Many Millions Gone...!

Cig Lies Raise New Questions

Who Said It? When?

"Until recently, carcinoma of the lung has been considered a relatively infrequent condition. However, recent studies demonstrate that [it] is not only a common occurrence, but is one of the most frequent carcinomas of the body. This increase...is undoubtedly real...."

"In our opinion the increase in smoking with the universal custom of inhaling is probably a responsible factor, as the inhaled smoke, constantly repeated over a long period of time, undoubtedly is a source of chronic irritation to the bronchial mucosa."

This report was based on seven of the authors' cases of total surgical removal of a diseased lung (total pneumonectomy) and 79 similar cases from the surgical literature.

"On the basis of extensive clinical and experimental observation, [one Brazilian investigator] concluded that tobacco is one of the most important carcinogenic agents. [He] has been able to produce tumors in rats...easily with tar obtained from tobacco.... The authors observed a [recent] significant relationship between the increased incidence of cancer of the lung in the U.S. and the increased production of tobacco."

"Every one of our [lung cancer] patients, with the exception of two women, was an excessive smoker."

The big cig companies' big courtroom losses in the last year beg some big questions — few of which have been answered, let alone addressed in the current public debate. We'll try to raise a few of them here:

First, when should Americans have realized cigarettes' risk? The first Surgeon General's Report was published in 1964. It provided ample and authoritative scientific warning of some of smoking's hazards, particularly lung cancer. But the medical warnings had started much earlier (see adjacent column).

In the 1930s, cigarette companies were major commercial exhibitors at medical meetings, including the annual conventions of the American Medical Association. Company reps handed out thousands, perhaps millions of free smokes. Even after World War II, we recall from our boyhood, cigarette "girls" stood outside medical meetings, handing out samples.

Evidence Grows

Nonetheless, the notion that smoking was bad for you already was abroad when we started smoking, in about 1949. Besides the long-term risks, which could be denied, it was very clear that smoking shortened one's breath — a clear handicap in athletics. We couldn't run more than a city block.

We had the advantage of coming from a medical family — in which both parents smoked. It was clear to us, and should have been generally clear by about 1955 when we graduated from college, that smoking was bad for your health. By then, our surgeon father had switched from cigarettes to a pipe — though we don't know precisely why.

By the early '60s, certainly, anyone who cared to know had ample warning. There was by then a growing mountain of scientific and medical evidence to bolster one's fear of untimely death. (We stopped smoking in the '60s, with one later, brief, relapse.)

Two factors kept people smoking: Cigs are addictive; you get "hooked." Secondly, while the cigarette industry promised to fearlessly research and publish any and all evidence that might show smoking's hazards, they in fact used their front organizations, particularly the Council for Tobacco Research (CTR), in New York, to cast doubt on what had become an overwhelming, scientific conclusion. "It hasn't been proven!" the industry insisted, and it used CTR to discredit and defame researchers and others who said, yes it had (see story, page 6).

Analysis

A second key question on tobacco is: What kind of men and women are able to wall off science, medicine, and human suffering to the degree that tobacco executives have — and still do — in order to sell a product that is dangerous to their customers, including their kids and even themselves.

We do understand that money talks — in the cigarette business it screams. But this reporter, for one, doesn't understand how the sound of the cash register's ring...continued on page 6
There’s more to report on sunscreens and cancer:

Next winter, when it is snowing, before you open the front door to send the kids off to school, America’s skin doctors want you to smear sunscreen on the youngsters’ faces. In fact, the American Academy of Dermatology (AAD), in Schaumburg, Ill. (which represents the nation’s skin doctors), wants all kids to get into the habit of using strong sunscreen products — SPF (skin protection factor) 15 to 30 — any time they go outside.

Here is AAD’s proposal, in their own words, in a press kit prepared by the Porter Novelli public relations agency, and almost certainly paid for by Schering-Plough Healthcare Products (SP), makers of Coppertone® sunscreen products:

Whenever kids are outside, doing any activity, all year-round, make sure they use a sunblock with an SPF of at least 15.

Addressing kids directly, AAD and SP say:

It’s possible to burn all year (that includes cloudy and snowy days). So whether you’re walking to school or outside playing, don’t forget to block the sun, not the fun, year round!

