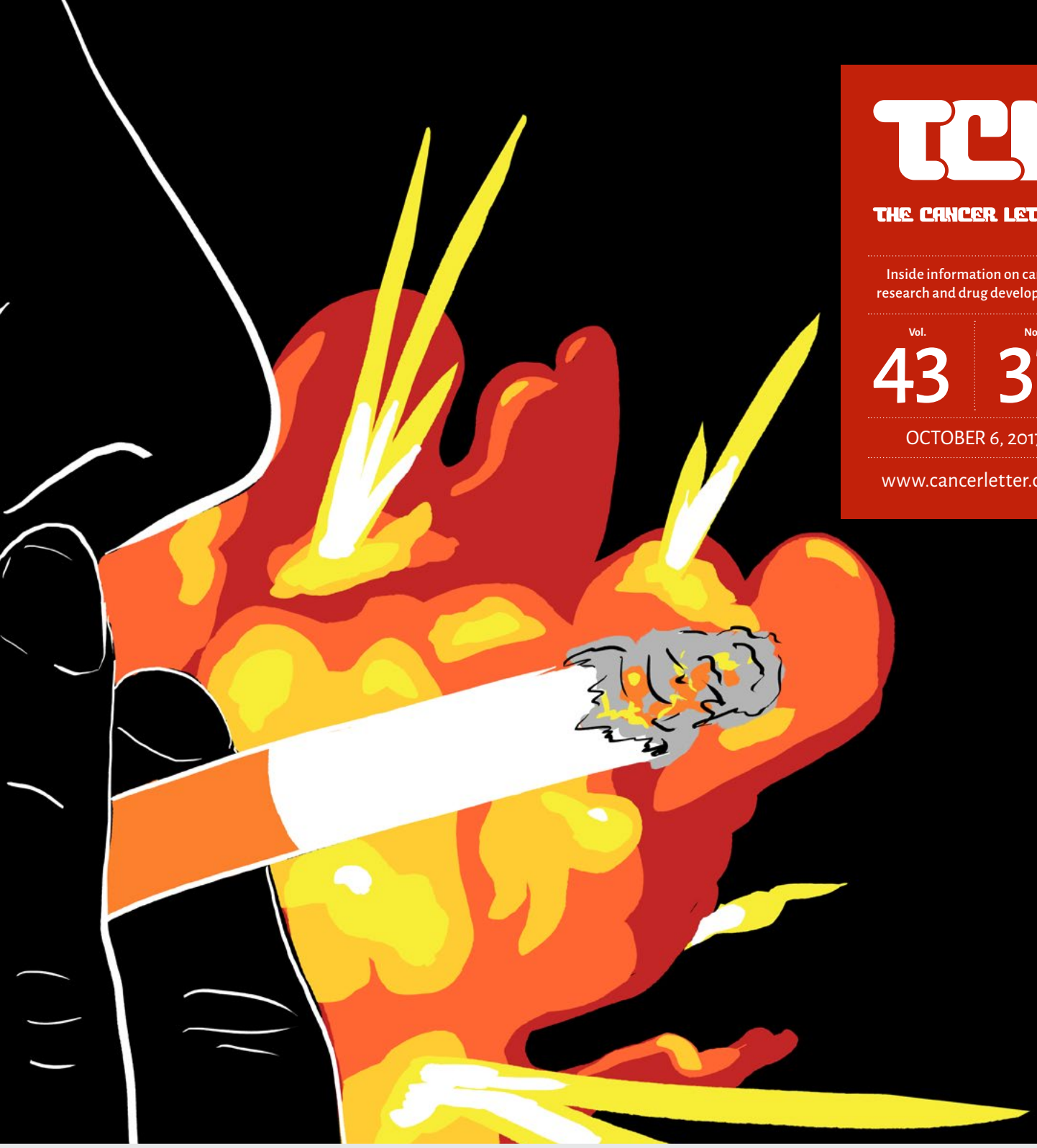

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THE CANCER LETTER
Inside information on cancer research and drug development
Vol. 43 No. 37
OCTOBER 6, 2017
www.cancerletter.com

FORMER AMERICAN CANCER SOCIETY CEO JOHN SEFFRIN ENDORSES CANCER RESEARCH VENTURE FUNDED BY PHILIP MORRIS

Philip Morris International, the tobacco company, is spending $1 billion over 12 years on "cancer research," which will be funded through something called the Foundation for a Smoke-Free World.

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Subscription $425 per year worldwide. ISSN 0096-3917. Published 46 times a year by The Cancer Letter Inc. Founded Dec. 21, 1973, by Jerry D. Boyd.

IN BRIEF

DRUGS & TARGETS

FORMER AMERICAN CANCER SOCIETY CEO JOHN SEFFRIN ENDORSES CANCER RESEARCH VENTURE FUNDED BY PHILIP MORRIS

By Paul Goldberg

THE CANCER LETTER | OCTOBER 6, 2017 | VOL 43 | ISSUE 37

Here at The Cancer Letter, a news item of this sort might have been easily chalked up to crafty PR tactics and thrown the heck out.

And it would have been, were it not for this tidbit: the press release included a gushing quote from a gentleman named John Seffrin.

The John Seffrin?

Until two-and-a-half years ago, Seffrin was the CEO of the American Cancer Society, where he engineered one of the toughest no-tobacco-funding policies anywhere. It's one strict policy: if you take money from tobacco companies, don't bother asking your American Cancer Society for a grant or a contract.

When he was at ACS, Seffrin was known for saying that tobacco companies "behave very much like terrorists and have been more successful than al-Qaeda."

Would the John Seffrin we remember allow his name to be associated with these words of praise for a group funded by Philip Morris?

"The world needs to act with greater urgency and more creativity to cut the adult smoking rate and prevent cancer, heart disease and lung diseases. The Foundation for a Smoke-Free World will bring new energy, needed resources and significant expertise to the fight. The Foundation will fund critical research to help eliminate gaps in science, and help the global community pick up the pace of progress in providing science-based solutions for the world's one billion smokers, most of whom seek to quit cigarettes."

Here, things started to match. The title of the former ACS CEO John Seffrin matched the title of the Philip Morris-endorsing John Seffrin: professor of practice at Indiana University–Bloomington School of Public Health.

I spent several years pursuing a story on a far-reaching ACS action called the National Dialogue on Cancer, which, I learned, was designed by a PR firm that also represented tobacco companies. (see story on page 9)

PR companies are known to cultivate conflicts, and I found a lot of conflicts—PR firms working for two masters who were at war with each other: i.e. tobacco companies and ACS. Yet, every time I brought these conflicts to the attention of ACS, the society and the dialogue fired the conflicted PR firms.

And now this: Seffrin's name is associated with a Philip Morris action. Something akin to a seismic change would be required for the John Seffrin I remember to allow this.

Perhaps more ominously, the press release mentioned sparking a "dialogue" that would set the foundation's research priorities.

With questions swirling in my head, I banged out an email to Seffrin:

"I hope this finds you well. I wanted to ask you whether you are playing a role in the Foundation for a Smoke-Free World. Do you support their strategy? If so, I would love to state how your thinking has changed. I think of you as the

architect of one of the strongest policies barring tobacco money from ACS.

"Do you have a formal role with this organization, either as a staff member, a consultant, a volunteer, or a fiduciary? Is this a paid role?"

It would have been nice to discuss this—especially if mistaken identity, evolution of thought, or money is involved—so it made sense to ask whether Seffrin would be willing to have a chat.

He responded via email, confirming that I had the right John Seffrin.

"Sorry, I can't talk. Even though I've been retired from the ACS for about 2 1/2 years, I'm still too darn busy! My current professional role is as a professor of practice at Indiana University–Bloomington School of Public Health.

"In that role, over the last two years I have worked with other "senior" tobacco control advocates on The NTRI (National Tobacco Reform Initiative). One of its purposes has been to develop and encourage innovative ways to reduce the population risks to tobacco smoke. A.k.a. harm reduction. The bottom line is that technologies/alternatives exist today that can help people quit smoking or at least reduce significantly their consumption of burned tobacco, which is what kills them. Please see JAMA viewpoint by Warner and Schroeder published online Sept. 8, 2017.

"Among others, Dr. Derek Yach has been one of the public health professionals and tobacco control advocates participating in the NTRI. BTW he was the senior executive at the WHO that lead the effort to develop and pass the FCTC (framework convention on tobacco control), now ratified by 180 countries. The first-ever public health treaty.

"As I think you know, Derek is the founder of the Foundation for a Smoke-Free World. As I understand it, it is incorporated in Delaware as a 501(c)(3) nonprofit expressly and legally independent from PMI and the tobacco industry, even though it's initial funding comes from PMI.

"I have no formal role with the foundation. I'm not a fiduciary, not a staff person, not a paid consultant."

Had Seffrin agreed to talk, it would have been nice to ask him what it's like to have so many of your former friends say you are taking a step that is at odds with your entire career. Or has the world changed? Do public health experts still note that tobacco companies often employ the strategy of infiltrating the cancer research circles and creating schisms in the anti-tobacco movement in order to promote their agenda?

Since Seffrin's email to me cited a JAMA viewpoint piece by Steven Schroeder, director of the Smoking Cessation Leadership Center and distinguished professor in health and healthcare at the University California San Francisco, I decided to start by emailing him.

It turns out Schroeder is not awestruck by the promise of the Philip Morris-backed foundation.

"While the goal of ending smoking worldwide is laudable, the past history of Philip Morris is so disreputable that it will be a challenge for this new foundation to be perceived as credible," Schroeder said to me in an email.

Experts in the field seem to agree that it's reasonable to advocate for harm reduction and to study e-cigarettes and other new generation products. However, they are troubled by seeing tobacco money back science and public policy initiatives.

The American Cancer Society's comment on the Philip Morris action didn't mention Seffrin by name, but had a great deal to say about the new foundation:

"This attempt by Philip Morris International to paint itself as a public health partner is manipulative and dangerous. It is a new twist out of the tobacco industry's deadly playbook, but nobody should be fooled. It's a continuation of a decades-long effort to paint over tobacco's role in spreading death and misery around the globe.

