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The Cancer Prevention and Treatment Fund

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Are Vaping and Juuling Safer than Smoking Cigarettes?

Electronic cigarettes, or e-cigarettes, have been marketed as the “safe” alternative to conventional cigarettes. In some ways they are safer, but that doesn’t mean they are safe. And in some ways, vaping is much more dangerous. Reports of the hospitalization of young adults who vaped were first made in August, and rose exponentially from a handful, to a dozen, to a hundred within weeks. By November 2019, reports of 47 deaths and more than 2,000 vaping-related serious lung damage cases (almost all requiring hospitalization) have shown that unlike cigarettes, vaping can cause damage within a few days, weeks, or months. By the time you read this, we can expect the number of deaths and hospitalizations to be even higher. But the exact causes are still a mystery.

The Centers for Disease Control and Prevention has learned that Vitamin E acetate is definitely at least one cause for the outbreak. Vitamin E is sometimes used to replace the more expensive marijuana oil in illegal or bootleg vaping products. However, some of the people hospitalized after vaping claim they vaped only nicotine products. Since many are teenagers living with their parents, it is possible that they don’t want to admit that they vaped THC— but there is no way to know.

The thousands of injuries include young people who will be disabled for life. But the big picture is even more disturbing, because more than a third of high school seniors have vaped in the last 12 months. Will they be harmed in the months and years to come?

E-cigarettes come in a variety of forms and include vape mods, Juuls, and vape pens. Some can be easily hidden from parents and teachers, because they look like flash drives or highlighter markers. There are brand name products (Juul is the most widely used) and “home-made” versions. Some contain high levels of nicotine, while others contain marijuana or just contain flavoring. The focus of this article is on e-cigarettes because most of the research that exists has been done on them, but much of the information below is relevant to these other products as well. The big questions are: Are they safe? Will they reverse the decline in smoking—giving new life to an old habit—or can



they help people quit smoking? Here is what you need to know.

What Are E-cigarettes?

E-cigarettes are battery-operated devices that were initially shaped like cigarettes, but now come in many different shapes. The brand-name products contain nicotine, a stimulant that is naturally found in tobacco. It is the nicotine in cigarettes that makes smoking so addictive, and the same is true for most vaping and Juuling. These electronic products allow nicotine to be inhaled, and they work by heating a liquid cartridge containing nicotine, flavors, and other chemicals into a vapor. Because e-cigarettes heat a liquid instead of tobacco, what is released is considered smokeless.

The key difference between traditional cigarettes and vaping products is that most of the latter don’t contain tobacco. But, it isn’t just the tobacco in cigarettes that causes cancer and other serious diseases. Traditional cigarettes contain a laundry list of chemicals that are proven harmful, and e-cigarettes have some of these same chemicals.

While smoking can cause lung cancer, breast cancer, emphysema, heart disease, and other serious diseases, those diseases usually develop after decades of smoking. In contrast, in 2019 it became clear that vaping could cause seizures and serious lung damage after just a few weeks or months. While there have been warnings about the possible risk of e-cigarettes for a decade, it was not expected that they could cause such severe damage in such a short period of time.

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WE'RE IN THE HEADLINES!

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Massive Marketing Muscle Pushes 3D Mammograms, Despite No Evidence They Save More Lives, Investigation Shows

USA Today and Kaiser Health News, October 18, 2019

When Recalls Fail: Many Harmful Products Remain in Homes and Stores

Consumer Reports, October 31, 2019

E-Cigarettes Affect a Person's Blood Vessels after Just One Use, Study Finds"

CBS News, August 22, 2019

Teens Hospitalized for Lung Damage After Vaping

Fox & Friends, August 17, 2019

Parents Demand Answers on Playground Lead in DC

WUSA-TV, October 2, 2019

FDA Challenged Over Metal Implants 'Public Health Travesty'