The Block the Sun, Not the Fun™ campaign is being run by Porter Novelli’s Chicago office. It targets 3- to 10-year-old children, and their parents, teachers, and summer camp directors, and includes colorful posters, contests, puzzles, and other gimmicks. The aim is to instill fear of direct sun exposure and cancer in parents and kids, and turn them into habitual users of sunscreen, specifically SP’s Coppertone® (which, ironically, started its product life as a tanning aid, not a sunscreen).

Costs Reckoned
The recommendation, if followed, will be costly for parents and profitable for SP: According to the May Consumer Reports, Coppertone® children’s products sell for about a dollar an ounce. Figuring a half-ounce per day, that’s $180 per kid per annum.

Is there any medical scientific basis for this program?

The AAD claims, in the press kit, that “research indicates that regular use of a sunblock with an SPF of 15 or higher during the first 18 years of life can lower the risk of certain skin cancers by 78%.” And it says, “It is estimated that 80% of lifetime sun exposure occurs before the age of 18.”

We phoned the AAD to ask for the data that back these claims. A spokesman, Fred Peterson, told us that “one reference” in the scientific literature accounts for both. The AAD sent us a copy of the paper. It was published 12 years ago in the Archives of Dermatology (May ’86).

Melanomas Not Included
The first thing we noted is that the estimates refer to basal and squamous cell carcinomas, which can be serious but are rarely fatal; they do not refer to the much-more-deadly melanomas, which are a source of much current concern (as we reported in April).

More important, the paper, by Harvard dermatologist Robert S. Stern, M.D., and his colleagues, does not report human data to reach its conclusions of 78% reduction in (non-melanoma) skin cancers. This figure, rather, is a projection, based on a complex mathematical model and indirect data. It also is based on the use of a sunscreen, PABA, that is no longer widely used.

We can’t assess the model’s validity in terms of later research. But we don’t think that a single publication, of a model, without clinical data, justifies the phrase “research indicates” in the AAD/SP press release. We also don’t think it’s good public policy to make a pervasive health recommendation on the basis of any single study.

Partnering Practiced
On what basis have AAD, SP and Porter Novelli joined in this effort? The PR agency’s press kit says the dermatologists and the sunscreen makers have “partnered” on the program.

AAD spokesman Peterson says, emphatically, that his organization “does not endorse any product or service.” Higher AAD officials backed his statement, and one piece of the published material in the “Block the Sun...!” campaign says AAD “supports the use of sunscreen products with an SPF 15... or higher, but does not endorse, guarantee, or approve any specific sun-safety product.”

This statement — which is not found on other release material in the press kit — may, however, be open to interpretation (see story above). On the page on which the disclaimer continued on following page.
Does ‘Partnership’ Equal ‘Endorsement’?

The AMA, in a long, and apparently well-considered article in its economic and political newspaper American Medical News (April 27) appears to equate the words “partnership” and “endorsement.” They are used interchangeably in the piece, which explores the controversial and proliferating corporate/non-profit promotional arrangements.

Some medical associations and their commercial sponsors claim these arrangements are ethical. Critics deny it. AM News quotes internist Sidney Wolfe, M.D., of Public Citizen’s Health Research Group, in Washington, as saying of one such agreement:

“If it looks like an endorsement, smells like an endorsement, and provides cash like an endorsement,” then that’s what it is.

The AMA itself got caught in the controversy last year when it signed a marketing alliance with Sunbeam, then had to back out when its doctor members protested. Sunbeam is now suing AMA for breach of contract, AM News says.

The AMA has created a blue-ribbon commission to set guidelines for any future such arrangements. Their report is due later this year.

The AAFP put its name on a so-called “advertorial” for Parenting magazine that touts Tylenol. McNeil paid for the ad, which carries this disclaimer: “The AAFP does not endorse specific products, and this ad is not intended to imply such an endorsement.”

The question for AAFP, as for the AAD in its partnership with Schering-Plough, is, If these aren’t endorsements, just exactly what are they? — D.R.Z.

Endorsement Offered

“The American Academy of Dermatology (AAD) is pleased that Schering-Plough Health Care Products, Inc., maker of the Coppertone Brand, agreed to join with us in educating children and their parents about sun safety.”

—Roger Ceilley, AAD President in Porter Novelli News Release

Coppertone...

continued from preceding page

appears, a pink-capped, turquoise-colored plastic bottle appears in five different places. It is a pictorial representation of the product Coppertone Kids Sunblock SPF 40. Two other pictures of this product — which costs $1.25 an ounce at our corner discount store — appear elsewhere in the four-page spread, which ran as a supplement in Scholastic magazine.

