Introduction of Section: Implications for Improving Risk Communication Through Various Channels

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The papers in this section of the monograph provide an overview of the lessons learned and research opportunities ahead for cancer risk communication in very practical health care settings and through different types of media and presentation formats. These papers examine the role of cancer risk communication in the clinic; in some of the newer, more interactive media; and in the more traditional broadcast and print media. Each of the authors is doing work that is setting new standards for risk communication.

Communicating messages that include risk information is a difficult but essential task. As director of the Office of Cancer Communications of the National Cancer Institute (NCI), I work with a staff of media professionals, science writers, health educators, and health communicators to translate the science about cancer risk and to communicate it in an understandable and useful manner. We often are confounded by the many challenges and barriers to doing this effectively: Audiences vary greatly; the information often has a degree of uncertainty; sometimes a risk factor has both advantages and disadvantages, as with tamoxifen (see below); and preconceived notions among target audiences influence how the message is received and how the audiences act on the information. In addition, communication of a research finding or of a health message dealing with a risk factor is often complicated by communications about the same risk by competing interests. Environmental advocates and industry often take opposite stands on a risk factor, and the public is bombarded with conflicting messages.

On a practical basis, the need to communicate cancer risk accurately is ever present, and there are at least three major ways in which this need is presented to the communicator.

First, the need for such communication is well known sometimes and does not present itself unexpectedly. An example is presentation of risks of tobacco use to teenagers. But we need more effective ways to do this.

Second, sometimes a risk situation, while sudden and unexpected, presents a need to communicate quickly through mass media and then to follow up with risk communication that is more planned. For example, when a large clinical trial showed that tamoxifen was effective in reducing breast cancer risk, it was clear that the NCI needed to use the mass media to inform the public of the benefit of this compound in reducing risk and also of its potential risks, particularly to subsets of women who would use it. In addition, the situation demanded a long-range risk communication program aimed at health professionals and women who need to make individual decisions about whether to use tamoxifen to reduce breast cancer risk. As a result, the NCI developed and distributed a Breast Cancer Risk Assessment Tool. This computerized program, later adapted for use on the Internet, is used by health professionals with their patients to estimate a woman’s risk of developing breast cancer over the next 5 years and over her lifetime and thereby helps inform a decision about whether to use tamoxifen. In light of tamoxifen’s potential side effects, the NCI—at the time of this conference—was considering adding to the tool information on the risk of side effects, even though estimates of an individual’s risk of these side effects would be less certain than estimates of her risk of breast cancer.

Third, sometimes the need to communicate risk is sudden and unexpected but does not last long. These episodes often occur after a report in a journal that a particular compound causes cancer or protects against it. Such episodes are over quickly, with mass media the main channel for communication, because these reports do not have enough of a scientific basis, or do not cause enough of an unfounded public furor, to ever become the subject of planned risk communication.

When presented with a need to communicate cancer risk clearly, how should it be done? It is clear that no single method will work in isolation. The papers that follow, by Schwartz and Woloshin, Strecher et al., Rimer and Glassman, and Lipkus and Hollands, outline a number of innovative and complementary methods of communicating cancer risk information. The final three papers, by Levine, Brody, and Russell—all journalists—examine the use of mass media, both broadcast and print, to communicate risk information. These three papers reflect lessons learned through many years of experience more than they reflect the outcomes of specific studies.

The mass media represent an incredibly powerful tool for communicating health information. Survey after survey has shown that people receive a great deal of health and risk information from the mass media. Unfortunately, information presented in these outlets is uncontrolled and very unlike more controllable situations, such as planned ventures, including one-on-one or one-on-small-group interactions. The mass media tend to deal with episodes of science that are positioned as news. These episodes spring from reports in medical and scientific journals or from community events, such as the occurrence of cancer clusters that get suddenly noticed and reported in the press. Because these news reports are prepared quickly, they frequently are reported out of context and can create a false impression. If a journal publishes a study that associates coffee consumption with pancreatic cancer, for example, it probably will be reported in the mass media that coffee causes cancer, and the report will not include the context of a larger body of literature that substantiates or refutes the findings of a single study.

Mass media reports are often shaped by advocates who seek either to minimize or to maximize the risk associated with something. Alar and saccharin are examples. Often it is the industry on one side, environmental activists on the other, and a confused public in the middle.

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Also, mass media use human anecdotes to bring a story to life for a reader, viewer, or listener, and the drama and emotion of the anecdotes can distort and mislead. Mass media reports can also be shaped by the scientists who did the research that resulted in news. How do these scientists couch the results? Do they give them more certainty or more importance than they should have? There is a temptation for both individuals and for institutions to exaggerate results one way or another to reflect individual or institutional interests, thereby resulting in distortion or inaccuracy of message.

The papers in this section explore ways to improve risk communication through the mass media and other channels, and they include suggestions that can be put into practice immediately or which show us the way of the future. The section ends with a discussion of the seven papers by Fong and Russell.