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"A disease many people still feel uncomfortable talking about":  
Australian television coverage of colorectal cancer

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## **Abstract**

### *Objective*

To examine the coverage of colorectal cancer on Australian television news over a three year period commencing May 2005, and compare it with that given to other cancers.

### *Methods*

News reports on colorectal cancer broadcast on Sydney's 5 free-to-air television channels between 3 May 2005 and 30 May 2008 were reviewed for statements by news actors. The frequency of coverage was compared with that for other cancers.

### *Results*

Colorectal cancer news reports accounted for 4.1% (95% CI 2.9% - 5.1%) of all cancer news reports while the cancer represents 13.5% of cancer incidence and 11.5% of cancer deaths. Compared to cancers receiving greater television news coverage, there was a near total absence of reports of celebrity diagnoses, and of representations by colorectal advocacy groups. A national colorectal screening programme received limited coverage.

### *Conclusions*

Media neglect of colorectal cancer may be an important factor in explaining low participation in the Australian colorectal screening programme. Those advocating for colorectal cancer screening face ingrained cultural challenges in gaining broad media coverage, but investment in efforts to generate news and commentary would appear to be overdue.

Keywords: Colorectal cancer; screening; oncology; broadcast media

## **Introduction**

Bowel or colorectal cancer is among the most common cancers and a leading cause of mortality in high income nations[1-4]. Screening for colorectal cancer and adenomatous polyps reduces mortality and is broadly recommended for those aged 50 years and over [5], and the Fecal Occult Blood Test (FOBT) is generally considered to be the least intrusive and most cost effective test [6,8].

Leading international cancer and public health agencies including the American Cancer Society,[7] the US Preventive Services Task Force [8], Cancer Research UK [9], the Canadian Task Force on Preventive Health Care[10] and the Cancer Council Australia [11] all advocate testing for those 50 years and older, and for those less than 50 with a family history of colorectal cancer. Population screening programmes have been launched in the UK [12], Australia [13] and in Ontario [14].

Australia's national colorectal cancer screening programme was launched in August 2006, following a twenty-month pilot programme, and provided self-administered home kit FOBTs in the initial phase to people aged 55 or 65 between May 2006 and 30 June 2008. Of the 436,153 invitations sent to those eligible to participate in the programme, 149,262 (34.2%) had responded at 16 weeks [15]. While other nations have experienced somewhat higher participation rates [16,17], screening programmes for colorectal cancer generally remain underutilised [16,18], and participant numbers typically compare poorly with those for breast [19], cervical [20] and prostate cancer screening [21].

Recent studies suggest a broad range of reasons for low participation rates observed in colorectal cancer screening programmes. Interviews with non-participants in a 2005 South Australian study listed procrastination, the unpleasantness of providing faecal samples and absence of symptoms as common rationale for not self-administering a FOBT sent to their home[22]. A report by the Australian Department of Health and Ageing (DoHA) on its 2005 pilot screening programme similarly listed unpleasantness and procrastination as part of a much larger catalogue of reasons for non-participation which included fear of discovering a potentially fatal illness; presence of another illness; fatalism; absence of symptoms and/or family history of the disease; lack of social support in dealing with an awkward topic; doubts about the

FOBT's effectiveness; and the complexity of the test. Language and cultural issues were also cited as barriers by members of ethnic groups [23].

The pilot scheme's recommendations, echoed in subsequent studies [22, 24] were that distribution of kits be accompanied by meaningful support material, and for greater involvement by GPs and community health workers [23]. It also noted the need for mass media based public education aimed at the target age group "in order to raise the profile of bowel cancer, and to correct some of the perceptions that people have which may inhibit their propensity to screen" [23].

The influence of the media on public awareness of health issues extends beyond dedicated promotional and advertising campaigns. News media is recognised as both a key source of health and medical information [25, 26] and an important influence on policy formation [27]. News coverage can be also be inaccurate and distort public perceptions of health issues[28, 29]. **Media reportage of cancer can publicise primary prevention messages regarding diet, smoking, and other risks, and secondary prevention issues such as the importance of cancer screening.[30]**

Analysis of the news media's approach to cancer has also demonstrated the dominance of celebrity diagnoses as a 'hook' for reports, and that news coverage of different cancers is disproportionate to their impact in terms of incidence and mortality[31]. **Media coverage can also create exaggerated fears of the apparent near inevitability of contracting some form of cancer[32,33], and specific information on cancer screening can be inaccurate or incompatible with current recommended practice [34,35]. The end result is an inaccurate sense of cancer risk among the public[36, 37]**

