Purpose of Today’s Webinar

• Explain how Communications Guidebook fits into our overall 80% by 2018 strategy
• Provide an overview of recent market research on barriers to reaching the unscreened
• Introduce new messaging testing for use in reaching out to unscreened audiences
• Showcase new tools and resources
• Give examples of how new resources can be put to use
• Q&A
Presenters:

David Greenwald, MD (Moderator)
Co-Chair, National Colorectal Cancer Public Awareness Task Group
Professor of Clinical Medicine, Montefiore Medical Center
American College of Gastroenterology

Richard Wender, MD
Chair, National Colorectal Cancer Roundtable
Chief Cancer Control Officer, American Cancer Society

Angela Hayes
Managing Director, Mission Support Communications,
American Cancer Society
Presenters (continued):

Michael Sapienza, President and Founder of Chris4Life

Aubrey Van Kirk Villalobos, MPH, Med
Director, Comprehensive Cancer Control, GW Cancer Institute

Kristie Marcelle
State Health Systems, American Cancer Society

Anjee Davis, MPPA
Co-Chair, NCCRT Public Awareness Task Group
President, Fight Colorectal Cancer
Richard Wender, MD
Chief Cancer Control Officer, American Cancer Society
Chair, National Colorectal Cancer Roundtable
The nation has become energized by the goal of achieving an 80% colon cancer screening rate by the end of 2018.

What will it really take to achieve this goal?
10 Steps to Achieving 80% by 2018

1. Convene and educate clinicians and their organizations.
2. Find strategies to reach newly insured Americans.
3. More effectively engage the payers.
4. Find new ways to communicate with the insured, unworried well.
5. Increase access to colonoscopy for everyone.
10 Steps to Achieving 80% by 2018

6. Ensure everyone can be offered a stool blood test option.

7. Create powerful, reliable, committed medical neighborhoods around Federally Qualified Health Centers.

8. Recruit as many partner organizations as possible.

9. Implement intensive efforts to reach low socio-economic populations.

10. Believe we will achieve this goal!
Find Strategies to Reach Newly-Insured Americans

• **10 million** newly-insured Americans

• Several million of these individuals are eligible for CRC screening

• Creates a great opportunity to move a cohort from the un-screened to the screened group
More Effectively Engage the Insured, Unworried Well

• 75% of individuals who are not up to date have health insurance.
• Many of these individuals are just like the up-to-date group, EXCEPT: they’re less worried about colon cancer and less motivated to seek preventive health care.
• We need different messages and strategies for this group.
Reaching the Unworried Well

These individuals consider themselves “healthy,” but are less likely to visit the doctor, talk about screening, and/or have a personal connection to cancer.

Further they have the impression that if they don’t have symptoms or a family history – they don’t need to be screened. Most concerning of all, they are less likely to be swayed by a doctor’s recommendation.
Barriers to Consumer Screening – *Factors*

**#1: Affordability**
- “I do not have health insurance and would not be able to afford this test. I do not feel the need to have it done.”

**#2: Lack of symptoms**
- “Doctors are seen when the symptoms are evidently presumed, not before.”

**#3: No family history of colon cancer**
- “Never had any problems and my family had no problems, so felt it wasn't really necessary.”

#1 reason among 50-64 year olds & Hispanics
- Nearly ½ uninsured

#1 reason among 65+ year olds
- Nearly ½ uninsured
Barriers to Consumer Screening – Factors

#4: Perceptions about the unpleasantness of the test
- “I do not think it is a good idea to stick something where the sun don’t shine. The yellow Gatorade I cannot stomach.”

#5: Doctor did not recommend it
- “I fear it will be uncomfortable. My doctor has never mentioned it to me, so I just let it go.”

#6: Priority of other health issues
- “I just turned 50 and I am dealing with another health issue, so it's on the back burner.”

#1 reason among Black/African Americans;
#3 reason among Hispanics
Ensure Everyone Can be Offered a Stool Blood Test Option

• Some people will not or cannot have a colonoscopy.
• Anyone who hesitates should be offered a Fecal Immunochemical Test.
• In some settings, FIT needs to be offered as the primary screening strategy.
Conclusion: **FIT is a superior option** for annual stool testing.
FITs Should Replace Guaiac FOBT

• Demonstrate superior sensitivity and specificity.
• Are specific for colon blood and are unaffected by diet or medications.
• Some can be developed by automated readers.
• Some improve patient participation in screening.

