SCOPE IT OUT 5K™: IMPACT OF COMMUNITY EVENTS ON HEALTH AWARENESS

A Thesis
submitted to the Faculty of the
Graduate School of Arts and Sciences
of Georgetown University
in partial fulfillment of the requirements for the
degree of
Master of Arts
in Communication, Culture and Technology

By

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Washington, D.C.
April 29, 2005
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ABSTRACT

This study discusses the process of organizing a road race and explores the impact of the subsequent sporting event on the health awareness of participants. Specifically, the study explores the impact of the March 19, 2005 Scope It Out 5K Run/Walk for Colon Cancer Awareness on the (1) awareness of colorectal cancer, (2) knowledge of colorectal cancer, and (3) willingness to get a colonoscopy of the race participants.

In order to determine if there was an increase in colon cancer awareness and knowledge, pre-race and post-race electronic surveys of the participants were conducted. Video interviews of seven, random, race-day participants were also conducted. Survey results were analyzed using statistical methods.

As predicted, the study found the race, in conjunction with its associated communications campaign, increased awareness and knowledge of colorectal cancer among race participants. The campaign included the race website, newspaper advertisements, flyers, brochures, two television interviews, and race packets with information on colorectal cancer, t-shirts, signage, and awards ceremony. The post-race ceremony included a speech by a doctor who is an authority in the treatment of gastrointestinal malignancies. The race also positively influenced participants’ willingness to be screened for colorectal cancer.

These results suggest a race to save lives is an effective tool in educating people about the risk of colorectal cancer and the necessity of getting ‘scoped.’
For my Dad.
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Race Photographer: Hank Champagne
Introduction

My father, Charles A. Kraenzle, died of colon cancer in August 2002. He battled the disease for 2.5 years. He suffered through two major surgeries, a series of painful chemotherapy treatments, two chemo-embolization procedures, and at least 11 week-long stints in the hospital before losing the battle to cancer. He was 61 years old. Up until the point of his diagnosis with Stage IV colorectal cancer, he had experienced no symptoms. A colonoscopy at age 50 most likely would have saved his life.

Colorectal cancer is the second leading cause of cancer deaths among men and women combined in the United States. And yet it doesn’t have to be. Colorectal cancer is preventable, and it’s 90% curable when detected early. (National Colorectal Cancer Research Alliance, 2004)

Significant problems contribute to the lack of awareness and early detection. Screening is expensive, and state laws in a majority of the states do not require insurance companies to pay for any colorectal cancer screening. One out of three physicians, according to the National Colorectal Cancer Research Alliance, uses fecal occult blood tests (FOBT) as their primary method of screening (Robert Wilson, personal communication, November 15, 2005). A recent study of FOBT showed the test often fails, detecting only 4-24% of colorectal cancers (Collins 2005). Another popular test, the sigmoidoscopy, only evaluates a portion of the colon. Many who get sigmoidoscopies do not know they are still at risk for colorectal cancer. Colonoscopy is the gold standard among colorectal cancer screening tests, but organizations such as the American Cancer Society do not distinguish strongly between the accuracies of available tests in their screening guidelines.
A certain percentage of people will never be convinced to get tested for colorectal cancer despite the 6% chance they will develop the cancer in their lifetime (Colon Cancer Alliance, “Disease Information”). I knew many people might not have access to proper health care, but I wanted to know how many people knew they were at serious risk from this silent killer. I wanted to raise awareness, knowledge, and discussion of this disease to save some other families from what mine endured.

In October 2004, I started the Charles A. Kraenzle Colon Cancer Foundation in my father’s memory. This all-volunteer, non-profit organization is dedicated to increasing awareness of, encouraging early detection of, and supporting research efforts in fighting colorectal cancer. On March 19, 2005, we held the first annual Scope It Out 5K™ Race for Colon Cancer Awareness at Hains Point in Washington, D.C. The purpose of the race was three-fold: (1) to raise awareness of colorectal cancer and the need for screening, (2) specifically, to encourage individuals to get colonoscopies, and (3) to raise funds to further colorectal cancer awareness and research. For its debut, the race was a huge success, breaking some local attendance records. More than 800 runners and walkers signed up for the event, and we raised $20,000 in net race proceeds to donate to four worthy colon cancer organizations.

Part I of this thesis focuses on the race itself. It discusses my motivation to make a difference, the decision to organize the race as a means of promoting knowledge and awareness, and the process of planning a race. I made certain choices about the race – from name to design to contents of race packets and awards ceremony speakers – that would affect the impact of the race on participants.
Part II of this thesis explores the question of making an impact on awareness. I discuss the communication goals of the race in terms of promoting the colonoscopy as the best test for prevention of colorectal cancer.

I hypothesized that the race, in conjunction with its associated communications campaign, would increase awareness and knowledge of colorectal cancer among race participants. The campaign would include the race website, newspaper advertisements, flyers, brochures, two television interviews, and race day information-filled packets, t-shirts, signage, and awards ceremony. The post-race ceremony would include a speech by a doctor who is an authority in the treatment of gastrointestinal malignancies. I hypothesized, too, that the race would influence participants’ decisions to get screened for colorectal cancer.

In order to determine if there was an increase in colon cancer awareness and knowledge, pre-race and post-race electronic surveys of the participants were conducted. Video interviews of seven random race day participants were also conducted. Survey results were analyzed using statistical methods.

Would a public event serve to raise health awareness? Would the Scope It Out 5K™ Run/Walk for Colon Cancer Awareness on March 19, 2005 raise awareness and knowledge about colorectal cancer and colorectal cancer screening? If I determined there was a statistically significant increase in knowledge, what about the race contributed to that learning? After participating in the race, were people more likely to get screened for colorectal cancer?
Part I. The Race

Chapter 1. The Motivation to Make an Impact

When my father died in August 2002 at age 61 of colon cancer, I was devastated. We had been through 27 months filled with two surgeries, numerous chemotherapy treatments including chemo-embolization and radiation, and at least 11 week-long stints in the hospital, but no amount of pain, anguish, or worry could stop the cancer from eating away at his life. And no anticipation prepares you for the absence you feel when someone you love is gone.

I can still hear the words coming out of my father’s mouth, “Charlotte, I have a tumor,” in a faltering voice, and seeing his face crumple. In an instant, cancer had entered our lives and altered them forever. It’s human nature to ask “why?” and with cancer, there are not a lot of answers. I could write so much about how much I have learned through my father’s illness, but I would give all the knowledge and empathy I have gained to have him here for even another day.

The heart-wrenching part in all of this is that while my father’s cancer was not beatable when it was diagnosed, it was preventable if it had been found nine years earlier. Nine years earlier, he would have been 50 years old, the recommended age for getting screened for colorectal cancer. Why, my family asked, did no doctors tell him about these screening guidelines? Why did we never read or hear about it and realize he was at risk?

In 2003, I participated in the Race for the Cure for a second time, in part because a young executive at my office was battling breast cancer. I remember not being able to walk at a very fast pace because so many people were present! Also, in the fall of 2002, my mother and I walked a 5K in Philadelphia my cousin chaired in memory of her aunt who had died at age 40. My relatives were all touched to see us.
In 2004, for a class in Media and Politics, I took a critical look at how Katie Couric had raised awareness of colon cancer and caused an increase in the number of performed colonoscopies in the United States. While writing that paper, I also read through all the screening guidelines on various cancer and colon cancer websites. Motivated by these walks and subsequent research on colorectal cancer, my mother’s great sadness, my brothers’ deep disappointment, and my own grief, I decided I wanted to direct my own race for colon cancer awareness in memory of my father. In my heart, I knew I just could not let this cancer that could be prevented happen to anyone I knew, or at least not anyone I could attempt to influence.

Couric had made a difference, but I saw so much work that needed to be done. She was reaching a large audience, but not everyone. Colorectal cancer, I was reading online, was the Nation’s second-leading cause of cancer deaths for men and women combined. And yet it’s 90% curable when detected early.

I started emailing my cousin in Philadelphia about the idea of a race in memory of my father that would promote colon cancer awareness. “If I do this, I want to do it on a grand scale,” I wrote in the spring of 2004. She told me I would need big corporate sponsors, but she was not discouraging, and she shared ideas and walked me through much of their process. For scleroderma, their aim was just to raise name awareness, but I wanted not only to increase the dialogue about colon cancer, but also to affect behavior change. I wanted people to know they need to get screened, or they might suffer greatly, and ultimately, pay the greatest consequences.

**Awareness Goals**

I identified a number of questions about colon cancer awareness that I wanted to research:
• If my family did not know about colon cancer, how many more did not know about their risk of the disease?
• How many knew the disease affected women and men equally as well as people of every ethnicity?
• How many knew the primary risk factor is age, and that only 6% of cases are truly hereditary?
• How many knew about screening, but refused to take the test?
• How many physicians did not know enough about colon cancer to give their patients the best advice?

I also identified some of the problems faced by those seeking to promote colorectal cancer knowledge and awareness:

• According to the NCCRA, even though colorectal cancer is one of the most preventable types of cancer, only 18 states have enacted legislation requiring insurance providers to cover the cost of preventative screening (2004).

• Many insurance companies, even in the states where they are required to pay for the cost of preventative screening, will not cover the cost of the best test for prevention, the colonoscopy.

• The American Cancer Society guidelines for screening, which are the basis not only for Medicare laws, but for other colon cancer awareness campaigns, include the following: colonoscopy screenings every 10 years, flexible sigmoidoscopy and double contrast barium enema screenings every 5 years, and annual fecal occult blood tests (2004). No strong distinction is overtly made between the advantages of the various tests. Patients
falsely believe they are no longer at risk after a negative fecal occult blood test (FOBT). If patients get anything less than a colonoscopy, they should understand they are leaving part of their colon unevaluated, or in the case of a FOBT, allowing an up to 96% percent chance they may still have colorectal cancer.

- The mixed messages were not strong messages. No organization seemed to be taking a strong stance on the cancer, with the exception of Katie Couric.

- According to the National Colorectal Cancer Research Alliance (NCCRA), one in three physicians use fecal occult blood tests (FOBT) as their primary method of screening. According to a 2005 article in the *Annals of Internal Medicine*, a recent study showed FOBT detected only 4% of colorectal cancers when used in a doctor’s office. If the test was used over a series of six days at home, it detected only 24% of colorectal cancers.

When I made the decision to go forward with the race in October 2004, I knew there was no turning back. Someone gave me a “success” card with a quote from Betty Bender that I have kept on my desk: “Anything I’ve ever done that was ultimately worthwhile… initially scared me to death.” I felt anxious many times during the process of planning the race - from worrying about violating fundraising laws or getting non-profit status to raising enough funds or recruiting enough participants. In the moments of greatest anxiety, I thought about the anxiety I felt knowing my father was going to die from cancer. Nothing compared. Somehow I had to let people know that getting tested for this disease was worth the cost. All the paperwork and pitching were worth my time if I could save lives - even one life.
Chapter 2. Communicating through Events

Events mark the passage of time. Events also celebrate a moment in time. We celebrate weddings, funerals, graduations, and new years. We conduct ceremonies to commemorate such things as the completion of construction on a new building or the induction of a new president into office. We remember an event if we attended it, read about it in the newspaper, watched it on television, or discussed it with a friend or family member. If we were present at the event, however, we remember more. All five senses are affected at events. Most importantly, perhaps, events bring people together to communicate with each other. In a very visceral way, people feel a sense of community and understand – whatever the reason or cause for the event – how it affects everyone present.

I wanted people to know they were at risk for colorectal cancer, and what happened to my family could happen to them. I became a spokesperson because I had experienced the ravages of the disease firsthand. I wanted to do more, though, than hold a fundraiser to raise money for the cause. Learning requires repetition, and if I was going to educate anyone on colorectal cancer, they needed to hear it more than once and from several different sources. I wanted to ask individuals to be active participants; they needed to feel the cause rather than just read about it.

Colorectal cancer has been a leading cause of cancer-related deaths for years, but has not received much attention in the media – at least not in comparison to breast cancer. And yet, it is the most preventable form of cancer. In the past and even today, people have been reluctant to discuss colorectal cancer even at home, and have been literally dying of embarrassment. Symptoms such as blood in the stool are sometimes easier to ignore than face. An increased dialogue on colorectal cancer in the public realm may help individuals face the disease openly at
home. In this media-centered culture, many people get their health information from television news. And events are one of the best ways to get media attention.

Media coverage of any disease makes a difference in awareness. For instance, NBC Today Show Anchor Katie Couric’s coverage of the topic has made a strong impact on colorectal cancer awareness, and she has influenced people to get screened. Couric lost her 42-year-old husband, Jay Monahan, to colorectal cancer in 1998. The popular and beautiful young widow’s personal tragedy garnered national attention. Couric leveraged her position and fame to champion the cause. Since her speech on the importance of colorectal cancer screening before the Senate Committee on Aging in March 2000, she has founded the National Colorectal Cancer Research Alliance and opened the Jay Monahan Center for Gastrointestinal Health (March 2004).

Perhaps most remarkably, Couric underwent a colonoscopy on national television in March 2000. The daring move resulted in a nationwide jump in colonoscopy rates. A University of Michigan study reports that colonoscopy rates nationwide jumped more than 20 percent in the days and months after Couric's on-air test on the Today Show (Cram 2003). The researchers dubbed the phenomenon the "Katie Couric Effect." The results also show that the higher rate of colonoscopies was sustained for nearly a year after the show, and that the proportion of colonoscopies performed on women and people under age 50 rose - mirroring Today Show audience demographics (Cram 2003).

What about the audiences who did not follow Couric? Who was reaching them? Thus, I wanted an open event – an experience – which required participation that would reach a wide audience and garner media attention. A sporting event met these goals. A Guide to Sports Marketing reinforced my instincts as an athlete: “Sport is a universal phenomenon that crosses
all social, religious, and language barriers” (Graham, 2001, p. 3). What better way to communicate about a disease that does not discriminate among races or genders? Running is the most popular participation sport in the country; in 1999, USA Track & Field (USATF) sanctioned more than 12,000 running events for 7.1 million participants (Jabbour, 2001). I also knew my father would be pleased with a race held in his memory; he had loved competing in sporting events.

The Susan G. Komen Breast Cancer Foundation’s Race for the Cure started as an 800-person race in Dallas, Texas and grew to a national series of 109 races with more than a million participants in 2000. The 2000 Race for the Cure in Washington, D.C. set a new record for participation in a 5K foot race. Over 69,000 registered for the event compared to a mere 7,000 in 1990 (Graham 2001).

Why has the Race for the Cure met with such success? Certainly, the Susan G. Komen Breast Cancer Foundation has done an excellent job in promoting and directing the race. Vanessa Collier, director of public relations, explained that the race grew, “with lots of hard work, excellent volunteers, sponsors, and a good cause” (Graham, 201, p. 152). Sporting events are popular, and individuals who want to contribute to a cause find it much more relaxing and comfortable to wear casual clothes to an event rather than formal wear. Some individuals view the participation in the exercise (e.g., bicycling, running) as an added value for their charitable donation.

Sports are also linked to health. Exercise is widely accepted as a necessary part of a healthy lifestyle. Those who participate get a chance to physically combat many illnesses that have no cure – to take a stance against something they otherwise cannot control. Many who
participate in the Race for the Cure wear shirts with names of loved ones who are fighting breast
cancer or in memory of those who have died from the disease.

    We can look to a few theories to explain how and why a community sporting event works
to bring people together and educate and motivate them. In Everett Rogers’ Diffusion of
Innovations, he discusses the communication of a new idea through diffusion or “the process in
which an innovation is communicated through certain channels over time among the members of
a social system” (2003, p. 5). Diffusion is a kind of social change, defined as the process by
which alteration occurs in the structure and function of a social system. “When new ideas are
invented, diffused, and adopted or rejected, leading to certain consequences, social change
occurs,” says Rogers (2003, p. 5).

    The four main elements in the diffusion of innovations are the innovation,
communication channels, time, and the social system. These elements, according to Rogers, are
identifiable in every diffusion research or program. In the case of the Race for the Cure, the
Susan G. Komen Foundation wanted to promote awareness of breast cancer and raise funds for
research. The race was an innovation, or “an idea, practice, or object that is perceived as new by
an individual or other unit of adoption” (Rogers, 2003, p.12). Newness is not about the lapse of
time between the present and when the idea was first discovered or used. “Newness” of an
innovation may be expressed in terms of knowledge, persuasion, or decision to adopt. (Rogers,
2003, p.12). The Race for the Cure had been adopted over time by people in cities across the
United States, affecting their awareness of breast cancer and providing new ways to raise funds
to combat the disease.

    I wanted my race to be an innovation, a new way of battling colorectal cancer and
promoting awareness of the disease. I wanted to persuade a wide audience of the importance of
colorectal cancer awareness, educate them on the facts, and influence their decision to get a colonoscopy. I was adopting the Race for the Cure innovation, and molding it to fit my needs. As I began planning, my biggest concern was numbers. How was I going to make the race popular? How could I affect the rate of adoption? Could my race grow as fast as the Race for the Cure?

Let’s consider my race, the Scope It Out 5K™ Run/Walk for Colon Cancer Awareness, with respect to the five characteristics of innovations Rogers uses to explain rates of adoption:

(1) Relative advantage is the degree to which an innovation is perceived as better than the idea it supersedes. The degree of relative advantage may be measured in economic terms, but social prestige factors, convenience, and satisfaction are also important factors. It’s not objective, but rather whether or not the individual perceives the innovation as advantageous.

Others had held races for colorectal cancer awareness in the Washington, D.C. area before me. Katie Couric had held the Rock n’ Race on the National Mall in October 2000, and the Colon Cancer Alliance held a Two-Day Colon Cancer March in the fall of 2003. Neither event, however, was repeated. Both of these races had participants; the innovation was perceived by some as advantageous. In this case, economic and convenience factors on the part of the organizers kept the races from being adopted another year. The Colon Cancer Alliance did not hold the two-day march again due to cost, and the inconvenience of running an event from out of town. Satisfaction with the Scope It Out 5K™ would not play a large role until the second annual event, but judgment of the race would start from the perception of the name and end with the speed with which the race results were posted. I knew I had tough competition with other races for other causes.

(2) Compatibility is the degree to which an innovation is perceived as being consistent with the existing values, past experiences, and needs of potential adopters. An idea that is incompatible with the values and norms of a social system will not be adopted as rapidly as an innovation that is compatible.
Compatibility of a 5K would not be an issue in Washington, D.C., home to a large population of runners. In addition, the District was the same city that had 69,000 sign up for the 2000 Race for the Cure (Graham, 2001, p. 248). Individuals were quick to take up a cause. The Nation’s Capital also drew runners from all over the country that found the city easy to access by plane or train and wanted to spend a part of their weekend as a tourist.

(3) Complexity is the degree to which an innovation is perceived as difficult to understand and use. New ideas that are simpler to understand are adopted more rapidly than innovations that require the adopter to develop new skills.

I found colorectal cancer guidelines overwhelming. The list of tests with unfamiliar, technical names was intimidating. I wanted to be more direct, and that meant boiling it down to something people could understand: one idea they could grasp. I discuss this in greater detail in Part II, but I wanted to promote the colonoscopy as the best test for prevention, and keeping it simple meant putting it all in a few words: Scope It Out!

(4) Trialability is the degree to which an innovation may be experimented with on a limited basis. An innovation that is trialable represents less uncertainty to the individual who is considering it for adoption, as it is possible to learn by doing.
(5) Observability is the degree to which the results of an innovation are visible to others. (Rogers 15-16)

The one thing I did know was that most people come out for a 5K at least once. I could influence friends who do not normally run to come out for just one morning of exercise in memory of my father. I knew the costs of trying it out were low, and if it was a good experience, they would return. Signing up for a 5K required $20 and in a few cases, a new pair of running
shoes. If I had 500 runners show up to race, I had 500 observers to make a judgment and spread
the word.

Rogers also emphasizes the importance of re-invention, “defined as the degree to which
an innovation is changed or modified by a user in the process of adoption and implementation.”
(Rogers, 2003, p. 17) Many adopters want to participate actively in customizing an innovation
to fit their unique situation. An innovation diffuses more rapidly when it can be re-invented, and
its adoption is more likely to be sustained (Rogers, 2003). If cities across the country adopted
the Scope It Out 5K™, would it have to be run in the same way? The answer is no. Using the
race as tool for colorectal cancer awareness is the innovation; adopting various methods of
directing the race, such as contributing to a local cancer center, will aid in the adoption of the
race by potential local participants.

At the heart of building a race and building awareness is interpersonal communication. I
thought of all the people who had participated in the Race for the Cure at least once as a giant
network. Those participants had learned about the race through either a mass media channel or
some interpersonal communication channel. Communication is “the process by which
participants create and share information with one another in order to reach a mutual
understanding” (Rogers, 2003, p.18). A communication channel is the means by which
messages get from one individual to another. Many people have learned about the Race for the
Cure through mass media. Mass media channels are usually the most rapid and efficient means
of informing an audience of potential adopters about the existence of an innovation – that is, to
create awareness-knowledge. Mass media channels are all those means of transmitting messages
that involve a mass medium, such as radio, television, newspapers, and so on, which enable one
or a few individuals to reach an audience of many.
Most people depend mainly upon a subjective evaluation of an innovation that is conveyed to them from other individuals like themselves who have already adopted the innovation. This dependence on the experience of near peers suggests that the heart of the diffusion process consists of the modeling and imitation by potential adopters of their network partners who have previously adopted (Rogers 2003). I signed up for the Race for the Cure with a group of friends who had emailed and invited me to join them. “Interpersonal channels are more effective in persuading an individual to accept a new idea, especially if the interpersonal channel links two or more individuals who are similar in socioeconomic status, education, or other important ways” (Rogers, 2003, p. 18). Although Rogers defines interpersonal channels as “a face-to-face exchange between two or more individuals,” he admits “interactive communication via the Internet has become more important for diffusion of innovations in recent decades.” In addition to email, phone conversations should not be excluded from the definition of interpersonal communications.

Today, we are bombarded by information from mass media channels. Technology transmits information, and more of it, at an ever-faster rate. We cannot process the information at the same rate, and instead increasingly rely on trusted sources of information, our peers. Malcolm Gladwell, author of *The Tipping Point: How Little Things Can Make a Big Difference*, calls it a paradox: “… we are about to enter the age of word of mouth, and that, paradoxically, all of the sophistication and wizardry and limitless access to information of the New Economy is going to lead us to rely more and more on very primitive kinds of social contacts. When people are overwhelmed with information and develop immunity to traditional forms of communication, they turn instead for advice and information to the people in their lives whom they respect, admire, and trust” (Gladwell, 2000, pgs. 264, 275). Certainly, in moments of embarrassment or
uncertainty, people go to friends or family members first, particularly with respect to health matters. As Rogers states, individuals seek out and trust those who have similar education and socioeconomic backgrounds. My race would be subjectively evaluated, and its adoption would depend largely on word of mouth.

While Rogers’ theory defined diffusion of innovations and discussed characteristics that affected rate of adoption, I sought another perspective on what really made an innovation take off? Could, for example, the reason Hush Puppies beat out another shoe competitor in the marketplace in a certain year be technically explained? Rogers’ theory included perceived “relative advantage” and the “subjective” evaluation of individuals. How large a role did subjective opinion play if all of the other criteria were met?

Malcolm Gladwell keeps an element of volatility and mystery in his theory of epidemics, defining the “tipping point” as the “magic moment” when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire (Gladwell 2000). Gladwell defines three rules of the tipping point: the Law of the Few, the Stickiness Factor, and the Power of Context.

The Law of the Few says that social epidemics are driven by the efforts of a handful of exceptional people. What sets them apart are things like how sociable they are, or how energetic or knowledgeable or influential among their peers (Gladwell, 2000). My race was going to depend largely on my ability to communicate interpersonally and recruit exceptional volunteers whose high subjective opinion would then be communicated to their peers. For a first-time race, especially, given limits in funding, my best marketing technique was going to be a viral one.

Stickiness Factor says that there are specific ways of making a contagious message memorable; there are relatively simple changes in the presentation and structuring of information that can make a big difference in how much of an impact it makes. A sticky message sticks in
your memory; you cannot get it out of your head (Gladwell, 2000). Katie Couric had held the Rock ‘n Race to fight colorectal cancer on the National Mall in October 2000, and the Colon Cancer Alliance had held the Two-Day Colon Cancer March in the fall of 2003, but neither event had “stuck.” I needed my event to stick and building it required returning participants who remembered a great experience in its inaugural year.

