Advertising the importance of Colorectal Cancer Screening to the Public

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The challenge facing anyone who tries to influence or disrupt the status quo...
DOUBLE FACE OF COLON CANCER

- Third most common cancer.
- 6% lifetime risk of developing colorectal cancer (CRC)
- 3% lifetime risk of dying from the disease

- Preventable
- Early Detectable
- Manageable
List of the essential ingredients for a high-quality National Cancer Control Programme (NCCP)

- Governance
- Cancer data and information
- Psychosocial care
- Palliative and end-of-life care
- Resources, infrastructure, technology, drugs and cancer-specific expenditure
- Survivorship and rehabilitation
- Early detection and screening
- Cancer prevention and health promotion
- Research

*Boosting Innovation and Cooperation in European Cancer Control, p.232, 2013*
Ingredients

First a WHEAT to start

Wish and Will
Health authorities
Enthusiasm/Motivation
Advertisement
Team
WHAT HAVE WE LEARNED SO FAR

• For effective screening and prevention all depends on:
  • Doctors
  • Associated staff
  • Resources allocated
  • Organisation/methodology
Higher participation rates in screening are associated with greater screening efficacy in terms of mortality reduction, and can increase its cost–effectiveness – particularly in the case of FOBT screening.
SUCCESS STORY IN THE UNITED STATES

• Roughly 50,000 people die from colorectal cancer annually
• The cost of treating advanced colorectal cancer is more than $250,000 per patient.
• The colonoscopy screening model translates into Medicare savings of $15 billion annually
• The uptake for colonoscopy rose from 19 percent in 2000 to 55 percent in 2010.

To join this effort visit www.nccrt.org
Factors associated with uptake of colorectal cancer screening.

• Who attends CRC screening?
  Higher SES
  • Higher education
  • White
  • Older age (> 60 years)
  • Men
  • Married

• Why/why not? Practical barriers
  • System (e.g., organized vs opportunistic)
  • Cost
  • Environment/area
  • Lack of access to healthcare provider

• Psychological barriers
  • Lower knowledge or awareness
  • Lower perceived risk of CRC
  • Negative attitudes towards screening (e.g., screening is embarrassing)
  • Higher worry or fear of CRC

Power E et al. Future Oncol 2009;5:1371-1388
Why aren’t more people screened for colon cancer?

Reasons for refusal of fecal occult blood testing
Fear of further testing and surgery
Feeling well
Unpleasantness of stool collection procedure

But:
Strongest predictor of whether a patient will be screened = physician encouragement

Important Barriers to CRC Screening

- Afraid/Fear
- Prep Unpleasant
- Not aware/Lack knowledge
- Pain
- No insurance/Cost
- Afraid of results
- Fear of tube/Fear of procedure
- Time/Too busy/Inconvenient
- Embarrassed/Modest
- No problems/No symptoms
- Discomfort

Percent

[Bar chart showing the percentage of each barrier to CRC screening. Afraid/Fear is the highest, followed by Prep Unpleasant, Not aware/Lack knowledge, Pain, No insurance/Cost, Afraid of results, Fear of tube/Fear of procedure, Time/Too busy/Inconvenient, Embarrassed/Modest, No problems/No symptoms, and Discomfort.]
HOW TO PROMOTE SCREENING ???

HOW TO RAISE AWARENESS ?
It is not an easy task  !!!

• Printed materials
  • Leaflets, Posters, booklets, videos, Clips, Jingles, movies
• Media and channels
  • Newspapers, Journals, TV
  • Insertion of slogans in news, advertisements and especially some meaningful «repliques» in TV series
• Social Media
  • Facebook, Twitter, Instagram, Pinterer, Blogs and others
• Flashmobs
• Social activities:
  • Cultural activities
  • Education in schools
• Dissemination of information at offices and healthcare centres
It is a matter of love and madness!

“Though this be madness, yet there is method in it.”

[Hamlet]
W. Shakespeare
A survey on 791 residents in central Sydney

Aims: to determine the attributes which encourage people to participate in CRC screening

3 mostly rated attributes were:

• if the test was recommended by their general practitioner 94% either 'strongly agreed' or 'agreed');
• if the test identified early cancers (92%); and
• if the test would avert a premature death due to bowel cancer (90%).

Having a friend or relative with bowel cancer (61%), advertising (41%) or famous people promoting the program (62%) were less influential.
SOCIAL MEDIA IS DOUBLE EDGE SWORD

• The content is very important
• The message delivered should pass through
  • «The Triple Filter Test of Socrates»
    • Something new
    • Useful
    • True
"Nolan the Colon" giant interactive colon model.
“GET YOUR BUTT SEEN” The Colorectal Cancer Association of Canada (CCAC)

CAMPAIGN FOUND «TOO SEXY» AND MOVED TO BILLBOARDS
National Dress In Blue Day! Friday, March 7, 2014
CDC's Screen for Life: National Colorectal Cancer Action Campaign

Academy Award®-winning actress Meryl Streep says, "There is so much in life we can't control. But here's something we can: colorectal cancer."
How to complete the bowel cancer screening kit.

