

Example Quantitative Results Write-up for Assessment Component 3 (ANOVA)

NB: this is a guide only as to how you should approach the write up and interpretation of your analysis – you MUST report the correct statistics for the data and measures used for your specific assessment and interpret these correctly.

Results

In total, 275 participants completed the Cancer Worries Scale (Lerman et al., 1984) at all three time-points: upon referral (Time 1), whilst waiting for genetic risk information (Time 2), and one month post-risk information (Time 3). Of these, 143 participants had been randomised into the intervention group at baseline, and 132 participants had been randomised into the control group.

At baseline (Time1), scores on the main outcome measure of the Cancer Worries Scale indicated that just over a third of the sample (34%) were identified as having high levels of cancer-specific worry according to established cut-offs on the Cancer Worries Scale (scores of over 12), with 15% of the sample reporting no worries at baseline (a score of zero) and therefore revealing a large floor effect for this scale in this patient group.

Prior to the primary analysis comparing changes over time by group, eleven scores were classed as extreme outliers and were removed from the dataset, meaning that data from 264 eligible participants are reported in the remaining analyses within this paper. Of the 264 eligible participants, 138 participants were in the intervention group and 126 participants were in the control group. This sample comprised 222 females and 42 males. Participants ranged in age from 18 to 81 ($M = 49.09$, $SD = 12.71$) with 65% educated to at least secondary school education level. Seventy-one percent were married or living with a partner.

Table 1 reports the mean scores and standard deviations for the primary outcome measure for the 264 participants that were allocated to the control or the intervention group across all three time points. At baseline, there was no significant difference in levels of

cancer-specific worry between participants allocated to the control group ($M = 13.68$, $SD = 14.95$) and those in the intervention group ($M = 15.11$, $SD = 14.48$), $t(262) = .79$, $p = .43$. Independent t-test analysis also showed that there was a significant difference in baseline worries between males ($M = 14.76$, $SD = 15.21$) and females ($M = 24.39$, $SD = 14.65$), $t(262) = .13$, $p = .01$.

Table 1

Means and standard deviations for cancer worry scores by group and across time.

	Time 1		Time 2		Time 3	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Control N=125	13.68	14.95	17.06	13.03	11.84	13.20
Intervention N=139	15.11	14.48	16.20	14.37	11.65	13.05
Total N=264	14.43	14.69	16.66	13.74	11.74	13.10

In order to explore the impact of the intervention on cancer-specific worry over time, a two-way mixed design analysis of variance (ANOVA) was conducted with the within-subjects factor of time (Time1, Time2, Time 3) and the between-subjects factor of group (control or intervention). Mauchly's test of sphericity indicated that the assumption of sphericity had been violated ($X^2(2) = 14.41$, $p = .001$), therefore degrees of freedom were corrected using Huynh-Feldt estimates of sphericity ($\epsilon = .96$). None of the other assumptions of the data were violated.

The analysis revealed that there was no significant interaction between group and time, $F(1.92, 502.72) = .65$, $p = .52$, partial eta squared = .002, meaning that there was no

significant difference in levels of cancer-specific worry between the control and intervention group at any time point. The main effect of group was not statistically significant $F(1, 262) = .29, p = .59$, partial eta squared = .001, indicating that there was no difference between overall cancer worry scores of those in the control group and those who received the intervention. However, the analysis did reveal a significant main effect of time, $F(1.90, 502.72) = 6.40, p = .002$, with a small effect size (partial eta squared = .02) indicating a significant difference in cancer-specific worry over time amongst participants regardless of whether they were in the control or intervention group. Post-hoc pairwise comparisons with Bonferroni corrections applied revealed that for both groups, their levels of worry were significantly higher during the waiting period (Time2) than at referral (Time1) ($p = .05$), and higher during the waiting period (Time 2) than at one-month follow-up (Time3) ($p = .01$). There was no significant difference between levels of worry whilst waiting for genetic risk information (Time 2) and at one-month follow-up (Time 3) ($p = .64$).

In summary [include your concluding paragraph here of the implications of your findings for the study question].