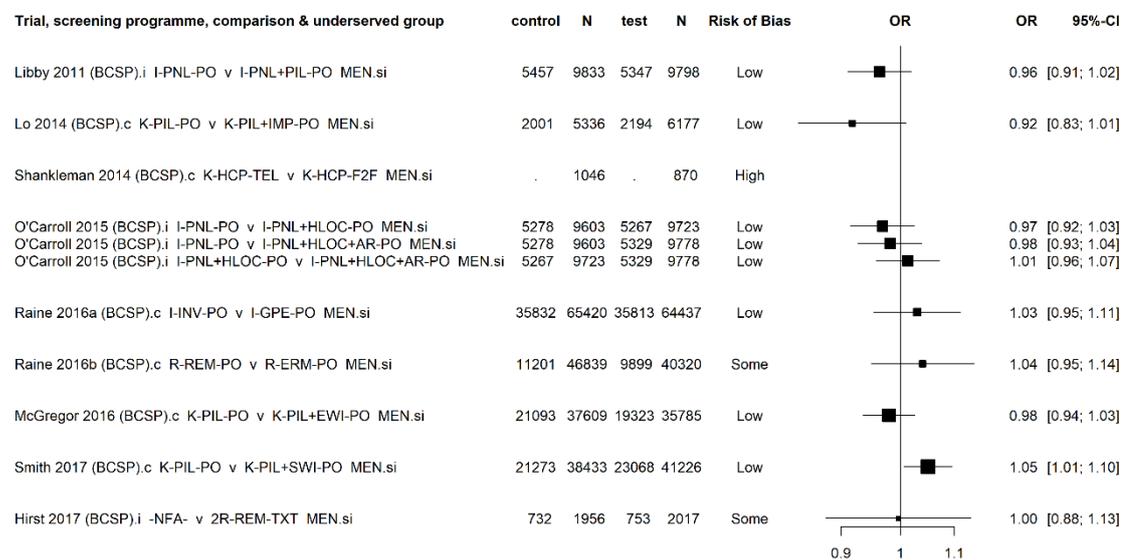
The only underserved group identified by sex was men in the BCSP.

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.

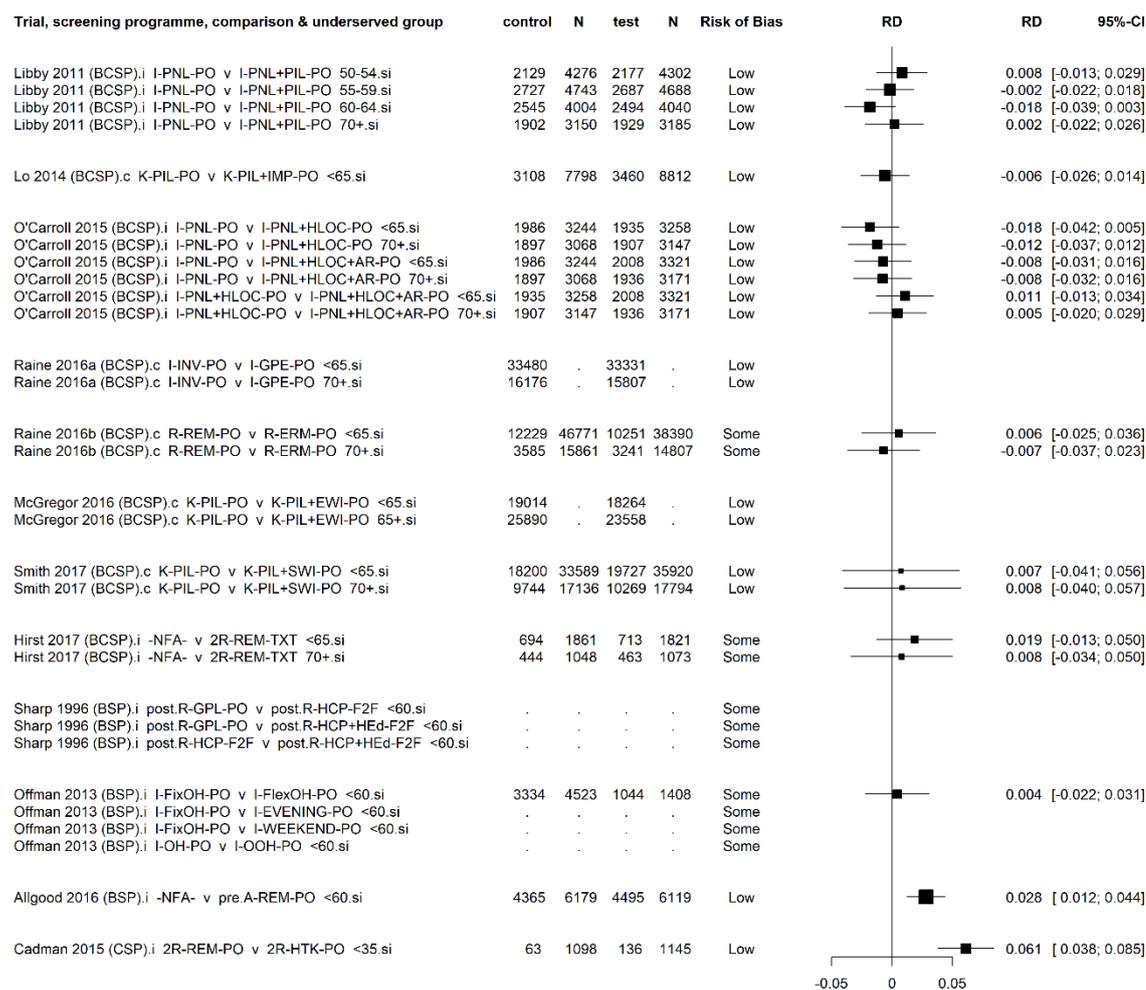
Figure 6 Odds ratio (sex, ordered by screening programme)



