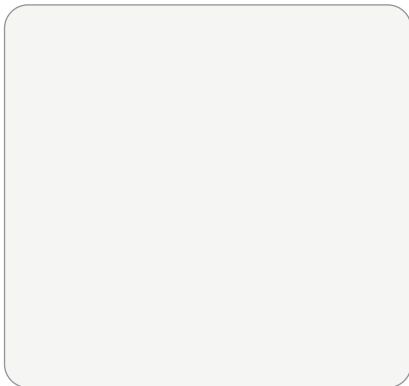




2021 Messaging Guidebook



Effectively Messaging
Cancer Screening During
the COVID-19 Pandemic



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LETTER FROM THE AMERICAN CANCER SOCIETY'S CHIEF MEDICAL AND SCIENTIFIC OFFICER

Dear Colleagues,

I've said it before, and I'll repeat it now – We have come too far in our fight against cancer to allow long breaks in vital screening to slow down our progress in saving lives.

In January, the American Cancer Society (ACS) published the *Cancer Facts & Figures 2021*, an annual report providing an in-depth review of our collective progress toward reducing the national cancer burden. This year we celebrated as the data revealed the overall cancer death rate fell 2.4% from 2017 to 2018, setting a new record for the largest one-year drop in cancer death rate. Due to declines in smoking rates, improvements in cancer screening rates, and general advancements in cancer treatment, 3.2 million more lives have been saved from 1991 to 2018.

The realities of 2020, however, loom over these achievements, and the COVID-19 pandemic threatens to slow our momentum in the fight against cancer. Among the consequences of the pandemic include disruptions to critical health care services, namely cancer screening and treatment. Emerging research is already revealing many cancers are going undiagnosed and untreated in the wake of COVID-19. Together, we must act vigorously and relentlessly to not only mitigate, but reverse, these alarming trends in cancer screening and care.

At ACS, we have moved to respond with urgency, and as a result, I am proud to present the *2021 Messaging Guidebook: Effectively Messaging Cancer Screening During the COVID-19 Pandemic*. This guidebook includes information on both old and new barriers to cancer screening, delivers updated findings on how the pandemic has impacted cancer care, and shares tested messages that will resonate throughout the pandemic. You are invited to use this information to support the return to cancer screening and treatment during and beyond the pandemic, or as a supplement to your existing outreach efforts. As a reminder, other ACS guides and tools related to cancer and COVID-19 can be found at [ACS4CCC.org](https://www.aacr.org/acs4ccc).

I would like to thank the Centers for Disease Control and Prevention and the National Comprehensive Cancer Network for their partnership and ongoing leadership in our joint efforts to prioritize market-tested public messaging aimed at reigniting cancer screening and care across the country.

And, a sincere note of appreciation to each of you for your continued efforts and contributions. With your help, we will overcome our current challenges and continue making life-saving strides in the control of cancer nationwide.



William G. Cance, MD, FACS
Chief Medical and Scientific Officer
American Cancer Society

BACKGROUND

Cancer prevention and early detection are central to the **American Cancer Society's** mission to save lives, celebrate lives, and lead the fight for a world without cancer. Early detection of cancer through screening reduces mortality from cancers of the colon and rectum, breast, uterine cervix, prostate, and lung (see the **ACS screening guidelines**). Cancer mortality has declined in recent decades due in part to progress in cancer screening technologies, research, and the general population's awareness and improved uptake in screening services.

Throughout the pandemic, many health care resources were redirected to combat rising COVID-19 cases and to prevent the spread of the virus. Elective medical procedures, including cancer screening, were largely put on hold at the onset of the pandemic.¹ The impact was immediate, as screening-related procedures dropped drastically in March, April, and May 2020. Even by mid-June, the volume of breast (29%), colon (36%), and cervical (35%) cancer screening remained well below historical pre-pandemic levels.² Estimates also indicated that 35% of Americans missed routine cancer screening due to COVID-19-related fears and service disruptions just in the first few months of shutdowns.³ Certainly, many cancer screening services have safely resumed, but disruptions to preventive care unfortunately continue, and longer-term consequences are still being realized.