We wanted to ask the outgoing AAD president, Roger Ceilley, M.D., of Iowa City, and his incoming replacement, Darrell S. Rigel, M.D., of Manhattan, why putting their organization’s name on this product-specific promotion is not an endorsement. Neither of them returned our calls. Neither did Schering.

Small Triumph: We sent to the Fort Worth Star-Telegram copies of our reports (March, April) on CIGNA Corp.’s duplicitous claim that its “Healthy Babies” program delivers healthier infants, at less cost. One of our readers, ob-gyn Timothy Gorsky, M.D., had originally discovered the bogus claim in a Star-Telegram story based on a CIGNA press release.

The paper’s business editor, Rex Selin, wrote back to thank us for our interest. He said:

“By fudging the facts, a bad release can cloud the debate over important issues. Alas, for a brief [story] of this sort, we would rarely invest the time and effort that you took to sort out the truth.

“As a result of your efforts, however, we will look at future releases from CIGNA with greater skepticism.”

Will Viagra Save the Rhinoceroses?

It’s a terrific headline!

It could be a terrific story!

Alas, after we checked it out on three continents, it appears that Viagra won’t save the rhinoceroses.

The maker of the anti-impotency pill, Pfizer, certainly is doing its part. A spokesman in Manhattan told us they are aware of conservationists’ interest in the drug. But for now, they are focused on getting Viagra approved for clinical use in the Asian countries where rhino horn and other body parts have been sold for penile support.

When we spoke to rhino conservation agencies and biologists, in Europe, the U.S., and Africa, however, our hopes for this story deflated. Rhinos have been poached to the edge of extinction, biologists told us. But not, primarily, for sexual products.

It is true, as American geographer, Esmond Bradley Martin,
we think her worries are the main reason that a bill in Congress proposes to ban cloning research.

Kolata's work at the Times thus is of significant concern; we have commented on it here from time to time (see adjacent story). After her story on Folkman appeared, Watson wrote to the Times (May 7) to complain it'd been misquoted. He said that what he really said "at a dinner party six weeks ago," was that the anti-angiogenesis drugs, angiostatin and endostatin, will be in clinical trials within a year, and a year later, scientists will know if they're effective.

The story's prominent placement, on Page One on Sunday, of course was not Kolata's decision. But it is her responsibility that the story in fact had no new news, other than Watson's alleged endorsement. This, however, was enough to send the stock of the drugs' maker, EntreMed, through the roof. (In fact, the Times had reported the same scientific facts last November. PROBE reported them a full year earlier, in November '96.)

**Rhinos**

*continued from preceding page*

Ph.D., explained from his home in Nairobi, Kenya, that in some areas in Thailand and Borneo, the penis — but not the horns — of the highly endangered Sumatran rhino was used for this purpose.

The organ has a telltale blood vessel, Martin said, that allowed users to distinguish it from the supposedly less-potent penises of the less-endangered African rhinos. Users steeped the organ in liquor, then drank a dram prior to sex.

Deer's horns and the penises of fur seals, which are not endangered, are more widely used as aphrodisiacs than are rhino parts, Martin added.

Rhino horn, Martin said, was — and is — much more widely used in China to relieve fever, and alleviate various constitutional ills. So the availability of Viagra will do little to curb the demand. Rhino horn also is fashioned into dagger handles — which have become very popular in Yemen, at great cost to African rhino populations.

Martin's assessment was seconded by American conservation biologist Tom Foose, Ph.D., of the International Rhino Foundation, at The Wilds, in Cumberland, Ohio. He said: "I'm not certain Viagra will have that much of an impact on the desire for rhino horn!"

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"The N.Y. Times' May 3 front-page story on a potentially imminent cure for cancer has given the paper its worst publicity blitz since 1991 . . . Gina Kolata's article on the research of Dr. Judah Folkman raised eyebrows — and then, almost immediately, serious questions about Kolata's reporting and motives . . . ." — Village Voice media critic James Ledbetter, May 19.

Our colleague, *Times* science writer Gina Kolata, got herself in a peck of trouble — much of it deserved — when she quoted, but may have misquoted Nobelist James Watson, Ph.D., of the Cold Spring Harbor (N.Y.) Laboratory. Her May 3 story reports him as saying, in direct quotes, that Harvard cancer surgeon "Judah [Folkman] is going to cure cancer in two years" with two experimental drugs that block blood vessels' growth in tumors — thereby stopping the tumors' growth.

