Major Broadsheets Bow to Hysteria
In Coverage of Breast Cancer Fraud


These are the words that best describe the news coverage of research fraud in the Sunday Chicago Tribune and Boston Globe March 13, and on the New York Times front page the next two days. In this coverage, the three big broadsheet papers certainly out-tabbed the tabloids, including even the National Enquirer, in spreading misinformation. And groundless fear.

The stories focus on the falsification of data at one hospital that contributed to a series of massive, highly-regarded clinical studies, coordinated by the University of Pittsburgh. The results prompted changes in managing breast cancer by (among other things) showing that lumpectomy, a breast-sparing surgical treatment, is as effective as radical mastectomy in preventing recurrences and deaths. The project, called NSABP — National Surgical Adjuvant Breast and Bowel Project — is headed by Pittsburgh surgeon Bernard Fisher, M.D.

Analysis

The cheating has been confessed by Canadian surgeon, Roger Poisson, M.D., of St. Luc’s Hospital, which is affiliated with the University of Montreal.

At our deadline, a second discrepancy in data was discovered, from a different NSABP study. It comes from a second Canadian hospital. The NCI demanded that Fisher resign as NSABP director. He did.

The fear — terror might be a better word for it — that was engendered by the stories about Poisson is that the millions of women who have opted for lumpectomy, on the basis of NSABP findings, may be at heightened risk of recurrence and death. The not-at-all subtle message of the coverage:

Doctors cheat again; science can’t be trusted.

There is no evidence that Poisson’s derelictions — most of which were for the purpose of enlisting women who did not fully meet NSABP’s rigid entry requirements into the studies — changed any results. Fisher’s group told the reporters specifically that reanalyses of the data without any of Poisson’s patients show that it didn’t. Neither the Public Health Service’s Office of Research Integrity (ORI), which conducted a rigorous two-year investigation of the case, nor the National Cancer Institute (NCI), which sponsors the studies have issued any warnings.

Anger is Rife

Outrage at medical scientists’ violation of public trust, and self-congratulations for the newspapers that exposed it are main themes of this coverage, and follow-up editorials (Trib, March 16, Times, March 20). So in dealing with the distorted facts of the matter, the stories’ spin is important:

The first story, published in the Tribune and the Globe, was

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Follow Up...

Taken to task!: While we beat on our colleagues for journalistic sins (see story, p. 1), readers demand that we ‘fess up to a few of our own:

Physiologist Robert Perlman, M.D., at the University of Chicago, says we went overboard on our report (Feb.) that a gene has been found that drives some men to suicide. He points out, correctly, that this is “exciting” research of “potentially great importance,” but notes that it is still “very preliminary.” He notes, particularly, that “in the total population of violent [Finnish] offenders” reported by federal neuroscientist David A. Nielson, Ph.D., and his colleagues, one form of the gene, called TPH, “was associated with attempted suicide.” But this association was independent of the men’s levels of the neurotransmitter serotonin, low levels of which Nielson and others have linked to violence toward others.

“The association of TPH genotype with two different properties, in two different populations, raises questions about the significance of the association,” Perlman says.

We won’t argue the science. Our specific interest in this paper was the threat that it might be censored for political reasons, because it links genes with violence—a no-no hypothesis according to some black activists and their supporters. But that spin was too complex for our coverline and headline—and so we oversold the science part of the story instead.

We plead guilty as charged!

A softy on needles?: This complaint comes from two veteran quack-busters, Marvin J. Schissel, D.D.S., and his dental partner John E. Dodes, D.D.S., who is chairman of the New York chapter of the National Council Against Health Fraud:

The Queens, New York, dentists say we were unclear—and gullible—in the report of our televised interchange with an acupuncturist (Feb.). The ancient Oriental needling technique has no basis in science, they say. Schissel adds that the hypothesis that acupuncture creates feelings of well-being by raising endorphin levels is meaningless, since almost any marked stimulus will boost endorphins.

We thought we covered this point when we said, after describing how the acupuncturist needed her patient, that it was unclear how much of the apparent relaxing and energizing benefit was due to the putting in of needles and how much to the laying on of hands (which would have to be a psychological effect, not a physiological one). But Schissel says we may have been “taken in by the endorphin ploy."

