



Lead Time Messaging Guidebook

A Tool to Encourage On-Time
Colorectal Cancer Screening





Overview

| INTRODUCTORY PAGES | MESSAGING RECOMMENDATIONS | ADDITIONAL WAYS TO AMPLIFY YOUR MESSAGING | APPENDIX | REFERENCES |
|---|--------------------------------|---|-----------------|------------|
| About the ACS NCCRT | Recommended Lead Time Messages | Message Delivery | Market Research | |
| Acknowledgments | Using Effective Messaging | Additional Ways to Add Impact | Demographics | |
| Key Definitions | Family History | | Tested Messages | |
| Introduction | | | | |
| National Data on CRC Screening and Cancer Rates | | | | |





Contents

4 About the ACS NCCRT

4 Acknowledgments

5 Key Definitions

8 Introduction

- Why Focus on Lead Time Messaging for Colorectal Cancer Screening?
- The ACS NCCRT Recommendations Use Tailored Messaging to Motivate for On-Time CRC Screening
- ACS CRC Screening Recommendations

13 National Data on CRC Screening and Cancer Rates

14 Recommended Lead Time Messages

18 Using Effective Messaging

- Important Messaging Tactics to Remember
- Understanding Fears and Anxiety Related to CRC and CRC Screening
- Helpful Facts About CRC and CRC Screening to Include in Your Messages
- Finding Messages that Resonate

22 Family History

- For Those Under 45: Insights Into Family History
- Impactful Messages for Those With a Family History
- Messages to Encourage Conversation With Family About CRC

25 Additional Ways You Can Add Impact to Your Messaging

- Message Delivery
- Additional Ways to Add Impact

32 Appendix

- Market Research
- Demographics
- Tested Messages

37 References



About the ACS NCCRT

The American Cancer Society National Colorectal Cancer Roundtable (ACS NCCRT) was established in 1997 in partnership with the Centers for Disease Control and Prevention (CDC) and acts as a catalyst to stimulate work on key issues related to colorectal cancer (CRC). A national coalition of more than 200 member organizations, the work of the ACS NCCRT is guided by our **80% in Every Community** strategic plan and is focused on reducing CRC as a major public health problem in the United States, through coordinated leadership, strategic planning, and promotion of evidence-based interventions. Visit our website, www.nccrt.org, to learn more.

80% in Every Community Campaign

The ACS NCCRT leads the **80% in Every Community** campaign, which strives to reach CRC screening rates of 80% and higher in communities across the nation. Through dedication, determination, and collective action, we are seeing that 80% and higher screening rates are possible as health systems, community health centers, health plans, employers, counties, and many others are achieving their goals.



80% in Every Community aims to unite partners to eliminate barriers to screening because everyone deserves to live a life free from colorectal cancer.

Acknowledgments

The ACS NCCRT would like to thank the Lead Time Messaging Advisory Committee members who generously offered their time and expertise to the development of this guidebook's research and content.

We would also like to acknowledge, with deep gratitude, **Whitney Jones, MD**, who championed the lead time messaging concept, as well as two late colleagues, **Thomas Weber, MD FACS** and **Dennis Ahnen, MD**, who were instrumental in promoting the NCCRT's adoption of this paradigm shift.

A special thank you to the chairs of the **ACS NCCRT Family History and Early-Age Onset Colorectal Cancer Strategic Priority Team**, **Heather Hampel, MS, CGC** and **Paul Schroy, MD, MPH**, for providing vision, leadership, and guidance.

Thank you to the **American Cancer Society** for providing support, funding, and staff expertise:

- **Emily Bell, MPH** – Director, National Colorectal Cancer Roundtable
- **Kaitlin Sylvester, MPA** – Strategic Director, National Colorectal Cancer Roundtable
- **Aubree Thelen, MPH** – Program Manager, National Colorectal Cancer Roundtable

This publication was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$825,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS or the U.S. Government.



Key Definitions

Colorectal Cancer

Colorectal cancer occurs when cells in the body start to grow out of control in the colon or the rectum. Colon cancer and rectal cancer are often grouped together because they have many features in common.

Advanced Colorectal Polyps

Polyps develop through either the adenoma-carcinoma sequence (conventional adenoma) or the serrated pathway (sessile serrated polyp [SSP] and traditional serrated adenoma [TSA]). Most CRCs start as a polyp, but not all polyps become cancer. Advanced CRC polyps are the immediate precursors to CRC.

Advanced CRC Polyps Include:

- Adenomas ≥ 1 cm, or any adenoma with villous features or with high-grade dysplasia
- Sessile serrated polyps ≥ 1 cm, or any serrated lesion with any grade of cytologic dysplasia
- Traditional serrated adenomas, regardless of size

Risk Factors

A risk factor is anything that increases a person's chance of getting a disease such as cancer. Different cancers have different risk factors. Some risk factors, like smoking, can be changed. Others, like a person's age or family history, cannot be changed.

Learn More

ACS NCCRT Advanced Colorectal Polyp Brief for GIs



Risk Factors

Risk factors associated with lifestyle are believed to cause more than half of all CRCs in the United States. Those often associated with increasing your risk of getting CRC are an unhealthy diet, low engagement in physical activity, consuming large amounts of alcohol, and smoking. However, the strongest risk factor for CRC is having a family history. A first-degree relative (parent, sibling, or child) who has been diagnosed with CRC could mean a person's risk of developing CRC is double or quadruple that of individuals without a family history.



Average Risk for CRC

Individuals are considered "average risk" if they **do not have**:

- A personal history of CRC or adenomatous/serrated polyps
- A family history of CRC or advanced colorectal polyps
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A confirmed or suspected hereditary CRC syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)
- A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer.

Family History

Family history for CRC is when cancer occurs in close (first-degree) relatives such as parents, brothers, sisters, and children, or in two or more distant relatives. When a gene change that greatly increases cancer risk runs in a family, it is often referred to as a family cancer syndrome. Not everyone with a family cancer syndrome will get cancer and not everyone with a strong family history of cancer has a family cancer syndrome. Cancer may be more common in certain families because family members share certain behaviors or exposures that increase cancer risk. Learn more [here](#).

