From: Fullam, Lisa Sent: Monday, January 28, 2019 9:41 AM To: 'Sayers, Cindy (CDC/DDNID/NCBDDD/DBD)' <<u>cay1@cdc.gov</u>> Subject: Message Testing Results - STC-STW/Oncology

Hi Cindy...

Attached is the database from our recent *STC-STW<sup>TM</sup>/Oncology* message testing. It includes the feedback we received from the nine individual subjects (6 women, 3 men; all cancer patients) who I interviewed. As you know, five of these subjects were supplied by CDC, and four were individuals I recruited. Given the way we lined up these subjects, I do not have cohesive group screener data (age, ethnicity, etc.) to share.

At the bottom of the attached database I simply identify the subjects by number, and you can ascertain gender from reading the input. If you click on the individual tabs you'll see the specific input from each person I spoke with. I used the approved moderator's guide in the course of doing this work. Interesting or noteworthy comments are highlighted in red. Any **text in red AND bold are connected to comments we might want to act upon** or be more aware of as we move forward.

Going through the nine interviews, there were some overarching trends:

Generally Favorable and Personalized Reaction to Content. The web banner, web page, infographic, and downloadable content all tested favorably. There was one subject who said the content "did not apply to him," because his low platelet count creates a greater bleeding risk in his case, but this same individual did react to the web page by saying "this is good… this is really good information." All of the interviewees connected quickly with the content, given their personal experiences with cancer, and they all acknowledged that this is important information for all cancer patients to know. No significant issues relative to the overall content or its presentation emerged, and the general content and its presentation were received favorably by all interview subjects. Unlike message testing with previous arms of the campaign, responses to the oncology content were more "low-key" and less enthusiastic – it was all business with this group, compared to the pregnancy message testing group, for example, many of whom reacted in delight to that content. Nonetheless, all feedback from the *STC-STW™/Oncology* message testing group was generally favorable, and I think their more tempered reaction to the content makes sense, but is still important to note in the context of message testing, as it probably signals a need to manage

internal expectations related to the way in which this new arm of the campaign will be received.

• Emphasis on Risk Factors and Signs/Symptoms. I noted a trend in which a majority of the interviewees either quickly searched for and/or spent a lot of time focused on the matter of risk factors specific to cancer patients. Right out of the gate, they wanted to know if this applied specifically to them, or how great their risk might be. They also focused on signs/symptoms, as if to check on whether they had ever experienced them or taking note should they experience them in the future. This seemed consistent with the group, even if it manifested itself in different ways from subject to subject. It is probably safe to suggest that this same type of hyper-personalization of the content will take place as cancer patients in the larger community engage with the content on a wider scale.

-- Potential Action Item: It could be very helpful to add buttons that will enable people to more quickly "link" to this information or the information about risks and signs/symptoms. This is a fairly easy thing to do, and we could simply have Vendi add text in select places that says, for example, "for more information about risks click here," with a corresponding button. These buttons could be set up strategically in a few places on the site to help anchor people to the information (risks, signs/symptoms) that many of our interviewees seemed to be most interested in seeing quickly. Alternatively, we could upend the page, and pull risk information and signs/symptoms up higher, but I'm not sure that a complete design overhaul makes sense at this juncture and we would need

to give more careful consideration to this more dramatic change before taking any step in that direction.

• Images Test Well With Only Minor Comment or Follow Up Indicated. All of the subjects were generally favorable about the images used. The only image that any of the subjects discussed with us in any detail was the ribbon. There was not a negative trend about the ribbon, but rather a slight trend relative to the placement of the ribbon on the stick figures. It's not a question of people liking or not liking it, and the ribbon plays an important role as one of few (if any) icons we can apply to this arm of the digital campaign, but we might want to revisit its use on the stick people in the creative.

