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This year, the College introduced the SCOPY: Service Award for Colorectal Cancer Outreach, Prevention & Year-Round Excellence to recognize the achievements of our members in their community engagement, education and awareness efforts for colorectal cancer.

We received a range of outstanding submissions in various forms and categories, such as campaigns and events, educational activities, awareness walks, fun runs, a spin-a-thon, infographics and other patient education materials; as well as multi-channel CRC awareness activities, Dress-in-Blue-Day photos, radio, news and print media outreach, videos, and other unique activities that raised awareness for colorectal cancer.

All of these submissions demonstrated outstanding creativity and commitment of ACG members in spreading the potentially life saving message of the importance of colorectal cancer screening and prevention.

We are grateful for all ACG members who took the time to design, implement, and promote their colorectal cancer awareness efforts. We thank you for all your hard work and for sharing your experiences with us. The ACG is proud of your efforts and achievements, and the high quality of your submissions.

In addition to recognizing the SCOPY Award winners, this booklet highlights the work of select recipients of the SCOPY, with background on their projects, how their projects were implemented, and the impact they made. Additional tips are provided for next year’s applicants.

In the coming year, we hope to see even more applications, as increasing colorectal cancer awareness is a year-round commitment!

We thank everyone for their participation and willingness to share their experiences.

Very truly yours,

Stephen B. Hanauer, MD, FACG  
ACG President

Jordan J. Karlitz, MD  
Chair, ACG Public Relations Committee
SCOPY AWARD

Judges

Jordan J. Karlitz, MD
Chair, ACG Public Relations Committee
Professor of Clinical Medicine, Section of Gastroenterology and Hepatology, Tulane Cancer Center, New Orleans, LA

Patricia L. Raymond, MD, FACG
ACG Public Relations Committee, Professor of Clinical Internal Medicine, Eastern Virginia Medical School, Practitioner, Gastrointestinal Consultants, LTD, Norfolk, VA

John D. Wysocki, MD
GI Fellow, Tulane University School of Medicine, New Orleans, LA
2015 SCOPY AWARD Winners
The Grand SCOPY honors the most innovative, creative, and impactful multi-faceted communications effort by an academic practice, GI practice or physician that represents the best of what can be done through targeted public outreach to raise awareness of colorectal cancer prevention.

GRAND SCOPY/Best Multi-Channel Colorectal Cancer Awareness Campaign by a University: Darrell M. Gray, II, MD, MPH, The Ohio State University (Columbus, OH)

Best Multi-Channel Colorectal Cancer Awareness Campaign by a Private GI Practice: Central Illinois Endoscopy Center (Peoria, IL)
Best Coordinated Community Campaign by a Private GI Practice:
Digestive Care of Evansville (Evansville, IN)

Best Original Communication Campaign by a Private GI Practice:
Gastroenterology Associates, LLC (Baton Rouge, LA)

Campaign/Projects

Best Community Service Delivery: GIVEBACK DAY—GI Associates & Endoscopy Center (Jackson, MS)
Best Initiative by an ACG Governor: 80% by 2018 Pledge for Colon Cancer Screening, West Virginia Governor’s Proclamation—Nitesh Ratnakar, MD, FACP, ACG Governor (Elkins, WV)

Dr. Ratnakar pictured with West Virginia U.S. Representative Evan Jenkins (R-WVa.) (left)

Best Public Health Intervention for Targeted Community: Gender & Ethnicity-Based Intervention to Raise Colorectal Cancer Screening Awareness in Asian Indian Community—Bhaumik Brahmbhatt, MBBS, Mayo Clinic (Jacksonville, FL)

Dr. Brahmbhatt (right) and Mentor Frank J. Lukens, MD

Best Original Tactic: Colon Cancer Awareness License Plate—Samuel C. Pace, MD, FACP (Tupelo, MS)
**GI Fellows-in-Training**

**Best Call-to-Action:** Make That Call for Colon Cancer Screening Campaign—The Jay Monahan Center for Gastrointestinal Health at New York-Presbyterian Hospital/Weill Cornell Medical Center, submitted by Felice Schnoll-Sussman, MD, FACP, (New York, NY)

**Best Video by a GI Fellow-in-Training (Two Tied for First Place):** Colon Cancer Awareness: Let’s Spread the Word—Khadija H. Chaudrey, MD, Oklahoma University Health Sciences Center (Oklahoma City, OK)

