WP6/D6.1/D9 Communication plan

Communication plan

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1. General principles

MyPeBS clinical trial could play a significant role in contributing to shed light into the potentiality of personalised screening for breast cancer. The considerable number of actors interested in this argument, and the international dimension of parties involved, urges the adoption of a rich and complex approach built upon multidisciplinarity and multiculturality, potentially able to build community and public trust in conducted research.

With the attempt to give an answer to such needs, **four principles** guided MyPeBS' communication plan:

i. Using communication as a mean to facilitate the implementation of the trial within screening programs in five different countries and diverse settings

ii. Delivering communication tools that are attractive, easy to adapt for different settings, cost-effective, easily accessible to all target groups, and that facilitates two-way communication

iii. Developing a communication strategy that answers to the principles of transparency, information sharing, and engagement

iv. Taking advantage of all possible means to disseminate the project's aims and results

Given the complexity of the framework in which the project will be carried out, multiple and diverse targets were identified: candidate women, the general public, health professionals involved and not involved in the trial, media, patients/women associations, scientists, decision makers.

According to the above mentioned issues, a **communication model** has been conceived and translated into specific activities, tools and means according to particularities of breast cancer screening programs at national level, and target groups. Within this process, available literature, and most of all, interviews with national PIs were essential in identifying key communication elements.

Target groups diversity is taken into account: information will be given in a clear and immediately comprehensive format, with an emphasis on the graphical representation of the information; contents will be available in all trial's languages; messages and visuals will be discussed with key stakeholders; materials pretested; and means and methods adapted according to necessity.

In order to benefit from economies of scale, foreseen materials are easy to adapt to different settings, target groups and subgroups.

In addition to means and tools specifically developed for the project (see Annex 1 Tools and Channels), the communication strategy aims at taking advantage of the partners' own communication channels (websites, social media accounts, journals, etc.). These channels will be tremendously important for maintaining real-time communication with main stakeholders through theme-specific communication means, as well as for disseminating intermediate and final results.

The expertise of partners working in various settings (e.g. screening management, cancer control, training, communication, advocacy, etc.) was crucial in the development of the current plan (see Annex 2 Context analysis questionnaires), and it will be decisive in its implementation. Not less important, women and patients associations' contribution is essential both in the strategic planning and in the production of communication tools and materials.

The development of tools needed to effectively communicate with target groups will be carried out by WP6 task leaders, under the WP coordination group, and in collaboration with all relevant partners. The WP coordination group will also be in charge of monitoring and evaluating the whole WP (see Annex 3 Working plan).

The international and European dimension of communicating project's aims and results will be guided by the sponsor and WP coordination's leaders.

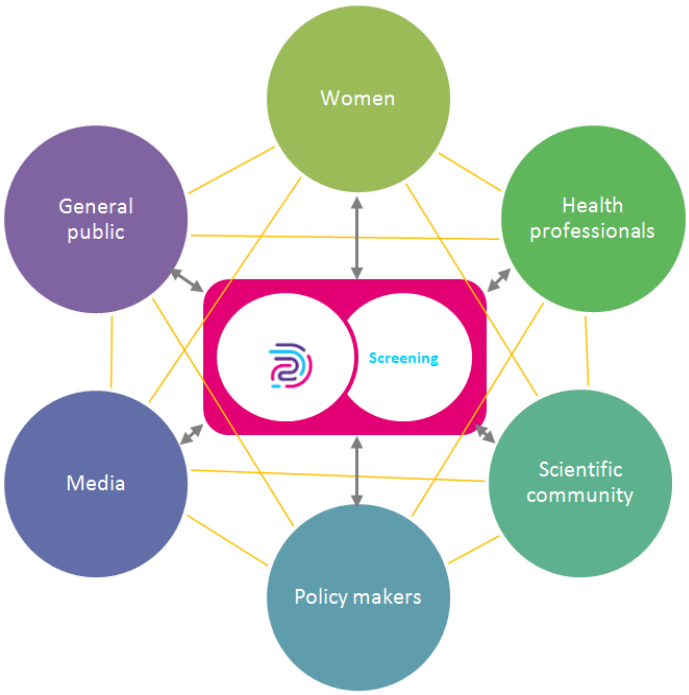
At a national level, **PIs role within the strategy is pivotal**: communication tools and means will be discussed and defined with them in order to effectively respond to each context particularities; policy making and media actions will be implemented on their leadership, based on strategies and tools defined together with WP6 leaders; dissemination of the project aims and results will be guided by them according to a yearly-based calendar.

This communication plan will be **updated on the basis of intermediate results and emerging needs during the project's lifespan**. The WP coordination group will organise periodic meetings with WP6 leaders, WP5, and national PIs in order to monitor objective's accomplishment, to discuss emerging issues, refine the communication plan, and, if needed, tune messages. Besides, it will be frequently in contact with Project management to update and address rising issues.

2. Communication model

As described above a communication model has been developed (Figure 1). It is the operational framework at the basis of the communication plan and will guide trial's implementation within screening programs, interactive communication's promotion, information sharing and the engagement of actors involved.

Figure 1 - MyPeBS Communication model



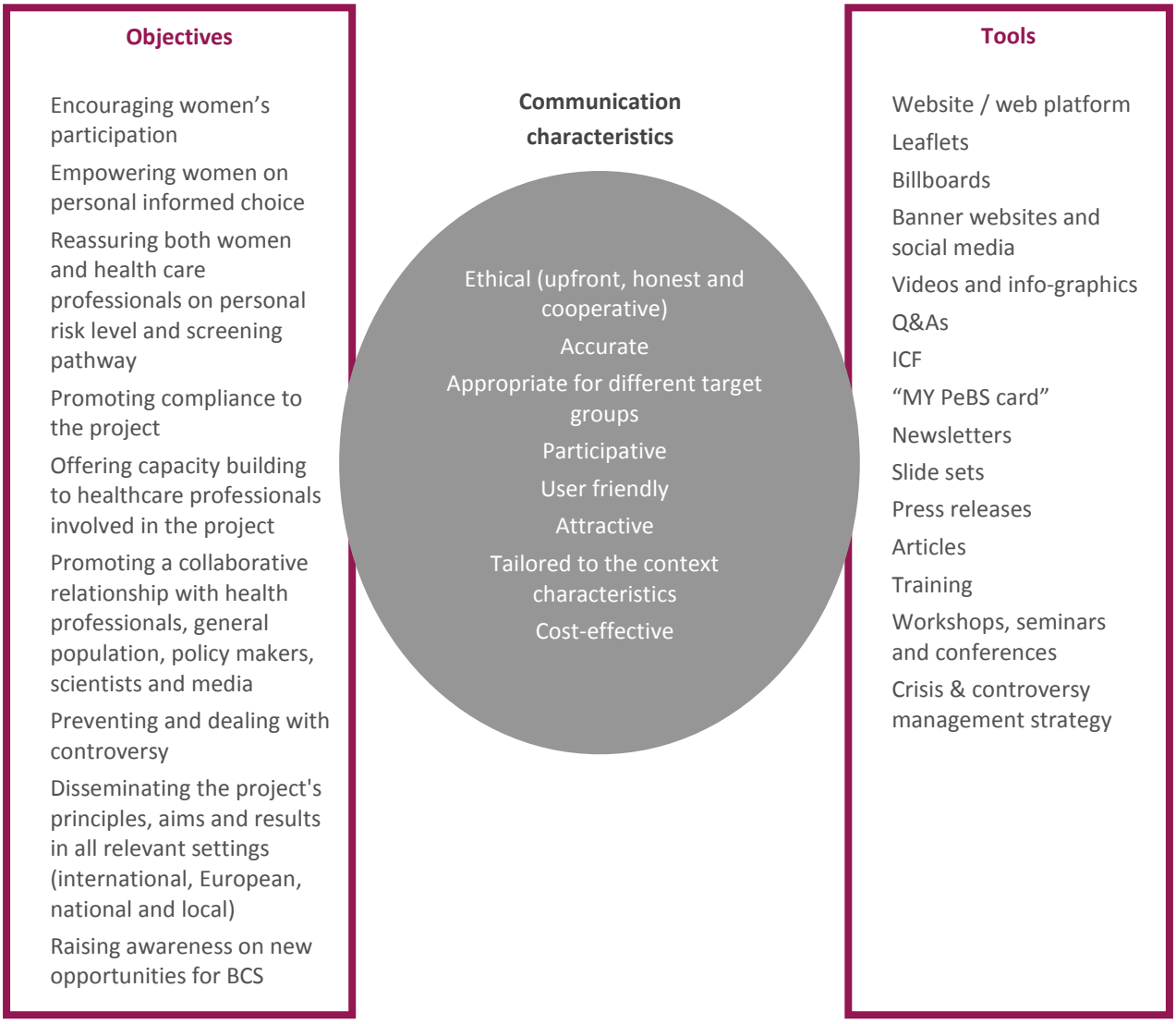
While grey arrows represent communication that can be guided by the project's itself, the underlying network illustrates background flows existing in the context, that can only be influenced. However, we believe that the promotion of an effective interactive communication with target groups, may positively contribute to exchanges represented by the network.