This paper examines how key issues surrounding colorectal cancer, including prevalence, screening and treatment, were presented on Australian television news over a three year period starting in May 2005. **Two previous US studies have reported limited coverage of colorectal cancer in magazines from 1987-1995,[38] and from 1996-2001,[39] but no study has examined reportage outside of the US, nor on television.**

## **Methods**

News reports analysed for this paper are part of a near 17,000 item digital archive of news, current affairs, and "infotainment" programmes that cover health or medical topics that have been broadcast on Sydney's 5 free-to-air television channels since May 2005<sup>[40]</sup>. All reports on colorectal cancer broadcast between 3 May 2005 and 30 May 2008 were reviewed for direct or attributed statements by news actors (doctors, patients, politicians, researchers etc) relating to issues surrounding bowel cancer. These statements were categorised under five broad content headings (see Box 1).

## **Results**

In the sample period there were just 39 televised reports dealing with any aspect of colorectal cancer. These contained 190 direct or attributed statements. Colorectal cancer reports accounted for 4.1% (95% CI 2.9%-5.1%) of all cancer reports in the sample period. This coverage was lower than the percentage of incident cancers (13.5%) and the percentage of cancer deaths (11.5%) attributable to colorectal cancer for Australia.

**Table 1 here**

If the proportion of cancer reports reflected incidence then 127 colorectal reports would have been expected, and if reportage reflected mortality, 109 reports should have been published, compared to the 39 observed. Table 1 shows the frequency of television news, current affairs and infotainment items on different cancer sites in the sample period, along with the most recently available incidence and mortality data for Australia.

**Box 1 here**

**Treatment** Colorectal cancer treatment represented 38% (n=73) of total statements. Of these, n=61 (84%) focused on either new treatments or ‘breakthroughs’ in surgical techniques [<sup>41</sup>] or drug applications [<sup>42</sup>].

The remainder covered issues pertaining to government funding of treatment.

**Screening** Coverage of the government’s national screening programme formed the largest subset of statements in this category n=15 (31%), but arguably represented modest coverage of a potentially significant public health initiative. The Bowelscan screening initiative run by Australian Rotary since 1982 [<sup>43</sup>] accounted for 11 (22%) of statements.

A thirteen-and-a-half minute segment on the weekly infotainment programme *60 Minutes* that aired in November 2006 [<sup>44</sup>] contained n=10 (20%) of statements in this category. The programme focused on colonoscopy rather than FOBT, and was largely aimed at debunking myths associated with colonoscopy procedures and encouraging those in targeted age group to be tested.

A relatively small number of statements (n=9 or 18%) dealt with how awkward or embarrassing aspects of bowel cancer have discouraged meaningful public dialogue regarding symptoms and testing. A description of the disease as "one of the nation's biggest killers, but it's a disease many people still feel uncomfortable talking about" [<sup>45</sup>] was typical. Somewhat incongruously, a discussion of the awkwardness of discussing bowel cancer during a morning infotainment programme reiterated many of the existing stereotypes, suggesting that such reticence was “understandable”, and making the unsubstantiated observation that this was an “a very Anglo-Saxon thing”. [<sup>46</sup>]

The remaining four statements (8%) were general observations by health professionals stressing the importance and significant benefits of early detection. The CEO of the NSW Cancer Council for instance, described bowel cancer as "a disease which if caught early can be treated quite simply, and long term give you a very high confidence of survival - greater than 90%." [<sup>47</sup>] Finally, 15 statements (30% of total)

taken from the subsets described above specifically considered low take-up rates of screening initiatives.

**Prevention** Statements taken from reports on colorectal cancer prevention were predominantly related to life-style activities of exercise, diet and alcohol intake (n=22 or 61%). The preventive powers of aspirin were the subject of 11 statements (31%), with the remainder dealing with genetic issues.