Maybe we were!

Schissel and Dodes think acupuncture is quackery. We suspect they are right. But a journalist, with no substantive body of knowledge on the subject, can’t make that assertion.

What we can—and do—say, is that there is little positive scientific evidence to show that acupuncture is safe and effective: Consumer Reports, a new advocate for “alternative” health, acknowledges this in a statement we reported.

Nuclear protection: The Washington Post (March 1) and CNN have caught up with our two-year-old story (PROBE, June ‘92) on how the Nuclear Regulatory Commission (NRC) continues to stall on a decade-old policy to safeguard Americans from nuclear fallout. The plan, approved in 1985, is to distribute potassium iodide (KI) tablets to every American. If taken following a nuclear emergency, KI blocks the uptake of radioactive iodine into the thyroid, preventing cancers. The cost: 20¢ per person.

The NRC continues to study this proposal, the Post says, noting a recent staff report which states, “We are spending almost as much money continuing to study this issue as it would likely cost to establish KI stockpiles (emphasis added).”

Why, then, the stalling? The nuclear industry, as we reported, doesn’t want folks to worry about nuclear plant accidents. The Post found, and quotes a revealing letter from the industry to NRC, that says:

“Stockpiling or pre-distribution [of KI] and the associated public education would result in a potentially significant negative public perception” of nuclear plants.

We had hoped that the Clinton administration would cut through dangerous roadblocks to public safety like this one. Thus far, on KI, we’ve been disappointed.

Band’ Plays Sour Notes

We have seen, belatedly, the Home Box Office docudrama of Randy Schiltz’ And the Band Played On, in an NBC re-run. The film’s reshuffling of early AIDS history, which we know something about, is confusing—a hindrance rather than a help in understanding these events, and society’s tragic failure to respond to the emerging disaster.

The protagonist, public health specialist Donald P. Francis, M.D., of the Centers for Disease Control (CDC), in Atlanta, says much truth in the film, and elsewhere (PROBE, Sept./Oct. ‘92). But we recall that it was his boss, epidemiologist James Curran, M.D., not Francis, who sold the AIDS-as-an-infectious-disease scenario to a doubting medical community.

More important: retrovirologist Robert F. Gallo, M.D., is depicted in this film as dishonest slime. Now that he’s been cleared of charges of misconduct, he well might find reason—of reputation—to challenge this unflattering portrayal.
Few Are Uninsured Due to Prior Illness

To sell his health plan, the President, on camera, has been wrapping his arm around Americans who have had the misfortune to lose their health insurance, or can't buy it because of pre-existing illness. He promises them coverage.

No doubt about it: These people need insurance.

But there may be too few of them, too widely scattered, to make much of a difference politically as the Clintons' plan and other competing health care proposals are debated in committee in the Senate and House.

Only one million Americans, it appears, lack coverage because of prior illness.

Harris Survey Is Source

This information was provided to reporters by analyst Diane Rowland, Sc.D., a professor of health policy and management at Johns Hopkins University, in Baltimore. The one million figure — representing 3% of Americans who presently lack health insurance — is based on a recent Harris poll, she noted.

The President has used a far higher number for those excluded from coverage, Rowland said.

She presented her analysis at a press briefing last month in New York, sponsored by the Henry J. Kaiser Family Foundation and the Washington D.C. Journalism Center. She said that private and government data and analyses indicate that the majority of uninsured Americans are working men and women, many of whom are in relatively high income brackets.

The current working figure in Washington is 37.1 million uninsured, in 1992; one projection for 1994 is 39 million.

These numbers are, however, snapshots in time, Rowland explained. While the number of uninsured at one moment may be 37 (or 39) million, in the course of a year some 51 million Americans will be uninsured at least part of the time.

Two-thirds of the 51 million lack insurance for less than a year. One third are uninsured all of the year. Lack of coverage thus is usually episodic, and primarily affects working people and those who have been fired or are between jobs — not drop-outs from the system.

Eighty-five percent of the uninsured are full or part-time workers or their dependents; only 16% are non-workers and their families.

Most Are Workers

Working men and women who are uninsured tend to be self-employed, or to work for companies with under 100 workers. They are predominantly residents of the South (42%) or West (24%), where there are fewer large companies that can provide health benefits.