The episode is noteworthy beyond reflecting badly on Kolata and the *Times*. Kolata is aggressive in her reporting. She is opinionated in her writing. So, more than any other science writer at the *Times* or elsewhere, she influences public perceptions and government policy about science. She is also, at times, a very loose cannon — and one whom her editors either can't or won't pin down.

Her excellent reporting on cloning, for example, is confounded — often in the same story — by fearful opinions about soul loss, loss of identity, and monster births that she associates with cloning. Kolata is the Mother of all cloning writers, and...
After Nobelist Watson Complains

Her *Times* editor, Lelyveld, had to have been aware of the *Clone* book, since the *Times* reviewed it.

**Reporting Questioned**

Kolata’s error thus was not one of proposing a book about a story she was covering. It was one of embarrassing the *Times*. The more difficult — and challenging — problem is Kolata’s reporting, and the *Times*’ response to criticism of it. Before discussing it, we need to make this disclosure:

Watson, who is one of this century’s most important biologists, is a Southsider from Chicago, as we are. He also is a birdwatcher, as we are. *Much* more to the point, he was kind enough, two decades ago, to write the Introduction for our first book, *Rh* (Macmillan) — for which we remain grateful.

Watson is opinionated, and often says what’s on his mind; he now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid scraps with his colleagues. He enjoys letting his hair down, now tends to do so more often in private than in public, to avoid 

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**Quarrel Denied**

Kolata did quote just such an informal comment. She and the *Times* stand by her quote as “accurate.” But they acknowledge that she did not take notes at the table, and did not phone back next day to verify the quote, according to the *Village Voice* (May 19), quoting his office. But, backing down somewhat, a *Times* spokeswoman, Nancy Nielsen — who was returning reporters’ calls to Kolata for comment — said:

“We don’t want to be in a position of quarreling with Watson.”

The *Voice*’s Jim Ledbetter points out, however, that there can be no middle ground: Either Kolata correctly quoted Watson as saying Folkman “will cure cancer in two years,” or Watson was correct in denying he said it.

Nielsen complicated matters for the *Times* and for all reporters when she answered a phone query from Ledbetter, who asked, What about Watson’s assertion that he did not know he was speaking for attribution? Nielsen replied, according to Ledbetter:

“*He* knew who he was talking to.”

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**Did Rules Change?**

Of course. But Nielsen is saying, for the *Times*, that anything a person — a source — says to a reporter in informal conversation, unless it is explicitly off-the-record, is fair game. Maybe that’s the way things operate in Washington, where reporters, polls, and hangers-on seek each other out at cocktail parties held for this purpose. But that’s not the way things work outside the Beltway, where reporters need to talk casually and candidly with their sources without raising their guard by explicitly stipulating “off-the-record.”

Ours, therefore, is a pragmatic objection, not a principled one.

If, for example, we heard Watson say that he’d reviewed an article by Folkman, who’d demonstrated that his two new drugs can cure human cancer, we’d certainly find a way to use the information. Fortunately, in such rare instances of a major breakthrough, it is usually possible to finesse the ethical question: If Watson knows the results, others do, too, and they can be called to confirm or deny what he revealed.

In sum, we think that by putting the world on notice that every casual comment with a *Times* reporter is fair game and on-the-record, the *Times* has made it harder for all reporters to ferret out information.

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June 1998
‘Tobacco Research’ Sheds New Light On Industry Lies

The Council for Tobacco Research (CTR) has been a major tool of tobacco deception since it first was formed — as an untaxed, non-profit corporation — in New York, in 1953. Much has been written about CTR by ourselves and many others, and it now appears doomed:

One stipulation in the tobacco companies’ recent compromise agreement with Minnesota is that CTR will be disbanded. In May, moreover, the New York attorney general, Dennis Vacco, moved in court to rescind its nonprofit designation; this action is pending.

The record of how CTR’s lies were promulgated on the public, and who helped in this effort, are only now coming to light. The revelation of how good people aid infamously bad causes may provide lessons for us all.

Some Files Still Closed

In a now famous “Frank Statement to Tobacco Smokers” that ran as an ad in the New York Times on Jan. 4, 1954, and in 447 other newspapers (total circulation 43 million), the companies announced the formation of CTR (which originally had a slightly different name). Hill & Knowlton, their public relations company, proposed this effort.