-- Potential Action Item: Two people suggested that the ribbon does not need to be placed on people to convey the message that blood clots affect people with cancer, and one of these two individuals asked if the ribbon on a stick figure meant the person had cancer or a clot. Therefore, we could remove the ribbon from the individual stick figures, and simply leave the stick figures to stand out with the color red. Again, this does not represent a strong trend, if even a trend, but it is one response to two questions posed about the ribbon among our nine interview subjects.

• Content Sharing Considerations – Unlike with previous *STC-STW*<sup>™</sup> content that has been message tested, virtually all of the interviewees we spoke with emphasized that they would share the information...but selectively with family, close friends involved in their care, with physicians, or with other cancer patients. This was the strongest trend in these interviews: Individuals are not inclined to share this information very widely, and some stated they would not share it on social media, but rather with a very targeted group of individuals. In fact, one interviewee suggested that

we add an email share option to the social media share options for the downloadable content. -- **Potential Action Item**: We can explore and, if possible, add an email sharing icon under the downloadable content on the *STC-STW*<sup>TM</sup>/*Oncology* web page to accommodate this more refined or targeted approach to information sharing.

• **Copy Content Tests Well.** All of the interview subjects said the copy was clear, easy to understand, informative. One of nine said the call-to-action was not clear, but the other eight interview subjects all identified the call-to-action effectively. While it was acknowledged by most of the interviewees that the subject is "scary" or could be "scary" for some, no one thought that we presented the information in a scary way or did anything to make the subject scary. It was understood and articulated that cancer is scary and this simply goes hand-in-hand with the management of the disease. There was one subject, however, who thinks that patients should not have to deal with this information, because she believes it should be solely up to physicians to manage. No trends related to copy content emerged that suggest the need for any copy changes, but there was one interviewee who asked questions related to a) the definition of "early diagnosis" and the wording of "cancer and some cancer treatments" that I simply want to draw to your attention. These were outlier comments, and do not necessarily indicate a need for revision, but I mention them here simply for your information. They are highlighted in red (but not in bold to suggest possible action) in the attached database.

As we've discussed, you and I can hop on a call at your convenience and review this information together. In the meantime, I'm happy to address any immediate questions you might have.

Lisa

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stoptheclot.org stoptheclot.org/spreadtheword womenandbloodclots.org

# SUBJECT 1 WEB BANNER

Views the banner as an awareness mechanism; and, it would have caught attention when dealing with cancer.

Prefers the banners in red - thinks they are more eye-catching - than the white banners. Prefers the second banner or thinks it stands out best.

Too many words on the banner, but it is all clear. Nothing is confusing.

She ees banner as attempting to tell people to be aware of their risk, learn more.

#### The campaign URL should be larger, so people know to click there.

Take ribbon off of people, and make people (stick figures) a lighter color and make one of them a different color instead of putting a ribbon on them.

Would have definitely clicked through before (during cancer treatment) and now to learn more. Didn't know about blood clot risks.

Views the information and sources as credible.

WEB PAGE	INFOGRAPHIC
Likes that it is "clean and easy to read" - likes the font very much, and sees the info presented as logically presented. All very clear, nothing confusing.	She repeats comments about design elements
Grey figures under symptoms could stand out more. Maybe remove circles and make	Likes the infographic a lot and says "everything I said about the web page could apply to the infographic."
figures bigger, use only a portion of the figures, or make the figures a darker gray color.	
Red ribbon does "say cancer to me," but maybe don't put it on people. The people in red stand out and understands they are the one's who are affected.	
Call out infographic with a button.	

Use justified left and not justified right text.

Identifies call to action as: Know your risk and talk to your doctor about your risk, but thinks all the information is important

Moved through the site from top to bottom and didn't think it was too much info. Would definitely read from top to bottom.

Thinks more text could be presented in bold, but she "likes choice of red and gray and white very clean...but 'quiet' so some text can be bolded to stand out or be 'louder'"

OTHER DOWNLOADABLE CONTENT	What does the color red mean to you? Red reversed on white?
Likes these resources or that we are trying to appeal to different info needs of readers.	"Red doesn't have any significant meaning to me, but I think red is very effective and and also a very natural tie in to blood or blood clots."
Probably would share this information and the URL	"Red reversed on white doesn't have any meaning to me, but it looks very eye-catching
directly with family/friends by email but not necessarily via social media.	and it's clean. I like that design and think it works really well with this topic."
	The design and use of colors is very nice.

