Text Document, Supplemental Digital Content 2: Scripts

Randomized Controlled Trial of Personalized Colorectal Cancer Risk Assessment vs. Education To Promote Screening Uptake

**Short Title:** Colorectal cancer risk assessment vs. education

1. Timothy Yen, MD- Clinical Instructor, Stanford University School of Medicine Department of Medicine, Division of Gastroenterology, Stanford, California

2. Feifei Qin, MPH- Stanford University School of Medicine Department of Medicine, Quantitative Sciences Unit, Stanford, California

3. Vandana Sundaram, MPH- Stanford University School of Medicine Department of Medicine, Quantitative Sciences Unit, Stanford, California

4. Edgar Asiimwe, MD, MSc- Medical Student, Stanford University School of Medicine Department of Medicine, Division of Gastroenterology, Stanford, California

5. Tina Storage, MD- Stanford University School of Medicine Department of Medicine, Division of Gastroenterology, Stanford, California

6. Uri Ladabaum, MD, MS- Professor of Medicine, Stanford University School of Medicine Department of Medicine, Division of Gastroenterology and Hepatology, Stanford, California

**Initial Telephone Contact**

**1. Script: Study Recruitment, Eligibility Screening, and Verbal Consent**

Hello \_\_\_\_\_\_\_,

This is \*\*\* – I’m a research coordinator and I’m working with Dr. Uri Ladabaum at Stanford Hospital and Clinics. How are you today?

I was hoping to tell you about a study we are doing on colon cancer screening. It would take no more than 10-15 minutes of your time and only involves survey questions. Is this an okay time to talk?

Great. Before I go on, I had one question – have you ever been screened for colorectal cancer using any screening test?

(If YES – they are exempt from study)

(If NO)- Okay. Before I begin, I wanted to let you know that we take your privacy very seriously and none of this information is linked to your identity. There are no foreseeable risks and the benefits to society may include increased knowledge about colon cancer screening.

|  |  |
| --- | --- |
| **2. Script: Demographics** |  |
| Age: | Under 60 |
| *“What is your age?”* | 60 and older |
| Gender: | Male |
| *“What is your gender?”* | Female |
| Race/Ethnicity: | White |
| *“What is your race or ethnicity”* | African American |
|  | Hispanic |
|  | Asian |
|  | Other |
|  | No answer |
| Education: | High school graduate or lower |
| *“What is your highest level of education?”* | Some college or college graduate |
| Some post college, Masters or PhD |
|  | No answer |
| Household income: | Less than 50K |
| *“What is your annual household income?”* | 50K to < 75K |
| 75K or more |
|  | No answer |
| Family history CRC: | No |
| *“Do you have a family history of colorectal cancer?”* | Yes |
| No answer |
| History other cancer: | No |
| *“Do you have a history of other cancers?”* | Yes |
| No answer |

|  |
| --- |
| **3. Script: Screening Attitudes, Screening Intent, Pre-intervention** |
| Knowledge: *Answered "Yes" to "Have you heard of at least one of the following colorectal cancer screening tests?"* | * FOBT
 |
| * FIT
 |
| * Stool DNA test
 |
| * Sigmoidoscopy
 |
| * Colonoscopy
 |
| * Double Contrast Barium Enema
 |
| * CT Colonography
 |
| Fear:"*How much do you agree or disagree: I am afraid of finding colon cancer if I got checked"* | * Strongly Agree
 |
| * Somewhat Agree
 |
| * Somewhat Disagree
 |
| * Strongly Disagree
 |
|  | * Did not provide answer
 |
| Perception of absolute colorectal cancer risk: "*How likely are you to get colorectal cancer?"* | * Very likely
 |
| * Likely
 |
| * Neither likely nor unlikely
 |
| * Unlikely
 |
| * Very Unlikely
 |
|  | * Did not provide answer
 |
| Perception of relative colorectal cancer risk: *"Compared to the average person, how likely are you to get colon cancer?"* | * Very likely
 |
| * Likely
 |
| * Neither likely nor unlikely
 |
| * Unlikely
 |
| * Very Unlikely
 |
|  | * Did not provide answer
 |
| Screening intent: | [Precontemplation] |
| *“How much do you agree or disagree: I am* *intending to have colon cancer screening within* *the next 6 months”* | * Strongly disagree
* Somewhat disagree
 |
| [Contemplation] |
| * Somewhat agree
* Strongly agree
 |

*--(Randomization to Control Arm or CCRAT Arm via Redcap)--*

**4a. Option 1 Script: Control Arm Intervention**

Colorectal cancer is a potentially preventable cancer. Screening has shown to decrease the chance of getting or dying from colorectal cancer. There are a variety of tests that are available to screen for colorectal cancer. People without a family history should start screening at age 50. Risks of screening are low. This type of screening is a major priority for healthcare maintenance in primary care.