The Power of Context says that human beings are a lot more sensitive to their environment than they may seem. The key to getting people to change their behavior sometimes lies with the smallest details of their immediate situation (Gladwell, 2000). “We are actually powerfully influenced by our surroundings, our immediate context, and the personalities of those around us,” writes Gladwell (2000, p. 259). Gladwell discusses cases of powerful epidemics of suicide and crime that started or stopped as a result of small details. Gladwell tells the story of Bernhard Goetz, a white man in his late thirties who shot four young black men in a subway train car after they tried to rob him on December 22, 1984. Goetz had a tangled psychological pathology, and the four young men were poor criminals, but Gladwell argues the showdown would not have happened without the power of the message of the graffiti on the walls and disorder at the turnstiles (Gladwell, 2000).

More so than Rogers, Gladwell leaves room for the “magic” - the inexplicable or involatile that causes something to ignite. I knew I needed a little luck on my side for the race to go well such as good weather on the inaugural race day, because, as Gladwell puts it, “The world – much as we want it to – does not accord with our intuition. Those who are successful at creating social epidemics do not just do what they think is right. They deliberately test their intuitions”(2000, p. 258). I believed the race could make a difference, and I set out to test my intuition.
Perception would affect the rate of adoption of my race. Perception of my message about getting screened for colorectal cancer would also affect whether or not individuals were influenced to get a colonoscopy. I not only had to think about how to make the race attractive, but also how to market the message to influence people. Gladwell discusses how the gold box on a Columbia Record Company advertisement was the single greatest factor in its “stickiness.” I wanted to know what factors affect people’s decisions to get colonoscopies.

Affecting behavior change was at the core of my mission. “Theories on individual preventative behavior have been dominated by a cost-benefit, decision-making perspective,” according to Neil D. Weinstein. These theories assume that people weigh the expected benefits of a precaution against its costs and adopt the precaution if the balance appears favorable.

To Weinstein, the cost-benefit theories ignore other actions that might be taken against this threat, other threats that must be faced, and other life responsibilities that compete for time, energy, and material resources. In addition to concentrating on individual behavior, the cost-benefit theories ignore economic, cultural, and social forces. Thus, it excludes many of the factors that shape people’s beliefs, that determine which hazards people face, and that limit the protective options people have available.

Instead, Weinstein proposes the precaution adoption process, a stage theory that describes the development of a person’s beliefs about his or her susceptibility to harm. I list this theory here, and will refer to it again in the discussion of my results and analysis.

Stage 1. In many cases, a failure to protect oneself reflects ignorance of the threat, not a conviction that the threat is small. At Stage 1, individuals have heard of the hazard.

Stage 2. Additional hazard messages and hazard experiences must convince them that the risk is significant. People who acknowledge that a hazard poses a
substantial threat show a consistent tendency to deny that they, personally, are at risk. At Stage 2, individuals believe in the significant likelihood for others.

Stage 3. Individuals acknowledge personal susceptibility.

Stage 4. Individuals make the decision to act. The decision to act will not occur until the individual has reached the final stages of all three relevant beliefs: susceptibility, severity, and precaution effectiveness. In other words, the beliefs that I am susceptible, that the hazard would have personally negative consequences, and that the precaution would be personally effective are necessary conditions for the decision to act. Taken into consideration are the magnitude of the severity and likelihood, the degree of effectiveness, and the size of the cost that would be incurred. (Weinstein, 1988, p. 364,365)

I believed, from many of my discussions about colorectal cancer with friends and co-workers that many of those within my socio-economic level were at Stage 1 of the precaution adoption process. They had heard of the hazard, but were unaware of the risks. As a part of this study, I wanted to quantify my suspicions about the current level of colorectal cancer awareness. This stage theory in health psychology would provide a framework by which I could characterize the improvement, if any, in participant’s awareness of colorectal cancer after the race.

Figure 2.1 Families Walking the Scope It Out 5K™
Chapter 3. Planning a Race to Save Lives

I started thinking about a race in May 2004, but it was not until late September 2004 that I held the first planning meeting. This chapter discusses most of the steps I took from that first meeting in September to race day on March 19, 2005. After the race, I wrote more than 50 thank-you notes, planned a celebration with volunteers, and started planning for next year. I also took some time to gather feedback and lessons learned from the volunteers. This chapter will probably fail to represent the volume of communication – from emails to phone calls to meetings – that occurred to make the race a success, but it should illustrate most of the principal networking that had to be done and pieces that had to be pulled together.

Recruiting Volunteers

Connectors, as coined by Malcolm Gladwell, know lots of people. They have a “special gift for bringing the world together” and a “knack for making friends and acquaintances.” “They are people to whom all of us can reach in only a few steps because, for one reason or another, they manage to occupy many different worlds and subcultures and niches. Their ability to span many different worlds is a function of something intrinsic to their personality, some combination of curiosity, self-confidence, sociability, and energy” (Gladwell, 2000, p. 49).

I have spent a lot of time trying to determine how and why I was able to get so much great help. Being willing to ask for help is the first hurdle for many people. I believed in the cause, and I was not afraid to ask people for their time because the cause was more important than any amount of indebtedness I felt. And the volunteers that came were friends with me or
knew my father or knew me when he was sick. Some had colitis or Crohn’s disease. Still others had lost mothers to colorectal cancer.

On Sunday, September 26, 2004, after much consideration, I sent out an email asking for help. Once you have volunteers interested, you have to keep their interest. You need to match people with their skills, and give them ownership. Also, in particular with volunteers, you need to be constantly in tune with how much they are willing to do. A fed-up volunteer leaves. Communication is necessary. I tried to keep everyone notified of developments along the way so they knew as well as felt a part of the process and progress. I sent the emails when I had big news or a meeting announcement, and I tried to add levity where I could; I did not want to bombard volunteers with unnecessary emails which might alienate them. See Appendix A for copies of these communications.

We divided the volunteers up based on individual interests and skills into five core groups: (1) Participation/Registration (2) Sponsorship (3) Publicity (4) Food/Rental (5) Core Race

One lesson learned is that I needed stronger chairs willing to take on more ownership in each of the core groups. In 2004-2005, we were navigating together. No one had been involved in putting on a race before, and although I had a vision for race day, there were many questions among the volunteers as to what it would take.

**Starting a Foundation**

My friend, a lawyer, offered to help me start a foundation before I even asked. His firm was willing to do the work on a pro bono basis. He did almost all of the paperwork and solicited advice from senior members of the firm on an as-needed basis.
Small foundations will often let you direct a race for them, and you can run all of the expenses and funds through them. My cousin and her family directed a separate walk for scleroderma in their home town, and they ran all the finances through the local running store. I did some research on the costs of producing a race, and my initial estimates, depending on in-kind donations for food and prizes were about $12,000. The figure reflects costs for finish line services, ChampionChip™ rental, signs, advertisements, brochure and flyer printing, ambulance, t-shirts, sound system, stage and chairs rental, water, food, event insurance, and hired police to close the roads. I estimated that most food and prizes would be donated in-kind. T-shirts, the ambulance, and printing costs were among other costs higher than anticipated. Actual race costs were closer to $18,000. I read articles online that indicated races were not always easy to pull off financially. They are not huge fundraisers; an online article about one local race, the Georgetown Classic 10K, indicated the race had an operating deficit two years in a row!

I asked the National Colorectal Cancer Research Alliance if they would allow someone to direct a race for them, but they were unwilling to take on the liability that the event might run a deficit. The more I thought about trying to run the race through a running store or foundation (if I could find one willing to do so in a metropolitan area), the more I realized I wanted control of the outcome. I wanted to decide what equipment we did or did not use, what the t-shirts looked like, and how much we spent on food. I wanted the freedom to make purchases if and when I needed. I wanted the leverage to get several colorectal cancer organizations to participate in the race, because to build impetus meant bringing together as many networks as possible. All of the beneficiaries of the race were integral to its success. I chose them based on their work thus far in fighting colorectal cancer, and the foundation board of directors supported my decisions. I used
the donation from net race proceeds as leverage to get them to contribute in some way to the goal of awareness, which was OUR mission.

On October 20, 2004, the Charles A. Kraenzle Colon Cancer Foundation was formed. The paperwork to create a foundation is long, and it would be difficult to do it without a lawyer helping you to navigate. In early November, we applied for non-profit 501(c)(3) status for a fee of $500. Then, we only had to wait for the IRS to respond. The law firm believed we would receive a response at a conservative estimate of six weeks; others told me it could take up to three months. This made it difficult to start soliciting sponsors. I received the official letter from the IRS on December 24, 2004, a perfect holiday present!

We incorporated in Delaware for legal reasons, but non-profit foundations are required to solicit in the states in which they intend to conduct solicitations. Thus, in November, we filled out the paperwork and sent the required fees to Virginia, Maryland, and the District of Columbia.

Once the foundation was formed, I looked into insurance. I applied for general liability, event, and non-car-owned or car-hired insurance in mid-November, and I began discussions with an insurance representative about insurance for the board of directors. During the second week of November, I opened a bank account for the foundation.

Creating a Brand

What’s in a name? The name for the race would color perception of it. The name had to get directly at our mission – to promote screening for colorectal cancer, and furthermore, to promote colonoscopies as the best test for prevention. The name was the first thing with which people would make judgments about the race. According to Rogers, the name given an
innovation often affects its perceived compatibility, and therefore its rate of adoption (250 - 251). Rogers calls the selection of a name a “delicate and important matter.”

For one, the race name gave a sense of hope for a disease that takes the lives of more American women than any other cancer. For marketing purposes, we needed a name that would attract people, catch their attention, and make them think. And because colorectal cancer has such morbid and embarrassing connotations, I wanted a name that would offer some levity. More than that, I wanted a name that would “stick.” Gladwell discusses stickiness with respect to making something irresistible. The name should be given much thought and research (Gladwell, Rogers, 2000, 2003).

People remember things in threes. Long names are more difficult to remember. The name that came to me had three words, called listeners to action, and included “colonoscopy” without being a mouthful: Scope It Out!

I called my uncle, a retired internist, and asked him if people would be offended by “Scope It Out.” And he told me I needed to be direct. He liked the name, and he thought it would work.

The name certainly got some attention. Jim Hage, editor for Metro Sports DC, wrote the following in an article entitled “Only the Best” about local running races:

**Names, Best and Worst**

Rockville hosts the Oy Vay 10K (now in October rather than its usual spot in June); the race benefits the Hebrew Home of Greater Washington. June 27 is the Toucan 10K in Vienna. On the other end (get it?) of the spectrum is the Scope It Out 5K (March 19), which raises awareness for colon cancer, the winner only because the Brain Tumor 5K renamed itself in 2004 as the Race for Hope (good call). See www.hebrew-home.org, www.scopeitout5k.com. (Hage 2005)

The tongue-in-cheek remarks offered us publicity, and they even included a link to our website!
Finding a Location

Originally, I wanted to hold an 8K. I had heard they were increasing in popularity from a running coach. The colon is about eight feet long, and I thought I could make a connection between these numbers. In addition, I wanted this race to be different than the average race.

The extra 3K turned out to be not worth the trouble. I started late planning a race, and I needed an existing U.S.A. Track and Field certified course. I talked to another race director in the area about measuring a new course, and he told me, with the time constraints, to forget about it. The fastest thing would be to find an existing 5K, and the hard part, he said, was getting the permit to use it. He saw the permit and sponsorship as my biggest obstacles.

Hains Point was the perfect setting for a 5K. The course was extremely flat which was important for the short-distance runners whose primary goal is speed. Hains Point also had an existing USATF-certified course. The park fell under the jurisdiction of the National Park Service. I retrieved a permit application to the Park Service headquarters located at Hains Point. Individuals were granted permits for public gatherings on a first-come, first-serve basis. I submitted the application in October. We received our permit to hold the 5K at Hains Point, East Potomac Park quickly - on November 2, 2004.

Providing Finish Line Services

An experienced race director told me I needed to hire some help to provide registration services and run the finish line. Not only did I want a USATF-certified course, but I also wanted the times to be accurate, or runners would not return for a second annual race. I spoke with several volunteer groups in the area that run finish line services by collecting the paper stubs on bibs, but I wanted to use the latest race technology, ChampionChip. I had run in numerous large
races in the D.C. area, including the Cherry Blossom 10-miler, Army 10-miler, and Marine Corps Marathon, and all of these races had been timed by chips.

While I knew it would be more expensive to use chips, I knew it was important to attract the elite runners. Why not use the best timing device? All big races will eventually use electronic timing devices. I also felt the professional running company would be more reliable on race day.

I signed a contract with Capital Running Company on November 18, 2004. Online registration was available in late December. The ability to donate online without registering for the race was working smoothly by early January.

Building a Website

I had worked with a media business solutions company, Orama, in my former job as a marketing executive. They agreed to host the site pro bono. The company also set up several email addresses for us including info@scopeitout5k.com, volunteer@scopeitout5k.com, and ckraenzle@scopeitout5k.com. I bought the domain name online from Network Solutions. After we finished developing most of the site, I pointed the domain name to the IP address Orama had provided. The site went live on November 17, 2004.

I developed most of the site content and outline in early November 2004, and asked for feedback from a few volunteers. See Appendix B for a draft outline. We used a re-iterative process with the design as well. Two of my volunteers had programming skills. One had discovered some pre-coded JavaScript menus, and while he customized the menus, I designed the website header. I knew I wanted the site to be mostly blue, the national colorectal cancer awareness color.
The website was a work in progress. Over the next two months, we added maps and directions to the course, press releases, colorectal cancer information links, and more. I also requested numerous changes to text. The website was a key marketing tool for race participation. We referred potential sponsors and runners and walkers to the site. The URL was included on the bottom of all sponsor letters.

**Recruiting Sponsors**

One of the biggest challenges of holding a race is finding the funds to pay for it. And the goal, of course, is to raise more funds than costs to donate to the cause. You cannot count any of the runner entry fees against the costs of holding the race. If you build the race, and no one comes, you still have to pay for the finish line services and equipment.

I did a lot of asking, and I asked a lot of people whom I knew. Brock Yetso, executive director of the Ulman Cancer Fund for Young Adults, advised me, “People are not giving to the cause, they are giving to you” (personal communication, Brock Yetso, November 2005).

Although I had a committee of volunteers working on fundraising, I was often the one who followed up to make the pitch. A personal connection is needed, and being able to make a request in person is helpful. I had lost my father to the disease, and the people who knew me could trust that their donation was going to a race that would be well run. Initial donations came from my old rowing coach, mentors, and former employers.

When people give, they want to know what is in it for them. Corporations want to know how much publicity they will receive from sponsoring the event. How many people will be present? It made most sense for us to approach the businesses that would benefit most from participating – for instance, pharmaceutical companies that make colorectal cancer drugs.
Individual donors want to know the cause is important, and their money will make a difference. Many of the biggest individual donors knew friends or family members affected by the disease. Sponsor levels were based on research of other local races; these levels were also posted on scopeitout5k.com.

**Publicizing the Event**

I purposely chose to hold the event in March, during National Colorectal Cancer Awareness Month, in hopes of generating more interest among the media. The race website was online in November, but we continually updated and improved upon it through race day. The publicity committee and I drafted a press release in late December and posted it on scopeitout5k.com in early January. See Appendix C for all press releases.

I distributed the press release to the National Colorectal Cancer Research Alliance (NCCRA), Cancer Research and Prevention Foundation, Lombardi Cancer Center, and Colon Cancer Alliance in that order. The NCCRA posted the press release in its entirety online. The other groups advertised the race on their sites as well. See Appendix S for copies of the advertisements on these sites and others.

We produced black and white race flyers in late November and posted a .pdf version on scopeitout5k.com. We printed a total of 10,000 flyers at cost and distributed them through the hands of volunteers. One volunteer approached a dean at George Washington University who, as it turned out, lost his father to colorectal cancer; the volunteer received permission to put a flyer in every box in the school. Other volunteers distributed them at their offices, churches, and high schools. See Appendix D.
We first advertised in the January/February issue of the *Washington Running Report*. See Appendix E for a copy of the half-page advertisement. We also advertised on runwashington.com, a popular website for local runners to check out upcoming races. A 120 x 60 animated .gif with our race name appeared on the website from the first week of January through race day in March. The publicity committee also posted information about the race on all of the local running group websites, and sent emails to webmasters with race information where we could not post the race.

During January, February, and March, we employed viral marketing techniques. All or most of the race committee members sent emails to their friends and family in the area, encouraging them to get screened and come out to support the race. I sent emails to everyone I knew.

On February 23, 2005, we held a benefit concert at a bar in downtown Washington to encourage people to sign up for the 5K. Two of the volunteers performed, and including one of the performer’s fees, we raised $1,000 in additional funds for the race. See Appendix F for advertisements for the concert.

I participated in a taping of an interview with Comcast local edition in January 2005. Comcast had offered this publicity as premier sponsors of the race. The short interview was aired sometime before the race in March. Several individuals reported having seen it. I also interviewed with Andrea Roane on Channel 9 on March 16, 2005. Roane is a board member of the Cancer Research and Prevention Foundation. See Appendix Q and R.

In February, I decided to commit to prize money in order to attract elite runners: $500 for first place, $250 for second place, and $100 for third. We posted a press release on runwashington.com and scopeitout5k.com about the prize money. An additional mention of the
race prize money was sent out by Capital Running Company in an email distributed to a runwashington.com subscriber email list.

On February 7, 2005, I spoke before the Cardinal Basketball Officials’ Association on what would have been my father’s 64th birthday. One official then posted a brief story about my father on their website (See Appendix G). Also in early February, I printed 300 color race brochures with sponsor logos to attract additional sponsors and runners, and distributed these in letters and by hand. I also printed 300 race posters in color and posted them in offices, schools, grocery stores, and running stores. See Appendices H and I.

In February, we pitched and received press in parish bulletins, my high school alumni newsletter, and Georgetown and UVA Alumni Clubs of Washington newsletters. An advertisement was placed on Georgetown University’s Communication, Culture & Technology (CCT) Program’s homepage, and included in the CCT newsletter.

We also printed 1,000 color “Metro” postcards to be handed out at Metro stations, but did not need them. At the time we received them from the printer in late February, we were surpassing our goals for registration, and were nearing our capacity limit for the park.

**Building a Critical Mass**

The *Rule of 150* states that once a critical mass of 150 people is reached, the dynamics of the group begin to change (Gladwell, 2000). “The figure of 150 seems to represent the maximum number of individuals with whom we can have a genuinely social relationship,” writes Gladwell, “the kind of relationship that goes with knowing who they are and how they relate to us” (2000, p. 181). When things get larger than 150, people tend to form smaller cliques and the group gets unruly. The Hutterites, who live in self-sufficient agricultural colonies in Europe,
split into two colonies when the size of a colony approaches 150. I thought my tipping point for race registration might be 150. If I could reach that number, perhaps registration would start to tip – and increase like wildfire. I witnessed the registration numbers shoot up exponentially as race day neared; we had sold the race hard enough soon enough to reach a critical mass before the race. Perhaps it was in the name or in the breadth and width of the networks of my core volunteers or in the cause itself – but somehow our race had become popular.

Most people sign up for 5Ks the week before the race, but we had to close registration a week early due to park capacity. We counted the number of parking spots at Hains Point – 784 – and not all were close to the start line. I did not want to have too many registrants fighting over parking spots on race day morning. I had surpassed my recruiting goals by a long shot. If we had kept registration open, I believe our number of registered runners and walkers could have surpassed 1,200. I received 20-30 emails daily for that last week requesting permission to sign up for the closed race.

Getting the Point Across

Repetition is the mother of learning. My goal was to put colorectal cancer information everywhere. The website contained information about colorectal cancer and screening. The online survey, which will be discussed fully in Part II, included knowledge questions and answers about colorectal cancer and screening. The t-shirts included the “Scope It Out 5K™” race logo as well as the sentence “colorectal cancer is the most preventable form of cancer” with the national colorectal cancer awareness symbol. The volunteer shirts were printed in blue, the national colorectal cancer awareness color, and the race shirts had blue designs. See Appendix J
for the design. The race bibs worn by participants included the Scope It Out 5K™ logo and were done in blue.

On race day, four colorectal cancer signs were placed at each mile marker and the finish line to catch runners’ and walkers’ attention; I had a captive audience for 14 to 60 minutes on the race course, and I wanted to inform them about colorectal cancer. The signs contained the following facts: (1) Colorectal cancer affects men and women equally as well as people of all ethnicities. (2) The most common symptom of colorectal cancer is no symptom at all. (3) Colorectal cancer is the second-leading cause of cancer deaths for men and women combined in the United States. It doesn’t have to be. (4) 70-75% of colorectal cancer cases occur in people with no known family history of the disease (Center for Disease Control [CDC], “Colorectal Cancer,” 2004). See Appendix K for copies of the signs.

The race packets contained information from race sponsors, but more importantly, information about colorectal cancer and screening. I asked the National Colorectal Cancer Research Alliance (NCCRA) to provide brochures and CD-Roms with Katie Couric on the cover. These materials emphasized the colonoscopy as the best test for prevention. When I asked for materials from the NCCRA, they also offered me copies of the March issue of Prevention magazine. This issue, with Couric on the cover, had an excellent article about all the colorectal cancer screening methods. In addition, I offered all of the race beneficiaries the opportunity to provide colorectal cancer information as well as information on themselves. The Cancer Research and Prevention Foundation sent a brochure on colorectal cancer screening. In addition, we included blue “Buddy Bracelets” sold by the Cancer Research and Prevention Foundation; these were meant to encourage others to get screened. Inscribed on the bracelets are the words: “Colorectal Cancer: Preventable! Treatable! Beatable!” The Colon Cancer Alliance
sent a page of information on their organization. In addition, they sent small cards with a list of colorectal cancer symptoms and contact information for their organization.

On a separate and unsuccessful note, I had envisioned having the Colossal Colon at the race. The Colon Club, a non-profit organization run by Molly McMasters, a 29-year-old colorectal cancer survivor, owns the Colossal Colon and transports “CoCo” to events. One can crawl through this 42-foot long colon to view the different stages of colorectal cancer. After a few emails and calls with the Colon Club, we learned the Colossal Colon was already booked for another event. In addition, it would cost $10,000 to have it at our event. When I met with the executive vice president of the Cancer Research and Prevention Foundation, I asked about having the Super Colon at the event. The Super Colon is a 20-foot long, 8-foot high blow-up colon that individuals can walk through to see the different stages of colorectal cancer. The Super Colon was going to be on tour during the month of March, visiting four cities across the United States. About a month before the race, I received word that it could be present at the Scope It Out 5K\textsuperscript{TM}; it was going to be at the Lombardi Comprehensive Cancer Center in Washington, D.C. the following week. Unfortunately, the National Park Service informed me that the Super Colon would not be allowed at Hains Point due to regulations: no “erection of structures” was allowed on what was considered “pristine land.” I hope to have the Super Colon at the 2006 race which will be held at a different location.

**Directing Race Day Operations**

If event preparation is done well, race day runs itself. A retired command sergeant major once told me never to run around like a “chicken with your head cut off” during an event. People will notice something is going awry. Otherwise, only you will notice. I communicated
heavily with the volunteers in the weeks leading up to the race. I communicated by email, phone, and in person with the five volunteers running core parts of the race: finish line chip collection and course markings, water stations, course marshals, food tables, and registration. We split up the 70 volunteers that showed up at 6 a.m., and went to work. I spent most of the morning greeting race participants. See Appendix L for a race day plan.

The Inaugural Race

The sun shone on March 19, 2005, and while the temperature in the early morning was cool, the usual winds at Hains Point were absent. More than 800 runners and walkers had registered for the event, and approximately 700 were present on race day. The crowd behind the starting line seemed rather small until the race started. A long stream of runners started cruising down Ohio Street towards mile marker 1. The press release published on runwashington.com later that same day opened as follows:

Elite Field near Best Times for 2005
A strong field assembled at Hains Point amid sunny skies on the last full day of winter. The Scope It Out 5K Run/Walk for Colon Cancer Awareness attracted all types of runners and walkers to the flat, fast course - the fast and serious, the mid-packers, the fun runners, walkers, families pushing strollers, and people who came out in support of the cause.

The top three men all finished under 15 minutes, and the top three women in less than 18 minutes. For the men, lanky John Henwood, from New York and New Zealand, stood out from the crowd and beat second-place Chris Graff (29) of Arlington, VA by just five seconds, 14:43 to 14:48. Reston's Rick Rountree (27) rounded out the top three with 14:55 on the clock.