International Consortium of Investigative Journalists, November 14, 2019

How the FDA and EPA's failure to Communicate Could Put Patients in Danger

Politico, November 2, 2019

FDA Keeps Brand-Name Drugs on a Fast Path to Market

Kaiser Health News, November 3, 2019

Women Should Be Warned of Breast Implant Hazards, FDA Says

New York Times, October 23, 2019

A study from the University of Pennsylvania School of Medicine suggests that vaping can affect the blood vessels in healthy people, even if the vape pod does not contain nicotine. NCHR president Dr. Diana Zuckerman told **CBS News** that the chemicals in Juul and other e-cigarettes have an unknown impact on our health and lung function, but that lung damage after a short period of vaping is something we've never seen before.

Newer doesn't always mean better. Many new drugs are widely promoted by experts who are paid for their praise. NCHR's president told the **Milwaukee Journal Sentinel** that companies use many clever strategies to emphasize the benefits of their drugs and fail to mention shortcomings.

If breast implants can cause cancer of the immune system, how can we assume that they will not cause other systemic problems of the immune system? NCHR's president explained to the **New York Times**, **Washington Post** and **Arizona's CBS 5** how important it is that there are adequate warnings and checklists for prospective breast implant patients to be aware of prior to making a decision.

Hospitals and device companies often promote medical devices and screenings that are not necessarily proven to save more lives. NCHR's president told **Yahoo Finance**, **Fox Business**, **USA Today** and **Kaiser Health News** how little evidence companies need to provide to "prove" how the product helps improve patients' health, prior to going on the market.

Parents of Washington D.C. are demanding answers after high levels of lead have been found in children's playground and artificial turfs. NCHR's president served as the moderator and as a panelist for two community forums in July and October, and she told **ABC-7** about the dangers of lead exposure, such as cognitive damage and decreased IQ.

Essure is a permanent birth control device that was inserted into each fallopian tube. Bayer has discontinued sales of Essure, but the FDA still required them to conduct a long-term study. Unfortunately, the study has been completed with fewer patients than had been required. NCHR's president tells **MedTech Dive** that the biggest lesson to take away from this situation is the need for better research before products are approved, so that doctors and their patients can make more informed decisions.

Flu and Tamiflu: What You Need to Know

Some flu seasons are worse than others. Here is the information you need to know this year and every year.

#1: The flu is a virus. Antibiotics kill bacteria, not viruses. So, antibiotics won't help prevent or treat the flu.

#2: Your best protection from catching the flu is to get a flu vaccine. However, the vaccine does not work 100% of the time, and since flu viruses mutate every year, some years the vaccine is more effective than other years.

#3: There are other simple steps you can take to prevent flu, such as washing your hands with soap frequently and avoiding contact with sick family, friends, or coworkers. Keep in mind that research shows that sneezing and coughing can spread viruses 6 to 8 feet.

#4. If you have the flu, there are several prescription medications available, but these medications only help you recover one day faster, and only if taken within 48 hours of infection. By the time you realize you have the flu, it is likely to be too late for that 48-hour window. Rather than going to the doctor's office to get examined and get a prescription, it might make more sense to stay home and rest and drink plenty of fluids. And avoid infecting others.

Non-prescription medications (sold "over the counter") don't cure the flu but they can help you feel better by treating symptoms such as aches, coughs, and sore throats. If you are interested in the prescription treatments despite their shortcomings, keep reading.



Does Tamiflu (Oseltamivir) Work?

Tamiflu is heavily advertised, but many doctors believe that Tamiflu does not work well enough to justify the high cost of the drug, or the CDC recommendation that all flu patients take it. On average, patients who start taking Tamiflu within 48 hours of getting sick will recover one day faster than patients who do not take anything. Roche, the maker of Tamiflu, claims that Tamiflu also reduces the number of patients who have serious complications from the flu, such as pneumonia (by 44%) or hospitalization (by 63%). However, Tamiflu only worked for patients who had tested

positive for the flu on a laboratory test. Many patients who think they have the flu have a cold instead, and they will not benefit from Tamiflu. That's why researchers who examined the same study data concluded that Tamiflu does not reduce hospitalizations or other complications when analyzing all people who went to the doctor because of flu-like symptoms. This means that if your doctor prescribes Tamiflu without giving you a flu test, it is less likely to help you get better.

