Published in final edited form as:

J Cancer Educ. 2009 ; 24(1): 73–79. doi:10.1080/08858190802664784.

Differences in Cancer Information Seeking Behavior, Preferences, and Awareness Between Cancer Survivors and Healthy Controls: A National, Population-Based Survey

Abbey R. Roach, M.S.¹, Emily L.B. Lykins, M.S.¹, Celestine G. Gochett, BSN, OCN, CCRP¹, Emily H. Brechting, M.S.¹, Lili O. Graue, M.S.¹, and Michael A. Andrykowski, Ph.D.¹

¹University of Kentucky, Lexington, Kentucky

Abstract

Background—No research has examined how cancer diagnosis and treatment might alter information source preferences or opinions.

Methods—Data from 719 cancer survivors (CS group) and 2012 matched healthy controls (NCC group) regarding cancer-related information seeking behavior, preferences, and awareness from the population-based 2003 Health Information National Trends Survey (HINTS) was examined.

Results—The CS group reported greater consumption of cancer-related information but the CS and NCC groups did not differ in information source use or preferences. The CS group was more confident of their ability to get cancer information, reported more trust in health care professionals and television as cancer information sources, but evaluated their recent cancer information seeking experiences more negatively than the NCC group. Awareness of cancer information resources was surprisingly low in both the CS and NCC groups.

Conclusions—Cancer diagnosis and treatment subtly alters cancer information seeking preferences and experience. However awareness and use of cancer information resources was relatively low regardless of personal history of cancer.

Introduction

Attempts to acquire information about their disease are very common among cancer patients and survivors (1-2) and are considered a common means of coping with cancer (3-4). While a desire for information about their disease and its treatment as well as efforts to obtain this information are common among patients and survivors, they are not universal. Research suggests a clear majority (74-98%) of cancer patients desire as much information as possible about cancer (1-2), but that not all patients who desire information actually seek information related to their disease (5). Furthermore, among those who actively seek information about their disease, variability exists in specific information needs, access to information, and preferred sources of information. For example, both demographic and disease-related factors have been associated with different information needs and preferences (4, 6-8).

While cancer patients and survivors represent the primary consumers of cancer-related information, any person regardless of personal cancer history is a potential consumer of cancer-related information. Individuals without a personal cancer history might seek information which would enable them to gauge their personal risk for developing cancer or identify strategies for preventing or early detection of cancer. In addition, exposure to a

friend or family member with cancer might motivate those without a personal cancer history to seek information regarding treatment options, disease outcomes, available rehabilitation and support resources, or simply how to better cope with cancer and its treatment. Indeed, some cancer patients indicate their family members and friends are a primary source of medical information (1, 9).

While research regarding the information seeking motives, preferences, behaviors, and experience of cancer patients and survivors is abundant, similar information regarding those without a personal cancer history is in relatively short supply. Furthermore, existing research does not address the question of how a personal diagnosis of cancer itself changes or affects a person's experience of information seeking and their cancer-related information needs and preferences. An individual's experience with the disease as well as their experience in seeking information about cancer might alter their knowledge of, preferences for, and evaluation of cancer information resources. In light of these gaps in the existing research, the present study examines cancer-related information seeking in both cancer patients and survivors and individuals without a personal cancer history. Information seeking behavior, information source preferences, satisfaction with and trust in information, and knowledge of cancer information resources were examined in these two groups. Comparison of these two groups enables identification of the impact of a personal cancer history on cancer-related information seeking.

As the primary targets of information providers, we anticipate those with a personal cancer history will have sought cancer information more frequently and more recently than those without a history of cancer and have increased knowledge of cancer-related information sources, regardless of their information preferences. It is unclear whether or not a personal history of cancer should affect preference for various cancer-related information sources, *per se*, or the degree of trust placed in various information sources. Differences between cancer patients and healthy controls without a cancer history would suggest the cancer experience itself changes people's cancer-related information needs, behaviors, preferences, and satisfaction.