**Best Video by a GI Fellow-in-Training (Two Tied for First Place):** Voices from Our Community: Colon Cancer Screening—Evelyn Marquez-Mello, MD, Washington University School of Medicine in St. Louis (St. Louis, MO)
Best Infographic from a GI Fellow-in-Training: You Follow Signs for Road Safety. Would You Follow Signs for Your Health and Safety?—Bhaumik Brahmbhatt, MBBS, Mayo Clinic (Jacksonville, FL)

Dr. Brahmbhatt (right) pictured with his mentor Michael B. Wallace, MD, MPH, FACG

Best Infographic from an Institution: 7 Myths About Colonoscopy; Colon Cancer Infographic—Cleveland Clinic Foundation, submitted by Carol A. Burke, MD, FACG (Cleveland, OH)
**Best Infographic from a Private GI Practice:** Get Behind Screening—Gastroenterology Associates, LLC (Baton Rouge, LA)

**Art**

**Best Colon Cancer Awareness Art:** Colon Polyp Poem—Eli Kuga, MD, Central Illinois Endoscopy Center (Peoria, IL)

**Patient Education Brochure, Flyer or Website**

**Best Patient Education Website:** BowelPrepGuide.com—Ajumobi Adewale, MD, University of Texas Health Science Center (San Antonio, TX)
Videos

**Most Engaging Method Video:** Ask Us Anything—Central Illinois Endoscopy Center (Peoria, IL)

**Most Humorous Video:** Things that are Scary—Gastroenterology Associates, LLC (Baton Rouge, LA)

**Best Independent Video by an Academic Center:** C-Scopy@50—Manasi Agrawal, MD, Montefiore Medical Center (Bronx, NY)
Best Nursing Videos for Colorectal Cancer Awareness: Colon Cancer Screening Awareness, Preparing for Your Colonoscopy—Teresa McKamey, RN, MSN, Richard L. Roudebush VA Medical Center (Indianapolis, IN)

Best Video Series from an Academic Center: Colon Cancer Genetics, Colon Cancer Overview, Colon Cancer Reconstruction, Colon Cancer Treatments, Digestive Health Colonoscopy, Genetics of Tumors, Patient Story Colonoscopy—Stanford Health Care (Stanford, CA)

Best Advocacy Video: Marzo Cáncer Colorrectal Mes de Concienciación—Puerto Rico Colorectal Cancer Coalition, submitted by Rafael A. Mosquera, MD, MSc, FACG (Puerto Rico)
Pictured L to R: Rafael A. Mosquera, MD, Executive Board Member, ACG Past Governor, Sra. Ivette Colon, Administrator, Yaritza Diaz, PhD, Executive Board Member, Marcia Cruz, President of Coalition, Estefy Jordan, Social Media Director, Roberto Casanova, MD, Executive Board Member, Sra. Marta Sanchez, Community Education Coordinator, Rafael Medina, MD, Treasurer
Best Foreign Language Video: Bowel Prep Patient Education Video in Chinese—Geng Zhang, Alice Shen, Ashish Buttan, DDS, John Leung, MD, Tufts Medical Center (Boston, MA)
Pictured (L to R): Ashish Buttan, DDS, John Leung, MD, Geng Zhang, Alice Shen

Most Original Colorectal Cancer Awareness Video: “P Polyp—Colorectal Cancer Awareness Rap”—Nizar Senussi, MD, Presence Saint Joseph Hospital (Chicago, IL)
TIPS AND INSPIRATION FROM

Featured SCOPY AWARD Winners
Best Multi-Channel Colorectal Cancer Awareness Campaign by a University
Darrell M. Gray, II, MD, MPH, The Ohio State University (Columbus, OH)
Join us tomorrow (3/25) for the last Wellness Wednesday Community Lecture, part of the Colorectal Cancer Awareness Month Educational Series. Tomorrow’s event at the YMCA (130 Woodland Ave.) from 6-8 p.m. features a lecture with one of our CRC experts, as well as a fun introduction to line dancing! To register, click the link below.

Colorectal Cancer Awareness Month: Wellness Wednesday Community Lecture
cancer.osu.edu

Tomorrow is #ScreeningSaturday at UHE @OSUWexMed! Let’s continue to beat colorectal cancer with prevention. @AmCollegeGastro @FightCRC
5/13/19, 7:43 AM

OSUCCC-James Cancer Hospital and Solove Research Institute

Darrell Gray, MD, @DMGrayMD

ACG @AmCollegeGastro

AAMC

OSU Wexner Med Ctr, ACG, Fight CRC
What did you do?

