Session Nine

New ACS NCCRT Resource Snapshot: Encouraging On-Time Colorectal Cancer Screening with Lead Time Messaging

American Cancer Society NATIONAL COLORECTAL CANCER ROUNDTABLE

11:00 AM to 11:15 AM

New ACS NCCRT Resource Snapshot: Encouraging On-Time Colorectal Cancer Screening with Lead Time Messaging





ACS NCCRT Lead Time Messaging Guidebook: A Tool to Encourage On-Time Colorectal Cancer Screening

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Lead Time Messaging Guidebook:

A Tool to Encourage On-Time Colorectal Cancer Screening

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Purpose of Today's Presentation

Recap the history of ACS NCCRT communication research and messaging resources.

Describe why on-time screening is important

Discuss the lead-time messaging market research project and key findings.

Introduce the ACS NCCRT 2023 Lead-Time Messaging Guidebook



History of ACS NCCRT Market Research

- NCCRT conducted its first market research project in 2014 to better understand the barriers and emotional motivators that influence CRC screening behavior.
 - 80% by 2018 NCCRT Communications Guidebook (2015, 2017, 2019)
- Followed by additional projects to identify and promote effective communication strategies that educate, empower and mobilize target audiences with low screening rates.
 - Hispanics/Latinos Colorectal Cancer Companion Guide (2016)
 - Asian Americans Colorectal Cancer Companion Guide (2017)
 - The NCCRT Colorectal Cancer Screening Messaging Guidebook: Recommended Messaging to Reach the Unscreened (2019)
 - Guidebook for Black & African American People (2022)
- The success of each of these endeavors provided the foundation for the Lead-Time Messaging project.



Why is on-time screening important?

- On-time screening rates for both average risk individuals, especially the 45-54 age group, and those at familial/genetic risk are suboptimal.
- CRC incidence and mortality rates have increased in the <55 age group.
- Adherence to current guidelines could potentially prevent **16%** of EAOCRC and result in an earlier diagnosis in **51%**.(*Stanich et al.,* 2021)





The Need is Even More Urgent with the Release of the ACS Colorectal Cancer Facts & Figures 2023-2025

- In 2023, >153,000 people will be diagnosed with CRC in the US, and >52,000 people will die from the disease.
- Only 59% of adults 45+ are up to date with screenings.
- **3 in 5** people are now being diagnosed with advanced-stage colorectal cancer.
- **1 in 5** people are younger than 55 years old.







How do we increase on-time CRC screening?

- Promote "lead-time" messaging
 - Commentary published in *Cancer, 2019*
- Improve risk assessment practices
 - Hosted a Family History Symposium (2014) and an Early Onset CRC Summit (2017) to identify best practices and research gaps.
 - Risk Assessment and Screening Toolkit (2018)
- Build on the success and popularity of our previous messaging resources.
- Identify best practices for messaging and educating about colorectal cancer screening <u>before</u> the recommended screening age.

Commentary

Improving On-Time Colorectal Cancer Screening Through Lead Time Messaging

Wheney F. Jones, MD¹, Dennis J. Ahnen, MD²³; and Paul C. Schroy III, MD, MP4 24

INTRODUCTION

The goal of this commentary was to challenge the colorectal cancer (CRC) community to improve on-time adherence to the current guidelines for CRC screening.

There are 2 well-defined populations who have very low rates of on-time screening: the youngest members of the average-risk screening group (those aged 50-54 years) and those with a family bistory of CRC and/or advanced colorectal adenoma. There is a major opportunity for improvements in on-time screening and diagnosis in these groups using a single strategy.