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

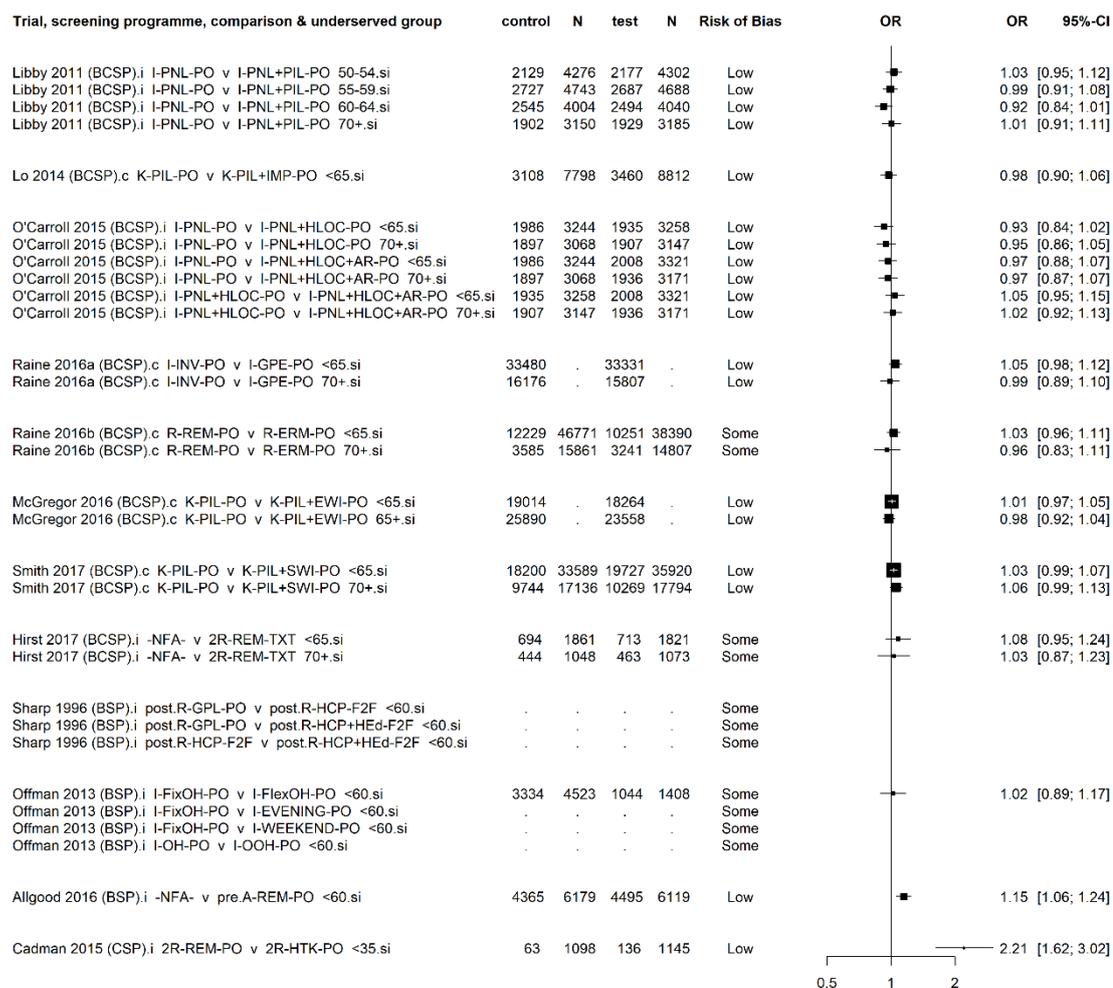
4 Forest plots for age

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)