“We accept an interest in people’s health as a basic responsibility, paramount to every other consideration in our business,” the statement said. “We are pledging aid and assistance to the research effort into all phases of tobacco use and health.” They added that CTR would be run by “a scientist of unimpeachable integrity,” aided by a “disinterested” scientific advisory board.

Now, CTR files are part of the cache of 39,000 tobacco documents that were made available to the plaintiffs in the Minnesota case. A few of them were entered into the court record, and now are in the public domain. The others remain closed, as of June 1, pending a judicial order allowing Minnesota’s successful private law firm, Robins, Kaplan, Miller & Ciresi, of Minneapolis, to release them.

The available documents show that the industry, contrary to its “frank” promise, used CTR to (1) hide, deny, or distort unfavorable scientific information, and (2) to promote industry-generated or other data that supported their claim that cigarettes had not been proven to be hazardous to health.

An R.J. Reynolds memo marked Trial Exhibit #26,221 provides a candid industry assessment of CTR. The memo describes an August 8, 1985 meeting of tobacco executives and lawyers called to discuss the industry and CTR responses to plaintiffs’ subpoena of CTR documents in the Cipollone personal injury suit against them in New Jersey. The meeting dealt specifically with the question of whether CTR, already thirty years old, was “independent,” as the industry claimed.

A tobacco lawyer, Janet Brown, “was adamant that CTR is the industry itself and is not independent.”

Maintaining the fiction of CTR’s independence, however, appears to have interfered with the companies’ legal strategies to keep its documents secret.

Questions...

continued from page 1

The quotes on Page One are almost 60 years old!

Surgeons Michael E. DeBakey, M.D., and Alton Ochsner, M.D., both then at Tulane, in New Orleans, are the authors of all three excerpts. The first is from a report they presented to the American College of Surgeons in October, 1938, and published a few months later in the journal Surgery, Gynecology and Obstetrics (Feb. 1939).

The second excerpt is from the Tri-State Medical Journal, Feb., 1940. The third is from a huge review article the two surgeons published in the Archives of Surgery in February, 1941.

In a phone interview earlier this month from Baylor, in Houston, DeBakey recalled that their fellow surgeons were unpersuaded by their reports:

“Truly, we were not taken very seriously,” he recalled. “You’ve got to remember that at that time everybody smoked. Dr. Ochsner and I were the only ones who didn’t!”

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“Truly, we were not taken very seriously,” he recalled. “You’ve got to remember that at that time everybody smoked. Dr. Ochsner and I were the only ones who didn’t!”

They are prepared — angrily and defensively — to defend their enterprises, come hell or high water, as for example Bill Gates of Microsoft now is doing. If we are correct, this bodes ill for public accountability. Cigarettes are not the only dangerous product now on the market.
Press Reacts Very Sourly to Report Of Breast Cancer Breakthrough

Aided by the media, and abetted by breast-cancer activists, the Fed badly fumbled its April announcement of a major cancer breakthrough: The anti-estrogenic drug tamoxifen (Novaldex, Zenica) prevents or delays half of all breast cancers in high-risk women for five years or longer.

Analysis

The episode shows — painfully — how self-destructively sour the media and the public have become. The Wall Street Journal (April 8) accurately summed up the mood in a headline, “Pill to Prevent Breast Cancer Viewed Warily.” Time was blunter, in a two-page banner head (April 20):

BEWARE THIS BREAKTHROUGH!

This is followed by a dishonest drop line that says “Doctors find a drug that can prevent breast cancer, but it comes with so many caveats that it won’t help most women.”

Time is partly right about the caveats. But the National Cancer Institute (NCI), breast cancer advocates, and the press oversold the drug’s risks and shortcomings to the public. While real, the risks are no worse than those for Premarin and other post-menopausal estrogen preparations — which millions of American women take to prevent osteoporosis. But, contra Time, the Breast Cancer Prevention Trial (BCPT) as the drug trial is officially called, was not intended to assess tamoxifen’s prophylactic value for “most women,” just those who are at high risk of the disease, including all who are over age 60.

The continuing scapegoating by NCI and the media of the study’s principal investigator, Pittsburgh breast surgeon Bernard Fisher, M.D., certainly contributed to the problem. The study was his idea in the first place, but we don’t recall hearing anyone say that on TV.