### FITs Available in the US

<table>
<thead>
<tr>
<th>Name</th>
<th>Manufacturer</th>
</tr>
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<tbody>
<tr>
<td>InSure</td>
<td>Enterix, Quest Company</td>
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<tr>
<td>Hemoccult-ICT</td>
<td>Beckman-Coulter</td>
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<tr>
<td>Instant-View</td>
<td>Alpha Scientific Designs</td>
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<tr>
<td>MonoHaem</td>
<td>Chemicon International</td>
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<tr>
<td>Clearview Ultra-FOB</td>
<td>Wampole Laboratory</td>
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<tr>
<td>Fit-Chek</td>
<td>Polymedco</td>
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<tr>
<td>Hemosure One Step</td>
<td>WHPM, Inc.</td>
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<tr>
<td>Magstream Hem Sp</td>
<td>Fujirebio, Inc.</td>
</tr>
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</table>
Many Patients Prefer FOBT

Diverse sample of 323 adults given detailed side-by-side description of FOBT and colonoscopy: (DeBourcy et al. 2007)

• 53% preferred FOBT

• Almost **half** felt very strongly about their preference
Many Patients Prefer FOBT

212 patients at four health centers rated different screening options with different attributes:

- 37% preferred colonoscopy
- 31% preferred FOBT

Nationally representative sample of 2,068 VA patients given descriptions of each screening:

- 37% preferred colonoscopy
- 29% preferred FOBT

(Powell et al. 2009)
Many Patients Prefer FOBT

Randomized clinical trial in which 997 patients in the San Francisco PH care system received different recommendations for screening:

<table>
<thead>
<tr>
<th>Recommended Test</th>
<th>Completed Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>38%</td>
</tr>
<tr>
<td>FOBT</td>
<td>67%</td>
</tr>
<tr>
<td>Colonoscopy or FOBT</td>
<td>69%</td>
</tr>
</tbody>
</table>

Many patients may forgo screening if they are not offered an alternative to colonoscopy.
Implement Intensive Efforts to Reach the Populations Confronting the Greatest Barriers to Care

- Poverty, lack of insurance, low education level, lack of a regular source of primary care are all associated with very low screening levels, under 30%.
- Many Native American tribes have very low screening rates and some have very high mortality rates.
What Will It Take To Reach These Groups?

- Support of FQHCs, Indian Health Service, and other safety net practices.
- Willingness to **donate** some services.
- Near universal sharing of the responsibility.
- **Innovative** models:
  - Navigators
  - Community health workers recruited from these vulnerable communities
More and More Organizations Are Signing the Pledge

Shared Goal: Reaching 80% Screened for Colorectal Cancer by 2018

Background

Colorectal cancer is a major public health problem. It is the second leading cause of cancer death, and a cause of considerable suffering among more than 140,000 adults diagnosed with colorectal cancer each year. However, colorectal cancer can be prevented early in a curable stage, and it can be prevented through the detection and removal of precancerous polyps.

Commitment

Our organizations stand united in the belief that we can eliminate colorectal cancer as a major public health problem. We have screening technologies that work, but the national capacity to apply these technologies, and effective local models for delivering the continuum of care in a more organized fashion. Equal access to care is everyone’s responsibility. We share a commitment to eliminating disparities in access to care. To that end, our organizations will work to empower community-based providers, community health centers and health systems to embrace these models and develop the partnerships needed to deliver coordinated, quality colorectal cancer screening and follow-up care that encourages the patient and empowers them to complete needed care from screening through treatment and long-term follow-up.

Pledge

The New York Citywide Colon Cancer Control Coalition (CSC) is embracing the shared goal of reaching 80% screened for colorectal cancer by 2018.
Recruit as Many Partner Organizations as Possible
Recruit as Many Partner Organizations as Possible
And Still More!

We need every health system, every comprehensive cancer program, every insurer, every hospital, and every practice group to make a commitment to get this done.
Believe We Will Achieve this Goal!