ACS foresees that pandemic-related restrictions impacting health care services including cancer screening will result in a short-term drop in cancer diagnoses and a later corresponding increase in late-stage cancer diagnoses and preventable deaths.⁴ Notably, the National Cancer Institute predicts almost 10,000 excess deaths in the United States (US) from breast and colorectal cancer alone over the next 10 years because of pandemic-related delays in cancer-related care, including screening and treatment.⁵ This estimate may in fact prove too optimistic, as the model only assumed a six-month disruption in services before resuming routine care, and it remains unclear how the impact of new COVID-19 variants might prolong the disruption and further affect these numbers.

SYSTEMIC DISPARITIES

Disparities in cancer screening exist across groups of people who have systemically experienced greater social or economic obstacles to screening based on their racial or ethnic group, sexual orientation, education, health insurance status, immigration status, or other characteristics historically linked to discrimination or exclusion.

The COVID-19 pandemic will likely exacerbate these social and economic obstacles and disproportionately affect disadvantaged and underrepresented populations.



An estimated **5 million Black and Hispanic people** may lose their health insurance as a result of the pandemic.⁶



In April 2020, **42% of US adults** in families who lost income reported being unable to pay their rent, mortgage, or utilities; being food insecure; or going without medical care.⁷



This has **disproportionately affected** adults with family incomes below poverty level as well as Black and Hispanic adults.^{8,9}

ACCELERATING NATIONAL EFFORTS TO RESUME CANCER SCREENING

Cancer screening is essential health care and remains a public health priority. Early detection of cancer before symptoms appear has transformed the world of cancer care and has continued to play a critical role in the prevention and control of cancer types for which screening is available. Additionally, screening can prevent certain types of cancers (colorectal and cervical cancers) through the identification and removal of precancerous lesions. The earlier a cancer is found, the more favorable the effects of treatment. In short, **cancer screening helps save lives.**

GUIDANCE ON SAFELY RETURNING TO SCREENING

In October 2020, ACS developed a [guide](#) summarizing the impact of the pandemic on cancer care and provided guidance on how public health agencies, health care providers, and screening advocates across the nation can promote and deliver cancer screening appropriately, safely, and equitably throughout the COVID-19 pandemic.

One consensus statement from the guide called for the health care community to actively engage persons seeking care in the resumption of cancer screening by using effective and trustworthy messaging and messengers. As restrictions to health care services are eased and cancer screening tests are scheduled, health care providers and health systems will need to do more than simply reopen facilities and offer screening. Patients will need to hear clear, culturally competent, coordinated, and reassuring messaging on the importance of screening that also reiterates how to safely reengage with the health care system for routine cancer screenings.





EFFECTIVE MESSAGING DURING THE COVID-19 PANDEMIC

ACS recently conducted a public opinion survey to assess the most effective messages for encouraging people to return for routine cancer screening.

The market research effort included the following goals:

- Begin identifying effective cancer screening messaging to deliver to the general public during the COVID-19 pandemic;
- Assess key reasons and/or barriers keeping individuals from receiving routine cancer screening and care;
- Understand how individuals perceived or experienced disruptions in their routine cancer screening due to the COVID-19 pandemic;
- Look for distinctions in message preference and current screening barriers/attitudes across varied sociodemographic groups; and,
- Identify the most trusted sources and channels for delivering cancer prevention information.

Conducted in December 2020, this market research had a representative sample of 690 US adults 40 years of age and older. Data was collected via an online survey. Although additional research is needed to refine future messages and understand the overall impacts of the pandemic, a few key findings were gathered from this recent market research data.

This guidebook shares these early findings and is designed to help in the education and motivation of those who have missed or are delaying cancer screening.

The hope is that partners use this research and the recommended messages to strengthen communications campaigns and create resources that resonate with priority audiences by using creative approaches and engaging influential spokespersons.

CANCER SCREENING AS A PUBLIC HEALTH PRIORITY

Far too many individuals for whom screening is recommended remain unscreened, and this situation has been exacerbated by the substantial decline in cancer screening resulting from the COVID-19 pandemic.