## SUBJECT 2 WEB BANNER

Understands what the banner is intending to do. At first finds the banner "scary," "anxiety producing." Primarily the second panel in the banner. But became less anxious about it upon reading more. Would definitely seek more info about this topic.

Never heard about this from doctors/oncologist and questions why the reader/patient has to know it and not the doctor. She says: "Why doesn 't the the doctor have to know this and tell the patient. The patient is already dealing with so much."

Understands that 1 in 5 clots affect people with cancer, but really wants to know how many people with cancer are affected by clots. That is important information that should be included. Subject assumes that 20 percent of CA patients are NOT affected by clots.

Would definitely talk to doctor about this, and would definitely click through to learn more.

Thinks all of the information is clear, nothing is confusing or complex.

"Would hate for this to deter patients from taking treatment if they think treatment causes clots."

#### WEB PAGE

Understands the target audience and intent of content. Thinks the information is clear and helpful. While it remains anxiety producing, the subject is feeling less scared or thinking it's not really scary. It's just "anxiety producing to think that this could have happened to me."

Would like it to be more clear as to why people need to know this. Know this so you can talk to your doctor about it, or know this so you can keep an eye out for symptoms. It's not just know your risk, tell people why they need to know their risk.

Likes the design and thinks the site overall is "really nice, understandable."

When asked, agrees that ribbons don't need to be on people if the people are another color to indicate they are affected.

# Asks question: Does the ribbon mean they have cancer or a clot?

Issue regarding why patients need to learn this and not MDs grows as review of the web page and its content continues. The thought is that this is something doctors should know and tell patients about, but subject says they understand that doesn't happen and this is an effort to get patients to talk to their doctors about the subject.

## INFOGRAPHIC

Likes the infographic very much, and raises same points about appreciation for design as done for website.

Repeats most of same other comments shared about web page re: infographic.

# OTHER DOWNLOADABLE CONTENT

Likes that people can download this for use with doctors or to share with friends/family.

Risk factors checklist: Asks if "recent oncology diagnosis" is the same or different than "diagnosis within past three months." If this is redundant, change it to just state the number of months that equals recent Dx.

Suggests using language from second sentence on risk factors checklist on web page: "Review/know risks and discuss with MD." (This connects need to know risks with an answer to the question "why should I know my risks?") Also says it's okay if the answer to the question also involves or just involves "recognize Sx." Subject just thinks that the answer to the question -why should I know risks -- is provided.

# What does the color red mean to you? Red reversed on white?

The red color works for this web page and the other resources. No concerns about the color or red reversed on white. It looks good and works for this design and subject matter.

SUBJECT 3 WEB BANNER	WEB PAGE
Subject describes themselves as a quantitative person, but says they "don't care about 900,000." Just wants to know how this applies to them, so is only interested in the 1 in 5 stat. Thinks	Subject's immediate reaction to web page: "This is really good, I this.
all other stats should be deleted.	He likes the additional statistics on this page, particularly in terms of survival.
He also explains that they have low platelets, so this is not	
relevant to them. They are aware of risk but the information or campaign doesn't apply to them because they are at risk of bleeding and not clotting.	Reiterates comments made on banner re: ribbon and 1 in 5. Thinks 900,000 should be deleted from the cancer arm of the campaign.
Suggests that information on banner panels 2 and 3 be	Says didn't know what DVT/PE symptoms so this is important info to have.
collapsed into one panel.	
Doesn't think the information is unclear, just not necessary.	Doesn't think that the call to action for risk recognition and symptoms is strong enough, and that we need to add information
He is "not a fan of ribbons" and suggests we remove the ribbon from this campaign.	about treatment. Recognizes this as call-to-action, but doesn't think it's strong enough.
Says the banner is trying to communicate blood clot risk, but that it doesn't apply to everyone as it doesn't apply to him. Also says banner is trying to get readers to understand risk and click to learn more.	Thinks that the "other risk factors" that are not specific to cancer (such as obesity) should all be removed because they are "distracting."
Nothing confusing about the banner. He might click on it, even though it doesn't apply to him, but only if we emphasized	Thinks the page is clearly communicating the risk of clots in cancer patients.
1 in 5 and not the 900,000 because that 900,000 is not relevant at all to him.	He would definitely share the information but only among people with cancer.
CDC logo makes the banner legitimate.	