Special attention will be given to groups that may act as influencers towards different audiences under a two-step-flow of communication perspective: health professionals, patient's advocates, journalists.

3. Communication strategy: objectives, characteristics, and major tools

Figure 2 summarizes the main objectives of the communication strategy, its main characteristics, and tools that are foreseen to be developed.

Figure 2 - Objectives, characteristics and tools



4. Target groups' communication plan (tasks description)

Women (Task 6.3 – L Giordano)

Women are a major target group of this communication plan. Concerning them, the main objectives of the strategy are:

- To facilitate and promote communication between women and trial's organization bodies at different levels
- To encourage participation
- To facilitate informed choice
- To inform and reassure on risk level and screening pathways
- To maintain women's participation in the study
- To promote adherence to screening protocols
- To give feedback on trial's intermediate and final results

In order to achieve these objectives, it is necessary to promote a strong collaboration with women's advocates and health care professionals (either directly involved in the project or not), and also with WP 5 (socio/psycho-evaluation).

Regarding communication tools, the task leader (in collaboration with contributors, women's associations and advocacy groups, and national PIs), will develop specific tools for each phase of women's participation to the project (invitation, enrolment - V1, risk communication - V2, follow-up) (for specific information on tools foreseen see Annex 1 "Tools & Channels"). All materials will be submitted to women's associations and health care professionals for testing, before printing and distribution. Finally, tools and materials used for the trial will be evaluated on their ability to effectively communicate personal risk in the framework of screening programs.

In order to benefit from economies of scale, envisaged tools and materials (e.g. leaflets, billboards, videos, Q&As, personalised-risk cards, etc.) will be easily adapted to each setting participating to the trial, in terms of contents and distribution channels.

MyPeBS website/platform will play a key role during the whole pathway followed by women during their participation: encouraging them to participate, reassuring them on personal risk, promoting adherence to screening protocols, offering information on when to contact their GP, gynaecologist, or the screening program.

All tools and materials will be translated as indicated by national PIs.

Health care professionals (Task 6.4 – ME Rouge-Bugat)

- Health care professionals play a key role in encouraging women's participation, compliance to screening protocols, facilitating women's informed choice and, last but not least, disseminating project's results. Four major subgroups within this category were identified according to the specific role they play in the project: potential trial recruiters, recruiters, screening personnel from centers involved (aside from recruiters), other potentially interested HPs.

Specific objectives for each sub-group are:

Potential trial recruiters

- To encourage active participation as investigators
- To promote and facilitate compliance to the study's protocol
- To prevent opposition to the study
- To inform them on trial's intermediate and final results

Recruiters

- To promote and facilitate compliance to the study's protocol
- To give feedback on trial's intermediate and final results

Screening personnel at centers involved (aside from recruiters)

- To inform them on My PeBS's aims and protocol
- To promote compliance to the protocol
- To prevent opposition to the study
- To inform them on trial's intermediate and final results

HPs not directly involved in BCS nor in the trial

- To inform them on My PeBS's aims and protocol
- To prevent opposition to the study
- To inform them on trial's intermediate and final results

Differences in how screening programs are implemented in each country, foresee different tools and strategies to involve the above mentioned sub-groups (see Tools & Channels). However, in order to benefit from economies of scale, envisaged tools and materials (e.g. sets of slides, Vademecum, face-to-face or e-learning sessions, newsletters) will be easily adapted to each setting in terms of contents and distribution channels. While materials needed to inform and to train health care professionals are described in this document, the training program in itself is not part of this document. It will be developed by the task leader based on each specific country's characteristics.

MyPeBS website/platform will play a key role in informing health care professionals, as it favours real-time communication between the project's organisation and healthcare professionals.

All tools and materials will be translated as indicated by national PIs.

General population (Task 6.5 – D Ritchie)

The high potential societal value of the trial's outcomes, and substantial resources invested into this trial, urges the achievement of three main objectives:

- To address timely and effective communication to the public
- To globally disseminate reported outcomes
- To ensure the transparency and responsiveness of the project.

The project's website will be the critical communication channel for much of the information that is of relevance to the public, consequently much effort will be devoted to promoting the project's website.

Key characteristics of the website

- concise and clear format (user friendly)
- clear and comprehensive content (where possible graphic elements will be preferred)
- easy to find on the web (Search Engine Optimisation) (see Annex 4 SEO strategy)
- easy to adapt and use on mobile devices
- linked to the websites trusted and reputable organizations (all project partners should ensure that they are linking to the project website, and that key stakeholders are encouraged to do likewise)

As mentioned in the previous tasks, the project's website will be the critical communication channel for much of the information that is of relevance to the public. To make the website easy to discover via the dominant internet search engines, a robust Search Engine Optimisation (SEO) strategy will be developed, which will propel the Project website towards the top of search rankings (in multiple languages) for pre-defined keywords pertinent to the Project's mission. In addition, the strategy will exploit the close links already in place between Project partners and relevant, reputable sources (e.g. partners' websites, EC, IARC, national cancer institutes, cancer charities, etc.) to further boost the ranking of the Project website. Links placed on the website to partner organisations will be key for directing visitors to where they can find more information about topics not directly addressed in the scope of the trial.

