

SWOG S2427 Social Media Toolkit: How to Use This Toolkit

SWOG promotes its clinical trials through its social media accounts and encourages study team members and clinical sites that open a study to use their social media channels to promote the trial.

This toolkit provides ready-made text and graphics for these posts. Some messages are tailored to patients and their families; others are targeted to physicians and other health care providers. All materials have been approved by the NCI's Central Institutional Review Board (CIRB) and can be used as is.

Here are some tips for using this toolkit:

- **Use text and graphics.** Using these CIRB-approved posts will make trial promotion easy. When you post, include one of the attached graphics to attract greater attention. All graphics are also available as individual images packaged in a single ZIP file linked at swog.org/clinical-trials/S2427.
- **Use hashtags.** Hashtags can capture attention, and they're searchable on most platforms. Common cancer hashtags include #BCSM for breast cancer social media and #LCSM for lung cancer social media. For a full list of hashtags, visit symplur.com/healthcare-hashtags/.
- Tag your friends and partners. Including handles (account names) will get your posts in front of more people and the right ones. For example, you could tag @theNCl or @SWOG or tag your home institution, such as @UMRogelCancer. Tag individual members of the trial team, or advocacy groups that focus on the cancer type your trial is addressing.
- **Don't sell. Educate.** Note that the posts below don't directly sell the trial. Instead, they inform readers about the trial's goals and who may be eligible.
- Use a call to action. These posts send readers to SWOG.org to learn more. Patient-directed information is at swog.org/S2427, and provider-directed information is at swog.org/clinical-trials/S2427. The patient-directed posts also include the NCI Contact Center number 1-800-4-Cancer
- Ask for help. Ask your hospital's communications office to promote your trial on social media.
 Ask your committee's patient advocate for help, or approach advocacy groups that engage the patients you're seeking.

For sites opening the trial to enrollment:

• The final post in this packet is for use by individual sites on their own social media accounts to announce that they have opened the trial to enrollment. Simply replace the content in brackets with your institution's name, leaving the remaining text unchanged.

Questions? Contact SWOG Communications Manager Frank DeSanto at fdesanto@swog.org.



SWOG S2427 Patient-Focused Posts

Posts of < 280 characters (Twitter/X, BlueSky, ...):

S2427 (BRIGHT) is a study for people who were treated for muscle invasive #BladderCancer — and the cancer shrunk or can't be found after treatment. The study asks if a drug plus radiation can help prevent bladder removal. Visit SWOG.org/S2427. Or call 1-800-4-CANCER.

Are you getting treatment for muscle invasive bladder cancer? Ask your doctor about S2427 (BRIGHT). It's a #ClinicalTrial testing whether an immunotherapy drug plus radiation therapy can help patients keep their bladder. SWOG.org/S2427. 1-800-4-CANCER. #MIBC

Bladder removal surgery can have a big impact on quality of life. Study S2427 (also called BRIGHT) is testing a possible #BladderSparing approach for people with muscle invasive #BladderCancer. To learn more, visit SWOG.org/S2427 or call 1-800-4-CANCER. #MIBC

Have you had treatment for muscle invasive #BladderCancer? Are you expecting surgery next? If your scans show no cancer, you may be able to join #ClinicalTrial S2427 (also called BRIGHT). Visit SWOG.org/S2427 to learn more. Or call 1-800-4-CANCER. #BladderPreservation

Treated for muscle invasive bladder cancer and want to keep your bladder? Ask your doctor about #ClinicalTrial S2427 (BRIGHT). SWOG.org/S2427. 1-800-4-CANCER. #KeepMyBladder #MIBC

Longer posts (LinkedIn, Facebook, ...):

Many people with muscle invasive #BladderCancer have their bladders removed as part of their treatment. But the surgery can have a major impact on quality of life — affecting urinary and sexual health, for example. Clinical trial S2427 (also called BRIGHT) asks if giving people an immunotherapy drug called pembrolizumab (Keytruda) along with radiation therapy can help prevent the need for bladder removal surgery. The study is for people who were treated with chemotherapy, immunotherapy, targeted drugs, or a combination of these — and now the cancer has shrunk or can't be found.