Inherited CRC Syndrome

About 5% of people who develop CRC have inherited gene changes (mutations) that cause family cancer syndromes and can lead to them getting the disease. The most common inherited syndromes linked with CRC are Lynch syndrome (hereditary non-polyposis CRC, or HNPCC) and familial adenomatous polyposis (FAP), but other rarer syndromes can increase CRC risk as well. Learn more [here](#).

Lynch Syndrome

Lynch syndrome is the most common hereditary CRC syndrome. It accounts for about 2% to 4% of all CRCs. In most cases, it is caused by an inherited defect in a gene that normally helps repair DNA that has been damaged, and the cancers linked to this syndrome tend to develop when people are relatively young. People with Lynch syndrome can have polyps, but they tend to have only a few. The lifetime risk of CRC in people with this condition may be as high as 50%. Women with this condition also have a very high risk of developing cancer of the endometrium (lining of the uterus). Other cancers linked with Lynch syndrome include cancer of the ovary, stomach, small intestine, pancreas, kidney, prostate, breast, ureters (tubes that carry urine from the kidneys to the bladder), and bile duct. Someone who is known to carry a gene mutation linked to Lynch syndrome may be advised to start screening for CRC when they are younger (such as during their early 20s) or take other steps to try to lower their risk of CRC. Learn more [here](#).



On-Time Screening

Individuals with average or high risk for CRC should be screened at the intervals recommended by the ACS screening guidelines and risk factors. Learn more [here](#).

Lead Time Messaging

Lead time messaging relates to the delivery of accurate, relevant, and actionable information regarding CRC risk and risk-based screening options prior to the starting age recommended by the ACS for average and high-risk individuals. The intent of CRC screening lead time messaging is to increase on-time screening rates. To maximize effectiveness, multiple messages should be delivered multiple times in advance of the on-time screening date. Learn more [here](#).

Tailored Messaging

Campaigns use messages that are tailored to reflect the needs, values, and motivations of a specific community. Tailored messages often outperform non-tailored messages when it comes to altering cancer screening behaviors and increasing public knowledge regarding cancer. Learn more [here](#).





Introduction

Colorectal cancer (CRC) is the second most common cause of cancer death in the United States when men and women are combined. Fortunately, many cancer cases and deaths can be avoided with regular CRC screening, which can prevent CRC by removing pre-cancerous polyps or catching cancer early when it's often easier to treat. While the number of CRC cases and deaths have declined over the last few decades due to the increased uptake of CRC screening and improvements in cancer treatment, these advancements conceal a concerning trend. CRC deaths in those under the age of 55 years are steadily increasing. Nearly all major guidelines, including the **American Cancer Society (2018)** and the **United States Preventive Services Task Force (USPSTF) (2021)**, guidelines recommend that individuals of average risk begin screening for CRC at the age of 45. But unfortunately, far too few are leveraging the opportunity to get screened as soon as they are eligible; as of 2021, only 20% of 45–49-year-olds and 50% of 50–54-year-olds were up to date with screenings.

Cancer screening and early detection can save lives. It is a priority of the ACS NCCRT to uncover barriers to CRC screening and develop tactics and tools to ensure that more people can get screened and get screened on time. This priority led to our interest in understanding what types of tailored messages could heighten awareness about CRC and the importance of on-time screening.

Why Focus on Lead Time Messaging for Colorectal Cancer Screening?

Bolstered by the popularity of our previous messaging guidebooks and communications companion guides as well as our activities focused on early-age onset CRC, we conducted market research to better understand the perceptions, knowledge, and awareness of CRC screening. It was also important to learn about the tendency to prioritize on-time screening for those aged 20–44. We also took a keen look at those with a family history of CRC. We wanted to know which messages, delivered before the age of screening, would encourage more people to get screened on time.

We learned that younger adults want to be told about CRC screening and believe it is important to get screened on time. Most importantly, we uncovered that people wanted to hear this information from their clinicians. **We cannot overstate the importance of clinicians talking to patients of any age about CRC, CRC screening, and CRC symptoms.**

Using the information gathered in our initial research, we tailored 15 CRC-related messages to 20–44-year-olds and surveyed this demographic to determine which messages had the greatest impact and why. We learned that people under 45 are not necessarily looking for an overload of data and information, but instead prefer messages that align with their motivations and values. We have included these messaging tactics, tools, and the top-tested messages in this guide.



The ACS NCCRT Recommendations to Use Tailored Messaging to Motivate for On-Time CRC Screening

The intent of this guidebook is to share best practices for messaging and educating about CRC screening to motivate and empower individuals at both average and high risk due to family history to discuss screening with their clinician prior to the recommended age of initiation to optimize the likelihood of on-time screening. A culmination of findings from ACS NCCRT messaging-related research, relevant information from ACS NCCRT signature resources, and driven by concerning data reflecting increases in CRC in younger populations, this guide is intended to support and catalyze current efforts to increase CRC screening rates. Our goals are for everyone to have equitable access to CRC screening and for individuals to feel empowered to prioritize getting screened for CRC as soon as they are eligible.

The “Why” for the Research That Led to These Recommendations



Increased CRC in younger adults



Not enough people screened on time (45–49, 50–54)



