

Reframing Lung Cancer Screening

How thoughtful messaging instead of fear-based images can reduce stigma and empower people to embrace screenings for lung cancer.

April 24, 2026 By University of Colorado Cancer Center and Megan Palffy

Lung cancer screening saves lives, but the way we communicate about it is equally important.

For decades, lung cancer messaging used fear-based images, graphic depictions of diseased lungs, ominous warnings, and blame-focused language. These tactics aimed to prompt action. However, research shows they may reinforce stigma, discourage participation, and erode trust in health care.

Researchers at the [University of Colorado Anschutz Cancer Center](#) are studying how those at higher risk view screening messages. They focus on encouraging rather than judging. Postdoctoral fellow Erin Hirsch, PhD, MSPH, MSCS, presented this work at the [American Society for Preventive Oncology \(ASPO\)](#) Annual Conference in a talk titled “Balancing Harm with Motivation: A Mixed-Method Evaluation of Lung Cancer Screening Messaging.”

Moving Away from Fear-Based Messaging

Early public health campaigns for lung cancer screening often adopted imagery and tone from anti-tobacco efforts. While effective at discouraging smoking, these campaigns unintentionally contributed to the lasting stigma around lung cancer.

“Graphic images and scare tactics may grab attention,” Hirsch explains, “but they can also make people feel blamed or ashamed, which may discourage them from participating in screening.”

Participants in Hirsch’s study often described images of lung tumors or diseased lungs as frightening and off-putting. Many said they would avoid screening after seeing such messages. Instead of prompting action, these approaches sometimes led to disengagement—the opposite of their intent.

The research identified key elements that make messages motivating, providing a clear contrast to fear-based approaches.

The most effective messages highlighted empowerment, clarity, and personal relevance. People

responded well when screening was shown as a proactive, informed choice with their medical provider.

Emotion played a big role. Messages connecting screening to being present for loved ones, such as spending time with children or grandchildren, were motivating. People saw screening as an act of care for themselves and others, not a response to fear.

“When people can connect screening to what matters most in their lives,” Hirsch says, “it feels purposeful rather than intimidating.”

A doctor explains CT scan results. [GettyImages/Halfpoint](#)

The Importance of Imagery

Visuals mattered as much as language. Images depicting families, decision-making with clinicians, and realistic screening views were well received.

Participants appreciated photos of CT scanners, which helped demystify the process. Many thought lung cancer screening would be like an MRI—long, loud, and uncomfortable. Seeing the open and quick CT scanner reduced their anxiety and clarified expectations.

Images showing conversations between health care providers and individuals considering screening also stood out. These visuals reinforced the idea that screening is a collaborative decision.

Participants said tone matters. Images with overly cheerful people felt unrealistic or dismissive. Because lung cancer screening is serious, calm, respectful imagery was seen as more trustworthy than overly positive imagery.

Language Matters: Using Person-First Language

A key takeaway from Hirsch's work is the value of person-first language. Terms like "smoker" or "former smoker" reduce people to a behavior and can make them feel judged. Phrases like "a person with a smoking history" or "a person who currently smokes" shift the focus from blame to care.

"People are more than a single risk factor," Hirsch says. "How we talk about lung cancer and screening should reflect that."

This approach aligns with recommendations from major lung cancer organizations, which urge health care professionals, researchers, and communicators to use thoughtful language in public campaigns, clinics, and academic settings.

Building Trust in Lung Cancer Screening

Many people who are eligible for lung cancer screening report a long-standing distrust of health care, often due to years of stigma and repeated questions about smoking. Supportive messaging can help rebuild trust.

Hirsch says effective campaigns balance emotional relevance with clear information. They explain the screening process and stress accessibility. These messages avoid alarmist framing and acknowledge that everyone seeking screening is taking a positive health step, no matter their history.

"These are individuals trying to do what's best for themselves," Hirsch notes. "Our messaging should meet them with respect."

Hirsch hopes this research will change how lung cancer screening is discussed both nationally and at cancer centers like the CU Anschutz Cancer Center. Making screening a routine, proactive health behavior, and removing judgment can make messaging more effective for early detection and improved outcomes.

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