



Special Issue on
Behavioural Strategies for Optimising Initial and Ongoing Participation in Colorectal Cancer Screening

CALL FOR PAPERS

Colorectal cancer (CRC) is noteworthy for its high incidence in developed countries and its increasing incidence in developing countries. The burden is spread across both men and women. In response to this situation, many of these countries have implemented screening for CRC, either via primary care or via population-based invitational strategies, with these activities most usually focused on people who aged 50 and older.

A variety of approaches toward the detection of curable lesions have been used, including faecal immunochemical testing (FIT, colonoscopy, flexible sigmoidoscopy, and digital rectal examination). However, the success of these screening programs has been mixed. In developed countries with population-based FIT screening programs, optimal uptake of initial screening invitation has not been achieved and reported participation rates have ranged from 6–52%.

Participation improves outcomes at the population level independent of screening technology. Initial uptake and continued adherence (i.e., reparticipation at the recommended interval) are crucial for the success of any population-based screening program. It is essential to use longitudinal observations of screening participation to measure adherence to all screening offers. Studies have documented adherence rates ranging from 14.1 to 60.4% over two or more screening rounds. These findings highlight the importance of moving beyond identification of the factors that predict initial screening uptake to identify those associated with inconsistent participation.

We invite overview and original papers describing current and expected challenges along with potential solutions. Both empirical and review papers are welcome.

Potential topics include, but are not limited to:

- ▶ Describing and evaluating the rapidly emerging evidence on demographic, physical, and psychological variables that impact initial participation in colorectal screening
- ▶ Examination of influences on reparticipation including, but not limited to, test characteristics, method of offer, means of communication, the views of the health care provider, and participants' attitudes and characteristics
- ▶ Evidence of what defines the best practice in communicating with targeted subgroups about the benefits of screening
- ▶ The papers could highlight both commonalities observed internationally and unique influences observed on the basis of country, nationality, and subgroup characteristics
- ▶ Suggestions about how the variables that influence participation might be addressed in order to optimise participation

Authors can submit their manuscripts via the Manuscript Tracking System at <http://mts.hindawi.com/submit/journals/grp/crcs/>.

Lead Guest Editor

Carlene Wilson, Flinders University of South Australia, Adelaide, Australia
carlene.wilson@flinders.edu.au

Guest Editors

Carolyn Gotay, University of British Columbia, Vancouver, Canada
carolyn.gotay@ubc.ca

Ronald E. Myers, Thomas Jefferson University, Philadelphia, USA
ron.myers@mail.tju.edu

Michael S. Wolf, Northwestern University, Chicago, USA
mswolf@northwestern.edu

Manuscript Due

Friday, 20 November 2015

First Round of Reviews

Friday, 12 February 2016

Publication Date

Friday, 8 April 2016