"Their pledged support of $80 million per year over 12 years may sound sizable, but it is a drop in the bucket compared to the health costs of tobacco. In fact, it is a tiny fraction of the $300 billion in annual health and related costs due to tobacco in the United States.

"American Cancer Society policy prohibits partnering with any research or public health effort that takes tobacco industry support. It is unethical to take

> The bottom line is that technologies/alternatives exist today that can help people quit smoking or at least reduce significantly their consumption of burned tobacco, which is what kills them.
>
> *– John Seffrin*

money earned off the top cause of preventable deaths in the world.

"If Philip Morris International is serious about ending the epidemic of smoking-caused illness, it has the power to do it: Stop selling cigarettes. Stop spending billions to market cigarettes. Stop suing governments around the world. And stop fighting every meaningful, evidence-based tobacco control effort."

The World Health Organization Framework Convention on Tobacco Control Secretariat isn't applauding the Philip Morris venture, either:

"There is extensive experience of tobacco-industry-funded research that was later used to prevent effective tobacco control policies," the secretariat said in a lengthy statement that merits a click.

"It is clear that the industry aims to follow the same path in the area of non-traditional tobacco products, which are unregulated in many countries."

The secretariat doesn't mention Seffrin's name, but has a bit to say about his compadre Yach:

"Although the president of the Foundation was part of the WHO Secretariat during the negotiation of the WHO FCTC, the treaty had no single architect. It resulted from the work of hundreds of committed government representatives, individuals and organizations, and that is its greatest strength—teamwork."

In a similarly click-worthy post, a group of tobacco control cognoscenti writing on the BMJ blog slam Yach—and puts the entire matter in historical perspective:

"PMI, which has been working for decades to rebrand itself as a 'socially responsible' company while continuing to promote sales of its top-branded Marlboro cigarettes and oppose policies that would genuinely reduce their use, clearly believes this investment will further its 'harm reduction' agenda, led by its new heat-not-burn product, IQOS. But don't worry, the Foundation assures everyone that 'PMI and the tobacco industry are precluded from having any influence over how the Foundation spends its funds or focuses its activities.'

"Except that is what a broad range of industry front groups, sometimes headed by respected and even well-intentioned leaders, have been saying since the 'Frank Statement' of 1954. The long and sordid history of the industry's funding of 'research,' a major part of the mission of this new foundation, is replete with exactly this sort of blithe reassurance, as Yach himself pointed out in an earlier time. In reality, nothing has changed. The 'research' really isn't the point anyway. The mere fact of having landed Yach is a major public relations coup for PMI that will be used to do more of what the industry always does: create doubt, contribute further to existing disputes within the global tobacco control movement, shore up its own competitive position, and go on pushing its cigarettes as long as it possibly can."

Unlike many of his colleagues in the anti-tobacco movement, Kenneth Cummings, co-leader of the Tobacco Research Program at the Medical University of South Carolina Department of Psychiatry and Behavioral Sciences, said Seffrin's and Yach's action is worth the risk.

His rationale:

Though still profitable, tobacco companies have to adjust to new market realities. Thanks to six decades of work, young people aren't taking up smoking cigarettes at a high rate. Meanwhile, quit ratios among adults haven't budged in years.

"We see them at our hospital every day," Cummings said. "If you have somebody pulling their chemo bag and they are going to sneak a cigarette out behind the cancer center, which we see, it's pretty sad. It ain't a choice. It's a true addiction."

> If Philip Morris International is serious about ending the epidemic of smoking-caused illness, it has the power to do it: Stop selling cigarettes. Stop spending billions to market cigarettes. Stop suing governments around the world. And stop fighting every meaningful, evidence-based tobacco control effort.
>
> *– The American Cancer Society*

Meanwhile, e-cigarettes have been growing rapidly in popularity, and Cummings says it's worthwhile to explore these new products as a harm mitigation measure for current smokers.

"There are alternative nicotine delivery products that don't have to send you

to your local cancer center," Cummings said. "Those products may or may not help you stop smoking. There are still debates about that. I'd say the evidence is suggestive rather than affirmative, and part of the reason that hasn't been done is that we haven't had randomized trials."

Public health advocates have been considering a methodology for making it acceptable to take money from tobacco companies. A set of principles is published in a 2009 paper by J.E. Cohen et al in Tobacco Control. This is, of course, just another paper, but it can be used as a gauge for assessing the bylaws of the Foundation for Tobacco-Free World, which are posted here. The foundation has yet to identify its directors. Finding credible people to fill these positions will likely be a challenge. And while $80 million a year is a considerable sum in the business of funding public health research, anyone who takes money from this group would be precluded from receiving ACS research grants or doing business with the society. The foundation's officers may face a similar sort of excommunication.

> We see them at our hospital every day. If you have somebody pulling their chemo bag and they are going to sneak a cigarette out behind the cancer center, which we see, it's pretty sad. It ain't a choice. It's a true addiction.
>
> *– Kenneth Cummings*

Seeing that burning tobacco isn't a recipe for economic survival, tobacco companies are moving in the direction of developing these alternative products. "Cigarette companies are going to get left in the dust unless they get into that business," said Cummings. "The winners in the process are going to be the companies that capture that marketplace and the losers are going to go off the track."

Cummings, who often testifies as an expert in lawsuits against tobacco companies, sees a historic opportunity to do something to help current smokers. Opponents say that taking advantage of this opportunity will require downgrading the goal from elimination of tobacco to mitigation of risk—and potentially opening new doors for abuse of tobacco.

"It's a big risk. I give kudos to John Seffrin. He didn't just stick his neck out. He put his reputation on the line, because if anybody is committed to smoking control, it would be John Seffrin—and Derek," Cummings said.

"Do I trust Philip Morris? No," Cummings said. "Do I have trust in Derek Yach and John Seffrin? I sure do. I think they have high integrity and they see a need to change."

I decided to check whether Matt Myers, president of the Campaign for Tobacco-Free Kids, agrees with the view that new technologies open new opportunities which require new tactics. He did not.

Even the notion that the interests of adult smokers are somehow distinct from those of young smokers is false and "specious," Myers said to The Cancer Letter. And so far, he has seen nothing that would justify taking money from Philip Morris.

"The same public health public policy to reduce smoking among adults reduces smoking among kids, it's not an either/or at all," he said. "If e-cigarettes have a public health benefit, it is to assist smokers to switch completely or quit."

These new products could also reel in new smokers and expose them to new forms of harm, Myers said.

"The introduction of thousands of flavors without any research whatsoever as to whether any of them, or which of them actually helps smokers to quit, and under what circumstances, neither serves adults nor kids," he said.

Our conversation appears on page 13.

The presumption that tobacco money comes with strings attached formed the intellectual foundation of the policy Seffrin instituted at ACS. The policy was strict, but, alas, it was also porous.

The John Seffrin of yore sponsored the National Dialogue on Cancer, which ran into significant conflicts of interest involving tobacco. I would argue that it was the most important story in oncology from 2000 to 2005.

The dialogue was designed as a massive effort that had the potential to propel ACS to the top role in setting the cancer agenda, mandating the rewriting of the National Cancer Act to install a "cancer czar."

Conflicts created by the dialogue reached into the ACS headquarters in Atlanta and all the way to the top of the National Cancer Institute when it was run by dialogue governing board member Andrew von Eschenbach. As NCI director, von Eschenbach pledged

to end "suffering and death due to cancer" by 2015.

The initiative later ceased to be one of the top ACS and NCI priorities, and it continues under the new name—C-Change.

When he launched the dialogue, Seffrin relied on former ACS official Allan Erickson to run it. Does Erickson play a role in the Philip Morris matter as well?

I learned that Erickson now runs the National Tobacco Reform Initiative, a small group that includes Seffrin and Yach. Recently, the group published a report calling for tobacco reform.

One recommendation: "Establish a more rational tobacco, nicotine, and alternative products regulatory framework based on their relative risks, and that is adaptable to the increased speed of innovation in new technology development." But this is, of course, not the same as saying go take research funds from Philip Morris.

Digging deeper, I found that last year, in the context of the Moonshot, the NTRI folks made an intriguing proposal to then-Vice President Joe Biden.

They wanted to tell Biden how a change of course in tobacco control could score a big victory in the "War on Cancer":

"In our view, we have outgrown the original National Cancer Act, and we need a new one, including a new organizational structure, and possibly even a 'cancer czar.' Now is as good a time as any to launch a concerted effort to conquer this dread disease. We know the new War on Cancer is winnable, and we know how to get there, which absolutely must include an all-out effort to expedite the demise of cigarette smoking as soon as possible.

"Core Team leaders, Michael Terry [identified on the NTRI website as "son of former U.S. Surgeon General Luther Terry"] and John Seffrin, immediate past CEO of the American Cancer Society (1992-2015), would very much like to meet with you and your team at the earliest possible time. Such a meeting would give you a better understanding of the weaknesses and strengths of the current tobacco control effort in the U.S., as well as our perspective on what programming changes are needed in order to bring the tobacco-related cancer epidemic under control.

"We are confident that our 'neutral position' and unbiased approach to this will serve you, the War on Cancer team and panel of distinguished public health leaders far better than if you were to rely exclusively on what each of the competing organizations and agencies would tell you."

Of course, I called Erickson.

Erickson said he has no role in the Philip Morris venture, but he does support it.

"I have been a soldier for ACS for half my life," he said. "I think a lot of people have hidden their heads in the sand. They are just so totally opposed to e-cigarettes, it drives them nuts."

Our conversation appears on page 20.

How PR firms created "dialogue" structure used by cancer groups and tobacco clients

By Paul Goldberg

In January 2000, The Cancer Letter was working on a story about what seemed to be a strange political structure that was being put together by the American Cancer Society.

The new organization was called the National Dialogue on Cancer, and its objective was to bring everyone interested in cancer into the same political process, and, in the process, to rewrite the National Cancer Act.

