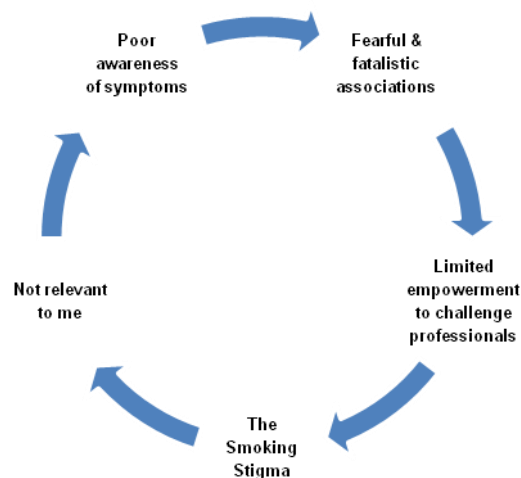


Summary of key insights from Doncaster PCT lung cancer campaign

Qualitative and quantitative research was conducted by Sheffield Hallam University and Buzzz. Five key themes emerged from the research, which are highlighted below. These are followed by implications for interventions. The insights are likely to be relevant throughout the country and therefore it is unlikely that further research would be required at this stage.

Further details of the key insights can be sourced from the [National Social Marketing Centre Case Study on the Doncaster campaign.](#)



1. Poor awareness of symptoms

- Lack of specific or focussed symptoms for early lung cancer
- Belief that the symptoms of lung cancer will be severe
- Difficult to react quickly when experiencing symptoms which could be attributed to other conditions
- Most people can't 'self diagnose' and clearly voice concerns to GP
- Little understanding that responding quickly to symptoms can improve survival rates so those 'at risk' are not seeking out information on symptoms
- Presenting earlier is affected by negative beliefs about the consequences
- Messages about early detection have traditionally been mixed with stop smoking messages
- Smokers can 'screen out' messages – especially if shocking. The early detection message will therefore largely be lost
- Men can generally be more stoical and reluctant to talk about their health
- They are less likely to present early and be insistent on diagnosis

Implications for interventions

- Clear focussed message to highlight early symptoms and indicate symptoms do not have to be severe

- Need clear 'call to action' to encourage more people to express their concerns directly to doctors
- Message must positively convey that early response to symptoms can lead to a much better outcome
- Focus on early detection messages – do not dilute with messages about prevention
- Health care professionals need to be briefed to ensure they are responsive to more subtle expressions of concern from males
- Need opportunities beyond doctors surgeries to convey the message as there may be some element of avoiding attending the doctors

2. Fearful and fatalistic associations

- Cancer often associated with death, suffering and a terminal diagnosis
- Fear of cancer can paralyse people and prevent them coming forward for diagnosis earlier
- Limited knowledge of range of treatments for people with lung cancer
- Lack of understanding that anything can be done results in fatalistic associations developing
- Current messages relating to lung cancer are all about guilt and dying rather than surviving
- This has compounded sense of fatalism around the condition

Implications for interventions

- Communicate messages about symptoms in the context of lung disease, not lung cancer
- PR messages needed about the benefits of early diagnosis to help change perceptions. As more people are diagnosed earlier, there will be a greater shift in attitudes
- Need to create positive messages about responding quickly to symptoms, which could make potential sufferers feel a greater sense of control, positivity and empowerment

3. Limited empowerment to challenge professionals

- Evidence suggests that in some cases patients have to be persistent with health professionals who are not investigating their symptoms
- Many who are diagnosed with lung cancer regret not pushing harder whilst still relatively early in their decision
- Strong sense that health service professionals are overstretched, which can prevent early presentation
- Older generation are particularly reluctant to make a fuss and can have views that doctors are overburdened with a high workload. This can discourage them from trying to access health services
- Some evidence that a sense of social or educational inequality can prevent people challenging doctors or other health professionals
- The less educated can be more intimidated by health professionals and therefore feel less empowered to challenge or push for further investigation

Implications for interventions

- Training for health professionals to recognise some of the early symptoms

- Empower those concerned to feel more confident to challenge health professionals
- Ensure communications encourage early presentation and the benefits of this should give confidence to potential sufferers
- Reflect feelings of lower educated patients to encourage GP and health professionals to be more empathetic during training

4. The smoking stigma

- Stigma associated with lung cancer particularly when you smoke. Perceptions that sufferers have brought it on themselves by smoking
- Presenting earlier is affected by their negative beliefs that they will be blamed for smoking
- Strong association between lung cancer and smoking means that **non** or **ex** smokers feel they would be unjustly blamed, rather than supported if diagnosed.
- Some smokers feel that they will be marginalised within the health service
- Belief that diagnosis and access to healthcare is likely to be constrained given that they have a history of smoking
- Stigma of lung cancer and associated fear of blame can have an impact on interactions with friends and family as they may try and conceal the symptoms or the illness itself

Implications for interventions

- Non judgemental tone in communications and through health professional contact is essential
- Increasing awareness of the intervention itself should indicate the commitment to quickly diagnose their condition throughout the health service
- Ensure communication message drive awareness and recognition of symptoms in a broader context so friends and family will also be exposed to this. They will then play a more positive role in encouraging potential sufferers to come forward

5. Not relevant to me

- Strong stereotype that lung cancer is a disease of old men who smoke
- This can reduce the personal sense of risk from the disease
- Historically communication about lung cancer has focussed on the risk to smokers
- Non smokers or ex smokers do not feel targeted by these messages, so can feel less direct sense of risk

Implications for interventions

- Ensure any communication does not reinforce this stereotype
- Avoid particular reference to smokers and smoking