Methods

Participants and Procedure

The data was provided by the 2003 Health Information National Trends Survey (HINTS), commissioned by the National Cancer Institute in 2002 (10). A population-based sample of 6,369 United States adult respondents was obtained through random digit dialing. Complete information regarding HINTS survey design, methods, and sample is reported elsewhere (11).

Measures

History of Malignant Disease—Personal history of cancer was assessed by a single item “Have you ever been told by a doctor that you had cancer.” Individuals who answered in the affirmative were then asked to indicate the specific type(s) of cancer they were diagnosed with.

Cancer Information Seeking Behavior—Participants were asked “have you ever looked for information about cancer from any source?” and “excluding your doctor or other health care provider, has someone ever looked for information about cancer for you”? Respondents who answered “yes” were asked where they had looked first for information the most recent time they had sought cancer information. Response alternatives included: print media (books, brochures, pamphlets, library, magazines, newspapers), non-

professional individuals (family, friends, coworkers), health care providers, internet, traditional broadcast media (television, radio), and specialized cancer information resources (1-800 telephone number, cancer organizations, cancer research/treatment facilities). Respondents were then asked which of these sources they would go to first if they had a need to get information about cancer. Respondents were also asked “how confident are you that you could get advice or information about cancer if you needed it?” Response options included: very confident, somewhat confident, slightly confident, and not confident at all.

Trust in Cancer Information Sources—Respondents were asked to indicate how much they would trust cancer information obtained from the following sources: a doctor or health care professional, family or friends, newspapers, magazines, radio, internet, and television. Response options included: a lot, some, a little, and not at all.

Evaluation of the Cancer Information Seeking Experience—Respondents who reported having looked for cancer information or having someone look for cancer information for them, were asked to respond to a series of seven statements evaluating their most recent cancer information-seeking experience (see Table 3). Response options included: strongly agree, somewhat agree, somewhat disagree and strongly disagree.

Health and Cancer Information Seeking on the Internet—Respondents were asked if they ever go on-line to access the internet to send and receive e-mail. Those responding “yes” were asked if they had ever used the internet in the past 12 months to look for health or medical information for themselves or someone else and if they had ever visited an internet web site to learn about cancer. Those answering “yes” to this latter question were asked “how useful was the cancer-related information you got from the internet?” (response options: very useful, somewhat useful, a little useful, not at all useful) and, “in the past 12 months how often have you used the internet to look for advice or information about cancer?” (response options: about once a week, once a month, every few months, less often).

Awareness of Cancer Information Resources—All respondents were asked if they had ever heard of six different sources of cancer information (National Institutes of Health, American Cancer Society, Cancer Information Service, National Cancer Institute, 1-800-Cancer Information number, United States Center for Cancer Prevention Research).

Data Preparation

All respondents who indicated they had been told by a doctor they had cancer at some time ($n = 746$) were considered for inclusion in the Cancer Survivor (CS) group. An attempt was made to match each cancer survivor with 1 to 3 other HINTS survey respondents who reported they had never been diagnosed with cancer. Matching was based on sex, age group (18-29 years, 30-39, 40-49, 50-59, 60-69, and ≥ 70), and ethnicity (African-American, Hispanic/Latino, Caucasian, Non Hispanic/Latino, Other). Appropriate matches were identified for 719 members of the CS group (27 respondents in the CS group could not be matched based on the matching criteria and were excluded from all analyses). These 719 members of the CS group were matched with a total of 2012 respondents without a personal cancer history. These 2012 respondents comprised the Non Cancer Control (NCC) group in all study analyses.

The criterion for statistical significance was set at $p < .05$. Effect size eta (η), which expresses the proportion of variance explained, was calculated for all X^2 analyses (12).