In the women's race, Susannah Kvasnicka (32) of Great Falls, VA, was first with a comfortable margin over Arlington's Mary Kate Bailey (30), 17:10 to 17:26. Vanessa Hunter (29), also from Arlington, finished 24 seconds later. (Freedman, 2005)
The fast times of the elite runners and diversity of the types of runners and walkers were just a part of the race day success. John Marshall, M.D., director of developmental therapeutics and GI oncology at Lombardi Comprehensive Cancer Center, gave an informative and energetic speech during the post-race awards ceremony. He stressed the importance of getting scoped as well as screaming for greater access to new colorectal cancer treatments. Also during the post-race awards ceremony, I presented four $5,000 checks to representatives from the Colon Cancer Alliance, Cancer Research and Prevention Foundation, National Colorectal Cancer Research Alliance (NCCRA), and Lombardi Comprehensive Cancer Center. The CCA and NCCRA representatives had traveled from Philadelphia and New York City, respectively, that morning to accept the donations. I thought the race participants and 24 race sponsors needed to see their contributions had made a difference. I also thought it was important that the recipients of the donations have a physical presence; many of the race participants were unfamiliar with these organizations and their ongoing work in the fight against colorectal cancer.

For a race debut, we got many compliments on organization, the quality of the food, and the experience. The following are just a few of the emails sent after the race:

I participated in the Scope It Out 5K with my family on 19 March 2005. We had a great time! I would like to compliment all the organizers for a job well done. All the volunteers were great! I especially appreciated the warm-up exercises at the beginning and all the great food at the end. Thank you to all the sponsors. It was a beautiful day to support a great cause. We will definitely participate again.

Congrats on a well run race! It seemed to go off without a hitch. The mile markers were in the correct spots, the post-race food spread was very good, and the results were fast and accurate. All of the runners that I spoke to agreed that everything was very well organized. Good job!

Just wanted to let you know that one of my co-workers just told me that the 5k race was on the best organized events he had ever attended!
Congratulations on a job well done. The 5k was great and we really enjoyed ourselves. It was nice to see the organizations get their checks at the end. That was a nice touch. The food was great and plentiful. I really liked that at the finish little kids were given a toy. My sister-in-law that pushed her two children thought that was really nice. Let us know about next year, I think this colon cancer fundraiser was a real success.

Congratulations on conducting an event that was successful financially, athletically, and as a tribute to your father.

Figure 3.2 Warm Up for the Scope It Out 5K™
Part II. Making an Impact on Colorectal Cancer Awareness

Chapter 4. Screening for Colorectal Cancer

Would a public event serve to raise health awareness? Specifically, would the Scope It Out 5K™ Run/Walk for Colon Cancer Awareness on March 19, 2005 raise awareness about colon cancer and colon cancer screening? If I determined there was a statistically significant increase in awareness, what about the race contributed to that learning? After participating in the race, were people more likely to get screened for colorectal cancer?

After much research, I had determined that few organizations were producing information on colorectal cancer, and even fewer were strongly recommending the colonoscopy as the “best test for prevention.” Most guidelines included lists of tests that could be used to screen, including fecal occult blood tests (FOBT) and sigmoidoscopies. A recent study of FOBT showed the test often fails, detecting only 4-24% of colorectal cancers (Collins, 2005). Another popular test, the sigmoidoscopy, only evaluates a portion of the colon. Many who get sigmoidoscopies do not know they are still at risk for colorectal cancer in the upper portions of their colons.

Not only were individuals not getting the message about their risk for colorectal cancer, but also the message being delivered was often muddled. I understood from many personal conversations with friends and co-workers who knew little about colorectal cancer that I had to be more direct in my approach. People will not be motivated to action until they understand the threat and realize they are at personal risk.
Defining Colorectal Cancer

The following excerpt from the American Cancer Society website gives an explanation of colorectal cancer:

Most kinds of cancer are named after the part of the body where the cancer first starts. Colon cancers begin in the digestive system, also called the GI (gastrointestinal) system. This is where food is changed to create energy and rid the body of waste matter. After food is chewed and swallowed, it travels down to the stomach. There it is partly broken down and sent to the small intestine. The small intestine is about 20 feet long. The small intestine continues breaking down the food and absorbs most of the nutrients. The small intestine joins the large intestine (large bowel), a muscular tube about five feet long. The first part of the large bowel, called the colon, absorbs water and nutrients from the food and also serves as a storage place for waste matter. The waste matter moves from the colon into the rectum, the final six inches of the large bowel. From there the waste passes out of the body through the opening called the anus during a bowel movement.

The colon has four sections. Cancer can start in any of the four sections or in the rectum. The wall of each of these sections has several layers of tissues. Cancer starts in the inner layer and can grow through some or all of the other layers. Knowing a little about these layers is helpful because the stage (extent of spread) of a cancer depends to a great degree on which of these layers it affects.

Cancer that starts in the different areas may cause different symptoms. Colon cancers probably develop slowly over a period of several years. We now know that most of these cancers begin as a polyp - a growth of tissue into the center of the colon or rectum. Polyps are also known as adenomas. Removing the polyp early can prevent it from becoming cancer.

Over 95% of colon and rectal cancers are adenocarcinomas. These are cancers of the cells that line the inside of the colon and rectum. There are some other, more rare, types of tumors of the colon and rectum, but the discussion in this paper refers only to adenocarcinomas. (American Cancer Society, “Detailed Guide,” 2004)

Preventing Colorectal Cancer

Colorectal cancer, as my family learned, is highly preventable and 90% curable when detected early (CCA, “Screening”). 90% of new cases of colorectal cancer are in people over the age of 50 (CCA, “Disease”). Colorectal cancer does not discriminate. It affects men and
women equally as well as people of all ethnic backgrounds (CCA, “Disease”). Everyone is at risk, and the primary risk factor is age. The risk factor for colorectal cancer continues to increase with age; individuals in their 60s and 70s are at higher risk than those in their 50s. If there is a family history of colorectal cancer (and not just cancer, but also removed polyps), the recommended age for colorectal cancer screening is ten years before that relative developed colorectal cancer; for most individuals whose immediate family member had colorectal cancer, this would be age 40. Others would get a colonoscopy at an even younger age.

During the process of directing the race, I encountered many colorectal cancer patients in their 30s and 40s. Many of them understandably want to see the screening guidelines recommend starting at age 40. Of first concern to me were the 41 million Americans over age 50 who, according to the American Gastroenterological Association, have not been screened at all (CDC, “Studies,” 2004). If I could increase awareness of the disease, perhaps some of those under the age of 50 would avoid being misdiagnosed by doctors who do not have the possibility of colorectal cancer on the forefront of their minds. Perhaps, too, younger victims would recognize early symptoms of the disease and act sooner. If I could increase dialogue of the disease, perhaps grandparents and parents would be more willing to discuss their bouts with colorectal cancer or polyp removals with their families.

**Promoting Colonoscopies to Detect Colorectal Cancer**

Founded in 1913, the American Cancer Society is dedicated to “eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy, and service.” This well-known, voluntary health organization has over 3,400 local offices throughout the country, and is one of the first places
citizens contact for cancer information and support. The society’s colorectal cancer guidelines, which are used as the basis for Medicare laws, are as follows (American Cancer Society, 2005):

**Figure 4.1 2005 American Cancer Society Online Screening Guidelines**

<table>
<thead>
<tr>
<th>American Cancer Society Guidelines for Colorectal Cancer Screening for Individuals at Average Risk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning at age 50*, both men and women should follow one of these five screening options:</td>
</tr>
<tr>
<td>• A fecal occult blood test (FOBT) or fecal immunochemical test (FIT) every year.*</td>
</tr>
<tr>
<td>• Flexible sigmoidoscopy (FSIG) every 5 years</td>
</tr>
<tr>
<td>• Annual FOBT or FIT and flexible sigmoidoscopy every 5 years**</td>
</tr>
<tr>
<td>• A double-contrast barium enema every 5 years.</td>
</tr>
<tr>
<td>• A colonoscopy every 10 years.</td>
</tr>
</tbody>
</table>

*The FOBT or FIT test should be done at home following manufacturer's recommendations and not in the doctor's office. When the test is done in the doctor's office, it has very low accuracy, therefore the American Cancer Society recommends against in-office stool blood testing. In comparison with guaiac based tests (FOBT) for the detection of hidden (occult) blood, immunochemical tests are more patient friendly, and are likely to be equal or better in sensitively and specificity.

**Combined testing is preferred over either annual FOBT or FIT, or FSIG every 5 years, alone. People who are at moderate or high risk for colorectal cancer should talk to their doctor about a different testing schedule.

There is no justification for repeating FOBT in response to an initial positive finding.

*The Society’s guidelines are based on sound research evidence and align with the new U.S. Preventive Services Taskforce guidelines which also strongly encourage screening for those 50 and older. (Reviewed 2003, revised 2001).

The American Cancer Society recommends FOBT, and lists the test first despite its relative unreliability. On their website, they include a link to a synopsis of the article, published in the January 18, 2005 issue of the *Annals of Internal Medicine* on “Accuracy of screening for fecal occult blood on a single stool sample obtained by digital rectal examination: a comparison
with recommended sampling practice.” The study was conducted on the premise that, “Recent studies have found that 24% to 64% of primary care providers use only the digital fecal occult blood test as their primary screening test. The effectiveness of a single digital FOBT is unknown.” The conclusions of the study indicated out of 284 patients who tested positive for cancer or large polyps by using colonoscopy, only 4.9% had positive results using FOBT in office. 23.9% of the patients had positive results on a test for blood in the 6-sample stool test done at home (Collins, 2005). Sigmoidoscopies, for instance, under the best of circumstances, reach only as far as the splenic flexure. A majority of colorectal cancers occur in the lower part of the colon, but not all of them. My father’s tumor would have been left undetected by a sigmoidoscopy. In the March 23, 2004 edition of “Today,” Dr. Mark Pochapin promotes colonoscopies over sigmoidoscopies for this reason, “Look at the entire colon. It seems really silly to leave part of it unevaluated.”

The colonoscopy is listed last, and is not obviously identified as the preferred test. Colonoscopies are much more involved and more expensive than other tests, and require an at home cleansing procedure, fasting the night before the examination, and a chaperone to take the patient home, but the tests are, according to the National Colorectal Cancer Research Alliance, “the best test for prevention” and the “gold standard” among tests. Unlike the other tests, Colonoscopy can detect and treat polyps in the colon. A thin, flexible tube is inserted into the rectum and then threaded through the colon. A tiny camera and light let the physician view the colon; if any abnormalities are detected, they can be removed.

In a 2004 online video on the American Cancer Society website, Robert A. Smith, M.D., Director of Cancer Screening, American Cancer Society, states “Colonoscopy has the unique advantage among all the screening tests of usually being able to visualize the entire bowel.”
Colonoscopy is the gold standard for sensitivity in colorectal cancer screening, the standard by which the performance of other tests is measured.” In addition, the colonoscopy has the ability to biopsy and remove suspicious lesions. Also, according to Dr. Smith, a single fecal occult blood test will detect fewer than one in four advanced lesions.

The M.D. Anderson Cancer Center Division of Cancer Prevention Vice President Bernard Levin, MD, takes a different stance on colonoscopies. He believes other means should be used to screen people first because they cost less:

Cost effectiveness analyses suggest that colonoscopy is neither more effective nor cost effective…. The implementation of colonoscopy has to estimate the potential demand amongst the public, and we have to think about how to meet this demand. What will it require in terms of personnel and training...? Cost always is a factor in a high technology test. Ultimately, I believe that we need to reduce the need for whole scale colonoscopy. It is unrealistic in my opinion to provide colonoscopic screening for men and women over age 50 in addition to appropriate surveillance that may be needed. (American Cancer Society, 2004)

And yet negative results on FOBT and sigmoidoscopy will leave colorectal cancer undetected in many individuals. It is unlikely either FOBT or sigmoidoscopy would have detected Charles Kraenzle’s tumor, which did not visibly bleed and was located above the splenic flexure.

I read colorectal cancer screening guidelines on websites of the Colon Cancer Alliance, National Colorectal Cancer Research Alliance (NCCRA), American Gastroenterological Association, Cancer Research and Prevention Foundation, and National Cancer Institute. I read pamphlets from the NCCRA and watched videos of Katie Couric on colorectal cancer. I spoke to multiple doctors about the tests, and every one of them would agreed the colonoscopy is the best test for prevention.

Why, then, outside of Couric’s organizations, were others not more forthright about the advantages of the colonoscopy? Was it the cost? Certainly, $1,200 to $1,400 for a test was
worth saving a life, but in comparison to the expense of 6% of the population as cancer patients?

Was it a numbers game with the insurance companies?

Or was it an issue of capacity? While doctors might be concerned about future capacity to perform the tests, the current capacity was untapped. In 2002, the Center for Disease Control conducted a national survey of nearly 1,800 physician practices known to own or lease lower endoscopic equipment. Survey respondents estimated that they could perform an additional 7 million flexible sigmoidoscopies and 8 million colonoscopies in a year (CDC, 2004).

On December 16, 2004, ABCNews released a health webcast entitled “Colonoscopy Bests CT Scans and X-rays.” The opening statement read, “When it comes to detecting precancerous polyps in the colon, no test available today beats the colonoscopy” (Gordon 2005). On February 10, 2005, ABCNews aired a segment on “Colonoscopy: 'Gold Standard' in Cancer Screening, Doctors Encourage Colonoscopies Over Other Tests for Early Detection of Colon Cancer.” Dr. Roshini Rajapaksa, a gastroenterologist at New York University Medical Center, said people often put their pride over their health when it comes to these screenings. In the end, Rajapaksa said their pride could cost them their life. "If everyone over the age of 50 went and got a colonoscopy we really could prevent the vast majority of colon cancers from ever even developing," Rajapaksa said (ABCNews, 2005).

I was determined to promote colonoscopies over other tests. I did not want to see individuals go to the effort of getting screened by other methods only to find out later they still had colorectal cancer. In addition, even if other tests reported positive results, they would still have to get a colonoscopy to remove the polyp. “Scope It Out!” referred to colonoscopies, and in addition to signs and information in the race packets, I asked Dr. Marshall to specifically
speak about colonoscopies in his post-race speech. He linked “Scope It Out” with the gold standard for tests in his closing remarks:

“…While we’re screaming about scoping and the like, we also need to scream about public health problem of access to these good medicines that are helping people. And if we do that there will be fewer people dying of this disease. I want to reduce the number from 50,000 to 0 if we can. And that’s our goal today.

And my last point is actually, I would like you to put me out of business altogether, and the way to do that is to scope it out. We do a very good job of getting mammograms. We do a very good job of knowing what our PSAs are for prostrate cancer. We do a terrible job of detecting colon cancer early. And when one appreciates that the colonoscopy in fact removes a thing that’s not even cancer. That if we do it in everybody that needs it, we will see fewer cases of colon cancer. That’s not what a mammogram can do. That’s not what a PSA can do. That IS what a colonoscopy can do.

And so we must scream it from the rooftops. We must. It must be cocktail party conversation. We must get each other to do this. Give each other rides to get your scope. You don’t need it that often. Get it. Remove the polyp. Get it out of there. Put me out of business. Thank you.” (See Appendix P.)

Dr. Marshall was clear and direct in his approach. The next few chapters discuss whether or not our efforts made a difference.

Figure 4.2 Dr. John Marshall Speaks during the Post-Race Awards Ceremony
Chapter 5. Research Questions and Hypotheses

I wanted to know if public events raised health awareness? Specifically, would the Scope It Out 5K™ Run/Walk for Colon Cancer Awareness on March 19, 2005 raise awareness and knowledge about colorectal cancer and colorectal cancer screening? If I determined there was a statistically significant increase in knowledge, what aspects of the race and related materials contributed to that learning?

H1: The race, in conjunction with its associated communications campaign, will increase awareness of colorectal cancer among race participants.

H2: The race, in conjunction with its associated communications campaign, will increase knowledge of colorectal cancer among race participants.

After participating in the race, would people be more likely to get screened for colorectal cancer?

H3: The race and associated communications campaign will influence participants’ decisions to get screened for colorectal cancer (and specifically, to get a colonoscopy).

Conceptual Definitions

The race is the Scope It Out 5K™ for Colon Cancer Awareness held on March 19, 2005 at Hains Point, East Potomac Park in Washington, D.C.
The *communications campaign* refers to all the communications performed in association with the race. This includes communications about the race leading up to race day:

- conversations between the core race committee and recruited race participants
- the race website scopeitout5k.com
- printed materials including flyers, brochures and posters
- television interviews including a Comcast local edition interview and a March 16, 2005 interview with Andrea Roane on local channel 9
- advertisements in the *Washington Running Report*
- online advertisements on runwashington.com and local running club websites and in school and alumni club newsletters.

The communications campaign also includes all the race day communications:

- information on colorectal cancer and screening in the race packets
- race t-shirt with the Scope It Out™ logo on the front and the words “Colorectal cancer is the most preventable form of cancer” on the back
- signage at the four mile markers
- Dr. John Marshall’s speech during the awards ceremony
- the presentation of donations to four colon cancer organizations.

*Knowledge* of colorectal cancer means cognitively processing specific information about the disease – the facts. Knowledge refers to what is known or learned, as through study or experience. A participant may know that colorectal cancer kills 55,000 Americans annually.
Awareness of colorectal cancer means general cognizance of the disease gained through one's own perceptions or by means of information. Awareness is different from knowledge because it has more of an immediacy or relevancy to the individual. With respect to Weinstein’s precaution adoption theory, awareness occurs when an individual not only has some knowledge of the disease and its impact on others, but also understands the possibility of his/her personal susceptibility.

Figure 5.1 And the Race Begins.
Chapter 6. Methodology

In order to determine if participation in the race increases knowledge of colorectal cancer among participants, I created pre- and post-race surveys with questions about awareness, knowledge, and anticipated behavior with respect to colorectal cancer screening. I posted the first survey on the “register” page of scopeitout5k.com with a note to runners and walkers requesting their voluntary participation. I originally intended to make the request after runners/walkers registered for the race, but it was difficult to integrate the request with SignMeUpSports. In addition, I wanted to make the survey available to anyone who visited the website because a number of the participants were signing up via mail-in flyers. The purpose of the pre-race survey was to assess the baseline knowledge of participants prior to the race.

A total of 297 individuals clicked on the link to the pre-race survey in the process of registering for the race or surfing the Scope It Out 5K™ website; 262 completed the entire survey in the four weeks leading up to the March 19 race. The 22-question survey included 12 knowledge questions on colorectal cancer. The survey also asked if the participant knew someone affected by colorectal cancer, and through which channels they had learned what they know about colorectal cancer.

The 22-question online survey includes 12 questions on colon cancer knowledge, one (1) question about the subject’s discernment of his/her own colon cancer awareness level, one (1) question about whether or not the subject knows someone affected by colon cancer (pre-test) or would be inclined to get a colonoscopy (post-test), one (1) question about what, if any are
reasons the subject would not get screened, one (1) question about where the subject has learned about colorectal cancer, and six (6) questions on demographic information.

On March 23, 2005, a post-race, 23-question survey was delivered to all registered participants as a link in the email about race results. The post-race survey was conducted in order to assess any change in their knowledge and awareness of colon cancer.

A second email requesting participation was sent out on March 28, 2005 to those participants who provided their email address when completing the first survey. A total of 152 clicked on the link to the survey; 116 completed the survey.

The post-race survey consisted of a combination of closed and open-ended questions. The closed questions included 11 of the 12 knowledge-based questions in the pre-race survey. The open-ended questions asked participants what they learned about colorectal cancer they did not know previously, what they learned at the race on March 19, and to whom, if anyone, did they speak during the Scope It Out 5K™. The surveys can be found in Appendix M and N.

In addition to the qualitative answers in the post-race survey, the race day video crew interviewed seven random race participants after the 5K on March 19. See Appendix O to view clips from these interviews. The following questions were asked of the video interview participants:

1. Why did you decide to participate in this event?
2. What did you learn about colorectal cancer today that you did not know previously?
3. Did you meet anyone new today? Who? What did you talk about?
4. After participating in the race today, would you be more inclined to get a colonoscopy in the future?
Chapter 7. Survey Analysis

The survey data were maintained in machine-readable code and were saved in a secure account on SurveyMonkey.com. After the surveys were closed, they were downloaded from Survey Monkey to Microsoft Excel files. The variables, except the open-ended questions, were in numeric format. The data were then imported into SPSS. A variable name was given to each question.

Originally, I had intended to match cases from the pre- and post-race surveys by birthdate and email address. I neglected, however, to request email address from the post-race survey. Thus, the matches were made by birthdate. Careful attention had to be paid to the six duplicate entries in the pre-race survey data. Of those six sets of duplicate birthdates, only three unique birthdates completed the post-race survey. In total, I had 84 matching cases with pre- and post-race data.

Demographics of Survey Participants

In summary, the sample was weighted towards well-educated, high socio-economic status females. 75% of the survey participants were female. Only 8.3% of those who took the survey had less than a college degree. 38.7% of survey participants had some post-graduate work, graduate or professional degree, or a PhD. Another 42.9% had college degrees. The participants’ average education level was a graduate or professional degree. The most common response was “some post-graduate work.” The average income of survey participants was in the $70,000 - $90,000 bracket.
The age range of the participants was 20 to 69. The modal age of the participants who took the pre- and post-race survey was 27, the age of Race Director Charlotte Kraenzle. The average age of the survey participants was 35, and the median was 30. The distribution of the ages of survey participants is similar to the distribution the ages of the 800+ registered race participants.

The demographics for this race parallel those of the estimated 50 million adult runners in the United States. According to American Sports Data, 34,047,000 Americans ran one or more days last year. Their average age was 27.1 years. Of those runners 9,821,000 have incomes greater than $75,000. Furthermore, 10 million Americans described themselves as frequent runners, running more than 100 days per year, and more than 3 million of them had incomes greater than $75,000 (Jabbour 2001).

The Road Runners Club of America conducted an on-line survey of its website viewers. The demographics of the June 2000 survey revealed an average age of 37.3, with 68.3 percent male and 31.7 percent female. On the education front, 43.7 percent held graduate or professional degrees, another 45.8 percent had college degrees. Their average household income was $62,000 per year, and 71.8 percent owned a home. They purchased 3.02 pairs of running shoes per year, and 58.2 percent of them accessed the Internet from home.

[Insert Table 7.1, 7.2, 7.3, and 7.4 about here]

**Analysis of the Close-Ended Survey Questions**

In SPSS, if the participant selected the correct answer to the knowledge question, it was assigned a 1.0. The incorrect answer was 0. For questions with a possibility of multiple responses, multiple variables were assigned. For the post-race survey, the variable names for the same questions were re-used, but a “p” was placed in front of the name.
Changes in Awareness
Do public events raise health awareness? Specifically, did the Scope It Out 5K™ Run/Walk for Colon Cancer Awareness on March 19, 2005 raise awareness about colorectal cancer and colorectal cancer screening?

H₁: The race, in conjunction with its associated communications campaign, will increase awareness of colorectal cancer among race participants.

Survey participants in both the pre- and post-race surveys were asked, “How aware are you of colorectal or colon cancer?” and given a five-point scale, with one being “very aware,” three “not sure,” and five “not aware at all.” A low score on the scale corresponds to high awareness.

[Insert Table 7.5 about here]

As Table 7.5 indicates, post-race awareness was substantially higher than pre-race levels, as 64% stated they were very aware after the race compared to 39% before the race. In addition to running frequencies, I ran cross-tabulations on the pre- and post-race awareness variable. Pearson’s Chi-Square indicated statistical significance. I also ran a one-sample t-test to determine if the difference in the means of pre- and post-race awareness scores was significant.

The mean of the pre-race awareness responses was 2.1071, which corresponds to “slightly aware.” The mean of the post-race awareness responses was 1.4048, which falls between “slightly aware” and “very aware,” and closer to “very aware.” The significance (2-tailed) of this difference is 0.000. This analysis indicated an increase in post-race awareness. Participants thought they were more aware of colorectal cancer after the race. H₁ is supported.
Changes in Knowledge (A Look at the Close-Ended Responses)

Did the Scope It Out 5K™ Run/Walk for Colon Cancer Awareness on March 19, 2005 raise awareness about colorectal cancer and colorectal cancer screening?

H₂: The race, in conjunction with its associated communications campaign, will increase knowledge of colorectal cancer among race participants.