Problem: Low Rates of On-Time Screening

CRC screening is core-effective, strongly recommended by all major gaideline organizations in the United Status,^{1,6} and now widely considered the standard of care, CRC screening nor only decreases CRC mortality through early detection but also decreases CRC incidence through the identification and removal of precaracerous colorectal polyps. There has been a slow but steady increase in CRC screening rates since the early 1990s, and a marked (approximately 40%) decline in both CRC incidence and mortality during the same period (Fig. 1).⁴ It is estimated that at least one-ball of this decrease in CRC risk in the last 25 years is due to CRC screening.⁵

Traditionally, the according age for average-risk individuals has been defined as age 50 to 75 years. However, in 2018, the American Cancer Society (ACS) lowered their recommendations for the starting age for CRC screening among average risk individuals to age 45 years based on new evidence demonstrating an alarming rise in CRC incidence and mortality in individuals agod <50 years. For the purpose of this attick, we will use '45'50' when referring to the age of initiation of screening for individuals in the average-risk group to accommodate all current CRC screening guidelines.

Although we do not yet have data regarding screening rates among individuals aged 45 to 49 years, there has been unbattrial progress with regard to increasing the overall CRC screening rates in those aged 90 to 75 years. Data from both the National Health Interview Survey⁶ and the Behavioral Riak Factor Surveillance System⁷ indicate that there has been a steady the in CRC screening rates within the last 39 years, from screening rates of 5200% in 1990 to current estimates that approximately 62% to 68% of US adults aged 50 to 75 years are current with CRC screening. This overall screening rate belies a major deficit in the rate of what we will call "on-time" screening, defined as screening by the recommended starting age based on CRC risk. This article will focus on 2 groups who have very low rates of on-time screening; thise individuals considered so be at average risk in the group aged 45/50 to 54 years and those aged 40 to 49 years with a family history of CRC or advanced econores.



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Commentary

Improving On-Time Colorectal Cancer Screening Through Lead Time Messaging

Lead-time messaging is the delivery of accurate, relevant, and actionable information regarding CRC risk and risk-based screening options <u>prior</u> to the starting age recommended by the ACS for average and high-risk individuals.

To maximize effectiveness, messages should be delivered <u>multiple times</u>.

family history of CRC or advanced colorectal adenomas.

Goals of the Lead Time Messaging Project:

- Better understand perceptions about CRC, CRC screening, and interactions with the health care system.
- Identify messages that heighten awareness about CRC and the importance of on-time screening.
- Motivate and empower individuals at both average and familial risk to discuss screening with their providers <u>prior</u> to the recommended age of initiation.
- Determine effective messaging that best resonates with different target audiences (e.g., ages 20-29, 30-39, 40-44)







Market Research Overview

METHODOLOGY

Three phases of research were conduct with unscreened individuals under the age of 50.

Phase 1 15-minute unbranded, online survey with a total of 747 individuals ages 20-49 was conducted in September 2021. Phase 2

(15) 60-minute virtual interviews with individuals ages 20-49 were conducted in September & October 2021.

Phase 3

7-minute unbranded, online survey with a total of 813 individuals ages 20-44 was conducted in April 2022. During the survey, participants completed an advanced analytical exercise (MaxDiff) to identify which of the 12 messages tested would be most likely to motivate their decision to get screened for colon cancer on-time.

Primary Objectives:

- Assess knowledge, attitudes, beliefs and behaviors related to CRC, CRC screening and healthcare in general;
- Identify preferred sources for healthcare information/channels of delivery



Key Takeaways from the Market Research

- There is an education gap around screening for younger audiences.
- Young people:
 - Appetite to be told about screening before the recommended screening age.
 - Agree you should get screened on time.
- Messaging Types:
 - People aren't just looking for quantitative info.
 - Want messages that resonates with them.
- High on the action list --- Young people rely on their heath care providers for information about screening and are motivated to get screened when recommended by their physician.



Guidebook Contents



Lead Time Messaging Guidebook

A Tool to Encourage On-Time Colorectal Cancer Screening





Key Definitions & Screening Recommendations



National Data on CRC Screening & Rates

8

Recommended Lead Time Messages



Helpful Tactics to Use for Effective Messaging



Focus on Family History



Colorectal cancer is often a silent disease. Usually there are no symptoms. That's why getting screened is so important. Regular screening can help prevent colorectal cancer — or catch it early when it is easier to treat. Most people should begin screening at age 45.