The "dialogue," which didn't look like anything I ever saw in cancer politics, was being run—and presumably was set up—by Shandwick International, a PR firm.

On a lark, I decided to call RJ Reynolds Tobacco Holdings Inc. and ask whether they are represented by Shandwick.

Why RJR and not, say, Philip Morris? Because RJR was the first company that came to my mind.

The RJR vice president for federal affairs, who was nice enough to take the call, confirmed that the tobacco company does indeed employ a Shandwick subsidiary. We called Shandwick and they had no choice but to confirm that they have tobacco clients, but emphasized that they aren't involved in marketing.

"Other types of work, including public information campaigns on the terms of the [tobacco] settlement, anti-youth smoking campaigns, and some work on policy issues has been done in some offices," Shandwick officials acknowledged in a statement to The Cancer Letter. The company also said that "recent events have caused the company to take this policy under review."

Within days, owing to strict adherence to the conflict policy instituted by CEO John Seffrin, Shandwick was fired (The Cancer Letter, Jan. 21, 2000).

Two-and-a-half years would pass before I would learn about the genesis of the dialogue and the manner in which it allowed Shandwick to double-dip, i.e. serve ACS and RJR, and at least one other client, British American Tobacco. I would learn this from internal tobacco industry documents that showed that at about the same time—in February 2000—Shandwick was selling the "social reporting process" for BAT.

The social reporting process was intended to help BAT deal with the Framework Convention on Tobacco Control. The documents I got my hands on were obtained from the Minnesota Tobacco Document Depository, which was established as a result of that state's lawsuit against tobacco companies.

The documents included Shandwick's February 2000 presentation to BAT.

One of the opening slides in the presentation describes BAT's predicament:

- "No trust among stakeholders—legislators and their key influencers.
- "People do not believe you mean what you say, you say one thing and do another e.g. smuggling, attacking the ad ban, high tar products in the developing world.
- "Seen as part of 'Big Tobacco' conspiracy."

What would be required for BAT to get out of that predicament?

Another Shandwick slide offered the answer:

- "To take the lead.
- "Rebuild reputation and restock the 'reputation reservoir.'
- "Say what you mean, mean what you say.
- "Establish a baseline of belief, win acceptance for it, draw a line and move forward (dialogue, partnership)…
- "Identify pragmatic forces in the debate and build bridges…
- "A bold stroke to capture people's attention, get taken seriously, win a part in the debate."

Shandwick further recommended that BAT "commit money to additional investment [in] safer product research," drop billboard advertising, "commit finance to initiating wider public debate on 18 age limit," and stop sponsorship of Formula One racing.

Shandwick's schema: recruit someone who has a good reputation, then have that person or persons convene "stakeholders," initiating a "dialogue."

The concept of "stakeholder" should be interpreted broadly. It would include your friends as well as people who seek your demise, because a stake in the heart is still a stake.

These slides from Shandwick's presentation aimed at BAT illuminated one of the peculiarities of Shandwick's implementation of the National Dialogue on Cancer.

When the dialogue was getting going, I was amazed to see how much work its proponents invested in trying to convince skeptics to come to the table. My late friend Ellen Stovall, executive director of the National Coalition for Cancer Survivorship, for example, received a massive number of calls from people who put their trust in this process. (Ellen never joined.)

Now, with Shandwick's slides in hand, I understood why this push to recruit the skeptics was worth the effort: if you bring your friends, your enemies, and everyone in-between to the same table and give them something to do, you will win.

In the case of the National Dialogue on Cancer, ACS recruited former US President George H.W. Bush and his wife Barbara to lead the effort, and went after former president Jimmy Carter to make the thing bipartisan. After Carter said "No Thanks," they recruited Sen. Dianne Feinstein (D-CA).

I spent five years living and breathing the dialogue and the conflicts it shot into ACS and NCI. These conflicts involved PR firms that also represented tobacco companies. Other conflics included pharmaceutical companies and food companies.

Most of these conflicts radiated from the dialogue's table.

In his quest to end "suffering and death due to cancer" by 2015, NCI Director Andrew von Eschenbach, a dialogue board member, used this non-governmental organization to develop NCI programs.

The Cancer Letter was clearly getting in the way. No worries. Von Eschenbach created a look-alike publication, the NCI Cancer Bulletin, which was published at taxpayers' expense and featured von Eschenbach's photographs and pronouncements.

Shandwick, the PR firm that launched the dialogue, became Weber Shandwick, following the 2001 merger with the Weber Group and BSMG.

One of the publications I followed at the time was PR Watch. It was a quarterly that was exactly what its name suggests. In 2002, I stumbled across a story that filled in the gaps in my understanding of the dialogue schema used by PR firms. The piece was written by two guys I don't know: Bob Burton and Andy Rowell.

Burton and Rowell wrote that in their effort to thwart the WHO Framework Convention on Tobacco Control, BAT sought to convince its opponents and sundry others "to join it in dialogue."

Here is how it worked:

A respected political or cultural figure in every BAT territory is found to lead the dialogue, which culminates in production of yearly "social reports."

"BAT coaxed journalists, health advocates, tobacco control activists and government officials to participate in meetings whose purported mission was to advise the company on how to become a responsible corporate citizen," Burton and Rowell wrote.

The word "dialogue" figured prominently in the language of social reporting.

"At British American Tobacco, we acknowledge that our products are risky, and we recognize the significant responsibilities of our business," said BAT Malaysia in its statement on social responsibility.

"We also believe that a company like ours, with a century's experience of operating in diverse global cultures, which knows our products and its science, supports sensible regulation, and has a long track record of cooperation with governments worldwide, can make a real contribution to progress in reducing the health impact of tobacco," the statement reads. "Our goal is to seek solutions through dialogue with a wide range of our stakeholders. We see this as a better alternative to conflicts and stalemates which can often characterize debates on tobacco issues."

According to Burton and Rowell, BAT's first Malaysian social report described nicotine as "a naturally-occurring substance in the tobacco plant which is thought to have a mild stimulant

effect." The report also noted that tar produced by burning tobacco "is thought to be related to some of the health risks associated with smoking."

You didn't have to go to Shandwick to execute your "social reporting" or "dialogue" strateg. It's simple—anyone can do it.

In my world—oncology—I found Edelman creating tobacco dialogues in Malaysia and Russia (The Cancer Letter, July 25, 2003).

I wrote about it in The Cancer Letter, and I summarized it all in an article I did for PR Watch, bridging my coverage with that of Burton and Rowell.

At that point—two years into coverage of the dialogue—I recognized something remarkable and nuanced about its schema. It looked like an adaptation of public groups that were formed in the 1970s in the former USSR and other Eastern Bloc countries to monitor violations of human rights.

In Moscow at the time, the idea of triggering a "dialogue between the government and society" was an intellectual mainstay in the dissident circles. One such effort, centered around Nobel laureate Andrei Sakharov, included a representation of dissidents—small-d democrats, a Russian nationalist, several Zionists. These dissidents issued reports monitoring Soviet performance under the 1975 document called the Final Act of the Conference on Security and Cooperation in Europe.

The group achieved enormous prominence, launching an international movement and contributing to the collapse of Communism. And now it appeared that some brilliant PR strategist has devised a political action strategy that can be used for commercial purposes, which could include propelling a US charity to a position of greater prominence and opposition to tobacco control on behalf of BAT.

This is interesting, because early theory of PR is based on adapting the techniques of engineering public opinion that was being attempted by the Comintern, the organization that was formed to stoke the flames of the World Revolution.

Now, it appeared that someone found a way to adapt a schema that helped bring down Communism. It's symmetrical.

I should have recognized the similarities earlier. Before diving full-time into covering cancer, I wrote two books on the Soviet human rights movement. One of these books is still around. I gather it's mostly used in history classes. The other is more of a rarity.

Yet, I didn't make the connection until reading the Burton and Rowell story in PR Watch, and since at the time I was more interested in pinpointing conflicts—one of which deliciously included an effort to use a "dialogue" to promote a cigarette brand in Russia—I never wrote about what I believe to be the genesis of the dialogues.

Unless the PR strategist who designed the dialogue comes forward and tells me exactly what his or her influences were, it would be impossible to rule out a false-positive. (I hope that person recognizes an invitation.)

Now, in this latest incarnation, the Philip Morris tobacco funding schema appears to work along the same lines as the old ACS and BAT dialogues.

The press release announcing the Foundation for a Smoke-Free World speaks of propelling the tobacco-funded entity into a role in setting the research agenda and creating—you got it—a "dialogue."

The Philip Morris initiative has the look of an exercise in "social reporting," lubricated with research funding, and apparently aimed at promoting a class of tobacco products:

"The Foundation's ongoing activities and research priorities will be informed through a transparent public dialogue, and will be subject to the approval of an independent board of directors. Initial activities are expected to be focused in four areas of need:

"Support research into harm reduction and build research capacity through academic centers of excellence

"Collaboratively build consensus around which interventions can best reduce harm and deaths from smoking and increase smoking cessation

"Measure and report on global progress towards smoking harm reduction
"Identify alternative crops and livelihoods for tobacco farmers as the global demand for tobacco declines."

It's a sign of interchangeability of contractors that the Philip Morris dialogue was being announced by Feinstein Kean Health, an Ogilvy company. Any PR firm can slap together a dialogue, and any PR firm can trumpet to the world that dialoguing has commenced.

In 2000, a week after I reported Shandwick's dual role—representing RJR and ACS—I learned that another of the society's PR contractors, Edelman Public Relations, did work for ACS in the Iowa caucus and the New Hampshire primary while also handling publicity for Brown & Williamson Tobacco Corp. (The Cancer Letter, Jan 28, 2000).

The Brown & Williamson gig entailed operating a "mobile media coach," a 45-foot mobile home, for "Team Kool Green."

Thanks to Seffrin's policy, those Edelman folks lost their ACS gig before you could say "It's so good to be Kool."

And that is the legacy Seffrin has now so publicly, so dramatically set adrift.

