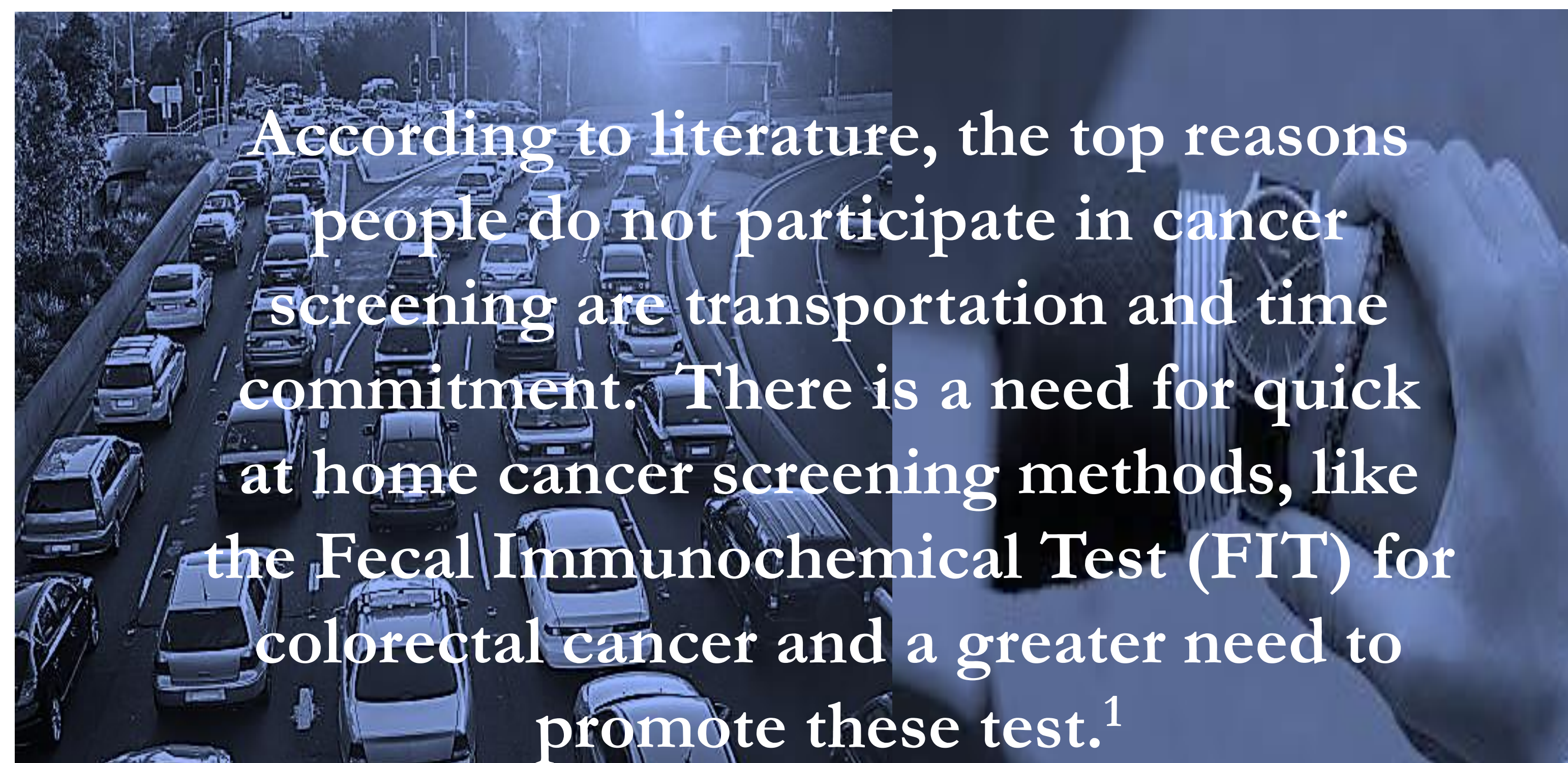




### Overview



According to literature, the top reasons people do not participate in cancer screening are transportation and time commitment. There is a need for quick at home cancer screening methods, like the Fecal Immunochemical Test (FIT) for colorectal cancer and a greater need to promote these test.<sup>1</sup>

### Intervention:



Grounded in the health belief model, we developed a Virtual Healthcare Assistance (VHA), named ALEX, Agent Leveraging Empathy for eXams, that promotes colorectal cancer (CRC) screening at home via the FIT kit. To ensure authenticity of ALEX, we engaged with men from the local community.<sup>2</sup>