Results

Most members of the CS group had received only one cancer diagnosis ($n = 683$; 95.0%) while a minority had been diagnosed with cancer on two or more occasions ($n = 36$; 5.0%). A range of diagnoses were present in the CS group with the most common initial diagnoses being gynecologic ($n = 168$; 23.4%), non-melanoma skin ($n = 134$; 19.9%), and breast cancers ($n = 119$; 16.6%).¹ Information on their specific cancer diagnosis was not available for 31 respondents in the CS group (4.3%). Time since initial diagnosis varied with most respondents in the CS group being ≥ 11 years post-diagnosis ($n = 289$; 40.2%), followed by 6 to 10 years post-diagnosis ($n = 152$; 21.1%), 1 to 5 years post-diagnosis ($n = 162$; 22.5%), and ≤ 1 year post-diagnosis ($n = 108$; 15.0%). Time since cancer diagnosis was not available for 8 respondents in the CS group (1%).

Differences between the CS and NCC groups on demographic variables (age, sex, race, education, partner status, annual household income) were examined using t-test or χ^2 analyses. No significant differences between the CS and NCC groups for sex, race, partner status, annual household income, or education. However, despite matching by age category, there was a small difference between the groups in age ($t = 2.06$; $p = .04$). Specifically, cancer survivors (mean = 59.02, SD = 15.65) were slightly older than controls (mean = 57.62, SD = 15.75).

Cancer Information Seeking Behavior

There was a significant difference between the CS and NCC groups in cancer information seeking behavior. The CS group was more likely to report they had looked for information about cancer ($\chi^2 = 123.95$; $p < .001$; $\eta = .50$) and was more likely to report others, excluding healthcare providers, had looked for information about cancer for them ($\chi^2 = 172.24$; $p < .001$; $\eta = .59$).

There were no significant differences between the CS and NCC groups regarding the type of information source they had consulted during the most recent time they had looked for cancer information ($\chi^2 = 8.23$; n.s.). The most common sources of cancer information recently consulted were the internet and traditional print media and the least common information sources were traditional broadcast media (i.e., radio and television) and specialized cancer information resources (i.e., cancer organizations or research/treatment facilities or cancer telephone hotlines) (see Table 1). There were no significant differences between the CS and NCC groups in where they would first go to seek cancer information if they had a need to get such information ($\chi^2 = 4.60$; n.s.). The majority of respondents in both the CS and NCC groups indicated they would consult a health care provider first with another large proportion of both the CS and NCC groups indicating they would consult the internet first while traditional broadcast media and specialized cancer information resources were least likely to be consulted first (see Table 1).

In general, confidence in the ability to get information about cancer, if necessary, was high as over 90% of respondents in both groups indicated they were “very” or “somewhat” confident. However, relative to the NCC group, the CS group reported more confidence in their ability to get advice or information about cancer ($\chi^2 = 9.39$; $p < .05$; $\eta = .13$). Specifically, 69% of the CS group indicated they were “very confident” as compared to 62.6% of the NCC group. However, this difference was attenuated when only respondents

¹Comparison of the 130 respondents in the CS group with only a diagnosis of skin cancer (non-melanoma) with the 589 remaining respondents in the CS group with regard to our primary dependent variables revealed very few significant differences between these two groups. Consequently, respondents with skin cancer (non-melanoma) were included with respondents with all other types of cancer in the CS group.

who had previously sought cancer information were considered ($X^2 = 4.06$; n.s.; CS group= 69.9% vs. NCC group= 67.7%).

Trust in Cancer Information Sources

Group differences were evident for two of the seven potential sources of information: doctor or other health care professional ($X^2 = 9.24$; $p < .05$; $\eta = .13$) and television ($X^2 = 9.45$; $p < .05$; $\eta = .13$) (see Table 1). Cancer survivors reported more trust than non-cancer controls in doctors and health care professionals and television as potential sources of information.