Between 1989 and 2018, the overall breast cancer death rate declined by 41% (resulting in an estimated 403,200 breast cancer deaths averted) due in large part to early detection as a result of increasing utilization of screening mammograms.¹⁰ Detection and treatment of precancerous lesions and the early detection of cervical cancer have contributed to dramatic declines in both cervical cancer incidence and mortality rates. Likewise, colorectal cancer incidence declined among adults aged 50 and older in the last 15 years, and mortality rates dropped by 55% from 1970 to 2018, with a substantial fraction of these declines due to screening.¹⁰

Continuing to improve cancer screening rates is critical as there are still major gaps to fill in decreasing the burden of cancer. For example, breast cancer remains the second leading cause of cancer death among women, and colorectal cancer is the third most common cause of cancer death among men and women in the US, yet nearly 1 in 3 men and women for whom screening is recommended are not up to date on screening.^{11,12}



There are critical gaps to fill in decreasing the burden of cancer by continuing to improve cancer screening rates.

WHAT WE KNOW ABOUT THE UNSCREENED

It's important to know more about the populations we are directing to cancer screening, and there are notable distinctions between those individuals who are up to date with screening and those who remain unscreened or are not adherent to screening. There are many identified factors that contribute to disparities in cancer screening (as well as cancer care and survival), and these factors are complex and interrelated.

One of these important factors is the interplay between socio-demographic variables that often leads to:

- Many groups experiencing systemic social obstacles to health care
- Economic obstacles to health care, including cancer screening

Lower screening prevalence is seen in populations who are:¹²

- Uninsured or underinsured
- Recent immigrants
- Without a high school diploma
- With a lower income

Screening rates also vary according to race and ethnicity. Screening rates for breast, cervical, and colorectal cancer remain lowest for American Indians and Alaska Natives, Hispanics, and Asians.¹² Of note, while overall self-reported rates for breast and cervical cancers are similar for white and black women, alarming disparities exist in 5-year-relative survival rates.^{10,13}

Thus, screening disparities are already evident and, without deliberate focus, are likely to increase as a result of the COVID-19 pandemic. Efforts to promote screening and overcome barriers for populations with low screening prevalence like those noted above must be accelerated.



Screening disparities are already evident and are likely to increase as a result of the COVID-19 pandemic.

UNDERSTANDING AND REACHING THE UNSCREENED

Cancer screening data illustrates that certain populations have lower rates of cancer screening than others and tend to procrastinate in getting **screened**. However, **other research**, which assessed colorectal cancer screening, finds that a majority of the unscreened care greatly about their health and that most believe they know what needs to be done to keep themselves healthy.¹⁴

Prior to the pandemic, these unscreened individuals discussed being hesitant to go to the doctor due to insurance concerns, cost concerns, fear of bad news, distrust, or scheduling issues. Many also avoided screening due to expected unpleasantness or lack of family history with cancer.¹⁴

There are several factors to consider when planning outreach efforts to motivate an individual to screening, including the use of trusted messengers, preferred delivery channels, and proven messages. Research conducted before the pandemic found that messages delivered by health care professionals were perceived to be the most trustworthy.

Some message themes that resonated the most with the unscreened not only highlighted that screening is important, but also showcased relatable stories and images to show how “individuals like you” found a way to get screened.



EFFECTIVELY DELIVERING CANCER SCREENING MESSAGING DURING THE COVID-19 PANDEMIC

Fortunately, we know it is possible to reach unscreened populations with effective messaging that accurately informs their behaviors and addresses their fears and obstacles. Little research has been completed on cancer screening messaging during the pandemic, but recent market research conducted by ACS has provided some insight into the behaviors, attitudes, perceptions, and overall mindset of the general public as they think about cancer screening in the middle of the COVID-19 pandemic. These findings are shared below.

TOP BARRIERS TO CANCER SCREENING



- 34% had not previously been screened for cancer. Top barriers to screening include being asymptomatic (27%), procrastination (22%), lack of recommendation from a health care provider (20%), and prohibitive cost (18%).
- 14% were reluctant to visit a medical facility during the pandemic.
- 10% experienced appointment cancellations or delays during the pandemic.