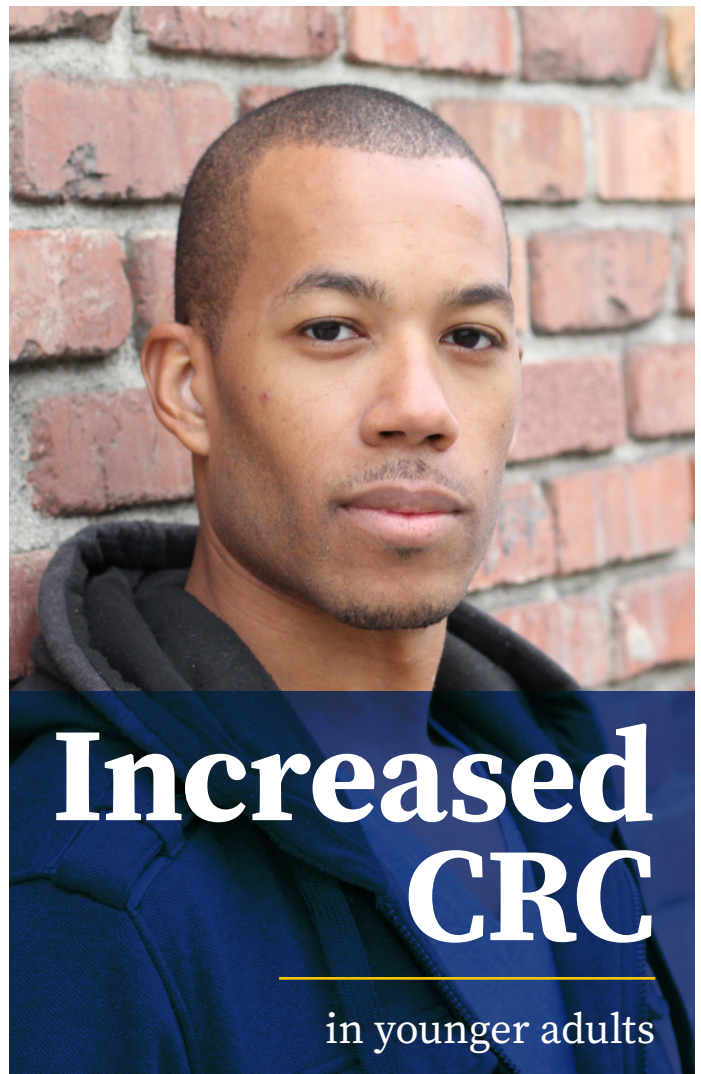
The ACS NCCRT conducted market research to more fully understand the continuum of public health messages required to achieve “on-time screening” for colorectal cancer.



The ACS and the USPSTF recently lowered the recommended screening age from 50 to 45, but much of the public is still unaware of the change.



Symptom recognition by physicians in patients under 45 and appropriate follow up of those patients





Key Takeaways

Education gap around screening with younger audiences

Young people agree:

- They have an appetite for being told about screening before recommended screening age.
- They agree you should get screened on time.

Messaging types:

- People aren't looking for quantitative information.
- People want messages that resonate with them.

High on the action list — people know this information but want to hear from their healthcare providers and are motivated to get screened when recommended by someone in health care.

Intent of This Guidebook



Share best practices for messaging and educating about colorectal cancer screening before recommended screening age



Encourage people starting in their 20s to discuss their Family Cancer History including CRC and colon polyps and take action as needed



Encourage people to talk to their healthcare provider about CRC and learn when they will most likely need to be screened



Motivate individuals to make it a priority to get regular, on-time CRC screening





ACS CRC Screening Recommendations

The ACS recommends that people who have no symptoms and are at average risk of CRC start regular screening at age 45. This can be done either with a stool-based test or structural exam (e.g., colonoscopy).

People who are in good health and with a life expectancy of more than 10 years should continue regular CRC screening through the age of 75.

For people ages 76 through 85, the decision to be screened should be based on a person's preferences, life expectancy, overall health, and prior screening history. This should be a shared decision made after a discussion with a physician.

People over 85 should no longer get CRC screening.



Test Options for CRC Screening

Stool-based tests:

- Highly sensitive fecal immunochemical test (FIT) every year
- Highly sensitive guaiac-based fecal occult blood test (FOBT) every year
- Multi-targeted stool DNA test (mt-sDNA) every 3 years

Visual (structural) exams of the colon and rectum:

- Colonoscopy every 10 years
- CT colonography (virtual colonoscopy) every 5 years
- Flexible sigmoidoscopy (FSIG) every 5 years

If a person chooses to be screened with a test other than colonoscopy, any positive or abnormal test result should be followed up with a timely colonoscopy.



High Risk Individuals

It's important to recognize that the average risk CRC screening guidelines do not apply to individuals who are at a higher risk of developing CRC. It's critical that those who have an increased or high risk of developing CRC be recognized and their screening needs be addressed differently than the average risk population. Risk factors include:

Personal history:

- Adenomatous/serrated polyps
- CRC
- Inflammatory bowel disease
 - Ulcerative colitis
 - Crohn's disease

Family history:

- A diagnosis of colorectal cancer or advanced polyps in a first-degree relative (i.e., parent, sibling, or child) or multiple second-degree relatives (grandparents, aunts/uncles, or cousins).
- Hereditary syndrome (FAP, Lynch Syndrome)

Individuals with a family history of colorectal cancer or advanced polyps affecting one or more first-degree relatives or multiple second-degree relatives should begin screening earlier at age 40 (or at least 10 years before the age of the youngest affected first-degree relative, whichever is earlier).

- Colonoscopy every 5 years is the preferred screening option for those with a single first-degree relative diagnosed before age 60 or 2 first-degree relatives of any age.
- Any of the recommended screening options for average risk individuals can be considered for those with first-degree relatives diagnosed at age greater than 60 or two or more second-degree relatives (i.e., grandparents, aunts/uncles, nieces/nephews, half-siblings).

Individuals at risk of hereditary non-polyposis colorectal cancer (HNPCC) or familial adenomatous polyps (FAP) should undergo genetic counseling/testing and begin screening at an earlier age than those without a family history if testing reveals a causative mutation. Those who refuse genetic testing should also begin regular screening earlier.

Symptoms Related to CRC

Messaging and delivery mechanisms should change for those who are experiencing signs and symptoms of gastrointestinal illness, including CRC.

They are no longer considered average risk and testing becomes diagnostic rather than screening when symptoms are present.

These individuals should seek medical help and undergo a colonoscopy as soon as possible. Signs and symptoms may include:

- A change in bowel habits that lasts for more than a few days, including diarrhea, constipation, or narrowing of stools.
- A feeling that you need to have a bowel movement that is not relieved by having one.
- Rectal bleeding with bright red blood
- Blood in the stool, which might make the stool look dark brown or black.
- Cramping or abdominal (belly) pain
- Weakness and fatigue
- Unintended weight loss
- Low iron levels or low blood counts (anemia)



National Data on CRC Screening and Cancer Rates

Despite national screening guidelines that recommend screening begin at age 45 and continue through age 75 for all men and women, screening rates for those under age 55 lag behind the 2022 national screening average of 61.5% (ages 45–75).