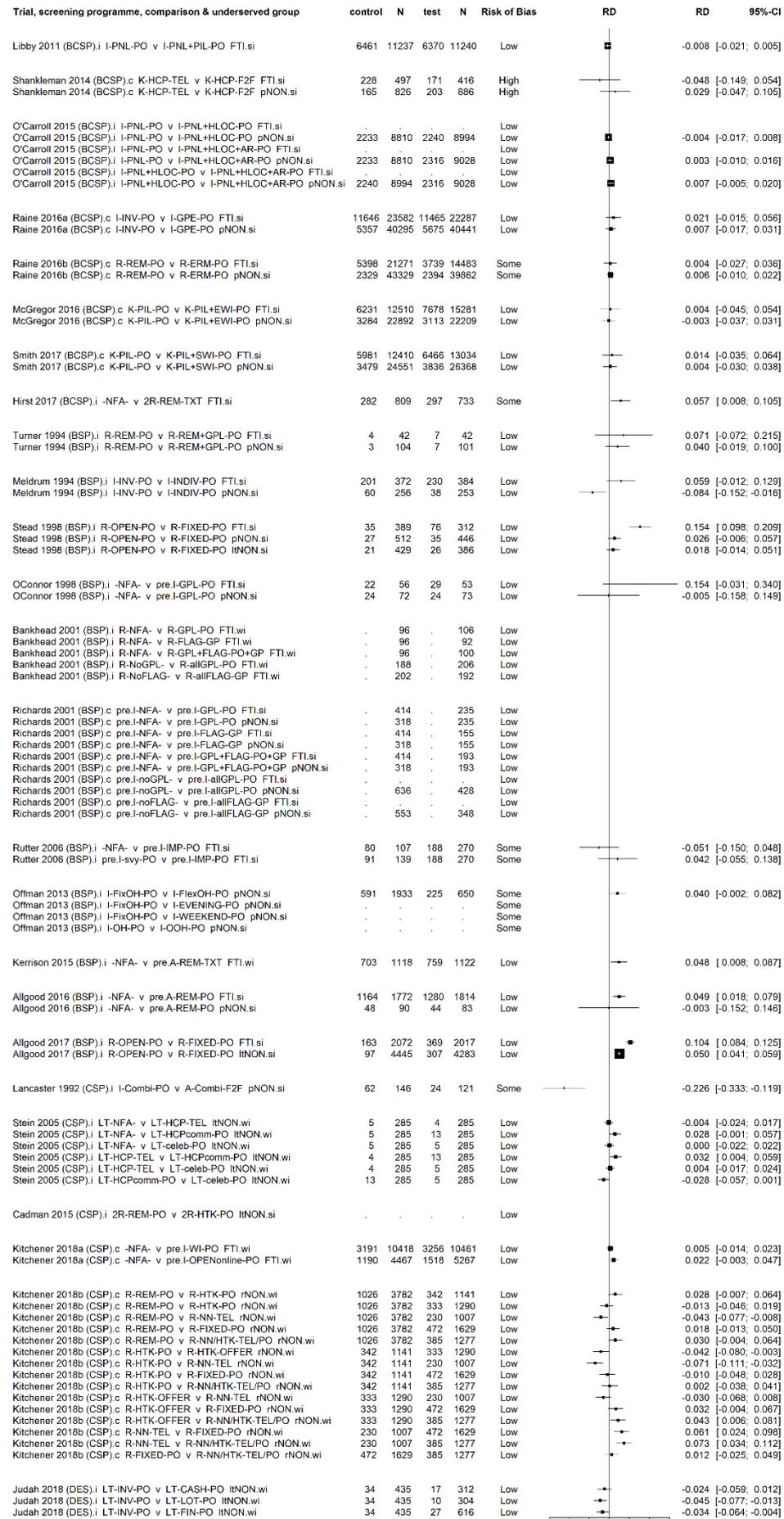