Q & A

Myers spoke with Paul Goldberg, editor and publisher of The Cancer Letter.

CONVERSATION WITH THE CANCER LETTER

Matt Myers: Philip Morris has a long history of funding what it calls independent research by previously credible researchers

"I personally do not think anybody actually interested in reducing the death and disease from tobacco should give Philip Morris International any credibility as long as they continue to market the product the way they do."

Matt Myers
President
Campaign for Tobacco-Free Kids

The Foundation for Tobacco-Free World is unlikely to win hearts and minds in the tobacco control community, said Matt Myers, president of the Campaign for Tobacco-Free Kids.

The new foundation, which received an $80 million-a-year funding commitment from Philip Morris International, has the support of John Seffrin, former CEO of the American Cancer Society.

If it is to gain credibility, the group would now need to recruit a board of directors who would be willing to stake their reputations on a venture funded by the makers of Marlboro cigarettes.

"I personally do not think anybody actually interested in reducing the death and disease from tobacco should give Philip Morris International any credibility as long as they continue to market the product the way they do," Myers said to The Cancer Letter. "As long as they continue to introduce highly flavored new forms of Marlboro to attract kids. As long as they oppose high cigarette taxes, oppose effective warning labels, oppose paid mass media campaigns. Otherwise, it's simply a get-out-of-jail-free card."

Myers spoke with Paul Goldberg, editor and publisher of The Cancer Letter.

I'm working on a story about the Foundation for Tobacco-Free World, and people have been telling me that the world has changed, that kids aren't smoking as much anymore. That this generation of tobacco smokers could be the last generation of smokers, and that e-cigarettes are the wave of the future. I am also told that no one's paying attention to existing smokers, old folks who still need the drag. Is this a time to engage companies like Philip Morris differently?

Matt Myers: First of all, many of those statements don't truly reflect the full situation. I think that's very important to understand. There's also myopia over what goes on in a country like the United States versus what's going on throughout the rest of the world. The problem with cigarette smoking is a long way from being solved. The problem with youth tobacco use is a very long way from being solved. It is true that in the United States, that smoking rates among high school students are now below 10%.

If you look at low-income countries across the globe, you continue to see high levels of smoking among young people, but even more importantly, you continue to see companies like Philip Morris aggressively marketing to those young people.

In some respects, the issue of whether we should be looking for new alternative ways to help adults quit is a very different question from looking at the behavior of Philip Morris International. That's a fundamentally important distinction with what's going on with this foundation.

Philip Morris International has a long history of funding what it calls independent research by previously credible researchers. In the past, they've always funneled that research to try and set an agenda, to divert attention away from what they're doing.

They're doing the same thing here. They want us all to be talking about harm reduction and ignoring the fact that they continue to market aggressively. That they continue to introduce new versions of Marlboro, whose primary appeal is to children and young women. They continue to sell their products … Johns Hopkins School of Public Health is in the process of finishing up a series of studies looking at marketing to kids, elementary school kids, in low income countries. They've found example after example, after example of kiosks, literally outside the front door of elementary schools, in low-income countries, supported by Philip Morris International.

You got to start from a slightly different premise, that there has been great progress made in countries like the United States, but the problem isn't solved. There has been progress made in low-income countries, but it is despite what Philip Morris International has been doing.

So, they haven't changed?

MM: They haven't changed at all. Now, they have a new product that may or may not be significantly less harmful.

We don't know that, do we?

MM: We don't know that for sure. What we do know, is that while their website has wonderful statements about a world that is smoke-free, their marketing behavior, their opposition to government policy that will actually reduce tobacco use, and their introduction of new forms of Marlboro, is totally inconsistent with that goal.

Somebody who wants to buy into the foundation as proof that the company has changed, ignores the history of how similar this behavior is to their behavior over the last 60 years.

Right. Reporting the story, I actually heard people say, "Oh, that Matt Myers, who rides around Washington on his white horse…"

MM: Actually, my organization is one of the organizations that actually works in the low-income countries, where we see what Philip Morris does every single day.

Let me just move you to another question....

MM: I'm not uncomfortable with my white horse, by the way.

I'm sure. It's a good horse. It's a really good horse. Gets you through the swamp.

MM: A number of my staff just came back from South America. Marlboro has introduced a host of new flavors there. Fusion blast. You can buy every flavor of Marlboro you want. Tell me this is a reformed company.

It's not my argument.

MM: This is the same company who told us in 1954 that they were going to be part of the solution. They promised to tell us the answer. Every time we get close to an answer, they want to fund somebody to say the real problem is, we need more research. What we really need is less opposition from Philip Morris.

How do you deal with the older smokers, the existing smokers, the old guys who go behind the cancer center where they're treated to take a drag?

MM: The quick answer to that is that our organization as well as a number of the other major organizations has done, in recent years a great deal. We have petitioned the FDA, on multiple occasions now, to urge that CDER reconsider how it reviews smoking cessation products, and that CDER actually convene people in order to pose the question about what it needs to do to promote tobacco cessation innovation.

Our organization supports the legislation giving FDA jurisdiction over tobacco products, including setting up a structure for FDA, not the tobacco companies, for scientifically reviewing which products, if any actually help smokers reduce their risk of disease, so that we don't have to continue to rely on the unsubstantiated statements of tobacco companies who first told us, filtered cigarettes were safer, then told us light and low tar cigarettes were safer.

They have a long track record of making claims that are not substantiated by the science and have resulted in more people continuing to smoke.

In fact, if you believe in science, our organization as well as others have said, FDA is a tried and true method for independent, objective scientific review. It is what we use for drugs. It is what we use for safety for foods. It only makes sense to say we should do the same thing for tobacco.

So, you're focused on kids...

MM: We're not just focused on kids. The campaign does a great deal of work to prevent youths from starting because long-term, that's the best way to reduce tobacco use. The campaign has always worked on policies that impact individuals of all ages. That's why if you look, you'll see, no organization has petitioned the FDA more to encourage it to take tobacco cessation seriously than us.

Do you see danger to kids from e-cigarettes and other alternative products?

MM: In the absence of meaningful government regulation, we absolutely do.

How?

MM: If you look and see today, you see that more kids are experimenting with e-cigarettes than experimenting with cigarettes. While more kids use cigarettes regularly, a significant number of children continue to use e-cigarettes with a good deal of frequency, as well.

What we also see is that is in the absence of regulations, the thousands of flavored e-cigarette products that the industry has introduced with no testing, without any consideration as to whether they either help people quit smoking, or entice kids, has resulted in the fact that over 80% of the kids who say they use e-cigarettes, say they use flavored e-cigarettes. They use these e-cigarettes because they're flavored.

We don't know, because e-cigarettes are so new on the marketplace, what the long-term impact of this experimentation is. It may be that virtually all of those kids end up using e-cigarettes and never use any other tobacco product.

But there's one statistic that ought to be a cause for concern for anybody who cares. That is, in the second wave of FDA's PATH study, what they found was of the kids that were exclusively using e-cigarettes in wave one, 24 percent were using cigarettes in wave two. [The PATH study doesn't provide conclusive evidence of gateway effect,

experts say. Discussion of available evidence is published online by CA: Drope et al., "Key Issues Surrounding the Health Impacts of Electronic Nicotine Delivery Systems (ENDS) and Other Sources of Nicotine."]

Do you see any rationale for reduction of risk from tobacco versus complete elimination of tobacco? Should the latter still be the goal?

MM: Complete elimination needs to be the long-term goal. We are comfortable with the concept of FDA reviewing products that can be used to assist smokers who can't or won't quit to switch completely to those less harmful products, ideally as a pathway to quitting.

The key, though, is we think that the evidence shows that in the absence of meaningful regulation that e-cigarettes on the market all too often, are being used to sustain smoking through dual use. That we're seeing far too little good science to assist a smoker who wants to use an e-cigarette to quit or switch, to know which ones to do so.

You have to differentiate the concept. Our organization is very clearly on record. If e-cigarettes assist smokers to quit completely, under a regulated situation, that's something we would support.

What's really interesting is this argument that it's kids versus adults. The kids aren't smoking—

MM: It's a false dichotomy.

It's specious; no?

MM: It is a totally specious dichotomy. It sounds good until you actually look at the facts.

Which is what I'm doing.

MM: The same public health public policy to reduce smoking among adults reduces smoking among kids, it's not an either/or at all. If e-cigarettes have a public health benefit, it is to assist smokers to switch completely or quit.

The introduction of thousands of flavors without any research whatsoever as to whether any of them, or which of them actually helps smokers to quit, and under what circumstances, neither serves adults nor kids.

What would serve them both, is good science. In the absence of regulation, we have not seen good science. It may or may not be possible to do some nontraditional flavors may assist adult smokers to quit. The answer is we don't know that, because the e-cigarettes companies haven't done the research to identify which of them do that, if any.

Have you seen any reason at all to believe that this Foundation for a Smoke-Free World will be a real hands-off research funding agency, or will this be another way to provide tobacco companies with a way to advance their agenda?

MM: It already is serving as a way to advance their agenda. Philip Morris would like the world to think that the problem is that we need more research as a way to divert attention from the fact that in many of the countries in which my organization works, Philip Morris is actively opposing the adoption of tobacco control policies that work.

Philip Morris, in addition, wants to control the research agenda.

This is something that they have always done. By focusing the research agenda for this new foundation and quote, "harm reduction," what they're doing is steering the debate on a topic they want to talk about.

The history of Philip Morris as well is they always find somebody who has public health credibility to give their research dollars to, as a way to divert attention away from their own behavior. In the 1960's, they gave massive grants to the American Medical Association, for allegedly independent research. Subsequent to that, if you'll read ... I don't know if you've ever read Robert Proctor's book. [Proctor, Robert N. (2012). Golden Holocaust: Origins of the Cigarette Catastrophe and the Case for Abolition. Berkeley: University of California Press.]

Yes, I have.

MM: Okay. You've got whole chapters of major American universities, the most credible ones, who were given so called independent research dollars, with regard to it.

