



Advertising the importance of Colorectal Cancer Screening to the Public



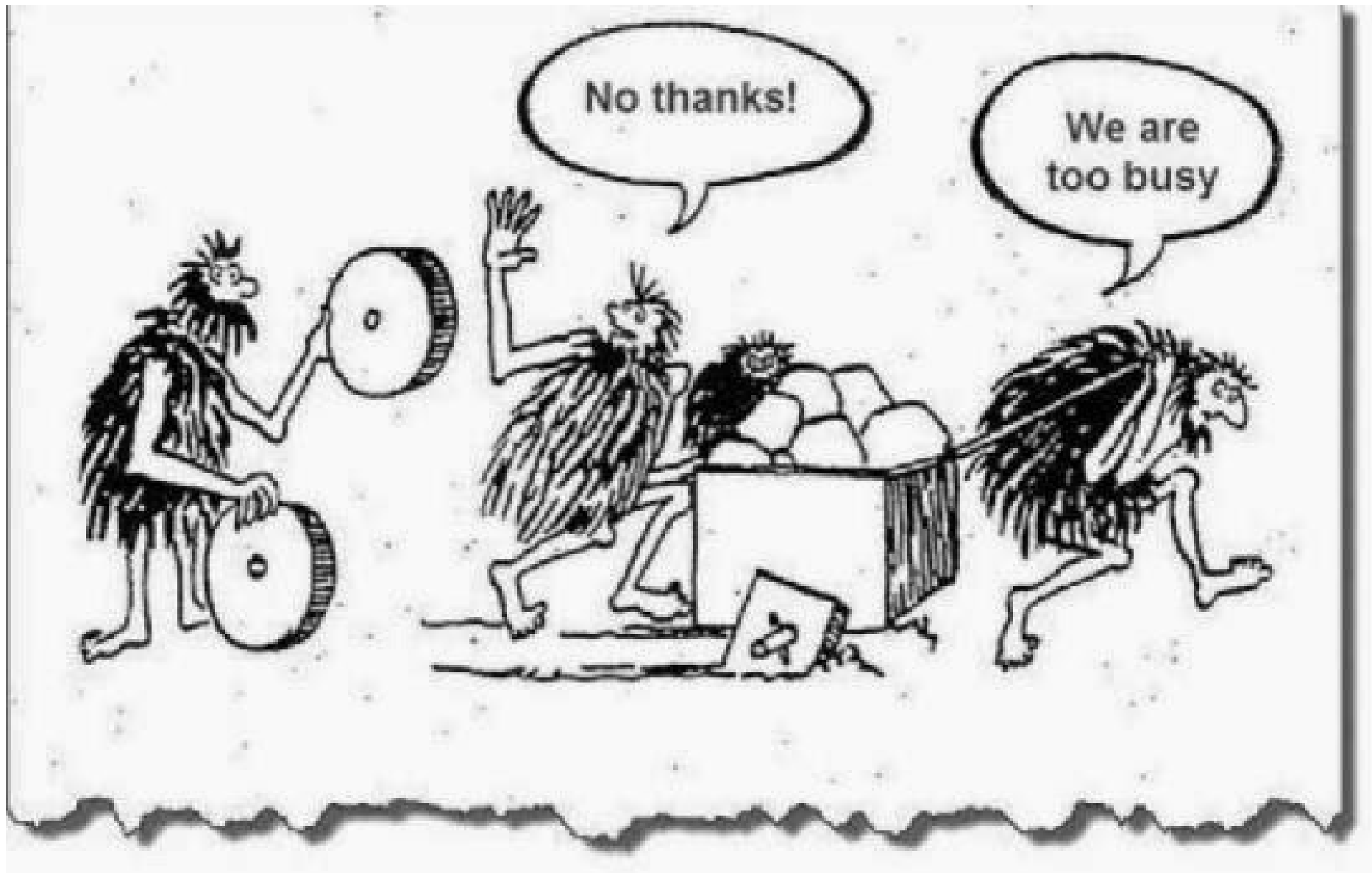
Presentation by

Prof. Nurdan Tözün

25.04.2014

Turkey





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**
- **Managable**

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

CRC SCREENING UPTAKE RATES