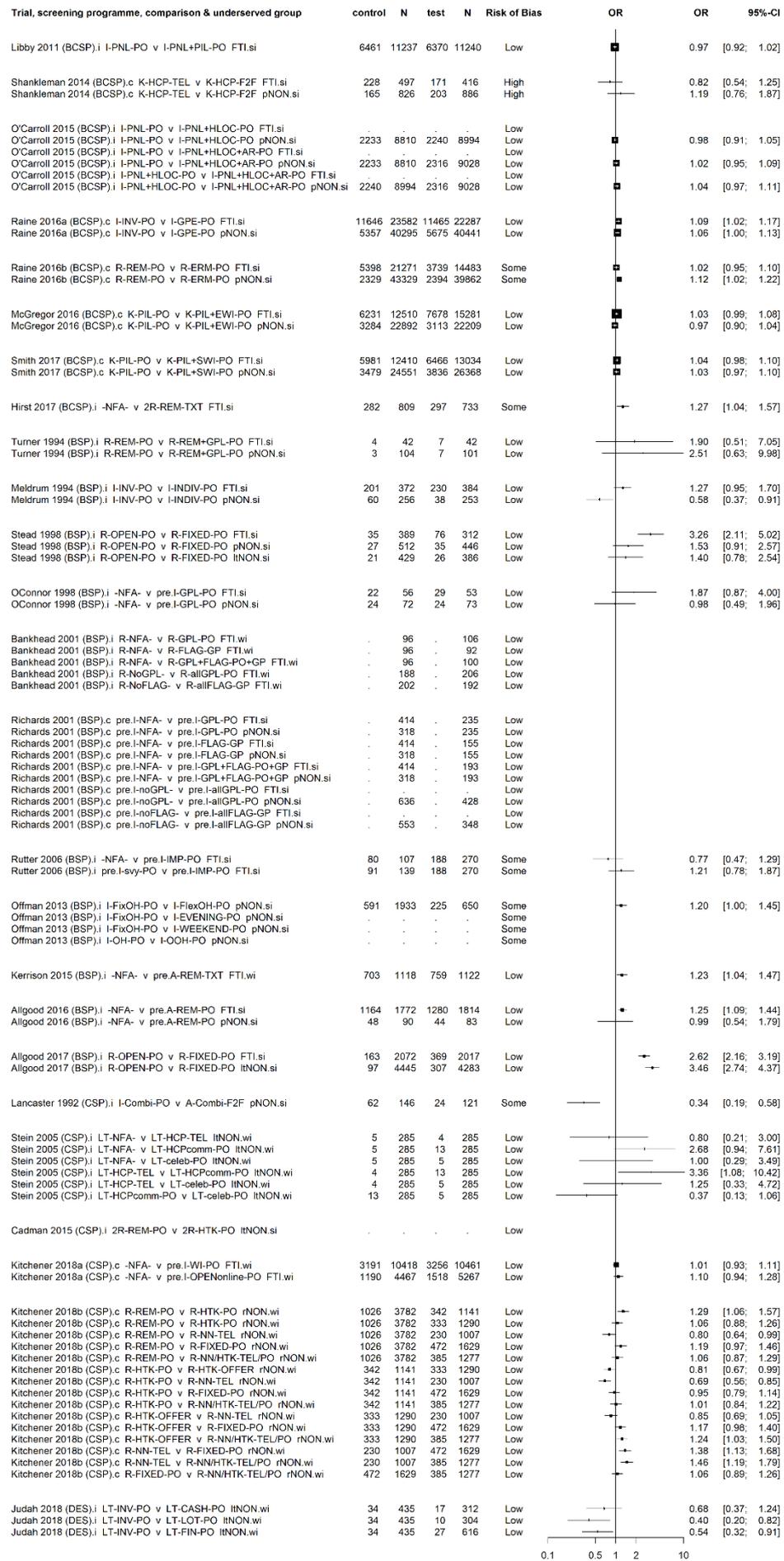