• “Wellness Wednesday” Community Lecture Series. During these programs, we paired short lectures from a gastroenterologist, oncologist, and dietician with either a cooking demonstration or physical activity (i.e., line dancing).

• “Screening Saturdays.” These were colonoscopy sessions that were held every Saturday during the month of March and were aimed at providing screening at no-cost to uninsured and underinsured patients. We partnered with Walgreens, which has provided us with free bowel prep kits (including the prep and Gatorade®) for patients.

• “Cancer Disparities Conference: The Role of Primary Care in Reducing Cancer Disparities.” This CME conference was designed for primary care providers and featured Dr. Durado Brooks, Director of Cancer Control Intervention at the American Cancer Society, as the keynote speaker. Educational sessions during this conference included discussions about disparities and interventions in colorectal, prostate, cervical, lung, and breast cancer, as well as improving enrollment of minorities in clinical trials.

• “Walk with a Doc Grocery Store Tour.” Community members toured a local Kroger grocery tour with physicians (Dr. Levin joined Dr. Gray) and a dietician (Dr. Nahikian-Nelms) to better understand how to eat healthy on a budget.

• “March Madness Health and Wellness Expo.” We provided guided tours through an inflatable colon at this event hosted at the Eldon Ward YMCA by Making a Difference, Inc., and sponsored by WBNS-10 TV News and OSU College of Nursing. This exhibit has been shown to increase knowledge about colon cancer and screening tests, willingness to discuss colon cancer with others, and intention to undergo screening.

• “Colonoscopy: A Journey through the Colon and Removal of Polyps.” This educational video can be viewed at www.youtube.com/watch?v=eCPySqblk8U

• “WBNS-10 TV News Live Phone Bank and Web Chat.” Colorectal cancer prevention on WBNS-10 TV News.

• “Discussion on Colorectal Cancer Prevention on Joy In Our Town.” A local show on the Trinity Broadcasting Network, where we discussed colorectal cancer prevention.
How did you do it?
Teamwork! The days of working in silos are over! None of this would have been possible without the commitment of community partners and many colleagues and friends in Division of Gastroenterology, Hepatology, and Nutrition, The James Cancer Hospital, The OSU Comprehensive Cancer Center, and the American Cancer Society. They believed in the mission and generously gave of their time and, in some cases, money to support it.

What resources did you need?
The main resources I needed were time and wo(man) power. Building relationships with community partners, creating a sense of urgency among team members and collaborators, such as Walgreens, who donated bowel prep, marketing our efforts, organizing educational activities for community members and health care providers, and coordinating free colonoscopy sessions took a significant amount of time.

What was the cost?
The cost was negligible, namely because of the generosity of our community partners who donated space for events, services such as cooking demonstrations, line dancing classes, and a grocery store tour, as well as the unselfishness of the OSU Wexner Medical Center and Comprehensive Cancer Center, who ensured that uninsured and underinsured patients could receive patient navigation and colorectal cancer screening services at no out-of-pocket cost. Additionally, securing grant funding from The OSU Area Health Education Center and Boston Scientific helped with expenses related to the Cancer Disparities Conference and Super Colon exhibit.

How did you promote it?
Through all available outlets. I advertised our activities on social media, including Twitter and Facebook, requested that our community partners inform those in their listserves, sent emails and letters to clinics across Central Ohio about our “Screening Saturdays,” and worked with our marketing team on a media campaign, including print media and live TV, phone bank and web chat.

Tips for your colleagues/lessons learned
In the words of an African proverb, “If you want to go fast go alone. If you want to go far, go together.” Teamwork is the key. Engage all stakeholders. Don’t just work for the community you’re serving, work with them! Lastly, you don’t need a lot of money to make a difference. You need a mission and people who believe in it and who will help you to achieve it.
What did you do?
The Gastroenterology Associates Marketing Committee, comprised of Dr. Neelima Reddy, Dr. Kirk Mullins, and Dr. Ryan Chauvin, worked closely with a marketing agency in the budgeting, planning, and creative review processes to maximize potential reach, stretch allocated budgets, monitor efficacy, and produce impactful, creative content.

The Colorectal Campaigns, *Get BEHIND Screening* (2014) and *Things That Are Scary* (2015), spurred from physician-agency meetings and established the end goals of CRC awareness AND of increasing CRC screenings. Creative concepts, encompassing print, TV, digital, outdoor, peer-to-peer, in-house signage, and website content strategy, were presented, selected, and implemented.

