



SCRIPTDOCTOR: MEDICINE IN THE MEDIA

Get Real

By Andrew Holtz, MPH

There is fact. There is fiction. And then there is Reality TV. Not entirely made up, but also not beholden to news department standards, reality shows deserve special consideration as a medium for communicating health and medical information. The genre got some of that attention from a report and expert panel session commissioned last fall by the Kaiser Family Foundation (*The "Reality" of Health: Reality Television and the Public Health*; available online at www.kff.org/entmedia/entmedia101806pkg.cfm)

There have been numerous studies of the effects of health content in dramas and on the news, and even experiments using pre- and post-surveys of viewers of primetime TV dramas that contained specific health messages. But even as the number of hours of reality programs begins to exceed that of scripted shows in primetime, there is little hard evidence about the impact of health and medical storylines in reality shows.

The Kaiser Family Foundation report was an effort to get the discus-

sion going, asking what's distinct about reality shows, and what the characteristics of this genre mean for health experts and institutions interested in communicating through popular television shows.

First of a three-part series

'Incredibly Relatable'

At first glance, it appears that reality TV may well be more persuasive than either dramas or conventional news. A producer of a reality TV show used the term "incredibly relatable" to describe the characters they display. That's a sharp contrast to the impossibly beautiful and talented characters populating most TV dramas and comedies.

Meanwhile, while the news is real (well, as real as TV gets) and the story subjects are real people, there is little character development, so the stories can't carry as much dramatic punch as longer-format programs. The combination of verisimilitude and well-developed, everyman characters is both the greatest strength and potentially the most worrisome feature of reality TV, notes report coauthor Peter Christenson, PhD, Professor of Communication at Lewis & Clark College in Portland, Oregon.

"If the information is good, then that kind of personal identification with 'people like me' is clearly, I think, for most viewers more powerful than some statistics, let's say, on how to lose weight."

Or how to avoid becoming infected with HIV. Last year, the Kaiser Family Foundation introduced producers and writers at *America's Next Top Model* to Marvelyn Brown, a young woman with HIV. But rather than that meeting just providing inspiration for the writers, as would usually happen with a scripted drama or sitcom, Marvelyn Brown was incorporated into the show itself as a part of one the "rewards" that contestants vie for during competitions in each episode.

"The two winners were told that they and their castmates would be meeting with somebody who was a spokesperson and that they would learn about being a spokesperson and have an opportunity to do some on-camera work that would be aired by the CW," said Tina Hoff, Kaiser Family Foundation Director of Entertainment Media Partnerships.

The contestants weren't told that Ms. Brown was infected with HIV.

"And this is all captured on film," Ms. Hoff said. "She was saying basical-

ly, 'You guys are becoming celebrities by virtue of being on this show and you have a lot of power to speak out. I speak out about an issue that I really care about. That issue is HIV, and I do it because I'm living with HIV.' So they captured these girls connecting with her and then realizing she was HIV-positive. They were struck by the fact that this was somebody they could be."

In interview clips aired during the show, some of the contestants spoke about how they had never known anyone with HIV and that only when they met Marvelyn Brown did it really sink in that something like this could happen to them. Ms. Hoff says that the segments raised, and then corrected, misconceptions, such as fears that people could become infected with HIV by sharing earrings.

The Kaiser Family Foundation wanted to work with *America's Next Top Model* because it is popular with African-American young women and girls, who are at elevated risk of HIV infection. Vicky Rideout, the foundation's Director of the Program for the Study of Entertainment Media and Health, adds that their report on Reality TV was a natural response to the phenomenal growth of this genre.

"What I'm most interested in is the shows that are explicitly about health," she said. "I think it's just a really interesting phenomenon, and one for the health community to try to wrap their



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head around, think about, and figure out how to engage with them. I think there is a lot of opportunity there."

Professor Christenson and his coauthor, Maria Ivancin, MBA, Assistant Professor of Communications at American University, reviewed 10 reality series (see box). He says the specific facts seemed to be generally accurate, and may be even more useful than quick hits on the news.

"All you get on the news are these little one-minute pieces, about the latest 'breakthroughs' or the latest medical procedure. It's very brief. So I would say that the shows that I watched, minute-per-minute, probably provide more useful information than either drama or news.

"If you happen to be a person who has a given condition, however bizarre, then I think probably you are getting information that is at least as good as what you get on the Internet, but most people who watch don't have those problems. They are watching for entertainment, but they are nonetheless learning things."

