# **Creative Brief**

# Expanding an existing infrastructure to support lung cancer screening research

(Aim 1)

Recommendations from 7 Focus Groups on Perspectives of Lung Cancer CT Screening (N=38)

# Engaging the community to understand barriers and facilitators to lung CT cancer screening

## Target Audience (s)

- ☐ Aged 55 to 80 years old
- □ 30 pack year smoking history
- ☐ Current smoker OR former smoker who quit within last 15 years

The majority of community members were recruited via an ad in the Tampa Bay Times or referred to us by coordinators of other advertised Tobacco Research studies. Some participants were recruited via participant referrals, Craigslist, and local flyers.

# **Objectives**

- **1.** To engage the community to understand barriers and facilitators to uptake of lung cancer screening.
- (a) Knowledge of CT screening and guidelines
- (b) Impediments and concerns related to screening
- (c) Facilitators/motivators to engaging in screening

### **Obstacles**

- Lack of knowledge of existence of lung CT screening test
- Lack of provider recommendation
- ☐ Lack of knowledge about difference between x-rays and CT for screening purposes
- ☐ Lack of knowledge of screening guidelines (who qualifies)
- □ Concerns about insurance coverage for testing
- □ Fear of results

#### **Key Promise**

The lung cancer CT scan is a more precise form of screening and early detection saves lives.

#### Tone

Positive, welcoming, inquisitive, balanced. Culturally sensitive and motivating (without a fear based message – no references to prior behaviors such as smoking or ignoring warning signs of cancer)

#### Media

News stories, short videos shown in providers offices, brief handouts distributed after discussion with provider.

## **Openings**

- O The majority of high risk participants were interested in lung cancer CT screening
- O Participants unaware of screening want to hear about it from their **primary care provider**
- O Many participants were surprised to learn about the existence of lung cancer CT screening and wondered why their doctor never recommended it, considering their long smoking history.

O After learning about lung cancer CT screening, some participants stated they would call MCC on their own .

**Recommendation**: There are two distinct promotional needs: educating the community in general about "new" CT screening for lung cancer and working with primary care providers to discuss with high risk patients. Actual uptake of CT screening is most likely to occur a physician offers screening option to a primed patient and the message is individualized

Due to your smoking history you should consider getting the new CT screening for lung cancer

#### Creative Considerations

There is low awareness of lung cancer CT screening among high risk participants. Participants were familiar with other forms of screening, such as mammograms, colon cancer screening, and prostate cancer screening.

Lack of knowledge about lung cancer CT screening modalities was coupled with lack of awareness of eligibility criteria.

There were low levels of knowledge and high levels of uncertainty about the actual process.

The was a lack of knowledge related to what happens after the screening test – participants wanted to know the type of results provided and potential steps for follow-up.

#### **Video Reactions:**

Perceptions of MAYO Clinic Video:

- SES of woman in video not relatable (pool, grandchildren)
- Elicits guilt about smoking and not taking care of one's health
- Not enough information about cost
- Seemed to be selling the concept of screening (pushed too hard)
- Liked the information about benefits of early detection

The former smoking status of woman in video was both positive and negative positive that cancer was found early, negative in that a former smoker still got lung
cancer.

#### Perceptions of NBC News Video:

- More balanced, informative and relatable (preferred over Mayo video)
- Elicits less guilt (individual in the video smoked from stress during war)
- Discusses occupational exposure
- Discusses cost of screening
- Shows the screening process
- Conveys benefit as compared to x-ray

#### **Benefits to Screening:**

High -risk participants stated that **early detection** was the primary benefit of screening. Participants want to discuss lung cancer screening with their health care provider.

#### **Barriers to Screening:**

Perceived barriers to screening:

- Uncertainty need more answers about the process, whether there is a need for referral, follow-up, how results are given and treatment if cancer is found.
- Cost (unknown costs at multiple points in the process)
- Incidental findings (veterans)
- Lack of awareness

#### Recommendations:

- 1. General community needs more information about CT screening for lung cancer. This information should focus more on the technology and less on promoting screening to an individual.
- Individuals who are interested in lung CT screening want to discuss with their physician and want a personalize message from them about why they should do it.
- Audiences for promotions should be segmented based on perceptions. While some
  participants were joyful and hopeful that there was finally a "test for smokers" others felt
  burdened by all the health considerations and screening requirements associated with
  aging
- 4. Print materials are less desired as an opening the target audience prefers to discuss with physician and have written materials as a follow-up
- 5. Print materials and advertising should contain risk assessment information
- 6. Information regarding costs and referral requirements should be communicated
- 7. Best opening is through provider who recommends based on risk and discusses risks and benefits based on individual characteristics
- 8. Physicians should be prepared to discuss the process what happens with a positive result and what happens with a negative result
- 9. Promotional materials should show age appropriate men and women in a healthcare setting
- 10. Print materials should be in large font with no small print
- 11. Billboards and mailed information are less desired
- 12. TV (news stories) and radio that promote discussing risk and recommendation with provider may be effective
- 13. All promotions should show men and women at moderate to low SES.