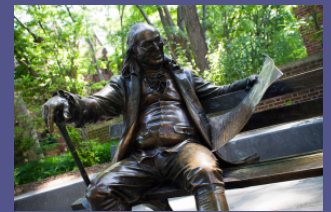


CPCRN CROSS-CENTER AD HOC WORKGROUP: CERVICAL CANCER

Lead: UPenn
Collaborating Sites:
CDC
UNC
UW



CERVICAL CANCER SYSTEMATIC LITERATURE REVIEW

■ Purpose:

- To understand the drivers of de-escalation and the strategies that can be used to increase adherence to cervical cancer screening guidelines.

■ Research Questions*

1. What are the drivers of de-escalation of low-value cancer prevention services and practices?
2. What methods and approaches have *been effective* in the de-escalation of low-value cancer prevention services and practices?

*After search, decided to currently focus questions on cervical cancer

INCLUSION/EXCLUSION CRITERIA

Inclusion Criteria:

- Published between 1990 and 2016
- Collects original quantitative research
- Full-text Available in English
- Study participants are aged ≥ 18 years
- Conducted in an US applicable country
- Outcomes measured include low value cancer prevention service or practice rate
- Examines predictors or correlates of de-escalation of low value cancer prevention services or practices (RQ1 only)
- Evaluates a de-escalation intervention (RQ2 only)
- Collects multiple measurements and/or includes a comparison group (RQ2 Only)

Exclusion Criteria:

- Primary focus is on increasing screening rates rather than meeting specific guidelines
- Includes patients receiving diagnostic testing rather than prevention screening
- Focuses on post-treatment surveillance for cancer patients/survivors