INFOGRAPHIC	OTHER DOWNLOADABLE CONTENT
Likes the infographic and has same reaction to it as	Thinks it's good to have risk factors and symptoms as
demonstrated for web page.	downloadable content but that risk factors should only
	focus on what is relevant to cancer patients and not

peripheral risks (i.e., obesity, etc)

The colors are good for the campaign and consistent throughout. They work for blood and blood clots and subject didn't view colors as more than emblematic of blood clots and maybe the colors used consistently for the campaign and the subject said "they are good for this campaign."

## SUBJECT 4 WEB BANNER

Subject identifies each banner CTA relative to precise messaging; and, with the exception of the first panel, which is perceived as "generic to draw people in," the subject thinks all panels are related and intended to help people understand clot risk.

Does not think information is scary at all. It's part of what you have to deal with (subject was checked for clots).

The only item subject thought was confusing was: "...cancer and some cancer treatments" - she said it made her go back and read it again because she thought it was a typo. She suggests that we remove the first two words (cancer and) and just say " some cancer treatments."

She views the information as educational or a lead up to more education and "80 percent likelihood" she would click thru.

She likes all the imagery and prefers the second panel out of them all. Doesn't dislike any panel, just prefers 2 and then 3/4 similarly.

She thinks messaging is "very intuitive and the execution is very good."

CDC and NBCA logos give the message credibility, even if she doesn't know NBCA.

# WEB PAGE

Doesn't like that content has movement when it loads.

She reads top to bottom. Likes all the content. Thinks copy is written well, and really likes the DVT/PE (legs/lungs) diagram.

She likes all of the imagery, including the ribbon.

She likes the design because it's modern and clean and not "too bright."

Would not share this on social media, but would share it via email. She suggests we add an email sharing option.

INFOGRAPHIC	OTHER DOWNLOADABLE CONTENT
Likes how the content repeats in this format.	Likes how content repeats in subsequent formats.

Shares the same observations as those shared re: the web page.

Would not share this on social media, but would share it via email. She suggests we add an email sharing option.

Red is a good color for this campaign because it signifies clots and the mixed use of white and grey is very "clean and contemporary" and she thinks it is well suited to the program. No issues with red on white.

SUBJECT 5 WEB BANNER
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gender inclusive."

# She likes the third panel more than the others, "because It's

She likes the use of the ribbon, and the way it's integrated with

the male/female figures to illustrate key point about 1 in 5.

Doesn't think any of content is confusing, but she thinks the first panel is very vague. Favorite panel is second panel.

She doesn't think content is too much or scary.

She sees CTA as click thru prompt, and she says she would definitly click through on panels 2, 3, and 4.

Definitely a credible source due to CDC logo.

#### WEB PAGE

Likes the website overall, reads top to bottome.

Suggests that some phrases be bold for added emphasis, such as "one important step," to grab people's attention.

She wanted to know what risks and symptoms were right away, and so was looking for those. I asked if it might help to have an anchor button to take her to those sections and she thought that would be good.

After seeing/reading risks and symptoms she said she thought that information was very helpful and very patient specific. When prompted, she said she wasn't confused by "other risk factors," because she said she understood that to mean there may be other things contributing to risk. She didn't find it confusing.

She really liked the icons and description of Sx. She saw them as progressing, or taking some logical sequence from leg to lung.