Whatever role harm reduction may play in speeding up the process of eliminating the death and disease caused by tobacco, this foundation, there's all the hallmarks of a game plan that Philip Morris has executed time and time again.

Were you surprised to see John Seffrin endorsing this Foundation?

MM: You know, Paul, John's an old friend of mine. I will stay away from the comment about it.

He did endorse it.

MM: He had a very positive comment about it. He said I think it's—

Well, I mean friends talk to friends. Have you spoken to him?

MM: Yes, they do. They do. I will say this. It's inconsistent with the policy of today's American Cancer Society.

Hey, which he put together. He put together probably the absolutely strongest conflict policy that any organization anywhere has.

MM: That's exactly right.

I have tested it probably more than any other reporter, over the years.

MM: People who work in the tobacco control field are passionate, and are constantly looking for the magic bullet. It's easier than the day-to-day hard work, on it. This is a case where I hope that there will be introduced a host of products that are far more effective at helping smokers quit or switch.

But to date, the major tobacco companies have not been a force for positive change. The products they have introduced by and large, including Philip Morris's vapor products, appear to be the least effective in helping smokers quit. Whether or not Philip Morris International's new product is or is not significantly safer... I'll wait to see what FDA says about that. It doesn't detract from the fact that they continue to market Marlboros as aggressively as possible around the world.

You would not join this Foundation for a Smoke-Free World?

MM: No. I personally do not think anybody actually interested in reducing the death and disease from tobacco should give Philip Morris International any credibility as long as they continue to market the product the way they do.

As long as they continue to introduce highly flavored new forms of Marlboro to attract kids. As long as they oppose high cigarette taxes, oppose effective warning labels, oppose paid mass media campaigns. Otherwise, it's simply a get-out-of-jail-free card.

I was actually looking at this statement by a bunch of anti-tobacco people, basically outlining the characteristics respectively, of the circumstances where you can take money from a tobacco company to fund research. You know the paper, right?

MM: Yeah.

Do you accept that? It seems to be just another paper.

MM: It is just another paper, but more importantly, the paper in my view, didn't contemplate that giving a lot of money that argues that our major problem, tobacco problem is research. It's truly nothing more than a PR campaign and diversion, from Philip Morris's actual practices.

My organization just got through working with the government of Uruguay who spent six years defending itself against a lawsuit from this very same company, when it simply tried to increase the size of its warning labels.

We worked closely with the government of Australia who is still facing a lawsuit that was prompted by Philip Morris International when they adopted plain packaging, to reduce tobacco use. We have worked with a number of governments in Africa that have received threatening letters from Philip Morris International, when it sought to adopt strong tobacco control measures.

I don't know if you saw the Reuters story just earlier this year, that documented Philip Morris International's effort to undermine implementation of the framework convention on tobacco control.

The notion that Philip Morris is anything other than even slicker than it used to be, is undermined by their other behaviors.

Looking at that paper that there was referencing, with the characteristics of all that credible effort by a tobacco company to fund research.

One of the aspects of it is having an independent board. I don't see the board yet.

I see their bylaws. That seemed to be tailored to that paper. I don't see anybody on their board. Can you imagine anybody credible joining that board? What would you say to somebody that would?

MM: I would think that anybody who knows the history of this industry who would join that board without first requiring that Philip Morris International change its behavior. That would be inconsistent with everything we know.

Which of course, would never happen.

MM: Well, we'll see.

It's really fascinating. Thank you so much.

MM: Philip Morris has long since had a goal to find ways to divide the tobacco control community. This fits that playbill completely. It's interesting, because as I've watched the reaction of people who actually work on tobacco control, on the ground in countries across the globe.

The response has been uniform. It's not people who care more about adult cessation versus youth. It's people who day in and day out have been working to get adopted the kind of tobacco control policies that we know work.

Thank you so much.

Q & A

Erickson spoke with Paul Goldberg, editor and publisher of The Cancer Letter.

THE CANCER LETTER | OCTOBER 6, 2017 | VOL 43 | ISSUE 37

CONVERSATION WITH THE CANCER LETTER

Allan Erickson: "I think Philip Morris has a long-term goal of a smoke-free world"

> It just seems to me that even if there is a quarter worth of concern about e-cigarettes causing health issues, there is nothing like tobacco. It seems to me that if we keep pushing those kinds of technology forward. I think Philip Morris has a long-term goal of a smoke-free world.

Through the controversies triggered by the National Dialogue on Cancer, John Seffrin relied on his ACS ally Allan Erickson.

Erickson now runs a small group called the National Tobacco Reform Initiative, which includes Seffrin and Derek Yach, head of the Foundation for a Smoke-Free World, which received funding from Philip Morris International to spend $80 million a year on cancer research.

Last year, NTRI asked to meet with then Vice President Joe Biden in an apparent effort to convince him to refocus his cancer moonshot.

Does Erickson have a role in Yach's research initiative? What does he think of Seffrin's current stance on dealing with tobacco companies?

Erickson spoke with Paul Goldberg, editor and publisher of The Cancer Letter.

I wanted to ask you whether you are involved with this Global Foundation for a Smoke-Free World.

Allan Erickson: I am not. No, I am not. No. Not at all. The founder and president is Derek Yach. I am in touch with them, but I have nothing to do with them. Zero.

But John Seffrin is with them.

AE: John Seffrin—yes. I think he was indicated in the press release. I don't know if he has any particular exact role at this time, but he certainly has been sympathetic to their views and what Derek is doing. I personally have had a long career and relationship with Derek Yach when he was at WHO. I handled all of Latin America for years. He worked very closely with me—a terrific guy. He developed the Framework Convention for Tobacco Control. He is a big-time guy and a very excellent public health leader.

Do you support this idea of taking money from Philip Morris?

AE: I personally do. Yes. To be honest, I used to be at the Cancer Society and other groups for years and years and years, but I have been retired for quite a while. They are very anti-electronic cigarettes and all that stuff. I spent 45 years in the boondocks, promoting cancer control through the Cancer Society.

But I think things are moving in the direction of harm reduction. When you have a half-a-million people dying every year from tobacco. The electronic cigarettes and less harmful products are for sure increasing in terms of sales and utilization. Eight or nine million people now smoke electronic cigarettes on a regular basis. Many of them smoke both. It doesn't seem to me—and maybe I am missing a lot, but I don't think so—there is a big shift.

I know how totally horrible tobacco is for a human being, and what it does to you—700 chemicals and all that stuff. It's quite obvious to me that these kinds of cigarettes, these kinds of smoke products that Public Health England and other groups have endorsed—it just seems to me that even if there is a quarter worth of concern about e-cigarettes causing health issues, there is nothing like tobacco. It seems to me that if we keep pushing those kinds of technology forward.

I think Philip Morris has a long-term goal of a smoke-free world.

So, you are seeing this as a reasonable way to go? ACS doesn't support this Global Foundation for a Smoke-Free World.

AE: No. Not at all. Most health groups don't at this point in time. I have been a soldier for ACS for half my life. I think a lot of people have hidden their heads in the sand. They are just so totally opposed to e-cigarettes, it drives them nuts.

And you are saying e-cigarettes are potentially a way to go?

AE: Not necessarily e-cigarettes, but I think there is a whole range of new products that are coming up that could potentially be better and better and better—less harmful. I don't think e-cigarette is the panacea, but it's certainly one of a whole series of new products coming up in the tobacco industry that are going to be safer, I think.

I see you wrote a letter to Joe Biden that seems to suggest that you are in with that group, too. But you have not played any formal role in this, or have you?

AE: Zero. Honestly, I haven't. But I have dedicated my whole life to cancer control, and if this is useful—and I am convinced it is—then it seems to me it would be nuts not to embrace that cautiously and move forward.

Do we know what Dr. Seffrin is doing with that? Have you had a chance to talk to him?

AE: We haven't recently. John and I are very close friends. He has been very, very careful over the years to have any relationship with tobacco companies—just as pure a public health guy as you will ever find in the world. I am not sure how it's developed, but he is coming around, saying that he had a lot of reading done, and thinks now that there is great promise here and we ought to take the gamble for the health of America.

Interesting...

AE: How many years have you been with The Cancer Letter?

Oh my... I guess around thirty.

AE: Wow... You and I had a little bit of a flare-up back in the late eighties [sic.] when I staffed, and basically organized the National Dialogue on Cancer.

I am not sure it was a flare-up.

AE: My friend who worked closely with me on that was Paul Van Nevel, whom you knew. Unbelievable guy. We worked very close for years.

What was interesting with the Dialogue was that no matter which step you took outside ACS, there would always be PR firms representing tobacco involved in it. I am concerned that this might be happening again—to John. Or you.

AE: Be more specific, what do you think is happening to me?

I am concerned that they may be taking advantage of you.

AE: There is no one coercing me, I'll tell you. And John. There is no money involved, there is no nothing other than in our hearts we know that this is a good thing to explore and go forward with. We are just absolutely convinced of that.

So, you are seeing some role for yourself in this that's an unpaid role?

AE: None. Zero.

No formal role? No paid role?

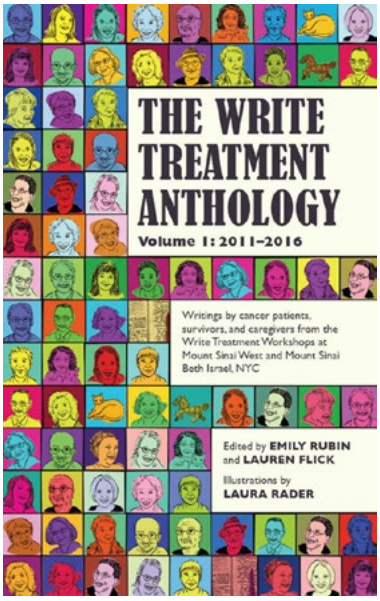
AE: I work with something we call the National Tobacco Reform Initiative, and Derek is on that, and we have 11 other people on that group. I am kind of the coordinator of that group.