**4b. Option 2 Script: CCRAT Arm Intervention**

(see more at <https://ccrisktool.cancer.gov/>)

(Demographics)

1. Is the patient Hispanic or Latino? *Yes or No*

2. To which of the following does the patient identify: *White, Black/African American, or Asian American/Pacific Islander*

3. What is the patient's age? *Age 45-85*

4. What is the patient’s sex? *Male or Female*

5. What is the patient's height and weight without shoes? *\_\_ ft. \_\_ in. \_\_ lbs.*

(Diet & Physical Activity)

1a. In the last month, about how many servings of vegetables or leafy green salads did the patient eat per week? This includes leafy green salads and raw, cooked, canned, and frozen vegetables including beans. This does not include fried vegetables like French fries or fried potatoes.) *None, < 1 serving/week, 1-2 servings/week, 3-4 servings/week, 5-6 servings/week, 7-10 servings/week, > 10 servings/week*

1b. In the last month, how much did the patient usually eat in each serving of vegetables or leafy green salads? *½ cup or less, ½–1½ cups, 1½-3 cups, 3-5 cups, >5 cups*

2a. In the last year, in how many months did the patient do any kind of moderate physical activity? Moderate activities DO NOT cause the patient to sweat or breathe hard. Some examples include vacuuming, gardening, easy walking for exercise, and so on. *0-12 months*

2b. During those months, on average, about how many hours per week did the patient do moderate physical activities? *Up to 1 hour/week, 1-2 hours/week, 2-3 hours/week, 3-4 hours/week, >4 hours/week*

3a. In the last year, in how many months, if any, did the patient do any kind of vigorous activity? Vigorous activities include all activities that DO cause the patient to sweat or breathe hard. Some examples include racquet sports, basketball, running, fast biking, exercise class, weight lifting, backpacking, swimming, and heavy labor such as shoveling dirt. *0-12 months*

3b. During those months, on average, about how many hours per week did the patient do vigorous physical activities? *None, up to 1 hour/week, 1-2 hours/week, 2-3 hours/week, 3-4 hours/week, >4 hours/week*

(Medical History)

1. During the past 10 years, did the patient have a colonoscopy, sigmoidoscopy, or both? *No (for all patients eligible for this study)*

2. During the past 30 days, did the patient take medications containing aspirin at least 3 times a week, such as: Bufferin, Bayer, Excedrin, Other generic forms (Do not include Tylenol) *Yes, No, Doesn’t know*

3. During the past 30 days, did the patient take medications that do not contain aspirin at least 3 times a week, such as: Advil, Aleve, Celebrex, Ibuprofen, Motrin, Naproxen, Nuprin. This does not include Tylenol. *Yes, No, Doesn’t know*

4a. (Females only) Does the patient still have periods? *Yes, No*

4b. (Females only) When did the patient have her last period? *Within the last year, 1-2 years ago, 2 or more years ago*

4c. (Females only) During the past two years, has the patient used estrogen, progestin, or other female hormones. These hormones may be given as hormone pills, oral contraceptives, shots, skin patches, vaginal creams, or as vaginal suppositories. *Yes, No*

(Family History)

1. Does the patient have any immediate relatives such as mother, father, brothers or sisters, sons or daughters who ever had cancer of the colon or rectum/cancer of the lower intestine? *Yes, No, Doesn’t know*

2. How many of these relatives had cancer of the colon or rectum/cancer of the lower intestine? *1, 2 or more, Doesn’t know*

(Cigarette Usage, Males only)

1. Has the patient smoked 100 or more cigarettes in his lifetime? *Yes, No, Unknown*

1b. How old was the patient when he started smoking cigarettes on a regular basis? At least one cigarette a day for six months or longer. *Never smoked cigarettes regularly, 12-49*

1c. Does the patient currently smoke cigarettes? *Yes, No*

1d. How old was the patient when he quit smoking cigarettes completely? If the patient quit more than once, use the most recent age he quit smoking completely. *12-47*

1e. When the patient was smoking regularly, how many cigarettes did he smoke per day? *0 cigarettes a day, 1-10 cigarettes a day, 11-20 cigarettes a day, >20 cigarettes a day*

(Calculation of CRC Risk using above answers)

The Colorectal Cancer Risk Assessment Tool estimates your risk of colorectal cancer during the next 5 and 10 years if you are:

* 50 to 85 years old
* African American
* Asian American/Pacific Islander
* Hispanic/Latino
* White

When this tool was first developed, it was tested with white people and found to be an accurate estimate of their risk of colorectal cancer. If you are African American, Asian American/Pacific Islander, or Hispanic/Latino, this tool can still estimate your risk. But, because there is not as much data available for these groups, your results may be less accurate.

This tool uses the answers you provided to the questions to estimate your risk of colorectal cancer.

This tool provides estimates on absolute colorectal cancer risk. Absolute colorectal cancer risk refers to the chance that you will develop colorectal cancer during a certain number of years.

Your personal risk for developing colorectal cancer during your lifetime is estimated to be \_\_\_\_\_\_\_%, most likely in the range of ­­\_\_\_\_\_\_\_% or somewhere between ­­­\_\_\_\_\_\_ out of every 100 people) but may be higher or lower. This means your risk is \_\_\_\_\_\_ than the average risk for all \_\_\_\_\_\_\_(ethnicity/gender/age) - which is approximately \_\_\_%.

**5. Script: Screening Intent, Immediately Post-intervention**

|  |  |
| --- | --- |
| Screening intent: | [Precontemplation] |
| *“How much do you agree or disagree: I am* *intending to have colon cancer screening within the next 6 months”* | * Strongly disagree
* Somewhat disagree
 |
| [Contemplation] |
| * Somewhat agree
* Strongly agree
 |

(Completion of initial telephone contact)

**Telephone Contact at 6 and/or 12 months post-intervention**

(for those remaining unscreened on chart review at 6 and/or 12 months)

**Script: Screening Intent, 6 or 12 months post-intervention**

|  |  |
| --- | --- |
| Screening intent: | [Precontemplation] |
| *“How much do you agree or disagree: I am* *intending to have colon cancer screening within the next 6 months”* | * Strongly disagree
* Somewhat disagree
 |
| [Contemplation] |
| * Somewhat agree
* Strongly agree
 |