She didn't find the copy to be too much. She thought it told her what she "needed to know to talk to her doctor and to look out for." She acknowledges that cancer patients are "bombarded with information, and she needs to filter information." If we helped with that filter or navigation it could help, and she just suggested adding buttons that help to take patients to other info on the page.

She says she would share it with people, particularly her cancer doctor who she would encourage to share it with other patients.

	OTHER DOWNLOADABLE CONTENT			
Thought is was helpful to have information in a	She said that the downloadable content is "e			
condensed format that people can print out.	was looking for when asking about risks and			

Input re: copy and imagery was the same as web page.

She said that the downloadable content is "exactly what I was looking for when asking about risks and symptoms." This downloadable content puts in "all in close view" and "that's very helpful"

She had few thoughts about the color red, and just assumed it was symbolic of blood or blood clots. She thinks the "color scheme" is pleasant, and she has no issues or comments about red on white. She thinks the design is good and the font is easy to read.

#### SUBJECT 6 WEB BANNER

# Immediately drawn to this as a cancer patient, saying "I've had cancer twice and this is important to me, and the idea that I need to stay well to get well is so true."

Drawn to the panel that emphasizes wellness, or staying well, but equally drawn to the panel with statistics. It's good to see exactly how this affects people like me and the second panel makes that very clear.

The message is that you have to stay healthy to beat cancer and hidden blood clots can be dangerous or kill you before the cancer.

The banner is encouraging me to learn more as a cancer patient and I can do that by clicking on them to get more information or learn more about treatment.

#### Would definitely click on any one of the panels. 100%

CDC is a legitimate provider of health and since NBCA is connected with them on this banner I assume that NBCA is legitimate too just like any nonprofit that might work with CDC.

Likes the images, and especially likes the images of people. When asked directly, says "I like the ribbons, and their use makes sense to me. It's just a way to sympbolize a health condition or issue and for cancer I think it makes sense. I don't really care what color a ribbon is, because I can see read and it's clear this is about cancer and blood clots."

#### WEB PAGE

The web page definitely looks like this is where the banner would take a person. "It looks like I've come to the right place."

Reads top to bottom, but stops at each section to engage independent items (infographic, risks check list, downloadable content).

Likes how the web page is expanding on specific information, and thinks it is clear and "written so people can understand it all... not too technical or difficult to understand." Says, "this is very good information to have."

The main message I get from this web page is that if you have cancer you need to know you could get a blood clot and that you should be on the lookout for any symptoms. After reading this you should know that you have to get to the doctor or the hospital right away if you experience any of the symptoms talked about here.

# Says "I will share this information with my wife and daughter, and also people I know who have cancer." Assumes his doctor knows.

Very active on social media and says he would share it there too.

The images used in the program are eye-catching and effective. Says "they are all appropriate and help the reader through the material."

Doesn't find anything confusing and doesn't have any recommendations to change anything.

INFOGRAPHIC	OTHER DOWNLOADABLE CONTENT
Says "I really love that this is portablethat's so	Thinks the downloadable content is good to have for
important. Maybe I can show this to my doctor."	people who might want to share just the basic facts or who want some type of quick reference to share.
Reiterates all the same comments re: content and	
style.	Says he would be more inclined to share the infographic

Says he would be more inclined to share the infographic or website because it contains all the info and explanations and other important content.

The design is very "peaceful" and that's "good" because it helps you take in important information that is very serious and could be scary for some people. The design works well with the content and the colors "work perfectly" because the red helps draw your eye to certain things and symbolizes blood clots and the other colors are cooler or calmer and balance that. The reverse red on white is very effective and works aesthetically. "I like it."

#### SUBJECT 7 WEB BANNER

Subject struggled with the concept of a banner, but came to understand that it is an "advertisement" on the internet.

She says she doesn't trust anything she sees on the internet, because you can't really be sure where it's coming from because there's so much "fake news out there."