- 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.**



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

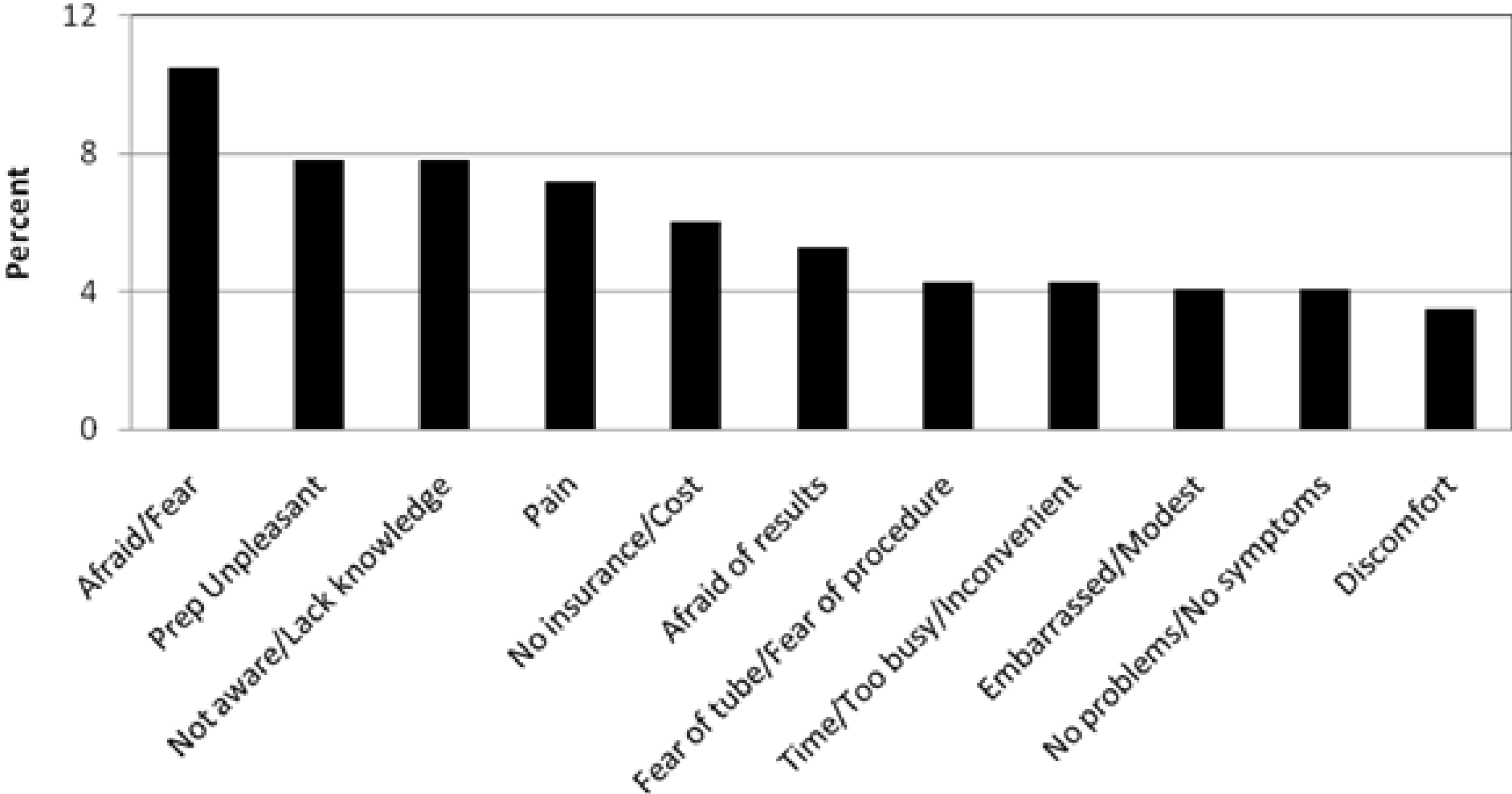
Unpleasantness of stool collection procedure

But:

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

Hynam et al. J Epidemiol Comm Health 1995;49:84
Mandelson et al. Am J Prevent Med 2000;19:149

