

National Center for Health Research

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The Cancer Prevention and Treatment Fund

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Everything You Need To Know About the New Weight Loss Drugs

More than two-thirds of Americans are considered overweight or obese, and research shows that excess weight increases a person's chances of developing cancer, heart disease, and diabetes. Are you thinking about taking one of the new weight loss drugs? Do you have friends or relatives who are taking them? Here's what is known about the possible risks and benefits.

The FDA approved Ozempic in 2017 for the treatment of type 2 diabetes. Wegovy was approved in 2021 for weight loss – but only for adults considered obese, or adults who are overweight and have at least one weight-related health condition. The drugs curb hunger so people eat less, but patients are supposed to also diet and exercise. The drugs are injected once a week, but may soon be available in pill form.

Wegovy, Ozempic and several other drugs are the brand names for semaglutide and similar medications that mimic a natural hormone, GLP-1. GLP-1 has two major roles: 1) It slows the passage of food through the stomach, which helps people feel fuller longer, and 2) It stimulates insulin release so it reduces blood sugar.

Do They Improve Health?

In 2023, Wegovy's maker, Novo Nordisk claimed in a press release that the weight loss drug reduced the risk of heart attacks, strokes, and deaths by **20%** compared to placebo in a study of 17,500 patients with obesity and heart disease who did not have diabetes. When the study was published in the *New England Journal of Medicine* in November, 2023, the results sounded less impressive: 8% of the people in the placebo group had had a nonfatal stroke or heart attack or died due to cardiovascular causes, compared to 6.5% in the Wegovy group. The decrease from 8% to 6.5% is a 20% decrease, but the lowered risk is **only 1.5%** for each patient.

In August 2023, a study in the *New England Journal of Medicine* reported that Wegovy improved the quality of life in people with the most common form of heart failure. They had a 17-point improvement in symptoms on a 100-point scale, primarily due to less shortness of breath, fatigue, trouble exerting themselves, and swelling. Patients who took the placebo saw a 9-point improvement.

In a previous study of Ozempic published in 2016, more than 3,000 patients with type 2 diabetes were randomly assigned to Ozempic or a placebo for 2 years. Results showed that 6.6% of patients taking Ozempic either died, had a nonfatal heart attack, or a nonfatal stroke, compared to 8.9% who took the placebo. This was statistically significant (which means it did not occur by chance), but is a difference of only 2.3%.

Side Effects. The typical side effects are nausea, diarrhea, and related symptoms. Some patients experienced persistent vomiting or severe gastroparesis, which is stomach paralysis resulting in a delay or stopping of food moving from the stomach to the small intestine.

The company's Wegovy website has warnings about other possible complications such as inflammation of the pancreas, gallbladder problems, dangerously low blood sugar, kidney problems, serious allergic reactions, change in vision for people with type 2 diabetes, increased heart rate, and depression and thoughts of suicide. An even more serious side effect is the risk of thyroid cancer after taking the drug for at least 1-3 years.

Anyone who has surgery scheduled is advised not to eat for 24 hours before surgery, but for people taking these drugs, a 24-hour fast is not enough to prevent regurgitating food during the operation. This is dangerous because vomiting under anesthesia can cause pneumonia and other fatal problems due to the food and stomach acid getting into the lungs. That's why the American Society of Anesthesiologists advises that people who take these drugs should stop taking them a week before surgery.

Are These Drugs Right for You?

Most weight loss strategies work for a limited time; when people stop dieting or exercising, they gain the weight back. The long-term benefits of these drugs are also likely to be limited because when people stop taking the drugs, their stomach no longer feels full. A study conducted with almost 2,000 adults who did not have diabetes found that one year after no longer taking Wegovy, participants regained two-thirds of the weight they had lost.

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WE'RE IN THE HEADLINES!