- CRC screening rates increased 20% in 10 years, from 2000 to 2010
- We are now striving to increase screening rates by 15% in 5 years.
- Signing a pledge is not enough.
- Every organization has to dedicate thought, time, and passion.
Believe and Commit

There are many important public health problems and goals. But we have a chance right now to do something remarkable if we pull together to do it. **We can substantially reduce colon cancer as a major public health problem.** Let’s get this done and then move on to the next goal.
If 80% by 2018 is a **slogan**, we have no hope of achieving this goal.

If 80% by 2018 is a **call to action**, it can be done.
Angela Hayes
Managing Director, Mission Support Communications, American Cancer Society
For Today...

Get Targeted
Review of targeted approach to understanding our key audience

Get Integrated
Activating messages that motivate throughout the ecosystem of the unscreened

Get Engaged
Applying new learnings to your existing engagement and working together to share the message
The Key Threads

- High Awareness of Screening Tests
- Screening Important, But One of Many Issues
- Colonoscopies Most Used/Effective, But Barrier For Some
- Affordability, Rationalization/Procrastination and Fear Top List of Barriers
- Physicians Most Trusted Source of Information
- Replace Logical/Rational Messages With Emotionally Motivating Messages to Compel Action
The Big Picture

1. While the unscreened base is knowledgeable about screening, they fail to recognize its importance and have typically made a conscious effort/rationalization to avoid it.

2. To break down screening inertia and procrastination, ACS must design messaging tailored to the numerous specific barriers and reach the unscreened base through the most effective channels.

3. While physicians are the most trusted source for CRC information/recommendations, a majority see CRC screening as “one of many health issues” and not a “top health priority.” So, the importance of screening is being communicated but not to the level that will encourage patients to take action.
The Issue

1. **Rationalized Avoidance**
   While the unscreened base is knowledgeable about screening, they fail to recognize its importance and have typically rationalized avoidance.

2. **Lack of Affordability**
   Socioeconomic gaps are evident in the unscreened population. Affordability is the number one issue given for not being screened.

3. **No Symptoms or Family History**
   The unscreened often feel that screening messages do not apply to them, either because they do not have symptoms or do not have a family history of the disease.

4. **Negative Connotation**
   The unscreened population typically has some baseline familiarity with the tests, particularly colonoscopies. However, there is a negative connotation with the test, as many of the unscreened describe it as invasive, unpleasant, or embarrassing.

5. **No Doctor Recommendation**
   Many cite that their doctor has not recommended screening to them. This is the number one reason among the Black/African Americans, and the number three reason among the Hispanics.

6. **No Personal Connection**
   Interestingly, the unscreened are less likely to have a personal connection to cancer. They tend not to have had a close friend or family member with cancer, or are unaware of their family history.

7. **Low Levels of Healthy Behavior**
   Despite self-identifying as “healthy” at similar levels as the screened, the unscreened population underindexes on numerous metrics of healthy behavior, such as caring about their health, visiting the doctor, or talking to their doctor about screening.
Core Motivations for the Unscreened

Physicians often use messages that relate to these three motivations, stating that screening can save lives, prevent cancer and sharing their own experiences or experiences of other to help encourage patients to move forward with screening.

Support & Testimony
Hearing about someone else’s experiences (e.g., family, friends, Dr., etc.) relieves concerns and provides reassurance that the procedure is not as bad as perceived.

“The more I learned about it, and then I started hearing other people talk about it, and it kind of relieved my concerns.”

Expectation
Detecting issues early means that there is an opportunity to fix problems and prevent future issues. This makes consumers feel accomplished, proud they had a positive impact on their health.

“If there is a problem that goes undetected that can really lead to major problems later, if its is found very early, it can be limited.”

Physical Survival
Patients want to stay in good health for as long as possible.

“You can’t take for granted what your body is telling you. You need to find out if there’s anything wrong.”

Trust
Trust in the physician motivates some to move forward.

“If it’s recommended, I’ll do it. That’s why you go to them. They’re the experts. I don’t do self-diagnosis. I go to them for advice.”

Control
Informed, knowledgeable, prepared and responsible about the process and results.

“I want to be sure that I’m taking all the necessary steps and doing the things that I should be doing to be healthy and responsible. It’s a responsibility to take care of yourself.”

Ego
Doing something that one is supposed to do, that one doesn’t want to do, brings feelings of accomplishment and pride.

