Getting it right – without hyping

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U-M Health Communicators Forum
February 23, 2017
Our job in telling health-related stories:

Use & protect the public’s TRUST in the
The risks...

- **Raise hopes** of patients & their families about potential new options
- **Create false expectations** about the path from lab to clinical use
- **Open floodgates** of inappropriate calls/emails
- **Open us to criticism** by watchdogs & regulatory entities
Our challenge:
How to walk the tightrope
(and still get people to pay attention)
Walk that tightrope!

- If it’s in animals, cells or computer models, say so & and list next steps
- If it used data from populations or past patients (not actual testing) say so
- If it tested a drug, device or intervention in people, include:
  - how many
  - what phase of testing it’s in
  - where it stands in the FDA process
  - what it costs or if insurance covers
  - what else is available & how well it works
  - the size of the effect it had & any problems

If there’s IRB-approved language, use it or link to it!
How NOT to run afoul of the FDA

• Don’t say or imply that a pre-approval drug, biologic or device is safe, effective, or equal to/better than another option.

• Don’t use "new treatment," "new medication" or "new drug" for something that’s still in testing – use potential, experimental or investigational
Don’t confuse correlation with causation!

When studies find an **ASSOCIATION** between two things it does **not** mean one thing CAUSED the other one to happen.

Observational studies can never correct for every factor – so they can’t show cause & effect.
When communicating about observational studies:

**Avoid:**
- “X is linked to Y”
- “X cut the risk of Y”
- “X helped increase Y”
- or even wiggle words like “X *may* help do Y”, “X *appears to* cut the risk of Y” or “X *seems to* lead to Y”

**Instead:**
- “Showed an X percent difference in Y”
- “People who did X were Y percent less likely to get Z”
- “Compared to those who did X, those who did Y had more/less chance of Z”
- Note that the study couldn’t show cause & effect
Clinical tests: Relative vs. Absolute Risk Reduction

• **50% reduction in risk of X!** (relative risk)

• **ABSOLUTE risk:**
  – The risk of X fell from 2% to 1%.
  – The risk of X dropped 1 percentage point.
  – 1 less person in every 100 will experience X if they do Y.

• Include both. Or stick with just absolute.
• Express both benefits and harms in the same way.
Is a company or advocacy group involved?

- **ASK** the researcher/clinician about industry/advocacy group support for their work, or interest in the outcome
- **CHECK**
  - With Conflict of Interest office for appropriate language
  - With Tech Transfer about patents, licenses, startup companies
  - The way U-M is mentioned in industry/advocacy materials
- **DISCLOSE** this info!

Follow the money...
Just don’t. (including quotes!)

- breakthrough
- could become the new standard of care
- cure
- first-of-its-kind
- game-changer
- Holy Grail
- magic/miracle
- simple blood test
- this might/may/could lead to... (without immediately saying what it will take to…)
- Also – use disease-specific data from rep
Resources

HEALTH NEWS REVIEW
www.healthnewsreview.org/toolkit/
www.healthnewsreview.org/about-us/review-criteria/

NIH
National Institutes of Health

AAAS
Advancing Science, Serving Society
www.aaas.org/pes/communicating-science