Recent findings from the ACS CRC Facts & Figures⁴

- In 2023, there will be an estimated 153,020 new cases of CRC diagnosed in the United States, and 52,550 people will die from the disease, including 19,550 diagnoses and 3,750 deaths in individuals younger than age 50.
- Declines in CRC incidence and mortality have slowed from 3%–4% per year during the 2000s to 1%–2% per year during the past decade.
- These incidence trends are rapidly shifting to a younger population; 20% (1 in 5) of CRCs in 2019 were in people 54 years or younger, up from 11% (1 in 10) in 1995.
- Incidence rates for advanced CRC have increased by about 3% annually in people younger than age 50 and 0.5%–2% annually in people aged 50–64 since around 2010.
- According to the National Health Interview Survey, the up-to-date CRC screening prevalence among adults aged 45 and older reached 59% in 2021, and the up-to-date CRC screening rate for adults aged 45–49 was 20%, the lowest of any age group.

Want to Learn More?

Visit the [ACS Cancer Statistics Center](#) and [ACS Cancer Facts & Figures, 2023](#).

Snapshot of CRC Screening and Cancer Rates



3 in 5 people

have advanced-stage disease at the time of positive CRC diagnosis.

Researchers showed the proportion of individuals in the United States diagnosed with advanced-stage CRC increased from a low of 52% in the mid-2000s to 60% in 2019, despite increased screening.



1 in 5 people

diagnosed are younger than age 55.

Diagnoses of people in this age group doubled in the past 25 years. Incidence rates have stabilized in those aged 50–64 but have increased by 2% per year in those younger than age 50 and those aged 50–54.



59% of adults

aged 45+ are up-to-date on CRC screening.

Screening is lowest among those aged 45–49 (20%), Asian Americans (50%), individuals with less than a high school education (48%), the uninsured (21%), and recent immigrants (29%)⁵.



Recommended Lead Time Messages

By presenting compelling information through trusted channels, tailored messaging can be extremely effective at encouraging individuals to make CRC screening a priority. Do not forget — providing enough lead time for your messaging and sharing information related to on-time screening is key. Below are several messages which have been shown to encourage those aged 20–44 to get on-time CRC screening.

Message

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



Why It Works

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

We asked, "What comes to mind when hearing this message?"

- "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)
- "That it's silent, meaning you might not have any symptoms." (40–44-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)



Message

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.



Why It Works

This message is compelling because when people think of health habits, screening is not top-of-mind. This message communicates that it should be, along with the usual measures that people can follow to remain healthy.

We asked, "What comes to mind when hearing this message?"

- "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)
- "Having a healthy lifestyle may not prevent the disease." (30–34-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)
- "That living a healthy lifestyle is only one step of many to living a long life." (20–24-year-old)



Message

Did you know colorectal cancer is expected to be the leading cause of cancer-related 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.



Why It Works

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

We asked, "What comes to mind when hearing this message?"

- "It illustrates that you're never too young." (35–39-year-old)
- "I am between the ages of 20–49, so this directly applies to me." (30–34-year-old)
- "Because that's my age range, and the numbers kind of surprised me." (40–44-year-old)



Message

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.



Why It Works

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

We asked, "What comes to mind when hearing this message?"

- "It informs you that young adults like me can get it. It's best we get tested soon." (20–24-year-old)
- "It stands out because silent killers are the scariest to me, and I am a young adult, so it speaks directly to my demographic." (30–34-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 20s." (20–24-year-old)



Using Effective Messaging

Important Messaging Tactics to Remember

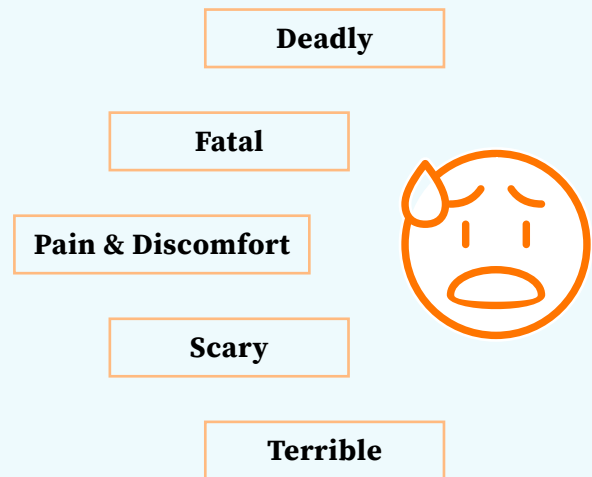
- Understanding common fears and anxiety related to CRC and CRC screening is important. Using tailored messages to help combat common fears will increase the likelihood that screening will occur on time.
- Because people have different values and motivations, impactful messaging should feel relatable. Be sure to share 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.

Understanding Fears and Anxiety Related to CRC and CRC Screening

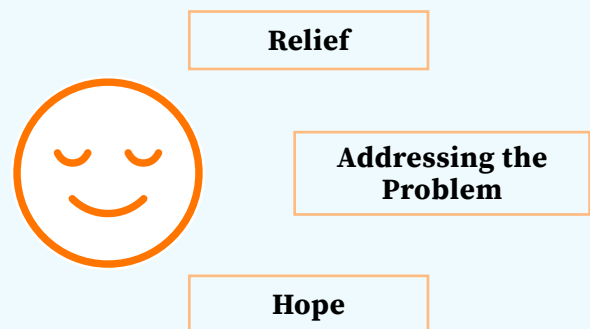
CRC and CRC screening can cause fear and anxiety that can lead many people to delay screening. It is important to understand these fears and use tactful messaging through trusted sources and delivery mechanisms to combat these feelings.

Perceptions

Common perceptions associated with CRC:



Perceptions about CRC screening when tailored messages are used through trusted sources and delivery mechanisms:





When It Comes to CRC Screening

- People may dread having a procedure such as a colonoscopy. Many are worried about colonoscopy prep and the procedure itself.
- People are apprehensive about receiving results. They may feel anxious about receiving frightening or life-changing news based on screening results.

Despite these feelings of anxiety, fear, and apprehension, screening can also provide a feeling of relief after patients receive their results. On-time screening can promote a sense of accomplishment because taking advantage of preventive measures can provide hope that if something is found it can be addressed. Most young people believe that it is important to increase awareness about CRC and CRC screening and want to be educated about screening long before the recommended screening age.