On the other hand, when Tamiflu was used to prevent the flu in people exposed to confirmed cases of flu, it was able to reduce their likelihood of getting sick by as much as 55%.

Tamiflu has been approved for use in adults, infants as young as 2 weeks, children, and pregnant women. Tamiflu does not work as well in patients that are over 65.

Is Tamiflu Safe?

The most common side effects of Tamiflu are:

- Nausea
- Vomiting
- Diarrhea
- Stomach pains
- Dizziness
- Headaches

The more serious side effects include:

- Seizures
- Sudden confusion
- Delirium
- Hallucinations
- Unusual behavior
- Self-injury

The serious side effects are very rare but tend to occur more often in children, so if your child is taking Tamiflu and you notice any of these symptoms, speak to your doctor immediately and stop using Tamiflu. You should also stop using Tamiflu immediately and seek medical attention if you have any signs of allergic reaction, including hives, difficulty breathing, swelling of the lips, tongue or throat or skin rash. To help the FDA determine how common these Tamiflu side effects are, it is important to report any side effects to the FDA by calling 1-800-FDA-1088.

With all these risks, and so little benefit, why take Tamiflu? Pregnant women, infants, or patients with a weakened immune system are more at risk of complications from the flu and might be more likely to benefit from Tamiflu, but should talk to their doctors to weigh the risks and benefits before deciding.

Have Questions?
 If you are looking for more information about a medical device or medication, email our helpline at info@center4research.org or info@stopcancerfund.org.
 We're here to help!

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We're Speaking Up!

As a think tank, we frequently share our views with policymakers, government leaders, partner organizations, and health agencies, such as the Food and Drug Administration (FDA). You may wonder what these comments have to do with you, or how you are affected by our work. Every day, we are testifying and sharing research on your behalf, written or oral testimonies for patient safety and consumer views. Here are a few examples:

Medical Devices

We provided written comments in November 2019 in response to FDA's proposed guidance on their **Safer Technologies Program**. This program is intended to improve the safety of medical devices, but we told the FDA that all devices need to undergo more rigorous testing to accomplish that goal.

FDA issued a proposed guidance for **breast implant** manufacturers in October 2019, expressing the need for a black box warning and patient informed consent check list about the risks of breast implants. See page 7 of this newsletter for more information.

In November 2019, NCHR president Dr. Diana Zuckerman testified at an FDA public meeting on the immunological responses to **metal in implanted devices**. She described the types of research that was needed to reduce harm from the metal and other substances in implanted devices, such as **joint replacements, cardiac implants, mesh, reproductive devices**, and many other types of implants. She focused on the importance of conducting the research before the implants are put on the market, rather than after thousands of patients already have them in their bodies. She also urged the FDA to require studies that compare the safety of different implants for different types of patients, so that patients and their physicians can make informed choices.

Artificial Turf and Playgrounds

In July and October, NCHR president Dr. Zuckerman served as the moderator and as a speaker at two community forums in Washington, D.C. Both were focused on recent test results showing potentially dangerous levels of lead in community playgrounds made of artificial rubber.

In October, NCHR president Dr. Zuckerman and NCHR Policy Director Jack Mitchell spoke at a hearing of the D.C. City Council on the risks of artificial turf and rubber surface playgrounds. In November, we wrote to the Mayor and City Council of Rye, New York, in response to requests from community members who were worried about a grass field being replaced with synthetic turf. In all these venues, we spoke about the growing evidence of the risks of the chemicals and lead in artificial turf and rubber surface playgrounds. The most likely health problems are cognitive damage, obesity, asthma, early puberty, and eventually cancer.

