DCP AQuIP Toolkit

Key Messages for Use in Toolkit Layouts

## Key Message

The key message used in clinical trial advertising includes a tagline, a positioning statement, and a call to action statement. If the advertisement contains visuals, the key message should complement the visuals with correct language and vice versa. Use the provided list of taglines, positioning statements, and call to actions or develop new key messages for clinical trial advertising.

## Taglines

Taglines capture the audience’s interest and are the first point of engagement to attract attention. Choose appropriate positioning statements and call to action phrases based on which fit best.

If the clinical site chooses to develop a tagline not included in this list, we suggest generating taglines around a central approach or theme which will connect with the audience. For example, if the theme of the advertisement is emotion, the tagline should capture the audience’s attention with a phrase designed to cause an emotional reaction. Sample themes include: emotions, altruism, community, and window of opportunity.

**Theme: Emotions**

* Is cancer targeting you?
* If we help all, we help each other
* Put your emotion into action
* How does cancer affect you?
* Cancer prevention, what does it mean?
* Do it for your grandchildren
* Do it for your children
* Cancer. How can you help?
* Research is the start of a healthier life

**Theme: Altruism**

* Prevention saves lives
* You could be doing something
* Help your community
* Benefit your kids
* Help future generations
* Real people exploring real possibilities
* The journey to wellness begins with you
* Pave the road to wellness
* Express your love of life for future generations
* Your good health could pay off, learn how
* Sick of cancer, we need you
* Make a difference
* Join the fight
* Fight to prevent
* The more we know, the farther we’ll go
* We can’t do it alone, we need you
* Give the gift of hope
* Do you want to help? It can be easy!
* Stop cancer before it begins

**Theme: Community**

* Participate to prevent
* Cancer prevention works
* Good intentions lead to cancer prevention
* United we can succeed
* Come out fighting
* The average person makes a difference
* You can be a hero
* Let’s work together
* Knock out cancer
* Knock out [Insert Organ] cancer
* Tell your friends

**Theme: Window of Opportunity**

* Life is a gift, don’t let time pass you by
* Understand cancer risk factors
* Equip yourself with cancer prevention knowledge
* Screen out cancer
* Act now
* Time to participate

## Positioning Statements

The positioning statement explains information regarding the Site and the purpose of the clinical trial. Combine the positioning statement with a supporting fact or statistic to link the positioning statement to the purpose of the trial and strengthen the overall key message.

* [Insert CLO/PO Name] is a research site exploring new methods of cancer prevention and we need you to participate.
* [Insert CLO/PO Name] is investigating new cancer prevention methods through a clinical trial. We are calling on you to join our community.
* [Insert CLO/PO Name] is calling on you to prevent cancer now.
* To those who want to be part of something bigger, join a cancer prevention trial at [Insert CLO/PO Name] today.
* [Insert CLO/PO Name] is conducting a cancer prevention trial in your area.
* [Insert CLO/PO Name] is conducting a cancer prevention trial in [Insert Location] and is in need of participants.
* We at [Insert CLO/PO Name] need you to participate in a cancer prevention clinical trial today.
* Find out more about [Insert Organ] cancer prevention with [Insert CLO/PO Name].

## Call to Action Statements

The call to action statement directs the audience on how to become involved. Keep this phrase short and direct. The call to action statement is routinely placed at the end of the key message and close to any contact information. In this way, the audience understands how to obtain more information. Sample call to action statements include:

* Learn more about cancer prevention with [Insert CLO/PO Name]
* Join now
* Act now
* Sign up now
* Prevent cancer now
* Volunteer now
* Let’s work together
* Enroll now
* Learn more about [Insert Organ] cancer prevention

## Supporting Facts/Statistics39,40,41

Supporting facts and statistics can be combined with the positioning statement to strengthen the message. Please note all statistics (provided below) are from 2015 and should be verified for relevancy before use. Risk factors for cancer include age, alcohol consumption, diet, hormones, obesity, radiation exposure, sunlight, and tobacco.

* In the U.S., the lifetime risk of developing cancer is higher in men (slightly less than 1 in 2) than for women (a little more than 1 in 3).
* 1,658,370 new cancer cases are expected to be diagnosed in 2015.
* In 2015, about 589,430 Americans are expected to die of cancer, or about 1,620 people per day.
* Cancer is the second most common cause of death in the U.S., exceeded only by heart disease, and accounts for nearly 1 of every 4 deaths.
* There are more than 100 types of cancers; any part of the body can be affected.
* Tobacco use is the single largest preventable cause of cancer in the world, causing 22% of   
  cancer deaths.
* Anyone can develop cancer, however, the risk of getting it increases with age. Most cases occur in middle-aged adults or older. About 77% of all cancers are diagnosed in people  
  age 55 or older.
* In 2007, there were an estimated 12 million new cancer cases and 7.6 million cancer deaths globally. By 2050, the global cancer burden is expected to grow to 27 million new cancer cases (an increase of 55.56%) and 17.5 million cancer deaths per year (an increase of 56.57) globally.
* Tobacco use increases the risk of cancers of the lung, mouth, larynx, pharynx, esophagus, stomach, colon/rectum, liver, pancreas, kidney, bladder, uterus/cervix, and ovary (mucinous), as well as myeloid leukemia.
* Thirty percent of all cancer deaths and about 80% of lung cancer deaths can be attributed  
  to tobacco.
* Each year, smoking results in an estimated 480,000 premature deaths, and about one-third of these premature deaths are due to cancer.
* Tobacco use killed 100 million people in the 20th century and will kill 1 billion people in the 21st century if current trends continue.
* Health and cancer disparities predominantly arise from inequities in work, wealth, education, housing, and overall standard of living, as well as social barriers to high-quality cancer prevention, early detection, and treatment services.
* Hispanics have the lowest rates of tobacco-related cancers, such as the lung and oral cavity, because of historically low smoking prevalence, but among the highest rates for cancers associated with infection, such as liver, stomach, and uterus/cervix.
* Asian and Pacific Islanders (APIs) have the lowest overall cancer incidence and mortality rates.
* Disparities in the cancer burden among racial and ethnic minorities largely reflect obstacles to receiving health care services related to cancer prevention, early detection, and high-quality treatment, with poverty as the overriding factor.
* ClinicalTrials.gov currently lists 195,352 trials with locations in all 50 states and in 190 countries.
* Clinical trials have increased every year; 195,352 total trials in 2015 compared to 5,635 in 2000.

*See the AQuIP Toolkit Manual for corresponding endnote references.*