# **Change Request**

January 18, 2018

**Information Collection Request:** Case Investigation of Cervical Cancer (CICC) Study

(OMB No. 0920-1162, exp. 02/28/2019)

# **Summary**

CDC is currently approved to collect information from cervical cancer survivors identified by three state cancer registries funded under contract HHSD2002013M53942B / 200-2016-F-90920. The *Case Investigation of Cervical Cancer Study (CICC) Study* seeks to understand screening and care histories of women with invasive cervical cancer, which can be prevented by a vaccine and timely screening tests. The primary data collection includes a survey offered through paper- and phone-based options, and medical chart abstraction. The recruitment of cervical cancer survivors to the study has been challenging. The study presently has a response rate of 20% with 329 completed surveys from 1,682 eligible survivors.

In an effort to increase the response rate, CDC proposes allowing cancer registries to send the approved incentive ($25 gift card) inside the mailing with the final request for participation to non-respondents who have indicated over the phone to registry staff that they are willing to complete the study materials.

**Background and Justification**

CDC is approved to collect the information needed to better understand the facilitators and barriers to cervical cancer screening and follow up of abnormal results (OMB No. 0920-1162, exp. 02/28/2019). This information will be used to develop interventions targeted to reach never or rarely screened women, and to understand missed opportunities for treatment of precancer.

Cervical cancer survivors are a challenging population to recruit. A pilot study that was completed by the New Jersey cancer registry (Herman, et al., 2017) found that cervical cancer survivors had significantly lower response rates compared to breast, colorectal, and prostate survivors. Many cervical cancer survivors in the study were socioeconomically disadvantaged and younger than survivors of other cancers (mean age is 40 years old).

The CICC Study is approved to provide a $25 incentive upon the receipt of a completed survey. This approach is called a *promised* incentive. The study seeks approval to add the option of providing the incentive at the time of the final mailing to women who have indicated a willingness to participate but who have not yet returned the materials. This option is referred to as a *prepaid* incentive approach.

A systematic review of multiple studies has shown that the use of *prepaid* incentives (when compared to a *promised* incentive) significantly increases survey response rates (Singer & Ye, 2013). For this modification, we propose using the prepaid incentive approach only in the final contact with women who have indicated they will participate. It is hoped that this change will increase the likelihood of response among this hard to reach population.

**Explanation of Changes**

CDC requests permission to allow cancer registries to include the incentive ($25 gift card) inside the final mailing for participation to non-respondents who have indicated over the phone to registry staff that they are willing to complete the study materials. The study has identified 118 potential participants whom a member of the study team has spoken with and expressed a willingness to participate. All of these participants have received two mailings and multiple phone calls in an attempt to reach out to them. As a show of “good faith” we will enclose the $25 incentive with the third mailing letter asking for them to return the study materials (instead of needing to return the study documents first).

This requested change does not impact other approved study protocols. For example,

* The third mailing to non-respondents is already approved.
* The amount of the incentive is already approved for $25.
* The burden to each participant is not changed.
* The number of respondents is not expected to exceed that proposed in the approved burden table.

**Request for Approval**

OMB approval is requested effective immediately after the approval. This request is of high priority to the study because the cancer registries are ready to begin the final outreach.

**References:**

Herman, N., Stroup A., et al. (2017). Making an IMPACT: Optimizing Patient Recruitment in Hard to Reach Populations with NJSCR. Submitted to the North American Association of Central Cancer Registries (NAACCR) Annual Meeting, NM June 2017.

Singer, E., Ye, C. (2013). The Use and Effects of Incentives in Surveys. Annals of the American Academy of Political and Social Science; 645(1): 112-141.