Contraceptive Patch

Despite dozens of contraceptives on the market, many are not as safe or effective for women who are overweight or obese, and in many cases they have not been studied on women with excess weight. In October, NCHR's

Claudia Nunez-Eddy testified at an FDA Advisory Committee hearing about the importance of including women with higher BMIs as patients in clinical trials of contraceptives, and also the need to compare their outcomes with women with similar BMIs using other types of contraceptives or not using contraceptives.

Preterm birth puts babies at risk of long-term developmental problems and even death. Treatments to decrease the risk for preterm birth and improve the health of babies are needed, but the benefits to the baby's health should outweigh the risks of any treatments that are approved by the FDA. NCHR Research Manager Dr. Stephanie Fox-Rawlings testified in October before an FDA Advisory Committee considering whether **Makena** should stay on the market, in light of recent research that found that it did not improve babies' health or reduce the risk of preterm birth. She pointed out that better research was needed to determine if it worked for some pregnant women and their babies.

Preterm Birth

Drug Abuse

There is a great need to reduce and prevent **illicit drug use in children, adolescents, and young adults**, but more research is needed to identify how best to achieve this goal. In response to a request for comments by the U.S. Preventive Services Task Force in October 2019, we urged this federal group to recommend research to improve safe prescribing practices to reduce inappropriate opioid prescriptions, especially for children and teens. We pointed out that most prescription opioids are approved for people of all ages, with no warnings about their use for infants, children, or adolescents.

In response to FDA's request for written comments in November regarding the need for **"abuse-deterrent" stimulants**, we pointed out that the term "abuse deterrent" was often misinterpreted to mean "less addictive" and that instead the FDA should only use terms that are clear, such as "crush-resistant."

Are Vaping and Juuling Safer than Smoking Cigarettes? (Cont.)

Since 2009, the FDA has pointed out that e-cigarettes contain “detectable levels of known carcinogens and toxic chemicals to which users could be exposed.” For example, in e-cigarette cartridges marketed as “tobacco-free,” the FDA detected a toxic compound found in antifreeze, tobacco-specific compounds that have been shown to cause cancer in humans, and other toxic tobacco-specific impurities. Another study looked at 42 liquid cartridges and determined that they contained formaldehyde, a chemical known to cause cancer in humans. In several of the cartridges the formaldehyde level met or exceeded the maximum level that EPA says is safe for humans. In 2017, a published study showed that significant levels of benzene, a well-known carcinogen, were found in the vapor produced by several popular brands of e-cigarettes.

The body’s reaction to many of the chemicals in traditional cigarette smoke causes long-lasting inflammation, which in turn leads to chronic diseases like bronchitis, emphysema, and heart disease. Since e-cigarettes also contain many of the same toxic chemicals, they are likely to cause similar risks for these diseases.

In fact, as early as 2018, research presented at the annual meeting of the American Chemical Society found that vaping could damage DNA. The study examined the saliva of 5 adults before and after a 15-minute vaping session. The saliva had an increase in potentially dangerous chemicals, such as formaldehyde and acrolein. Acrolein has been proven to be associated with DNA damage, for example, which can eventually cause cancer.

Because they are smokeless, many incorrectly assume that e-cigarettes are safer for non-smokers and the environment than traditional cigarettes. However, the use of e-cigarettes increases concentrations of volatile organic compounds (VOCs) and airborne particles, both of which can cause cancer when inhaled. Cancer takes years to develop, and e-cigarettes were only very recently introduced to the U.S. Meanwhile, very little is known about their long-term health risks compared to traditional cigarettes. There is also danger from e-cigarettes exploding in the user’s mouth or face. There were more than 2,000 e-cigarette explosion and burn injuries in the U.S. from 2015 to 2017.

Can Vaping Help Smokers Cut Down or Quit?