Using SPSS, I ran frequencies and cross-tabulations on each of the 11 knowledge-based questions on colorectal cancer.

[Insert Table 7.6 about here]

Participants learned key facts about colorectal cancer. The percentage of correct post-race answers increased for every one of the 11 questions. Most of these changes are statistically significant. 100% of the race participants correctly answered that colorectal cancer is curable. More than twice as many survey participants answered two questions in the post-race survey correctly after missing them in the pre-race survey. Participants correctly answered that colorectal cancer affects women and men equally. Participants also learned that 70-75% of colorectal cancer cases occur in people with no family history.

The difference in the average number of correct answers pre- and post-race is statistically significant. I created a composite variable, knowledge, by adding up the variables for all 11 knowledge-based questions in the pre-race survey. I created a second composite variable, pknowledge, by adding up the variables for the same 11 knowledge-based questions in the post-race results. The scale had the possibility of ranging from 0 to 11, although no respondents got every question wrong. I then performed a bivariate t-test for difference of means.

[Insert Table 7.7 about here]
The distribution of the total number of correct answers shifted after the 5K race. Before the race, 11.9% of the group answered only four or five knowledge questions correctly. After the race, all participants answered six or more questions correctly. The participants averaged 7.9643 correct answers before the race, and 9.0476 after the race. In other words, on average, each participant got an additional question correct (difference of 1.0833) in the post-race survey. The difference in these means is statistically significant. Learning, or an increase in knowledge, occurred. H₂ is supported.

**Analysis of the Open-Ended Survey Questions**

In the qualitative answers to the post-race survey, I was looking to see what facts people learned about colorectal cancer. The following questions were asked: (1) What did you learn about colorectal cancer that you did not know previously? (2) What, if anything, did you learn at the race on March 19? Answers to those two questions were analyzed together for each individual. If he/she answered both questions with the same answer, learned facts were only counted once. All of the qualitative answers from the post-race survey were coded using the following system: (Examples of other words or phrases that belong in that category are also included in parentheses.)

1. no family history (also not hereditary)
2. men and women equally (sexes, gender, equal)
3. no symptoms
4. all races and ethnicities
5. second leading cause of cancer deaths in the U.S. (affects so many people, high incident rate, 55,000 or 60,000)
6. colonoscopy (age 40, 50, removal of polyps, polyp removal)
7. preventable, treatable, curable (screening, screened, preventative, intervention)
8. scope it out
9. speech, speeches and/or Dr. Marshall (speaking)
10. survey
These data were coded by two individuals to ensure inter-coder reliability. I placed the data into Microsoft Excel at first and transferred the information to SPSS. I then ran frequencies on the data. I also watched the seven interviews on video, and I pulled quotes of candid answers to give a few examples of the learning that occurred as a result of the Scope It Out 5K™.

**Changes in Knowledge (A Look at the Open-Ended Responses)**

38.7% of race participants who filled out the survey mentioned that colorectal cancer is curable, preventable, and/or treatable. That concept is the most important because getting screened for the disease and detecting it early only becomes critical if something can be done about a cancer. Again, as in the quantitative statistics, many people learned that colorectal cancer affects men and women equally. Two things are at work here. (1) A myth exists that men are the only ones affected by colorectal cancer. (2) 75% of those who took the survey were women. Individuals respond to a fact that suddenly puts them at personal risk for the disease.

[Insert Table 7.8 about here]
The word “colonoscopy” and/or screening ages (40, 50) was the next most mentioned phrase at 31.1%. The name of the race, “Scope It Out,” was meant to push this concept. In addition, Dr. Marshall discussed the colonoscopy in detail at the end of his speech.

I created a composite variable that summed the mentions of each of the above concepts per individual. I then ran a one-sample t-test on the variable to determine the average number of new facts individuals reported they learned. The mean was 1.528 and the median was 1.500. In addition, the modal response, the most re-occurring number of new learned facts, was 2.000. Participants not only learned something new, but also, on average, they learned more than just one thing new. H$_2$ is supported by the qualitative analysis.

The interviewees on camera had the following responses to the questions about what they learned from the race that they did not know previously:

One thing that strikes me is that you may not have any symptoms. That… That’s the worst thing about it - is that it’s silent. I was not aware of that. I assumed that you would have some kind of symptoms. The people I’ve known definitely found out about it because of symptoms. You may have it for a while and not know about it.

It affects people that have no family history of it… that both men and women are susceptible … at any age.

I was very knowledgable. I had taken the quiz on the website, and I think I was able to answer all of the questions correctly, but only because I’ve discussed this with Charlotte so my awareness was raised by Charlie’s death actually. I had never had a colonoscopy and shortly after he passed away I had mine done in Philadelphia. It’s a painless procedure. You’re under anesthesia… As the doctor said today, I think it’s Dr. Mason, as he pointed out, they can snip the polyps out while you’re in there. It’s more than a diagnostic procedure it can be a clinical/therapeutic procedure as well.

I learned a ton! I never learned so much at a race before! I learned that it affects women and men equally, I learned that you don’t necessarily see any symptoms, and that getting a colonoscopy can actually help by…instead of just detecting it, it
can help you not get colon cancer. So I’m going to tell my Dad to get a colonoscopy. I’m like a convert!

**Correlation between Demographics and Colorectal Cancer Knowledge**

I ran a regression with the composite variable, knowledge, as the dependent variable, and know, sex, education, age, and income as the independent variables. “Know” indicates whether or not the survey participant personally knew someone affected by colorectal cancer. I wanted to determine if there was any statistically significant correlation between knowledge and any of these variables. Knowledge is the sum of the correct answers to the 11 knowledge questions in the pre-race survey. The results indicated no heteroskedasticity (Durbin-Watson of 1.932 approaches 2.0), and a positive correlation between knowledge and knowing someone affected by colorectal cancer (significance 0.001) and age (significance .018). I ran a second regression without income as an independent variable; the results were not significantly affected.

[Insert Table 7.9 about here]

The same regression for the post-race survey produced different results. Age had a greater correlation with knowledge than knowing someone affected by colorectal cancer, but neither correlation was significant. Age was approaching significance. The older you are, the more you know about colorectal cancer.

[Insert Table 7.10 about here]

The lack of positive correlation between knowing someone affected by colorectal cancer and knowing about colorectal cancer in the post-race survey results indicates learning occurred. H₂ is supported by this regression analysis. Those who did not know someone affected by
colorectal cancer, and as indicated, knew less about colorectal cancer in the pre-race survey, scored significantly better on the post-race survey.

**Sources of Learning**

If I determined there was a statistically significant increase in knowledge, what about the race contributed to that learning?

Although I did not ask participants where they found new information about colorectal cancer, many of them mentioned their sources in their qualitative responses.

[Insert Table 7.11 about here]

The race packets filled with colorectal cancer screening literature were mentioned the most frequently, followed by the doctor’s speech. I believe the speech was important not only because the speaker was a well-spoken, reputed doctor whom people believe, but also because many people do not take the time to read materials handed out to them, particularly if they do not have an interest in the subject. Dr. Marshall had a captive audience. Some of the participants had come to listen to him. Still others were waiting for the awards ceremony.

The “scope it out” phrase seems to have caught on – and those who used it in their answers understood its full meaning with respect to getting a colonoscopy to prevent colorectal cancer. Signs with four of the seven concepts above (which also implied the other ideas like “preventable”) were placed at each of the four mile markers. These signs, and the website and pre-race survey, which had answers at the end, also served as learning tools. I think the signs made a greater difference than 2.8% shows. The points mentioned most correspond to the message points on the signs. While people walked or ran, they saw the signs, and were
encouraged to talk about them with their fellow runners and walkers. One anecdote from the qualitative section follows:

Out on the route, there were people talking about the ages for screenings and the facts. There was banter back and forth about the ages, with one runner insisting on the screening age, saying, 'It's 50. Didn't you read any of the race materials?!' to his fellow jogger.

These forms of communication made a difference, and all six of these learning tools could be used again in the future.

Clearly, some participants were just there to run. They may have noticed the signs and certainly received race packets, but did not pay attention. 7.5% of the 111 respondents indicated they learned nothing new. Some wrote they just “enjoyed the race” or “at the race, I didn’t pay much attention to the signs, sorry!” (This instance of “signs” was not counted in the sources of learning.) Another 6.6% said they learned nothing new because they already knew so much about colorectal cancer: either a family member had colorectal cancer or one of the spouses was a physician. And yet, others in the medical community learned something new. One woman who works at a cancer center learned that a colonoscopy removes polyps.

In addition to asking what they learned about colorectal cancer, I also asked to whom they spoke during the race. I perhaps should have qualified the question with “What did you talk about?” although some people replied with the topic of conversation.

[Insert Table 7.12 here]

Race participants come with family and friends and usually spend most of the time during events in which they participate interacting in that small circle. However, besides the coach (for the fast runners), the rest of the above-listed persons may have dispelled information on
colorectal cancer. The core race volunteers (30+) knew a lot about colorectal cancer because they had been listening to me for six months. Many of the 40+ additional volunteers on race day came because they had some association with me or the cause. Conversations with Dr. Marshall or a cancer patient or survivor most likely included an information exchange about colorectal cancer.

Stories of personal experiences stay in our memories. Meeting people affected by colorectal cancer also makes an impact. One interviewee on camera recounted a story he had heard from one of the Scope It Out race committee members that morning:

Interestingly, I met a girl whose mother died at age 57 of colon cancer, and after she died, her father had a colonoscopy and it revealed that he had colon cancer, and as a result of his wife’s death, he survived. I actually looked at that woman’s picture, and thought about her during the race today. That young girl is on the committee. I don’t recall her first name, but …she’s on the committee here.

Participants were asked in both pre- and post-race surveys, “How have you learned what you know about colorectal cancer? Check all that apply.” The options included the following: doctor, Internet news, Internet cancer sites, Newspapers, Radio, Television, Word of Mouth, Scope It Out 5K™ website, Scope It Out 5K™ promotional material, and Scope It Out 5K™ run/walk (post-race only). Before the race, participants indicated they learned most of what they know from word of mouth and television. Newspapers and doctors ranked a distant third and fourth, respectively.

After the race, the same individuals who learned something checked a lot more of the boxes. This time, more than double the number of participants, and almost three-quarters of those who took the survey both times, indicated they had learned something from
scopeitout5k.com. Word of mouth was still very important, as interpersonal communication is one of the most relied upon sources when it comes to learning and health. The run/walk itself was selected by almost half of the participants as the source of their learning.

[Insert Table 7.14 here]

Traditional forms of media such as television, newspaper, and radio decreased or stayed the same. Of note, promotional material as a selected source of learning increased four-fold; this most likely refers to the race packets filled with colorectal cancer information as well as the race t-shirts. Internet news and Internet cancer sites were also chosen more often as sources of learning. The scopeitout5k.com website had links to other colorectal cancer websites and news sites. The race packet literature also contained references to websites. Four participants, in separate qualitative responses to the post-race survey, wrote the following:

I am a stage IV ‘living with cancer’ patient. I found the information in the packet to be very beneficial, especially the Colon Cancer Alliance support and information page. I have joined the CCA Buddy Network. I am hopeful that I will be able to find out more about treatment options available to me.

I learned much from the Scope It Out 5k web site, from the pre-race survey, and from Web MD, which I visited to learn more about colon cancer after I first visited the race web site.

I have learned a lot in the last 3-4 weeks, actually starting before the walk. That is when I learned by 42 year old boarding school friend has been battling colon cancer for 2 years. I came up and did the walk to support her. After hearing about her struggle, I found out through doing the walk and the ccalliance website that the most common symptom is no symptom. I was surprised to hear this as I always thought there was blood in the stool, etc.

I learned that the colonoscopy isn't as scary or awful as one might think, though preparing for it isn't the most pleasant process. (I watched the video of Katie Couric getting her colonoscopy on her web site.)
Doctors also increased as a source of information, most likely thanks to Dr. Marshall’s attendance and speech at the race.

**Behavior Change**

After participating in the race, would people be more likely to get screened for colorectal cancer?

H₃: The race and associated communications campaign will influence participants’ decisions to get screened for colorectal cancer (and specifically, to get a colonoscopy).

The whole point behind this race was not to make individuals colorectal cancer experts. They needed to learn of the existence of colorectal cancer, understand the risk is significant, and acknowledge personal susceptibility to the disease. Only then would these participants take action. People want to know why they should do something. Motivation boils down to the question of “What’s in it for me?”

In this case, a trip to the doctor for a colonoscopy will prevent colorectal cancer from killing you. I wanted to understand the various reasons (and excuses) for which individuals would not take action against this disease. If you know what a colonoscopy can do for you, why would you avoid it? I asked pre- and post-race survey participants to answer the question, “What, if any, are the reasons you would NOT get screened for colorectal cancer at the recommended age? Check all that apply.” Participants could check more than one of the following options: time; cost; effort; painful or uncomfortable procedure; “I’m not at risk for the disease”; or, “None. I will get screened.”

The significant differences between pre- and post race tests illustrate the shift of many of the race participants from Stage 1 (heard of the hazard) to Stage 3, where they understand the risks and acknowledge personal susceptibility.
86.9% of post-race survey participants compared to 64.3% of pre-race survey participants said they will get screened although they may still have some trepidation about the procedure itself. H3 is supported. The change from pre- to post-race is significant, and the number is high. The numbers who claimed they were not at risk dropped significantly from 11.9 to 3.6%. Time, effort, and cost were less of a reason not to get screened. It is interesting, however, that although it diminishes, the perception that the colonoscopy is a painful or uncomfortable procedure is one of the biggest reasons people do not want to get screened. More education should be done to quell some of the fears about the difficulty of the procedure.

The on-camera interviews also supported H3. When asked if they were more likely to get a colonoscopy after participating in the race, the video interviewees responded with the following (two had already had colonoscopies):


I don’t personally plan to get one in the next 10-20 years, but I didn’t think about getting one at all before now, and I’m definitely going to tell my parents they should get them.

Absolutely. Yeah, definitely, when the time is right, something I would definitely be doing.

Definitely more [likely].

Perhaps the most significant response was from a woman whose younger sister, age 43, was suffering from Stage IV colorectal cancer. She had gotten a group of 40 of the sister’s friends to do the walk and show that they cared. She said:
Everybody with us learned what they need to do. Lots of them left with us saying they are going to go sign up and have it scoped. We did some good here.

**Limitations of the Study**

The total number of participants in the study was limited at the outset by the location venue. We could not hold more than about 500 runners and walkers on race day, and we closed registration early. While 262 completed the pre-race survey on the website, only 116 completed the post-race survey which was distributed by email. 84 of the cases were matched by birthdates. 84 is not a limitation in terms of statistics, but a few more matching cases could have been found if a request for email address had been included in the post-race survey. Pre- and post-race survey cases where participants did not report birthdates could have been matched by the email address.

As this was the first year of the race, most of the race participants were an extended network of people who knew my family. While any pre-race awareness should have shown itself in the pre-race survey results, the receptivity to the project and thus, learning, may have been higher because of the personal relation to me or others involved in the planning. Then again, the whole point behind the race was to communicate the information in the best way possible to get the point across to the people of the community – through interpersonal communications. Those who registered for the race answered a question about how they heard about the race. Of 692 responses, 44.2% indicated a friend, family member, committee member, or one of the Kraenzle family told them about the race. Another 35.7% indicated they had heard about the race through a brochure or flyer. All of these flyers were distributed by hand through the committee members.
The survey sample was mostly well-educated and wealthy individuals. The U.S. running population is generally more educated and wealthier than the average American; they have the time to participate in physical exercise outside of work for health or entertainment-related reasons. Race participants also had to have a car, access to a ride, a bike or money for a cab fare and $20 for the registration fee. Generally, the wealthier and more educated may be more receptive to health-related topics. The improvement in awareness may have been a result of their receptiveness to health discussions. Although this sample did not include less wealthy portions of the population, the sample did have a good cross-section of ages. Since the home of the race is the Nation’s capital, the runners who participated came from all over the country. As is common in large metropolitan areas, the people who live here now have spent all or part of their lives in other parts of America or abroad.

The sample was 75% female. This may show that females are more willing to participate in this type of survey; I do not consider this a limitation because I was targeting females. By and large, females do not know of their risk for colorectal cancer since the myth exists that it mostly affects men. In addition, while I cannot support this hypothesis, women are more likely to get tested and to force the men in their lives to make appointments to get screened – once they understand their personal risks.

Some of the knowledge improvement could be attributed to taking the same survey twice. The pre-race survey answers were shown to participants upon their completing the survey. I counted the survey as a learning tool in my analysis. Several reasons exist, however, that mitigate the possibility this repeat survey-taking process could be attributed to much difference in the scale of learning. The time between taking surveys, for most participants, may have been several weeks. In addition, the topic of colorectal cancer was a foreign one - where remembering
facts may prove more difficult than others. The qualitative responses illustrate that most people learned more than one new fact, and could recite those facts voluntarily without the aid of multiple choice questions.

Figure 7.1 Elizabeth Shelton Sings the National Anthem
Chapter 8. Conclusion

The Scope It Out 5K Run/Walk for Colon Cancer Awareness, held on March 19, 2005 at Hains Point, Washington, D.C., and its associated communications campaign, increased the knowledge and awareness of its participants. On average, participants answered one more knowledge question on colorectal cancer correctly and reported 1.5 new facts about colorectal cancer. After the race, the average awareness response of the participants went from “slightly aware” to “very aware.” 64.3% of participants, up from 39.3%, indicated they were “very aware” of colorectal cancer after the race. No one indicated they were “not aware at all” in the post-race survey.

The race also influenced the participants’ adoption of a precautionary measure, the colonoscopy. With respect to Weinstein’s stage theory, participants who had only heard of the hazard (Stage 1) before the race or knew others were at risk (Stage 2) now acknowledged personal susceptibility (Stage 3) and were even taking action (Stage 4). For instance, some participants said they were signing up to get scoped after the race; others said they were going to tell their parents to get colonoscopies. 86.9% of post-race participants, a 22.6% increase from the pre-race responses, indicated they will get screened for colorectal cancer at the recommended age.

The top three sources most cited sources of learning in the post-race survey were the Scope It Out 5K website, word of mouth, and the Scope It Out 5K run/walk. Neither the race nor the website had been included in the top three cited sources in the pre-race survey. The qualitative answers in the post-race survey indicated the race packets filled with colorectal cancer information; Dr. Marshall’s speech; the race name; the online survey and website; and the
signs at the mile markers all made an impact on the knowledge and awareness of race participants.

Community events can and do make a difference in health awareness. More events should be held, especially for a cancer that can be prevented. Adopting this innovation in local towns and cities throughout the United States will save lives. Planners and organizers of community events should consider all the learning tools used in the Scope It Out 5K and work to make their events ones that make a difference - that invite people to learn, become more aware, and change their behavior.

“Starting epidemics requires concentrating resources on a few key areas,” advises Gladwell (2000, p. 256). While the race is not of epidemic proportions yet, its first year was a great start – with more than 800 registered runners and walkers and more than $40,000 in donations. I concentrated on recruiting talented volunteers with specific skills, big hearts, and wide networks of friends. I also concentrated on communicating well in emails, on websites and marketing materials, and in my conversations with sponsors, volunteers, and participants. My message about colorectal cancer – “scope it out” – was my mission. Colorectal cancer can be eradicated through education and behavior change. One test – the colonoscopy – could save 55,000 lives a year.

“What must underlie successful epidemics, in the end, is a bedrock belief that change is possible, that people can radically transform their behavior or beliefs in the face of the right kind of impetus,” Gladwell wrote in his conclusion (2000, p. 258). I wish someone had had the courage to be more vocal about getting screened for colorectal cancer before my dad was diagnosed. My family suffered greatly because we did not hear about the need for colonoscopies. I could not watch others die while I stood quiet. I believed I could make a life-
saving difference. I believed I could convince others to get scoped. While I may have convinced a few people, the race is far from over. As Dr. Marshall said in his post-race speech, “We must scream it from the rooftops. We must.”

Figure 8.2 2005 Scope It Out 5K™ Finish Line
References


Table 7.1 Distribution of *Ages* of Pre-/Post-Race Survey Participants

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<thead>
<tr>
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<th>Percent</th>
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<tr>
<td>Total</td>
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</tr>
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Table 7.2 *Sex* of Pre-/Post-Race Survey Participants

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<thead>
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<th>Sex</th>
<th>Frequency</th>
<th>Percent</th>
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<td>Male</td>
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<td>25</td>
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<tr>
<td>Female</td>
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<td>75</td>
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<tr>
<td>Total</td>
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</tr>
</tbody>
</table>

Table 7.3 *Education* of Pre-/Post-Race Survey Participants
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<tr>
<th>Education</th>
<th>Frequency</th>
<th>Percent</th>
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<td>High school graduate</td>
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<td>1.2</td>
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<tr>
<td>Some college</td>
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<td>7.1</td>
</tr>
<tr>
<td>College degree</td>
<td>36</td>
<td>42.9</td>
</tr>
<tr>
<td>Some post-graduate work</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>19</td>
<td>22.6</td>
</tr>
<tr>
<td>Doctorate</td>
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<td>7.1</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 7.4 Income of Pre-/Post-Race Survey Participants**

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<thead>
<tr>
<th>Income</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; $30,000</td>
<td>7</td>
<td>8.3</td>
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<tr>
<td>$30 - $50,000</td>
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<td>20.2</td>
</tr>
<tr>
<td>$50 - $70,000</td>
<td>12</td>
<td>14.3</td>
</tr>
<tr>
<td>$70 - $90,000</td>
<td>8</td>
<td>9.5</td>
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<tr>
<td>$90 - $110,000</td>
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<td>$110 - $130,000</td>
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<td>$130,000+</td>
<td>15</td>
<td>17.9</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100</td>
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</tbody>
</table>

**Table 7.5 Pre- and Post-Race Participant Assessment of Personal Awareness**

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Pre-Race (%)</th>
<th>Post-Race (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very aware</td>
<td>39.3</td>
<td>64.3</td>
</tr>
<tr>
<td>Slightly aware</td>
<td>31.0</td>
<td>33.3</td>
</tr>
<tr>
<td>Not sure</td>
<td>13.1</td>
<td>0.0</td>
</tr>
<tr>
<td>Not very aware</td>
<td>13.1</td>
<td>2.4</td>
</tr>
<tr>
<td>Not aware at all</td>
<td>3.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Knowledge Questions</td>
<td>Pre-Race (% correct)</td>
<td>Post-Race (% correct)</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Q: What is a polyp? A. A growth, usually benign, protruding from a mucous membrane. Polyps in the colon can develop into cancer.</td>
<td>98.8</td>
<td>98.8</td>
</tr>
<tr>
<td>Q. Can colon cancer be cured? A. Yes, if detected early (in most cases).</td>
<td>97.6</td>
<td>100</td>
</tr>
<tr>
<td>Q. Which of the following [ethnicities] does colon cancer affect the most? A. None of the above. Colon cancer affects people of all ethnicities (African-American, Caucasian, Asian, Hispanic, Other)</td>
<td>96.4</td>
<td>98.8</td>
</tr>
<tr>
<td>Q. What is a colonoscopy? A. An endoscopic examination of the large intestine (colon).</td>
<td>91.7</td>
<td>92.9</td>
</tr>
<tr>
<td>Q. Which are symptoms of colorectal cancer? A. Any of the above (weight loss, abdomen pain, blood in the stool, no symptoms)</td>
<td>90.5</td>
<td>94</td>
</tr>
<tr>
<td>Q. Which of the following tests views the entire length of the colon, can snip out polyps, and is considered by many to be the &quot;gold standard&quot; among tests? A. Colonoscopy</td>
<td>90.5</td>
<td>97.6</td>
</tr>
<tr>
<td>Q. What is the recommended age for getting a colonoscopy if you have no family history of colon cancer? A. 50</td>
<td>69</td>
<td>82.1</td>
</tr>
<tr>
<td>Q. Which group (men or women) does colon cancer affect the most? A. Neither, it affects both groups equally.</td>
<td>58.3</td>
<td>92.9</td>
</tr>
<tr>
<td>Q. What is the recommended age for getting a colonoscopy if you have a family history of colon cancer? A. 40 (or earlier if relative had cancer before 50)</td>
<td>51.2</td>
<td>64.3</td>
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<tr>
<td>Q. About how many Americans die annually from the disease? A. 55,000</td>
<td>34.5</td>
<td>45.2</td>
</tr>
<tr>
<td>Q. What percentage of cases occur in people with NO family history of the disease? A. 70-75%</td>
<td>17.9</td>
<td>38.1</td>
</tr>
</tbody>
</table>

n=84.