COVID-19 IMPACT ON HEALTH CARE ACTIVITIES



- 50% of nearly every demographic group had their medical activities affected during the pandemic.
- The greatest impacts were reported among those aged 50-59 and gay/bisexual individuals.
- The lowest impacts were reported by individuals 60 years and older.

TRUSTED SOURCES FOR CANCER SCREENING INFORMATION



- 68% – their personal doctor
- 47% – most other doctors
- 38% – most other health care professionals
- 31% – national health organizations
- 25% – government health organizations

PREFERRED CHANNELS FOR CANCER SCREENING INFORMATION



- 62% – a conversation with their doctor or health care provider
- 36% – a patient health portal
- 23% – a website
- 22% – email
- 21% – a handout from a health care provider



Effective cancer screening messages motivate individuals to take action.

PREFERRED CANCER SCREENING MESSAGES

Effective cancer screening messages motivate individuals to take action by presenting valuable information in a concise, direct, and interesting way. Effective messages also inform the public about meaningful topics with convincing facts and actionable next steps.

The messages in this guidebook are not meant to replace the screening campaigns of any organization. Instead, they are intended to strengthen the educational and promotional materials already available or being planned.

Of the six messages tested, three focused solely on cancer screening and three addressed cancer screening and care amid the pandemic. The first three messages about cancer screening (see pages 12-14) ranked closely in overall preference across diverse demographic profiles. The other tested messages that focused on COVID-19 ranked notably lower, perhaps indicating pandemic fatigue. However, the fourth message (“Resume Screening” on page 15) performed the best out of the pandemic-related messages and topped all messages in the believability attribute.

CULTURALLY COMPETENT MESSAGING: MAKING MESSAGES RELEVANT AND REFLECTIVE

Resources and messages must be culturally competent to ensure they resonate with the population of focus and avoid miscommunication. Each population has its own unique cultural, linguistic, historical, social, economic, and geographic context that impacts how they receive and act on messages. Culture can be defined by group membership, such as racial, ethnic, linguistic or geographical groups, or as a collection of beliefs, values, customs, ways of thinking, communicating, and behaviors specific to a group.¹⁵

It is important to engage the population of focus in the development and testing of culturally competent messages to understand their needs, reflect their voices and experiences, translate into their preferred languages, and ensure the appropriate literacy level. For more information on how to integrate health equity into screening messages and resources, please see [Making the Case for Health Equity](#) and [ACS’ Health Equity Principles](#).

CATCH CANCER EARLY

Catch cancer early when it's easier to treat. Regular screening tests can improve and save your life.

WHY THIS MESSAGE RESONATES WITH PEOPLE



The statement is received well as it is direct and reflects a more helpful tone, which encourages more patients to **talk to their doctors**. The highest scoring attributes for this message were “easy to understand,” “believable,” and “compelling.”

TRUSTED MESSENGERS AND POTENTIAL CHANNELS



Data from this market research conclusively suggests that the most trusted way to receive information is a direct conversation with a health care provider. While preferred delivery channels were not tested for individual messages, consider using the message above in a tweet, website banner, or pop-up notification since the message is positive and brief.

DEMOGRAPHIC DIFFERENCES



This message was effective across all populations, but when compared to other messages, appeared to have additional appeal for individuals aged 60 and over and those earning less than \$50,000 annually.



LEADS WITH DATA

1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.

WHY THIS MESSAGE RESONATES WITH PEOPLE



The statistic is effective in catching the audience's attention, while the second half of the statement shows that harm can be mitigated if patients **take action**. The highest scoring attributes for this message were: “easy to understand,” “believable,” “creates urgency,” and “compelling.”

TRUSTED MESSENGERS AND POTENTIAL CHANNELS



Data from this market research conclusively suggests that the most trusted way to receive information is a direct conversation with a health care provider. While preferred delivery channels were not tested for individual messages, consider using the message above in a tweet or email since the message creates urgency and encourages action.