When asked to look at it independent of its placement on the internet, or just as an informational "flyer," the subject offered these observations:

1. "It makes sense that you have to learn all things like this when you have cancer, but it should be the doctor's job to make sure this doesn't happen."

2. There isn't any one panel she likes or dislikes versus another. They all strike her the same way.

3. She views the banner or its content as a means to tell people something important about their cancer care, and she thinks this is something doctors should be responsible for.
4. She is not sure how she's supposed to know if this is happening to her and if she doesn't know if it's happening,

how can she do anything about it.

Respondent doesn't think that the language is confusing, she just think it doesn't make sense to tell her about this when it should be doctor's responsibility.

She knows that the CDC is legitimate and suggests she thinks she knows that NBCA is legitimate too, but she can't be sure that the information is legitimate if it is on the internet.

She says the images are "okay" and "don't bother" her.

#### WEB PAGE

She thinks that the web page is "better than the banner" because it gives her more information that she can use.

#### It's important to her that risks and signs and symptoms are shared. She thinks it might help if they were "up higher."

She says she likes the look of this. She moves around the page, but did not realize she could click on links for other information. When this was pointed out to her, she found that "interesting."

She focused on signs and symptoms for a long time, and thought this section was very helpful. She also thought the section that goes into detail about risks for cancer patients was helpful too, and she did like that other risks not specific to cancer (like obesity) were included there.

She understands this is intended for people with cancer, but says it might be useful for more people to know this before they are diagnosed with cancer.

She perceives that the call to action is to "know if you're a cancer patient that this can happen to you and that if you have any bad symptoms you should go to the ER or get attention right away or you might die."

She doesn't think the information is scary, but she thinks it's "probably scary to people who might be anxious people, but you have to face facts and deal with this stuff in life for your own good."

# She would share this information directly (not on social media) with her family and with people who she knows who have cancer or who have had cancer.

She understands all of the information and doesn't find it to be too much or confusing.

She thinks the banners at the top are "very pretty" and that the site has an "attractive look." She says now she "feels better seeing CDC and NBCA on the bottom of the page."

# INFOGRAPHIC

She liked that the infographic could be printed out for other people. She sees it as a "close mirror image" of the website and that she "already shared her thoughts about that."

# OTHER DOWNLOADABLE CONTENT

She doesn't think these two pieces of downloadable content are necessary if you have the infographic, because the infographic is "the cheat sheet."

She says "...there's nothing wrong with these two documents, they're just repetitive and I don't think it's necessary to have them here."

She says "...all the colors are fine..." and she doesn't have any trouble reading any of it and that she's "okay" with red reversed on white.

She says, "I don't think that kind of stuff matters as long as the informais good and clear and comes from a reputable source like CDC and NBCA."

## SUBJECT 8 WEB BANNER

#### WEB PAGE

Reviewed individual panels slowly, saying "information is clear and easy to follow."

Sees the message as it's important to make sure that blood clots don't affect ability to treat cancer effectively or get well.

She would click on any of the banners to learn more, but definitely drawn more to the second banner than any others.

The images "work well with the information" and she "wouldn't change them."

She thinks the information is credible, since "it is coming from CDC and NBCA."

As someone diagnosed with cancer, "I'm not scared by this or think it's too much. There's a lot of information we need to know and this is just more of it I guess." Reads the page slowly from top to bottom, methodically. Clicks on links as she progresses. She says "It is laid out logically and is very informative."

She likes the images and suggests that they reflect the copy or content very well; she spent an inordinate amount of time on Sx and risk factors, and trying to ascertain how they apply to her.

She says, "There is nothing confusing or that I don't understand."

She sees the call to action as being aware of risk "and knowing what to do if you're at risk." When prompted re: what to do if you know you're at risk, she said "tell your doctor and also let them know immediately if you have any of those symptoms because you could lose your life if you don't."

# She would share this information with people, but maybe more with people like family and close friends.

There's nothing on the site she would change, except it might help to slow down that pace at which the slides move at the top. (It was explained to the subject that we agree, slides should move slower, but in development site the timing is tricky and we can't control it 100%. The slides will move slower when the site is launched.)