Even if employers do not provide it, employees of course can buy their own health policies, at a base cost of $5,000 to $6,000 per family per year. But 59% of these uninsured say they can't afford this coverage, according to the Harris survey, Rowland related. The unemployed and workers whose companies don't provide coverage are 22%. Another 7%, most of them young adults, choose not to buy insurance. The remaining 3% then are the one million who have been excluded for prior illnesses.

Universal coverage would serve both the uninsured and the community at large, Rowland said:

"Individuals without insurance often seek care later, at a more advanced stage of disease, and have higher mortality rates than the insured population," she told reporters. "The risk of death was 25% higher... from 1971 to 1987."

Uninsured women, Rowland added, were 49% more likely to die in the four to seven years following diagnosis of a breast cancer than were privately insured women — a "dramatic" difference.

# # #

The political conundrum is that most uninsured people are only temporarily unemployed, and so may not be a solid and reliable bloc of voters who will beat Congress' doors down demanding health reform. Many middle class people believe — probably rightly — that they will lose, rather than gain from health insurance reform; as taxpayers, they fear the cost.

This may partly explain why the President's plan is mired down, despite the conventional wisdom that congressmen must pass a universal coverage bill before going home to face voters.

Many Health Policies Don't Cover Bills, New Study Discovers

Existing health plans leave many insured Americans holding the bag, a household survey has disclosed. Three out of four people who report difficulty in paying for health care already are insured.

These findings come from a Harvard survey of 1900 households, the majority of them low income (under $20,000). They were described in the March 23/30 Journal of the American Medical Association (pp. 948-51). One person in every five (19%) reported trouble paying bills, health management specialist Robert J. Blendon, Sc.D. and two associates report. They found:

• 16% of all insured and uninsured Americans had difficulty paying doctor or hospital bills
• 10% had trouble buying prescription drugs
• 10% had difficultyaffording nursing home services
• 2% found it hard to pay for home health care

"The vast majority” of these worried Americans already "have health insurance,” Blendon and his colleagues say. Over half (56%) had employee- or self-paid policies; others had Medicaid or Medicare.

"Financial worries about the cost of medical care frequently coincide with concerns about fading employment, and meeting day-to-day household expenses,” the analysts write.

April 1, 1994
Anti-Science Eggheads Are Fried

We have just read an absolutely terrific and funny book — an analysis of the ideological and political attack on science that the authors say is being pursued at American institutions of higher education. It is called Higher Superstition, The Academic Left and Its Quarrels with Science; the authors are biologist Paul R. Gross, Ph.D., of the University of Virginia, and mathematician Norman Levitt, Ph.D., of Rutgers (Baltimore: Johns Hopkins, 1994, $26).

These writers doggedly document a whole dimension to the contemporary attack on science — and its underpinnings of rationality and logic — that we simply were not aware of. We have criticized politicians like Rep. John D. Dingell (D-Mich.), and journalists like John Crewdson of the Chicago Tribune for their anti-scientism (See story, p. 1). We also have noted the resurgent (albeit ambivalent) animosity toward science and rationality in the popular culture (PROBE, Sept. '93).

What we seem to have missed — and what authors Gross and Levitt nail, neatly — is that this attack is being pursued, probably even led, by "lit crit" thinkers in university English and humanities departments. Some are right-wingers. But, mostly, leftists lead this attack.

Gross and Levitt discern a major ideological reversal: Since the Enlightenment, science and rationality have been equated with democratization and human progress. But in the wake of World War II, and the fall of Stalinist "scientific socialism," the mantle of freedom now has been claimed by deconstructionists and postmodernists. They have debunked all systems and beliefs — save of course their own, the authors note wryly — as culturally determined ways of knowing that lack intrinsic structure or worth. Science, which has been astonishingly successful in this century — providing both atomic bombs and antibiotics, Gross and Levitt point out — thus is an ideal and obligatory challenge for these critics. It has been the conceptual structure that is most resistant to attack.

Science Works

One reason for science’s continuing success in the face of postmodernist challenge is that it explains natural reality. The other reason, the authors say, is that it works: If the principals of aerodynamics are correctly interpreted in designiJ1g a new airplane, for example, that plane will fly.