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After Drug Trial Fizzles, Sarepta Still Seeks Broad Approval
Bloomberg News, November 1, 2023

Inside the NFL turf debate: Injuries, safety measures, problems
ESPN, October 11, 2023

The real costs of the new Alzheimer's drug, Leqembi — and why taxpayers will foot much of the bill
CBS News, August 1, 2023

Unproven Drugs Reap Billions for Years After Taking FDA Shortcut
Bloomberg News, May 12, 2023

Medicare outlines plan to expand coverage for costly new Alzheimer's drugs
The Washington Post, June 1, 2023

The Obesity Revolution
STAT, March 5, 2023

US Mammogram Update Sparks Concern, Reignites Debates
Medscape, July 19, 2023

Lawmakers, advocates press for diversity in clinical trials
National Journal, February 15, 2023

Under pressure from patients, FDA faces tough choices on experimental gene therapy
The Boston Globe, May 22, 2023

Treatments for early Alzheimer's and "mild cognitive impairment" have been a topic of great debate in the news. Dr. Diana Zuckerman was frequently quoted, explaining why we are worried that the substantial risks outweigh the very questionable benefits for these products. Meanwhile, Medicare was bombarded with complaints when they decided to require better evidence about safety and effectiveness. We told the *Washington Post* that we agreed that Medicare made the right decision about coverage and explained to *CBS News* and *STAT News* why we joined more than two dozen experts to urge the agency to make sure that the data from registries is shared with Medicare and the public so that we can all make informed decisions.

As a research center, we don't get interviewed by *ESPN* very often, but we were glad when they asked us to explain about the injuries caused by artificial turf fields. *ESPN* became interested when several NFL football stars had serious injuries at the beginning of the season, but they were also concerned when we explained that research shows more injuries for children as well as adults playing football, soccer, and other sports on artificial turf fields compared to natural grass.

What do you think about a new treatment for Duchenne Muscular Dystrophy that costs \$3.2 million per patient, but has yet to prove whether it works? We told the *Boston Globe*, *Politico*, and *MIT Technology Review* that patients taking experimental drugs should get them for free in clinical trials. It is unfair to patients to pay millions of dollars for a drug that lacks clear evidence, just because it has been FDA approved.

The lack of people of color included in clinical trials has attracted Congressional attention for years, but the debate about Alzheimer's drugs has intensified these concerns. We told *National Journal* that we agreed with Congressional efforts to pressure the FDA and the NIH to improve diversity, and we added that racial and ethnic diversity isn't the only type of diversity that's lacking. Too many drugs approved by the FDA are not tested on enough people over 65 — and often none over 70 — making it impossible to know if they are safe and effective for older patients. As we age, we metabolize drugs differently and are more likely to be taking other medications that interact badly with these new drugs.

Should Medicare and Medicaid Pay for Whatever FDA Approves?

When FDA approves a new drug, device, or vaccine for cancer or another very serious disease, the news media, TV commercials, and talk shows focus on the good news. Patients are interviewed telling heart-breaking stories about the disease and how happy they are to have real hope for a cure. These are the kinds of heartwarming news stories that TV and talk shows like, and let's face it, they make us feel good.

But what if there are questions about whether the treatment isn't proven to work, or costs more than most families' annual salary, or both? In almost all cases, Medicare (the program for people over 65 and people with a chronic disability) will pay for the treatment anyway, even if it costs a million dollars per patient (as numerous drugs do today). Since Medicaid (the health program for low income people) is a joint program of the federal government and each State, there will be some differences from State to State, but the bottom line is that Medicaid is required to pay to treat most patients that the drug is intended for.

When does Medicare Pay?

Medicare will almost always pay for drugs approved by the FDA, but is more cautious about paying for medical devices. That's especially true for medical devices that were not tested in clinical trials, which unfortunately is more than 95% of devices, including many popular implants, such as knee and hip implants and some cardiac implants. However, as a result of the exponential increase in the cost of medical care, Medicare is running out of money and is starting to get a little more cautious about making sure new drugs will actually benefit people on Medicare.