DEMOGRAPHIC DIFFERENCES



This message was effective in all categories, but when compared to other messages, appeared to have additional appeal for Hispanics and individuals earning \$100,000+ annually.



CLEAR AND OPTIMISTIC

Screening tests increase the chance of detecting some cancers early, when they may be easier to treat.

WHY THIS MESSAGE RESONATES WITH PEOPLE



The statement is simple and optimistic, and its positive tone reflects the **benefits of screening**. The highest scoring attributes for this message were “easy to understand,” “believable,” and “motivates individuals to act.”

TRUSTED MESSENGERS AND POTENTIAL CHANNELS



Data from this market research conclusively suggests that the most trusted way to receive information is a direct conversation with a health care provider. While preferred delivery channels were not tested for individual messages, consider using the message above in handouts, flyers, or emails since the message is optimistic and easy to understand.

DEMOGRAPHIC DIFFERENCES



There were no notable demographic differences for this message. Preference for this message was relatively equal across all groups.



RESUME SCREENING

An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.

WHY THIS MESSAGE RESONATES WITH PEOPLE



This statement did not resonate as well as the previous three messages, but it did rate highest among all COVID-19-related messages. The statement clearly explains the **risks of postponing screening** and emphasizes the importance of resuming care. The highest scoring attributes for this message were “easy to understand,” “believable,” and “creates urgency.”

TRUSTED MESSENGERS AND POTENTIAL CHANNELS



Data from this market research conclusively suggests that the most trusted way to receive information is a direct conversation with a health care provider. While preferred delivery channels were not tested for individual messages, consider using the message above in emails, Facebook posts, or webpages since it encourages resuming screening and offers more detail.

DEMOGRAPHIC DIFFERENCES



Although this was not one of the top screening messages, it had particular appeal among gay/bisexual individuals.



CANCER SCREENING MESSAGING CONSIDERATIONS FOR SELECT POPULATIONS

Some populations responded better to particular messages. The relevant research findings appear below.

AFRICAN AMERICANS/BLACKS



There was equal appeal across all screening, non-pandemic-related messages for this group (see pages 12, 13, 14).

TOP BARRIERS TO SCREENING

Barriers noted in the survey results include: They don't often seek out screening when they don't have symptoms; they may not have health insurance; and they may have concerns about the affordability of screening.

HISPANICS/LATINOS



1 in 3 Americans will get cancer in their lifetime, but finding cancer early means it may be easier to treat.

TOP BARRIERS TO SCREENING

Barriers noted in the survey results include: They may have intentions to get screened eventually; they may have other medical problems they are focused on; and they don't often seek out screening when they don't have symptoms.

PEOPLE AGED 50-59



There was equal appeal across all screening, non-pandemic-related messages for this group (see pages 12, 13, 14).

TOP BARRIERS TO SCREENING

Barriers noted in the survey results include: They don't often seek out screening when they don't have symptoms; they may have intentions to get screened eventually; and they may be reluctant to visit a medical facility during COVID-19.

PEOPLE AGED 60+



Catch cancer early when it's easier to treat. Regular screening tests can improve and save your life.

TOP BARRIERS TO SCREENING

Barriers noted in the survey results include: They haven't been screened because their doctor hasn't recommended it.

INCOME <\$50,000



Catch cancer early when it's easier to treat. Regular screening tests can improve and save your life.

TOP BARRIERS TO SCREENING

Barriers noted in the survey results include: They don't often seek out screening when they don't have symptoms; they may have concerns about the affordability of screening; and they may not have health insurance.

GAY/BISEXUAL



An estimated 41% of US adults have delayed or avoided medical care because of the pandemic. This may result in advanced disease and early deaths. Talk to your doctor about safely resuming care and next steps.

TOP BARRIERS TO SCREENING

Barriers noted in the survey results include: they may not have health insurance; they may have concerns about the affordability of screening; and they don't often seek out screening when they don't have symptoms.

