



Understanding the potential and challenges of adenoma treatment as a prevention opportunity: Insights from the BeWEL formative study

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ABSTRACT

Objectives. To explore prevention opportunities presented by colorectal adenoma diagnosis and inform engagement strategies for the BeWEL study (body weight and physical activity lifestyle intervention for colorectal cancer screening participants who have undergone adenoma removal).

Methods. Qualitative study comprising 4 purposively sampled focus groups conducted in urban and rural areas in Tayside, Scotland, with different deprivation levels. Participants were men and women ($n = 17$) aged 50–74 with BMI > 25 kg/m² with removal of adenoma detected by colorectal cancer screening.

Results. Adenoma diagnosis presents both opportunities and challenges for prevention. Some patients perceived adenoma as minor and not sufficiently motivating to act as a ‘teachable moment’. Patients had low awareness of the relationship between adenoma and lifestyle factors, and received little information on prevention during screening and treatment. Consequently they interpreted post-treatment ‘all clear’ messages as validation of existing lifestyles, and did not see the relevance of prevention advice. Receptiveness increased when the association between lifestyle, adenoma recurrence and other illness was explained.

Conclusion. The study illustrates the value of exploratory research into patient understanding to improve communications and health services. Without unduly worrying patients, professionals should explain how to reduce risk of adenoma, cancer and other diseases, particularly through diet, physical activity and weight reduction.

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Introduction

Colorectal cancer (CRC) is the third most common cancer and cause of cancer death in the USA and UK (IARC, 2010). Most cases (95%) occur in people over 50 years, often co-existing with other lifestyle-related diseases including type 2 diabetes mellitus and cardiovascular disease (CVD) (Baade et al., 2006; Brown et al., 1993). These diseases share common risk factors including large body size, abnormal lipids and markers of insulin resistance (Giovannucci, 2007). The UK government strategy aimed at decreasing CRC burden is focussed on early detection of the disease, and national CRC screening programmes using faecal occult blood testing (FOBT) have been rolled out across the UK (www.cancerscreening.nhs.uk/bowel).

A positive result from screening can focus participants' attention on risk reduction (McBride et al., 2008), and intervention studies have demonstrated a positive response to dietary guidance (Baker and Wardle, 2002; Caswell et al., 2009; Robb et al., 2010). However, screening also has the potential to provide false reassurance – the ‘health certificate’ effect, whereby patients who receive negative results feel no need to modify their lifestyle, or have poorer health behaviours than those not participating in screening (Larsen et al.,

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2007). Both these potential consequences of screening underline the importance of understanding perceptions about disease causes and lifestyle factors, and how these might shape response to prevention interventions. Messages and advice given by professionals during screening are likely to influence how people interpret and respond to results and treatment, particularly in relation to making subsequent health behaviour changes (Miles et al., 2010).

The work reported here was undertaken as part of formative research to gather insight into patients' perspectives about lifestyle interventions after receiving a positive CRC screening result. This study was then utilised to inform thinking about recruitment and intervention approaches for the BeWEL study – a randomised controlled trial (RCT), designed to measure the impact of a body weight and physical activity intervention on adults at risk of developing colorectal adenomas (Craigie et al., 2011). The focus of the BeWEL intervention is based on evidence of an association between physical activity, obesity, and diet and risk of CRC and other chronic diseases (Knowler et al., 2002; WCRF, 2007), and that approximately 43% of CRC can be prevented through changes in these risk factors (WCRF, 2009).

The current work, undertaken before recruitment to the full BeWEL study, explored how participants with adenoma detected and removed through the CRC screening programme felt about their diagnosis, their understanding of its significance, and the extent to which the experience might motivate behaviour changes to reduce CRC and other chronic disease risk. The study also explored whether adenoma diagnosis might represent a 'teachable moment' (Lawson and Flockie, 2009), and how this moment might be better utilised as a prevention opportunity.

Methods

Study participants

Prospective participants aged 50–74 and living within Tayside, Scotland, who had undergone adenoma removal within the last three months were identified retrospectively from hospital records and invited to participate in a focus group. All patients were advised of the study through a letter of introduction sent by the colorectal nurse specialist responsible for screening. This letter was then followed two weeks later by a written invitation from the research team. Those interested were telephone screened for BMI ($>25 \text{ kg/m}^2$) and availability. Recruitment was from a mix of urban and rural populations and a range of social backgrounds, as assessed by the Scottish Index of Multiple Deprivation (SIMD) which defines deprivation at the postcode level on the basis of income, employment, health, education, skills, housing, geographical access and crime (Scottish Government, 2009). Written informed consent was obtained prior to the focus groups.