Community awareness events extended to the Get Your Rear in Gear 5K and 1 mile Fun Run and numerous TV interviews with our physicians. Active promotion of CRC information on blog posts, whitepapers, social media platforms, emails, digital ads, and landing pages produced patient appointments and measurable performance data.

How did you do it?
Collaboration with the agency on creative direction takes place several months prior to March 2014 and 2015, and provides ample time for brainstorming and development of campaign mock-ups. Multiple campaigns are presented for final selection by our Marketing Committee. Once we select a campaign, the creative production begins.
We focused on providing updated content, information about recent studies and common digestive disorders, and services provided for these disorders on our Website and blogs. We facilitate easy access to services and are proud of our efficiency and efficacy in caring for our patients, resulting in high patient satisfaction. We utilized search engine optimization (SEO) and regular blogging to keep our online presence organic rather than as a paid ad. This conveyed our message to patients via all channels of media.

Our physicians are constantly involved in creating, editing and updating our Website content and blogs. They are involved in community events such as the Colon Cancer Awareness Run, giving talks in the community, giving interviews on TV and the news, sharing patient stories, and being featured in magazine articles.

**What resources did you need?**
Utilization of an advertising agency provided numerous assets in one place: creative teams, graphic designers, website developers, content creators, social media managers, and inbound and traditional marketing experts.

External sources needed included numerous professional online resources, including but certainly not limited to: CDC, American Cancer Society, ACG, AGA, and JAMA.

**How did you promote it?**
Increasing local awareness of CRC and prompting action for screening were the primary motivators in the marketing creative and promotion. Promotion efforts were not only consistent across all traditional media (print, TV, and banners outside the building) but also across all inbound and digital efforts (blogging, whitepapers, website and digital banners, calls-to-action, social, email, and ad networks).

Creating easy access to CRC resources and appointment scheduling on our website and in any digital promotions enabled increased usage of online appointment scheduling from an undetermined amount in 2013 to 35 appointments scheduled online in March 2014 and a 100% increase to 70 appointments scheduled online in March 2015.

**Tips for your colleagues/lessons learned:**
The implementation of an inbound marketing strategy, which focuses on being found when customers are looking for gastroenterologists or our services and produces verifiable metrics in the digital world, in conjunction with our traditional marketing efforts, has not only proven our marketing dollars have a positive ROI but we are gaining valuable exposure in an ever-widening marketing landscape.

Electing to contract marketing efforts to an all-encompassing agency means that our physicians and administrators are able to focus on the betterment of the patients, services offered, and general sentiment of our staff.
What did you do, and how did you do it?

The first thing that needs to be determined is how many doctors will be providing services on the Giveback Day. This will direct how many patients you can do and how many staff will be needed to take care of the patients. Simultaneously, you need to send out your announcement cards to the referring docs so they can refer the patients that meet the criteria set. Once the doctors are designated and we know the number of rooms we can work out of, we set up the schedule for the Giveback Day. We set up one direct phone number to go directly to the Certified Medical Assistant (CMA) assigned to handle the calls and patients referred. As the patients were referred, we set them up with an office visit with a CMA to go over health issues, receive and discuss the prep, (a vendor donated the preps that we handed out during their office visit), and sign a waiver guaranteeing that GI Associates would perform their procedure on Giveback Day but we were not responsible for their ongoing health care. GI Associates performing the free screening colonoscopies was noted as charitable work as deemed by our liability coverage and the company want us to have the waiver signed. If a patient did not show up for their office visit to get ready for Giveback
Day, we would remove them from the list of potential candidates. We wanted to be sure we would not have no-shows on Giveback Day (someone else in need could have that spot). We also had several local medical students and residents show up to help out, just with patient flow. A great community effort.

**What resources did you need?**
Doctors, staff (CRNAs, nurses, techs, front desk staff, floaters, and anyone willing to help), vendors to provide preps, a vendor to provide breakfast for the staff participating, and a small amount of marketing time. Schedule housekeeping to come in on Saturday afternoon to clean and remove trash.

**What was the cost?**
Minimal. The doctors and staff volunteered their time and talents. The preps were supplied by one of our prep vendors. The only costs the practice incurred was supplies used to perform the procedures. The pathology and sedation services were also donated by GI Associates since they are part of our business.