Learn more at SWOG.org/S2427. Or call 1-800-4-CANCER. #MIBC #BladderPreservation



SWOG S2427 Provider-Focused Posts

Posts of < 280 characters (Twitter/X, BlueSky, ...):

Consider S2427 BRIGHT for your pts with #MIBC getting neoadj therapy. If systematic biopsies at post-NAT TURBT show cT0 or cT1, pt may be eligible for S2427. Can IO + RT be bladder-preserving? #BladderCancer

PI: Leslie Ballas, MD @CSCancerCenter swog.org/clinical-trials/S2427

S2427 BRIGHT trial: In patients with #MIBC, can immunoradiotherapy after response to neoadj therapy (cT0 or cT1) allow for bladder preservation?

Systematic biopsies needed at post-NAT TURBT pre-registration.

Co-PI: @siadaneshmand @uscnorris swog.org/clinical-trials/S2427

If patients w #MIBC have a clinically sig response to NAT, is cystectomy needed? S2427 BRIGHT trial tests whether pembro + RT can let patients keep their bladder.

Systematic biopsies needed at post-NAT TURBT.

Co-PI: Abhishek Tripathi, MD @cityofhope swog.org/clinical-trials/S2427

S2427 BRIGHT tests IO + RT as bladder-preserving treatment for patients with #MIBC who respond to NAT.

Focal, non-diffuse carcinoma in situ (CIS) is allowed.

Systematic biopsies needed at post-NAT TURBT.

Co-PI: Daniel A. Hamstra, MD, PhD @BCMCancerCenter swog.org/clinical-trials/S2427

S2427 BRIGHT trial tests IO + RT as bladder-preserving tx for patients with MIBC who respond to NAT.

PROs track QoL and treatment-related symptomatic toxicities.

Systematic biopsies needed at post-NAT TURBT.

Co-PI: James B. Yu, MD, MHS @DartmouthCancer



Longer posts (LinkedIn, Facebook, ...):

Many patients who choose neoadj therapy + cystectomy for their muscle invasive #BladderCancer and then have a clinically significant response to NAT (< cT1) will ask: Do I still need a cystectomy?

The SWOG S2427 (BRIGHT) trial asks whether immunoradiotherapy can help these patients keep their bladder. Endpoint is 3-year bladder-intact EFS.

Systematic biopsies are required in the post-NAT TURBT (before registration). Focal, non-diffuse CIS is allowed.

Can #BladderPreservation replace radical cystectomy for these patients?

PI: Leslie Ballas, MD, Cedars-Sinai

Co-PI: Siamak Daneshmand, MD, USC Norris Comprehensive Cancer Center

Co-PI: Abhishek Tripathi, MD, City of Hope

Co-PI: Daniel A. Hamstra, MD, PhD, Baylor College of Medicine

Co-PI: James B. Yu, MD, MHS, Dartmouth Cancer Center



Post for Clinical Sites Announcing a Trial Opening

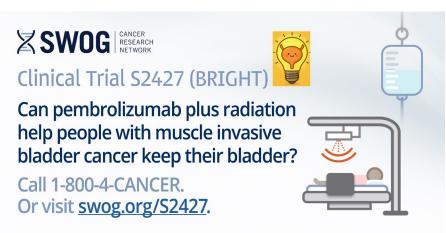
The post below is for use by member sites on their own social media accounts to announce that they have opened the trial to enrollment. Simply replace the content in brackets with the institution's name, leaving the remaining text unchanged. (<280 characters)

[insert site name] is enrolling patients to the S2427 study (BRIGHT). It's testing a possible way to prevent bladder removal surgery for people with muscle invasive #BladderCancer. Learn more at SWOG.org/S2427. Or call 1-800-4-CANCER. #MIBC



S2427 social media graphics to accompany patient-directed posts:









S2427 social media graphics to accompany provider-directed posts:

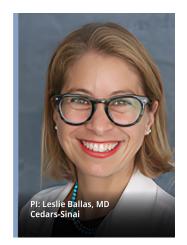




Trial S2427 (BRIGHT)

Tests IO + RT as bladderpreserving treatment for patients with MIBC who responded to NAT

swog.org/clinical-trials/S2427







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