The findings and conclusions in this poster are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

**BACKGROUND**

Of cancers affecting both men and women, colorectal cancer (CRC) is the second leading cancer killer in the United States, even though it is largely preventable. Screening, beginning at age 50, helps prevent CRC or find it early when treatment works best. CRC approximately 60% of Americans have not been screened as recommended. The Centers for Disease Control and Prevention’s (CDC) Screen for Life: National Colorectal Cancer Action Campaign (SFL) addresses men and women about the importance of CRC screening. SFL creates and disseminates public service announcements (PSAs) and patient education materials, and works with state and tribal health departments to promote CRC screening.

**RESEARCH**

SFL materials are developed through a multi-step process. For this project, SFL convened focus groups in Philadelphia, Los Angeles, Chicago, Miami, and Charleston, to assess knowledge, attitudes, and behaviors related to CRC and screening, and to test PSA creative concepts. In total, 139 men and women participated in English-language/general population (GP) focus groups; 79 men and women participated in Spanish-language (SP) focus groups. Participants were either close to age 50, when screening is recommended to begin for those at average risk for the disease, or they were aged 50 - 75.

**EVALUATION METHODS AND RESULTS**

SFL TV PSAs were tracked through Nielsen, providing CDC with data on when, where, and how often the PSAs are broadcast; audience impressions (number of times PSAs are seen or heard) and measured value. Print PSAs are tracked using a postage stamp, providing publication names, markets, impressions, and equivalent ad value.

**CONCLUSIONS**

While most participants expressed awareness about CRC in general, and were familiar with colonoscopy as a screening test, they were less knowledgeable about other recommended screening options and who should be screened. Common reasons they stated for avoiding screening included:

- Believing they were too young for screening
- Not knowing anyone who had been screened
- Having no symptoms
- Having no family history
- Being reluctant to have a colonoscopy due to the perceived invasiveness and discomfort associated with it
- Not knowing how to make the appointment

Conspicuous was the steady communication that screening and directly addressed misconceptions were most appealing to focus groups participants, and also expressed appreciation for including racially and ethnically diverse people in the creative concepts.

**IMPLICATIONS FOR RESEARCH AND/OR PRACTICE**

Addressing misconceptions in educational materials may encourage more people to be screened as recommended.

**WHY SHOULD I GET SCREENED? Addressing Common Misconceptions about Colorectal Cancer Screening**

**PSA DEVELOPMENT AND DISTRIBUTION**

These findings led SFL to produce “No Excuses” (“No Hay Excusas” in Spanish) PSAs. They feature diverse men and women stating misconceptions and excuses for why they have not been screened, along with the facts correcting these misconceptions.

- “...One thing that did pop in my mind that made me want to say: oh maybe I’d better go and get checked, is that the symptoms don’t always show. That made me say, okay (I need to get screened).” (Los Angeles participant)
- FACT: Colorectal cancer doesn’t always cause symptoms, especially early on.

- “I didn’t know that most colorectal cancer occurred in people that didn’t have a family history...” (Philadelphia participant)
- FACT: Most colorectal cancers occur in people with no family history.

- “The message is clear: have the exam done and it says there are different exams, which I only knew of one. Apparently there are others that are not as invasive...so interesting.” (Miami participant)
- FACT: There are several kinds of screening tests for colorectal cancer.

- “Really I don’t have any excuse. I am over 50 and I need to take responsibility for my health.” (Chicago participant)
- FACT: Screening is recommended for men and women beginning at age 50.

**VALUE**

The “No Excuses” and “No Hay Excusas” PSAs have generated more than 1.18 billion impressions worth $21 million in donated ad value. As of May 31, 2013, “No Excuses” and “No Hay Excusas” PSAs in all media have been broadcast in 114 TV markets and 292 radio markets.

**IMPLICATIONS FOR RESEARCH AND/OR PRACTICE**

Addressing misconceptions about colorectal cancer screening prevent many people from being screened according to guidelines. Recognizing these common misconceptions and addressing them in a direct manner can effectively promote appropriate screening for the highly preventable cancer.

**Www.cdc.gov/screenforlife**

Cynthia A. Gelb, BSJ, Jennifer Chu, MPH, and Lauren Grella, MA

Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA

New York, Washington, DC