**Title:** Improving uptake of breast, bowel and cervical cancer screening among Muslim women: protocol for a non-randomised feasibility study of a peer-led, faith-based intervention (IMCAN project)

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**Background:** Cancer screening and early detection save lives, but Muslim women are less likely to participate in screening than white-British women. This is concerning as incidence rates of cancer appear to be increasing in ethnic minority groups. Faith-based cancer communications provide a culturally acceptable strategy to addressing barriers to screening. This study investigates the feasibility, effectiveness, and implementation of a co-designed, faith-based, and peer-led intervention to improve breast, bowel, and cervical screening uptake among Muslim women in the UK, which we co-designed in 2021 with ten Muslim women.

**Intervention:** The intervention includes a health education component delivered by a GP explaining what is involved in cancer screening and potential risk factors, such as diabetes; personal testimonials reflecting Muslim women’s experiences with cancer and screening; and an Islamic perspective on cancer screening delivered by an Alimah, a female religious scholar.

**Methods:** Underpinned by the Integrated Screening Action Model, we will conduct a non-randomised, two-arm feasibility trial with 200 Muslim women (aged 25-74 years, living in Glasgow or North-East England, not or partially up-to-date with screening). Participants will be allocated to either face-to-face or online delivery of the intervention. To identify opportunities for modification of the interventions, we will conduct semi-structured interviews with key stakeholders (n=6), including Muslim scholars and community liaison, and focus groups with intervention participants (4 groups with n=6-8/group) and peer-educators involved in intervention delivery (n=10).

**Expected results:** An assessment of the suitability of the trial’s parameters will inform the development of a large-scale trial using pre-specified progression criteria and a traffic light system for evaluation of STOP-AMEND-GO criteria. To gain a preliminary indication of intervention effectiveness we will capture knowledge, attitudinal change to screening, and behavioural outcomes, such as intention to screen at baseline, 6, and 12 months follow-up, and NHS screening attendance at 12 months.

**Conclusion:** The development of a co-designed faith-based, peer-led intervention has the potential to improve engagement with cancer screening among Muslim women. Our project represents a rigorous feasibility and process evaluation of a theory-driven and co-designed intervention for Muslim women. The inclusion of religious messages can support cancer screening uptake in this underserved group. We aim to further test intervention effectiveness in a fully powered randomised controlled trial. This would guide the development of cancer control communications for religious minorities in the UK and other countries with existing screening programmes.