* 100.0 is a constant. Cross-tabulations will not run.

** Cells have expected count less than 5. Minimum expected count is 3. This one should be significant.

Note: The cross-tabulations expect at least five values in each of the cells to compute Pearson’s Chi-Square. Since many of the tables had cells with less than five, some of the p values may be off.
Table 7.7 Participants’ Percentage of No. of Correct Answers to Knowledge Questions

<table>
<thead>
<tr>
<th>No. of correct answers</th>
<th>Pre-Race Percent (%)</th>
<th>Post-Race Percent (%)</th>
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</thead>
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<tr>
<td>0</td>
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<td>0</td>
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<tr>
<td>4</td>
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<td>14.3</td>
<td>25</td>
</tr>
<tr>
<td>11</td>
<td>6</td>
<td>20.2</td>
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</table>

Table 7.8 Percentage of Qualitative Responses which mention Key Learned Concepts

<table>
<thead>
<tr>
<th>Phrase/Concept</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventable, Treatable, Curable</td>
<td>38.7</td>
</tr>
<tr>
<td>Affects men and women equally</td>
<td>33.0</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>31.1</td>
</tr>
<tr>
<td>Second-leading cause of cancer deaths</td>
<td>16.0</td>
</tr>
<tr>
<td>Majority of cases have no family history</td>
<td>13.2</td>
</tr>
<tr>
<td>Most common symptom NO symptoms</td>
<td>12.3</td>
</tr>
<tr>
<td>Affects all ethnicities</td>
<td>8.5</td>
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</table>

Table 7.9 Pre-Race: OLS Regression Analysis of Age, Income, Knowing Someone Affected by Colorectal Cancer, Education, and Sex on Knowledge of Colorectal Cancer

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<td>0.018</td>
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n=84.
Adj. R² = .198
Durbin-Watson = 1.932
Table 7.10 Post-Race: OLS Regression Analysis of Age, Income, Knowing Someone Affected by Colorectal Cancer, Education, and Sex on Knowledge of Colorectal Cancer

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<th>B</th>
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<td>psex</td>
<td>0.606</td>
<td>0.174</td>
<td>0.12</td>
</tr>
<tr>
<td>pincome</td>
<td>-0.07</td>
<td>-0.087</td>
<td>0.459</td>
</tr>
<tr>
<td>peducation</td>
<td>0.069</td>
<td>0.051</td>
<td>0.638</td>
</tr>
</tbody>
</table>

n=84.
Adj. R² = .087
Durbin-Watson = 2.407

Table 7.11 Learning Sources: Percentage of Qualitative Responses which mention One of Six Learning Sources

<table>
<thead>
<tr>
<th>Phrase/Concept</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>packet</td>
<td>9.4</td>
</tr>
<tr>
<td>speech</td>
<td>5.7</td>
</tr>
<tr>
<td>“scope it out”</td>
<td>4.7</td>
</tr>
<tr>
<td>survey</td>
<td>2.8</td>
</tr>
<tr>
<td>signs</td>
<td>2.8</td>
</tr>
<tr>
<td>website</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Table 7.12 Interpersonal Communications during the Race: Percentage of Qualitative Responses which mention Certain Persons

<table>
<thead>
<tr>
<th>To whom did you speak?</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>friends</td>
<td>37.7</td>
</tr>
<tr>
<td>volunteer</td>
<td>19.8</td>
</tr>
<tr>
<td>family</td>
<td>17.9</td>
</tr>
<tr>
<td>Charlotte</td>
<td>10.4</td>
</tr>
<tr>
<td>cancer patient/survivor</td>
<td>8.5</td>
</tr>
<tr>
<td>Kraenzle</td>
<td>5.7</td>
</tr>
<tr>
<td>Dr. Marshall</td>
<td>4.7</td>
</tr>
<tr>
<td>coach</td>
<td>2.8</td>
</tr>
</tbody>
</table>
Table 7.13 Participants’ Pre-Race Selection of Learning Sources

<table>
<thead>
<tr>
<th>Information Source</th>
<th>Pre-Race (%)</th>
<th>Post-Race (%)</th>
<th>Pearson Chi-Square Asymp. Sig.</th>
<th>Change significant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word of Mouth</td>
<td>60.7</td>
<td>47.6</td>
<td>0</td>
<td>✓</td>
</tr>
<tr>
<td>Television</td>
<td>47.6</td>
<td>42.9</td>
<td>0.002</td>
<td>✓</td>
</tr>
<tr>
<td>Newspaper</td>
<td>39.3</td>
<td>32.1</td>
<td>0</td>
<td>✓</td>
</tr>
<tr>
<td>Doctor</td>
<td>35.7</td>
<td>39.3</td>
<td>0</td>
<td>✓</td>
</tr>
<tr>
<td>Scope It Out 5K Website</td>
<td>33.3</td>
<td>70.2</td>
<td>0.007</td>
<td>✓</td>
</tr>
<tr>
<td>Internet News</td>
<td>26.2</td>
<td>34.5</td>
<td>0.001</td>
<td>✓</td>
</tr>
<tr>
<td>Internet Cancer Sites</td>
<td>23.8</td>
<td>29.8</td>
<td>0</td>
<td>✓</td>
</tr>
<tr>
<td>Scope It Out 5K Promotional Material</td>
<td>9.5</td>
<td>42.9</td>
<td>0.053</td>
<td>approaching</td>
</tr>
<tr>
<td>Radio</td>
<td>8.3</td>
<td>8.3</td>
<td>0.001*</td>
<td></td>
</tr>
</tbody>
</table>

*The cross-tabulations expect at least five values in each of the cells to compute Pearson’s Chi-Square. Since many of the tables had cells with less than five, some of the p values may be off.

Table 7.14 Participants’ Post-Race Selection of Learning Sources

<table>
<thead>
<tr>
<th>Information Source</th>
<th>Pre-Race (%)</th>
<th>Post-Race (%)</th>
<th>Pearson Chi-Square Asymp. Sig.</th>
<th>Change significant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope It Out 5K Website</td>
<td>33.3</td>
<td>70.2</td>
<td>0.007</td>
<td>✓</td>
</tr>
<tr>
<td>Word of Mouth</td>
<td>60.7</td>
<td>47.6</td>
<td>0</td>
<td>✓</td>
</tr>
<tr>
<td>Scope It Out 5K Run/Walk</td>
<td>45.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>47.6</td>
<td>42.9</td>
<td>0.002</td>
<td>✓</td>
</tr>
<tr>
<td>Scope It Out 5K Promotional Material</td>
<td>9.5</td>
<td>42.9</td>
<td>0.053</td>
<td>approaching</td>
</tr>
<tr>
<td>Doctor</td>
<td>35.7</td>
<td>39.3</td>
<td>0</td>
<td>✓</td>
</tr>
<tr>
<td>Internet News</td>
<td>26.2</td>
<td>34.5</td>
<td>0.001</td>
<td>✓</td>
</tr>
<tr>
<td>Newspaper</td>
<td>39.3</td>
<td>32.1</td>
<td>0</td>
<td>✓</td>
</tr>
<tr>
<td>Internet Cancer Sites</td>
<td>23.8</td>
<td>29.8</td>
<td>0</td>
<td>✓</td>
</tr>
<tr>
<td>Radio</td>
<td>8.3</td>
<td>8.3</td>
<td>0.001*</td>
<td></td>
</tr>
</tbody>
</table>

*The cross-tabulations expect at least five values in each of the cells to compute Pearson’s Chi-Square. Since many of the tables had cells with less than five, some of the p values may be off.
Table 7.15 Participants’ *Reasons for Not Getting Screened* for Colorectal Cancer

<table>
<thead>
<tr>
<th>Reason, if any, for not getting screened for colorectal cancer at the recommended age</th>
<th>Pre-Race</th>
<th>Post-Race</th>
<th>Pearson Chi-Square</th>
<th>Asymp. Sig.</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>7.1</td>
<td>2.4</td>
<td>0</td>
<td>9</td>
<td>✓</td>
</tr>
<tr>
<td>Cost</td>
<td>7.1</td>
<td>3.6</td>
<td>0.625</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effort</td>
<td>10.7</td>
<td>2.4</td>
<td>0</td>
<td>9</td>
<td>✓</td>
</tr>
<tr>
<td>Uncomfortable or painful procedure</td>
<td>19</td>
<td>8.3</td>
<td>0</td>
<td>9</td>
<td>✓</td>
</tr>
<tr>
<td>I'm not at risk for this disease.</td>
<td>11.9</td>
<td>3.6</td>
<td>0</td>
<td>9</td>
<td>✓</td>
</tr>
<tr>
<td>None. I will get screened.</td>
<td>64.3</td>
<td>86.9</td>
<td>0</td>
<td>9</td>
<td>✓</td>
</tr>
</tbody>
</table>
Appendix A. Copies of Emails to the Scope It Out Race Committee

Subject: Meeting This Thursday RE: Race for Colon Cancer Awareness
Date: Sun, 26 Sep 2004 21:17:25 -0400

March is National Colorectal Cancer Awareness month. Next March, I am going to hold a running race in the DC metro area on Saturday, March 19th (date is tentative depending on St. Pat's 10K and location is still TBD) for colon cancer awareness. Any funds raised will be donated to colon cancer research.

I need help! Lots of big ideas get lost in the execution or never even get started, but I want you to know that my heart is behind this one, and if you can find the time to help me in a small way or a big way, I will appreciate it immensely! I am looking for committee chairs and volunteers to help run parts of the race - from sponsors to registration to publicity. I'm holding a kickoff meeting this Thursday to talk about the planning.

FIRST MEETING
When: Thursday, September 30 at 8 p.m.
Where: Washington-Lee High School, 1300 N. Quincy Street, Arlington, Va., Room 236

Directions below.

Two of the many reasons for this race:
1. To promote colon cancer awareness. 90% or more of the deaths from colon cancer can be prevented with regular colonoscopies after age 50 (or 40 if there is a family history). Early detection saves lives.
2. To raise money for colon cancer research. There will be nearly 146,000 new cases and 50,000 deaths in the U.S. in 2004. Colon cancer is the second leading cause of cancer deaths in America. It doesn't have to be; see number 1.

(Also, this first annual race is going to be tied into my graduate thesis research.)

Six reasons for volunteering (although there are many more):
1. To help “build it” even if you think I'm crazy!
3. To meet new people
4. To have some fun
5. To do something for an important cause – you may just save a life!
6. To have something to talk about in job interviews (I had to say it! I know you're all busy!)

See you Thursday. Bring any friends who may want to volunteer. If you can't make it Thursday, but you are interested in helping, let me know.

Thank you,
Charlotte
"This is the true joy in life - that being used for a purpose recognized by yourself as a mighty one. That being a force of nature, instead of a feverish, selfish little clod of ailments and grievances complaining that the world will not devote itself to making you happy. I am of the opinion that my life belongs to the whole community and as long as I live it is my privilege to do for it whatever I can." - George Bernard Shaw

Date: Jan 28, 2005 10:28 AM
Subject: Re: Scope It Out 5K Update

As of 1/28/05: *
Days until race day: 49
Signed-up volunteers: 19
Registered runners/walkers: 57
Funds raised: $17,557.03 (includes online donations but no registration fees)
Funds spent: $4,175.70
Gift certificates: 4 (need 52 more)
TV interviews: 2
Super colon: 1
National Anthem singer: 1 - Ms. Liz Shelton
Subject Matter Expert: 1 - Dr. John Marshall
Government Officials: 0
Celebrities: 0

Goals for 2/11/05 (next two weeks):

Runners/Walkers: 174 (117 more)
(57 registered + 39 people on this email x 3 each) As of today, we're only on course to get 300 at the event; advertising and word of mouth is the only thing that will make a difference. Please help! I'm asking each of you to get (force) 3 more runners/walkers to SIGN UP between now and 2/11/05. If you have not signed up, you can count yourself in those 3. If you have individuals fill out flyers and hand you checks, you can offer to mail it in - or give it to me. We will get a lot more runners when it gets warmer but people like to join a crowd....

I'll give you targets for the rest of the month in two weeks.

Volunteers: 39 (10 more)
I talked with Capital Running Company. We need only 31 more volunteers. We want RELIABLE volunteers; they must show up. If someone wants to run, encourage them to run. There are volunteers out there who do not want to run!

Gift Certificates: 14
10 a week until race day
Please send me an email if you are willing to help me with this!
Sponsors: 3 more
Last push! We will probably stop pursuing 2/18/05.

Celebrities: Darrell Green
Government Officials: Mccluskey, Hastert, Davis
Fundraiser at Front Page: Determine date/time/details. (Thank you Dave and Helen!)

Deadlines:
T-shirt design/order: 2/28/05
Sign design finished: 2/19/05
Brochure and poster: 2/1/05
Brochures and poster printed: 2/4/05 (can't slip!)
Flyers printed: 2/1/05
Next meeting: March 3, 2005, 7:30 p.m. Please reserve the evening. In the meantime, committees can meet as needed.

Attached is a copy of our IRS determination letter. Thank you to all those who came out last night.

Thank you,
Charlotte

--
Charlotte Kraenzle
President
Charles A. Kraenzle Colon Cancer Foundation

Join Us in a Race to Save Lives!
Scope It Out 5K Run/Walk for Colon Cancer Awareness
March 19, 2005
www.scopeitout5k.com

* Please let me know if you want me to remove you from this email list! :>

Date: Feb 2, 2005 9:41 AM
Subject: Thanks Again

Scope It Out Race Committee - I wanted to send you 10 or so quotes I have received over the last month - just to let you know that I believe what we're doing is good and already making a difference! Please know that all of these reactions are the result of all the work you have done. I can't say thank you enough. I'm looking forward to race day. - Charlotte

---

I checked out your website...it looks GREAT!
(from someone who won't go get a colonoscopy)

Now you've made me cry.

We would love to help.

---

Congrats on your inspiring and awesome effort and a very well done web site.

---

(from someone at Lombardi Comprehensive Cancer Center)

After we got off the phone, I had a chance to browse through the whole website, which looks excellent!

---

Coincidentally I was at a funeral for a co-worker who died this past week from colon cancer when I received your email. I am going to forward your email to the people in my office - I am hoping some of them will participate and more of them will make a donation for our friend. In the meantime - I don't know if I will be able to run but if I can't, I will definitely walk in the 5K -

---

I just did the hand off of the flyer and the letter of introduction to Susan Kellam (chairman of the Alexandria Democratic Committee). She was glad to take it and immediately said the ADC would do something to walk in it for Marian Van Landingham (the delegate from Alexandria that has had a bout with colon cancer and is in the next stage of her illness).

---

(from a dean at GW Law)

You have my every wish for successful Run/Walk awareness event. Please continue in your efforts to make the advantages of early cancer detection known to all.

---

The website is great.
This is a real tribute to Charlie and the kind of Dad he was that Charlotte would take this on...

---

What an incredible thing you are doing with this foundation!

---

(from another dean at GW Law)

My father passed away in 1976 from colon cancer, so I know something about which you speak. Regardless, you can also place flyers in student and faculty mailboxes. The faculty mailboxes are located on the 5th floor of Burns near the Faculty Conference Center. I'd like one since I was not able to open your attachment.

If I can do anything else, just let me know. Maybe I'll do the race.

---

(From someone whose best friend just died of colon cancer)

I'm glad your daughter is helping to get people educated / diagnosed on colon cancer. Thank her for me. That is a great website for the Scope it Out race. I love that title.

---

(from someone who heard about the race)

My mom was diagnosed 16 months ago with stage 4 colon cancer, at 53 years old. She went through extreme chemotherapy being hospitalized for 3 days at a time for 6 months. Unfortunately, she has a recurrence. She is preparing for another round...

I have about 12 people that are going to do the walk with me so far...........I'm excited!!!!!!!!!!!!!!!!!!!!

______________________________________________________________________________

Date: Feb 8, 2005 12:59 AM
Subject: STATE of the SCOPE IT OUT 5K

Sorry this is so long. If you want the short version: Get people to sign up!

Please do take a moment to read through it....

As of 2/7/05 (my Dad's 64th birthday):
Days until race day: 40
Signed-up volunteers: 25+
Registered runners/walkers (as of 2/3/05): 107  (Nice work!  Keep it up!)
Funds raised: $22,882.03
(This is an approx. $5,000 dollar jump from 1/27.  :>)
Funds spent: $4,475.70
Gift certificates: 19+   See attached list.  Items in yellow may be inaccurate.  We still need lots more!
TV interviews: 2 (Interview with Andrea Roane has been tentatively scheduled for March 1st.)
Runner warm-up team: 1 (Thanks Beth!)
Super colon: 1 (It better be coming...)
National Anthem singer: 1 - Ms. Liz Shelton
Subject Matter Expert: 1 - Dr. John Marshall
Government Officials: 0 confirmed
Celebrities: 0
Flyers sent to NC for inclusion in March 12 St. Pat's 10K race packets: 5,000
Issues of March Prevention magazine to be sent to me for inclusion in race packets: 500
Also for race packets, CD-Roms and Brochures with Katie Couric on cover: 500 Nextel DC phones for race day: TBD, a contact has the request
Number of people who have taken my online thesis survey: 31   (I am going to graduate...)

Kudos: Julie attended the Health Expo last weekend and talked to some media and other colon cancer groups and handed out flyers. My cousin Jim put 1,500 flyers in mailboxes at GW Law this week. Sharon emailed several hundred in the CCA CommunityZero Group from the Two-Day Colon Cancer March. Seth's sister may make the foundation the recipient of the funds she receives from selling her "soap for hope" in March. Jen got the race listed in the Georgetown Alumni Club of Washington emails. Helen and I got it placed in the UVA Alumi Club of Washington email. It is also in the Panther Tracks newsletter. Numerous people emailed friends. Someone was handing out flyers at a church downtown! UVA cancer group FORCE is going to bring a team to walk. The CCA program director said she would include the race in an email to all 15,000 members.

The race is also on the following national website:
[http://www.ccalliance.org/events/calendar/calendar.html](http://www.ccalliance.org/events/calendar/calendar.html)

Information or a link to the race website should eventually be posted on the Cancer Research and Prevention Foundation and NCCRA websites.

Tonight, I gave a short speech in front of 80-100 people who are part of the Cardinal Basketball Officials' Association, and I handed out flyers. My dad was a Cardinal Basketball official; he officiated basketball games for seven years.

Note on pledges: At least three of you have asked me about pledges/sponsors for individual runners. I thought about a pledge program at the start, but decided against it mainly because I
want to encourage everyone to participate without the pressure of raising funds. Please encourage those who want to pledge to make a donation in sponsorship of the race. And ask them if they won't come out on that day and run or walk!

Goals for 2/11/05 (this week):
Runners/Walkers: 67 more to reach goal of 174  We can do it!
Volunteers: 10 more  (Core Race Committee meets on Friday at my house.)
Gift Certificates: Help!
Sponsors: Any more ideas before 2/18/05?
Publicity: Get statistics and links online. I will send a separate email, but I would like help getting the posters posted this weekend.
The posters should be done this Wednesday.
Food/rentals: Let's get the contracts set for stage, sound, and tent this week!!

Celebrities: 0  (Darrell Green is out of town that weekend. Other ideas?)

Next everyone meeting: March 3, 2005, 7:30 p.m., W-L High School

Thank you!
Charlotte

Date: Feb 11, 2005 9:57 AM
Subject: Scope It Out 5K Update

1. Check out this story:  
http://abcnews.go.com/GMA/HeartHealthy/story?id=488520&page=1

2. Cardinal Basketball Officials Association asked me if they could put something up on their website about my Dad and the race. See http://www.cboa.org/kraenzle.htm.

3. Mark your calendars!  Dave Mallen is holding a charity gig on 2/23/05 at the Front Page. Please come out for the event! Details are below.

4. Current registration: 133 runners/walkers as of 2/7/05
Of note: We received an online donation from Hawaii this week!

Have a wonderful weekend.

Thanks again,
Charlotte

________
From Dave Mallen:

WED, FEB 23, 2005
THE FRONT PAGE
1333 New Hampshire Ave, NW., Washington DC
8:30pm-1:00am
M: Dupont Circle (South)

This is one special show this month I want to really highlight: I have organized a charity event to raise money and awareness for the Charles A. Kraenzle Colon Cancer Foundation and its upcoming 5K Walk. A number of people in my life have been affected by this disease, and this particular foundation honors the memory of my friend Charlotte's father.

Here's how it will work: you come, you make a minimum donation (or more if you choose) and receive a wristband. The wristband gets you drink specials all night - and the knowledge that you've done something great!

Please come out and bring your friends to support this cause. Music starts at 9. For more information on how to donate or register for the March 19 Walk, please visit www.scopeitout5k.com.

Date: Feb 17, 2005 7:46 PM
Subject: Scope It Out 5K Update - 2/17/05

29 days until race day!

What's new:
- 246 registered runners and walkers (Congrats to all of you!)
- Benefit concert next Wednesday at The Front Page (I will send a separate email about this.)
- New permit that allows us in the park at 5:30 a.m. (Yes - 5:30!)
- Super Colon. I received 100% confirmation today (and promptly did a little dance!)

WANTED:
1. Volunteers to accept cash for wristbands at next Wednesday evening's event at The Front Page. Let me know if you're interested!

2. Volunteers to post posters. The publicity committee members are each taking posters to certain areas, but I have 200 more in my car that are not doing any good there! If you have ideas for them (i.e. offices, gyms), tell me when/where I can meet you, or you can pick them up.

3. Volunteers to hand out Metro cards. I have 1,000 cards that could be passed out at Metro stops (4.25" x 5.5"). They're cute! Or, we could try other venues that might have running groups. I intend to put some in my pockets when I run on Saturdays! [Publicity committee
- We could make it an outing?

Hope to see a lot of you next Wednesday evening at The Front Page.

Thank you,
Charlotte

Date: Mar 15, 2005 12:59 AM
Subject: 6 a.m.?!?! Volunteering for the Scope It Out 5K…

To all of the volunteers who signed up to help make this event a success on Saturday, thank you! We cannot put on this race without all 50 of you.

Please arrive at Hains Point at 6 a.m. on Saturday morning. You can park near "The Awakening" along Ohio Drive or in the parking loop. There will be ample parking at that hour. We do ask you to carpool if you can. I have attached directions to the course. You can also find them under "Race Course" on www.scopeitout5k.com.

Please dress warmly. I am ignoring the current weather forecast, but you may want to consider wearing good rain gear. The race will go on regardless of the temperature or the weather.

At 6 a.m., we will distribute the blue volunteer t-shirts, and provide you with a small breakfast. Then, we will separate into groups, and move quickly to get everything - from food and registration tables to mile markers and water stations - set up by 7 a.m.

Many of you have heard from your group leads at least once. Below are their names if you have any questions or concerns. You can also reply to this email, or call me at 703-408-0614.

Course Marshals: Kathleen Wilson, email address
Chip Collectors: Tiffany Lane, email address
Food Tent: B.J. Harrick, email address
Registration: Eliza Jacobs, email address
Water Stations: Amanda Rose, email address
Awards Ceremony: Charlotte Kraenzle, email address
General (to be assigned race morning): Amanda Rose, email address

We're counting on all of you! If for some reason you cannot make it Saturday, please let us know as soon as possible.

I look forward to meeting many of you Saturday morning.

And I cannot say thank you enough.
Thanks again,
Charlotte

--
Charlotte Kraenzle
Race Director
Scope It Out 5K Run/Walk for Colon Cancer Awareness
March 19, 2005
www.scopeitout5k.com
Appendix B. Draft of ScopeItOut5k.com Text

Note: Headings are in blue. Sub-headings are in red. Current online headings will need to change to match these. [Information in brackets is notes only.]

Colon Cancer: The Facts

The Bad News

Colorectal cancer, otherwise known as colon cancer, is the second-leading cause of U.S. cancer deaths for men and women combined.

- Colorectal cancer affects people of all ethnic backgrounds.
- Every year, nearly 150,000 people in the U.S. are diagnosed with the disease, and nearly 60,000 die.
- More than 13,000 colorectal cancer cases are diagnosed each year in people under the age of 50.
- By the time symptoms occur (intestinal pain, blood in the stool), colorectal cancer has often metastasized to another organ.