“I need to do the things that need to be done, that you are supposed to do, to make sure I’m healthy.”
Targeting the Right Audience


Demographic Profile

- More likely to be younger than those screened; nearly two-thirds are 50-59 years of age.
- More likely to be uninsured (nearly one-quarter) than those screened.
- Slightly lower income than those screened, with over one-half earning under $40K per year.
- More likely to be Hispanic than those screened (nearly two in ten).
- Slightly more likely (around seven in ten) to have less than a 4-year college degree than those who have been screened.
- Less likely to be a cancer survivor (<7%) and less likely to have a close friend/family member with cancer than those screened (just over half).

Emotional Profile

- Think they are taking care of their health already
- Fearful of the unknown
- Fearful of preparation/procedure
- Focused on more immediate health concerns
- Procrastinators
- Rationalize reasons for not being screened
- Lack sense of urgency around the issue
- Have an “I know best” attitude
Different messages can be tailored to address individuals with unique barriers and/or emotional struggles they may be dealing with.

Financially Strained Worriers
- Lack of income and/or insurance to cover screening
  - Alternative, cheaper tests available
  - Healthcare provider, non-profit, insurance provider

Preoccupied, One Track Minders
- Other health issues more top of mind
  - Take control over all of your health to live a long life
  - Physicians

Fearful Procrastinators
- Fear of the procedure/prep drives procrastination
  - Use testimonies to show that procedure is not as bad as perceived
  - Physicians, family, community organizations

In Denial - “Cancer Can’t Happen to Me” Folks
- No personal connection to cancer, not moved by rational msgs.
  - Use testimonies to show that cancer can happen even if no family history
  - Physicians, family, community organizations
Profile of Fearful Procrastinators

Have not been screened because heard test or prep was unpleasant or embarrassing, fear/afraid or have been procrastinating

Baseline screening likelihood: 11.7%

Messages & Channels That Resonate The Best

#1
There are several screening options available, including simple take home options. Talk to your doctor about getting screened.

Emotional Driver: Control

Adjusted screening likelihood: 21.4%

#2
Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.

Emotional Driver: Expectation

Adjusted screening likelihood: 19.7%

#3
Preventing colon cancer, or finding it early, doesn’t have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Emotional Driver: Control

Adjusted screening likelihood: 19.1%

- Discussions with doctor or health care provider most preferred way of getting health info, followed by a website

Healthy Lifestyle Behaviors

- 53% are doctor adverse
- 44% talk to doctor about screening
- 41% talk to family/friends about screening
- 42% consider themselves healthy
- 57% care a great deal about maintaining health
- 45% exercise on a regular basis

Top Barriers To Screening

- Been procrastinating
- Heard test was unpleasant
- Heard prep was unpleasant
- Fear/Afraid

Demographic Profile

Insurance Status
Over index total for insured

Children
Over index total for having children

Despite the fact that nearly one-quarter of this group has served as a caregiver to someone with cancer, they are pushing off being screened. Their procrastination seems to be driven by fear of the test or prep, so alternative solutions outside of colonoscopies will appeal to this group. Physicians, family and community organizations may be good channels to reach these individuals.
Michael Sapienza
President and Founder
Chris4Life Foundation
Why Love Your Butt is Different

**Proven Track Record of Success**
- Over 90 million impressions nationwide in 2014
- Earned media from outlets such as CNN, NPR & NBC’s Today Show
- 27,000 views of the Love Your Butt website during March 2014
  - User friendly GI Doc look-up feature on the site
- Multi-media approach
  - TV & Radio Spots
  - Billboards
  - Transportation
  - Print
  - Online/Social Media
- Solid Partners
  - American Cancer Society (ACS)
  - American Society of Gastroenterologists
  - AMSURG
  - Bayer
  - Colon Cancer Coalition (Get Your Rear in Gear)
  - Medstar Georgetown Hospital
  - NCCRT (National Colorectal Cancer Round Table)
  - Sentara Healthcare
  - UPMC (Univ. of Pittsburgh Medical Center)

**Attention Grabbing Initiative**
- Use of humor disarms an otherwise taboo subject
- Gets people talking and encourages screenings
- A campaign that attracts both the younger population (Age 28–45) & older population (50+)
- Easily accessible App via IPhone and Android makes finding a GI Doc easy

**Market Penetration**

**Tier One**
- Chicago, IL
- Detroit, MI
- Los Angeles, CA
- New York City, NY
- Washington, DC

**Tier Two**
- Atlanta, GA
- Charlotte, NC
- Denver, CO
- Houston, TX
- Pittsburgh, PA
- Raleigh, NC
- Salt City Lake, UT
- Online

**African-American Emphasis**
- Washington, DC
- New York City, NY
- Raleigh, NC

**Hispanic Emphasis**
- Houston, TX
- Los Angeles, CA
Angela Hayes
Managing Director, Mission Support Communications,
American Cancer Society
There are several screening options available, including simple take home options. Talk to your doctor about getting screened.