**How did you promote it?**
This was our third year to have the Giveback Day. Our local referring docs and the local “free” clinics know we do it every March, so they start sending us names of patients that will qualify throughout the year and we put them on our Giveback Day contact list. In the beginning, we instructed our staff to let the referring docs staff know we would be having a Giveback Day in March. They discussed this when the referring docs staff called us to refer patients. We also sent out cards to our referring docs with the specifics for the Giveback Day and what our criteria were for the patients. We have continued with the announcement cards every year to our referring physicians.

**Tips for your colleagues/lessons learned**
If you have a security system that is badge access, make sure all staff have rights to come in on Saturday (not a normal work day as we are an ASC). This program is good for the community in which we live and work. Also, it is a tremendous spirit booster to the staff that volunteer to work. Everyone is happy on Giveback Day because everyone wants to be there, not because they have to! Many people want to help others but don’t know how to get started. Through our Giveback Day, GI Associates provides an avenue for staff who might not otherwise be involved in charitable activities.
What did you do?
We, along with the local chapter of the American Cancer Society, worked with Governor Earl Ray Tomblin’s office and the office of the Secretary of State. We explained the great success story of colon cancer screening in decreasing colon cancer incidence and mortality, and the abysmally low screening rates in the state of West Virginia.

Best Initiative by an ACG Governor
80% by 2018 Pledge for Colon Cancer Screening, West Virginia Governor’s Proclamation—Nitesh Ratnakar, MD, FACG, ACG Governor (Elkins, WV)
**How did you do it?**
We utilized our established relationships with a local elected official in my area. We apprised them of the abysmally low screening rates in West Virginia and approached them with the idea of Governor Tomblin signing the “80% by 2018” pledge. They got us in touch with the Governor’s office and the office of the West Virginia Secretary of State. Both of them readily gave us an audience and agreed to sign the pledge. We arranged for a suitable date for the signing ceremony and arranged for media coverage of the ceremony.

**What resources did you need?**
Relationships with local elected officials in my area. Relationships with the local chapter of the American Cancer Society. The elected position of the ACG’s Governor for West Virginia was very helpful in giving credibility to our efforts.

**What was the cost?**
Travel time and cost.

**How did you promote it?**
It was covered in print and electronic media state-wide. The Governor’s office was gracious enough to provide personally signed copies of the pledge to physician offices that wanted to display it in their offices.

**Tips for your colleagues/lessons learned**
Establish relationships with elected officials; especially local officials in your area. They would get you into the doors of elected officials higher up in the chain of command when you need them. They are usually very attentive to public health issues, respect physician driven initiatives and value our opinions on matters of public health.
Best Call-to-Action
Make That Call for Colon Cancer Screening Campaign—The Jay Monahan Center for Gastrointestinal Health at New York-Presbyterian Hospital/Weill Cornell Medical Center, submitted by Felice Schnoll-Sussman, MD, FACG, (New York, NY)

What did you do?
Make That Call for Colon Cancer Screening is an annual health education campaign that is held throughout the entire month of March, which began in 2011. The campaign urges those 50 and older to ‘Make That Call’ for Colon Cancer Screening. As part of the Make That Call campaign, The Jay Monahan Center for Gastrointestinal Health at New York-Presbyterian Hospital/Weill Cornell Medical Center and its Center for Advanced Digestive Care (CADC), along with the American College of Gastroenterology (ACG), New York Citywide Colon Cancer Control Coalition (C5), Colon Cancer Alliance (CCA), American Society for Gastrointestinal Endoscopy (ASGE), New York Society for Gastrointestinal Endoscopy (NYSGE) and participating New York City businesses and organizations partnered to help increase colon cancer awareness and screening.

How did you do it?
Every year, the campaign changes along with the audience we try to reach and the methods with which we try to reach them. However, the message always stays the same. The success of the campaign is linked to the branding of the message Make That Call. The “call” is one to either their primary care provider, gastroenterologist, or a centralized telephone number provided through the campaign to get information about colon cancer screening and schedule a screening exam if appropriate. Through the help of New York City businesses along with local and national organizations and GI societies, we were able to use national and local media outlets and storefronts to broadcast our message to thousands. Our physicians and team members used every platform they had during the month of March to spread the message and urge those 50 and older to call.
Dr. Felice Schnoll-Sussman announced the campaign initiative live on an airing of “Katie” and was followed up with a tweet which reached over one million of Katie Couric’s followers. Tweets were sent throughout the month using the coined hashtag #MakeThatCall. It became the norm for people to pose and post with the trademark phone to your ear stance. Through the encouragement standard media, social media and word-of-mouth, the message reached countless across the nation over the years.