# INFOGRAPHIC

# OTHER DOWNLOADABLE CONTENT

Likes the way that the infographic is a "summary" of the website and thinks it's a helpful way to summarize the content. She thinks this is good content for people to talk to their doctors about, particularly if they're older and might have trouble remembering specifics.

This is the information or a document she would likely share with friends/family.

Reiterates comments re: language and graphics she shared about the web page.

She said that to her in this case red means "emergency," and she thinks it works with this content because this is an emergency for some people and also because red and blood clots "makes sense." She likes the red text on white, because it's "eye catching" and "stands out nice."

## SUBJECT 9 WEB BANNER

Subject thinks banners are attention grabbing, but likes the second one the best. He thinks it will help people with cancer "understand how this affects them or people like them."

He does say that it is "scary to think about, but not written or presented in a scary way."

Images are "okay," and he says "he doesn't really have much to say" about them. Asks if there's a reason why the ribbon is attached to a woman v. a man. He adds he doesn't think it matters, he's "just wondering."

He is sometimes reluctant to click on things on the internent, he explains, but says that if he saw this on the internet and he could be sure it came from CDC, he would click on it.

He thinks that the information is credible because of the CDC logo.

He would like to learn more, as he thinks the banner is just a tease "tease" to get you to click to get to "the real information," which can be "frustrating" since "I'd just like to get the information."

#### WEB PAGE

Upon viewing the web page, he says "this is the information I want to see or maybe should have been on the banner."

He skims the web page and as he progresses he says, "Yes, this is good information...there's a lot of it and (he says laughing) I guess you really can't put all of this on one of those banners. I get it."

He didn't click on downloadable content, but when encouraged to do so, he said he liked the list format, or the "quick view of key facts."

He doesn't think there's too much information, but he likes bullets and lists more than reading a lot of words. He likes the way words match up with images and icons, especially the way the symptoms are presented.

He suggests maybe the list of risks can be added to the site. (We pointed out that they were on the site, and he agreed and that it was helpful to see them on the site and in the downloadable list.

He thinks the key message is to understand the risk for blood clots you face if you have cancer. He had a lot of questions about the subject in genera, and was trying to understand how directly this may or may not apply to his case. He poured over the risk factors section, looking for information that would help him gauge his own risk. (I encouraged him to speak with his oncologist to learn more.)

He was also "comforted" to see that there are signs and symptoms that he can watch out for, and that he might print out that information "to keep handy" and so he doesn't forget.

He probably would only share this information with people involved in his care, like his immediate family and his physicians. If he know other people with cancer, he might share it with them, but he wouldn't share this information on social media, because he doesn't really share information of any kind on social media. INFOGRAPHIC

# OTHER DOWNLOADABLE CONTENT

Likes the "list view" and "snapshots" the infographic provides. Thinks this will be helpful for "everyone."

Thinks this is good information to keep handy and to aid recall.

Again, asks if this can just be shown on the web page as is, or as a image on the website that people can see in full.

Shares same feedback re: language, images, content as he did re: the web page.

He says "Stuff like that is really not something I know much about." I think everything is clear and looks okay. The colors all match and that's nice. I don't have any trouble seeing or reading any of it and I guess that the people who designed this know what they are doing."

Name	State	Age Ethnicit	y Cancer Type	Blood Clot	Family Hx	Marital St	a Income	Education	Contact
Subj 6 - Pete C	AZ	62 Caucasi	an Bladder, Lymph	omi N	Ν	Married	Under 50K	Grad School	Lisa
Subj 7 - Lena S.	WVA	74 Caucasi	an Breast	Ν	Y	Married	Under 50K	High School	Lisa
Sub 8 - Karen M.	AZ	44 Caucasi	an Breast	N	Adopted	Married	50-75K	College Grad	Lisa
Subj 9 - Gene F.	NJ	66 Caucasi	an Kidney	Ν	Ν	Married	Under 50K	High School	Lisa