


SCRIPT DOCTOR: MEDICINE IN THE MEDIA

20 Years on the Health and Medical Beat

By Andrew Holtz, MPH

So far my columns have focused on the entertainment media, but in a recent issue I promised to address the accuracy of health and medical information in the news media. That's a big topic; so I thought I'd start with a personal perspective.

I signed on to the health and medical beat full-time 20 years ago when I moved from general assignment to the medical unit at CNN. During a decade as one of the medical correspondents, I got to be part of all varieties of stories, ranging from documentaries on the ethical implications of genetic research, Alzheimer's, and other topics to off-the-cuff live reports on events of dubious import, such as tendon surgery on then-President Bill Clinton's knee after he stumbled during a party at golfer Greg Norman's Florida estate.

I've done stories that probably boosted (at least in the short run) the venture capital profiles of investigational devices and drugs, though of course that result was not my intent. And I have been part of coverage that highlighted the potential harms of drugs, devices, and other medical interventions—everything from acetaminophen to anti-arrhythmia drugs to autologous bone marrow transplantation for advanced breast cancer.

BCL Inhibitor

continued from page 40

sions were stable for several months after dosing was stopped.

Why Did Some Lines Respond and Some Not?

To find out why some lines responded while others didn't, the team looked at the expression pattern for a number of proteins implicated in apoptosis regulation.

A key indicator for sensitivity to the drug was upregulation of the Bcl-2 or Bcl-xL, and downregulation of another protein called Mcl-1.

"This provides a very exciting opportunity for patient stratification. As part of our program moving forward, we will aggressively describe DNA, RNA, and protein levels of Bcl-2," Dr. Elmore said. By looking at this information in tumor samples from patients treated in early clinical trials, the team may be able to identify predictive markers for response. 

All in all, I suspect my view of health and medical news coverage resembles what some experienced physicians think of their profession. I got into this line of work in part because I thought I could do some good (while also getting a chance to do some really cool things.)

I try to do the best I can on each story, often within harsh constraints. And I wonder whether on balance I've been able to do more good than harm.

"Like motivating patients to comply with difficult therapies or change their habits, promoting good quality journalism requires relentless and comprehensive efforts."

There's no question that there's more of all sorts of news coverage now. CNN played a central role in the proliferation of broadcast news. When the network signed on in 1980, cable was stirring from its sleepy decades of CATV (Community Antenna Television) operations that merely delivered broadcasts to places with bad reception.

Time Contracted

Many of us who were there at the birth of the new cable age believed that the growth of television channels would mean more time to tell stories, particularly medical stories, with context. Time to explain caveats and side effects of new medical treatments, not just the wonders promised in news release headlines; time to spell out the specific strengths and limitations of health studies; time to avoid whipsawing viewers with research snippets that seem to contradict each other simply because key details were left on the cutting room floor.

We were right—for a while. Twenty years ago, the typical length of a CNN medical story was almost three minutes—even longer in the weekend wrap-up program.

But as cable penetration increased and channels proliferated, a strange thing happened: Time contracted. Between CNN and Headline News, we were transmitting 48 hours of news a day, 14 days a week, but we were told

to trim story length to 2:30...then 2:15...then 2 minutes. As we spiraled downward, I bailed out.

Quick Snacks Rather than Balanced Meals

Cable surrendered to TV's tendency to churn out quick snacks rather than balanced meals. According to an analysis of health reports on almost 3,000 local TV newscasts, half the stories were shorter than 33 seconds.

This blizzard of medical snippets doesn't inform; it dazzles. No wonder that some surveys of TV viewers indicate that they are more likely to learn certain important health information from the fictional plots of primetime entertainment shows than from the skeletal blurbs on the local news.

The brevity imperative comes from the desire to engage readers and audiences; but it is pushed to a dysfunctional extreme by the soulless application of market research. Efforts to defend quality, including the time to explain context, are complicated by American journalism's constitutional foundation.

The First Amendment protection of free speech is both the fundamental strength and a potentially corrupting weakness of the news media. The ability to speak is the best protection against tyrannies big and small, but it also bars any imposition of standards.