Colon cancer is the second leading cause of cancer deaths in the U.S., when men and women are combined, yet it can be prevented or detected at an early stage.

Preventing colon cancer, or finding it early, doesn’t have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Most successful communications campaigns relay three messages to allow consumers to comprehend what is being asked to motivate action. We would recommend utilizing these messages, or similar messaging to educate your constituents around options to help us achieve our goal of reaching the 80% screening rate by 2018.
Unscreened may be knowledgeable about screening tests but have rationalized avoidance. To change behavior and overcome the barriers limiting screening, personalized messages must:

- Make the case for early detection
- Eliminate real and perceived barriers
- Align systems to reinforce messages
- Engage family and community networks

In order to do this, the messages must:

- Elicit support and testimony from peers and survivors to localize and connect the unscreened with those affected by colorectal cancer
- Engage family and community networks to articulate the need for screening and make it relevant to each person
- Align systems to reinforce messages and equalize the importance of screening among consumers and physicians
- De-stigmatize the test and perceived barriers to conquer fear and provide information on screening options
# Engaging the Right Messenger

**Physicians are viewed as a trusted source for health information.**

- It’s been well documented that physicians play a critical role in encouraging patients to get screened and providing information on the importance of colorectal cancer screening. Physicians need to understand some of the very real barriers that stopping the unscreened from following through. *It's also important to note that our critical audiences are not regularly visiting their physician* so we must look beyond physicians to reach these audiences.

**Survivors make it personal.**

- More than half of the unscreened do not have a family history or personal connection to colorectal cancer. By sharing personal stories through survivors, it helps to put a face on colorectal cancer and create urgency for testing, particularly if the survivor comes from the targeted community.

**Community organizations, non-profit organizations must be mobilized.**

- Again, many of the unscreened do not regularly go to the doctor. Community organizations can play a key role in directing audiences to screening resources and inform them of their testing options.

**Insurance carriers clear up confusion.**

- Insurance carriers are able to educate on their constituents on coverage and screening options and address concerns about affordability.
Reaching the Unscreened

**Shaping Dialogue, Engaging Supporters**

- Partner with primary care
- NCCRT member communications
- Outreach to Promotores
- Align with FQHCs
- Expand Flu-FIT program

- Develop cache of survivor stories & spokespeople
- Co-promote assets
- Light up social media
- Share ACA materials

- “80% by 2018” and NCCRT member communications
- Tap into benefits exchanges & vendors
- Align with Human Resources depts.
- Disseminate employee-centric collateral
- Work with payers on incentives

- Reinforce messages about importance of screening, alleviate fear, and make the need real
- Online appointment scheduling and reminders
- Distribute Q&A’s, brochures, posters through DTC channels

- Promote 80% by 2018
- Lend credibility to local efforts
- Underscore disease burden with data
- Engage spokespersons
- Seek media partnerships
- PSAs
- Editorial calendar
- Complement with digital

- Partner with neighborhood organizations
- In-market activities such as walk/runs, fundraising events
- Leverage local dignitaries/leaders as spokespersons
- Churches strategy for Hispanic and AA communities

- Caregivers, Families & Friends
- Medical Home or Neighborhood

- Advocate Groups & State/Federal Agencies & CCC
- Community & Cultural Touch points

- Consumer

- Payers & Employers
- Media (paid & earned)
About the Product

What it is:
Guidebook designed to help understand and communicate colorectal screening options to three core audiences:
• Financially challenged
• Newly insured
• Insured procrastinators

Who it’s for:
• Colorectal cancer screening champions looking to move unscreened audience to action
In This Guidebook