Contents and promotion of the website will be developed in collaboration with lead partners. For the latter, identifying and building relations with key stakeholder organizations will be essential for the successful promotion of the project. A stakeholder mapping exercise will be performed; tested first within Belgium, and then adapted to the remaining 4 countries involved in the trial. Stakeholder meetings are also foreseen in countries in which the Association of European Cancer Leagues (ECL) has active members (Belgium, Italy, France, and Israel), and will be explored with project partners for England. This would enhance the timely communication to the public, and establish important relationships that will be necessary for the duration of the project.

The experience of cancer specific NGOs and patient associations will be drawn upon for the tailoring of the website as well as other communication materials for the public. The feasibility of including a small-cross section of the general population in this process will also be explored.

To avoid the perception of adopting a rigid, didactic approach to communication, it is foreseen to harness the opportunities for interactive discussion that are offered by social media. The effective use of partners' existing social media resources will be vital elements to the success of this approach. Feedback and questions via the project website will also be encouraged.

A comprehensive calendar of the relevant thematic awareness days/weeks/months (e.g. Pink October) and events at the local, national, and international levels will be produced, so that communication from the project can be synchronized with appropriate events to achieve the widest possible coverage and attention. This calendar will be closely related to the policy maker's strategy (task 6.6).

A close working relationship with WP5 and WP7 will be pursued during the whole project lifespan.

Policy makers and media (Task 6.6 – S Delaloge, L Giordano)

Transferring health care research into policy and practice is a complex and intricate process. However, finding and using appropriate mechanisms for it is crucial in making good use of resources. The main objectives of this task are:

- To facilitate and promote communication between the Project's and policy makers at European and national level in participating countries
- To facilitate and promote communication between the Project's and media at international, European and national level in participating countries

Based on the knowledge brokering theory, specifically on the conceptual framework developed by Ward et al 2009), Innvaer et al. systematic review on health policy-makers' perceptions of their use of evidence, and lessons learned from the EU funded project BRIDGE (Brokering knowledge and Research Information to support the Development and Governance of health systems in Europe), the working team will develop a strategy for engaging policy makers at European, national and local level. In this process key stakeholders will be identified (e.g. scientific societies, decision makers and policy makers, etc.), appropriate instruments (e.g. letters, fact sheets, policy briefs) and settings (e.g. workshops, congresses, events, etc.), means (e.g. email, face-to-face), timing (timely relevance), and messages (e.g. summaries with policy recommendations and key implementation considerations).

Task 6.6 leaders will guide communication with policy makers at European level, while they will support national PIs on implementing strategies at national/local level. When possible interactive knowledge-sharing mechanisms (e.g. workshops and seminars, personalized briefing) would be preferred rather than

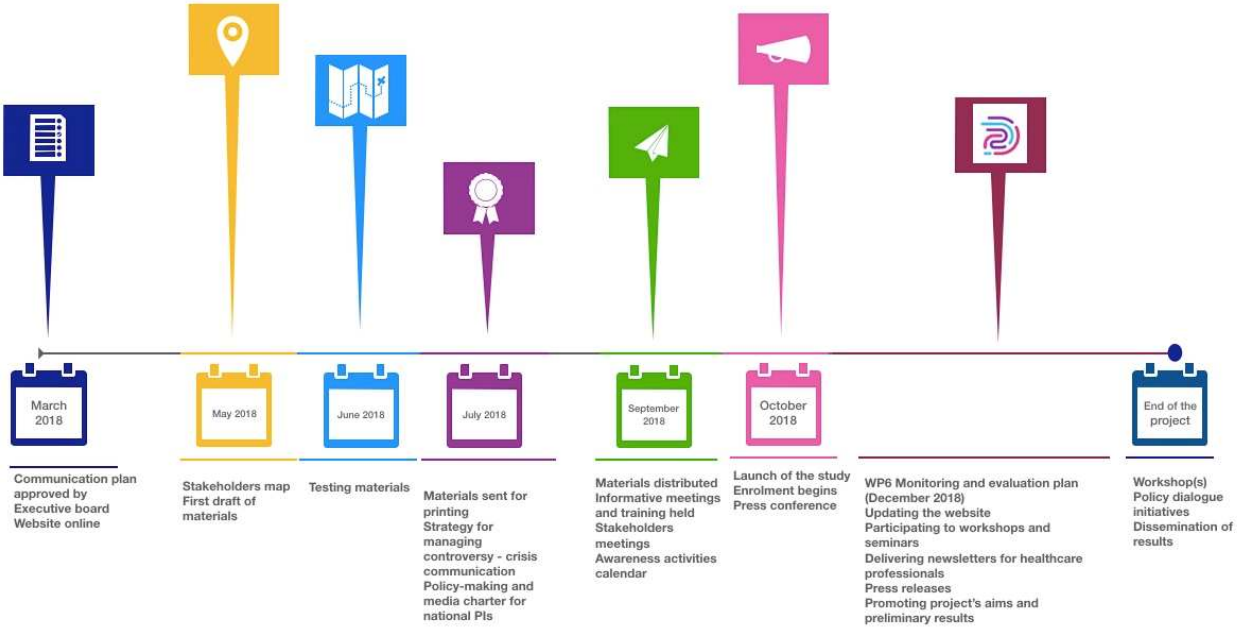
one-way communication strategies that encompass minimal dialogue between researchers and its audience.

Within this framework, policy dialogue initiatives will be promoted at a national level, involving researchers, policy-makers, health care professionals, and advocacy groups. These initiatives are planned for taking place at the end of the project, but can be considered through its implementation if appropriate.

Building relations with the media will be a key-step for gaining the support of decision-makers. A country-based and an European list will be created including both organizations and individuals, and it will be used to promote the project's aims and results (intermediate and final) through the most appropriate means (e.g. news releases, interviews, letters to the editor, media conferences). Contacts with the media will be performed mainly at launch of the study and at result delivery, but media attention will be also raised in case relevant outcomes come up from the project development. Of particular importance will be the development of a crisis communication plan to anticipate, mitigate and manage emerging issues that may negatively affect the project.

A communication charter will be developed including guidelines to be followed by all partners.

5. Timeline: Key moments



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European Observatory on Health Systems and Policies. Policy Summary 7. John N. Lavis, Cristina Catallo, Govin Permanand et al. BRIDGE Study Team. Communicating clearly: enhancing information-packaging mechanisms to support knowledge brokering in European health systems. World Health Organization (2013). Denmark

European Observatory on Health Systems and Policies. Policy Summary 8. Learning from one another: Enriching interactive knowledge-sharing mechanisms to support knowledge brokering in European health systems. John N. Lavis, Cristina Catallo, Nasreen Jessani et al. BRIDGE Study Team World Health Organization (2013). Denmark

Ward V, House A, Hamer S. Knowledge brokering: The missing link in the evidence to action chain? Evid Policy. 2009 Aug;5(3):267-279.