Potential Barriers

When encouraging people to get screened on time for CRC, it is important to understand the potential barriers that may prevent them from prioritizing CRC screening.

- Young people may be unaware of the recommended age to begin screening, especially since the ACS and the USPSTF recently changed recommendations for screening to begin at age 45 for those at average risk.
- If individuals are at a higher risk for CRC, they may not know they could be eligible for screening before age 45.
- Those nearing screening age may be unaware there are multiple screening options for CRC. The likelihood of screening increases when options are given.

Helpful Facts About CRC and CRC Screening to Include in Your Messages

- CRC screening saves thousands of lives every year.
- CRC rates are rising in younger adults. Screening is recommended for most people at age 45, but some individuals may be at a higher risk and need to be screened earlier.
- Screening can prevent CRC by removing growths that are not cancer but can turn into CRC if not treated.
- CRC doesn't always cause symptoms, and symptoms may not appear until the cancer is more advanced, so on-time screening is critical.

Learn more about how coalitions can tailor CRC screening messages — [Tailoring Colorectal Cancer Screening Messaging: A Practical Coalition Guide](#).



Finding Messages That Resonate

Learning about CRC and CRC screening is important, but keep in mind that many people are not just looking for facts and numbers. They also want messages that resonate with them. Understanding values and motivations can help to better utilize effective messaging. For example, those who value eating well and exercising regularly may be more receptive to CRC screening messaging about screening being part of a healthy lifestyle. Values can change over time, so it is important to recognize that individuals may need to hear different messages and themes throughout their lives.

Messages Tied to Prevention and Early Detection



- 1.** Colorectal cancer is often a silent disease. Usually, there are no symptoms. That's why getting screened is so important. It can help prevent colorectal cancer — or catch it early when it is easiest to treat. Most people should begin screening at age 45.
- 2.** A small growth called a polyp could develop in your colon and you not even know about it. The polyp may be harmless, but over time could develop into colon cancer. With regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer before it starts. Know your risk and talk to your doctor about when to begin regular screening.
- 3.** Don't leave your life to chance. Talk to your doctor about your risk for colorectal cancer and what steps you can take to help prevent it.





Messages That Demonstrate CRC is Impacting Younger Adults



1. 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.
2. Did you know colorectal cancer is expected to be the leading cause of cancer-related 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.

Messaging that CRC Screening is One Way to be Proactive About Maintaining Your Health



1. Being active and eating right are important for your health, and so is getting screened for colorectal cancer. Did you know regular screening can help prevent colorectal cancer or catch it early when it's most treatable? Take control of your health and talk to your doctor today about which screening options are right for you.
2. 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.





Family History

CRC in young people tends to be more difficult to identify and is often misdiagnosed or diagnosed when the disease has progressed to a later stage. A large proportion of CRC in young people can be attributed to family history and may be prevented by encouraging individuals to learn their family history and take advantage of early and more frequent screening.

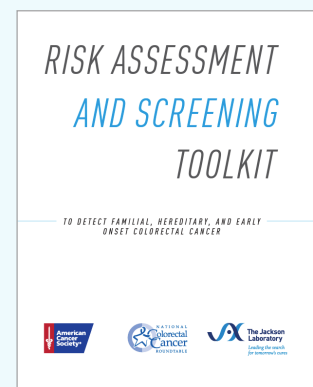
For Those Under 45: Insights Into Family History

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



Optimizing Risk Assessment, Documentation, and Management: The ACS NCCRT Risk Assessment & Screening Toolkit

The ACS NCCRT Risk Assessment & Screening Toolkit aims to improve the ability of primary care clinicians to systematically collect, document, and act on a family history of CRC and adenomas polyps. It also educates clinicians on the need for more timely diagnostic testing for young adults who present with alarming signs or symptoms of CRC and ensures that those patients receive a proper diagnostic work up. This toolkit serves as a comprehensive, step-by-step guide to improve operations within practices and suggests many useful resources and tools to aid these changes.





Impactful Messages for Those With a Family History

Individuals don't always understand the sense of urgency after discovering they have a family history of CRC, which can include a family member diagnosed with high-risk polyps. This again highlights the important role clinicians play not only in discussing CRC and CRC screening with patients but also by encouraging conversations about family history.



- 1.** Colorectal cancer is often a silent disease. Usually, there are no symptoms. That's why getting screened is so important. It can help prevent colorectal cancer — or catch it early when it is easiest to treat. Most people should begin screening at age 45.
- 2.** Did you know colorectal cancer is expected to be the leading cause of cancer-related 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.
- 3.** Colorectal cancer is on the rise among young adults and among those who are too young to begin screening, with two thirds experiencing 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.





Messages to Encourage Conversation With Family About CRC

Some people may have a family history or an inherited syndrome and may not know it. There could also be cultural taboos about talking about health issues (especially uncomfortable ones like CRC). Messaging is important to encourage those with a family history to discuss it with their clinicians as well as their families.

There may be misconceptions about family history as well, and some might feel they are at lower risk than relatives due to a healthier lifestyle. It's important to discuss risk factors and especially those factors such as family history that dramatically increase the risk of being diagnosed with CRC.



1. Up to 30% of people with colorectal cancer have a family history of the disease. If someone in your family has had colorectal cancer, you could have an increased risk of getting it at an earlier age. Talk to your doctor today about your risk and when it's appropriate for you to begin regular screening.
2. In 2020, about 18,000 people were diagnosed with colorectal cancer before the age of 50. Having a family history can increase your risk of getting colorectal cancer at an earlier age. Talk to your doctor to find out your risk and if it's time to get screened.
3. It is recommended that average risk adults should start getting screened for colorectal cancer at age 45, but if you have a family history or personal history of cancer you may need to get screened sooner and more often. Talk to your doctor to learn more about your risk and when to start screening.





Additional Ways You Can Add Impact to Your Messaging

Simply relaying messages about CRC screening is not enough. How messages are received, and from what trusted sources, can have a significant impact on knowledge, perceptions, and likelihood of adherence to screening recommendations. Some of the best sources and channels for delivering CRC screening information to people under age 45 are through physicians, other healthcare professionals, and brochures or pamphlets in medical offices.