### Methods

#### Community Engagement:



#### Recruitment:

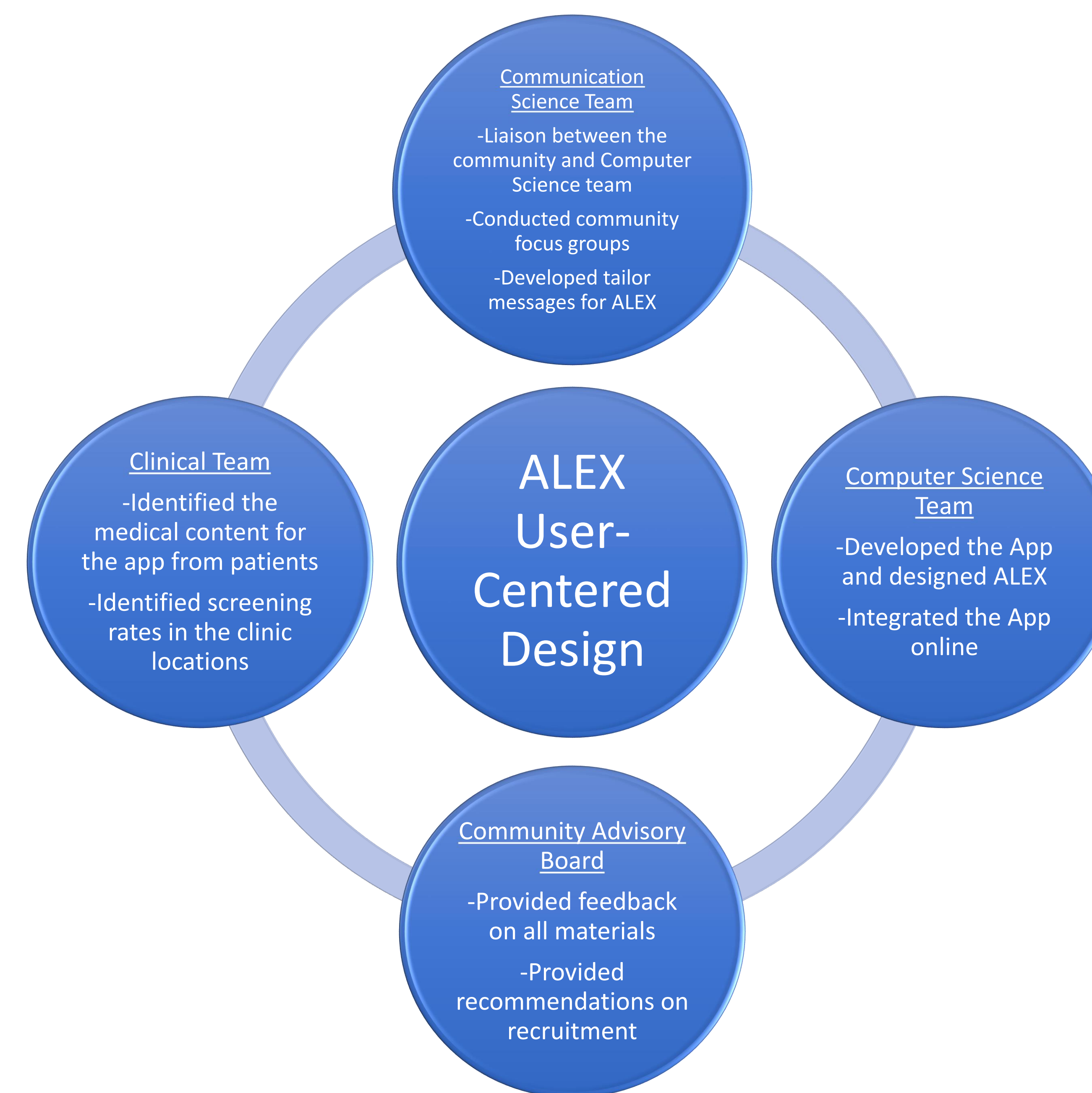
HealthStreet-Community engaged research program-over 5000 members.

Consent2Share-database of patients who have consent to have their medial records reviewed and be re-contacted about research-13,000 participants.