And that's where Professor Christenson gets concerned, he says, because of the way these shows frame "reality."

"My problem is not so much with the accuracy of the information," he said, "but the setting of the agenda: You would think from watching this stuff that the biggest medical problem that Americans have is that their noses are too big. There's no attention to cancer or heart disease. Those things are not as dramatic, I suppose, as a 250-pound tumor."

Actually, it was a 175-pound tumor that was the star of a show on the Discovery Health network in the fall of 2004. The company paid for a Romanian woman's surgery in return for the rights to her story. Her case was depicted as a great success: she got treatment

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Teen Survivors

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expertise in treating young cancer survivors, I sometimes see teenagers who believe they can engage in 'risky behaviors' because they feel invincible. They tell me, 'I survived cancer, I can survive anything.' Later, though, even on the same day, I may see the opposite type of person—someone who is extremely health-conscious, vigilant, and most appreciative. He or she may say, 'Cancer is the best thing that happened to me because I now appreciate life.'"

Survivors who feel misunderstood by their friends are encouraged by the MSKCC team to meet other teenagers with similar experiences—either in person or through the many Web sites designed for them, Dr. Ford noted.

"Many young people need a little support to get through the cancer diagnosis, treatment, and late effects they might experience. It is important to create an environment where teenagers feel they can talk freely to their practitioners, about anything, from school, friends, and family to emotions. These survivors should have time alone with practitioners so they can disclose issues they may not mention to anyone else." □

Reality Shows Considered in the Kaiser Family Foundation Paper

- The Biggest Loser* (NBC)
- Cold Turkey* (iTV, cancelled)
- Dr. 90210* (E!)
- Extreme Makeover* (ABC/Style Network)
- Honey We're Killing the Kids* (The Learning Channel)
- Miracle Workers* (ABC, cancelled)
- Mystery Diagnosis* (Discovery Health)
- Plastic Surgery: Before and After* (Discovery Health)
- Untold Stories of the ER* (The Learning Channel)
- Weighing In* (Food Network)

The Worse the Skin Toxicity with EGFR Therapy, the More Promising the Outcome for Many Patients with Metastatic Colorectal Cancer

By Naomi Pfeiffer

CHICAGO—For patients with metastatic colorectal cancer receiving anti-epidermal growth factor receptor (EGFR) therapy, the appearance of rash, pain, and other typical class-specific side effects has been welcomed as signs of efficacy. Included in this class of drugs are such targeted agents as erlotinib, cetuximab, and panitumumab, the first fully human monoclonal antibody directed against the receptor (the others are part mouse).

To date, however, no study had measured the specific correlations of skin toxicity severity to progression-free survival, overall survival, disease-related symptoms, and quality of life following EGFR.

"Although it is a paradox, we found that the more intense the skin discomfort, the longer the cancer patient's progression-free survival," said the lead investigator of a poster study presented here at the ASCO Annual Meeting, Marc Peeters MD, PhD, Coordinator of the Digestive Oncology Unit at University Hospital in Ghent, Belgium.

"Now we can see such associations with the other endpoints as well. Thus, our results support the role of skin toxicity severity as a surrogate marker of on-target activity associated with clinical benefit."

This means, for example, that despite the pain of Grades 3-4 skin toxicity

The study revisited data from an earlier Phase III pivotal trial showing that panitumumab—plus best supportive care—reduced the rate of disease progression by half compared with supportive care alone in metastatic colorectal patients. The results led to the approval of panitumumab last year. "Now our updated analysis of those same patients' biopsies shows not only improved progression-free survival, but also greater overall survival, less colorectal cancer symptomatology, and a better health-related quality of life."

due to anti-EGFR therapy, a far better outcome awaits colorectal cancer patients than if they had not received the therapy—"an important finding for both clinician and patient," Dr. Peeters said.

"But that's actually the worst-case scenario," he pointed out in an interview. "In most instances, adverse reactions to treatment with drugs in the anti-EGFR class are mild to moderate—Grades 1 or 2—and managed with antibiotics, analgesics, corticosteroids, and psychotherapy."

Pivotal Study Revisited

Dr. Peeters and his team of Belgian and Italian investigators revisited data from an earlier Phase III pivotal trial showing that panitumumab—plus best supportive care—reduced the rate of disease progression by half compared with supportive care alone in 463 chemotherapy metastatic colorectal patients.

to the days of *Marcus Welby*.