The scientists’ successes, and also certainly, their disinterest in and disdain for ideological scrumming, have of course heighted their critics’ anger — as has their fairly easy access to outside funding at a time when belles letters is starving for cash.

Gross and Levitt, unlike many of their scientific colleagues, are extremely well-read in the humanities. They also are refreshingly deft — or, better, cutting — in rhetorical discourse. They thus very effectively deconstruct the deconstructionists’ effort to deconstruct science.

They show, in particular, that few of the current critics have any real understanding of the science they are trying to analyze, with the result that they can make few meaningful inroads against it. The postmodernist critiques turn out, for the most part, to focus, futilely, on the social contexts in which science is practiced, and not on the methods and findings that are the core of these sciences. Hence, Gross and Levitt argue, most of these critics fail, foolishly.

In a long chapter on “the schools of indictment” that brings them very close to some of our own continuing interests, the two scientists skewer and slash at the intellectual irrationalists. They hit the AIDS activists, for example, citing Larry Kramer’s...
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An urgent call to deconstruct *Higher Superstition* was recently flashed into the E-mail. It is signed by Edward Mormon, Ph.D., of the Johns Hopkins' Institute of the History of Medicine: “I urge the heavy guns among us to read this book quickly and be prepared to deal with it. . . . Sounds like [it] is an attack on critiques of sciences provided by postmodernists and cultural study people, no?” Mormon is irritated that authors Gross and Levitt target the “academic left” in the book: “This smells like red-baiting, and those of you who are serious in your studies of science, and end up being critical of science as an institution (or even of a particular group of scientists; i.e., ‘the cold fusion gang’) should know what you’re up against. Gross and Levitt are smart and come across as very knowledgable people.

“From looking over the book, I’m initially drawn to the conclusion that it reflects a not uncommon mix of naivete and dishonesty.”

**Anti-Science . . .**

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dumb assertion that “a good case can also be made that the AIDS pandemic is the fault of the heterosexual white majority.” They note that activists’ alternative remedies for AIDS sufferers thus far have yielded nothing of value.

**University Blinks**

They quote an anonymous animal rights phone threat to a California surgeon, “Either Dr. Moosa stops the course, or I will shoot him in the head,” and note that the surgeon’s employer, the University of California, stopped the course rather than defend him. They then take on and refute some of the wilder pseudoscientific claims of Afrocentrism (PROBE, March). “Feminist” science is shown to be similarly flawed in scientific, historical, and logical terms.

The enmity that these attacks have created on campus is damaging to all parties — and to the idea of a university as a center for discourse on knowledge, Gross and Levitt charge. The sciences, with some exceptions — particularly anthropology — have been relatively immune to these attacks thus far.

The people who have suffered, rather, through isolation and disconnection from mankind’s most rigorous probe of reality, have been the critics and their claque. They include campus intellectuals, and, particularly minority students and women, most of whose aims — for uncompromised equality — Gross and Levitt, who are old-fashioned liberals (perhaps even radicals) strongly support.

**Broadsheets . . .**

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written by *Trib* investigative reporter John Crewdson. His source was ORI, which is part of the U.S. Department of Health and Human Services (HHS).

Crewdson is the reporter who wrote the big story several years ago accusing AIDS researcher Robert Gallo, M.D. of dishonesty and fraud. The ORI is the agency that tried to turn Crewdson’s charges into a reputation-breaking misconduct case against Gallo.

The ORI and Crewdson both lost, big time, last year when the agency suddenly dropped the charges — clearing Gallo — after an HHS appeals board demanded that the allegations be proved under due process of law (PROBE, Dec. ‘93).

It was a stinging defeat for ORI. Gallo is talking about suing.

One thus might wonder if Crewdson’s newest riposte served to repair his — and ORI’s — reputations, and help the *Trib* regain the moral high ground.

In fact, only a few days earlier, ORI had released its finding on another long, acrimonious investigation — also at the University of Pittsburgh. That investigation found that psychiatrist Herbert L. Needleman, M.D., had not committed scientific misconduct in a landmark study showing that exposure to environmental lead damages children’s brains and lowers their IQs. (*New York Times*, March 11). Needleman already has written to protest the *Times’* negative slant to that story! (March 23)

Not surprisingly, Rep. John Dingell (D-Mich.) whose hearings on scientific misconduct were inspired by Crewdson’s reporting, is onto the breast cancer case: Hearings are planned for April 13.