Evaluation of the Cancer Information Seeking Experience

Group differences were evident for four of the seven items assessing experience in looking for cancer related information in respondents who reported they had previously looked for cancer information ($n = 491$ for CS group, $n = 885$ for NCC group): wanted more information but couldn't find it ($X^2 = 9.31$; $p < .05$; $\eta = .17$), feeling frustrated during the information search ($X^2 = 9.73$; $p < .05$; $\eta = .18$), finding the information too hard to understand ($X^2 = 13.87$; $p < .01$; $\eta = .21$), and being satisfied with the information found ($X^2 = 14.69$; $p < .01$; $\eta = .22$) (see Table 3). Cancer survivors were more likely to “strongly agree” with each of these four statements about their cancer information seeking experience. It was also the case, however, that cancer survivors appeared to be somewhat more likely to “strongly disagree” with these four statements. However, the magnitude of the difference between the proportions of the CS and NCC groups strongly disagreeing with these four items was generally smaller than the magnitude of the group differences in the proportions who strongly agreed with these four items.

Information Seeking on the Internet

The CS and NCC groups accessed the internet for cancer information at a similar rate of 53% ($\chi^2 = 0.95$; n.s.). Among those who access the internet, the CS group (62.4%) was more likely than the NCC group (50.8%) to have used the internet to look for health or medical information for themselves ($\chi^2 = 15.38$; $p < .001$; $\eta = .24$). In contrast, there was no group difference regarding whether a respondent had used the internet in the past 12 months to look for health or medical information for someone else ($\chi^2 = 0.32$; n.s.). Approximately half of those with internet access in both groups had sought health or medical information online for someone else within the past 12 months.

Among those respondents who reported online access, the CS group (59.4%) was more likely than the NCC group (42%) to report they had accessed a website to learn specifically about cancer information ($\chi^2 = 27.79$; $p < .001$; $\eta = .35$). Furthermore, the CS group was more likely than the NCC group to report more frequent use of the internet to look for cancer information ($\chi^2 = 10.86$; $p < .05$; $\eta = .31$). Specifically, 10% of respondents in the CS group reported they looked online for cancer information about once a week (vs. 5% in the NCC group) while an additional 16.8% looked once a month (vs. 10.6% in the NCC group). There was no difference between the CS and NCC groups in ratings of the usefulness of the cancer-related information they got from the internet ($\chi^2 = 3.25$; n.s.). A bit over 90% of respondents in both groups found this cancer-related information to be “very” or “somewhat” useful.

Awareness of Cancer Information Resources

Group differences in awareness were evident for three of six information resources: Cancer Information Service ($\chi^2 = 8.85$; $p < .01$; $\eta = .13$), National Cancer Institute ($\chi^2 = 5.40$; $p < .05$; $\eta = .10$), and the 1-800-4-Cancer information number ($\chi^2 = 19.76$; $p < .001$; $\eta = .20$). Respondents in the CS group were more likely to indicate they had heard of these

information resources (Cancer Information Service: 28% for CS group vs. 22.4% for NCC group; National Cancer Institute: 79.6% vs. 75.2%; 1-800-4-CANCER telephone number: 26.3% vs. 18.4%). No group differences were found regarding awareness of the National Institutes of Health (64.6% for CS group vs. 63.7% for NCC group), the American Cancer Society (98.3% vs. 98.2%), or the U.S. Center for Cancer Prevention Research (30.5% vs. 26.7%).

Discussion

As anticipated, cancer survivors (i.e., CS group) reported greater consumption of cancer-related information than non-cancer controls (i.e., NCC group). The CS group was more likely to report they had looked for information about cancer during their lifetime and was also more likely to report other individuals had looked for cancer information for them during their lifetime. In addition, while internet access was similar in the CS and NCC groups, the former group was more likely to have accessed the internet specifically to obtain cancer-related information and to use the internet more often to obtain cancer-related information. Not surprisingly, the experience of cancer diagnosis and treatment creates an enhanced need for cancer-related information and provides an impetus to seek such information.