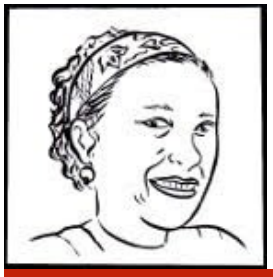
Four months ago, we did a survey of 120 tobacco control leaders. One of the three recommendations has to do with encouraging FDA to come up with a more rational regulatory system, and they have done that.

And we are thankful that that has happened.

GUEST EDITORIAL

The Write Treatment; when a writing workshop is a part of cancer treatment





By Emily Rubin
Novelist

Illustrations by Laura Rader

> We see the brightness of a new page where anything yet can happen.
>
> *– Rainer Maria Rilke*

I was diagnosed with breast cancer in 2008 and underwent treatment until 2010 at Beth Israel Hospital, now Mount Sinai, in New York. A year after finishing treatment I was thrilled to find out that my novel, Stalina, was a winner of the Amazon Debut Novel Award Contest.

The prize was a publishing contract. My cancer diagnosis was life changing, but so was becoming a published author. Soon after receiving the wonderful news about my novel, I found signs of a possible relapse of the cancer. Fortunately, tests came back negative. The angst I experienced was an acknowledgment that cancer would always be part of my psyche, if not my body. I wanted to find a constructive way to face these anxieties. I wanted to find a way to give back to the community of patients, doctors and nurses, friends, colleagues, and family who supported me throughout my cancer journey.

With my writing life back on track after the publication of the novel, I thought a writing workshop could be a viable way for people affected by cancer to process, think, and write about their experiences. Even more importantly I felt it could be a way for people to take a break from the rigors of treatment and write from of the fullness of life through prose and poetry.

In 2011 I approached the social work team at Mount Sinai Beth Israel Hospital with the idea of running creative writing workshops for cancer patients, survivors, and caregivers.

"Great idea. Go for it!" the social work team said.

At the weekly workshops, with writing prompts, visuals, and literary quotes,

we get together to write and read our work. The participants are welcome to explore the experience of diagnosis and treatment, which they do, but many use the time to take a much-needed furlough from cancer, and in each case the imagination takes flight. With eyes squinting, brows furrowed, and pervasive sighs, the pens begin to glide across the blank pages. It is thrilling to see the imaginings percolate so quickly. Eager and impatient to share, everyone reads back from the penned pages that span the literary landscape.

Since that time the workshops have become an integral part of Mount Sinai's services. Last year more than 300 participants attended the 60-plus workshops.

The Write Treatment Anthology Volume I: 2011-2016 is a collection of literature written by cancer patients, survivors, and caregivers who have participated in the Write Treatment Creative Writing and Journaling Workshops at Mount Sinai Hospitals in New York.

The 23 writers included in the anthology have shown a fierce commitment to the process, coming during trying times in treatment, and even during New York blizzards. They have been fearless in acknowledging and addressing their experiences and the unknown—reflecting on Grace Paley's words, "we write about what we don't know about what we know." Their enthusiasm is here in the array of subjects and down-to-the-bone honesty throughout the stories and poems you will encounter.

Taking chances, making hard choices, being fierce and vulnerable, and embracing humor are all part of life with cancer, and, as we have discovered in the workshops, essential to writing. I have seen the Write Treatment Workshops grow from a gathering of people affected by cancer into a community of dedicated writers.

The Anthology is a tribute to the commitment of these writers. I have excerpted their work as accompaniment to this column.

Whether memoir, fiction, or poetry, risk-taking is evident in the fierce, funny, touching, and sometimes risqué musings. That the writing is artful and cathartic is not surprising. Laughter, tears, and prickling energy fill the room, and after two hours we part feeling enervated and inspired. This is the magic, joy, and solace of writing in a group. The writers are as diverse as passengers on any NYC subway or bus—these are the voices of a community filled with empathy and words unencumbered. These stories and poems are written by a group willing to experiment and explore in times of trouble the worlds within and without.

Thanks go to Dennis Paoli of the Heidi Paoli Fund, whose support for the workshops and anthology made this book possible. I am grateful to the dedicated and energetic social-work staff of Mount Sinai Beth Israel and Mount Sinai West: Alison Snow, Lori Schwartz, Nancy Borque, and Sandy Lansinger, for their enthusiasm and continued administrative and moral support for the workshops.

Emily Rubin is a novelist living in New York. Sales of The Write Treatment anthology will help fund the workshops and a percentage will be donated to a cancer support organization. Additional information is posted here.

Email: rubin.emily@gmail.com

The next reading will be at Mount. Sinai West on October 23rd at 5:30p in the 14th floor Boardroom. 1000 10th Ave, NYC. Please contact lori.schwartz@mountsinai.org for details.

Excerpts from the Write Treatment Anthology:

Wiggle Room

By Melody Johnson

My hematoma
Pulses breathes waltzes with me
Even looks away

From husbands who curse
About the costs of living
And now this cancer?

Her gray eye tearing
Pus and fuss of memories
Told to remain shut!

A hole in my heart
That he did not cause this time,
This one will heal faster.

The Boy in the Striped Tee Shirt

By Jacqueline Johnson

One autumn day I was walking along the city streets with my camera in hand. There was no plan of photographing anything or anyone in particular. I noticed a young boy, maybe preadolescent, playing with some other boys about the same age. He had a face that transcended time, and he seemed to represent generations of young African American males.

I was suddenly aware of the variation of horizontal stripes on his shirt, which contrasted with the vertical iron bars on the fence he had posed himself against. Judging by the chain tightly wrapped around the gate entrance and locked shut with a padlock securely in place, the owner of the property obviously wanted the assurance of keeping trespassers out and safety within. There was something soft and innocent in his face.

Our eyes had met, and I approached him to ask if he would oblige me by posing for a picture. He agreed and maintained his pose. As I looked into the lens of the camera to shoot the picture, so much about history rang out, and yet I was intuitively aware of his story. As I studied his face, his eyes looking directly into the camera gave the impression that there was not an object between us. There was a reflection of wisdom and contentment exuding from them. The slight smile seemed to express humble self-confidence. The right hand posed over his head holding onto a cold metal fence post seemed to signify he had a grasp on his life. He was making a statement that he was in front of the bars, not behind them. There were no chains shackled around his hands and feet but around the gate.

His wry smile said, "I am a conqueror."

Consequently, his pose reminded me of an action hero. I pictured this champion, who was reaching behind to pull forth an arrow from a quiver to be placed in a bow or for a shield slung low across his back. Whatever it was he was reaching for, he had the appearance of a warrior ready for anything, ready for the future. He had put the cold, unfeeling, and unrelenting oppressors behind him and was not at all intimidated by anyone or anything, and he allowed me to record it all through my steady lens.

No One Imagined

By Peggy Liegel

No one imagined the storm would be that bad—

Four at the table
Only three the next day,

The table floating away.

No one imagined the storm would be that severe—

The night the lights went out

And it stayed that way.

The burnt board with the nail and the color red

Ripped right through

Stuck on the sand-cemented beach.

It was a choice

To go to sleep or to wake up

After storm had passed.

Waking up, the fear going into it
After eyes see first

The nothing that is there.

Forgiven by him,

Healing took long.

Forgiving him, too,

I felt love.

It Was No Accident It Was an Accident

By Connie Perry

It was no accident that it was an accident. A particularly timed collision of personalities needing to express themselves at a time of great need in their lives. A gathering of souls collected to write.

The connecting medical threads are for some, dramatic, heightened, immediate, and all have a measured focused battle toward being whole. Each

person turning pain shards into word gems, wisdom from each individual champion, which they impart on the collective group.

His story is uplifting. Her story is amazing. We have all endured. He'll rally, I hope. While, she might come undone.

My experience is vastly different from the others, but the shared pen slash-and-bare-all determination connects us to this gathering of humanity.
We deliver the story of our health, a fiercely regarded commodity, in simple yet true prose. We possess our story. We delve into the giant maw of the illness industry by laying down our ink-stained description of anxiety. Sometimes we channel our anger. Can we trust our experiences will be measured against the passing of time?

Some of us will bury our memories with this pen and paper.

We'll slog through to the other side of medical jargon, jotting down impersonal confusing procedures. We'll make glib mention of jokes here and there. Altered states of dark humor offered up for shock value.

Dare we compare notes? I can't handle your distress. Our pens climb us to a rallying cry of: enough. We breathe along the margins. Being prompted to remember details means being delivered back to immediate and deep distractional fog.

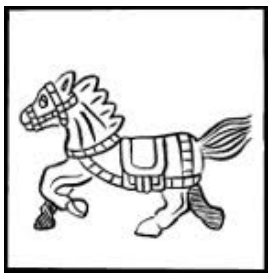
Pen strokes to obliterate some fears.

Black and blue only from the ink flow now. Bruised flesh left be- hind as good health checkups flounce upon the steady march of time.

Deliver news. Reclamation of self, coming five pages in.

It is no accident that it was an accident that a writers group formed in a cancer ward.

All in a Day's Work



By Lara Stein

"Horrible, isn't it?" says the genetic counselor, striding down a labyrinthine hallway, her back to me. "Horrible" comes out as "harrable," strangled by a New York accent and attitude, the indignities of urban life piling up like a personal affront. Something is always "harrable" in the city. She ushers me into her office and shuts the door.

She is referring to the weather, apparently—the rising mercury, the summer heat index—that is horrible, not the personal inferno; I've been sweating the past two days. I am thirty-six, and I have a three- year-old child. I can measure the time since my cancer diagnosis in hours—less than forty-eight.

My newly shell-shocked world is the elephant in the room, never referenced during our two-hour counseling session. We are in a suite seven floors up from the sweltering pavement; the office is perfectly climate controlled.

Clean Tupperware litters her desk, the detritus of a routine day, fork- fuls of salad for lunch followed by spoon-feeding statistics all after- noon—flipping charts, comparing prognoses of patients with BRCA1 and BRCA2 mutations, floating clinical terms like "chemotherapy" and "prophylactic hysterectomy." Each situation is hypothetical; my coin toss is still up in the air.