Data collection

A discussion guide was developed containing open-ended questions around key areas including experiences of adenoma diagnosis and treatment, understanding of adenoma and its relationship to lifestyle and disease, and how participants would feel about being offered advice and support for making behaviour changes, particularly in relation to healthy eating, physical activity and weight loss. Focus groups were moderated by an experienced researcher and digitally audio-recorded with participants' consent.

Data analysis

Recorded discussions were transcribed and a thematic analysis was conducted. The approach drew on both the deductive and inductive approaches to thematic analysis (Braun and Clarke, 2006): themes relating to the pre-specified research questions (for example, attitudes towards receiving lifestyle advice) were actively sought in the data, whilst further themes evolved from the coding process itself (for example, the perceived contradiction between receiving an all-clear message during screening and then being offered advice for lifestyle change).

Ethical approval was given by NHS Tayside's Committee on Medical Research Ethics.

Results

In total, 135 men and women were invited to take part. CRC screening nurses provided a list of the most recent 105 eligible participants, 31 females and 74 males, of whom 8 females and 22 males agreed to be contacted. A further 30 were subsequently invited, including purposive over-sampling of females to improve representation of women in the study. Of these 135, 38 agreed to be contacted. However 8 were excluded at telephone screening (self-reported BMI $<25 \text{ kg/m}^2$) and 13 unavailable during the fieldwork period (Fig. 1).

Participants were male ($n = 12$) and female ($n = 5$), aged 50–74, of mixed social class and many were retired (Table 1). We conducted four focus groups: one all male and three mixed gender. Two were held in the community, two in university settings. The groups lasted between 75 and 100 min.

Reported health status and experiences varied within the focus groups and reflected the range of diseases common in this age group including CVD. Gender and SIMD were similar in participants and non-participants. We did not have information on the health or weight status of non-participants to enable comparison of these factors (Table 1).

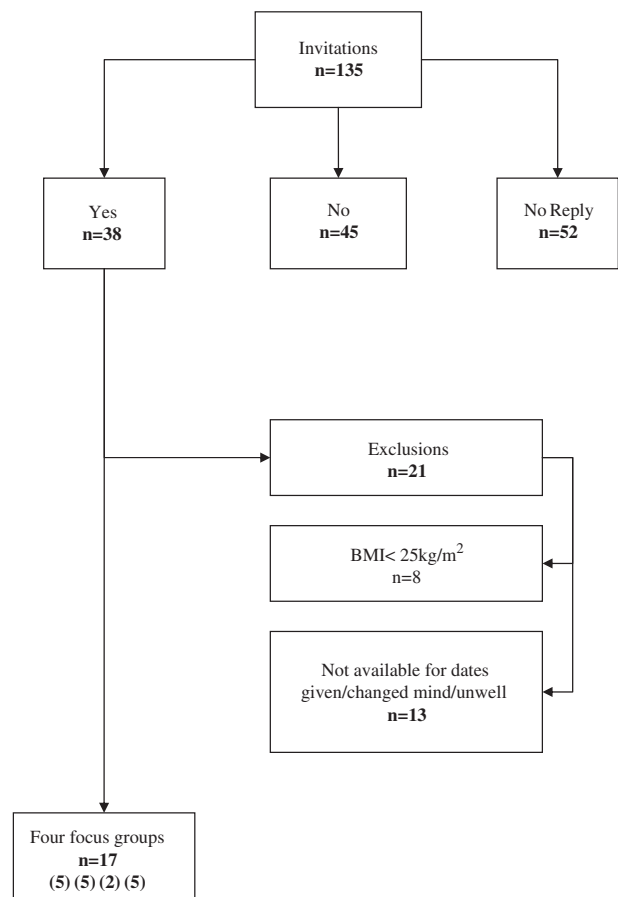


Fig. 1. Flow diagram of recruitment to focus groups (Tayside Scotland, May to September 2010).

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