Important Barriers to CRC Screening



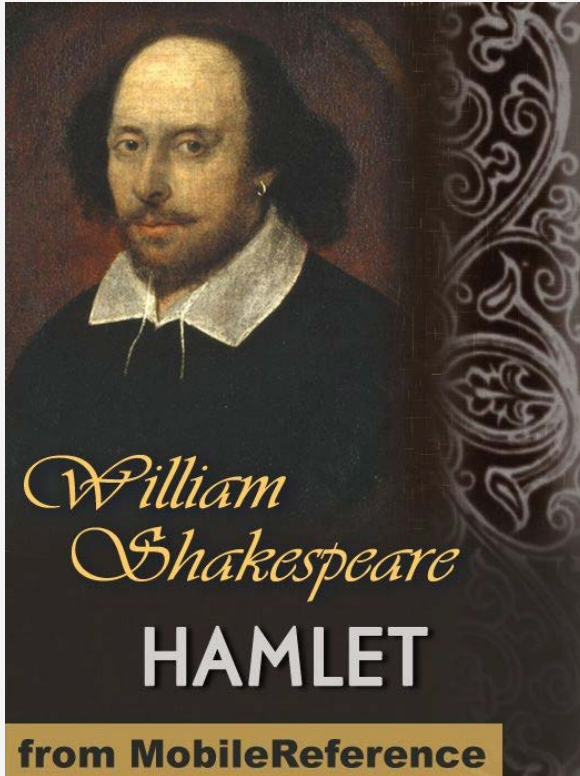
HOW TO PROMOTE SCREENING ???

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

MEASURING THE IMPORTANCE OF ATTRIBUTES THAT INFLUENCE CONSUMER ATTITUDES TO COLORECTAL CANCER SCREENING

GLENN P. SALKELD,^{*†} MICHAEL J. SOLOMON,[†] LEONIE SHORT,[‡] AND JEANETTE WARD[§]

**Screening and Test Evaluation Program (STEP), School of Public Health, University of Sydney, New South Wales, †Surgical Outcomes Research Centre (SOuRCe), Department of Colorectal Surgery, Royal Prince Alfred Hospital and University of Sydney, New South Wales, ‡Centre for Public Health Research, Queensland University of Technology, Queensland, and §Division of Population Health, South-West Sydney Area Health Service, New South Wales, Australia*

ANZ J. Surg. 2003; 73: 128–132

A survey on 791 residents in central Sydney

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

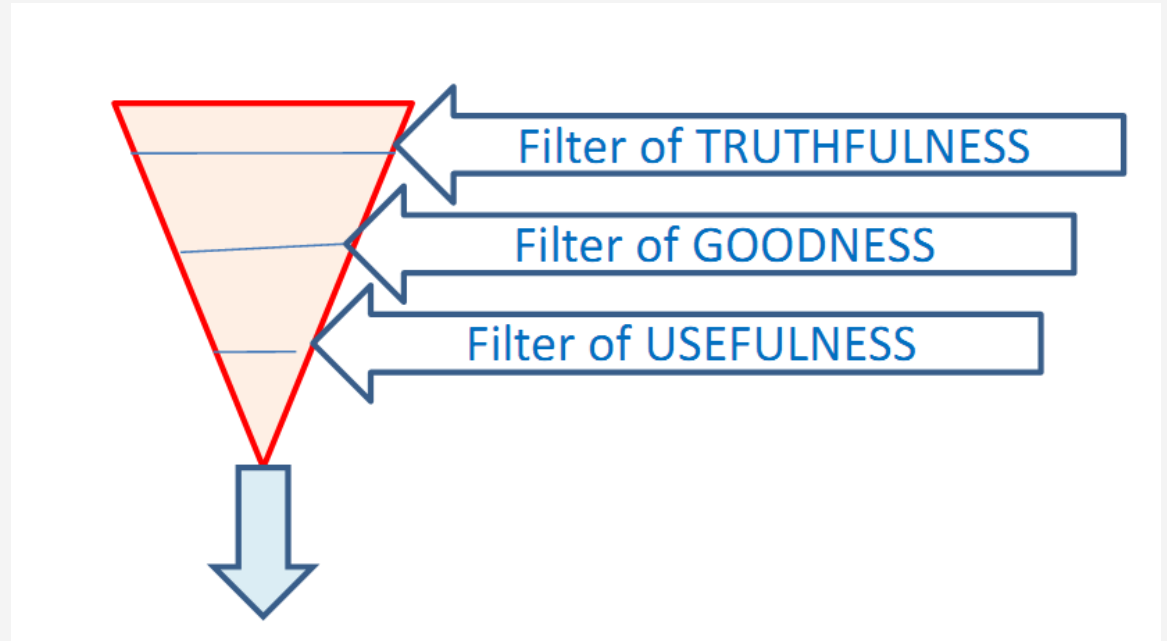
3 mostly rated attributes were:

- **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**



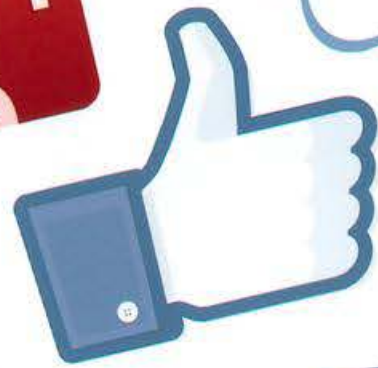
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LIVE JOURNAL

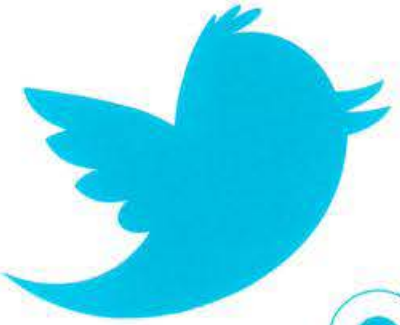
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facebook



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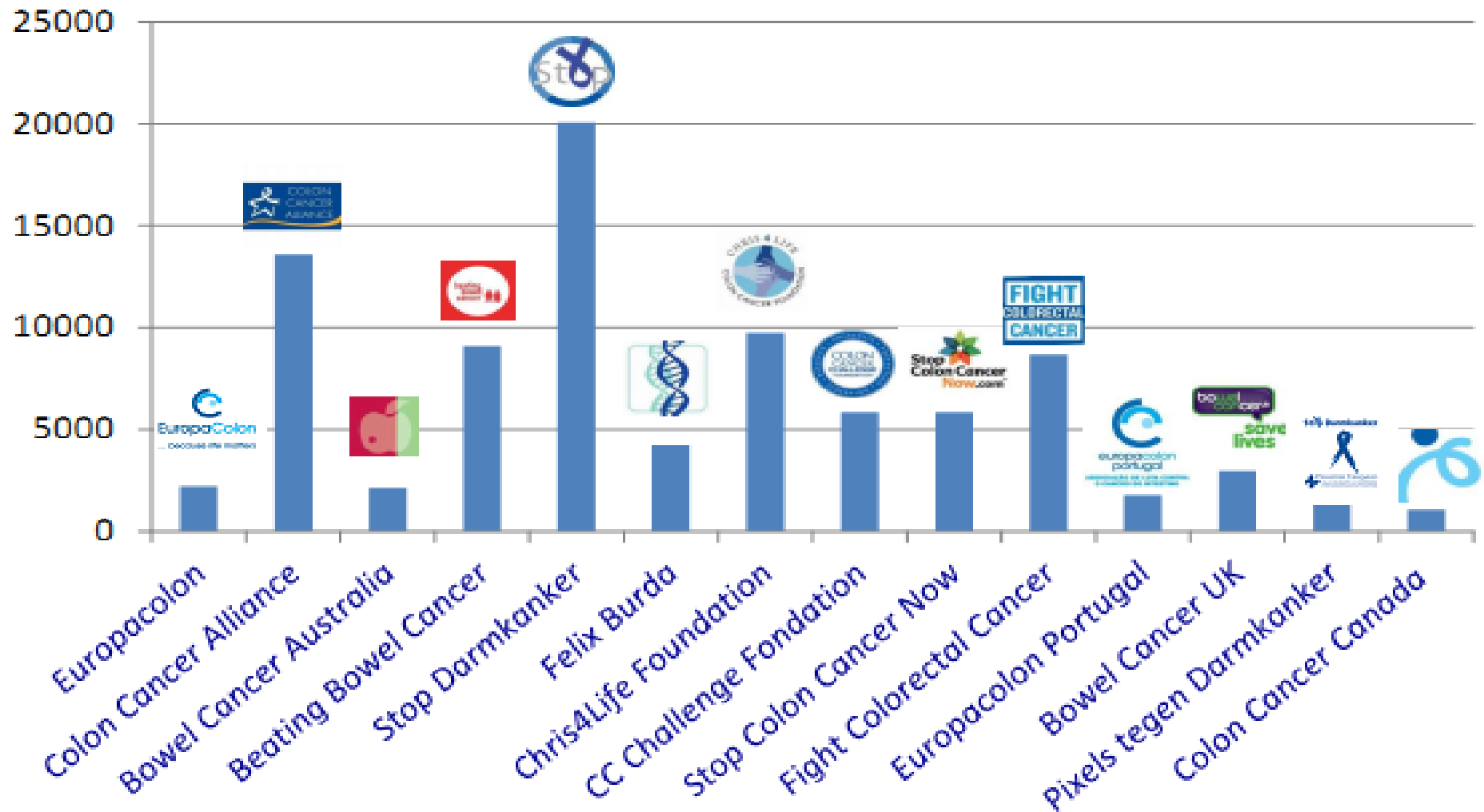
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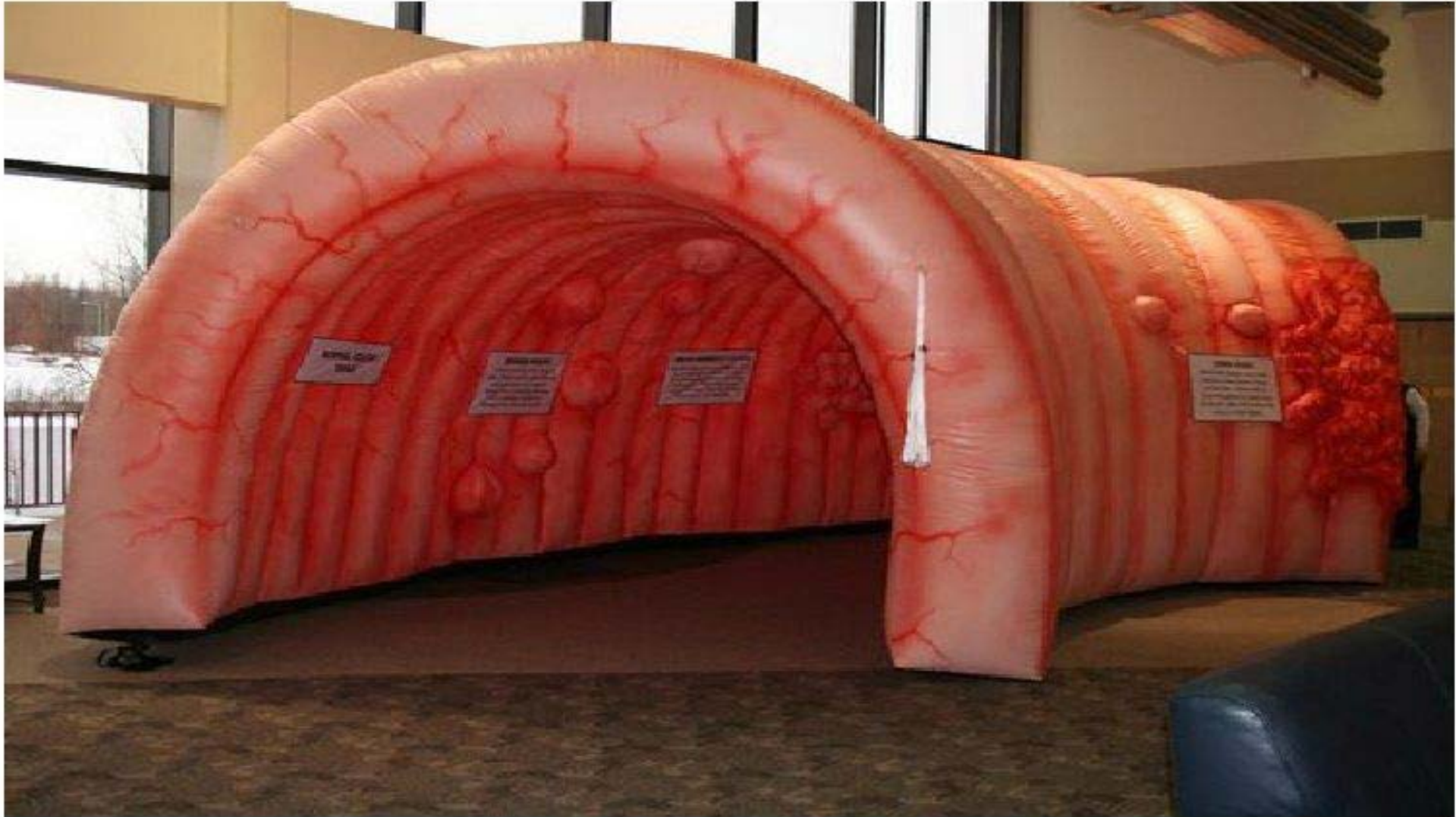


blr.

CRC on Facebook



"Nolan the Colon" giant interactive colon model.