About the Disease

Most kinds of cancer are named after the part of the body where the cancer first starts. Colon cancers begin in the digestive system, also called the GI (gastrointestinal) system.

The colon has four sections. Cancer can start in any of the four sections or in the rectum. The wall of each of these sections has several layers of tissues. Cancer starts in the inner layer and can grow through some or all of the other layers. The stage (extent of spread) of a cancer depends to a great degree on which of these layers it affects.

Cancer that starts in the different areas may cause different symptoms. Colon cancers probably develop slowly over a period of several years. Over 95% of colon and rectal cancers are adenocarcinomas. These are cancers of the cells that line the inside of the colon and rectum.

We now know that most of these cancers begin as a polyp- a growth of tissue into the center of the colon or rectum. Polyps are also known as adenomas. Removing the polyp early can prevent it from becoming cancer.

The Good News

Get the test. Get the polyp. Get the cure. *

- Colorectal cancer is curable 90% of the time when detected early.
- Most of these deaths can be prevented by getting a colonoscopy at age 50, or earlier with a family history. A colonoscopy is a screening test which can be used to detect certain
pre-cancerous growths, or polyps, in the colon and rectum and remove them before they ever develop into cancer.

- Everyone should be screened at age 50, even when there is no family history, since 70 to 75% of colon cancer cases fall into this category.
- The earlier colorectal cancer is detected, the more curable it is.

**Colonoscopies are the gold standard for tests.**

- “Colonoscopy has the unique advantage among all the screening tests of usually being able to visualize the entire bowel. Colonoscopy is the gold standard for sensitivity in colorectal cancer screening, the standard by which the performance of other tests is measured,” states Robert A. Smith, M.D., Director of Cancer Screening, American Cancer Society.
- A single fecal occult blood test will detect fewer than one in four advanced lesions, according to Dr. Smith.
- Sigmoidoscopies, under the best of circumstances, reach only as far as the splenic flexure. While only 10% of cancers occur beyond that point in the colon, why take chances? “Look at the entire colon. It seems really silly to leave part of it unevaluated,” says Dr. Mark Pochapin of colonoscopies versus sigmoidoscopies.
- Unlike other screening tests, the colonoscopy has the ability to biopsy and remove suspicious lesions. Individuals who receive positive results from a sigmoidoscopy, fecal occult blood test, or double barium enema returns will also have to undergo a colonoscopy.

Talk to your doctor. Know your personal risks for this disease. This one can be cured!

*American Cancer Society Colon Cancer Awareness Campaign

**“Scope it Out”: The Race**

**Race Genesis**

Charles A. Kraenzle was diagnosed with Stage IV colon cancer in June 2000. He had experienced abdominal pain on Memorial Day weekend in 2000. He was 59 years old. On CT scans, his doctor discovered a tumor in his upper colon, and sent him to INOVA Fairfax Hospital the following day for a colonoscopy. The colonoscopy discovered a malignant tumor the size of an orange - so large it blocked most of his colon. Charles underwent surgery that Monday. A week later, he learned the cancer had metastasized to his liver.

Charles A. Kraenzle was a great athlete. The youngest of five children, Charles grew up on a farm in Missouri. He learned early the value of hard physical work. In high school, he played basketball and football. Outgoing, charming, humble, smart… he was well-loved by his classmates who elected him senior class president.
Charles joined the Army Reserves after high school and spent six months on active duty. The following fall, he matriculated at the University of Missouri. At Mizzou, he joined the wrestling team and the Independent Aggies. He returned to his family farm in Missouri and farmed with his older brother for four years before returning to the University of Missouri in 1968 to pursue a master’s degree in Agricultural Economics. In 1970, he moved to Connecticut to work on his doctorate at the University of Connecticut. He received his PhD in Agricultural Economics in 1973.

Upon graduation, Dr. Charles Kraenzle accepted a job with the U.S. Department of Agriculture in Washington, D.C. He worked in the Cooperatives Services Department of Rural Business Services for almost 29 years. His love of sports continued – he jogged three times a week and lifted weights; and on weekends, he coached soccer and basketball teams, umpired softball games, and cheered on the Washington Redskins. In 1993, he joined the Cardinal Basketball Officials’ Association and refereed basketball games until the cancer took away his ability to run.

Since Charles’ heart was in good shape, his doctors recommended a second surgery on his liver; it was the only hope for a cure. In the summer of 2000, Charles underwent another surgery at the Lombardi Cancer Center at Georgetown University Hospital, but the cancer had spread too far. A series of painful chemotherapy treatments and two chemo-embolization procedures over the next 24 months could not stop the cancer from growing and spreading to his lungs and bones. After a marathon fight, including at least 11 week-long stints in the hospital, Charles lost the battle to colon cancer on August 14, 2002.

His oncologist called Charles “a man of steel.” Many people have faced the horrors of colon cancer, but few have held on until the very end with such strength and optimism.

We are holding this race in honor of Charles A. Kraenzle, his love of sports, and will to live. We believe this race can make a life-saving difference in the lives of others.

Tell your family and friends about getting screened for colon cancer. Come out and run or walk. And get a colonoscopy at age 50 (or age 40 if you have a family history).

Charles A. Kraenzle did not have a history of colon cancer in his family. Those who have a family history of colon cancer are at higher risk and should get a colonoscopy at age 40. Please consult your doctor. This one can be cured!

Race Details [HOME]

Scope It Out 5K Run/Walk
The Scope It Out 5k Run/Walk for Colon Cancer Awareness, a not-for-profit fundraising/awareness race will be held on March 19, 2005 at Hains Point, East Potomac Park, Washington, D.C., during National Colorectal Cancer Awareness Month.
The 5K Run/Walk will begin at 8 a.m. Registration packets can be picked up on Friday, March 18 or on the morning of the race, starting at 7 a.m. (More information coming soon!)

**Get Involved.**
90% of the more than 55,000 deaths from colon cancer expected in 2005 could have been prevented with colonoscopies starting at age 50 (or earlier with a family history). The earlier the cancer is caught, the more preventable it is. Colon cancer affects women and men equally as well as people of all ethnic backgrounds.


[Celebrities and awards should probably wait to be put online until we have person(s) and cash.]

**Celebrities**

**Awards**
Cash prizes will be awarded to the top three male and female finishers: $250 - 1st, $200 - 2nd, $150 - 3rd.

Awards will be given to the top three finishers in the following age groups: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80 & over.

The post-race awards ceremony begins at 9:30 am.

Stick around after the race for great refreshments generously donated by local vendors as well as entertainment for the whole family!

**Race Course**

This flat, USATF-certified 5K course runs around Hains Point in East Potomac Park.

**Map:** *Coming soon!*

**Directions:** *Coming soon!*

**Parking:** *Coming soon!*

**Course Safety:**
Review the list below for course prohibitions:

- Animals
• Baby joggers and strollers
• Skateboards
• Roller blades
• Bicycles
• Runners without race numbers
• Radio/recorder headphones are discouraged
• Coolers or glass containers

**Race Proceeds**

The Charles A. Kraenzle Colon Cancer Foundation is an all-volunteer organization formed to increase awareness of, encourage early detection of, and support research efforts in fighting colon cancer. Race proceeds (net race costs) will be donated to the following foundations:

• National Colorectal Cancer Research Alliance
• Cancer Research and Prevention Foundation
• Lombardi Cancer Center

Final decisions on the allotment and recipients of funds will be determined by board of directors of the Charles A. Kraenzle Colon Cancer Foundation.

[Any reason to list the names of the board of directors?]

**Get involved:**

**Register**

Saturday, March 19, 2004
Hains Point, East Potomac Park
Start Time: 8 a.m.
Packet Pickup: 7 a.m.

**How to Register**

Please see our List of Registered Runners and Walkers (Coming soon!)

For secure registration and instant confirmation of your entry, register online with SignMeUp Sports. (Coming soon!)

You may register for this race by fax or mail by filling out and returning a Printable Entry Form. (Coming soon!)

Entry Fee: $25 (includes ChampionChip and Scope It Out 5K short-sleeve t-shirt)
Donate

Interested in getting involved with Scope It Out 5K but can’t run/walk or volunteer? Are you running, walking, or volunteering and want to make even more of a difference? Please consider making a donation to the Charles A. Kraenzle Colon Cancer Foundation.

The Charles A. Kraenzle Colon Cancer Foundation* is an all-volunteer organization dedicated to promoting awareness about colon cancer. Your gift can help reduce the number of deaths from colon cancer through the promotion of early detection, additional research, and increased education and outreach efforts. Race proceeds (net race costs) will be given to foundations dedicated to the fight against colon cancer, including the National Colorectal Cancer Research Alliance and the Cancer Research and Prevention Foundation.

Please help prevent future cases of colon cancer!

Click here to make a donation. (Coming soon!)

Or send a check via mail to:

Charles A. Kraenzle Colon Cancer Foundation
P.O. Box 9136
Arlington, VA 22219-9998

* The Charles A. Kraenzle Colon Cancer Foundation is a foundation formed to increase awareness of, encourage early detection of, and support research efforts in fighting colon cancer. Gibson, Dunn & Crutcher LLP has filed for non-profit 501(c)(3) status and estimates we will receive a reply from the Internal Revenue Service within three months of the date of application. We cannot offer a tax-deductible guarantee until we receive 501(c)(3) status, which will be retroactive to the date of the foundation’s incorporation on October 20, 2004. If you are not comfortable writing a check now, please consider sending us a written commitment or pledge, and we will contact you as soon as possible.

Sponsor [sponsor logos will be on the side (or eventually we can move them to the top and put the package info underneath or on a separate page) – if you can set up two columns with sponsor/money on one side and the list in the next column, that would be great.]

The Scope It Out 5K Race Committee expects that 500 participants, volunteers, and spectators will attend this event. The people involved with this event, from competitors to spectators, represent a diverse group of potential and possibly existing customers from across the region.

Race coverage will include local news, national running news, and online coverage. We have a local public relations firm, CorpComm, Inc., working with us to obtain maximum coverage. Promotion opportunities for sponsors are listed below.
Please consider sponsoring the Scope It Out 5K Run/Walk for Colon Cancer Awareness. Your contribution can make a life-saving difference in the lives of others.

**Premier Sponsor: $5,000**
- Large logo/name on shirts
- Prominent display on brochure
- Logo/name on website
- Prominent mention in all advertising and press releases
- Prominent mention on sponsor banner at start/finish
- Sponsor sign at ALL THREE MILE MARKERS
- Ten complimentary entries to race
- Promotional material in race packets
- Photo op for dissemination to local media

**Major Sponsor: $2,500**
- Logo/name on brochures and shirts
- Logo/name on website
- Mention in all print advertising and press releases
- Special mention on sponsor banner at start/finish
- Sponsor sign at WATER STOP
- Five complimentary entries to race
- Promotional material in race packets
- Logo/name on brochures and shirts
- Logo/name on website
- Mention on sponsor banner at start/finish
- Sponsor sign at start/finish

**Sponsor: $1,500**
- Three complimentary entries to race
- Promotional material in race packets
- Name on applications and shirts
- Mention on sponsor banner at start/finish
- One complimentary entry to race

**Patron: $500**

**Volunteer**

**Volunteer Opportunities**

The individual volunteers and groups we recruit for race weekend will be an integral part of the success of the race! Volunteers will provide information, assistance and solutions for our runners and spectators.
Hotel Operations

- Chip Distribution - Activate and distribute runner timing device.
- T-shirt Distribution - Organize and distribute runner t-shirts.
- Packet Pick-up - Organize and distribute race numbers and runner bags.

Race Day

- Awards Tent - Organize and distribute awards to runners.
- Finish Line Lane Managers - Direct runners to chip return and water areas. Congratulate finishers. Assist with crowd control.
- Food Tent - Organize and distribute food to runners. Monitor and clean area.
- Garment Check - Accept and log runners' personal garments. Monitor and organize area.
- Security - Assist with crowd control and security measures.
- Water Station - Set-up and distribute water to runners. Cheer on runners. Monitor and clean area. Able to lift 25 lbs.

Volunteer Shifts

The following shifts are available:

- **Friday (3/18) - Hotel Operations**
  Shift 1: 4:00 p.m. to 7:00 p.m.
- **Saturday (3/19) - Race Day**
  Shift 1: 6:00 a.m. to 10:00 a.m.

Contact Us

To volunteer, send an email to info@scopeitout5k.com with your contact information and your interests.

Media Information

**Coming soon!**
Appendix C. Scope It Out 5K™ Press Releases

For Immediate Release
January 26, 2005

For more information contact:
Charlotte Kraenzle 703-408-0614

The Race is On to Increase Colorectal Cancer Awareness in Washington, D.C.
District has Highest Rate of Colorectal Cancer Deaths for Men and Women in United States*

WASHINGTON, D.C. - The first annual Scope It Out 5K Run/Walk for Colon Cancer Awareness will be held on March 19, 2005 at Hains Point in East Potomac Park. The Charles A. Kraenzle Colon Cancer Foundation**, an all-volunteer, non-profit organization, expects more than 500 participants to compete in its inaugural event held during National Colorectal Cancer Awareness Month***.

Colorectal cancer is the second leading cause of cancer deaths for men and women (combined) in the United States. Yet if detected early, the five-year survival rate for men and women with colon cancer is greater than 90%. The earlier the cancer is caught, the more curable it is. Colon cancer affects women, men and people of all ethnic backgrounds equally.

"As many as 80% of the 150,000 annual cases of colon cancer could be prevented if only the colonoscopy were as commonly utilized as the mammogram and Pap smear," said Dr. John Marshall, director of developmental therapeutics and GI oncology and associate professor of oncology at Lombardi Comprehensive Cancer Center. Dr. Marshall is an authority in the treatment of gastrointestinal malignancies.

Colon cancer often has no symptoms, and only 10% of the cases are hereditary, which is why screening is so important. Although colorectal cancer can strike at any age, more than 9 in 10 new cases are in people ages 50 or older.

Race Director Charlotte Kraenzle knows the impact that colon cancer can have on a family. She lost her father, Charles A. Kraenzle, to the disease on August 14, 2002, at the age of 61, after a marathon battle with the illness. Charles had no symptoms until a tumor blocked most of his colon and caused him pain; his Stage IV diagnosis meant the cancer had already metastasized to his liver.

"I am particularly grateful to our premier sponsors Clark Realty and Comcast for helping in this effort to raise colon cancer awareness," said Kraenzle. "This race is in memory of my father, who loved sports and had a tremendous love of life."

The Scope It Out 5k Run/Walk participants will receive Buddy Bracelets, similar to the Lance Armstrong "Live Strong" bands - except Cornflower Blue - the designated color for colorectal cancer. Net race proceeds donated to the Charles A. Kraenzle Colon Cancer Foundation will be given to the Lombardi Comprehensive Cancer Center, Cancer Research and Prevention Foundation, Colon Cancer Alliance, and National Colorectal Cancer Research Alliance for colon
cancer research and further colon cancer awareness work.

Start time is 8 a.m. sharp and race participants can pick up their packets as early as 7 a.m. Cash prizes will be awarded to the top three male and female finishers in the following amounts: $500 for first place, $250 for second place, and $100 for third place. Other prizes will be given to top finishers in the following age groups: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80 & over. The post-race awards ceremony begins at 9 a.m.

To register for the race or get more information, visit the race website at www.scopeitout5k.com or email info@scopeitout5k.com.

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**The Charles A. Kraenzle Colon Cancer Foundation is a non-profit organization formed to increase awareness of, encourage early detection of, and support research efforts in fighting colon cancer. The organization is exempt from federal income tax under 501(c)(3) of the Internal Revenue Code.

*** National Colorectal Cancer Awareness Month began when the Cancer Research and Prevention Foundation, the American Society for Gastrointestinal Endoscopy, the Foundation for Digestive Health and Nutrition and the National Colorectal Cancer Roundtable joined forces to bring critical messages about colorectal cancer to the American people. These founding partners have joined with 51 collaborating partners to educate about colorectal cancer year-round, focusing their energies and resources on the annual awareness campaign that takes place each March. All across the nation, organizations sponsor activities to bring the public information about colorectal cancer.

Scope It Out 5K to Hold Packet Pickup on March 18 at Pacers in Clarendon

ARLINGTON, Va. - The Scope It Out 5K Run/Walk for Colon Cancer Awareness will hold packet pickup for registered runners and walkers on Friday, March 18 at Pacers in Clarendon. Race participants can pick up their t-shirts, bib numbers, ChampionChips and goodie bags at the store between 12-2 or 4-8 p.m. Pacers is located at 3100 Clarendon Boulevard, Arlington, Va. 22201. For directions to the store, please visit www.runpacers.com or call 703-248-6883.
The Charles A. Kraenzle Colon Cancer Foundation*, an all-volunteer, non-profit organization, is directing the inaugural Scope It Out 5K Run/Walk for Colon Cancer Awareness at Hains Point, East Potomac Park on March 19, during National Colorectal Cancer Awareness Month**. Start time is 8 a.m. sharp. Race participants may also pick up packets on race day as early as 7 a.m.

Colorectal cancer is the second leading cause of cancer deaths for men and women (combined) in the United States. Yet if detected early, the five-year survival rate for men and women with colon cancer is greater than 90%. The earlier the cancer is caught, the more curable it is. Colon cancer affects women, men and people of all ethnic backgrounds equally.

"As many as 80% of the 150,000 annual cases of colon cancer could be prevented if only the colonoscopy were as commonly utilized as the mammogram and Pap smear," said Dr. John Marshall, director of developmental therapeutics and GI oncology and associate professor of oncology at Lombardi Comprehensive Cancer Center. Dr. Marshall is an authority in the treatment of gastrointestinal malignancies.

Colon cancer often has no symptoms, and only 10% of the cases are hereditary, which is why screening is so important. Although colorectal cancer can strike at any age, more than 9 in 10 new cases are in people ages 50 or older.

Race Director Charlotte Kraenzle knows the impact that colon cancer can have on a family. She lost her father, Charles A. Kraenzle, to the disease on August 14, 2002, at the age of 61, after a marathon battle with the illness. Charles had no symptoms until a tumor blocked most of his colon and caused him pain; his Stage IV diagnosis meant the cancer had already metastasized to his liver.

"I am particularly grateful to our premier sponsors Clark Realty and Comcast for helping in this effort to raise colon cancer awareness," said Kraenzle. "This race is in memory of my father, who loved sports and had a tremendous love of life."

The Scope It Out 5k Run/Walk participants will receive Buddy Bracelets, similar to the Lance Armstrong "Live Strong" bands - except Cornflower Blue - the designated color for colorectal cancer. Net race proceeds donated to the Charles A. Kraenzle Colon Cancer Foundation will be given to the Lombardi Comprehensive Cancer Center, Cancer Research and Prevention Foundation, Colon Cancer Alliance, and National Colorectal Cancer Research Alliance for colon cancer research and further colon cancer awareness work.

Cash prizes will be awarded to the top three male and female finishers in the following amounts: $500 for first place, $250 for second place, and $100 for third place. Other prizes will be given to top finishers in the following age groups: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80 & over. The post-race awards ceremony begins at 9 a.m.

To register for the race or get more information, visit the race website at www.scopeitout5k.com or email info@scopeitout5k.com.

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** National Colorectal Cancer Awareness Month began when the Cancer Research and Prevention Foundation, the American Society for Gastrointestinal Endoscopy, the Foundation for Digestive Health and Nutrition and the National Colorectal Cancer Roundtable joined forces to bring critical messages about colorectal cancer to the American people. These founding partners have joined with 51 collaborating partners to educate about colorectal cancer year-round, focusing their energies and resources on the annual awareness campaign that takes place each March. All across the nation, organizations sponsor activities to bring the public information about colorectal cancer.

For Immediate Release
March 11, 2005

Registration for Scope It Out 5K Closes One Week Early
Participants Encouraged to Pickup Packets at Pacers in Clarendon

WASHINGTON, D.C. - Organizers for the Scope It Out 5K Run/Walk for Colon Cancer Awareness announced today - a week in advance of the March 19 inaugural event - that the race has reached capacity and registration is now closed. There will be no race day registration. Family and friends of runners and walkers and others who support the cause are, however, encouraged to come out and cheer. The 5K, held during National Colorectal Cancer Awareness Month*, is one of the largest first-time races in the D.C. area.

"We are thrilled that registration for this inaugural event has been so popular. We are also grateful to our premier sponsors Clark Realty and Comcast for helping in this effort to raise colon cancer awareness," said Race Director Charlotte Kraenzle. "We plan to move the race location next year to accommodate more participants."

The Scope It Out 5K will hold packet pickup for registered runners and walkers on Friday, March 18 at Pacers in Clarendon. Race participants can pick up their t-shirts, bib numbers, ChampionChips and goodie bags at the store between 12-2 or 4-8 p.m. Pacers is located at 3100 Clarendon Boulevard, Arlington, Va. 22201. For directions to the store, please visit www.runpacers.com or call 703-248-6883. Participants can also pickup packets on the morning of the race as early as 7 a.m. before the 8 a.m. start time.

Colorectal cancer is the second leading cause of cancer deaths for men and women
(combined) in the United States. Yet if detected early, the five-year survival rate for men and women with colon cancer is greater than 90%. The earlier the cancer is caught, the more curable it is. Colon cancer affects women, men and people of all ethnic backgrounds equally.

"As many as 80% of the 150,000 annual cases of colon cancer could be prevented if only the colonoscopy were as commonly utilized as the mammogram and Pap smear," said Dr. John Marshall, director of developmental therapeutics and GI oncology and associate professor of oncology at Lombardi Comprehensive Cancer Center. Dr. Marshall will be speaking during the Scope It Out 5K award ceremony.

Colon cancer often has no symptoms, and only 10% of the cases are hereditary, which is why screening is so important. Although colorectal cancer can strike at any age, more than 9 in 10 new cases are in people ages 50 or older.

Race Director Charlotte Kraenzle knows the impact that colon cancer can have on a family. She lost her father, Charles A. Kraenzle, to the disease on August 14, 2002, at the age of 61, after a marathon battle with the illness. Charles had no symptoms until a tumor blocked most of his colon and caused him pain; his Stage IV diagnosis meant the cancer had already metastasized to his liver.

The Scope It Out 5K Run/Walk participants will receive Buddy Bracelets, similar to the Lance Armstrong "Live Strong" bands - except Cornflower Blue - the designated color for colorectal cancer. Net race proceeds donated to the Charles A. Kraenzle Colon Cancer Foundation will be given to the Lombardi Comprehensive Cancer Center, Cancer Research and Prevention Foundation, Colon Cancer Alliance, and National Colorectal Cancer Research Alliance for colon cancer research and further colon cancer awareness work.

Cash prizes will be awarded to the top three male and female finishers in the following amounts: $500 for first place, $250 for second place, and $100 for third place. Other prizes will be given to top finishers in the following age groups: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80 & over. The post-race awards ceremony begins at 9 a.m.

To get more information, visit the race website at www.scopeitout5k.com or email info@scopeitout5k.com.

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* National Colorectal Cancer Awareness Month began when the Cancer Research and Prevention Foundation, the American Society for Gastrointestinal Endoscopy, the Foundation for Digestive Health and Nutrition and the National Colorectal Cancer Roundtable joined forces to bring critical messages about colorectal cancer to the American people. These founding partners have joined with 51 collaborating partners to educate about colorectal cancer year-round, focusing their energies and resources on the annual awareness campaign that takes place each March. All across the nation, organizations sponsor activities to bring the public information about colorectal cancer.
Over 700 Attend First Annual Scope It Out 5K
$20,000 donated for colon cancer research and awareness

WASHINGTON, D.C. - More than 700 people attended Saturday's Scope It Out 5K Run/Walk for Colon Cancer Awareness at Hains Point in Washington D.C. The inaugural race, held during National Colorectal Cancer Awareness Month*, was one of the largest first-time races in the D.C. area. Sponsored by Clark Realty and Comcast, the race encouraged people to get screened for colon cancer.

The top three men all finished under 15 minutes, and the top three women in less than 18 minutes.** For the men, John Henwood (32), from New York beat second-place Chris Graff (29) of Arlington, VA by just five seconds, 14:43 to 14:48. Reston's Rick Rountree (27) rounded out the top three with 14:55 on the clock. In the women's race, Susannah Kvasnicka (32) of Great Falls, VA, was first with a comfortable margin over Arlington's Mary Kate Bailey (30), 17:10 to 17:26. Vanessa Hunter (29) also from Arlington, finished 24 seconds later.

