Communicating Cancer Risk in Print Journalism

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The current barrage of information about real and potential cancer risks has created undue fears and misplaced concerns about cancer hazards faced by Americans. Most members of the general public are far more worried about minuscule, hypothetical risks presented by environmental contaminants than about the far greater well-established hazards that they inflict on themselves, for example, through smoking, dietary imbalance, and inactivity. It is the job of the print media to help set the record straight and to help place in perspective the myriad cancer risks that are aired almost weekly in 30-second radio and television broadcasts. [Monogr Natl Cancer Inst 1999;25:170–2]

Health reporting to the public has changed dramatically in recent decades.

- Whereas doctors were once terrified of speaking to reporters, today, many hire public relations agents to help them get their names in the news. The journals, too, compete for media attention—and they get it, especially when their reports involve cancer.
- Whereas medical researchers were once reluctant to speak beyond the direct implications of new findings, today, even when not pressed by reporters, they often extrapolate freely and speculate wildly about far-reaching consequences.
- Whereas it once took a dramatic treatment, a new cure, or the discovery of a major health hazard to prompt an editor to make space for a medical news story, now every minor little development is likely to gain a public airing in print and broadcast media throughout the country.
- Reporters, editors, and publishers now recognize an intense public interest in health news and a seemingly insatiable appetite for what I call “health hype”—the latest proclaimed cancer-fighting food or nutrient; the latest health threat, real or imagined, in our food, water, or air, especially if the threat involves cancer; the latest discovery, real or imagined, of a cancer cluster, and so forth.

The public is now suffering from a serious case of information overload. People are constantly being bombarded with information they are ill equipped to process. This fact is especially true of brief reports aired on radio and television. It is not possible in 30, 60, or even 90 seconds of air time to describe all the ifs, ands, and buts that a new report on cancer usually warrants and often requires if listeners are to understand its implications and to appreciate its relevance—or lack thereof—to their personal lives. And, to make matters worse, radio and television news reports are often prepared by people with little or no specific knowledge of medical science. The reporters lack a context and a critical eye and all-too-often produce reports that are seriously distorted if not downright incorrect.

The public has naturally come to view the cancer risks most talked about as those that are most serious. That is why one
quarter of the population, according to a CBS News Poll last year, believes that breast cancer is the leading cause of death in American women. That is also why breast cancer research receives about $600 million a year from the federal government, whereas lung cancer, which each year kills nearly four times more Americans overall and 50% more American women than does breast cancer, receives only about $100 million from the federal money pot. It is an example of the squeaky wheel phenomenon, with the noise in part generated and frequently enhanced by a constant barrage of media reports on the disease American women have come to fear most.

The changes in health communications outlined above have added up to massive public confusion about the causes of cancer and how some of the leading kinds of cancer might be prevented or treated. It never ceases to amaze me how a risk as minuscule and how some of the leading kinds of cancer might be prevented or treated. It never ceases to amaze me how a risk as minuscule as the one attributed to the growth regulator Alar®, for example, could have generated such mass hysteria—to the point where at least one mother raced after her son’s school bus to remove the apple from his lunch pail—while countless mothers, many of whom were among those who poured millions of gallons of apple juice down the drain, continued to smoke cigarettes, a well-known and far more potent cancer killer than Alar was or ever might have become (1). The U.S. Environmental Protection Agency, which banned Alar, estimated that lifetime exposure to Alar would increase a person’s risk of dying of cancer by 45 ten-thousandths of 1%—0.000045. That risk pales by comparison to the known hazards of cigarette smoking that multiplies cancer risk by 20 or more times, not to mention the potentially fatal damage it inflicts on the heart and blood vessels.

The problem with communicating about cancer risks is that people have become so fearful of cancer that anything at all said about it tends to be viewed in absolute, not relative, terms. A “possibility” becomes a probability or even a certainty in the public mind, especially when the factor involved is one that is inflicted on us by industry or government. The far more serious risks that are self-inflicted—like cigarette smoking; a low-fiber, high-fat diet; obesity; inactivity; and so forth—do not invoke nearly as much concern or action.

As I see the job of the print media, it is to bring perspective and depth to news reports about cancer. Although I do not suggest that we ignore reports that are likely to get a wide hearing in the mass media, I do suggest that the print media must always be certain to take the time and to allow the space needed to place the report in a meaningful and accurate context. If the matter is of sufficient interest and importance to the public, it can and should be dealt with in a second-day story that adds breadth and depth to a new finding, which may be difficult to do the first day before outside experts have had a chance to review the original report.

I recall a report published in 1981 in the New England Journal of Medicine by researchers at Harvard (2). It linked coffee drinking to pancreatic cancer, a particularly deadly disease, the possible cause of which little is known beyond cigarette smoking. The story aired on every broadcast and was published in every newspaper in the country, including page 1 of The New York Times, even though I had raised serious questions about the validity of the finding based on what I knew of laboratory studies of coffee and caffeine in relation to cancer and of the well-established association between coffee consumption and cigarette smoking.

In subsequent reports, several major epidemiologic studies, including the American Cancer Society’s million persons study, weighed in. All reported finding no hint of an association between the consumption of coffee, caffeine, or decaffeinated coffee and pancreatic cancer (or any other cancer, for that matter). But what stuck in the public’s mind is that coffee may cause a deadly cancer, a notion that was not even dislodged when the Harvard group repeated its study 5 years later and failed to confirm its original findings (3).

