Potential screening participants’ and physicians’ preferences on optimizations of population based colorectal cancer screening, a discrete choice experiment

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON22227

Source
Nationaal Trial Register

Brief title
DCE CRC screening optimizations

Health condition

Colorectal cancer

Sponsors and support

Primary sponsor: Radboudumc
Source(s) of monetary or material Support: Radboudumc

Intervention

Outcome measures

Primary outcome

Relative preference of selected attribute levels, expressed in utility scores

Secondary outcome

Importance scores for attributes, expected uptake of CRC screening optimizations, differences in preference structures among populations subgroups and among patients versus physicians

Study description

Background summary

RATIONALE
Population based screening for colorectal cancer (CRC) has successfully been enrolled in the Netherlands since 2014. For this, adults aging from 55-75 years, are invited to provide a stool sample for detection of occult blood (fecal immunochemical test [FIT]) every two years, with a follow-up colonoscopy in case of a positive result. However, FIT sensitivity and specificity are suboptimal, resulting in unnecessary colonoscopies in over 20% of patients with a positive FIT. The invasive nature and associated healthcare costs warrant a better selection of individuals that require a colonoscopy, for example by biomarkers in breath or stool samples.
High adherence rates of a population-based screening program are important to achieve reduction of cancer related mortality. The process of screening is complex and involves patients as well as providers. Understanding participants' and physicians' preferences may help choosing better screening options and ultimately lead to higher attendance rates. We aim to elicit screening participants' and physicians' preferences towards optimizations for population-based CRC screening.

OBJECTIVES
- To determine participants' and physicians' preferences regarding the use of additional breath- or fecal sampling to improve population-based screening
- To predict the relative importance of different screening strategies in participants and physicians
- To predict the uptake of CRC screening with various test strategies
- To identify differences in preference among different subgroups

STUDY DESIGN
The present study will be conducted as a discrete choice experiment. Subjects will be asked to choose between two hypothetical CRC screening strategies with 4-6 attributes, the current CRC screening program, or to opt-out (no screening) in 10 varying questions .

STUDY POPULATION
A random selection of patients between 50-75 years from the municipal database of Nijmegen will be sent a questionnaire. Additionally, practicing gastroenterologists and general practitioners in the Netherlands will be invited to fill in the questionnaire.

MAIN STUDY ENDPOINTS
Patient and physician preferences, expressed in the utility of each individual attribute and the relative importance of the selected attributes.

NATURE AND EXTEND OF THE BURDEN AND RISKS ASSOCIATED WITH PARTICIPATION, BENEFID AND GROUP RELATEDNESS
The burden for study participants is low. Subjects will be asked to perform a series of choice tasks to assess their preferences on optimization strategies for the CRC screening program. The questionnaire consists of approximately 10 short choice tasks, which will take around 15 minutes to complete. To ensure privacy and confidentiality, all study data will be anonymized. No healthcare risks are associated with participating.
Included patients will not directly benefit from this investigation. However, this study will give valuable insights in participants' and physicians' preferences and can help future policy making on improvement on population-based CRC screening, lowering the colonoscopy burden on patients, as well as on healthcare accessibility. As such, we consider the balance between risks and discomfort for patients (low) and benefit for the future population (potentially high) acceptable.

Study objective

Individuals have preferences towards certain attributes of CRC screening optimizations

Study design

Participants are invited to fill in the quesstionnaire. A reminder will be sent once after 1 month.

Intervention

Questionnaire

Contacts

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Eligibility criteria

Inclusion criteria

- Age 50-75
- Randomly selected from the municipal database of Nijmegen
Or:
- Practicing gastroenterologist, fellows or general practitioner in the Netherlands

Exclusion criteria

- Subject is illiterate or unable to provide informed consent

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	05-10-2020
Enrollment:	600
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Not applicable
Application type: Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL8849
Other	CMO Arnhem-Nijmegen : 2020-6951

Study results