**Prevalence** Statements in this category emphasised either the number of diagnoses, or attributable mortality. References to over 12,000 annual diagnoses of colorectal cancer, descriptions of it as the country's second leading cause of cancer death, or as responsible for the deaths of about 90 Australians a week dominated. A relatively small number of statements (n=5 or 17%) on prevalence provided inaccurate information that ranged from understating the number of diagnoses at 10,000;<sup>[46]</sup> to reporting NSW, instead of national figures, thereby presenting a considerable underestimation of the actual number of related deaths;<sup>[48]</sup> and inexplicably describing it as "the only preventable cancer in men." <sup>[49]</sup>

**Celebrity** All three reports focused on treatment of a minor celebrity - a former rugby player renowned for his toughness during his playing career. The message about overcoming reticence to being tested for bowel cancer was reinforced by his observation that "it's no girlie thing to be checked about this"<sup>[47]</sup>.

## **Discussion**

If a null hypothesis is assumed that television reportage of different cancers should broadly reflect the different incidence or mortality from those cancers, colorectal cancer is very under-reported in Australia. This neglect may be an important factor in partly explaining the problem of low participation in the Australian colorectal screening programme, particularly when compared to coverage of other leading cancers. Breast cancer received 13 times the number of reports than did colorectal cancer<sup>[31]</sup>. Prostate cancer not only also received greater coverage than did colorectal cancer, but the overwhelming majority of reports on prostate cancer exhorted Australian men to get tested <sup>[34]</sup>. Despite the fact that prostate cancer screening is not supported by national or state level Cancer Councils, the Urological Society of

Australia and New Zealand, or the Australian Prostate Cancer Collaboration [<sup>34</sup>], 698,828 Australian men had PSA tests in 2005-2006 [<sup>4</sup>].

DoHA reports on its pilot project noted the importance of mass media coverage in increasing public participation rates, with television named as being particularly valuable in reaching hard to reach sub-populations [<sup>23, 50</sup>]. The reports also highlighted the utility of celebrities who were prepared to discuss their conditions in the media in raising breast and prostate cancer awareness. In contrast, “no celebrities were known to be attached to bowel cancer in a publicity sense, and there were no special appeals, awareness weeks or advertising campaigns that people were aware of. It is therefore seen to be a *rarer* cancer than those mentioned above.” [<sup>23</sup>]

Celebrities with cancer have attracted massive news coverage, including that which promotes evidence-based screening. Colorectal news reportage in this sample of news differed from that given to (particularly) breast cancer in its lack of celebrity news triggers, with only three reports about a minor celebrity. However, as Box 2 indicates, many high profile individuals have had, colorectal cancer, providing, with those who will be diagnosed with the disease, considerable potential opportunity for publicity.

### **Box 2 here**

While it is tempting to suggest that the under-reporting of colorectal cancer might increase if high-profile cases were to gain attention, media fascination with celebrities [<sup>31</sup>] can be a mixed blessing for public health advocates, and the value of celebrity endorsement of complex medical issues such as cancer screening is particularly uncertain [<sup>51</sup>]. Coverage of singer Kylie Minogue’s 2005 breast cancer diagnosis led to a dramatic increase in bookings for mammography among previously unscreened Australian women in the target age range, but also generated widespread demand for mammography in young women at low risk of breast cancer [<sup>52</sup>].

News coverage of colorectal cancer also contained no examples of spokespeople from colorectal cancer control advocacy or support groups whereas the widespread news coverage given to breast cancer is often precipitated by news generating activities by

breast cancer advocacy groups. While there are several colorectal interest and support groups in Sydney, we were unable to find any examples of media coverage where these groups were named. The low profile afforded colorectal advocacy groups may contribute to the limited attention the disease receives in the news media. **It may also lessen public awareness of available support and information networks, which has crucial implications given that a diagnosis of cancer can invoke fear and uncertainty[53,54].**

Three gender-specific cancers, cervix, prostate and (predominantly) breast, are the most over-represented in Australian television news about cancer. This appears to reflect highly organised strategic advocacy and fundraising organised by relevant lobby groups. Colorectal cancer which, like lung cancer, is also under-reported relative to its incidence and mortality [<sup>31</sup>] is not gender specific, and there would appear to be no intrinsic reason why such diseases should be less newsworthy than one which affects only women.

As discussed above, much is made of the alleged problem of embarrassment associated with colorectal screening. Pap smears, digital rectal examinations and, perhaps to a lesser extent, mammography all involve intimate, invasive examination but each of these procedures has been discussed candidly by screening advocates. While there are ingrained cultural challenges[<sup>55</sup>] to be faced in desensitising people to provide faecal samples, these are unlikely to be insurmountable.