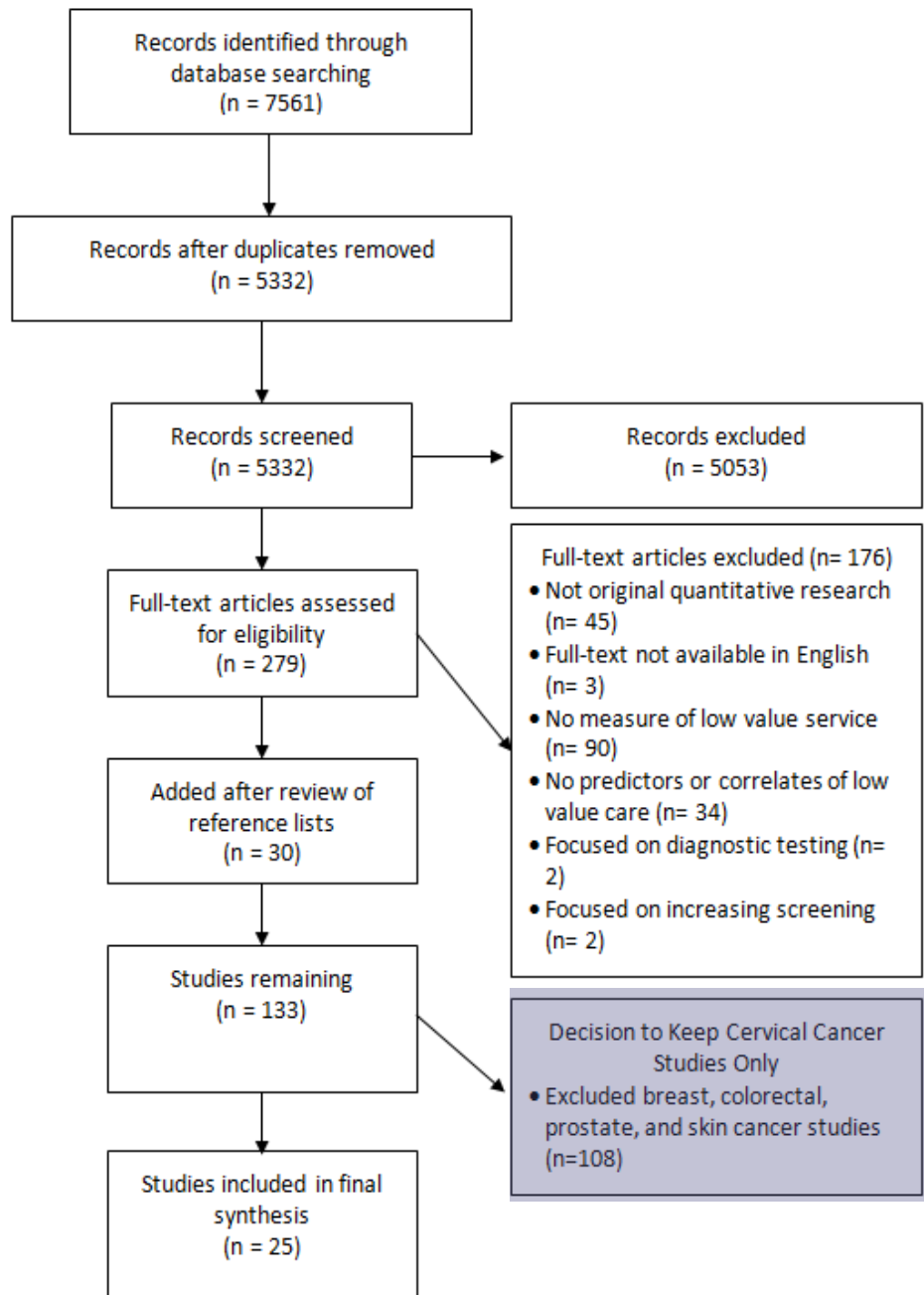
PRISMA FLOW DIAGRAM

Identification

Screening

Eligibility

Included



TIMELINE

Systematic Literature Steps	Date	Workgroup Member Roles
Overall coordination of steps & methods; Project Oversight		Julia Alber, Alyssa Yackle & Karen Glanz
Collection of articles' citation and abstract	May 2016	Julia Alber
Initial screening of titles and abstracts (inclusion criteria #1-5; exclusion #2-3)	July 2016	Julia Alber, Dana Burshell, Anatasha Crawford, Linda Ko, Matt Kearney, Ryan Quinn, Jenny Spencer, Alyssa Yackle
Screening of titles and abstracts (remaining inclusion criteria/exclusion criteria)	November 2016	Julia Alber, Alyssa Yackle, Cathy Melvin (Dana Burshell), Jenny Spencer, Anatasha Crawford
Full-text articles independently assessed for eligibility	December 2016	Linda Ko, Julia Alber, Anatasha Crawford, Alyssa Yackle

TIMELINE CONTINUED

Systematic Literature Steps	Date	Workgroup Member Roles
Scanning of eligible articles' reference lists	January 2017	Anatasha Crawford , Linda Ko, Julia Alber, Alyssa Yackle
Data extracted	May 2017	Julia Alber, Anatasha Crawford, Alyssa Yackle, Meagan Robichaud
Data synthesized	June 2017	Julia Alber, Karen Glanz, Jennifer Leeman (student), Jennifer Smith
Article written, revised, and prepared for submission	September 2017	Karen Glanz, Cathy Melvin, Linda Ko, Noel Brewer, Julia Alber, Jennifer Smith, Chyke Doubeni, Anatasha Crawford

PRELIMINARY FINDINGS

■ Research Question #1

■ 20 Articles

■ Study Designs

- 9 cross-sectional studies

- 7 successive independent samples study (multiple cross-sectional collection)

- 4 respective studies

■ Factors associated with overuse:

- Provider: solo practitioners, gynecology provider specialty, lack of knowledge of guidelines

- Demographics: younger age, black/African American, non-Hispanic white ethnicity, exceeding 400% of poverty level, higher education level

- Health care: more medical/clinical visits, contraceptive management visits, private insurance

PRELIMINARY FINDINGS

■ Research Question #2

- 5 articles
- All before-after study designs
- All were 1 year long
- Types of intervention components (some had multiple intervention components):
 - Electronic health records (n=3) - Updates to order forms (text or alert button)
 - Provider education (n=2) - Review of guidelines & tools
 - Manual/guide (n=2) - Pocket guide for ACOG guidelines & clinical pathway algorithm
 - Clinical decision support (n=1) - One person reviews and decides when patients are due for screening
- All studies showed significant decreases in overuse
 - Note: Studies applied simple analyses (e.g., chi-square test) that did not control for other factors

WORKGROUP NEXT STEPS

- De-Escalation Literature Review Completion: September 2017
- De-Escalation Intervention: Currently Seeking Funding
 - LOI to Donaghue Foundation (submitted May 2017)
- Prevent Cancer Foundation Research Grant (Due June 29, 2017)