In contrast to the greater consumption of cancer-related information in the CS group, there were no group differences regarding specific information sources they had recently consulted, or would consult, if they did seek cancer-related information. So the experience of cancer diagnosis and treatment does not appreciably influence preferences for sources of cancer-related information. The internet, traditional print media, and health care providers represent the primary and preferred sources of cancer-related information for both the CS and NCC groups.

Confidence in the ability to get information about cancer was generally high in both the CS and NCC groups. Nevertheless, the groups did differ on this variable with results suggesting somewhat greater confidence in the CS group. It is tempting to attribute this greater confidence to a greater likelihood of having successfully engaged in cancer-related information seeking. However, differences between the CS and NCC groups with in confidence in the ability to get cancer-related information disappeared when only respondents who had previously sought cancer information were considered. So it would seem that while the experience of cancer diagnosis and treatment results in greater confidence in the ability to get cancer information, this is likely not due to the CS group's greater experience in seeking such information, successful or otherwise. As the CS group was more aware of certain cancer information resources (i.e., Cancer Information Service, National Cancer Institute, toll-free cancer information telephone number), we speculate the greater confidence shown by the CS group could stem from a stronger belief that cancer information would be available to them, if necessary.

A couple of differences were found between the CS and NCC groups regarding the trust they placed in certain sources of cancer information. The CS group reported greater trust in health care professionals and television as sources of cancer information. However, the sizes of these group differences were not large, with effect sizes (i.e., η) of .13 for both variables. So while the experience of cancer diagnosis and treatment does not appear to widely alter the trust placed in a spectrum of information resources, it does appear to at least slightly enhance trust placed in the one information source with which cancer survivors likely have had considerable contact: doctors and other health professionals. This is comforting, of course.

In addition to differences in the likelihood of having sought cancer-related information, the CS and NCC groups differed in the evaluation of their most recent experience in seeking cancer-related information (see Table 3). The CS and NCC groups differed in wanting more information but being unable to find it, feeling frustrated during the information search, and finding the information too hard to understand. They also differed with regard to satisfaction with the information found. Inspection of Table 3 suggests the CS group was more likely to express strong feelings of wanting more information but being unable to find it and of information being too hard to find. In contrast, the CS group appears to have evidenced a more bifurcated response with regard to feeling frustrated during the information search and their satisfaction with the information found. In other words, the CS group was more likely to respond on both of the extreme ends of the response spectrum for these two variables. For example, 53.6% of the CS group either strongly agreed *or* disagreed that they felt frustrated during their information search, compared to only 45% of the NCC group. While the group differences here were not large (η 's ranging from .17 to .22), the picture that emerges is that cancer survivors view their most recent cancer information seeking experience a bit more negatively than do their non-cancer survivor counterparts. While the reason for this cannot be discerned from our data, a couple of factors may be involved. Cancer survivors may feel a greater sense of personal urgency during the cancer information seeking experience, heightening the sense of frustration when information needs are not met. Alternatively, or in addition, relative to non-cancer controls, cancer survivors might have more complex, personalized, and/or highly specific cancer information needs which are more difficult to satisfy adequately.