I'm searching for a thread I can weave from the life I once knew to this strange new world, when I remember having genetic testing while pregnant with my son. It turned up no Tay Sachs, no mysteriously named map=le syrup urine disease. The memory is oddly comforting, until the counselor, a new mother herself, leans forward and whispers in a conspiratorial voice, "You know, BRCA mutations have no bearing on childhood cancers."

In her single unscripted moment, she unwittingly twists the knife, introducing a horror far greater than a hypothetical hysterectomy. Her attempt at mother-to-mother understanding is genuine, a real stab at human connection that our counseling session lacked. She reaches out as a mother, an experience we share in common, but she can't connect as a cancer patient. We are on opposite sides of the same horrible desk.

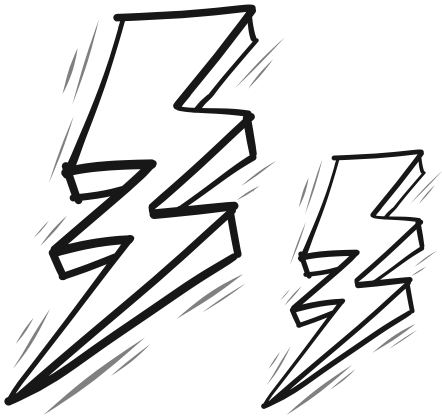
Lightning Bolts

By Caroline Marie Sun

Lightning strikes once—a strange occurrence: shocking, surprising, out of the blue. We talk about it like it is rare and unique, but it hap- pens all the time, all around the planet, thousands of times a day. And yet to see a bolt do it right in front of you, when you cannot predict it, cannot really imagine it, and then it just happens.

The closer it is, the more powerful and instantaneous the rumble that rever-

berates over you, through you, shaking the foundations of your chest and stomach. Blinding you with sight and deafening sound. But then it is gone. It moves on from where you are standing, or sitting, or staring, or looking. Another flash and rumble, further away, moving in another space and time, receding from you. Slowly it heads into the distance and then is seen and heard no more. But lightning can and does strike twice and sometimes more than even that.



Now it is a different story. It is aiming at you; it will not let you go this time. It is waiting in the darkness undercover, waiting for the moment to strike again. This time it is aiming at your vitals. You cannot see or hear it coming, but you feel it. You know something is not right, something is about to knock you down again. You hope, against hope, that this storm will pass over quickly, leaving nothing but distant echoes and shimmers of light behind. But we humans have harnessed the power of those bolts in CAT scans, MRIs, and PET scans. Now we train those powers on our fragile, moist, vulnerable selves, turn the beams on, and see what sparks fly. Another turn of the circle in the "doughnut-shaped" machines seals my fate. Lightning has struck me again—both where it hit before and also in a new location, shattering my lower spine with fracture, fatigue, and searing pain. Now I need the painkillers and steroids for real: to be able to sit, to bend and tie my shoe, to roll into and out of the bed, to try to wash my feet in the shower.

Lightning knows no mercy. She strikes with precision and ruthlessness. Her skill is almost surgical, and yet catastrophic in her dam- age. I am numb with this new onslaught—hating the universe for hitting me down again when I was just starting to feel that things were looking up, alternating with a sense of doom and a sense that there is nothing I can do as I am once again carried along, helplessly, on a sea of chemotherapy, radiation, and surgery.

Where is my agency in all this? Where are **my thunderbolts**? Oh that I had a quiver full of them like the Greek god Zeus that I could grab and hurl at the demons that now beset me. I need Hephaestus to smith them out for me with his band of mighty Cyclops—electric blue-and-pink bolts to counteract and heal the damage that these new blasts have done to me. Oh Prometheus, bring them gently to me with a bow of gold that I might take sure and steady aim.

If Picasso Was My Plastic Surgeon

By Kristin Westbrook

Missing pieces, torn apart.

Deconstructed.

A profile.

Plump, open lips.

One tooth overlaps the other.

Large tears spill down the left side of the face,

Pouring out of green eyes.

Lashes burned away.

Heart flattened.

Body pulled apart.

Dissected.

Removed.

Cut up negative space.

Long crooked, blood red semi-circle line across the belly.

Navel new.

Borrowing from Peter to pay Paul.

Missing breast sculpted and reformed.

Scarred.

A thin circular line annotates the missing nipple like a proofreader's mark.

The torso looks like a smile and a wink.

A deep dark hole left where she used to be.

A funked-up tattered construction paper collage, colors faded.

Pictured in black and white.

Join leading breast cancer researchers for a free, one day symposium about new possibilities in the diagnosis and treatment of metastatic breast cancer. Learn more and register at www.jktg.org.

EMERGING TREATMENTS

A Symposium on Research Driving New Diagnosis & Treatment of Metastatic Breast Cancer

October 25, 2017 | Bethesda, MD | 8:30 am – 3:30 pm

Speakers include:

Stephen Chanock, MD | NIH/NCI
Qing Chen, MD, PhD | The Wistar Institute
Lewis Chodosh, MD, PhD | Perelman School of Medicine, University of Pennsylvania
José Conejo-Garcia, MD, PhD | H. Lee Moffitt Cancer Center & Research Institute
Heide Ford, PhD | University of Colorado Cancer Center
Michael Gottesman, MD | NIH/NCI
Piotr Grodzinski, PhD | NIH/NCI
Clifford Hudis, MD | American Society of Clinical Oncology
Christopher Klebanoff, MD | Memorial Sloan Kettering Cancer Center
Heather McArthur, MD, MPH | Cedars-Sinai Medical Center
Frank McCormick, PhD | UCSF Helen Diller Family Comprehensive Cancer Center
Patricia Steeg, PhD | NIH/NCI
Saraswati Sukumar, PhD | Johns Hopkins Medicine
David Piwnica-Worms, MD, PhD | MD Anderson Cancer Center

Jennifer A. Pietenpol, PhD, Vanderbilt-Ingram Cancer Center, will give the 2nd annual Jayne Koskinas Memorial Lecture.

Supporting organizations include The Wistar Institute and the Foundation for the National Institutes of Health.

IN BRIEF

Sunil Sharma joins TGen, City of Hope and HonorHealth

Sunil Sharma, joined the Translational Genomics Research Institute, pursuing drug development and patient clinical trials in concert with TGen's research alliance with City of Hope in California, and TGen's clinical partnership with the HonorHealth Research Institute in Scottsdale.

Sharma most recently was deputy director of Huntsman Cancer Institute in Salt Lake City, an NCI-designated Comprehensive Cancer Center. Previously he served as senior director of clinical research and director of the Center for Investigational Therapeutics at HCI, where he also held a Jon and Karen Huntsman Presidential Professorship in Cancer Research and taught at the University of Utah School of Medicine. He helped HCI receive a coveted Comprehensive Cancer Center designation from the NCI in 2015.

Sharma is TGen deputy director of Clinical Sciences, and will work with closely with Daniel Von Hoff, TGen Distinguished Professor and Physician-In-Chief. Sharma will hold the titles of professor and head of TGen's Applied Cancer Research and Drug Discovery Program.

He also will be a professor of medicine at City of Hope, and serve as chief of translational oncology and drug development at the HonorHealth Research Institute. He will be part of the senior leadership for the TGen-City of Hope alliance.

Before joining the Huntsman Cancer Institute, Sharma built a phase I clinical trials program at the Nevada Cancer Institute in Las Vegas and worked as a physician in the Division of Gastrointestinal Oncology at Memorial Sloan Kettering Cancer Center. He earned his medical degree at the University of Delhi in New Delhi, India.

In addition to his clinical work, he worked for Novartis, where he helped developed one of the most widely used anti-lung cancer agents, ceritinib, and recent immunotherapies, pembrolizumab and nivolumab, which help the body's own immune system attack cancer cells.

Sharma also helped start two drug development firms — Beta Cat Pharmaceuticals, and Salarius Pharmaceuticals — each initiated under nearly $20 million grants from the Cancer Prevention and Research Institute of Texas.

Wisconsin state budget expands precision medicine in cancer

An item in the newly passed Wisconsin state budget will expand a collaborative network of the UW Carbone Cancer Center and cancer doctors around the state to help find treatments matched to the genetic differences in patients' cancer.

The budget designates $980,000 for the Precision Medicine Molecular Tumor Board to reach all Wisconsin cancer patients who may need a customized approach to their treatment.

The board began work in September 2015 as collaboration between UW Carbone and the state's largest oncology practices, including Gundersen Health System in La Crosse, Aurora Health Care in Milwaukee, and Green Bay Oncology. More recently, Fox River Hematology/Oncology, ProHealth and ThedaCare have joined.

When a patient needs new treatment options, physicians around the state can request a genetic test and refer the case to the PMMTB, which reviews the findings and identifies treatments that target the mutations.

For example, a drug already approved for melanoma might target the same mutation found in the patient's lung cancer. In other cases, the board might find a clinical trial of an experimental treatment that matches the patient's cancer. In the first year, PMMTB found treatment options for a majority of patients whose cases were reviewed.

The new funding will allow the board to:

- Increase access to precision medicine by supporting hospitals and clinics across the state that are not

currently using precision oncology.

- Establish a state-wide precision medicine database which allows patients, treatments, and outcomes to be tracked, building a knowledge base for future cases. This has potential to benefit cancer patients across the state and the nation.
- Continue to review novel cases, while being able to respond more quickly to cases in which the mutations fit patterns that have been seen in the past.
- Provide support for specialized genetic testing for patients, and support patients who cannot afford testing.

DRUGS & TARGETS

FDA approves sNDA for Alunbrig tablets, Takeda announces

Takeda Pharmaceutical Co. Ltd. said FDA has approved the supplemental new drug application for Alunbrig (brigatinib) 180 mg tablets.

Alunbrig received an accelerated approval from the FDA in April 2017 for the treatment of patients with anaplastic lymphoma kinase-positive metastatic non-small cell lung cancer who have progressed on or are intolerant to crizotinib.