What resources did you need?
A call center was established, with the telephone number 877-902-2232, which was staffed by a knowledgeable representative who would provide basic information on colon cancer screening and logistics on scheduling a screening examination. For patients outside of New York City and its environs, the Colon Cancer Alliance provided a toll-free number which was manned by a CCA staff member who was available to provide information on colon cancer screening and could direct the individual to a practitioner/institution near where they lived. In addition, a website was created to allow the public to have easy access to up-to-date information and links via the internet, www.makethatcall.org

What was the cost?
Costs were mainly related to signage, which was minimal. There is however, a great deal of manpower that goes into this campaign every year. Planning meetings would start months before to organize the media routes. Time was spent on updating educational material and ensuring that the call center was adequately trained to handle and direct questions. Health fairs required teams of volunteers and organization.

How did you promote it?
We recruited national gastroenterology societies (ACG and ASGE), our local regional society (NYSGE), advocacy groups (CCA), NYC Department of Health (C5), media outlets (“Katie” show on NBC and local newspapers), as well as multiple social media outlets (Twitter, Instagram and Facebook) to include the campaign on their Websites and print.

Tips for your colleagues/lessons learned
There is power in numbers. Social media is a very powerful tool in advocacy campaigns. There are many outlets for campaigns that require no capital investment and are more than willing to get involved with a good cause. Encourage others to get involved, the more you have to spread your message the better.

Come up with catchy, easy to say, easy to remember phrases and symbols. It could be a hashtag, a slogan, or gesture, etc.

Work with national GI societies, local GI societies, department of health, advocacy groups and within your own institution to help promote your campaign. They already have resources such as heavily travelled websites which can be harnessed for your campaigns success.
What did you do?
We created a video that promoted colorectal cancer screening by emphasizing testimonials from community members. We designed this video to improve the uptake of colorectal cancer screening by highlighting the personal experiences from members of the community. We opted to use this type of media as this would circumvent health literacy issues while informing patients of colorectal cancer screening.

How did you do it?
Barnes-Jewish Hospital at Washington University, St. Louis created the Colorectal Cancer Community Partnership (CCCP), consisting of community members of the St. Louis county, cancer survivors, researchers, and physicians. The CCCP develops strategies to reduce the burden of colorectal cancer, and this video project was one of the efforts from this group to increase the knowledge of those needing colorectal cancer screening.
What resources did you need?
We needed motivated individuals to provide their testimonials, and therefore, we were fortunate to have such wonderful support from the CCCP at Washington University, St. Louis.

What was the cost?
Fortunately, the project did not require any monetary support. The community members who participated did so out of their free time. The videographer was employed by the Washington University, St. Louis Cancer Center, and therefore, donated time out of his schedule to film the testimonials.

How did you promote it?
We have been demonstrating our video in the resident run clinic at Washington University, St. Louis and have received overwhelming appraisals over the video. Our goal is to show the video in the waiting rooms and then potentially broaden its use to other clinics in the nation.

Tips for your colleagues/lessons learned
It has been extremely rewarding working with the community to develop effective strategies to improve colorectal cancer screening adherence. The support we have received from the community has been very gratifying and I would recommend that all fellows participate in such a fulfilling endeavor.
THE PURPOSE OF THIS POEM:

1. This is another way to communicate with the patient about what happens during screening colonoscopy.

2. The poem states how serious the gastroenterologist is in removing polyps and preventing colon cancer.

3. After reading the poem the patient understands:
   - by removing the polyp, colon cancer is prevented
   - how difficult it is to find polyps sometimes
   - excellent bowel prep is important
   - my gastroenterologist is serious about removing polyps and I need to follow my instructions in order to have an excellent prep
4. I raised my standards in terms of quality of colonoscopy and adenoma detection rate by having the patient read the poem.

5. I have given this poem to patients who come to the office. So far the response from the patients has been excellent.

COLON POLYP

I am a gastroenterologist and I do colonoscopy. My job is to prevent colon cancer and save lives. Polyp, you grow slowly and become a cancer. I know how to find and destroy you before you become cancerous. Excellent bowel prep is important to find you because you can be flat or hide behind a fold or covered by stools. I look carefully and find and destroy you. You cannot escape from me. I may burn or cut you out and send you to a pathologist who would classify how aggressive you are. I put you on a surveillance program to destroy you from coming back. If you are too big to be removed by scope, I will send you to a surgeon to remove you. I will not let you become a cancer. You are my enemy and you cannot win.