During the post-race awards ceremony, race proceeds were donated to four cancer research and awareness organizations. Checks were presented to Dr. Richard Pestell of the Lombardi Comprehensive Cancer Center, Jan Mahrer of the Cancer Research and Prevention Foundation, Sandy White of the Colon Cancer Alliance, and Kathleen Lobb of the National Colorectal Cancer Research Alliance.

Dr. John Marshall, director of developmental therapeutics and GI oncology and associate professor of oncology at Lombardi Comprehensive Cancer Center addressed the crowd after the race stressing the importance of getting scoped. "As many as 80% of the 150,000 annual cases of colon cancer could be prevented if only the colonoscopy were as commonly utilized as the mammogram and Pap smear," said Dr. Marshall.

Colon cancer is the second leading cause of cancer deaths in the United States. Yet if detected early, the five-year survival rate for men and women with colon cancer is greater than 90%. The earlier the cancer is caught, the more curable it is. Colon cancer often has no symptoms, which is why screening is so important.

Race Director Charlotte Kraenzle knows the impact that colon cancer can have on a family. She lost her father, Charles to the disease in 2002 after a marathon battle with the illness. He had no symptoms until a tumor blocked most of his colon and caused him pain. His Stage IV diagnosis meant the cancer had already metastasized to his liver. "My Dad loved sports and had a tremendous love of life. This race was in honor of him," said Kraenzle.

Cash prizes were awarded to the top three male and female finishers. Gift certificates were presented to the top age group finishers. All race participants received Buddy Bracelets, similar
to the Lance Armstrong "Live Strong" band, in Cornflower Blue - the designated color for colorectal cancer.

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* National Colorectal Cancer Awareness Month began when the Cancer Research and Prevention Foundation, the American Society for Gastrointestinal Endoscopy, the Foundation for Digestive Health and Nutrition and the National Colorectal Cancer Roundtable joined forces to bring critical messages about colorectal cancer to the American people. These founding partners have joined with 51 collaborating partners to educate about colorectal cancer year-round, focusing their energies and resources on the annual awareness campaign that takes place each March. All across the nation, organizations sponsor activities to bring the public information about colorectal cancer.
Race to Save Lives during National Colorectal Cancer Awareness Month!

SCOPE IT OUT 5K Run/Walk for Colon Cancer Awareness

Saturday, March 19, 2005 8:00 A.M.
Hains Point, East Potomac Park, Washington, D.C.

Colorectal cancer is the second-leading cause of cancer deaths for men and women (combined). By the time you have symptoms, it's often too late. Most cases are not hereditary. Consult your doctor about a colonoscopy at age 50, or earlier if you have a family history. Colorectal cancer is 90% curable when detected early. Save your life!

Register online: www.scopeitout5k.com Questions? Email info@scopeitout5k.com.

Awards: Cash prizes will be awarded to the top three male and female finishers in the following amounts: $500 for first place, $250 for second place, and $100 for third place. Other prizes will be given to the top finishers in the following age groups: 10 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80 & over. The post-race awards ceremony begins at 9:00 a.m. Stick around after the race for bagels, fruit, and other refreshments.

Packet Pick-Up: Pick up your t-shirt, bib, goodie bag, and ChampionChip on race day. Registration opens at 7 a.m. near the start line.

ChampionChip: The 5K run/walk will be scored with the ChampionChip timing system. The chip rental fee is included in the race rental fee. Chip owners may deduct $2 from the entry fee and enter their 7-character personal Chip number on the entry form.

Entry Fee: Register early and save! $20 postmarked on or before February 28; $25 after February 28. Register and make an additional $10 donation ($100 total) and receive a long-sleeve t-shirt. Entry fees are non-refundable.

Scope It Out 5K for Colon Cancer Awareness

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Scope It Out 5K for Colon Cancer Awareness

5K Volunteer

Insurance: The scope it out 5K for Colon Cancer Awareness Insurance will be provided by...
Appendix E. Half-Page Ad in Jan/Feb 2005 Washington Running Report

Race to Save Lives during National Colorectal Cancer Awareness Month!

SCOPE Out 5K Run/Walk for Colon Cancer Awareness

SATURDAY, MARCH 19, 2005  8:00 A.M.
HAINS POINT, EAST POTOMAC PARK, WASHINGTON, D.C.

Every year, nearly 150,000 people in the United States are diagnosed with colorectal cancer, and nearly 60,000 die.
Colorectal cancer is curable 90% of the time when detected early.
Consult your doctor about getting a colonoscopy at age 50, or earlier with a family history.
Tell your friends and family. You could save a life through early detection!

Register online: www.scopeitout5k.com  Questions? Email info@scopeitout5k.com.

Awards: Cash prizes will be awarded to the top three male and female finishers. Awards will be given to the top finishers in the following age groups: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80+ ages. The post-race awards ceremony begins at 9:00 a.m.
Packet Pick-Up: Pick up your t-shirt, bib, goodie bag, and ChampionChip on race day. Registration opens at 7 a.m. near the start/finish line.
ChampionChip: The 5K run/walk will be scored with the ChampionChip timing system. The chip rental fee is included in the race entry fee. Chip owners may deduct $2 from the entry fee and enter their 7-character personal Chip number on the entry form.
Entry Fee: $20 postmarked on or before February 28; $25 after February 28. Register and make an additional $10 donation ($100 total) and receive a long-sleeve t-shirt.
Appendix F. Benefit Concert Flyer

Dave Mallen
AND
Foxy Rebo

perform at
The Front Page
1333 New Hampshire Avenue, Dupont Circle
Wednesday, February 23, 2005
8:00 P.M.

$5 Donations for Wristbands and Drink Specials
Proceeds Benefit the
Scope It Out
Run/Walk for Colon Cancer Awareness

March 19, 2005
Register Online: www.scopeitout5k.com
Appendix G. Ad on Cardinal Basketball Officials’ Association’s Website

Scope It Out 5k Run/Walk for Colon Cancer Awareness

Charlie Kraenzle joined CBOA in 1993 and worked with the association until colon cancer took away his ability to run. He died in 2002. Charlie was one of the most unassuming, easy to work with guys you will ever meet. His game was devoid of ego and his principal interest, as a referee, was in getting it right. Charlie may not have worked the biggest games or reached the highest levels. He wasn’t there for personal glory. He was there to make the game better. He did not only that, he also made everyone who worked with him better for having been around him. In facing the cancer that ultimately ended his life, Charlie never lost his sense of optimism or his love of life.

In celebration and in honor of that life and in the hope that at least one person can be spared from suffering through colon cancer, the Scope It Out 5k Run/Walk for Colon Cancer Awareness, a not-for-profit fundraising/awareness race, will be held on March 19, 2005, at 8 AM at Hains Point, East Potomac Park, Washington, D.C., during National Colorectal Cancer Awareness Month. To find out more, click on the race logo:
The whole point is:
1) Tell your family and friends about getting screened for colon cancer.
2) Come out and run or walk.
3) Get a colonoscopy at age 50 (or age 40 if you have a family history).

Information courtesy of:

Charles A. Kraenzle Colon Cancer Foundation
P.O. Box 9136
Arlington, VA 22219-9998

For more information, email the foundation at info@scopeitout5k.com.
Appendix H. Scope It Out 5K™ Poster

SCOPE IT Out 5K
Run/Walk for Colon Cancer Awareness

Colorectal cancer is the second-leading cause of cancer deaths for men and women combined. It doesn’t have to be. It’s curable 90% of the time when detected early.

Join us on March 19!
Hains Point, Washington, D.C.
Register online: www.scopeitout5k.com
Appendix I. Scope It Out 5K™ Brochure

(front)

COLORECTAL CANCER
The Second-Leading Cause of Cancer Deaths for Men and Women (combined) in the U.S.
Yet it’s 90% curable if detected early.

Who is at risk?
Everyone. Colorectal cancer affects men and women equally as well as people of all ethnic backgrounds. Most new cases of colorectal cancer are in people with no family history.
The primary risk factor is age. 9 out of every 10 new cases are in people over the age of 50.

How do I lower my risk of colorectal cancer?
Get screened at age 50, or earlier if you have a family history of colorectal cancer or polyps. Do not wait until you have symptoms to get tested. By the time you have symptoms, it’s often too late!
Talk to your physician about your personal health risks and screening options.

What is the best test for prevention?
Colonoscopy: detects and treats the disease through removal of pre-cancerous growths or polyps and biopsy of cancerous growths. Usually recommended every 10 years, this outpatient procedure is the most comprehensive weapon against colorectal cancer. It may need to be repeated more frequently if polyps are found.

“As many as 80% of the 150,000 annual cases of colon cancer could be prevented if only the colonoscopy were as commonly utilized as the mammogram and Pap smear,” according to Dr. John Marshall, director of development of therapeutics and GI oncology at Lombardi Comprehensive Cancer Center.

SCOPE IT Out
Run/Walk for Colon Cancer Awareness

Saturday, March 19, 2005
8 a.m.
Hains Point, Washington, D.C.

Register online: www.scopeitout5k.com
Race to Save Lives during National Colorectal Cancer Awareness Month!

SCOPE IT OUT 5K
Run/Walk for Colon Cancer Awareness

Location
The start and finish lines are located near "The Awakening" in Hains Point, East Potomac Park, Washington, D.C. Parking is permitted in the parking lots along Ohio Ullna. Carpooling is encouraged.

Race Course
A USAF-certified, flat, fast course at Hains Point (DDC40019A). Race management and results by Capital Running Company.

Awards
Cash prizes will be awarded to the top three male and female finishers in the following amounts:

First place: $500
Second place: $250
Third place: $100

Prizes will be given to the top finishers in the following age groups: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80 & over. The post-race awards ceremony begins at 9:00 a.m. Stick around after the race for bagels, fruit, and refreshments.

Registration & Packet Pick-Up
Register online at www.scopeitout5k.com. On the landing page, click on "run" or "walk." Please check the website for a list of registrants to confirm your entry. You can also complete the entry form on the back of this brochure, and mail it to the address on form. Do not mail after March 14.

Register early and save! $20 postmarked on or before February 28; $25 after February 28. Register and make an additional $90 donation ($100 total) and receive a long-sleeve t-shirt! Entry fees are non-refundable.

Pick up your t-shirt, bib, goody bag, and ChampionChip on race day. Registration opens at 7 a.m. near the start line. Questions? Email info@scopeitout5k.com.

Race Beneficiaries
The Charles A. Kroemel Colon Cancer Foundation is an all-volunteer organization formed to increase awareness of, encourage early detection of, and support research efforts in fighting colon cancer. Net race proceeds will be donated to the following foundations:

- Cancer Research and Prevention Foundation
- Colon Cancer Alliance
- Lombardi Comprehensive Cancer Center
- National Colorectal Cancer Research Alliance
- Premier Sponsors

comcast

CLARK REALESTATE

Sponsors

BUCK MACHINERY

LOGVALU

Ross, Dixon & Bell, LLP

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Axemen Solutions

Brett A. Newman PA

Callahan Communications, Inc.

Clarke-Hook Corporation

Enzi Development

Herman and Hilma Kranzle

Jeffrey and Diana Owen

Jones Day

Lucille Tropak

Messa, Wirth & Coffey

Pacers
Appendix J. Race T-Shirt Design (Front)
Appendix K. Scope It Out 5K™ Signs on Race Course

Colorectal cancer is the second leading cause of cancer deaths for men and women combined in the U.S.

It doesn't have to be.

Colorectal Cancer Affects Men and Women Equally.
70 - 75% of Colorectal Cancer Cases Occur in People with No Known Family History.
### Appendix L. Draft Race Plan

<table>
<thead>
<tr>
<th>Time</th>
<th>Action</th>
</tr>
</thead>
</table>
| 5:30 a.m.  | Park Police arrive to unlock gate  
Charlotte arrives with breakfast for Park Police  
Party Perfect arrives - set up - stage, PA system, chairs and tables |
| 6:00 a.m.  | Volunteers arrive                                                                                                                     |
| 6:10 a.m.  | Breakfast for volunteers                                                                                                               |
| 6:10 a.m.  | T-shirt distribution - volunteers                                                                                                       |
| 6:10 a.m.  | Announcements to volunteers                                                                                                             |
|            | Mark Course - tape and mile markers at all three miles and road arrows                                                               |
|            | Put Up Clock at Mile 1 and cones                                                                                                       |
|            | Put Up Colorectal Cancer (4) and Sponsor/Premier Sponsor Signs (4)                                                                     |
|            | Set Up Food Tent; Unload Food at Tent; Keep First Aid Kit at Food Tent                                                                     |
|            | Put Up Finish Line Banner                                                                                                              |
|            | Porta-Johns Arrive                                                                                                                     |
|            | Set Up Registration Tent - tables for t-shirts, registration, and pre-registration                                                      |
|            | Set Up Clothes Check Area - ropes and stakes and one table with masking tape                                                          |
|            | Set up Water Station and start/finish water - move cars of water volunteers                                                           |
|            | Set up start and finish lines with ChampionChip pads/electricity                                                                        |
| 6:30 a.m.  | Ambulance Arrives                                                                                                                     |
| 7:00 a.m.  | Stage setup complete                                                                                                                  |
|            | Registration/Packet Pickup begins                                                                                                       |
|            | Emcee welcome and instructions                                                                                                          |
| 7:20 a.m.  | Race Warmup by Fitness Image Results with CD/music                                                                                      |
| 7:30 a.m.  | Emcee introduces Liz Shelton                                                                                                           |
| 7:54 a.m.  | National Anthem sung by Liz Shelton                                                                                                     |
| 7:55 a.m.  | Race Start                                                                                                                           |
| 8:00 a.m.  | Hold Finish Line Runner for Race Winner                                                                                              |
| 8:10 a.m.  | First Runner Crosses Line                                                                                                              |
| 8:14 a.m.  | Chip Collection Begins/Finish Line Water Bottles Handed to Runners/Walkers                                                           |
| 8:14 a.m.  | First Runners Arrive at Food Tent                                                                                                      |
| 8:15 a.m.  | Greet Dr. Marshall                                                                                                                    |
| ??         | Greet Media                                                                                                                           |
| ??         | Guard Awards - Bring them to Stage                                                                                                     |
| 8:50 a.m.  | CRC hands off awards list to Charlotte                                                                                                 |
|           | Awards Ceremony Begins - Charlotte speech & introduction of Dr. Marshall                                                                |
| 9:05 a.m.  | Dr. John Marshall                                                                                                                     |
| 9:15 a.m.  | Charlotte - Presentation of checks                                                                                                     |
| 9:30 a.m.  | Emcee Chris Mathieu - awards announcement - overall winners                                                                          |
| 9:25 a.m.  | Emcee Chris Mathieu - awards announcement - age group prizes                                                                         |
| 9:30 a.m.  | Raffle if any. Emcee Chris Mathieu thanks the crowd for coming.                                                                        |
| 9:35 a.m.  | |
Appendix M. Pre-Race Survey

***
1. Charlotte Kraenzle, the principal investigator, is a candidate for a M.A. in Communication, Culture, and Technology at Georgetown University. She is conducting this survey to assess pre-race awareness of colorectal cancer. Thank you for volunteering to participate.

Your responses to the survey will be entered through the Survey Monkey website. The investigator will endeavor to keep your responses confidential; however the investigator cannot guarantee the confidentiality assurances claimed by Survey Monkey. Please review the "Privacy Statement" of Survey Monkey, by visiting www.surveymonkey.com (click on the "Privacy Statement" link at the bottom of the page).

Participants will be identified by numerical code, as no names will be collected. All data will be reported in the aggregate, and it will be impossible to identify any single participant.

Do you agree to participate in this survey? Please understand that your participation is entirely voluntary, and you may discontinue your participation at any time. You must be 18 years or older to participate in this survey. By selecting “I agree to participate,” you are certifying that you are 18 years or older.

A. I agree to participate.
B. I do not agree to participate.

If you have any questions, please contact Charlotte Kraenzle at clk23@georgetown.edu or the Georgetown University Institutional Review Board office at 202-687-1506.

2. How aware are you of colorectal or colon cancer?
A. Very aware
B. Slightly aware
C. Not sure
D. Not very aware
E. Not aware at all

3. What, if any, are the reasons you would NOT get screened for colorectal cancer at the recommended age? Check all that apply.
A. Time
B. Cost
C. Effort
D. Uncomfortable or painful procedure
E. I’m not at risk for the disease.
F. None. I will get screened.

4. What function does the human colon have?
A. The colon filters the blood, stores blood cells, and destroys those that are aging.
B. The colon regulates the body’s growth and metabolism.
C. The colon secretes the hormones insulin and glucagon which regulate blood sugar in addition to enzymes involved in the digestion of fats and proteins in the small intestine.
D. The colon forms, stores, and expels waste matter.

5. What is a colonoscopy?
A. A radiographic diagnostic procedure that involves the introduction of barium containing contrast material into the lower gastrointestinal tract.
B. An endoscopic examination of the large intestine (colon).
C. An external physical examination of the abdomen.

6. What is a polyp?
A. A blind pouch-like commencement of the colon in the right lower quadrant of the abdomen at the end of the small intestine.
B. A growth, usually benign, protruding from a mucous membrane. Polyps in the colon can develop into cancer.
C. Cancer that started from cancer cells from another part of the body.

7. Can colon cancer be cured?
A. Yes, if detected early (in most cases)
B. No

8. Which are the symptoms of colon cancer?
A. No symptoms
B. Blood in the stool
C. Pain in the abdomen
D. Weight loss
E. Any of the above

9. What of the following screening tests views the entire length of the colon, can snip out polyps, and is considered by many in the medical community to be the “gold standard” among tests?
A. Barium Enema
B. Fecal Occult Blood Test
C. Colonoscopy
D. Sigmoidoscopy

10. What is the recommended age for getting a colonoscopy if you have no family history of colon cancer?
A. 35
B. 45
C. 50
D. 60

11. What is the recommended age for getting a colonoscopy if you have a family history of colon cancer?
A. 30
12. About how many Americans die from colon cancer annually?
A. 15,000
B. 25,000
C. 35,000
D. 45,000+

13. What percentage of colon cancer cases occur in people with no family history of the disease?
A. 20-25%
B. 40-45%
C. 60-65%
D. 70-75%

14. Which of the following does colon cancer affect the most?
A. men
B. women
C. neither, it affects both groups equally

15. Which of the following ethnicities are not affected by colon cancer?
A. African-Americans
B. Caucasians
C. Asians
D. Hispanics
E. Other
F. None of the above. Colon cancer affects people of all ethnicities.

16. How have you learned what you know about colorectal cancer? Check all that apply.
A. Newspaper articles
B. Internet – news articles
C. Internet – cancer-related websites
D. TV/news
E. Radio
F. Doctor(s)
G. Word of mouth
H. Scope It Out 5K website
I. Other Scope It Out 5K promotional material

17. Do you personally know anyone who has been affected by colon cancer?
A. Yes
B. No

18. How old are you?
A. Under 21
B. 21-30
C. 31-40
D. 41-50
E. 51-60
F. 61-70
G. 71 or older

19. What is your sex?
A. female
B. male

20. What is your family income?
A. less than $30,000
B. $30,000 – 50,000
C. $50,000 – 70,000
D. $70,000 – 90,000
E. $90,000 – 110,000
F. $110,000 – 130,000
G. $130,000 +

21. What is your education level?
A. Less than high school
B. High school graduate
C. Some college
D. College degree
E. Some post-graduate work
F. Graduate or professional degree
G. Doctorate

22. What is your birth date?
[Fill in for month, day, year]

23. What is your email address? This address will only be used once, and it will not be distributed; we will send you an email asking for your voluntary participation in a post-race survey.

Thank you!

Thank you for participating in this survey. Talk to your doctor about colon cancer. This one can be cured if caught early!

Answers to knowledge questions:

4. The colon forms, stores, and expels waste matter.
5. A colonoscopy is an endoscopic examination of the large intestine.
6. A **polyp** is a growth, usually benign, protruding from a mucous membrane. Polyps in the colon can develop into cancer.

7. Early diagnosis and detection of colorectal cancer results in a greater than 90% five-year survival rate. **Colon cancer can be cured if detected early.**

8. Colorectal cancer can cause blood in the stool, pain in the abdomen, and/or weight loss, but the most common symptom of colorectal cancer is no symptom at all.

9. A colonoscopy views the entire length of the colon, can snip out polyps, and is considered by many in the community to be the **“gold standard”** among screening tests.

10. If you have no family history of colon cancer, the recommended age for screening is **age 50**.

11. If you have a family history, the recommendation for screening is **age 40**. Please talk to your doctor; you may need screening at an earlier age.

12. About **55,000** Americans die from colorectal cancer every year. Colorectal cancer is the second-leading cause of cancer deaths for men and women (combined) in the United States.

13. Studies show **70-75%** of colon cancer cases occur in people with no family history of the disease.


15. Colon cancer affects people of all ethnicities.
Appendix N. Post-Race Survey

***

1. Charlotte Kraenzle, the principal investigator, is a candidate for a M.A. in Communication, Culture, and Technology at Georgetown University. She is conducting this survey to assess post-race awareness of colorectal cancer. Thank you for volunteering to participate.

Your responses to the survey will be entered through the Survey Monkey website. The investigator will endeavor to keep your responses confidential; however, the investigator cannot guarantee the confidentiality assurances claimed by Survey Monkey. Please review the "Privacy Statement" of Survey Monkey, by visiting www.surveymonkey.com (click on the "Privacy Statement" link at the bottom of the page).

Participants will be identified by numerical code, as no names will be collected. All data will be reported in the aggregate, and it will be impossible to identify any single participant.

Do you agree to participate in this survey? Please understand that your participation is entirely voluntary, and you may discontinue your participation at any time. You must be 18 years or older to participate in this survey. By selecting “I agree to participate,” you are certifying that you are 18 years or older.

A. I agree to participate.
B. I do not agree to participate.

If you have any questions, please contact Charlotte Kraenzle at clk23@georgetown.edu or the Georgetown University Institutional Review Board office at 202-687-1506.

2. What did you learn about colorectal cancer you did not know previously? Please elaborate. [Fill-in]

3. What, if anything, did you learn about colorectal cancer at the race on March 19? Please elaborate. [Fill-in]

4. To whom did you speak during the Scope It Out 5K (if anyone)? [Fill-in]

5. How aware are you of colorectal or colon cancer?
   A. Very aware
   B. Slightly aware
   C. Not sure
   D. Not very aware
   E. Not aware at all

6. What, if any, are the reasons you would NOT get screened for colorectal cancer at the recommended age? Check all that apply.
A. Time  
B. Cost  
C. Effort  
D. Uncomfortable or painful procedure  
E. I’m not at risk for the disease.  
F. None. I will get screened.

7. What is a colonoscopy?  
A. A radiographic diagnostic procedure that involves the introduction of barium containing contrast material into the lower gastrointestinal tract.  
B. An endoscopic examination of the large intestine (colon).  
C. An external physical examination of the abdomen.

8. What is a polyp?  
A. A blind pouch-like commencement of the colon in the right lower quadrant of the abdomen at the end of the small intestine.  
B. A growth, usually benign, protruding from a mucous membrane. Polyps in the colon can develop into cancer.  
C. Cancer that started from cancer cells from another part of the body.

9. Can colon cancer be cured?  
A. Yes, if detected early (in most cases)  
B. No

10. Which are the symptoms of colon cancer?  
A. No symptoms  
B. Blood in the stool  
C. Pain in the abdomen  
D. Weight loss  
E. Any of the above

11. What of the following screening tests views the entire length of the colon, can snip out polyps, and is considered by many in the medical community to be the “gold standard” among tests?  
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B. Fecal Occult Blood Test  
C. Colonoscopy  
D. Sigmoidoscopy

12. What is the recommended age for getting a colonoscopy if you have no family history of colon cancer?  
A. 35  
B. 45  
C. 50  
D. 60
13. What is the recommended age for getting a colonoscopy if you have a family history of colon cancer?
A. 30
B. 40
C. 45
D. 50

14. About how many Americans die from colon cancer annually?
A. 15,000
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C. 35,000
D. 45,000+

15. What percentage of colon cancer cases occur in people with no family history of the disease?
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D. 70-75%

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A. men
B. women
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B. Caucasians
C. Asians
D. Hispanics
E. Other
F. None of the above. Colon cancer affects people of all ethnicities.