We learned this message is compelling because it highlights the possible silent nature of CRC and the opportunity to prevent it.

- "That I could have zero signs and/or symptoms and still have it. I want to get checked and not wait until it's too late." (30–34-year-old)
- "The fact that I cannot tell on my own without the help of screening whether I have colon cancer or not." (20–24-year-old)
- "It highlights the importance of screening and preventative care, which is the most helpful to people in general." (25–29-year-old)



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- Eat well? ✓
- Work out regularly? 🗸
- Don't smoke? 🗸
- What else??

You're taking all the right steps to live a healthy lifestyle. But are you missing one step that might be easier than you think? Talk to your doctor to find out if it's time for you to get screened for colorectal cancer and what screening options are right for you.

This message is compelling because when people think of health habits, screening isn't top of mind. This communicates that it should be, along with the usual measure they may take to remain healthy.

- "The message I selected speaks to someone like me who already takes care of their health but could be unaware of a silent cancer." (40–44-year-old)
- "This message makes it seem like if eating well and exercising are easy to do, so is getting screened for colon cancer." (25–29-year-old)





Did you know colorectal cancer is expected to be the leading cause of cancerrelated death among 20-49-year-olds by 2030? It's never too early to talk to your doctor about when it's appropriate to start screening.

This message is compelling because participants can identify with them since they fall within the age range/young adult demographic referenced in the messages.

- "I am between the ages of 20-49 so this directly applies to me." (30–34-year-old)
- "It puts the message that you can't put it off out very clearly by giving an age range starting much younger than age 45, like the rest of them said." (20–24-year-old)
- "Because that's my age range and the numbers kind of surprised me." (40–44-year-old)







Colorectal cancer is on the rise among young adults and among those who are too young to begin screening, two-thirds experience symptoms for many months before they're finally diagnosed. Be sure to alert your doctor if you're experiencing blood in your stool, persistent abdominal pain, changes in bowel habits, or unexplained weight loss. If these symptoms persist, the possibility of colorectal cancer must be considered.

- "It informs you that young adults like me can get it. It's best we get tested soon." (20–24-year-old)
- "Cancer is on the rise with younger generations and can be cured if detected early." (35–39-year-old)
- "It mentioned how even young people are susceptible to getting the disease, so it resonated with me since I am still in my 20 s." (20–24-year-old)





Using Effective Messaging

Important Messaging Tactics to Remember

- Understanding common fears and anxiety related to CRC and CRC screening and using tailored messaging to help combat those fears will increase the likelihood that screening will occur on time.
- People have different motivations and values and it's important to tailor messaging to their needs. For messaging to be impactful, it needs to feel relatable, give direct and concise information, and include actionable next steps.
- Proper channels and messaging mechanisms are crucial for delivering effective messaging. A recommendation from a clinician can be highly effective at encouraging on-time CRC screening.
- Continuing to share messages about CRC, family history and CRC screening will increase the likelihood of individuals getting screened on-time.





Focus on Family History

Insights Into Family History for Those Under 45:

- Fewer than half of individuals with a family history of CRC receive personalized counseling.
- Have a lack or limited understand of their family history.
- Haven't talked to provider about family history.
- Family history is not sufficiently tracked.
- Do not know their screening age could be different than 45.

The guidebook includes:

- Top tested messages for those with a family history
- Top tested messages about talking with family about CRC
- ACS NCCRT resources & tools: *Risk Assessment & Screening Toolkit*







Additional Ways to Add Impact to Your Messaging

Message Delivery

- Channels
- Trusted Sources
- Social Media

Additional ways to amplify your message

- Visuals
- Culturally appropriate messaging
- Serious, firm, clear tone and/or personal and emotionally compelling tone
- Use of survivors, faith-based and community leaders

Spotlight on the importance of a clinician's recommendation.

Acknowledgments



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Questions?



Thank You paul.schroy@bmc.org

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