Our discussion to this point has focused upon identification of differences between the CS and NCC groups and the potential for the experience of cancer diagnosis and treatment to impact cancer information seeking behavior, needs, and preferences. However, other aspects of our findings are noteworthy. Only 72.65% of cancer survivors reported they had either looked for cancer-related information themselves or had another person seek information for them. Thus, over 25% of cancer survivors did not engage in any attempt to obtain cancer information. This proportion is consistent with previous research (1-2). While it is possible the cancer information needs of these individuals were completely met by their health care providers during the normal course of their cancer diagnosis and treatment, research suggests that almost all cancer patients and survivors report unmet information needs (13-16). Given information seeking may be an important component of the coping process (3-4) and the vast array of cancer-related information available, it is disappointing that such a large minority of cancer survivors report no attempt to seek cancer information. Similarly, 56% of our NCC group had *never* sought cancer information. While those without a personal history of cancer would clearly have less motivation to seek some types of cancer-related information, information about cancer prevention and cancer screening is relevant to everyone and is readily available. So the fact the majority of those without a personal cancer history reported no attempt to seek cancer information is disappointing and suggests greater efforts be made to encourage appropriate information seeking in these individuals. In addition to disappointing levels of cancer information seeking in both the CS and NCC groups, awareness of several potentially critical sources of cancer information was also surprisingly low. Awareness of two of the most accessible sources of cancer information, the Cancer Information Service and the 1-800-4-CANCER telephone number, was reported by less than 30% of both the CS and NCC groups. Given their extensive contact with the health care system in the course of diagnosis and treatment, it is disappointing that fewer than one-third of cancer survivors were aware of these highly accessible cancer information resources. However, the low levels of awareness of these information resources in the NCC group is also disappointing given the universal relevance of information about cancer prevention and screening and the likelihood those without a personal cancer history have nevertheless been affected by cancer in a close friend or family member.

The current study is not without limitation. First, while the intent of the 2003 HINTS survey was to obtain a population-based, national sample of respondents, the overall response rate was in the 30-35% range, raising concerns about the representativeness of study respondents. Second, while our case-control design included matching on ethnicity, the “other” ethnicity group in our design was heterogeneous. So matching on ethnicity in this group was less than perfect. Finally, we were unable to include some cancer survivors from the original HINTS survey (n= 27; 3.6%) in our study sample because there was no potential matched control available. So again, some concern about the representativeness of our CS group might exist.

In summary, while both individuals with and without a personal history of cancer are potential consumers of cancer-related information, little is known about how behavior, needs, and preferences with regard to cancer information might be altered by the experience of cancer diagnosis and treatment. The current study aimed to fill this gap in the literature by comparing the information needs, preferences, and information seeking behaviors of cancer survivors with those of individuals without a personal cancer history. Our results suggest low levels of cancer information seeking as well as low levels of awareness of potential information resources among those without a personal cancer history. While the experience of cancer diagnosis and treatment does not appear to widely affect cancer information source preferences or trust in information sources, cancer survivors did appear to evaluate their most recent cancer information seeking experiences a bit more negatively than those without a personal history of cancer.

Acknowledgments

This research was supported by grant K05 CA096558 from the National Institutes of Health

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Table 1**Cancer Information Seeking Behavior and Preferences of CS and NCC Groups**

	CS Group % (N)	NCC Group % (N)	χ^2	p-value
<i>Ever looked for info about cancer from any source? (yes)</i>	68.3 (491)	44.1 (885)	123.95	0.000
<i>Excluding doctor or healthcare provider ever look for info about cancer for you? (yes)</i>	38.4 (275)	15.0 (302)	172.24	0.000
<i>Most recent time looked for info on cancer, where did you look? ^a</i>				
Print Media	37.1 (176)	38.4 (330)	8.23	0.144
Family/Friends	3.2 (15)	3.7 (32)		
Broadcast Media	1.9 (9)	1.8 (24)		
Cancer Info Resource	1.9 (9)	1.4 (12)		
Health Care Provider	17.9 (85)	12.6 (108)		
Internet	38.1 (181)	40.7 (544)		
<i>If had strong need to get cancer info, where would you go?</i>				
Print Materials	7.1 (50)	7.5 (146)	4.60	0.466
Family/Friends	5.7 (40)	4.0 (79)		
Broadcast Media	0.0 (0)	0.1 (2)		
Cancer Info Resource	4.7 (33)	4.2 (82)		
Health Care Provider	57.8 (406)	58.0 (1133)		
Internet	24.8 (174)	26.1 (510)		

^a Asked only of respondents that reported some prior attempt to seek cancer information