So far, there are no large, high-quality studies looking at whether e-cigarettes can be used to reduce or quit smoking long-term. However, a study done in four countries found that e-cigarette users were no more likely to quit than regular smokers even though 85% of users said they were using them to quit. Other year-long studies conducted in the U.S., had similar findings. One study found that although smokers may believe vaping e-cigarettes will help them quit, 6-12 months after being first interviewed, nearly all of them were still smoking regular cigarettes.



How Are These Products Regulated?

The FDA was given the power to regulate the manufacturing, labeling, distribution, and marketing of all tobacco products in 2009 when President Obama signed into law the **Family Smoking Prevention and Tobacco Control Act**. In 2010, a court ruled that the FDA could regulate e-cigarettes as tobacco products.

It wasn't until 2016 that the FDA finalized a rule to ban the sale of e-cigarettes to anyone under the age of 18 and required all e-cigarettes that hit shelves after February 15, 2017 to go through a “premarket review,” the process that the FDA uses to determine whether potentially risky products are safe. Companies were to be given from 18 to 24 months to prepare their applications. However, in 2017, the Trump administration appointed a new FDA Commissioner, Dr. Scott Gottlieb, who defended the safety of e-cigarettes and delayed implementing the rules until 2022. Fortunately, in 2019 a court overruled that decision, and applications are now due in 2020.

Why We Worry About E-cigarette and Juul Use by Teens and Young Adults:

1. The younger people are when they begin smoking or vaping, the more likely it is they will develop the habit: Nearly 9 out of 10 smokers started before they were 18.
2. Nicotine and other chemicals found in e-cigarettes, Juul, etc. might harm teens’ developing brains.
3. Vaping and Juuling are often a “gateway” to regular cigarettes, but all e-cigarettes can result in becoming addicted to nicotine and exposing users’ lungs to harmful chemicals. Recent studies of teenagers found that 31% of those who vape start smoking regular cigarettes within 6 months, compared to 8% of those who have not vaped.

Bottom Line

Many people, including teenagers and their parents, are under the impression that e-cigarettes are safe or that they are effective in helping people quit smoking regular cigarettes. However, e-cigarettes contain some of the same toxic chemicals as regular cigarettes, even though they don't have tobacco. Some of these toxic chemicals can cause DNA damage that can cause cancer. Meanwhile, the reports of teens and adults who died or were hospitalized due to vaping are proof that vaping can be extremely dangerous even after just a few weeks, months, or years.

The big three tobacco companies—Lorillard, Reynolds American, and Altria Group—all have their own e-cigarette brands, so it's not surprising that e-cigarettes are advertised much the way regular cigarettes used to be.

Claims that e-cigarettes are an effective strategy to quit smoking are not supported by the evidence thus far. It is essential to find out which types of vaping are more dangerous than others in the short-term and the long-term. Research is needed to compare the risks of specific brands of e-cigarettes with tobacco products, as well as compared to those who neither smoke nor vape.

For more information, see the articles on our website, www.center4research.org.

Honoring Health Policy Heroes and Foremothers

Our 15th annual Awards Luncheon coincided with our Center's 20th anniversary celebration in 2019. Every year we've had the privilege of honoring the people who have inspired us. In our day-to-day work, we conduct and analyze research aimed at improving medical care and decisions made by patients, consumers, medical providers, and policy makers. But once a year, we celebrate the inspiring women and men who have made an important difference in all of our lives.



Our **Health Policy Heroes Award** is given to individuals for extraordinary accomplishments in the previous year. This year, we were proud to present this award to two inspiring women who represent activists across the country who are helping vulnerable immigrants, reuniting separated children with their families, and improving heart-breaking policies. Both shared tragic and inspiring stories of their experiences in the past year.