There is no “one size fits all” for disseminating CRC messaging; using multiple modes of communication is recommended. Remember, send the right messages early and send them often.

Message Delivery

Channels for Receiving CRC Screening Information

- Healthcare providers
- Websites
- Online patient health portals
- Emails
- Family or friends
- Mass media

Trusted Sources

- Doctors
- Healthcare providers
- National health organizations
- Family
- Government organizations

Opportunities Around Social Media

- Creative digital messaging could help reach people who are not connected to a primary care setting.
- Though not always the preferred channel, virtually all people under age 45 use social media, which makes it an ideal channel for reaching them with CRC and CRC screening information.
- Test ads to determine which graphics appeal to the target audience.
- Build out a tailored messaging campaign based on the audience and ad-testing results.





Spotlight: Clinician's Recommendation

Many young people have health insurance coverage and see a clinician for routine exams. We know a clinician's recommendation to get screened is incredibly important, as they are a trusted source for relaying health information. People will be more motivated to get screened when it is recommended by their doctor or another medical professional.

- People with an established Primary Care Physician (PCP) tend to trust their doctor and believe if their doctor is recommending something, it is for good reason.
- Young people are less likely to have conversations with their doctors about CRC screening, symptoms, and family history.
- In addition to routinely using family history to identify people at increased risk, clinicians can help reduce CRC mortality by promoting primary prevention and early detection as well as considering CRC when evaluating patients with signs and symptoms, regardless of age.

Additional Ways to Add Impact

- Consider different messaging for different age groups.
- Use of visuals and graphics
- Culturally appropriate messaging (messages in both English and Spanish or other relevant language)
- Serious, firm, clear tone and/or personal and emotionally compelling tone
- Messages delivered by those with lived experience
- Messages delivered through faith-based and community organizations
- Subgroup-specific screening rates appealed to Asian American and Black adults, Appalachia regions, and rural communities.





Ages 20–29

This age group...

- Believes it's important to be screened on time
- Finds it important to establish trust with their medical providers
- Uses YouTube as a top platform for social media
- Is more likely to be on TikTok than other age groups

Helpful tailored messages should focus on...

- Symptoms related to CRC and how to have a conversation with clinicians about symptoms they may be experiencing.
- The importance of knowing your family history
- Encouraging conversations with family about medical history related to CRC

Message Example:

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.





Ages 30–39

This age group...

- May be less likely to bring up screening and will wait on their doctor to bring it up
- Uses Instagram as a top platform for social media

Helpful tailored messages should focus on...

- The recommended screening age for CRC for those of average risk
- Recommendations for those at a higher risk of getting CRC
- The importance of getting screened even without experiencing symptoms

Message Example:

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





Ages 40–44

This age group...

- Is more likely to screen for CRC when made aware of the various screening options
- Uses Facebook as a top platform for social media

Helpful tailored messages should focus on...

- Screening options
- Facts regarding the silent nature of CRC are largely unknown.
- Explaining that CRC is affecting younger adults at a higher rate
- Proactively discussing CRC screening with their doctor

Message Example:

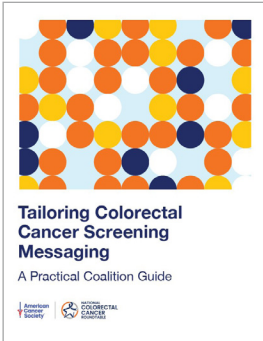
A colonoscopy isn't the only option for colorectal cancer screening. There are simple, affordable options, including tests that can be done at home. Talk to your doctor about which option is right for you. Ask which tests are covered by your health insurance.





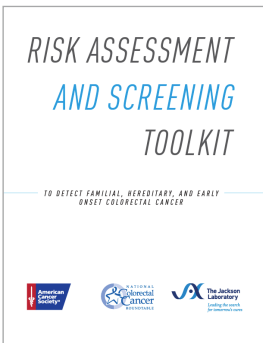
Spotlight: ACS NCCRT Resources

Tailoring Colorectal Cancer Screening Messaging: A Practical Coalition Guide



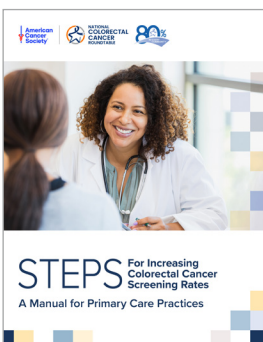
This resource is targeted at coalition members and leaders who are looking to make highly effective campaigns to increase colorectal cancer (CRC) screening rates in their communities, especially for those who are hardest to reach. Research shows that tailoring health messaging to a specific community produces greater changes in health behaviors, such as around CRC screening. By using this step-by-step guide, coalitions can access practical tips, strategies, and successful case studies illustrating the process.

Risk Assessment and Screening Toolkit: To Detect Familial, Hereditary, and Early-Onset Colorectal Cancer



Limited or inaccurate family history collection and risk assessment is a major barrier to successful cancer screening. Individuals who have a first-degree relative with colorectal cancer (CRC) are at least two times more likely to develop CRC, with the risk increasing with earlier ages of diagnosis and the number of relatives diagnosed with CRC. Therefore, screening and prevention efforts must focus on those with familial or hereditary risk, which requires collecting the necessary family history information for risk assessment. Primary care clinicians play a pivotal role in identifying people at increased risk for CRC and facilitating recommended screening.

Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Primary Care Practices



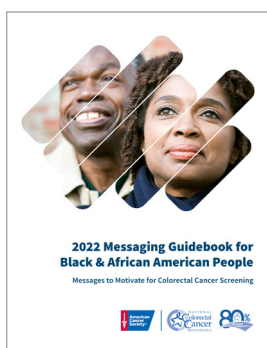
The goal of this manual is to offer evidence-based, expert-endorsed recommendations for planning and implementing strategies in primary care practices to improve colorectal cancer screening rates. This manual provides a concise step-by-step guide for primary care teams to improve colorectal cancer screening and outcomes in practice.