Figure 10 Odds ratio (screening history, ordered by screening programme)

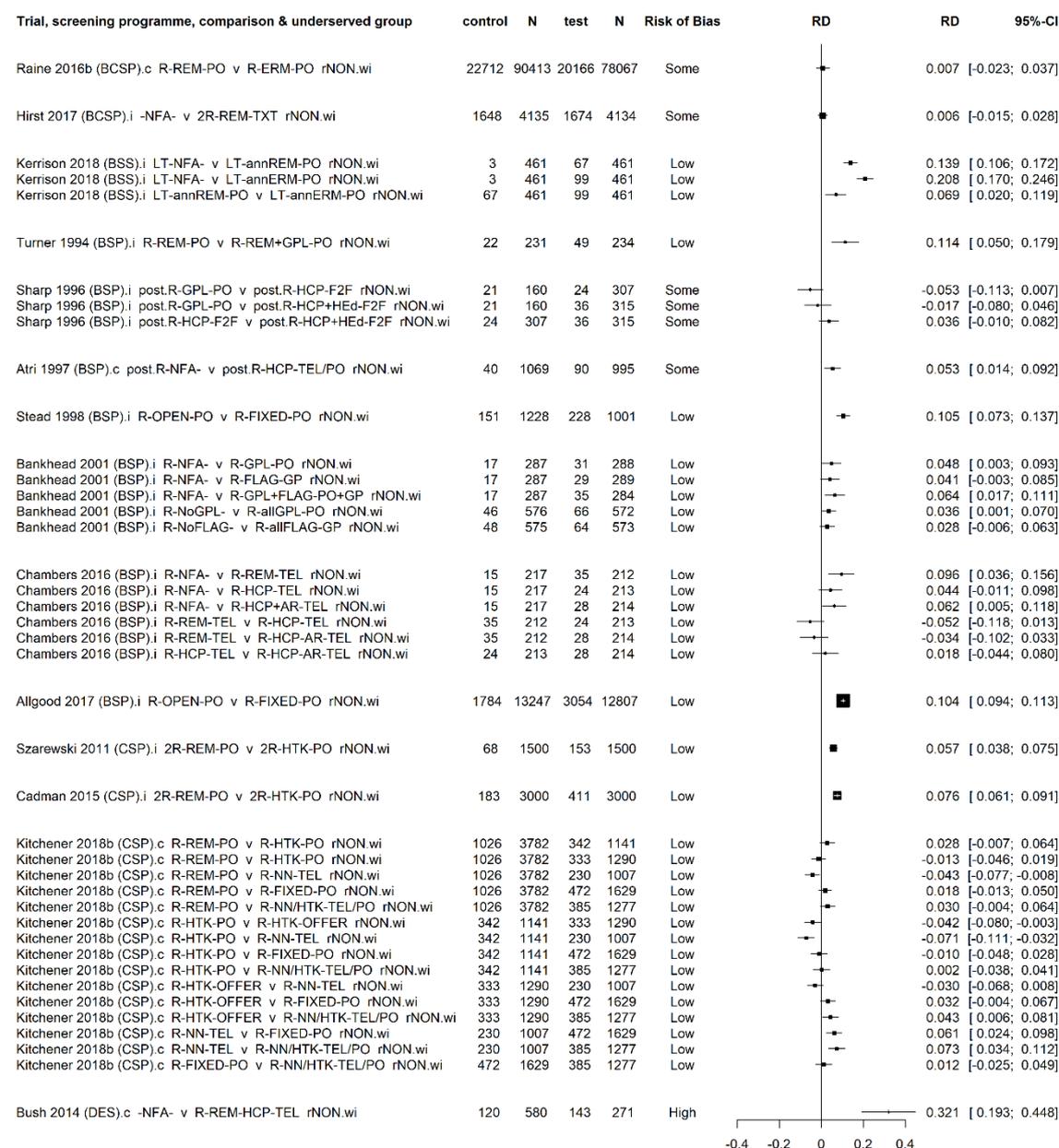


0.1 0.5 1 2 10

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

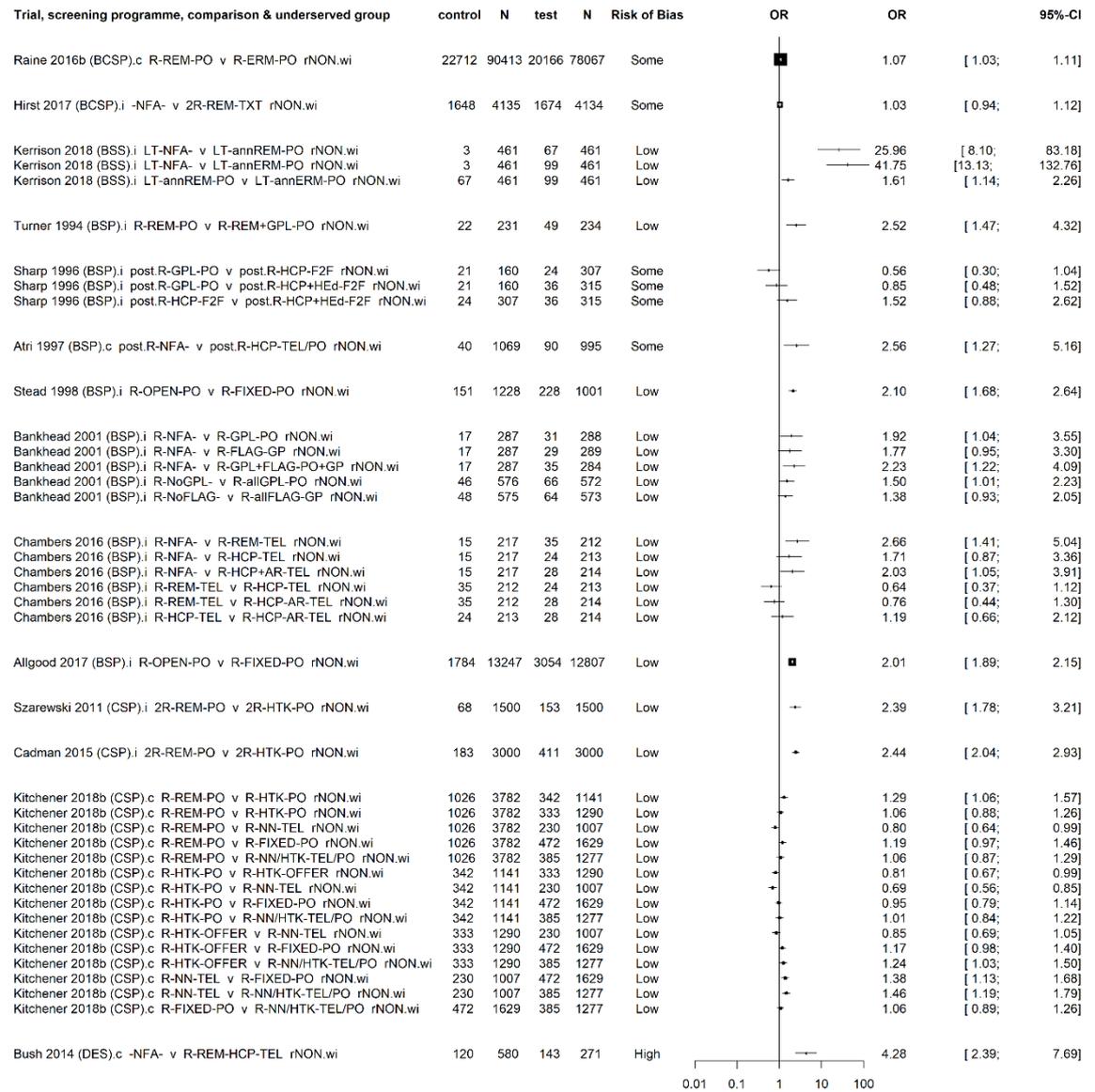
Control arms with no reminders at all have been excluded from this analysis, apart from those for BSS, as reminders are already a part of the standard screening process for other programmes because there is very strong evidence that they improve uptake.

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.