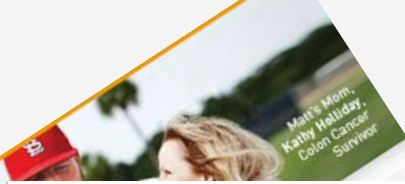


COLORECTAL CANCER



RAISING AWARENESS - SAVING LIVES

CANCER DOESN'T TAKE A HOLIDAY
Learn more about colon cancer prevention and screening



European flashmob



During the **European Week Against Cancer** May 25-31, we are organising **flashmob** events on May 26 2012, in major **European cities**, to emphasize physical activities as part of raising awareness on cancer prevention! Join us at: flashmob@europeanleague.org



Saturday 26 May 2012

Dance For Cancer Prevention!

BE THERE!



www.cancerweek.eu

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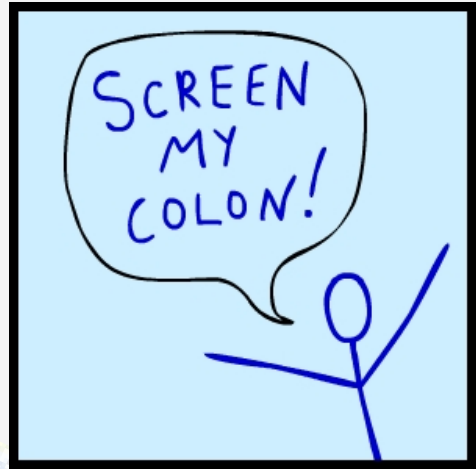
Saturday 26 May 2012

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Enhancing Use and Quality of Colorectal Cancer Screening



“GET YOUR BUTT SEEN” The Colorectal Cancer Association of Canada (CCAC)



CAMPAIGN FOUND «TOO SEXY» AND MOVED TO BILLBOARDS

© UEG. 2014

DRESS IN



National Dress In Blue Day! Friday, March 7, 2014

CDC's Screen for Life: National Colorectal Cancer Action Campaign

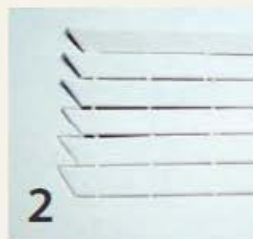


Academy Award[®]-winning actress Meryl Streep says, "There is so much in life we can't control. But here's something we can: colorectal cancer."

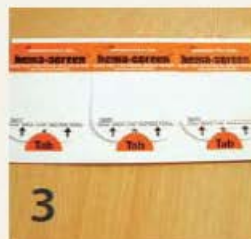
How to complete the bowel cancer screening kit.



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 Get 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

NHS

Bowel Cancer Screening Programme

**DO
YOUR
BIT &
USE
THE
KIT.**



Bowel Cancer Screening
**Your questions
answered.**

Be there for her.
Get a colonoscopy.

MDH © 2012 Cancer Control Section

There's a better way.
Get a colonoscopy.

MDH © 2012 Cancer Control Section

Cover your butt!

Get a colonoscopy.

MDH © 2012 Cancer Control Section

8810-1308_Slgs_Colonectr_PosterPrinted-24-12_Nellie.indd 4 5/24/12 11:27 AM

8810-1308_Slgs_Colonectr_PosterPrinted-24-12_Nellie.indd 5 5/24/12 11:27 AM

1 in 19 has colon cancer.

Get tested.

MDH © 2012 Cancer Control Section

Embarrassment can't kill you.
Colon cancer can.

Get tested.

MDH © 2012 Cancer Control Section

8810-1308_Slgs_Colonectr_PosterPrinted-24-12_Nellie.indd 6 5/24/12 11:27 AM

8810-1308_Slgs_Colonectr_PosterPrinted-24-12_Nellie.indd 1 5/24/12 11:27 AM

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.

Evaluation of a bowel cancer screening awareness campaign .Tiffany C et al ,2012

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

Gender differences in predictors of colorectal cancer screening uptake: a national cross sectional study based on the health belief model

Reuben K Wong^{1,3*}, Mee Lian Wong², Yiong Huak Chan³, Zhu Feng³, Chun Tao Wai⁴ and Khay Guan Yeoh^{1,3}

Wong et al. *BMC Public Health* 2013, **13**:677

- **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 !!!!!

FINAL MESSAGES

1. A recommendation from a physician is the most influential factor in determining whether a patient is screened for colorectal cancer (CRC)

Sarfaty M et al CA Cancer J Clin 2007;57:354–366

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.»

Control ***Tit Albreht et al. Development of National Cancer***

Programmes in the EU, EPAAC meeting 2013

***«Don't let excuses prevent you from
accomplishing your goals !»***

Anonymus

What is the solution ?



Government 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 ?