1. Your kit contains testing kit, sample sticks, leaflet & prepaid envelope.

2. The sample sticks are used to collect your bowel sample.

3. Orange & white cardboard testing kit for taking samples, everyday for three days.

4. Got the kit, two sample sticks and a clean container ready to use for when you go to the toilet.

5. When you go to the toilet collect your bowel motion (faeces/poo).

6. Use sample sticks & put a motion (faeces/poo) sample on the kit.

7. Repeat process (4,5,6) on day 2.

8. Repeat process (4,5,6) on day 3.

9. Put the completed kit into the prepaid envelope and post back.

If you have any questions then ask your GP or Nurse when you next see them or call free:

0800 707 6060
www.cancerscreening.nhs.uk

Bowel Cancer Screening
Your questions answered.
Be there for her.
Get a colonoscopy.

There's a better way.
Get a colonoscopy.

Cover your butt!

1 in 19 has colon cancer.
Get tested.

Embarrassment can't kill you.
Colon cancer can.
Get tested.
How to increase uptake by increasing public awareness!

- The personal association of GPs with screening awareness campaigns, by placing leaflets in pharmacies or supermarkets.
- Broader public awareness can be addressed through the additional materials, the poster, small leaflet and bookmark.
- Raising awareness of it in all age groups would reduce the taboo.
- Campaign materials which use multi-media formats, including visuals and speech, are likely to be most effective in conveying messages to the widest possible audience.

How to increase uptake by increasing public awareness!

- Awareness could be raised to the levels of more high-profile cancers by publicity, leaflet and sticker
- Campaigns in public places, pharmacies, supermarkets, pubs and restaurants
- The contribution of those who have undergone screening could be enlisted in awareness campaigns (cancer champions).
- Consideration could be given to development of an annual strategy for coordination and planning of screening as opposed to ad hoc activities

*Evaluation of a bowel cancer screening awareness campaign. Tiffany C et al, 2012*
Nearly three-quarters (74.3%) of the respondents recalled reading or hearing information on CRC in the print or broadcast media.

Only 22.6% were advised by their physicians to undergo screening.

On multivariate analysis, screening uptake showed

- a POSITIVE association with worry about contracting CRC and a physician’s recommendation
- a NEGATIVE association with perceived pain about colonoscopy for both genders.

For women only, screening was
- POSITIVELY associated with having attended a public talk on CRC and having a family member with CRC,
- NEGATIVELY associated with Malay race and perceived danger of colonoscopy

GENDER SPECIFIC APPROACHES ARE NECESSARY TO INCREASE UPTAKE !!!!!!!
1. A recommendation from a physician is the most influential factor in determining whether a patient is screened for colorectal cancer (CRC)


2. Office policies, reminder systems, and communication strategies are essential

3. Physicians’ reminders, audits and feedbacks are necessary

4. Disparities between ethnic and racial groups should be kept in mind

5. Resources, payments and insurance are important barriers
FINAL MESSAGES

• The personal association of GPs with screening awareness campaigns, promotes uptake rates.
• Training and education of the staff is crucial
• Campaign materials which use multi-media formats, including visuals and speech, are most effective in conveying messages to the widest possible audience.
• Awareness could be raised by publicity, leaflet and sticker campaigns in public places, pharmacies, supermarkets, pubs and restaurants.
• People who have undergone screening could be enlisted in awareness campaigns (cancer champions).
• An annual strategy for coordination and planning of screening as opposed to ad hoc activities should be done

_Tiffany C et al Evaluation of a bowel cancer screening awareness campaign_
«......although we are all characterised by our own idiosyncrasies and individuality, we are bound together by common values and a shared vision for the future. Together, united in diversity, as the European motto proclaims, we can realise that vision in cancer control for the benefit of all European citizens.»

Tit Albreht et al. Development of National Cancer Control Programmes in the EU, EPAAC meeting 2013
«Don't let excuses prevent you from accomplishing your goals !»

Anonymus
What is the solution?

Team Work

Governement officials, GP’s, local health authorities, Gastroenterologist, endoscopists, statisticians, surgeons, Dietician, oncologists, Social workers, IT people and many others...
QUESTIONS

1. How to cope with the problem of immigrants
   Communication
   Financial state
   Cultural and ethnic disparities

2. Could media and advertising when non-successful, increase deferral to screening?

3. Is screening cost effective in older people?