This became an enormous issue when FDA approved Aduhelm for mild cognitive impairment and early Alzheimer's disease, because the drug was originally priced at \$56,000 per patient per year and also required expensive brain scans and other tests and monitoring. Medicare premiums for all people on Medicare increased substantially as a result. However, when Medicare decided to only cover the costs of Aduhelm for people enrolled in a clinical trial – a very reasonable decision given the risks of the drug, the high costs, and the lack of evidence that it worked -- there was an angry backlash from the Alzheimer's Association and some other patient groups. When they lobbied Congress about it, very few Members of Congress were willing to point out that Medicare has rules to follow; it is only supposed to pay for treatments that are "reasonable and necessary" and proven to work on people eligible for Medicare.

What's the difference in the requirements of FDA and Medicare?

You might wonder what the difference is between FDA standards and Medicare standards, and why they aren't identical. FDA Commissioner Rob Califf described the difference this way: "FDA -- safe and effective; CMS-- reasonable and necessary.... It's like a relay race – we run a lap and then pass the baton to CMS. CMS doesn't tell us what's safe and effective and we can't tell CMS what's reasonable and necessary." He is correct, of course, but that simple explanation misses some key issues.

- ◆ FDA is supposed to require drugs to be proven safe and effective, but in recent years most new drugs are approved using one of FDA's "fast track" approval pathways, which have changed the approval standards in favor of preliminary evidence that may seem promising but is far from scientifically proven effective or safe in the long-term.
- ◆ In addition, FDA never requires drugs to be tested on people over 65, who comprise 85% of people enrolled in Medicare, or people with chronic disabilities, who comprise the other 15% of people on Medicare. Although drugs that are intended to be taken by people over 65 are often tested on at least a few people over 65, most of the study results are based on people who are younger and healthier than the typical Medicare patient. That's even true of studies of drugs for diseases that are primarily diagnosed in older patients, such as cancer, heart disease, and Alzheimer's disease. Keep in mind that as people age, their metabolism changes and so they may need a different dose of a medication than a younger adult. Also, the risks of a new drug may be higher for older people because of dangerous drug interactions with other medications they are taking, or because of the impact of the new drug on other medical conditions that the older person is experiencing.

Kumbaya for Medicare and FDA?

Should FDA change its standards to be more like CMS, or vice versa? Some patient groups are taking their concerns to Congress and telling Congress to tell Medicare to pay for all FDA-approved drugs. They are even demanding that Medicare pay for "breakthrough medical devices," which are devices that are promising but not proven to work.

We understand that patients want new treatments for terrible diseases, but we strongly disagree that Medicare should change its very reasonable standards. All working adults help to pay for Medicare through FICA taxes taken from our paychecks, so why should Medicare pay for treatments that could seriously harm them and are not proven to help them? On the contrary, we believe that if a company wants Medicare to cover the cost of their drugs, the companies should test them on the kinds of people who enroll in Medicare – people over 65 (half of whom are 75 or older), who are diverse in terms of race and ethnicity and in terms of their health and various medical problems. We also agree with Medicare standards that if a better treatment is available, Medicare does not need to pay for inferior treatments that are not as safe or effective.

If you were paying for a treatment for yourself, wouldn't you want to know which treatment was best for someone like you – someone your age, with your medical issues? Would you be willing to pay more for a treatment that you knew was not as good? Would you be willing to pay more for a treatment that was equally effective but not as safe? If your answer is no to any of these questions, you should let your U.S. Senators and Members of Congress know that you are glad that Medicare is being careful with taxpayers' money.

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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 FDA and the Centers for Medicare and Medicaid Services (CMS). You may wonder what these comments have to do with you, or how you are affected by our work. Every week, we testify and share research on your behalf, through written or oral testimonies regarding patient and consumer safety. Here are just a few examples of the dozens of recommendations we've made in response to the government's "Request for Public Comments."

Cancer

We provided recommendations in May to Medicare and Medicaid about the need to improve the accuracy of CT scan radiation dosages, which can be harmful when they are higher or lower than they are supposed to be. In June, we provided written advice in response to government recommendations about screening mammograms, explaining that research indicated that the average woman should start mammography screening at different ages depending on her race, ethnicity, and other traits that influence how beneficial the screening will be. In July, we testified before an FDA Advisory Committee about the importance of better research on the appropriate doses of cancer drugs for children, which should depend not just on their age but also their weight, sex, race and ethnicity, organ impairment, and other traits that may influence the safety and effectiveness of the treatment.