Yet some real-world experts have had a tough time dealing with reality show producers. The Kaiser Family Foundation report highlights the experience of James Wells, MD, former President of the American Society of Plastic Surgeons. He told the authors that his society tried to consult with the *Extreme Makeover* series. Society leaders wanted to present both the risks and benefits of procedures, and they wanted to see the series focus on reconstructive procedures. But Dr. Wells said

"Reality shows deserve special consideration as a medium for communicating health and medical information."

The results of that trial led to the approval of panitumumab last year.

"Now our updated analysis of those same patients' biopsies shows not only improved progression-free survival, but also greater overall survival, less colorectal cancer symptomatology, and a better health-related quality of life," he said.

All were associated with worsening skin toxicity as measured by standard grading scales, dermatology life-quality indexes, and patient-reported outcomes. The median time to the most severe skin toxicity was 15 days, Dr. Peters said, explaining that the worst skin toxicity may occur beyond 28 days.

EGFR Inhibition

"EGFR is a naturally occurring protein that plays a major role in cancer cell signaling," he explained. "The skin and other tissues depend on EGFR signals

to function normally and survive. But EGFR inhibition interferes with the signaling, and studies show that when signals are blocked, more than 90 percent of patients treated with an EGFR inhibitor develop skin outbreaks ranging from mild to very severe."

Examples of these clinical manifestations, which usually are accompanied by pain and/or rash, include dermatitis acneiform, pruritus, erythema, fissures, and hypomagnesemia.

Additionally, the US prescribing information for EGFR therapy includes warning language as part of the evolving FDA labeling for this class, Dr. Peeters pointed out.

"Official safety information emphasizes that, according to recent studies, severe toxicities leading to dose modification developed in eight to 17 percent of patients receiving EGFR inhibitors. And when such dermatologic toxicities were complicated by infection, anti-EGFR treatment had to be stopped, sometimes permanently."

However, looking at panitumumab treatment separately in a pooled analysis of 966 patients with metastatic colorectal cancer receiving the agent as monotherapy, Dr. Peeters reported that severe infusion reactions occurred only in about 1% of patients.

"The drug is generally well tolerated by patients and although many may experience skin toxicity symptoms from panitumumab, they also can expect a real clinical benefit—such as control of their underlying oncologic disease."

Additional analyses are under way to explore the predictive value of early onset of skin toxicity severity, he said.

Asked to comment on Dr. Peeters' report, surgical oncologist Ashwani Rajput, MD, from Roswell Park Cancer Institute, a colorectal cancer specialist but not a participant in the study, said, "This study confirms objectively what we saw clinically—that is, we had noticed for some time [in patients on panitumumab] that tumors seemed to be shrinking while skin conditions were worsening, but there were no data on any correlations.

"The study also confirms that although patients treated with panitumumab naturally reported more disturbing toxicity symptoms than patients on best supportive care, their cancer symptoms and quality-of-life scores trended in favor of drug therapy." ■

ScriptDoctor

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with no big medical bills. That's the usual outcome on reality shows. Unlike real life, nothing ever seems to go wrong and cost is never a concern. Physicians, nurses, personal trainers, and other experts seem to grow on trees, ready with open schedules to individually guide show participants.

Back to the Future

While reality shows are a new trend in TV, the general assumptions and themes of many of the medically oriented series hearken back to an earlier era. While primetime dramas no longer put physicians on a pedestal, increasingly portraying them as mortals with flaws and foibles—major flaws in the case of *House*, for example—reality TV shows are generally deferential to health and medical experts. It's like jumping back

eventually the society "lost control of the message." He added, "The public is just interested in the cosmetic side of things."

Of course, there is wide variation among reality TV shows, just as some dramas and news programs are better or worse than others. Whether good or bad, there will certainly be more reality TV shows in the future, if only because they typically cost less than half as much as scripted shows. And so reality TV is likely to become an ever-greater source of health and medical information (or misinformation) for millions of viewers.

In my next column, we'll hear from a veteran producer of documentaries and reality-based TV shows about how the business has changed—for the worse to her eyes. And then, we'll look at an example of one recent series that bucks the trend and grapples with serious health policy issues, while still entertaining viewers, with the help of a big, really big, host. ■