MyPeBS – Communication Plan – TOOLS & CHANNELS				
WHAT	**WHO**	**WHY**	**WHERE**	**WHEN**
Leaflet/Card Short, attractive, including a section adaptable to local sites' organizational features, including information on the trial and reference to the project's website. Translated in all trial's languages.	Eligible women	Encouraging participation	- Printed and sent with invitation letter or distributed in Physicians' clinics and mobile units, depending on local contexts. The leaflet is more suitable for being shipped through the invitation letter, while the card would be more attractive when made available in waiting rooms etc. - Pdf format in project's website and partners' websites -	Recruitment phase
Q&As sheet Plan language document, structured as questions-and-answers, supplied with info-graphics, explaining trial's rationale, objectives, procedures and ethical issues. Translated in all trial's languages.	Eligible women	Promoting an informed choice	- Printed and distributed in trial's centers (visit 1) - Pdf format in project's website and partners' websites	- Recruitment - Follow-up
Billboard/poster Simple and attractive, translated in all trial's languages.	Eligible women	Encouraging participation	- BCS centers - Physicians'clinics - Mobile units	Recruitment phase
Video(s) 1) "Interview" format with PI explaining project's rationale and aims, characteristics of the consortium, etc. (sub-	- General public - Eligible women - Women in the trial - HPs	- Promoting the project - Encouraging participation - Promoting an informed choice - Promoting HPs'	- Project website - TVs in waiting rooms (where feasible) - Tablet (where feasible) - E-learning course - Media	- Recruitment - Follow-up

titles according to context) 2) "Cartoon" format, simple and attractive, explaining the trial's pathway (translated in all trial's languages) 3) Video tutorial on how to conduct 2nd visit (for investigators)		compliance - HPs' training		
Informed Consent Form Plain language document, including information on trial's procedures, as well as ethical and legal issues. Translated in all trial's languages.	Eligible women	- Promoting informed choice - Collecting informed consent	- Project's website - Signed electronically via the webplatform (Visit 1) + printable for women and investigators only	Recruitment phase NB: this is a regulatory document under sponsor's responsibility
E-learning package TBD in the project's training program. To be developed within the webplatform.	Investigators	- Explaining the trial, - Training for the webplatform's use - Quick learning for investigators and GPs - Prompting HPs for visit 1 and visit 2 issues and procedures - Refreshing on learning needs - Addressing emerging issues	Reserved area in the project's website (See video section and *vademecum* section)	Pre-recruitment and recruitment phases

Vademecum Q&As document with info-graphics, on rationale, objectives, procedures and possible emerging issues. Translated in all trial's languages.	Investigators	Helping in recruitment and risk announcement	- Webplatform's reserved area, as a part of the training package	Pre-recruitment and recruitment phases
Banners Simple and attractive, advertising the trial. Translated in all trial's languages.	- Women 40-70 - General public	- Promoting participation - Raising awareness	Partners' websites and social media accounts	Recruitment phase
MyPeBS' INDIVIDUAL Card Originated by the project's webplatform, including the woman's personal information, risk score and screening protocol. In plain language, clear, respectful and reassuring. Translated in all trial's languages.	Participating women	- Supporting in risk communication - Retaining women in the trial	- Visit 2 - Post mail - Pdf format in webplatform's reserved area	Risk announcement
Flyer Influencing and attractive, describing trial's rationale, objectives and protocol. Translated in all trial's languages.	Health Professionals	Promoting compliance	- Post mail - Meetings	Pre-recruitment and recruitment phase

Press kit(s) - News release - Trial backgrounder - Info-graphics sheet Tailored and timely, strongly related to local contexts, will be produced within task 6.6 and adapted & released by PIs. A graphical chart designed on purpose will be used.	Media	- Raising awareness - Promoting participation - Putting relevant issues in policy makers' agenda - Promoting policy change	- Press conference(s) - E-mailing - Workshops	- Trial launch (big media event) - Results delivery - Recommendations production - At any time critical issues may emerge
Policy brief(s) Synthetic, plain language document, including info-graphics. Tailored and timely, strongly related to local contexts, will be produced within task 6.6 and adapted/released by PIs. A graphical chart designed on purpose will be used.	Policy makers	- Raising awareness - Putting relevant issues in policy makers' agenda - Promoting policy change	- Workshops - Seminars - Personalized briefings	- Trial launch - Results delivery - Recommendations production - "Opportunity windows"
Newsletter(s) Tailored and timely in relation to intended audiences. A graphical chart designed on purpose will be used.	- Health Professionals - Participant women - Scientists - Policy makers	- Retaining participants - Updating feedback on trial progresses - Disseminating results and recommendations - Putting relevant issues in policy makers' agenda - Promoting policy change	- E-mail (where/when feasible) - Website's reserved areas	Periodically, along the project's timeline

Scientific articles, letters to editor, commentaries, presentations	- Scientists - Health Professionals	- Raising awareness - Promoting the trial - Updating on trial progresses - Disseminating results and recommendations	- Scientific journals - Specialized press - Conferences	- Trial launch - Results delivery - Recommendations production - “Opportunity windows” - At any time critical issues may emerge

WP6/D6.2/Context analysis questionnaires

The questionnaire was administred through telephone interviews. Different lenght of questionnaire's answers and their eterogeneity depends on information already in interviewers' possession.

DEMOGRAPHIC AND SOCIO-CULTURAL CHARACTERISTICS

The following questions aim at illustrating main demographic and socio-cultural characteristics of the population pertaining to your screening centre.

1. Define the catchment area of the center in geographical terms
2. How would you define the human geography of your centre (urban, rural, both)
3. Foreign-born women among the female population
4. Refer the three major countries of origin among the overall foreign-born female population
5. Is population covered by health insurance or public welfare?

DESCRIPTION OF THE SCREENING PROGRAM

6. Which screening modality is implemented in your centre? (considered definitions given above)

   Option 1 ☐ Organised
   Organised screening programmes require a specific screening policy (specifying targeted population groups and the screening test, intervals and other procedures) and a team at the national or regional level responsible for implementing the policy, i.e., for organizing the delivery of the screening services, maintaining requisite quality, and reporting on performance and results. In addition, a quality-assurance structure is required and a means of ascertaining the population burden of the disease should be available. Population-based screening programmes generally require a high degree of organisation. [1]

   Option 2 ☐ Opportunistic
   Screening performed outside of an organised programme, i.e.., in a setting providing health care for patients, and without identification and personal invitation of each subject in the eligible target population. The initiative to perform a screening examination is taken on an individual basis by the subject or the health care provider. In contrast to organised screening, the other steps in the screening process and the professional and organisational management of the screening service are generally poorly defined by programme policy, rules and regulations. Quality assurance, monitoring and evaluation are underdeveloped due, among other things, to lack of a population-based approach to implementation.

[1] Arbyn M. et al (eds) European guidelines for quality assurance in cervical cancer screening. Second Edition. European Commission. Luxembourg. 2008.

Option 3☐ Both
If both, please specify: Organized %_____ Opportunistic%_____

ORGANISED SCREENING (IF YOU HAVE SELECTED 1 OR 3 IN QUESTION 9)

If you have implemented an organised programme (fully or partially)

7. When was it implemented (year)? _____

8. Do you actively invite women? (answer based on *active invitation's* given definition)

   ☐ Yes ☐ No

9. If yes, how do you invite them?

   ☐Letter ☐phone call ☐ other _____

   – If you use a letter, in which language is it written? _____

   – Who signs the letter?

     ☐GP ☐ Head of the screening program ☐ other _____

   – Is informative material attached to the letter? ☐ Yes ☐ No (if yes, please provide a copy)

   – Is a pre-fixed appointment given in the letter? ☐ Yes ☐ No

   – If yes, can it be modified? ☐ Yes ☐ No

   – If yes, how can it be modified?