History of the ACS NCCRT Screening Messaging Guides

In 2014, the ACS NCCRT conducted its first market research project among adults eligible for CRC screening to better understand the barriers and emotional motivators behind screening. This research resulted in the first iteration of an 80% by 2018 Communications Guidebook, which quickly became a vital and leading resource for ACS NCCRT members and partners working to increase screening rates. Following this success, the ACS NCCRT invested in additional market research on screening in 2018 to complement the launch of the **80% in Every Community** campaign.

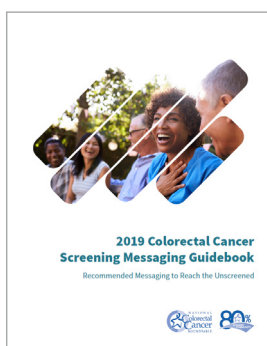
2022 Guidebook For Black & African American People: Messages to Motivate for Colorectal Cancer Screening



Black and African American people experience disproportionately high incidence and mortality rates from colorectal cancer (CRC), with CRC death rates almost 40% higher than those of white people. While screening is only one element of the work that needs to be done to address these CRC disparities, it is important to promote screening in the best way possible.

The *2022 Messaging Guidebook for Black & African American People: Messages to Motivate for Colorectal Cancer Screening* is intended to provide you with information and tools to help you work towards closing disparity gaps by using effective, tailored cancer screening messaging to help motivate people to get screened.

2019 Colorectal Cancer Screening Messaging Guidebook: Recommended Messages to Reach the Unscreened



In 2018, the NCCRT and the American Cancer Society researched screened and unscreened populations to better understand and address screening disparities. The goals of the market research were to:

- Measure general awareness of colorectal cancer screening methods
- Understand the rationale, attitudes, and motivations for being screened or not
- Analyze priority populations such as adults aged 50–54, rural dwellers, and the marketplace insured
- Identify logical and emotional drivers that could encourage screening
- Use the drivers to create and test messages that would motivate unscreened individuals

This guidebook shares the findings and recommendations gathered from the research and was designed to help in the education, empowerment, and mobilization of those who are not getting screened for colorectal cancer. Our hope is that our partners can use this research and recommended messaging to strengthen their communications campaigns by using their creativity, innovation, and spokespersons to create resources that resonate even more with their target audiences.



Appendix

Market Research

In 2021, the ACS NCCRT conducted research on the perceptions of CRC and CRC screening among unscreened individuals aged 20–44. The three research phases included unbranded online surveys, in-depth interviews, and message testing.



Phase 1
Exploratory Survey

Phase 2
In-Depth Interviews

Phase 3
Message Testing

The purpose of the first two phases was to understand what the audience knew about CRC and CRC screening and how they felt about these two topics. Additionally, we sought to learn about their attitudes and perceptions about health care in general, where they preferred to receive healthcare information, and who they most trusted to disseminate this information. Our goal was to understand how to reach a younger audience most effectively with messages and information related to CRC screening.

For our message-testing approach, we asked participants to complete an advanced analytical exercise (MaxDiff) to identify which messages would be most likely to motivate their decision to get screened for CRC on time. Additionally, there were individual questions for each message subgroup (e.g., early detection, family history, etc.) to understand which message within that category best aligned with a particular call to action.

GOAL

Understand how to reach a younger audience most effectively





Objectives and Methodology

| Phase 1 Exploratory Survey | Phase 2 In-Depth Interviews | Phase 3 Message Testing |
|--|--|--|
| Objectives: <ul style="list-style-type: none">• Measure awareness of screening age and likelihood to get screened on time• Understand perceptions and feelings related to CRC and CRC screening• Identify preferred and trusted information sources for CRC screening information• Uncover the role social media plays in receiving healthcare related information | Objectives: <ul style="list-style-type: none">• Gauge awareness of and reaction to recommended screening ages• Gauge awareness of various CRC screening tests available and perceptions of each• Understand the likelihood to get screened on time, concerns/feelings about screening, and anticipated barriers to screening• Identify the most trusted sources for CRC screening information and preferred communication channels• Gather reactions to potential messaging to identify what elements of messaging will be most effective | Objectives: <ul style="list-style-type: none">• Uncover which messages will be most effective in motivating individuals to get screened on time• Understand which messages aligned to a particular call-to-action |
| Methodology: <ul style="list-style-type: none">• 15-minute unbranded, online survey• 747 individuals ages 20–49<ul style="list-style-type: none">– 500 (white, non-Hispanic)– 66 (Black/African American, non-Hispanic)– 87 (Hispanic)– 71 (Asian, non-Hispanic)– 23 (Other) | Methodology: <ul style="list-style-type: none">• 60-minute virtual interview<ul style="list-style-type: none">– Total of 15 respondents– 8 males, 7 females– Ages 26–49 | Methodology: <ul style="list-style-type: none">• 7-minute unbranded, online survey• 813 individuals aged 20–44 who have not been screened for colorectal cancer<ul style="list-style-type: none">– 79, 20–24-year-olds– 126, 25–29-year-olds– 200, 30–34-year-olds– 203, 35–39-year-olds– 205, 40–44-year-olds |



Demographics

| Gender | | |
|--------|-----|--|
| Male | 44% | |
| Female | 54% | |
| Other | 2% | |

| Age | | |
|-------|-----|--|
| 20–24 | 10% | |
| 25–29 | 15% | |
| 30–34 | 25% | |
| 35–39 | 25% | |
| 40–44 | 25% | |

| Children | | |
|------------------------|-----|--|
| Children 18+ Years Old | 6% | |
| Children Under 18 | 39% | |
| No Children | 57% | |

| Location Type | | |
|---------------|-----|--|
| Urban | 32% | |
| Suburban | 49% | |
| Rural | 18% | |
| Don't Know | 1% | |

| Marital Status | | |
|-----------------------------|-----|--|
| Married/Living with Partner | 50% | |
| Single/Never Married | 43% | |
| Separated/Divorced | 5% | |
| Widowed | 1% | |
| Prefer Not to Disclose | 1% | |

| Education | | |
|-----------------------------------|-----|--|
| Some High School | 3% | |
| High School Diploma or Equivalent | 20% | |
| Trade or Vocation Training | 3% | |
| Attending/Attended Some College | 15% | |
| Associate Degree | 13% | |
| Bachelor's Degree | 32% | |
| Graduate Degree (Master's) | 11% | |
| Postgraduate Degree (Doctorate) | 3% | |

| Employment | | |
|--------------------|-----|--|
| Employed Full-Time | 54% | |
| Not Employed | 20% | |
| Employed Part-Time | 10% | |
| Self-Employed | 9% | |
| Student | 4% | |
| Disabled | 3% | |
| Retired | 0% | |

| Household Income | | |
|------------------------|-----|--|
| Less Than \$12,000 | 8% | |
| \$12,000 o \$25,999 | 9% | |
| \$26,000 to \$39,999 | 15% | |
| \$40,000 to \$59,999 | 19% | |
| \$60,000 to \$79,999 | 16% | |
| \$80,000 to \$99,999 | 9% | |
| \$100,000 or More | 20% | |
| Prefer Not to Disclose | 4% | |