Crewdson presents his findings without chest-thumping. But the *Trib*, in an editorial, “When Scientists Cheat,” claims that “until the fraud was disclosed by the Tribune’s . . . Crewdson . . . the case remained hidden not only from the public but also from other researchers . . .”

This is not true.

*Times* science writer Lawrence K. Altman, who was called on Sunday to rewrite Crewdson’s story for his paper’s Monday edition, wrote that the federal investigation of the study was “first reported today (March 13)” in the *Trib*.

That’s not true either.

In fact, ORI’s findings first were made public almost a year ago in a public report. The ORI publishes and distributes a newsletter — in print and online — and the issue dated April 1993 carries a summary of the Poisson case that covers two-thirds of a page.

These findings later were summarized in the *Federal Register* last June 21 (p. 33831).

PROBE ran this story, briefly, in its September 1 issue last continued on next page

**Crewdson on Exposés**

“‘The media are not particularly good . . . at investigating scientific scandals.’ — J. Crewdson, *Chicago Tribune*, Dec. 6, ’92

True! But that doesn’t seem to deter him — or his paper.
year, including a quote from an ORI spokeswoman. (So it wasn't the Trib's scoop; it might have been ours.) More important, plucking and reporting public documents hardly constitutes great journalistic enterprise.

We asked ORI spokeswoman Barbara Bullman last month if there had been any new developments in the Poisson case that would explain Crewdson's sudden but belated interest.

"Nothing new has happened," she answered. "Nothing has changed—it was closed last year."

More embarrassing for the Times than being beaten, 11 months late, by the Trib, is the fact that its Washington health reporter, Philip J. Hilts, covers ORI very closely. Hilts can hardly not have known about the Poisson case. That he apparently chose not to write a scare story about it shows good journalistic judgment. That Altman's editors called on him for a hurry-up job thus may have more to do with keeping up with the Trib—and selling papers—than it does with the story's intrinsic merit.

Story Distorted

The proof is that both Crewdson and Altman badly distort the story. They had to. Because if they hadn't, it wouldn't have been much of a story!

Fisher and his colleagues in Pittsburgh found the falsifications several years ago; Poisson admitted to what his lawyer told Altman (March 14) were minor errors.

The National Cancer Institute (NCI), which sponsored the studies, and the ORI were quickly informed. The agencies' conclusion, after a thorough investigation, was that Poisson "had fabricated and falsified research data," and as ORI's Bullman told us, his actions "were determined to be purposeful, rather than sloppy practice" (PROBE, Sept. '93).

"In all," Crewdson writes, "investigators documented 111 separate instances of data falsification or outright fabrication involving 99 patients enrolled in 14 NSABP breast cancer studies between 1977 and 1990."

That certainly sounds like a lot.

Lumpectomy Report Cited

The "most significant" of the 14 studies, Crewdson says, include Protocol B-06, first published in the New England Journal of Medicine (March 14, 1985), which showed that certain women with early breast cancer do as well with lumpectomy as with radical mastectomy. Crewdson reports: "Of the 2,163 women in the study, 354, or 16%, were from St. Luc's."

This sounds frightening: Fraud of that magnitude could bias and destroy a study.

But this is what Crewdson did not report—information that continued on page 7.
Surgeon Admits Guilt, But Claims Honorable Intent

In surgeon Poisson, the ORI had one of its best cases, because he had confessed his own transgressions to NSABP leader Bernard Fisher right after they were detected. He then confirmed the misdeeds to ORI and NCI investigators in oral interviews, according to ORI’s report.

In one 1977 case, for the B-06 lumpectomy protocol that was audited by Fisher, ORI, NCI, and two outside cancer experts, the date of a breast biopsy had been moved forward one month in the records submitted to NSABP. The purpose of this falsification was to maintain the patient’s eligibility for the clinical trial, which permitted only a 28-day interval between biopsy and randomization for either mastectomy or lumpectomy. The patient procrastinated.