Environment & Health

We worked with communities and legislators across the country to improve the safety of children's playgrounds and athletic fields, explaining that artificial turf and rubber playground surfaces contain lead, other heavy metals, and chemicals that disrupt hormones and can contribute to obesity, early puberty, learning and attention problems, asthma, and eventually cause cancer. Our efforts included testifying at the Massachusetts and Maryland state legislatures. We also wrote to mayors, school superintendents, school principals, and other officials in several communities in New York, New Jersey, and Maryland, among other states. We are proud to announce that on Election Day this year, two New Jersey communities voted to reject new artificial turf fields.

Tattoos are very common in the U.S. and yet almost half the tattoo inks being used are contaminated. We supported FDA's draft guidance to improve the safety of tattoo ink and recommended that the FDA require labels describing the inks be made available to consumers and that sterile dilution techniques should be required and explained. We also urged the FDA to develop an information toolkit to increase consumer awareness about the importance of reporting any adverse health reactions to tattoos.

Opioids

For years, FDA has been criticized for contributing to the opioid epidemic by failing to require scientific evidence that opioids are tested to make sure they are safe and effective. The FDA has repeatedly promised to require companies to test the safety of long-acting opioids, but they haven't done so. FDA has been working with a consortium of opioid manufacturers to design that important study, which was discussed at a public FDA Advisory Committee meeting in April 2023. Dr. Diana Zuckerman was one of a dozen experts who testified against the planned study, explaining that it was designed to "prove" that long-lasting opioids were safe and effective instead of studying whether they actually are safe and effective. We persuaded the Advisory Committee members, who agreed with us that the planned study was biased and would not provide the information needed by physicians and patients to use opioids safely.

Alzheimer's, Drug Safety, and Affordable Drug Prices

We were pleased to meet in person with high-level officials at Medicare, to thank them for requiring new clinical trials and patient registries to provide better scientific evidence to ensure the safety and effectiveness of Alzheimer's drugs. They appreciated our support and we appreciated the opportunity to discuss our concerns about these drugs. We signed letters of support to Medicare officials as a leader of the Patient, Consumer, and Public Health Coalition, and as one of more than 2 dozen Alzheimer's and health policy experts. And we worked with Congress to support successful efforts to allow Medicare to negotiate lower prices for the most expensive drugs, many of which are for cancer patients.

The FDA Commissioner agreed to meet with us and other members of the Patient, Consumer, and Public Health Coalition in March. We discussed several issues of mutual interest about public health misinformation, the need to improve the format of FDA Advisory Committee meetings, and the expertise of Advisory Committee members. This was the Commissioner's first in-person meeting with nonprofit groups since the pandemic! However, we were disappointed when the FDA later approved drugs that their own scientists said were not proven to work, and when the agency disagreed with our testimony and approved Rezulti for Alzheimer's and other dementia patients who are agitated. Researchers subsequently found a higher death rate than the company expected.

Tattoos

Forgot where you put your keys? Can't remember a name? Don't panic!

Memory problems and other types of “mild cognitive impairment” are common as people get older, and it can be frightening when a person repeatedly can't find their keys or can't remember the name of a famous actor or even a relative – but that does not mean they are inevitably going to develop Alzheimer's or any other form of dementia. That's one of the reasons we've been so concerned about new treatments such as Aduhelm and Leqembi, which FDA approved for very early Alzheimer's and mild cognitive impairment caused by Alzheimer's. Since both drugs are designed to reduce the amount of amyloid beta plaques on the brain, which some experts believe causes Alzheimer's disease, these drugs would be ineffective for people with other kinds of dementia, such as those caused by a stroke. Since both drugs can cause brain swelling and brain bleeding (which can be fatal) it is essential to carefully diagnose patients before deciding whether to give them either of these drugs.

