

Diffusion and Dissemination of Cancer Control Interventions

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Authors: Ellis, P., Robinson, P., Ciliska, D., Armour, T., Brouwers, M., O'Brien, M., et al.

Questions. What is the effectiveness of cancer control interventions (i.e., smoking cessation, healthy diet, mammography, cervical cancer screening, and control of cancer pain) to promote behavior uptake? What strategies have been evaluated to disseminate cancer control interventions?

Data sources. Studies were identified by searching MEDLINE, PREMEDLINE, Cancer LIT, EMBASE/Excerpta Medica, PsycINFO, CINAHL, the Cochrane Database of Systematic Reviews, and reference lists and by contacting technical experts.

Study selection. For effectiveness studies, English-language systematic reviews (since 1990) were selected if they stated inclusion criteria for primary studies, reported the review methods, and evaluated 1 of the 5 cancer control interventions in individuals or healthcare providers. For dissemination and diffusion, English-language primary studies (since 1980) were selected if they evaluated the dissemination of 1 of the 5 cancer control interventions in individuals, healthcare providers, or institutions. Studies of children or adolescents only were excluded.

Data extraction. 2 reviewers independently extracted data on patients, interventions, and outcomes. Disagreements were resolved by consensus. The quality of study and review methods was also assessed.

Main results. 41 reviews on effectiveness and 31 studies on dissemination and diffusion were included. Studies were not meta-analyzed because of heterogeneity, low methodological quality, and incomplete data reporting. *Adult Smoking Cessation:* effective smoking cessation interventions included brief advice by a healthcare professional, office prompts, media campaigns, and office reminders combined with physician training with or without patient education. No strong evidence currently exists for effective dissemination studies. *Adult Healthy Diet:* Effective interventions for promoting a healthy diet included physician education in dietary counselling, tailored interventions, multiple interventions, and provision of multiple contacts and environmental interventions. No beneficial dissemination strategies were found except for the use of peer educators in the worksite, which led to a short-term increase in fruit and vegetable intake. *Mammography:* Effective interventions included invitations or mailed reminders, office system interventions, and financial barriers interventions. Insufficient evidence exists for the effectiveness of any dissemination strategy. *Cervical Cancer Screening:* Effective interventions included office systems and invitations and reminders to individuals. Limited evidence supports the effectiveness of educational materials, telephone counseling, removal of financial barriers, media campaigns, and healthcare provider advice. No evidence exists for dissemination strategies. *Control of Cancer Pain:* Inadequate evidence exists for effective interventions. Dissemination of a treatment algorithm for pain management resulted in a short-term change in provider adherence. Few studies on dissemination exist.

Conclusion. Some cancer control interventions are effective for changing provider or individual behavior. Little research has been done on dissemination strategies.