Tested Messages

| | | TOTAL | % RANKED TOP 3 |
|--------------------------|--|-------|----------------|
| | Eat well? Work out regularly? Don't smoke? What else?... | 14.3% | 30.3% |
| MOST MOTIVATING | Colorectal cancer is often a silent disease. Usually there are no symptoms. That's why getting screened... | 13.8% | 47.5% |
| | Did you know colorectal cancer is expected to be the leading cause of cancer-related death among 20–49-year-olds?... | 12.4% | 36.2% |
| HIGHLY MOTIVATING | Colorectal cancer is on the rise among young adults and among those who are too young to begin screening. Two thirds... | 10.0% | 35.6% |
| | A small growth called a polyp could develop in your colon and you may not even know about it. The polyp may be harmless... | 8.8% | 27.4% |
| | Did you know colorectal cancer may be preventable? Through regular screening... | 8.3% | 26.6% |
| | In 2020, about 18,000 people were diagnosed with colorectal cancer before the age of 50. Having a family history... | 7.4% | 24.9% |
| | It is recommended that average-risk adults start getting screened for colorectal cancer at age 45... | 5.7% | 14.3% |
| | Being active and eating right are important to your health, and so is getting screened for colorectal cancer... | 5.4% | 19.3% |
| | Up to 30% of people with colorectal cancer have a family history of the disease. If someone in your family... | 5.1% | 15.4% |
| | Don't leave your life to chance. Talk to your doctor about your risk for colorectal cancer... | 4.8% | 14.0% |
| | The colorectal cancer in your family could be inherited but you have a lot of control (probably more than you realize)... | 4.0% | 8.7% |



All three top messages perform well across age groups, though the number one message varies across the groups. Those with family history find "silent disease" and "leading cause of cancer-related death" the most compelling to them.

| CRC Messages' Share of Preference by Key Groups | Total (n=813) | 20-24 YO (n=79) (A) | 25-29 YO (n=126) (B) | 30-34 YO (n=200) (C) | 35-39 YO (n=203) (D) | 40-44 YO (n=205) (E) | Family History (n=79) |
|--|---------------|---------------------|----------------------|----------------------|----------------------|----------------------|-----------------------|
| Eat well? Work out regularly? Don't smoke? What else?... | 14.3% | 15.5% | 15.7% | 14.1% | 12.8% | 14.8% | 9.7% |
| Colorectal cancer is often a silent disease. Usually there are no symptoms. That's why getting screened... | 13.8% | 14.7% | 12.0% | 14.1% | 14.5% | 13.6% | 14.7% |
| Did you know colorectal cancer is expected to be the leading cause of cancer-related death among 20-49-year-olds?... | 12.4% | 11.8% | 11.9% | 14.0% | 12.9% | 10.9% | 13.5% |
| Colorectal cancer is on the rise among young adults and among those who are too young to begin screening. Two thirds... | 10.0% | 11.4% | 9.3% | 10.3% | 10.1% | 9.8% | 12.1% |
| A small growth called a polyp could develop in your colon and you may not even know about it. The polyp may be harmless... | 8.8% | 9.1% | 8.8% | 8.0% | 8.4% | 9.7% | 8.5% |
| Did you know colorectal cancer may be preventable? Through regular screening... | 8.3% | 8.5% | 8.4% | 8.0% | 8.2% | 8.6% | 6.9% |
| In 2020, about 18,000 people were diagnosed with colorectal cancer before the age of 50. Having a family history... | 7.4% | 6.1% | 7.5% | 7.4% | 7.2% | 7.9% | 7.2% |
| It is recommended that average-risk adults start getting screened for colorectal cancer at age 45... | 5.7% | 4.3% | 5.8% | 5.7% | 5.9% | 6.0% | 6.2% |
| Being active and eating right are important to your health, and so is getting screened for colorectal cancer... | 5.4% | 5.3% | 5.9% | 4.9% | 5.9% | 5.1% | 3.8% |
| Up to 30% of people with colorectal cancer have a family history of the disease. If someone in your family... | 5.1% | 4.8% | 5.5% | 5.4% | 5.3% | 4.5% | 7.9% |
| Don't leave your life to chance. Talk to your doctor about your risk for colorectal cancer... | 4.8% | 4.8% | 4.9% | 4.1% | 4.8% | 5.3% | 3.6% |
| The colorectal cancer in your family could be inherited but you have a lot of control (probably more than you realize)... | 4.0% | 3.7% | 4.3% | 4.0% | 4.0% | 3.8% | 5.9% |



References

1. Jensen, J. D., King, A. J., Carcioppolo, N., & Davis, L. (2012). Why are Tailored Messages More Effective? A Multiple Mediation Analysis of a Breast Cancer Screening Intervention. *The Journal of Communication*, 62(5), 851–868. <https://doi.org/10.1111/j.1460-2466.2012.01668.x>
2. Jones, W.F., Ahnen, D.J. and Schroy, P.C., III (2020), Improving on-time colorectal cancer screening through lead time messaging. *Cancer*, 126: 247-252. <https://doi.org/10.1002/cncr.32535>
3. American Cancer Society. Colorectal Cancer. Accessed at <https://www.cancer.org/coloncancer> on October 3, 2023.
4. American Cancer Society. Cancer Facts & Figures 2023. Atlanta: American Cancer Society; 2023. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/2023-cancer-facts-figures.html>
5. American Cancer Society. Colorectal Cancer Facts & Figures 2023-2025. Atlanta: American Cancer Society; 2023.