CNN, which covered the announcement live, started with a tiny introduction, then quickly switched back to its studios, and interviewed a long-time critic of the study, Diane Zuckerman of the National Women’s Health Network, while Fisher spoke.

The CNN news reader, Jeanne Meserve, tried to get Zuckerman to attack the findings. Zuckerman, apparently embarrassed, had the courtesy to say that maybe they should first hear the results before she was asked to dissect them!

In print, the New York Times medical writer, Lawrence K. Altman, M.D., wrote a 45-inch Page One story on April 7, without mentioning Fisher’s name.

The press conference certainly would have been more upbeat if downplaying Fisher had not been part of the unspoken agenda.

The BCPT results are a breakthrough, as NCI asserts and Time reluctantly admits. It is a scientific breakthrough in demonstrating, for the first time, that a major cancer can be prevented with prophylactic medication. It is a medical breakthrough in showing that there is decisive action that a woman can take, now, with her doctor, to protect herself from this

Absolute Benefit = 1.4%

One statistic not reported by NCI or the U.S. media in covering the tamoxifen trial was the absolute risk reduction the drug provided. A writer for the Montreal Gazette (April 21), Sharon Batt, calculated that while the relative risk reduction was 45%, the absolute risk reduction after four years was 1% for the women who took tamoxifen. In other words, Batt writes, 99% of the women who took the active drug were free of breast cancer, as were 98% of those on the placebo.

PROBE asked NCI if this calculation was essentially correct. A researcher there performed the necessary calculations, and said that the absolute risk reduction after five years, not four, is 1.4% — a robust finding.

The Internet periodical CHANCE News (7.04), which picked up Batt’s report, asks whether the report of the study should also have provided the absolute risk figures. We think they should have.

CHANCE News 7.04. can be found at http://www.dartmouth.edu/~chance

Lies... continued from previous page

“The view of CTR non-independence was rapidly abandoned,” the Reynolds’ rep relates in his memo, “when we began discussing questions about the privileged status of documents.”

CTR promised to fund research grants on smoking and health. But, the memo makes clear, its focus “was on fundamental, as opposed to applied, research.” The CTR scientific advisory board’s first chairman, Clarence Cook Little — an ex-president of the American Cancer Society — believes “you simply couldn’t fund research attempting to find a ‘quick fix’ for lung cancer, and that a lot of fundamental research was required.”

This narrow focus appears to have ruled out CTR-funded grantees making any major contributions to understanding smoking and health, or reducing smoking’s hazards.

Another Minnesota document, a lawyer’s memo from Philip Morris, reports that grant-seekers’ letters of inquiry were screened by CTR’s president and sometimes by its lawyers. “Dangerous” preliminary requests were denied, or “discouraged” — apparently by letting them stack up unanswered.

# # #

We hope to report further on CTR’s methods in future issues.

— D.R.Z.
Breakthrough...
continued from preceding page

most-feared disease.

One noteworthy finding in the BCPT study is that there is no added risk of the drug's principal side effects — uterine cancer, blood clots, and strokes — in women ages 40 to 50. The risks then rise, but do not unbalance the statistical risk/benefit equation, the NCI says. However, an NCI chart that clearly shows this benefit was not reproduced on any of the fifty press clippings and web pages on the breakthrough we have reviewed.

An older woman who has had a hysterectomy — who has no uterus — of course has no risk of uterine cancer. This was said at the NCI's press conference, but only softly. The reason, we guess, is that hysterectomy has long been a contentious political issue between women and gynecologists. Apparently, none of NCI's spokespersons wanted to be in the position of suggesting hysterectomy as a step in breast as well as uterine cancer protection.

None of the televised comments that we heard on CNN, and none of the coverage we've read since, discussed the percentage of women who already have had hysterectomies for other reasons.

In fact, it is quite large: PROBE phoned the National Center for Health Statistics, in Atlanta. The current estimates, based on hospital discharges, is that 21% of 50-year-old women and 33% of 60-year-old women, today, do not have uteri, and so are exempt from endometrial cancer.

The question that was begged is: If you were, say, a 55-year-old post-menopausal woman whose sister and mother died of breast cancer, would you decline tamoxifen protection because of fear of endometrial cancer, which is a rare side effect of the drug? Or rather, would you have a hysterectomy so that you could take tamoxifen with peace of mind?

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