There will never be a Flexner Report on the news media. Well, there have been many reports calling for improvements in the education and training of journalists, and there will be many more; but none will ever bring sweeping regulation because of the vital constitutional prohibition against infringements on free speech.

Initiatives to Improve Health Reporting

So we are left with voluntary initiatives. While there will not be a governmental Agency for Healthcare Journalism Research and Quality (even though Ah-jerk would be a marvelous acronym), there is AHCJ, the Association of Health Care Journalists.

Among many actions meant to encourage better health beat reporting, the group issued a Statement of Principles (www.healthjournalism.org/resource/principles.htm). As a charter member, past President, and current board member of AHCJ, my bias is obvious; yet I think there is evidence to support optimism about the results of this initiative.



Andrew Holtz, MPH, is a former CNN Medical Correspondent and the author of "The Medical Science of House, M.D." Send questions to him about how the media treat

medical topics or suggestions for future columns to OT@lwnny.com

Founded less than a decade ago, AHCJ now has more than 1,000 members. The most recent annual conference attracted almost a third of the membership to engage in several days of dawn-to-dusk hard study and active discussion of our craft. The turnout looks even more impressive in light of the fact that most of the attendees had to pay their own travel and registration, and many had to take vacation, because their employers rarely support professional education. A lot of reporters and editors care about the quality of their work and want to improve.

"For the time being, it seems that the tangible support for improvements in health news coverage will come from those with an interest in population health, rather than those connected with the news business. It would be better if the journalism profession could provide for its own, but I don't see it happening anytime soon."

At one of the conference sessions, the former head of the CNN Medical Unit, Gary Schwitzer, who was also the principal author of AHCJ's Statement of Principles, presented a progress report on an effort to use public praise (continued on page 42)

AACR Annual Meeting

Modifying Clinical Trial Designs to Improve Patient Care & Drug Development

By Rabiya S. Tuma, PhD

LOS ANGELES—The success rate for oncology drug development is known to be dismal. Between 1991 and 2000, only 5% of the drugs in the oncology pipeline made it successfully through US Food and Drug Administration approval, which is a substantially lower rate of success than in other therapeutic areas. The enormous failure rate not only drives up the price of the agents that do gain approval, but also exposes a large number of patients to drugs that don't work.

To improve the situation, the

Previously, companies were willing to take on compounds that had promising activity in preclinical models, and the company would move the agents through clinical development. Now, with so many novel agents coming out of academic laboratories, basic researchers are having to take on more responsibility for the early clinical development and therefore need to know how to design solid trials, with the proper endpoints and methodology.

American Association for Cancer Research held several sessions devoted to clinical trial design at the Annual Meeting here. Experts highlighted sev-

eral innovative models for Phase II trials that should improve patient care within trials and lead to a higher success rate for Phase III trials.

This focus at the meeting reflects a larger shift in the field, said Richard B. Gaynor, MD, Vice President of Cancer Research and Global Oncology Platform at Lilly Research Laboratories, who attended one of the sessions. "There has been a total paradigm shift in the field."

Previously, companies were willing to take on compounds that had promising activity in preclinical models, and the company would move the agents through clinical development.

Now, with so many novel agents coming out of academic laboratories, basic researchers are having to take on more responsibility for the early clinical development. Hence they need to know how to design solid trials, with the proper endpoints and methodology.

ScriptDoctor

continued from page 41

and shaming to promote better quality coverage of health.

Now an associate professor at the University of Minnesota School of Journalism & Mass Communication, Schwitzer is publisher of **HealthNewsReview.org**. The Web site posts grades for health reports from major print and TV outlets, thus helping to set quality standards.

The criteria include discussion of potential harms of treatments, the costs, the alternatives, the absolute (not just relative) effects, and the quality of the evidence.

spaced page of letter paper. Nevertheless, there does appear to be a brevity threshold at about 500 words. Anything less and it seems almost impossible to do a decent job telling a medical story.