• Determining the Critical Populations
• Current Efforts to Reach Target Audiences
• Improving Screening Rates through Effective Messaging
• The Importance of the Right Message
• Reaching the Critical Audiences with New Messages
  • Understanding the audiences
  • Motivating the audiences
  • Channels to Reach the audiences
• APPENDIX A: Audience insights by the numbers
• APPENDIX B: Social Media Editorial Calendar
Tools

- Infographics
- Press release template
- Social media messages
- Web banner ads
- Cobranded inter-office TV slides
- 80X 2018 core messaging
- “Ways to Get Involved” tools
Activating the Tools

- Fight Colorectal Cancer
- GW Institute
- American Cancer Society and the Health Care Services Corporation
Anjee Davis
President
Fight Colorectal Cancer
Fight Colorectal Cancer
Aubrey Van Kirk Villalobos, MPH, Med
Director, Comprehensive Cancer Control, GW Cancer Institute
Social Media Toolkits

- Toolkits target specific awareness months

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
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<tbody>
<tr>
<td>October 2014</td>
<td>Breast Cancer</td>
</tr>
<tr>
<td>November 2014</td>
<td>Lung Cancer</td>
</tr>
<tr>
<td>January 2015</td>
<td>Cervical Cancer/HPV</td>
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<tr>
<td>February 2015</td>
<td>World Cancer Day</td>
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<tr>
<td>March 2015</td>
<td>Colorectal Cancer</td>
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<tr>
<td>September 2015</td>
<td>Prostate Cancer</td>
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- Explains social media basics and provides a mini-tutorial on media management and evaluation

- Provides sample Facebook posts and Tweets to use
<table>
<thead>
<tr>
<th>#1 Message for Unscreened</th>
<th>Twitter</th>
<th>Facebook</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are several screening options available, including simple take home options. Talk to your doctor about getting screened.</td>
<td>There are several ways to get screened for #ColorectalCancer, including simple take home options. Talk to your doc about getting screened</td>
<td>Did you know there are several ways to get screened for colorectal cancer, including a take home option? Talk to your doctor about getting screened.</td>
</tr>
<tr>
<td>Colonoscopy isn't the only way to get #ColorectalCancer screening. Read more about your options &amp; talk to your doc: ow.ly/HY99v</td>
<td>Colonoscopy isn't the only way to get screened for colorectal cancer. Your doctor can even give you a kit for you to take and use at home! Read more and talk to your doctor: <a href="http://ow.ly/HY99v">http://ow.ly/HY99v</a></td>
<td>Listen to the CDC Director, Dr. Frieden, discussing colon cancer and the importance of finding it early: <a href="http://ow.ly/HY6l0">http://ow.ly/HY6l0</a>. There are several life-saving screening options available, even at-home tests. Talk to your doctor for more information.</td>
</tr>
</tbody>
</table>
Aubrey Villalobos
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GW Cancer Institute
Cancer Control TAP
Tap into resources to control cancer

Website: www.cancercontroltap.org
Twitter: @GWCancerInst
Email: cancercontrol@gwu.edu
Health Care Service Corporation & ACS Partnership

Kristie Marcelle, Lakeshore Division
High Plains Division
Great West Division
Health Care Service Corporation (HCSC)
- HQ in Chicago, IL
- Plans include:
  Blue Cross Blue Shield of Illinois
  Blue Cross Blue Shield of Montana
  Blue Cross Blue Shield of Oklahoma
  Blue Cross Blue Shield of New Mexico
  Blue Cross Blue Shield of Texas
- 80by18 Pledge Partner
“How can we reach the unscreened in a more strategic way?”

- Utilize toolkit to identify best messages to inform health plans’ colorectal cancer strategies

- Co-Branded Reminders & Messaging Development
We gratefully acknowledge the contributions of the following individuals:

Marc Harwitz  Jen Brady  Kerstina Ohlander
Linda Lutz  Grace Butler  Anne-Louise B. Oliphant
Anjee Davis  Mari Carlesimo  Karen J. Peterson, PhD
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Tamar Wallace  Debbie Kirkland  Steve Weiss
Andrea Dwyer  Anne Major  Lauren Whalens
Katie Bathje  Jennifer Michalek  David Simpkins
Frank Berger  Anita Mitchell  Dionne Christopher
Questions

To access the guidebook and supporting materials:

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To follow NCCRT on social media:
Twitter: @nccrtnews
Facebook: http://www.facebook.com/coloncancerroundtable
This project was funded with support from the American Cancer Society