It is more than trivial interest, however, to review the consequences of the initial Harvard report. It sparked virtual no change in coffee consumption beyond a small decline for a day or two after the initial report. Whereas the Alar scare nearly killed the apple industry in the United States and bankrupted many growers, the coffee industry never even felt a pinch. You see, coffee drinking is a self-chosen “risk”—one near and dear to American hearts, taste buds, and nervous systems—whereas Alar was being applied to apples by people other than consumers, who had little or no appreciation for its value to producers and did not really care that it benefited anyone else if it might be a hazard to them.

Americans are even willing to fight to maintain their exposure to potential hazards if they consider them to be valuable assets. You no doubt recall the public clamor to keep saccharin on the market after it was declared a carcinogen by the U.S. Food and Drug Administration. Whether saccharin is dangerous or not is not the point. The point is that the public is not capable of rationally considering risks, and the media are at fault for perpetuating this ineptitude.

A trend in print reporting in recent years offers some hope for improving the public’s understanding of risks and the ability to more rationally weigh risks versus benefits. Dozens of health newsletters are now being published, including quite a few that offer advice based on solid medical research. These health newsletters do not depend on flashy headlines and hot-off-the-press news to attract readers. They are not afraid to say when evidence is shaky, inconclusive, or not worth the paper it is printed on, and, even more important, to explain why a finding should or should not be ignored.

In newspapers too, a clear trend is moving toward more in-depth reporting; toward a tendency to wait days, weeks or even months to put new findings in their proper perspective; and toward considering different points of view, based on solid research, not hearsay. In fact, many reporters who may not have access to primary journals or the ability to digest them accurately can now use secondary sources like these newsletters as well as the throw-away medical magazines for background and context on an unlimited range of health topics, including cancer.

Let me give you a good example of responsible reporting in a health newsletter. In 1989, Harvard researchers reported in the journal Lancet (4) a finding that women who developed ovarian cancer reported having eaten more yogurt over the previous 5 years than did healthy women. You can hear the 15-second radio news report: “Eating yogurt has been linked to deadly ovarian cancer” reported having eaten more yogurt over the previous 5 years than did healthy women. You can hear the 15-second radio news report: “Eating yogurt has been linked to deadly ovarian cancer.” The newsletter went on to explain that the researchers speculated that the association with yogurt may be as a result of an inability to process galac-
tose, one of the sugars in yogurt, because of an enzyme deficiency. But the newsletter noted that how the enzyme might be related to cancer is unknown, that the cancer might have caused this enzyme deficiency rather than the other way around, or that the entire finding might have been a statistical fluke. Then it quoted the researchers as stating that “further human epidemiological studies and relevant animal experiments are warranted before any public health recommendations can be made.” The Healthletter report concluded, “We agree.”

Now, that is responsible reporting of a possible cancer risk, a report that should not prompt women to abandon an otherwise healthful food on the basis of highly preliminary evidence and a report that helps readers understand what is behind the new finding and what needs to be done to confirm or refute it before anyone changes her diet.

As the Healthletter accurately pointed out, “Many inconclusive or poorly designed studies get published—and quoted. While the researchers often acknowledge the limitations of their work, the message can get lost in the popular press”(5).

The problem with much cancer risk reporting is that the new and surprising but relatively minor findings are likely to get far more attention than the better established and far more serious ones. Readers shrug when yet another report links cigarette smoking or a high-fat diet to an increased risk of a common, deadly cancer, and they go right on puffing away and smearing butter on their bread and chomping on 12-ounce well-marbled steaks. Just look at what has happened to cigars. After 3 decades of decline in cigarette smoking, especially by American men, cigars have emerged as the hallmark of sophistication, with special bars, magazines, and stores to foster this noxious trend.

Yet if I wrote a story stating that living for 20 years near a polyvinyl chloride plant increases the risk of death by one part per million (or, to put it another way, reduces life expectancy by 8 minutes), chances are a lay group would take up a cause to banish such plants or have them encased in concrete. And what do you think would be the consequences of a story stating that residues of the now-banned pesticide ethylene dibromide (EDB) incurred the same potential cancer risk as eating two raw mushrooms a day? I can tell you what would happen, because I wrote that story and it did happen. Many of my readers cried, “Now I can’t eat mushrooms!”

As you already know, the public is much more likely to become exercised about an involuntary risk than a voluntary one, an unfamiliar substance than a familiar one, a new hazard than a much greater, but well-known one. However, if reporters are to fulfill their responsibility to the public—which is to inform, not mislead—we have an obligation to continue to harp away on what is really important and pay far less attention to minor risks—minor either in terms of the absolute risk or in the numbers of people at risk. We have an obligation to remind women over and over again that it is not the radiation from a mammogram they should be fearing, but of not getting a mammogram and failing to detect a breast cancer in its early, most curable stages.

We have an obligation to report every new finding that links fruits and vegetables and dietary fiber to protection against cancer, as well as to carefully and objectively examine the evidence for or against a relationship between various kinds of dietary fats and cancer.

But most of all, we have an obligation to keep the most important cancer risk—tobacco—squarely in public view. I would even suggest that every newly reported cancer risk be compared with the risk of smoking, because I am willing to bet that it will pale by comparison. And in doing so, we will continue to remind people to focus on what is most important and what they are most able to control—their own living habits.

REFERENCES