The HealthNewsReview.org experience jibes with my attitude toward medical news briefs: If a story isn't worth doing well and fully, it isn't worth doing at all. Of course that's a position I rarely defended successfully at CNN. Frenetic managers pushed for faster pacing, sometimes referring to market research indicating viewers want shorter stories.

But I suspect the market researchers are essentially asking kids if they like candy, instead of asking whether people want to be offered a balanced diet. I have no doubt that if you ask focus group members whether they prefer long stories on a single topic to quick hits on multiple topics, the news roundups will win out.

I would ask the question differently: "Do you like short pieces that skip over key information or do you want fewer, longer stories that include enough context to help you make decisions affecting your health?"

It's notable that, with the exception of the Knight Foundation, very little of the support for AHCJ or other efforts to improve the quality of health and medical reporting comes from the world of journalism. The major supporters are foundations familiar to health care researchers, such as the Robert Wood Johnson Foundation, the Kaiser Family Foundation, the California HealthCare Foundation, the Commonwealth Fund, and others.

In addition to foundation sponsorship, AHCJ's recent conference in Los Angeles was hosted by USC Health Sciences, UCLA Health Sciences, City of Hope, and the University of California, Irvine.

One reason for the tilt in support sources is that there's just a lot more money sloshing around health care than journalism. But it's also a fact that the news business invests much less into quality improvement than other industries.

And many news organization managers are only beginning to understand that covering the health beat well requires some specific skills, like knowing the difference between absolute and relative risk comparisons, understanding confidence intervals, and having at least a rudimentary awareness of how the health care system is organized.

For the time being, it seems that the tangible support for improvements in health news coverage will come from those with an interest in population health, rather than those connected with the news business. It would be better if the journalism profession could provide for its own, but I don't see it happening anytime soon.

Oh, I should mention here that AHCJ does not accept any support from the health care industry or providers (other than academic medical centers.) No educational grants. Not even advertising in the association newsletter or on the AHCJ Web site. We have to forgo some easy funding, but we sleep better.

I have absolutely no doubt the freedom that allows anyone to declare himself or herself a journalist, without licensing or mandatory credentials, is essential to protecting all our other freedoms. But that tenet does not mean we must passively accept news coverage of health and medicine that is inept or even nefarious; it simply means that, like motivating patients to comply with difficult therapies or change their habits, promoting good quality journalism requires relentless and comprehensive efforts. 

Why Drugs Fail

"One of the things we are trying to do with this session—and with modifying clinical trials—is to improve the really dismal rate of success of Phase III trials," said Donald A. Berry, PhD, Head of the Division of Quantitative Sciences and Chairman of Biostatistics at the University of Texas M. D. Anderson Cancer Center, during his opening remarks for one of the sessions.

"We often go forward on a whim and a prayer, and as a result, the success rate of Phase III trials in oncology drug development is about 25%—a ridiculously low figure that gives rise to the incredible cost of cancer care."

A confluence of factors lead to the high failure rate of large randomized Phase III trials. Oncology drug development relies too heavily on preclinical models that do not adequately reflect human disease, comparing responses in Phase II clinical trials with historical controls can generate an overly optimistic view of the experimental agent, as can the use of biomarkers that have not been validated.

But a key misstep appears to be the emphasis on speed. "Everybody wants to do a 30-patient trial and proceed to Phase III," said Mark J. Ratain, MD, the Leon O. Jacobson Professor of Medicine and Associate Director for Clinical Sciences at the Cancer Research Center at the University of Chicago, who chaired one of the sessions.

"They don't care really what the result is. As long as you don't have a reason to kill the drug, they will go to Phase III."

The truth, however, according to several speakers, is that properly designed Phase II trials might not, in fact, take much more time or involve (continued on page 43)

"I would ask the question differently: 'Do you like short pieces that skip over key information or do you want fewer, longer stories that include enough context to help you make decisions affecting your health?'"

After reviewing their reviews of news stories, Schwitzer and his colleagues saw much room for improvement. The overwhelming majority of stories left out key information.

Reporters will retort, "If I had more space or time, I could include all that information." But there were many 5-star stories that could fit on one single-