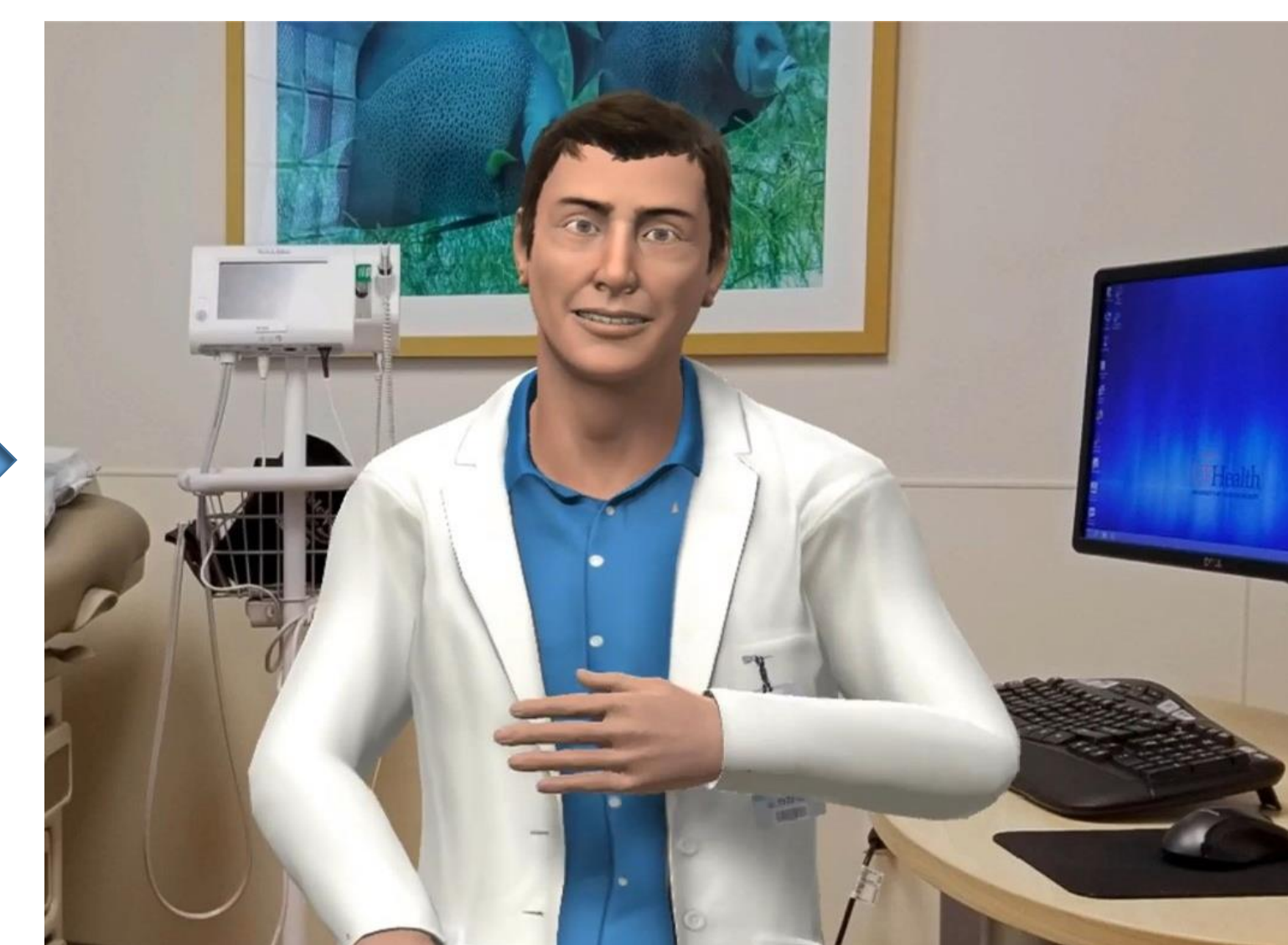
Demographics: Black and White men between the ages of 50 and 73 were recruited for focus groups conducted in the community setting. Participants received \$40.00 for participating.