Eli Kuga, MD
What did you do?
Bowel preparation and colonoscopy instructions are often complex and difficult to understand by patients. I created the Website BowelPrepGuide.com to help guide patients through the process of bowel preparation and to provide physicians with news and research updates in bowel preparation.
How did you do it?
The process involved the purchase of a domain name (bowelprepguide.com), creation of a logo and slogan, and design of the Website. The main work was in content creation. I reviewed published articles, guidelines and news articles. I used freelancers for some of the Website’s infographics and videos.

What resources did you need?
I read several articles and books. I made use of the services of a Website developer. I also consulted with people that own Websites, as well as patients.

What was the cost?
The start-up cost for developing the Website was around $1,000. I received lots of free consultations from other professionals. There are recurring (on-going) expenses for Website hosting, content creation and maintaining the Website.

How did you promote it?
The Website and its content are promoted through social media including Facebook, Twitter, LinkedIn, and Pinterest. I participated in the 2015 Colorectal Cancer Awareness Month by writing guest posts in other Websites. I wrote “3 Ways to Prevent Colorectal Cancer” on KevinMD and “You Need to Screen for This Too” on Healthgist.com. I am in the process of reaching out directly to healthcare providers.

Tips for your colleagues/lessons learned
There are many ways to help patients apart from direct patient care. Education, research, and advocacy are some of the other ways to help patients. As gastroenterologists, we provide highly complex and sophisticated treatments for gastrointestinal disorders. We are extremely good at doing this. We can do a better job at improving our patients’ understanding of their disease and the treatments we offer. We need to find innovative ways to reach patients in this new media landscape.
What did you do?
1. Since all good things begin at home and begin small, I decided to talk to people I see on a daily basis about colorectal cancer (CRC) prevention.

My goals were
1. to spread awareness of CRC
2. to get people to pledge to get their screening colonoscopy.

My hope was that if each person talks to even one other person, it would create a significant ripple effect. And if even one individual decides to get screened after we talk, my efforts are rewarded!
How did you do it?
I created a handout (https://www.dropbox.com/s/0mxhstgwk6atev1/c-scropy.handout.jpg?dl=0) and went around talking to everyone I ran into over the course of 6–8 weeks. I gave everyone a blue wristband that denotes support for CRC prevention and asked them to wear it for one day. I hoped that the band would encourage questions and initiate conversations about CRC prevention with other people. I also posted my handout on Facebook groups and was awarded with many ‘likes’ and ‘shares!’ I recorded videos of everyone I talked to, edited it and made it into a movie.

I called my video ‘C-Scopy@50’ and the slogan was, ‘At fifty, gift yourself a colonoscopy.’

My logo was a colonoscope torqued into the number 50 with a ribbon around it (see handout).

What resources did you need?
The resources I needed were paper, pen, blue wristbands that I got off amazon, iPhone, laptop and my imagination.

What was the cost?
The cost was $20 for the wrist bands.

How did you promote it?
I promoted it by sharing it with each person in the video individually and posting on social media, i.e., Facebook and Twitter.

Tips for your colleagues/lessons learned
The lesson I learned was that people are open-minded and zealous about preventive health if one explains to them the logic behind screening and answers their questions and concerns candidly in simple language.
SCOPY AWARD
HONORABLE
Mentions
**Institution, Group or Practice Efforts**

- “ACG 26 Shades of Blue Fashion Show,” submitted by ACG Staff (Bethesda, MD)
- “Zippy Gets her Colonoscopy” Associated Surgical Specialists LTD, submitted by Frederick A Slezak, MD, MBA, FACG (Akron, OH)
- Mississippi Efforts: Stephen T. Amann, MD, FACG, ACG Governor, Digestive Health Specialists (Tupelo, MS), Roy J. Duhe, MD, University of Mississippi Cancer Institute (UMMC), Christy Granderson, MD, Shou-Jiang Tang, MD, Liz Sharlot and the MS Department of Health (MSDH), Ann Sansing & Colleagues, Claude Brunson, MD, Luke Lampton, MD and Karen Evers, Cynthia Wall and Colleagues, Kimberly Hughes, Latania Dodd and Susan Garner, Maggie Clarkson and John Whitfield, John K. Smith, MD and Bob Bateman, MD
- “Strollin’ for the Colon” University of Rochester Medical Center & Strong Memorial Hospital, submitted by Vivek Kaul, MD, FACG (Rochester, NY)
- “Colon Cancer Awareness Walk,” submitted by Jordan J. Karlitz, MD (New Orleans, LA)
- “2015 Call-on-Congress,” submitted by Kathy Bull-Henry, MD, FACG
- “Dress in Blue Day” Ben Taub General Hospital, GI Endoscopy Suite, submitted by Stacie Yarbrough, MBA, RN, NE-BC (Houston, TX)