     ☐ calling a toll-free number
     ☐ calling the screening program (not free for woman)
     ☐ e-mail
     ☐ in person
     ☐ other _____

   – If you invite them by phone call who calls the woman?

     ☐ GP's or his/her staff ☐ administrative staff ☐ health care staff ☐ other _____

10. Do GPs have a specific role on the screening programme?
    ☐ Yes ☐ No

    – If yes, what role do they have?

recruitment phase	
first level	
assessment session	

treatment	
follow up	

14. Which is the target population age range:_____

15. Insert in the table below the type of test used and the screening interval. If you consider different tests and/or different screening intervals by age subgroups, please specify.

Target population by age groups	Test adopted (I level)	Interval

16. For each test previously mentioned, specify the professional figure (e.g. radiologist, radiographer, etc.) performing and reading it, and the health care facility (e.g. hospital, mobile units, outpatient clinics, primary health care centres, etc.) where it takes place.

Test (I level)	Performed by	Read by	Facilities

17. If mobile units are used in your centre, please specify the percentage among all test executed _____

18. Is the test free-of-charge?
☐ Yes ☐ No ☐ Partially reimbursed (% reimbursed _____)

19. When women come, do they have any contact with front-office staff before the test?
☐ Yes ☐ No

20. When women come, do they have to sign an informed consent ?
☐ Yes ☐ No

21. In case of a **negative** outcome, how are women informed?
☐ letter ☐ phone call ☐ women pick up the result ☐other _____

- If women are contacted by phone, who calls the woman? (specify) _____
- If women pick up the results, who deliver the outcomes? (specify) _____
- On average, after how many days women receive the negative outcome?_____

22. In case of a **positive** outcome, how are women informed?
☐ letter ☐ phone call ☐ women pick up the result ☐other _____

- If women are contacted by phone, who calls the woman? (specify) _____
- If women pick up the results, who deliver the outcomes? (specify) _____
- On average, after how many days women receive the positive outcome? _____

23. Please can you provide information on the following screening indicators (refer to 2016)

	< 50 years	50-69 years	70+ years
number of eligible women			
number of women invited			
number of women tested			
number of women referred to further assessment session			
number of women diagnosed with cancer (in situ and invasive cancer)			

OPPORTUNISTIC SCREENING (IF YOU HAVE SELECTED 2 OR 3 IN QUESTION 9)

24. What percentage of screening test are performed with an opportunistic approach in your setting? _____

25. What is the women age range considered by your opportunistic screening initiatives?

_____

26. What is the screening test considered?

_____

27. Notes and comments

_____
_____
_____
_____
_____

COMMUNICATION TO WOMEN AND THE PUBLIC

28. Within the last 2 years, to which of the following audiences have you addressed screening communication activities? If relevant, specify the major theme tackled (1=effectiveness of screening, 2=balance sheet, 3=other, if 3 describe)

Audience	Y/N	Theme/s
Women		
Partners		
Relatives		
Community groups		
Advocacy organizations		
NGOs		
Media		

Local government		
Policy makers		
Other (specify)		

29. Do you have a website? ☐ Yes ☐ No

- If yes, please write website address _____

- If you have a web site, to whom is it addressed?

  ☐Health professionals ☐general public ☐women ☐other____

30. Within the last 2 years, did you organise a mass campaign to increase awareness on breast cancer screening in your population?

☐ Yes ☐ No

- If yes, please provide information material used.

31. In the last 2 years have you organized training activities on screening addressed to health care professionals?

☐ Yes ☐ No

- If yes, fill in the following table according to the training activities usually held in your centre.

	Type of course (1=seminar, 2=workshop, 3= audit session, 4=other, if 4 specify)	Theme/s	Personalized screening has been discussed (Yes, No)
Screening manager			
Data manager			
Epidemiologist			
IT technician			
Nurse			
Pathologist			
Surgeon			
Radiologist			
Radiographer			
Health physicist			
GPs			
Gynaecologist			
Oncologist			
Nurses			
Front-office and administrative personnel			
Other (specify)			

32. Overall, how you consider the involvement of health care professionals in trials previously conducted in your center?

☐ collaborative ☐ resistant ☐ conditioned by financial incentives ☐ other _____

33. How would you rate main stakeholders attitude towards your centre's activities?

	Supportive	Neutral	Opposite
Health care professionals			
Charities/NGOs			
Women's associations			
Media			
Local health authorities			
Other (specify)			

34. Mention key partners that could be involved in MyPebs in communication strategies:

_____
_____
_____

35. It is possible that another trial will be conducted in parallel to My PeBS?

☐ Yes ☐ No

- If yes, do you believe specific measures should be taken in order to avoid possible interferences?

  ☐ Yes ☐ No

- If yes, describe which measures should be taken to facilitate My PeBS implementation

  _____
  _____
  _____
  _____

Interview - BELGIUM

Section I – Demographic and socio-cultural characteristics

In 2015 over a population of 11 237 274, 5 713 206 were women in Belgium (EUROSTAT).
In the same year, 146 600 immigrants lived in the country, and among them 43.1% were women. When considering residents born abroad, the most representative group is Moroccans (n. 211 200; 11.4% being the percentage of the total foreign/foreign-born population) (EUROSTAT).

Section II – Description of the screening program

The screening program, introduced in 2001 (Flemish Region), (Brussels Region) and 2002 (Walloon Region) is a population-based program (rollout complete), organized on a regional basis. The target population is women aged 50-69, the screening test is digital mammography, and the screening interval is 2 years (Ponti et al 2017).

In 2014 women aged 50-69 in Belgium were 691 515 (Ponti et al 2017). Invitation coverage (on annual population) was 99.7% and examination coverage was 33.0%. Significant differences exist among regions regarding the latter: 50.2% in Flanders, 10.4% in Brussels, and 8.0% in Wallonia (Ponti et al 2017). Both in Brussels and Wallonia regions, women were used to having mammograms before the screening program was introduced, and they keep taking them opportunistically.

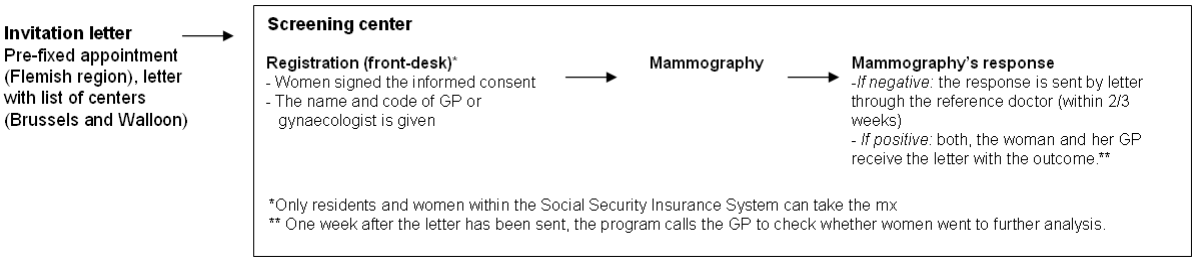
Women can also choose to have the screening test in a region different from the one they live in. Data updates annually based on data exchanged between coordination programs (there is not a national database).

The screening test is free of charge for women aged 50-69. For women <50 and >69 the test is partially reimbursed.