### Methods

#### User Centered Design

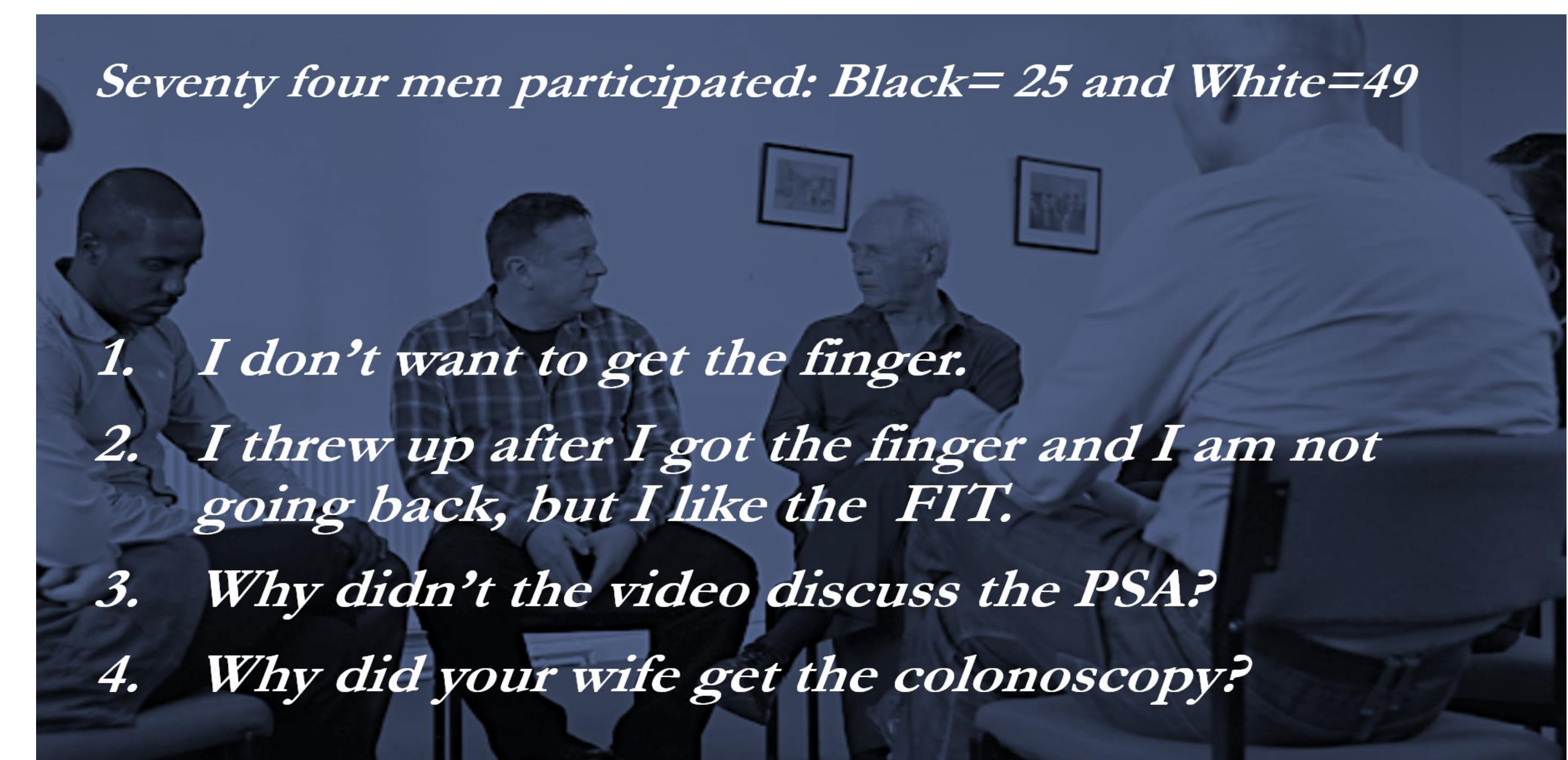


### Results



**Figure 1:** The evolution of the Black and White Male ALEX VHA that materialized after 22 months and 18 focus groups.

### Results



Seventy four men participated: Black= 25 and White=49

1. *I don't want to get the finger.*
2. *I threw up after I got the finger and I am not going back, but I like the FIT.*
3. *Why didn't the video discuss the PSA?*
4. *Why did your wife get the colonoscopy?*

### Discussion

Possible explanation for prostate and CRC screening confusion:

- For 25 years (1980-2005) the CRC screening recommendations included DRE with either a FIT or FBOT.
- More interventions promote prostate cancer then CRC and because both screening methods have the same entry point, men confuse the two.

### Conclusion

- Results from this study highlight a need for tailored messaging, like ALEX, targeting men.
- Interventions need to be developed that increase knowledge of cancer, screening methods and eliminate screening barriers associated with comprising masculinity.
- More research needs to be conducted to determine if this confusion is demographically specific (community, social economic status, education or ethnicity)

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