**Individual Efforts**

- “Colon Health Community Lunch and Learn Session” Tauseef Ali, MD, FACG, Saint Anthony Hospital (Oklahoma City, OK)
- “News Interview” Rami Abbass, MD, FACG, University Hospitals Seidman Cancer Center (Cleveland, OH)
- “March is Colorectal Awareness Month Letter to the Editor” Somasundaram Bharath, MD, FACG, ACG Governor, North Dakota (Devils Lake, ND)
- “Colorectal Cancer: Why Screen?” Brooks D. Cash, MD, FACG, University of South Alabama (Mobile, AL)
- “GBG Dress in Blue Day 2015” Michel-Jose Charles, MD, Greater Brooklyn Gastro Care (GBG) (Brooklyn, NY)
• “Screening Saves Lives interview” Carl V. Crawford, Jr, MD, New York-Presbyterian Hospital and Weill Cornell Medical College, (New York, NY)
• “Colonoscopies Key in Detecting Colorectal Cancer Interview” Stephen F. Deutsch, MD, FACP, IU Health Arnett (Lafayette, IN)
• “Dress in Blue Selfie” Kenneth R. DeVault, MD, FACP, Mayo Clinic (Jacksonville, FL)
• “Dress in Blue Day” David A. Greenwald, MD, FACP, Mount Sinai (New York, NY)
• “Dress in Blue Selfie” Stephen B. Hanauer, MD, FACP, Northwestern University Feinberg School of Medicine (Chicago, IL)
• “The Colon Cancer Prevention Project” Whitney F. Jones, MD, Midwest Gastroenterology Associates (Louisville, KY)
• “Dress in Blue Day photo” Sunanda V. Kane, MD, MSPH, FACP, Mayo Clinic (Rochester, NY)
• “Spotlight 5: Risk Factors and Prevalence of Colorectal Cancer Interview” Costas H. Kefalas, MD, FACP, Akron Digestive Disease Consultants, Inc. (Akron, OH)
• “Radio Interview” Caroll D. Koscheski, MD, FACP, Gastroenterology Associates, P.A. (Hickory, NC)
• “Colon Cancer Awareness Class” Chaithanya Mallikajun, MD, and Mario Alcantara, MD, Baptist Health System (San Antonio, TX)
• “March is Colorectal Cancer Awareness Month” Gerard E. Mullin, MD, FACP, Johns Hopkins Hospital (Baltimore, MD)
• “Dress in Blue Selfie” Irving M. Pike, MD, FACP, John Muir Health (Walnut Creek, CA)
• “Dress in Blue Day” Rajeev Vasudeva, MD, FACP, Consultants in Gastroenterology, (Columbia, SC)
• “Dress in Blue Day” March E. Seabrook, MD, FACP (Columbia, SC)
• “Spin-a-thon” Alan Sloyer, MD, FACP, North Shore Gastro Associates & Hospital (Great Neck, NY)
• “Screening Program for Colorectal Cancer, Outreach, and Preventive Efforts (SCOPE)” Stephen M. Vindigni, MD, MPH, GI Fellow and Elizabeth K. Broussard, MD, University of Washington-Harborview Medical Center
• “Shades of Blue” Christina M. Unger, CRNP, James Boylan Gastroenterology and Liver Diseases (Bethlehem, PA)
GI Fellows-in-Training

• “Colon Cancer Screening Infographic” Omair Atiq, MD, GI Fellow PGY-5, University of Texas Southwestern (Dallas, TX)

• “Colorectal Cancer: The Who, What, Where, How” Fazia A. Mir, MD, GI Fellow, University of Missouri-Columbia (Columbia, MO)

• “Local Health Fair” Hadie Razjouyan, MD, Neelam Gidwaney, MD, and Avik Sarkar, MD, Sita Chokhavatia, MD, FACP, GI Program Director, Robert Wood Johnson Medical School (Piscataway, NJ)

• “Bob Turns 50 Video” and “When You Have a Choice Why Take a Chance?” Sameer Siddique, MD, GI Fellow, University of Missouri-Columbia (Columbia, MO)
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