In all three regions women are actively invited through a letter. While in the Flemish region, women receive a pre-fixed appointment, in Brussels and Walloon, women receive the list of centers participating to the program and they can freely choose which one to get in contact with for the test. In all programs the letter is signed by the regional coordinator.

Information on the screening test, and pros and cons, are given to women within the letter. In Belgium women are required to signed an informed consent but in the Flemish region (Ponti et al 2017).

Figure 1 illustrates the path of the woman since she receives the invitation letter until she receives the test result.



Section III – Communication activities

Hard-to-reach populations

Migrants: Focus groups involving Moroccan women were held in Brussels to assess the usefulness of translating communication materials into Arabic. During these meetings emerged that women prefer receiving materials in French as their daughters are able to read them, while materials in Arabic are considered inappropriate as neither women nor their daughters are literate in Arabic.

NGOS are not quite supportive of the program. Their message is promoting mammography in itself, regardless of taken them opportunistically or within the program.

Suggestions for MyPeBS communication materials:

Recruitment

- Within the national screening program: Information sheets (invitation leaflets) as simple and attractive leaflets that could be sent with the invitation letter to promote the project. It may contain a toll-free number (contact call center) where women would get information on centers participating and fix an appointment.
- Private track: Information sheets (as previously described)
- Videos to be broadcasted in the web promoted through social networks

Contact call center

- Information sheet "contact" for the call center
- List of participating centers

Visit 1

- Information sheet "visit 1"
- Informed consent
- Randomization tool
- Risk assessment form (questionnaire)
- Saliva sample protocol and logistics
- Electronic data capture - CRF

Visit 2

- protocol for "risk level" announcement
- road map for the various risk groups
- telephone messages could be used to remember women the appointment for Visit 2

Follow up

- Electronic data capture (results imaging) – CRF

Interview - ISRAEL

Section I – Demographic and socio-cultural characteristics

The potential dimension of target population is of ~ 100.000 women aged 50 -74 every year.

Harder to reach populations are represented by Arab women and ultra-Orthodox Jewish women. These groups are both crucial: the former for accurate representation of Israeli population, the latter because of belonging to higher genetic risk population.

Adherence to breast screening is 70-75%.

Section II – Description of the screening program

The breast cancer screening program is fully running and was implemented 30 years ago. It is based on a health insurance system. The ASSUTA network itself is owned by Maccabi HMO (not private).
To have a health insurance is compulsory for citizens.

For women aged 50-70, promotion of participation is based on 3 steps:

1) Public health insurance companies (HMOs) invite their insured women through a letter every 2 years (no fixed appointment);
2) when a woman goes to her GP and is due for her screening mammogram, a pop-up alert appears in the GP's portal (run by the HMO) and the doctor recommends to the patient to call a screening center and schedule an appointment (the woman can choose from a list of locations);
3) The government evaluates HMO performances for meeting screening targets. Therefore HMO clerks contact non-compliant women by phone and schedule appointments for them, in order to reach such screening targets.

Women aged 40-49 can be sent by the GP or breast surgeon or gynecologist to perform a screening mammography for different reasons (symptoms, cancer cases in the family, +++).

Women receive information on the breast screening program through different channels:

- HMO patients portal (pop-up)
- Cancer associations
- Advertising campaigns
- Spontaneous requests of information

When women go for mammography, they have contact with front-office staff before the test. They do not have to sign informed consent and the test is free-of-charge if performed in the recommended screening interval.

The mammography is performed by a radiographer and read by a radiologist.
In addition to the mammography, between 60- 80% of women undergo US.

Negative outcomes can be seen directly by the women in the Assuta patient portal, using a number code.

Positive outcomes are communicated by phone from Assuta to the GP, who sends the woman to the screening center for further assessment. Waiting time is not more than 5 days.

Section III – Communication activities

Communication to women and the public

Within the last years, communication activities were addressed to:

Audience	Y/N
Women	Y
Partners	N
Relatives	Y
Community groups	Y
Advocacy organizations	Y
NGOs	Y
Media	Y
Local government	Y
Policy makers	Y
Other (specify)	

Website(s) url:

Assuta: https://www.assuta.co.il/?catid=%7BEE3C9626-20C8-4996-AA5D-4EB5AE742504%7D

Israel Cancer Association: http://en.cancer.org.il/template_e/default.aspx?PageId=7749

One in Nine Organization: https://www.onein9.org.il/?lang=en

The website is often not used by older or very religious women.

Communication campaigns are performed at least once a year.

Side effect and pros/cons balance are not part of communication themes. It must be considered that BC incidence is high in Israel.

Suggestions for MyPeBS communication materials:

- leaflets to be distributed in GPs' clinics
- videos to be broadcasted by TV in waiting areas
- banner for the website
- recorded messages for call centers
- telephone messages (only for participants)
-

Communication with health care professionals

Please fill in the following table according to the training activities usually held in your centre.

	Type of course (1=seminar, 2=workshop, 3= audit session, 4=other, if 4 specify)	Theme/s
Screening manager	4- quarterly meeting with head of imaging (all centers)	
Data manager		
Epidemiologist		

IT technician		
Nurse	4 - some nurses participate in tumor boards	
Pathologist	4 - continuing education; tumor boards	
Surgeon	4 – tumor board	
Radiologist	4 – continuing education; tumor boards	
Radiographer	1, 4 – some radiographers participate in tumor boards	
Health physicist		
Front-office and administrative personnel	1	
Other (specify)		

Have you ever discussed about personalized screening in a training session? If yes, for which professional categories? **NO**

……

Overall, how you consider the involvement of health care professionals in trials previously conducted in your center?

X☐ collaborative

☐ resistant

X☐ conditioned by financial incentives

☐ other specify _____

Do you organize training activities addressed to health care professionals (NOT screening professionals)?

If yes, please fill in the following table according to the training activities usually held in your centre.

	Type of course (1=seminar, 2=workshop, 3= audit session, 4=other, if 4 specify)	Theme/s
GPs		
Nurses		
Midwives		
Gynaecologists		
Oncologists		
Surgeons	Breast surgeons - in past have had weekend seminars, not routine	
Pathologists		
Other (specify)		

Have you ever discussed about personalized screening in a training session? If yes, for which professional cathegories? **NO**

……..

Overall, how do you consider the involvement of health care professionals in trial previously conducted in your center?

X☐ collaborative

☐ resistant

X☐ conditioned by financial incentives

☐ other specify _____

Previous studies on communication

Have you conducted studies on screening and communication? If yes, which were the major themes? NO

Communication partners

How would you rate main stakeholders attitude towards your centre's activities?

	Supportive	Neutral	Opposite
Health care professionals	**X**		
Charities/NGOs	**X**		
Women's associations	**X**		
Media		**X**	
Local health authorities	**X**		
Other (specify)			

Incoming trials

Is it possible that another trial will be conducted in parallel to My PeBS?

Yes, other trials will be conducted in parallel.

Interview - UK

Section I – Demographic and socio-cultural characteristics

Information on MyPeBS audience must be inferred by general statistics.

Section II – Description of the screening program

The breast cancer screening program is fully running and was implemented in 1998.

Women 50-70 years old are invited by a letter with a pre-fixed appointment to have a digital mammography. The screening interval is 3 years.