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A. Newspaper articles
B. Internet – news articles
C. Internet – cancer-related websites
D. TV/news
E. Radio
F. Doctor(s)
G. Word of mouth
H. Scope It Out 5K run/walk
I. Scope It Out 5K website
J. Other Scope It Out 5K promotional material

17. Do you personally know anyone who has been affected by colon cancer?
A. Yes
B. No

18. How old are you?
A. Under 21
B. 21-30
C. 31-40
D. 41-50
E. 51-60
F. 61-70
G. 71 or older

19. What is your sex?
A. female
B. male

23. What is your education level?
H. Less than high school
I. High school graduate
J. Some college
K. College degree
L. Some post-graduate work
M. Graduate or professional degree
N. Doctorate

24. What is your birth date?
[Fill in for month, day, year]

25. What is your family income?
A. less than $30,000
B. $30,000 – 50,000
C. $50,000 – 70,000
D. $70,000 – 90,000
E. $90,000 – 110,000
F. $110,000 – 130,000
G. $130,000 +

Thank you!

Thank you for participating in this survey. Talk to your doctor about colon cancer. This one can be cured if caught early!

Answers to knowledge questions:

4. The colon forms, stores, and expels waste matter.
5. A colonoscopy is an endoscopic examination of the large intestine.
6. A **polyp** is a growth, usually benign, protruding from a mucous membrane. Polyps in the colon can develop into cancer.

7. Early diagnosis and detection of colorectal cancer results in a **greater than 90% five-year survival rate. Colon cancer can be cured if detected early.**

8. Colorectal cancer can cause blood in the stool, pain in the abdomen, and/or weight loss, but the most common symptom of colorectal cancer is no symptom at all.

9. A colonoscopy views the entire length of the colon, can snip out polyps, and is considered by many in the community to be the **“gold standard”** among screening tests.

10. If you have no family history of colon cancer, the recommended age for screening is **age 50.**

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12. About **55,000** Americans die from colorectal cancer every year. Colorectal cancer is the second-leading cause of cancer deaths for men and women (combined) in the United States.

13. Studies show **70-75%** of colon cancer cases occur in people with no family history of the disease.


15. Colon cancer affects people of all ethnicities.
Appendix O. Video: Interviews of Race Participants
Appendix P. Video: Race Awards Ceremony
Appendix Q. Video: Interview on Comcast Local Edition
Appendix R. Video: Interview with Andrea Roane

Appendix S. Online Advertisements for the Scope It Out 5K™
The Race Is On to Increase Colorectal Cancer Awareness in Washington, D.C.

District has Highest Rate of Colorectal Cancer Deaths for Men and Women in United States*

WASHINGTON, D.C. - The first annual Scope It Out 5K Run/Walk for Colon Cancer Awareness will be held on March 19, 2005 at Hains Point in East Potomac Park. The Charles A. Kraenzle Colon Cancer Foundation**, an all-volunteer, non-profit organization, expects more than 500 participants to compete in its inaugural event held during National Colorectal Cancer Awareness Month***.

Colorectal cancer is the second leading cause of cancer deaths among men and women in the United States. Yet if detected early, the five-year survival rate for men and women with colon cancer is greater than 90%. The earlier the cancer is caught, the more curable it is. Colon cancer affects women, men and people of all ethnic backgrounds equally.

"As many as 80% of the 150,000 annual cases of colon cancer could be prevented if only the colonoscopy were as commonly utilized as the mammogram and pap smear," said Dr. John Marshall, director of developmental therapeutics and GI oncology and associate professor of oncology at Lombardi Comprehensive Cancer Center. Dr. Marshall is an authority in the treatment of gastrointestinal malignancies.

*Data from American Cancer Society
**www.scopelifeout.com
***www.eifoundation.org
Colon cancer often has no symptoms, and only 10% of the cases are hereditary, which is why screening is so important. Although colorectal cancer can strike at any age, more than 9 in 10 new cases are in people ages 50 or older.

Race Director Charlotte Kraenzle knows the impact that colon cancer can have on a family. She lost her father, Charles A. Kraenzle, to the disease on August 14, 2002, at the age of 61, after a marathon battle with the illness. Charles had no symptoms until a tumor blocked most of his colon and caused him pain; his Stage IV diagnosis meant the cancer had already metastasized to his liver.

"I am particularly grateful to our premier sponsors Clark Realty and Comcast for helping in this effort to raise colon cancer awareness," said Kraenzle. "This race is in memory of my father, who loved sports and had a tremendous love of life."

The Scope It Out 5k Run/Walk participants will receive colon cancer awareness wrist bands, similar to the Lance Armstrong "Live Strong" bands - except Cornflower Blue - the designated color for the cause. Net race proceeds donated to the Charles A. Kraenzle Colon Cancer Foundation will be given to the Lombardi Comprehensive Cancer Center, Cancer Research and Prevention Foundation, and the Entertainment Industry Foundation's National Colorectal Cancer Research Alliance for colon cancer research and further colon cancer awareness work.

Start time is 8 a.m. sharp and race participants can pick up their packets as early as 7 a.m. Cash prizes will be awarded to the top three male and female finishers. Awards will be given to top finishers in the following age groups: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80 & over. The post-race awards ceremony begins at 9 a.m.

To register for the race or get more information, visit the race website at www.scopeitout5k.com or email info@scopeitout5k.com.

###

**The Charles A. Kraenzle Colon Cancer Foundation is a non-profit organization formed to increase awareness of, encourage early detection of, and support research efforts in fighting colon cancer. The organization is exempt from federal income tax under 501(c)(3) of the Internal Revenue Code.**

*** National Colorectal Cancer Awareness Month began when the Cancer Research and Prevention Foundation, the American Society for Gastrointestinal Endoscopy, the Foundation for Digestive Health and Nutrition and the National Colorectal Cancer Roundtable joined forces to bring critical messages about colorectal cancer to the American people. These founding partners have joined with 51 collaborating partners to educate about colorectal cancer year-round, focusing their energies and resources on the annual awareness campaign that takes place each March. All across the nation, organizations sponsor activities to bring the public information about colorectal cancer.

Contacts:
Charlotte Kraenzle
703-408-0614
Colon Cancer Alliance (CCA) News Briefs: March is National Colorectal Cancer Awareness Month

Announcements and News:

CCA wins Oncolink's Editor's Choice Award
This award is is given by the Editors at OncoLink to the providers of the highest quality cancer information on the Internet. Selection is based on the particular emphasis we at OncoLink place on patients and families who empower themselves with reliable information about their disease. On a regular basis, the Editors at OncoLink will choose a website which is exemplary of this philosophy, and serves as a model for others. The OncoLink Editor's Choice awardees are chosen by the OncoLink editors after careful review of their material. Click here to visit Oncolink.

Earn a Blue Star during March Madness. CCA is bringing its own version of March Madness to the NCAA during all Sweet 16 and Final Four games. We will have more information available soon, but in the meantime we are in need volunteers to help bring our message to basketball fans at these games. If you live near the following cities: Albuquerque, NM (March 24th and 26th), Chicago, IL (March 24th and 26th), Syracuse, NY (March 25th and 27th), Austin, TX (March 25th and 27th), or St. Louis, MO (April 2nd and 4th) and would like to volunteer to help CCA bring our very important message to the fans, please email dsparks@ccalliance.org by March 10th and in the subject line put March Madness. We are also looking for survivors who are willing to talk to the media during these events.

New Online Store. Shop now! The store is filled with items displaying the official symbol for colorectal cancer awareness, the blue star, and the official message - Preventable. Treatable. Beatable! - that serves as an important reminder during events and activities throughout the year including National Colorectal Cancer Awareness Month. Products include: blue star car magnets, lapel pins, notecards, baseball caps, etc. To start shopping please visit, www.imprintmail.com/ccalliance or call 1-800-822-1923.

Today Show Visit: Tuesday, March 15, 2005: You are invited and encouraged to join CCA at the Today Show on the morning of Tuesday, March 15th. We will be there for the Today Show's annual weeklong colorectal cancer-focused episodes. We also plan on unveiling a special surprise. We want you to be a part of this memorable moment. Katie is very excited about us being there and we hope you will join her and CCA in New York to let the nation the importance of colorectal cancer awareness and screening. If you are interested in attending and learning more details, please let us know via email at dsparks@ccalliance.org. In the subject line, please put Today Show.

http://www.ccalliance.org/what/newsletter/newsbriefs.htm
**Buddy Bracelet**: Cancer Research and Prevention Foundation is now selling the buddy bracelet. It is similar to the Lance Armstrong yellow band. The blue band says: Colorectal Cancer: Preventable, Treatable, Beatable. It is designed to remind those who wear it to get screened for colorectal cancer. Once the person is screened, they pass the bracelet on to a family member, friend or colleague along with the powerful message: "Talk with your health care professional about colorectal cancer." That person passes the bracelet to another and another - creating a life saving chain reaction. If you would like to order your buddy bracelet, please visit www.preventcancer.org/materials_new/buddybraceletorder.cfm.

**Nexcura: Need help with treatment decisions?** Use this FREE interactive decision support tool to answer the question "What does the clinical information mean to me?" You will receive a personalized treatment options report tailored to your diagnosis. Your report will provide the pros and cons of each treatment, side effects, questions to ask your physician, plus access to relevant summaries of clinical studies. For more information, please visit www.ccalliance.org/treatment/nexprofiler.htm.

**Events:**

**Save the Date! CCA's 5th Annual Colorectal Cancer Conference:** To be held September 30 - October 2, 2005 just outside New York City at the Wyndham Newark Airport hotel. This event is intended for people newly diagnosed with colorectal cancer or dealing with advanced disease, long-term survivors, caregivers and friends. Nurses and other healthcare professionals are also encouraged to attend. CCA has negotiated rates with the Wyndham Newark Airport at $89/night if booked by September 22, 2005. Please make your reservations as soon as possible. Rooms have gone fast in previous years. We cannot guarantee rate or availability at the Wyndham after this date or once our room block is full. For more information, please visit www.ccalliance.org/events/current/05conference.htm.

CCA Hosting **Free Teleconference: Advances in the Treatment of Colorectal Cancer.**

Tuesday, March 22, 2005 the Colon Cancer Alliance in partnership with Cancer Care, Colorectal Cancer Network and the Jay Monahan Center for Gastrointestinal Health will host a FREE teleconference for those interested in learning more about the advances in treating colorectal cancer. The teleconference will feature a presentation by John S. Macdonald, MD, Professor of Medicine, Lynn Wood Neag Distinguished Professor of Gastrointestinal Oncology, Medical Director & Chief, Gastrointestinal Oncology Service, St. Vincent's Comprehensive Cancer Center, New York, NY; Keith Lyons, MSW, Program Coordinator for Gastrointestinal Cancers, CancerCare, New York, NY. For more information and to sign up, please click here or call 800-813-HOPE

**Scope It Out 5k Walk/Run.** On March 19, 2005 the first annual Scope It Out 5k Run/Walk for colon cancer awareness will be held at Hains Point in East Potomac Park. This event is being presented by the Charles A. Kraenzle Colon Cancer Foundation (an all-volunteer, non-profit organization). Part of the proceeds will benefit Colon Cancer Alliance. CCA would like to encourage its members in the DC area to participate. There are many ways for you to participate. You can walk/run in the event, make a donation, volunteer during the event or even become a sponsor. For more information about how you can participate, click on the following link: www.scopeitout5k.com. If you have any questions about the event or would like more information, please visit their website at the address given above or you can email them at info@scopeitout5k.com.

**Colon Cancer Challenge.** Support the Pfizer Oncology Colon Cancer Challenge in Central Park, New York on Sunday, March 13th, and join CCA's Star Team. Learn about colorectal cancer and how to prevent it. Funds raised from this event support colorectal cancer awareness, prevention,
BENEFITING THE LOMBARDI COMPREHENSIVE CANCER CENTER

Scope It Out 5K Run/Walk for Colon Cancer Awareness
Saturday, March 19, 2005

The Scope It Out 5K Run/Walk for Colon Cancer Awareness, a not-for-profit fundraising/awareness race will be held on March 19, 2005, at 8 AM at Hains Point, East Potomac Park, Washington, D.C., during National Colorectal Cancer Awareness Month.

Net race proceeds donated to the Charles A. Kraenzle Colon Cancer Foundation will be given to the Lombardi Comprehensive Cancer Center, Cancer Research and Prevention Foundation, Colon Cancer Alliance, and National Colorectal Cancer Research Alliance for colon cancer research and further colon cancer awareness work.

Click here for race details. Registration available online. Questions? Contact info@scopeitout5k.com.
of the Circus Minimus “Cancer Prevention is for Kids, Too” Puppet Show sponsored by Fleet; and the unveiling of the giant polyp sculpture
**Mayo Civic Center, Rochester, MN, 9 am to 5 pm**
**Free of Charge**
For More Information, log on to the newly launched MCRF web site at 
[www.mcrfmn.org](http://www.mcrfmn.org),

March 19, 2005
**Scope It Out 5k Run/Walk for Colon Cancer Awareness**
8 a.m - Hains Point, East Potomac Park, Washington, DC
This event is being directed by the Charles A. Kraenzle Colon Cancer Foundation, an all-volunteer, non-profit organization. Part of the proceeds will benefit the Cancer Research and Prevention Foundation. To register to run or walk or make a donation, please visit [www.scopeitout5k.com](http://www.scopeitout5k.com) . If you have any questions about the event or would like further information, please visit their web site or email info@scopeitout5k.com

March 22, 2005
**STOP Colon/Rectal Cancer Foundation Benefit/Celebration Party**
Chicago, Illinois- Gioco’s Restaurant, 1112 South Wabash-6pm-10pm
Reservations: $75, Police and Fire Department Personnel $65, At the door $80 (tickets and donations are tax deductible)
For more information visit [www.coloncancerprevention.org](http://www.coloncancerprevention.org)

**Advances in the Treatment of Colorectal Cancer**
**Tuesday – March 22**
**John S. Macdonald**, MD, Professor of Medicine, Lynn Wood Neag Distinguished Professor of Gastrointestinal Oncology, Medical Director & Chief, Gastrointestinal Oncology Service, St. Vincent's Comprehensive Cancer Center, New York, NY; **Keith Lyons**, MSW, Program Coordinator for Gastrointestinal Cancers, CancerCare, New York, NY. Presented in partnership with the Colon Cancer Alliance, Colorectal Cancer Network and the Jay Monahan Center for Gastrointestinal Health. Made possible by a charitable contribution from Sanofi-Synthelabo, Inc.

(This program is approved for .1 Continuing Education Unit for social workers, provided by UT MD Anderson Cancer Center, an approved provider through the Texas State Board of Social Work Examiners.)

To register on-line:[http://www.cancercare.org/Feedback/Feedback.cfm?r=21&ii=1&ip=0](http://www.cancercare.org/Feedback/Feedback.cfm?r=21&ii=1&ip=0)
March 19, 2005

Scope It Out 5k Run/Walk for Colon Cancer Awareness
8 a.m - Hains Point, East Potomac Park, Washington, DC
Organized by the Charles A. Kraenzle Colon Cancer Foundation. To register to run or walk or make a donation: please visit www.scopeitout5k.com.
For further information: info@scopeitout5k.com

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To register on-line:
http://www.cancercare.org/Feedback/Feedback.cfm?r=21&ii=1&ip=0

To register by phone: 800-813-4673

Mar 23-24, 2005

For more information please visit: www.preventcancer.org/colorectal

March 26 –
Colon Cancer Coalition Get Your Rear in Gear 5K Run/Walk and Kids Run
Inaugural race to raise awareness and funds for colorectal cancer awareness.

http://www.colorectal-cancer.net/AwareMonth2005.htm
Club of DC

SAT. 3/19 SCOPE IT OUT 5K RUN/WALK

Date: Mar 19, 2005
Start Time: 8:00AM
Location: Hains Point, East Potomac Park

The Scope It Out 5k Run/Walk for Colon Cancer Awareness, a not-for-profit fundraising/awareness race founded by a Hoya, will be held during National Colorectal Cancer Awareness Month.
One out of 18 people will develop colorectal cancer in their lifetime. If detected and treated early, the five-year relative survival rate for colorectal cancer is greater than 90%.

Colon cancer affects women and men equally as well as people of all ethnic backgrounds. The most common symptom of colon cancer is no symptom at all. Please talk to your doctor about getting a colonoscopy at age 50, or earlier with a family history. The earlier the cancer is caught, the more curable it is.


Cash prizes will be awarded to the top three male and female finishers. Awards will be given to the top finishers in the following age groups: 19 & under, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, and 80 & over. The post-race awards ceremony begins at 9:00 am.

Stick around after the race for great refreshments generously donated by local vendors!

Another great community service event on November 6
Georgetown Begins Restoration of Historic Alumni House

Photos and Details From Past and Upcoming Events!
Community Service Day May 2004
Covert Cocktail Party at the Spy Museum January 2004
Georgetown Alumni Flag Football Team
Hoyas Fill the Room at F. Scott's for the 12/2 Holiday Party
Scotch Tasting at the Four Seasons, January 27, 2005
VIP Reception with Special Guest, October 13, 2004

Membership
Contact Information and Questions
How to Join
How to Volunteer with the DC Club
Information for GU Events
Interested in Reaching the DC Club Members

Web Logs

Links
Scope It Out 5K Run/Walk

Saturday, March 19, 2005

Hains Point
Washington, DC

Race Website

Volunteer for the Scope It Out 5K Run/Walk for Colon Cancer Awareness during National Colorectal Cancer Awareness Month. The Scope It Out 5K is being held at Hains Point in Washington, D.C. Charlotte Kraenzle, UVA '99, is directing the race in memory of her father, Charles A. Kraenzle, who died in August 2002 of colon cancer.

Volunteers are needed for t-shirt, race packet, and water distribution; finish line lane and food tent management; and chip collection.

Interested? Email Christine at service@dchoos.org with your contact information.
Running

**Coming events**

Saturday, Dash for Dreams 5K, Towson University, 9 a.m.
Sunday, Outback 5K for YMCA, Ellicott City, 8:30 a.m.
March 19, Scope It Out 5K Run, Washington, 8 a.m.
March 19, HAT 50K Trail Race, Susquehanna State Park, 9 a.m., 410-272-4775.
March 19, Falcon 5K Cross Country Run, Westminster, 10 a.m.
March 20, Al Cesky Scholarship 5K, Bel Air H.S., 8 a.m.
March 20, BRRC White Hall 15K, NCR Trail White Hall, 9 a.m.
March 27, BRRC Prettyboy Trail Race 10K, Prettyboy Reservoir, 9 a.m.

Pro soccer

**MISL standings**

W   L   Pct.   GB

Milwaukee 18 11 .621 -
St. Louis 16 13 .552 2
Phila. 17 14 .552 2
Chicago 14 14 .500 3 1/2
Cleveland 12 13 .480 3
Blast 13 15 .464 4 1/2
K.C. 11 15 .423 5 1/2
x-S. Diego 4 6 .400
Scope it Out! 5K Run/Walk
02/09/2005

Charlotte Kraenzle, a second-year CCT student, began the Charles A. Kraenzle Colon Cancer Foundation in her memory of her father, who died from colon cancer in August 2002. With the help of an all-volunteer committee, Charlotte is directing the Scope It Out 5K Run/Walk for Colon Cancer Awareness on March 19, 2005 at Hains Point. The race is part of her thesis study of how public events raise health awareness.

Support this great effort to raise colon cancer awareness by signing up to race and taking the online survey.

Colorectal cancer is the second-leading cause of cancer deaths for men and women (combined) in the United States. It doesn't have to be, it's curable 90 percent of the time when detected early.

View Current Events
SCOPE IT OUT 5K -- March 19 at 8 in Washington. 202-250-6716 or 301-871-0400.

MCRRC SUPER SLIGO 4-MILE -- March 19 at 9:15 at Sligo Creek, Silver Spring. 301-353-0200.

DCRRC FORT HUNT 10K -- March 20 at 8:30 at Fort Hunt Park, Alexandria. 703-241-0395.

DCRRC RUN V. ROW -- March 26 at 8 in Alexandria. 703-241-0395.

TRAIL RUNS 4K/8K/12K -- March 26 at 8:30 at Potomac Overlook Park, Arlington.

MCRRC PIECE OF CAKE 10K -- March 26 at 9:15 at Seneca Creek State Park, Gaithersburg. 301-353-0200.

Continuing

ACHILLES TRACK CLUB has program for physically challenged athletes at Gaithersburg High. 301-530-2889.

AMERICAN RUNNING AND Fitness Association -- 301-913-9517.

ANNAPOlis STRIDERS -- SASE to Box 187, Annapolis, MD 21404. 410-268-1165.

CAPITOL HILL RUNNERS -- 301-283-0821.

CARROLL CREEK PACERS -- SASE to CCPRC, Frederick County YMCA, 1000 N. Market St., Frederick, MD 21701. 301-663-5131.

D.C. FRONT RUNNERS -- 202-628-3223.
03/16/05  *Tidal Basin 3K*, NOON, Jefferson Memorial, Washington, DC

03/19/05  *Falcon 5K Cross Country Run*, 10:00 AM, Westminster, MD, David Griffith, 410-854-4974

3/19/05 *St. Joseph Day 5 & 10 K*, 9AM, Mechanicsburg PA, Steve Kozick, 717-432-2243

03/19/05  *Run for Life*, 10:00 AM, University of Virginia, Contact: Jennifer Templeton at jdt3e@virginia.edu

03/19/05  *Shamrock Marathon/Gateway 2 person relay/Checkered Flag 8K*, 8:00 AM, Virginia Beach, VA

03/19/05  *17TH ANNUAL RASAC HINTE-ANDERSON TRAIL (HAT) 50K RUN*, 9:00 AM, Great Ultramarathon on the trails of Susquehanna State Park. Race day Headquarters and Start at the Steppingstone Museum. Watch for flyer. Jeff Hinte, 410-272-4775 or Phil Anderson, 410-879-7679.

03/19/05  *Super Sligo* 4.1 M, 9:00 AM, Silver Spring, MD

03/19/05  *4th Annual Lucky Shamrock 5K Run*, 9:00 AM(registration begins), Bealeton, VA, Contact: Denise Haugsdahl denise.haugsdahl@fauquiercounty.gov

03/19/05  *Scope It Out! 5K Run/Walk for Colon Cancer Awareness*, 8AM, Washington, DC(Haines Point, E. Potomac Park), For more info: info@scopeitout5k.com

03/20/05  *CESKY SPORTS FOUNDATION 5K* and 1 Mile fun walk at Bel Air High School, 8:00 AM, Premium “T” Shirt run to benefit the Al Cesky Scholarship Fund. Watch for flyers.

03/20/05  *HCS Longfellow 15K/10K/2M*, 2:00 PM, Columbia, MD, Contact Len Guralnick 410-997-7544

03/20/05  *Reston 10 Miler & 5K*, 8:00, Reston, MD

03/20/05  *Backyard Burn Trail Run Series#1*(5M/10M trail run) More info email Cathy
March is Colorectal Cancer Awareness Month

This Thread Has 0 Replies & Has Been Viewed 78 Times

March is Colorectal Cancer Awareness Month

In April of 2000, my mother passed away after a two-year battle with Colorectal cancer. She was diagnosed too late--the cancer had already progressed to fourth stage. She was given two years to live and that was all too true. She withered away slowly--I lost my mother piece by piece. The
pain that she suffered -- I cannot put it into words. Only images of her face and her failing body come to mind. Her death could have been prevented--Colorectal cancers are of the most curable types of cancers if found in the first stage.

**March is Colorectal Cancer Awareness Month.** Each year I write a letter to the editor locally encouraging people who are at risk to get a colonoscopy. It's not a painful or terrible procedure to have--not scary in the least.

If you know someone who is at risk, or who is over 40 years of age and has not had a colonoscopy, I encourage you to encourage them.

It is usually recommended that people start colorectal cancer screening at age 50. However, more than 13,000 colorectal cancer cases are diagnosed each year in people under the age of 50. If you have a family history of colorectal, breast, ovarian, uterine, cancer; colon polyps; inflammatory bowel disease (Crohn's disease; or ulcerative colitis), you should consult your physician about your personal risk factors and a screening schedule right for you.

I am hoping to make the trek to D.C. on March 19 for the Scope it Out 5K Run/Walk for Colon Cancer Awareness. I feel this is important as this year marks five years since my mother passed away.

[http://www.scopeitout5k.com/](http://www.scopeitout5k.com/)

Other important links:


**>>The challenge to Turbidblue members:**

If you can get one person you know to get a colonoscopy, one person who is at risk, I will send you two live Tori shows in audio format with custom artwork of your choice from my list. This is