ADDITIONAL RESOURCES

CANCER AND COVID-19

- [ACS – Coronavirus, COVID-19, and Cancer](#)
- [Joint Statement to Reengage Cancer Screening and Treatment](#)
- [ACS Guidance on Cancer Screening During COVID-19](#)
- [Cancer Facts & Figures 2021: Special Section: COVID-19 and Cancer](#)

NATIONAL ROUNDTABLES

National Colorectal Cancer Roundtable

- [Reigniting Colorectal Cancer Screening as Communities Face and Respond to the COVID-19 Pandemic: A Playbook](#)
- [2019 Colorectal Cancer Screening Messaging Guidebook: Recommended Messages to Reach the Unscreened](#)
 - [Hispanics/Latinos and Colorectal Cancer Companion Guide](#)
 - [Asian Americans and Colorectal Cancer Companion Guide](#)

National Lung Cancer Roundtable

- [COVID-19 Resources](#)

National Navigation Roundtable

- [COVID-19 Resources](#)

National HPV Vaccination Roundtable

- [Get Adolescent Vaccination Back on Track](#)



EXAMPLE PRESS RELEASE

(INSERT ORGANIZATION) URGES PATIENTS TO SCHEDULE CANCER SCREENING

(Insert city and date) – (Insert Organization) has joined a nationwide effort to encourage patients to resume appropriate cancer screening and follow-up care to prevent excess deaths.

(Insert Organization) is urging people across the country to talk with their health care provider to resume regular primary care checkups and recommended cancer screening. This has the potential to lessen the negative impact that the pandemic is having on identifying and treating people with cancer.

Throughout the pandemic, many health care resources were redirected to combat rising COVID-19 cases and to prevent the spread of the virus. Elective medical procedures, including cancer screening, were largely put on hold at the onset of the pandemic. The impact was immediate as screening related procedures dropped drastically in March, April, and May 2020 according to the American Cancer Society (ACS). Estimates also project 35% of Americans missed routine cancer screening due to COVID-19 related fears and service disruptions. ACS foresees that the pandemic-related reductions in health care access and cancer screening will result in a short-term drop in cancer diagnoses and a later corresponding increase in late-stage diagnoses and preventable deaths.

[IF APPROPRIATE] (Insert Organization) has implemented numerous infection control measures to provide a safe environment for people to receive important medical care during the pandemic. These steps include:

- (Insert updated list of safety precautions and changes)

“Simply put, regular cancer screening tests can improve and save your life,” said (insert name). “Screening increases the chance of detecting some cancers early, when they may be easier to treat. We’re encouraging everyone in our community to talk to their doctor or a health care professional about getting on track with their recommended cancer screening.” [personalize the quote before use]

Screening refers to testing individuals who have no signs or symptoms of disease. It is critical to ensure that patients with signs or symptoms associated with cancer undergo diagnostic evaluation as soon as possible. Breast cancer remains the leading cause of cancer death among women and colorectal cancer is the third most common cause of death among men and women in the US, yet nearly one in three people for whom screening is recommended were not up-to-date with screening prior to the COVID-19 pandemic.

[INSERT APPROPRIATE LINK FOR MORE INFORMATION (e.g., For more information about cancer screening, visit www.cancer.org/healthy/find-cancer-early.html or contact the American Cancer Society at 1-800-227-2345.)]

[Insert Organization’s Boiler Plate Language – include organization description, mission, and contact information including website]

RETURN TO SCREENING: EXAMPLE SOCIAL MEDIA POSTS

FACEBOOK

- 1 in 3 will get cancer. But early detection can lead to better outcomes. Talk to your doctor about beginning or resuming regular cancer screening. #ReturnToScreening
- Cancer screening increases the chance of detecting cancer early, which can save your life. Talk to your doctor about scheduling regular screening. #ReturnToScreening
- Cancer screening saves lives. Talk to your doctor about scheduling regular screening tests to monitor your health and catch cancer early. #ReturnToScreening

TWITTER

- Catch cancer early when it's easier to treat. Talk to your doctor about scheduling regular cancer screening. #ReturnToScreening
- When you catch cancer early, it can be easier to treat. Schedule regular cancer screening with your doctor to stay ahead of cancer. #ReturnToScreening
- Cancer screening saves lives. Talk to your doctor today about scheduling regular screening tests. #ReturnToScreening



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