The mammography is performed by a radiographer and is double-readed by the radiologist and the radiographer.

Mobile units are used and are a relevant strategy to reach women.

Outcomes (both positive and negative) are communicated to women by letter.

Section III – Communication activities

Communication to women and the public

All information available on the program's website

Suggestions for MyPeBS communication materials:

- leaflets
- videos
- Q&As for women and HPs

Communication with health care professionals

Regular training sessions are held for radiologists and radiographers.
HPs showed to be supportive towards trials previously conducted.

Interview – ITALY

Section I – Demographic and socio-cultural characteristics

Participating centers cover geographically heterogeneous areas, with diverse socio-economic characteristics of women. Women that are more prone to participate in organized population screening programmes are of medium socio-economic status.
Foreign women come mainly from Northern Africa and East Europe.

Section II – Description of the screening program

In Italy, screening programmes are organised on a regional basis.

All services foreseen in organized screening programs are free. In Italy screening programs are included in essential levels of assistance, within a public welfare system.

Women aged 50-69 yrs old are actively invited by programmes through invitation letter with a pre-fixed appointment. Screening interval for this age group is 2 years. Women aged 45-49 yrs old have also the opportunity to participate in the screening. Screening interval for this age group is 1 years.

The mammography is performed by a radiographer and is double-readed by the radiologist and the radiographer.

Outcomes are communicated by letter / phone.

GPs don't have a role as relevant as in other participating country: they can give information to women and supply patients lists to the screening program.

Opportunistic screening exists for high – income women.

Section III – Communication activities

Communication activities are generally addressed to women, community groups, NGOs, media, policy makers, general public.

Mass communication campaigns are periodically organised within regions.

Training activities are organized regularly and they are addressed mainly to screening managers, radiologists, radiographers, surgeons and administrative staff.

HPs involved in previous trials were generally collaborative.

Key partners are women's associations.

Other trials will be conducted in parallels with MyPeBS at least in 2 centers.

Interview – FRANCE

Description of the screening program

In France a mixed system exists: organised screening is addressed to women aged 50-74 years old. They are invited every two years for a free mammography. Younger and older women can have a screening mammography on request, with the opportunity of being reimbursed.

50% of women start opportunistic screening with their gynaecologist at 40.

Women are invited by letter; if they don't receive it, their GP put them in contact with the screening center.

Screening departments send list to social security agencies, that send the letters.

In the letter, the woman is invited to contact a radiologist among available screening centers in her territory.

Mammography is read by the center's radiologist, then is sent to a team of 2nd readers and then sent back to the center. Women can go to the centers to get their results and they also receive outcomes by letter.

Had to reach women are contacted by their GPs.

MyPeBS Communication Plan – WORKING PLAN

	Activity	Outputs / deliverables	Person in charge	Other partners involved	Periodicity
	Task 6.1 – WP coordination				
6.1.1	**Development of the communication plan**	Communication plan	L Giordano, F Di Stefano, L Jaramillo (P13)	All WG members and National PIs	March 2018
6.1.2	**Development of the monitoring and evaluation plan**	Monitoring and evaluation communication plan	L Giordano, F Di Stefano, L Jaramillo (P13)	S Delaloge (P1), S de Montgolfier (P8)	December 2018 (updated during project's lifespan)
6.1.3	**Organizing periodic TCs with WP working group members**	Report on meetings Communication's strategy adapted	L Giordano, F Di Stefano, L Jaramillo (P13)	S Delaloge, C Baron (P1)	During the first year of the trial: every month, and then every 6 months
6.1.4	**Creation of the project's image**	Logo and graphical chart	S Delaloge, C Baron, A Lasne, V Perrot-Egret (P1)	L Giordano, F Di Stefano, L Jaramillo (P13)	Completed on March 2018
6.1.5	**Selection of the communication agency for the creation of tools and materials**	Call for tender	L Giordano, F Di Stefano, L Jaramillo (P13)	S Delaloge, C Baron, A Lasne, V Perrot-Egret (P1)	Agency selected by end of April 2018
6.1.6	**Translation of all communication tools and materials foreseen in the communication plan**	Tools and materials translated in all languages of the project as deemed necessary (budget constrained)	S Delaloge, C Baron (P1)	National PIs	Along the project's lifespan
6.1.7	**Printing and re-printing materials**	Printed materials distributed	S Delaloge, C Baron (P1)	National PIs	September 2018; any time it could be needed until end of recruitment
6.1.8	**Development of the publication plan**	Publication plan Scientific articles (at least one), letters to editor, and commentaries published	S Delaloge (P1)	L Giordano (P1), and other members of the consortium	Plan ready at end of September 2018. Articles, letters and commentaries timely along the project's lifespan
6.1.9	**Monitoring and evaluation of WP6**	Monitoring and evaluation reports	L Giordano, F Di Stefano, L Jaramillo (P13)	S Delaloge (P1)	At the end of each year

	Activity	Outputs / deliverables	Person in charge	Other partners involved	When / periodicity
	Task 6.2 – Context analysis and audience characteristics				
6.2.1	**Research in literature, population surveillance data bases, and background information on target groups to refine the CA questionnaire**	Context analysis questionnaire	L Giordano, L Jaramillo, F Di Stefano (P13)	S Delaloge (P1), national PIs	February 2018
6.2.2	**Submitting the CA questionnaire to national PIs**	Report on the context analysis	L Giordano, L Jaramillo, F Di Stefano (P13)	S Delaloge (P1)	February 2018
6.2.3	**Organization of focus groups (1 for women and 1 for HP) for pretesting communication materials**	Focus groups held Report on focus groups' outcomes	L Giordano, L Jaramillo, F Di Stefano (P13)	S Delaloge (P1), national PIs	FGs: May 2018 Report: October 2018
6.2.4	**Organization of key-informant's interviews (women's associations and patient advocates' representatives)**	Interviews held Report on interviews' outcomes	L Giordano, L Jaramillo, F Di Stefano (P13)	S Delaloge (P1), D Ritchie (P18), M Wilcox (P15), national PIs	Interviews: May 2018 Report: October 2018

	Activity	Outputs / deliverables	Person in charge	Other partners involved	When / periodicity
	Task 6.3 – Communication to eligible women and participants				
6.3.1	**Creation of materials to encourage participation**	Leaflet, 2 videos, billboard, Q&As (women), graphical chart (newsletters, etc.), banners (web,social)	L Giordano, F Di Stefano, L Jaramillo (P13)	All WG members	Mid-June 2018
6.3.2	**Creation of materials addressed to enrolled women**	My PeBs card (webplatform), Q&As, IC, newsletters	L Giordano, F Di Stefano, L Jaramillo (P13); S Delaloge (P1)	All WG members	Mid-June 2018