Dr. Marsha Griffin (with Diana Zuckerman and Emcee Maureen Bunyan, in the photo above left) is a Professor of Pediatrics and Director of the Division of Child and Family Health and the Community for Children program at the University of Texas Rio Grande Valley School of Medicine. Dr. Griffin has spent the last 10 years helping to mobilize individuals and institutions to better serve immigrant children living alone or crossing the border in search of a safe haven. She is the Co-Chair of the American Academy of Pediatrics (AAP) Special Interest Group on Immigrant Health and co-author of the AAP Policy Statement on the Detention of Immigrant Children.



Dr. Cristina Muñiz de la Peña is a psychologist who is co-founder and Mental Health Director of Terra Firma Healthcare and Justice for Immigrant Children, a program in the Bronx that provides coordinated medical, mental health, and legal services to recently arrived immigrant children who are considered unaccompanied minors, either because they crossed the border alone or were separated due to detention policies. She has visited immigration detention centers to document the conditions; testified in court; and provided services and advocacy to families separated at the border as a result of the "zero tolerance" policy. In 2018, Dr. Muñiz de la Peña collaborated with the ACLU in the law suit against the separation of children at the border, and this year she testified before the House of Representatives about the traumatic impact of separation on immigrant children and parents.

Our **Foremother Awards** celebrate a lifetime of achievements and shine a spotlight on women who have broken down barriers for others and improved people's lives.

Congresswoman Rosa DeLauro represents Connecticut's 3rd Congressional District and serves in the House leadership position of Co-Chair of the Democratic Steering and Policy Committee. She is Chair of the Subcommittee that oversees our nation's investments in education, health, and employment. She also serves on the Appropriations Subcommittee responsible for the U.S. Department of Agriculture and the U.S. Food and Drug Administration, where she oversees food and drug safety and works tirelessly to ensure safer food and medical products in the U.S. She has successfully championed bills aimed at improving cancer treatment and research; food safety; child nutrition; veterans' health; and funding for crucial medical research, cancer screening, and paid medical leave for those recovering from health crises.



Dorothy Butler Gilliam has been a journalist for more than six decades. In 1961, she became the first black woman reporter for *The Washington Post*. She has served as President of the National Association of Black Journalists and of Unity: Journalists of Color. Throughout her career, she has worked tirelessly to nurture other journalists of color and to diversify newsrooms across the country. Her work as a civil rights journalist has been featured in three documentaries. She published her first book this year, *Trailblazer*, a personal story that brings attention to the lack of visibility of people of color that still plagues today's media landscape.

Deborah Tannen is a Georgetown professor of linguistics who has written groundbreaking books aimed at improving communication in our everyday life, and thus improving our lives. Among her 25 books, the best known is *You Just Don't Understand: Women and Men in Conversation*, which was on the *New York Times* best seller list for nearly four years, including eight months as No. 1, and has been translated into 31 languages. This book brought gender differences in communication style to the forefront of public awareness. Two of her other books, about sisters and about mothers and their grown daughters, were also *New York Times* best sellers, while *Talking from 9 to 5: Women and Men at Work* was a *New York Times Business* best seller.



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We are grateful to our Luncheon Leaders:
Michael Berman, Christopher Cooper, Catherine Joyce, Claudia S. Miller, and Andrew Rothenberg

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A Working Group Finds Consensus About the Risks of Breast Implants

The National Center for Health Research has been a major source of information for women who want to make an informed decision about breast implants, and for 20 years we have heard from women who told us that their plastic surgeons did not warn them about the risks. So, we were pleased when several eminent plastic surgeons contacted us this spring and expressed an interest in working with us to find common ground on how to provide better informed consent for patients.

The FDA's public meeting on breast implants in March 2019 increased our incentive to work together. It became clear that many women who were terribly ill from their implants, including those who developed lymphoma, were not warned about those risks when they decided to get breast implants for either reconstruction after mastectomy or for breast augmentation. And although numerous plastic surgeons testified at the meeting that they did warn their patients of the risks, many of them also stated that they did not believe that the risks were substantial. There was a clear disconnect between descriptions of serious illness made by patients and several researchers, and what the surgeons stated were their patients' experiences.