The *60 Minutes* feature described above, which accounted for 29% of all statements on screening, featured a regular presenter undergoing a televised colonoscopy [<sup>44</sup>]. Essentially, this was a replication of the 2000 on-air colonoscopy undergone by the US NBC anchor Katie Couric, that resulted in an increased number of colonoscopy procedures [<sup>56</sup>]. While the programme attracted an audience of just under 1.5 million viewers [<sup>57</sup>], its value in disseminating a colorectal screening message centred on FOBT is questionable.

If the report increased awareness of bowel cancer, its focus on colonoscopy, as opposed to the government's FOBT-based programme, would have potentially added a layer of confusion to what is an already a discourse marked by public uncertainty

and apparent unwillingness to participate in testing [<sup>16,17,21</sup>] *60 Minutes* had previously broadcast a report on prostate cancer screening that was insistent that men over fifty years of age should be tested [<sup>34</sup>]. These two mass reach examples illustrate the potential for media presentation of screening issues to disseminate core messages which do not accord with health policy.

Viswanath's suggestion that limited campaign resources available to public health make it "worth thinking about how best to attract news media attention, which can provide 'free' publicity in contrast to paid campaigns"[<sup>58</sup>] should have particular resonance for advocates of colorectal cancer screening in Australia, including the federal government via its national programme. Investment in efforts to generate news and commentary would appear to be overdue.

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**Table 1: Cancer incidence and mortality for leading 10 cancers, Australia 2003**

Type	Incidence / (rank)	Deaths / (rank)	TV reports - cancer (03/05/05 - 30/05/08) and rank
<b>Prostate</b>	13,526 (1)	2,837 (4)	76 (3)
<b>Colorectal</b>	12,536 (2)	4,372 (2)	39 (6)
<b>Breast</b>	11,889 (3)	2,720 (5)	507 (1)
<b>Melanoma</b>	9,524 (4)	1,146 (10)	173 (2)
<b>Lung</b>	8,249 (5)	6,988 (1)	55 (4)
<b>Lymphoma</b>	4,129 (6)	1,539 (7)	17 (7)
<b>Unknown site</b>	3,454 (7)	3,115 (3)	0 (12)
<b>Leukaemia</b>	2,524 (8)	1,384 (8)	55 (5)
<b>Bladder</b>	2,229 (9)	-	0 (11)
<b>Kidney</b>	2,019 (10)	-	3 (10)
<b>Pancreas</b>	-	1,882 (6)	11 (8)
<b>Stomach</b>	-	1,169 (9)	6 (9)
<b>All cancers</b>	<b>93,194</b>	<b>37,907</b>	<b>942</b>

Source: AIHW & AACR 2007. Cancer in Australia: an overview, 2006.  
Canberra: 2007

Note: Incidence and mortality total does not include common non-melanocytic skin cancers.  
Television reports focusing on cancer(s) generally or “childhood cancers” were excluded.

**Box 1. Statements on colorectal cancer by frame**

<b>Frame</b>	<b>Frequency of statements</b>
<b>Treatment:</b> reports of 'scientific breakthroughs', new drug treatments and associated costs and funding.	73 (38%)
<b>Screening:</b> reports addressing screening: associated benefits, programme participation rates, and awkward or embarrassing aspects of colorectal cancer that discourage early detection.	49 (26%)
<b>Prevention:</b> primary prevention including lifestyle, diet and genetic risk.	36 (19 %)
<b>Prevalence:</b> data and comparison of colorectal cancer to other cancer-related incidence and mortality.	29 ( 15%)
<b>Celebrity:</b> experiences of celebrities with colorectal cancer.	3 (2 %)
<b>Total</b>	<b>190</b>

**Box 2: High profile diagnoses of colorectal cancer**

- Corazon Aquino, Former Philippine President.
- Dick Dale, surf sound guitarist
- Claude Debussy, French composer
- Audrey Hepburn, actor
- Terry Jones, Monty Python actor
- Jack Lemmon, actor
- Malcolm Marshall, West Indian cricketer
- Walter Matthau, actor,
- Lois Maxwell, actor (14 roles as Miss Money Penny in the James Bond series)
- Jay Monahan, husband of US news anchor Katie Couric
- Bobby Moore, 1966 England World football cup winning captain
- Sharon Osbourne, British reality TV star
- Pope John Paul II
- Ronald Reagan, former US President
- Charles Schulz, creator of Peanuts
- Joel Siegel, Host of Good Morning America
- Harold Wilson, former British Prime Minister