“Finally,” Poisson said, “when she was convinced” to have the surgery and participate in the study, “the strict deadline . . . was passed . . . In my mind I did not think it would falsify the results of B-06.”

The ORI and its outside experts disagreed:

“The date of biopsy was falsified in the report to NSABP, and documents falsified to substantiate the claimed false date.”

No Harm Intended

More generally, according to ORI, in its report, the outside experts said Poisson’s “actions and the standards he set for the project staff at St. Luc’s Hospital showed disrespect for the truth. While the experts believe [he] had no intent to harm either his patients or the data, they thought he had deluded himself that he was complying with the spirit of the protocol. The experts were clear in their belief that the standard employed by Dr. Poisson was not acceptable.”

In a rebuttal to ORI dated Dec. 23, 1992, Poisson wrote:

“Why was I not strict enough to prevent these embarrassing incidents?”

Dogma Decried

“It is not that I have a disregard for protocol eligibility or standards set by others . . . although I have always been leery of dogma. One of the answers is that it always distressed me to see a good and willing patient not being registered [for NSABP] because a small technical detail was missing. I always tried to do the best for my patients, and I strongly felt that for a patient to be in any official protocol, regardless of the arm, was better than to be treated off protocol.”

Wrong as he is in principle, Poisson probably is right in fact. And in an earlier age, say 15 years ago, when Poisson falsified his reticent patient’s records to get her into B-06, these practices almost certainly were more prevalent — and perhaps also more acceptable — than they are today.
Broadsheets . . .

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deep onto the jump page, to discover a direct, current statement from NSABP's chief statistician, Carol Redmond, Sc.D.: Deleting the Canadian data "did not affect any major conclusion of any of our trials."

Balance Was Lacking

At the Times, Altman was even more reticent with the proverbial other side of the story: No hint of a qualifying statement appeared on page one, and only a single, brief paragraph quoting "Pittsburgh officials" saying that removing Poisson's data changed no conclusions, can be found, deep in the story. Why was this information buried so deeply? Because, of course, if it had been prominently presented, there would have been no story, or not much of one, since unless one disbelieves NSABP, and ORI, and NCI, subtracting Poisson's data does not yield a substantive change in the studies.

The Chicago Trib: Science Lies

Reporter John Crewdson believes that American science has become hopelessly corrupt.

"The newest paradigm of science may be that the right lie at the right time can be worth more than the truth," Crewdson wrote, at the conclusion of his four-year investigation of AIDS researcher Robert Gallo, M.D. (Chicago Tribune, Dec. 6, 1992). His editors added: "The more compelling questions relate to how . . . science forgot its first allegiance is to the truth."

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CHARISMATIC VITAMIN PUSHER Stuart M. Berger, M.D., who wrote the best-selling Dr. Berger's Immune Power Diet (NAL, 1985) failed to heal himself — and has died as the result. Berger claimed his diet helped him reduce from 420 to 210 pounds, but he weighed 365 pounds when he died at age 40, according to the New York City Medical Examiner.

Following an autopsy, spokeswoman Ellen Borakove said the primary cause of death was hypertensive cardiovascular disease — specifically, a heart attack — with two contributing factors: Obesity and cocaine abuse.

Berger promoted his scientifically inane vitamin treatments in the health column he conducted in the New York Post and by radio. The State Board for Professional Medical Conduct investigated him for years, but recently gave up, and did not lift his license. So the unanswered questions are: What had the Board found? Why hadn't they acted?

"THE SURGEON GENERAL has determined that political correctness is dangerous to your creative self," declared the Nigerian Nobel prize-winning poet and playwright, Wole Soyinka, in a recent New York talk. We were pleased that a distinguished literary man incorporated a health care metaphor in his message. And we were doubly pleased that his lecture to African and American film-makers was a plea for intellectual and artistic freedom against the constraints of political correctness.

THE CHICKEN LITTLE AWARD for "scientifically dubious scare-mongering in 1993" has been won by anti-science activist Jeremy Rifkin. He heads a worldwide coalition to promote "beef phobia," says public relations man Alan Caruba, of the National Anxiety Center, in Maplewood, N.J., which gave Rifkin its sky-is-falling award.

"Rifkin apparently believes that thousands of people are dying from eating beef," Caruba said. He added that scares divert attention from real problems.

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