A few months later, we formed a Breast Implant Working Group, which consists of NCHR's **Dr. Diana Zuckerman**, **Dr. Scot Glasberg** (Former President of *American Society of Plastic Surgeons*), **Dr. Alan Matarasso** (also former ASPS President), **Jamee Cook** (founder of *Breast Implant Victim Advocacy*), **Raylene Hollrah** (founder of *Just Call me Ray*), and **Karuna Jaggar** (Executive Director of *Breast Cancer Action*). Our first goal was to work together to develop a Black Box Warning and an Informed Consent Patient Checklist to share with the FDA.

A Black Box Warning is the strongest type of warning that the FDA requires, such as the one for cigarettes. Our proposed Black Box warns that breast implants can cause a type of cancer of the immune system called BIA-ALCL (Breast Implant Associated Anaplastic Large Cell Lymphoma) and can increase their chances of developing certain autoimmune or connective tissue diseases, as well as debilitating symptoms such as joint or muscle pain, fibromyalgia, mental confusion, and painful skin conditions. The Informed Consent Patient Checklist that we developed is several pages long and requires the patients to initial each section to show that they have read and

understood it. Their surgeons must also sign it. The checklist is endorsed by ASPS.

Sections include information about:

- ◇ How long breast implants last before they rupture or leak;
- ◇ The safety of breast implants was never studied for women who have autoimmune symptoms or diseases, or a family history of those diseases. Those women might be more likely to be harmed;
- ◇ The risk of BIA-ALCL (lymphoma) and the importance of timely treatment;
- ◇ Symptoms of "breast implant illness" such as: joint and muscle pain or weakness, memory and concentration problems, chronic pain, depression, fatigue, chronic flu-like symptoms, migraines, or rashes and skin problems;
- ◇ Risks of increases in certain diseases, including chronic fatigue syndrome; multiple sclerosis; rheumatoid arthritis; Sjögren's Syndrome; systemic sclerosis/scleroderma;
- ◇ Risk of breast pain and hardness caused by the scar tissue surrounding the implant (capsular contracture);
- ◇ Breast implants can interfere with the accuracy of mammography and breast exams, possibly delaying the diagnosis of breast cancer;
- ◇ Breast implants and breast surgery may interfere with the ability to successfully breastfeed;
- ◇ Warning about the possible permanent loss of sensation to breasts or nipples; and
- ◇ Cosmetic complications, such as asymmetry, implant displacement, and sagging.

In October 2019, the FDA publicly expressed its strong support for a Black Box Warning and Patient Checklist for breast implants. Their proposed warnings regarding ALCL were similar to ours, but their proposed wording regarding breast implant illness was much more vague, and could be misinterpreted.

The Working Group is continuing to work together, and with other patient advocates, physicians, and the FDA. We'll keep you posted!



We're proud to have the Janice Bilden Cancer Prevention Internship, thanks to a generous donation from her daughter Holly Bilden-Stehling.

Holly tells us that her Mom "loved to laugh, have fun, and help her family in any way she could. She was my best friend and my Matron of Honor."

"Cancer took a devastating toll on her family. She lost 2 sisters and 2 brothers to cancer — all different types of cancers, but all with the same outcome. Mom also died from cancer — NK/T-cell lymphoma, nasal type. I am glad to have the opportunity to have an internship named in honor of my Mom that will help train a young professional to help others to prevent cancer. I believe wholeheartedly that prevention is the only sure prevention is the only sure way to save lives and prevent the type of pain my Mom felt, and in losing her the type of pain we feel everyday."

Our 2019 Janice Bilden Cancer Prevention Intern is Claire Viscione, (below) a senior at George Washington University.

Is there someone you would like to honor? Internships and fellowships provide training that can result in a lifetime of good work. Donations of \$3,000 or more can be designated for a named internship.

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Which Has More Nicotine?

Should you be concerned? See page 1 to find out.

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