Comparison of Cancer Survivor (CS) and Non Cancer Control (NCC) Groups With Regard to Trust in Cancer Information Resources

Table 2

Information Source	A Lot % (N)	Some % (N)	A Little % (N)	Not At All % (N)	χ^2 -value	I
Doctor/Health Professional					9.24	*
CS	64.7 (460)	30.9 (220)	3.5 (25)	0.8 (6)		
NCC	60.2 (1192)	32.6 (645)	5.5 (109)	1.8 (35)		
Family/Friends					4.69	
CS	19.1 (136)	45.2 (322)	26.0 (185)	9.7 (69)		
NCC	18.5 (368)	49.4 (983)	24.1 (479)	7.9 (158)		
Newspapers					2.15	
CS	12.2 (87)	50.5 (359)	22.9 (163)	14.3 (102)		
NCC	10.3 (204)	51.5 (1025)	23.3 (464)	14.9 (296)		
Magazines					5.35	
CS	15.6 (111)	49.5 (352)	21.0 (149)	13.9 (99)		
NCC	12.9 (255)	53.4 (1060)	19.3 (382)	14.5 (287)		
Radio					2.95	
CS	8.3 (59)	40.5 (288)	22.1 (157)	29.1 (207)		
NCC	7.8 (155)	43.3 (1149)	22.8 (453)	26.1 (520)		
Internet					7.16	
CS	23.3 (161)	33.2 (230)	10.1 (70)	33.4 (231)		
NCC	18.9 (371)	37.2 (731)	10.3 (203)	33.5 (658)		
Television					9.45	*
CS	21.0 (150)	49.2 (351)	19.1 (136)	10.7 (76)		
NCC	16.4 (325)	52.9 (1048)	21.1 (419)	9.6 (190)		

$I\chi^2$ test with 3 df.

* p < .05

Table 3

Comparison of Cancer Survivor (CS) and Non Cancer Control (NCC) Groups With Regard to Most Recent Cancer Information Seeking Experience.

	SA % (N)	SWA % (N)	SWD % (N)	SD % (N)	χ^2 -value	I
Wanted More Info, Could Not Find					9.31	*
CS	15.1 (73)	35.9 (174)	28.0 (136)	21.0 (102)		
NCC	9.8 (86)	38.4 (337)	31.6 (277)	20.2 (177)		
Took a Lot of Effort to Get Info					1.86	
CS	14.8 (72)	35.9 (175)	27.9 (136)	21.5 (105)		
NCC	13.5 (118)	36.7 (322)	30.4 (267)	19.4 (170)		
Didn't Have Time to Get Info Needed					3.28	
CS	13.6 (66)	27.3 (132)	25.8 (125)	33.3 (161)		
NCC	13.9 (122)	29.1 (255)	28.3 (248)	28.7 (251)		
Felt Frustrated During Search					9.73	*
CS	17.0 (82)	24.7 (119)	21.6 (104)	36.6 (176)		
NCC	13.2 (115)	29.4 (257)	25.5 (223)	31.8 (278)		
Concerned About Info Quality					7.28	
CS	23.5 (115)	33.3 (163)	22.3 (109)	20.9 (102)		
NCC	18.4 (160)	37.4 (325)	25.3 (220)	18.9 (164)		
Info Too Hard to Understand					13.87	**
CS	13.0 (63)	22.7 (110)	29.5 (143)	34.8 (169)		
NCC	7.6 (66)	27.9 (243)	31.9 (278)	32.7 (285)		
Satisfied With Info Found					14.69	**
CS	41.7 (203)	42.1 (205)	12.7 (62)	3.5 (17)		
NCC	37.5 (327)	51.7 (451)	8.4 (73)	2.4 (21)		

SA=Strongly Agree, SWA=Somewhat Agree, SWD=Somewhat Disagree, SD=Strongly Disagree

$I\chi^2$ test with 3 df.

* p < .05;

** p < .01