This indication is approved under Accelerated Approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

The recommended dosing regimen for ALUNBRIG is 90 mg orally once daily for the first seven days and if tolerated, the dose is then increased to 180 mg orally once daily.

The recommended dosing regimen was supported by the results of the pivotal phase II ALTA (ALK in Lung Cancer Trial of AP26113) trial. This two-arm, open-label, multicenter trial of 222 patients with locally advanced or metastatic ALK+ NSCLC who had progressed on crizotinib found that, of the patients who received the recommended dosing regimen (90→180 mg), 53 percent achieved a confirmed objective response as assessed by an independent review committee.

Additionally, 67 percent of patients with measurable brain metastases who received this dosing regimen achieved a confirmed intracranial OR by IRC assessment.

In ALTA, serious adverse reactions occurred in 38% of patients in the 90 mg group and 40% of patients in the 90→180 mg group. Overall, the most common serious adverse reactions were pneumonia and interstitial lung disease/pneumonitis.

Fatal adverse reactions occurred in 3.7% of patients and consisted of pneumonia (2 patients), sudden death, dyspnea, respiratory failure, pulmonary embolism, bacterial meningitis and urosepsis (1 patient each).

At the recommended dosing regimen, the most common adverse reactions (≥25%) with Alunbrig were nausea, diarrhea, fatigue, cough, and headache. The ALTA trial is ongoing and updated data will be presented at the 18th World Conference on Lung Cancer of the International Association for the Study of Lung Cancer, Oct. 15-18, in Yokohama, Japan.

Alunbrig was discovered by ARIAD Pharmaceuticals Inc., which was acquired by Takeda in February 2017.

FDA grants priority review for Genentech's Perjeta in adjuvant HER2+ early breast cancer

Genentech, a member of the Roche Group, said FDA has accepted the company's supplemental Biologics License Application and granted Priority Review for Perjeta (pertuzumab), in combination with Herceptin (trastuzumab) and chemotherapy (the Perjeta-based regimen), for adjuvant treatment of HER2-positive early breast cancer.

FDA is expected to make a decision on approval by January 28, 2018. The sBLA is based on results of the phase III APHINITY study. A priority review designation is granted to medicines that the FDA has determined to have the potential to provide significant improvements in the treatment, prevention or diagnosis of a disease.

The sBLA seeks to convert the current accelerated approval to full approval. In the U.S., the combination of Perjeta, Herceptin and docetaxel chemotherapy is currently available under accelerated approval for neoadjuvant treatment of people with HER2-positive, locally advanced, inflammatory, or early stage breast cancer (either greater than two centimeters in diameter or node-positive) as part of a

complete treatment regimen for early breast cancer.

Currently, no data have shown whether or not treatment with Perjeta prior to surgery improves survival. The safety of Perjeta in combination with doxorubicin-containing regimens has not been established. The safety of Perjeta administered for greater than six cycles for early-stage breast cancer has not been established.

Perjeta is approved for use in combination with Herceptin and docetaxel in people who have HER2-positive metastic breast cancer and who have not received anti-HER2 therapy or chemotherapy for metastatic breast cancer.

APHINITY(Adjuvant Pertuzumab and Herceptin IN Initial TherapY in Breast Cancer, NCT01358877/ BO25126/ BIG 4-11) is an international, phase III, randomized, double-blind, placebo-controlled, two-arm study evaluating the efficacy and safety of Perjeta plus Herceptin and chemotherapy compared to Herceptin and chemotherapy as adjuvant therapy in 4,805 people with operable HER2-positive EBC.

The primary efficacy endpoint of the APHINITY study is invasive disease-free survival, which in this study is defined as the time a patient lives without return of invasive breast cancer at any site or death from any cause after adjuvant treatment. Secondary endpoints include cardiac and overall safety, overall survival, disease-free survival and health-related quality of life.

APHINITY STUDY RESULTS
Median follow-up for intent-to-treat (ITT) population 45.4 months (381 events)

Primary endpoint: invasive disease-free survival (iDFS) HR=0.81; 95% CI 0.66-1.00, p=0.045		
	Perjeta + Herceptin + chemotherapy n=2,400	**Placebo + Herceptin + chemotherapy** n=2,404
iDFS at 3 years		
ITT population n=4,804	94.1% 171 events	93.2% 210 events
	HR=0.81; 95% CI 0.66-1.00, p=0.045	
Node-positive subgroup n=3,005	92.0% 139 events	90.2% 181 events
	HR=0.77; 95% CI 0.62-0.96, p=0.019	
Node-negative subgroup n=1,799	97.5% 32 events	98.4% 29 events
	HR=1.13; 95% CI 0.68-1.86, p=0.644	
Hormone receptor-positive subgroup n=3,082	94.8% 100 events	94.4% 119 events
	HR=0.86; 95% CI 0.66-1.13, p=0.277	
Hormone receptor-negative subgroup n=1,722	92.8% 71 events	91.2% 91 events
	HR=0.76; 95% CI 0.56-1.04, p=0.085	
Estimate of iDFS at 4 years*		
ITT population n=4,804	92.3%	90.6%
Node-positive subgroup n=3,005	89.9%	86.7%
Node-negative subgroup n=1,799	96.2%	96.7%
Hormone receptor-positive subgroup n=3,082	93.0%	91.6%
Hormone receptor-negative subgroup n=1,722	91.0%	88.7%
Safety		
Grade 3 or higher adverse event (AE)	64.2%	57.3%
Fatal AE	0.8%	0.8%
Primary cardiac event**	0.7%	0.3%
	Difference 0.4%; 95% CI 0.0-0.8%	
Most common (≥5%) severe (Grade 3 or higher) AEs		
Neutropenia Decrease in a certain type of white blood cell	16.3%	15.7%
Febrile neutropenia Fever associated with decrease in a certain type of white blood cell	12.1%	11.1%
Diarrhea	9.8%	3.7%
Diarrhea Onset after chemotherapy, during targeted therapy	0.5%	0.2%
Neutrophil count decreased Decrease in a certain type of white blood cell	9.6%	9.6%
Anemia Decrease in red blood cells or hemoglobin	6.9%	4.7%

* iDFS at four years was calculated based on data available at the time of primary analysis with median follow-up of 45.4 months

** Primary cardiac events included heart failure New York Heart Association (NYHA) class III or IV with left ventricular ejection fraction (LVEF) drop ≥10 points from baseline and to below 50 percent; and cardiac death

The mechanisms of action of Perjeta and Herceptin are believed to complement each other, as both bind to the HER2 receptor, but to different places, the company said. Thus, the combination of Perjeta and Herceptin is thought to provide a more comprehensive, dual blockade of HER signaling pathways, thus preventing tumor cell growth and survival.

Perjeta is approved for use in combination with Herceptin and docetaxel in people who have HER2-positive metastic breast cancer and who have not received anti-HER2 therapy or chemotherapy for metastatic breast cancer.

Perjeta is approved for use prior to surgery in combination with Herceptin and docetaxel chemotherapy in people with HER2-positive, locally advanced, inflammatory, or early stage (tumor is greater than two centimeters in diameter or node-positive) breast cancer.

Mylan launches generic Gleevec tablets

Mylan N.V. announced the U.S. launch of Imatinib Mesylate Tablets, 100 mg and 400 mg, a generic version of Novartis's Gleevec Tablets.

Mylan received final approval from FDA for its Abbreviated New Drug Application for this product, which has multiple indications, including for several blood cancers.

Imatinib Mesylate Tablets, 100 mg and 400 mg, had U.S. sales of approximately $1.7 billion for the 12 months ending July 31, 2017, according to QuintilesIMS. Mylan is one of the largest suppliers of cancer medicines by volume in the U.S., with a robust oncology portfolio of more than 40 products.

Mylan will offer a savings card for Imatinib Mesylate Tablets, which will help reduce a patient's out-of-pocket costs.

The card provides up to $700 off the monthly out-of-pocket costs for the product and is reusable up to 12 times per calendar year. Eligible patients can participate in Mylan's Savings Card for Imatinib Mesylate Tablets program by registering online.

Currently, Mylan has 227 ANDAs pending FDA approval, representing approximately $96.2 billion in annual brand sales, according to QuintilesIMS.

Forty-five of these pending ANDAs are potential first-to-file opportunities, representing $45.5 billion in annual brand sales, for the 12 months ending July 31, 2017, according to QuintilesIMS. Currently, one out of every 13 prescriptions filled in the U.S. – brand-name or generic – is a Mylan product.

Amgen, CytomX Therapeutics form immuno-oncology collaboration

Amgen and CytomX Therapeutics Inc. have entered into a collaboration in immuno-oncology that will allow the companies to co-develop a CytomX Probody T-cell engaging bispecific against the epidermal growth factor receptor.

Probody T-cell engaging bispecifics are antibody constructs capable of directing cytotoxic T-cells in tumor microenvironments. In preclinical studies, CytomX's Probody versions of EGFRxCD3 bispecific therapeutics induced tumor regressions and increased the therapeutic window for this high potential cancer target, the companies said.

Under the agreement, Amgen and CytomX will co-develop a Probody T-cell engaging bispecific against EGFRxCD3. Amgen will lead later development and commercialization with global late-stage development costs shared between the two companies.

Amgen will make an upfront payment of $40 million and purchase $20 million of CytomX common stock. CytomX will be eligible to receive up to $455 million in development, regulatory and commercial milestones for the EGFR program. Amgen will lead global commercial activities with CytomX able to opt into a profit share in the U.S. and receive tiered, double-digit royalties on net product sales outside the U.S.

Amgen will also receive exclusive worldwide rights to develop and commercialize up to three additional, undisclosed targets. Should Amgen ultimately pursue all of these targets, CytomX will be eligible to receive up to $950 million in additional upfront and milestone payments and high single-digit to mid-double digit royalty payments on any resulting products.

CytomX will receive the rights from Amgen to an undisclosed preclinical T-cell engaging bispecific program; Amgen is eligible to receive milestones and royalty payments on any resulting products from this CytomX program.