	Activity	Outputs / deliverables	Person in charge	Other partners involved	When / periodicity
	Task 6.4 – Communication to health professionals				
6.4.1	**Developing communication materials for promoting MyPeBS among potential investigators**	Communication materials created and distributed	ME Bugat (P19), L Giordano (P13)	CNGE (P19), S Delaloge	From June 2018 until the end of the trial
6.4.2	**E-learning package addressed to physicians and health professionals (investigators and associated)**	E-learning package developed within the webplatform E-learning traning held (e-learning training package)	ME Bugat (P19)	S Delaloge	Completed by September 2018
6.4.3	**Creation and delivery of newsletters**	Periodic newsletters	ME Bugat (P19), L Giordano (P13)	CNGE (P19), S Delaloge	From October 2018 until the end of the trial
6.4.4	**Organizing informative meetings about MyPebs to HPs involved in screening (depending on local contexts)**	Meetings held	ME Bugat (P19)	CNGE (P19), S Delaloge (p1), L Giordano (P13), national PIs	From June 2018 until the end of the trial
6.4.5	**Developing communication materials for HPs not directly involved either in enrolment or in screening programs**	Communication materials created and distributed	ME Bugat (P19), L Giordano (P13)	CNGE (P19), S Delaloge	From June 2018 until the end of the trial

	Activity	Outputs / deliverables	Person in charge	Other partners involved	When / periodicity
	Task 6.5 – Communication to general public				
6.5.1	**Stakeholder mapping at a national level**	Stakeholder's map Stakeholder's activated	D Ritchie (P18)	S Delaloge (P1), M Wilcox (P15), E Benns (P15), N Abou Zeid (P24), PIs, J Arvis and M Castro.	In progress, will be completed before 30 March for Belgium Other 4 countries May 2018
6.5.2	**Organizing stakeholder meetings**	Meetings held in all 4 countries in which ECL has members	D Ritchie (P18)	S Delaloge (P1), M Wilcox (P15), E Benns (P15), N Abou Zeid (P24), PIs, J Arvis and M Castro.	September/October 2018

6.5.3	**Defining the contents of the website addressed to general public**	Website's content is easily comprehensible for general population	D Ritchie (P18)	S Delaloge (P1), M Wilcox (P15), E Benns (P15), L Giordano, F Di Stefano, L Jaramillo (P13), N Abou Zeid (P24), PIs, J Arvis and M Castro.	Completed by September 2018
6.5.4	**Promotion of the website**	Website is easily-identifyable and well promoted by partners and stakeholders	D Ritchie (P18)	S Delaloge (P1), M Wilcox (P15), E Benns (P15), N Abou Zeid (P24), PIs, J Arvis and M Castro.	Completed by September 2018
6.5.5	**Development of a social media communication strategy**	My PeBs harness the opportunities of social media in disseminating the project as well as countering possible misunderstandings.	D Ritchie (P18)	S Delaloge (P1), M Wilcox (P15), E Benns (P15), L Giordano, F Di Stefano, L Jaramillo (P13), N Abou Zeid (P24), PIs, J Arvis and M Castro.	Completed by September 2018 Active during trial's implementation
6.5.6	**Development of an awareness activities calendar**	Awareness calendar (to be also linked with WP5 and 7)	D Ritchie (P18)	S Delaloge (P1), M Wilcox (P15), E Benns (P15), N Abou Zeid (P24), PIs, J Arvis and M Castro.	September 2018
6.5.7	**Testing tools and materials addressed to general public (videos, banners, info-graphics), with representatives from stakeholders groups including cancer leagues, patient advocacy groups, etc**	Communication tools tested	D Ritchie (P18)	S Delaloge (P1), M Wilcox (P15), E Benns (P15), N Abou Zeid (P24), PIs, J Arvis and M Castro.	May 2018

	Activity	Outputs / deliverables	Person in charge	Other partners involved	When / periodicity
	Task 6.6 – Relations with media, politicians and public health authorities				
6.6.1	**Developing an European and international strategy for the media (key-players, settings, instruments and timely relevance)**	Media strategy	S Delaloge (P1), L Giordano (P13)	All WG members, PIs	June 2018

6.6.2	**Developing an European and international strategy for policy makers (key-players, settings, instruments and timely relevance)**	Policy making strategy	S Delaloge (P1), L Giordano (P13)	All WG members, PIs	June 2018
6.6.3	**Developing a communication charter and press packages for national PIs**	Communication charter Press packages	S Delaloge (P1), L Giordano (P13)	All WG members, PIs	Communication charter (June 2018) Press packages along the project's lifespan
6.6.4	**Developing a crisis communication plan**	Crisis communication plan	S Delaloge (P1), L Giordano (P13)	All WG members, PIs	July 2018
6.6.5	**Press event to launch the project**	Event	S Delaloge (P1), L Giordano (P13)	All WG members, PIs	October 2018

WP6 / D6.3 / Search Engine Optimization Strategy

MyPeBS's website will be a crucial communication channel for the project.

1. Target audience and needs

MyPeBS' website will be addressed to several targets - in order of priority:

- Women aged 40-74
- Women in the trial
- MyPeBS recruiters, researchers and data managers
- Health Professionals
- Patient's advocates, women's associations and NGOs
- Journalists
- General public
- Public authorities

Women are the priority target. Particular attention should be given to women participating in the trial. The website will be a key instrument for the trial's management as volunteer women will be able to access their personal area through it.

Morevoer, MyPeBS' website will be a communication tool for all stakeholders and the general public. It will be addressed to the scientific community, participating in the study or not. Audiences will be numerous and of various nationalities.

2. Methodology

An initial edition of the website must be online when starting the project as it may be used for the dissemination of the project. It may contain general information. A second version of the website will contain news and initial materials for media and scientists.

The website content will be translated in at least 3 of the trial's languages.

The website will be developed bya web communication agency. This agency will advise on strategy, tree structure and type of content, in order to have a robust search engine optimization.

3. Content and natural referencing

To make the website easy to discover via the dominant internet search engines, the first task will be to pre-define keywords pertinent to the project's mission. This work will be done in connection with the agency and the stakeholders of WP6.

In addition, the strategy will exploit the close links already in place between Project partners and relevant, reputable sources (e.g. partners' websites, EC, IARC, national cancer institutes, cancer charities, etc.) to further boost the ranking of the Project website. Links placed on the website to partner organizations will be key for directing visitors to where they can find more information about topics not directly addressed in the scope of the trial.

At this stage, the main website address is: mypebs.eu. But the following domain names have been reservedand will all link to the main url:

- Mypebs.com
- Mypebs.uk
- Mypebs.fr
- Mypebs.be
- Mypebs.org

Moreover, the strategy of reserving other domain names containing key words ("breast cancer screening" for instance) in several languages will also be considered by the agency.

The following tree structure has been proposed by the project leader:

- Home
- Project
    - Workpackages
    - Tasks and deliverables
- Consortium/partners
    - Description of each partner
    - Geographical location
- Take part in MyPeBS
    - Take part as participant
    - Take part as investigator
    - MyPeBS clinical trial info
        - Synopsis
        - Countries, regions, centers
        - Inclusion curves (if good!)
    - Contacts
- Publications and results
- Project's News
    - Kick off meeting
    - Press releases
    - Social events
- Contact
- Index and FAQ?
- Search
- Bottom
    - Subscribe to our newsletter
    - Follow us on twitter
    - Follow us on FaceBook
    - Send us a message
- Additional parts
    - why shall I participate in MyPEBS? (teasing for women)

This proposal must be completed with a marketing content strategy in mind in order to boost natural referencing. For instance, the website should probably make available, in a friendly and interactive way, information on:

- Breast cancer
- Screening
- Personalization
- Information on genotyping