What experts call mild cognitive impairment is a common condition that is not necessarily caused by Alzheimer's disease, even when amyloid beta plaques are present on the brain. In fact, many people with amyloid plaques have no evidence of Alzheimer's disease and may never develop Alzheimer's. And, there are numerous studies indicating that mild cognitive impairment can be reversed in several ways that do not involve new medications and are generally beneficial to a person's health and well-being. Here are some of the best examples:

- ◆ **Changes in medication.** Many medications, whether prescription or over-the-counter, can cause problems with memory and concentration. The most common examples are antihistamines (used for colds, flu, or allergies), sleeping aids (including prescription pills and over-the-counter sleep medications containing diphenhydramine, an antihistamine), and anti-anxiety medications such as Ativan, Valium, and Xanax.
- ◆ **Social Life.** People who are lonely or who spend most of their time alone are more likely to have memory problems. Spending time with friends and being more active (whether walking a dog, going out with friends or relatives, attending club meetings or senior activities) helps keep the mind active.
- ◆ **Sleep deprivation.** Many adults have problems sleeping, and fewer hours of sleep or too much interrupted sleep will harm memory and other cognitive abilities. A study of almost 8000 adults followed for more than 25 years found that those who slept less than 6 hours a night were 30% more likely to develop dementia.
- ◆ **Eating Habits.** The Mediterranean diet is considered helpful, and so is the similar MIND diet, which features green leafy vegetables, berries, whole grains, beans, nuts, fish, and olive oil (with less red meat, cheese, sweets, and fast food and fried foods).
- ◆ **Exercise.** Although mental exercises such as crossword puzzles are helpful, research shows that physical activities, including walking and more active physical exercise are even better at preventing problems with memory, concentration, and cognition. People who are not physically active are more likely to develop dementia.

- ◆ **Environmental Toxins.** A 2022 study of more than 2,200 U.S. women found that women who lived in areas with better air quality were less likely to experience cognitive decline. A different study of more than 7,000 older women found that women who were exposed to more “fine particulate matter” were more likely to develop Alzheimer's Disease or other types of dementias over the 8 years they were studied. “Fine particulate matter” refers to pollution that can come from factories or cars and also from wildfires that are hundreds of miles away.

Several medical conditions also increase the chances of developing cognitive impairment as well as Alzheimer's and dementia: high blood pressure, smoking, having an immediate family member with Alzheimer's, and having had a traumatic brain injury.

Of course, you can't control all of these exposures and risks, but you can reduce or avoid some of them. The more you know about the causes of mild cognitive impairment and more serious impairment, the better able you are to prevent or reduce its impact.

Welcome Dr. Jessica Copeland, Our New Senior Public Health Fellow



Despite our small size, NCHR has a large impact on public health and health policy because of the expertise and dedication of its staff. Thanks to our new Senior Public Health Fellow, Dr. Jessica Copeland, we have been able to scrutinize and comment on research that has important implications for public health, with a particular focus on cardiovascular health and surgical devices. Dr. Copeland joined us in June, 2023, and in just the first few months she has made amazing contributions. She wrote detailed recommendations to

improve policies intended to strengthen the safety and effectiveness of medical products, and presented oral testimony at FDA Advisory Committee meetings. She explained to the FDA why we could not support approval for several medical products and urged the FDA to require better studies that would ensure the safety and effectiveness of new medical treatments.

Dr. Copeland's skills have been a wonderful complement to the expertise of our other staff trained in public health, medical sciences, and public policy. Prior to her current position, Dr. Copeland conducted studies on lung cancer screening, health disparities in lung cancer, and the application of novel technology in surgical treatment at Massachusetts General Hospital. She received competitive funding for her research and has been a key speaker at several national conferences. Dr. Copeland also helped to establish several community public health programs in an effort to increase access to healthcare and reduce healthcare disparities. In addition, she worked with the Red Cross and the Global Health Department at the University of Washington to establish a practical and sustainable trauma response initiative appropriate for a resource-limited setting in Pitágoras, Peru.

Jessica received her MD from the University of Washington and Master of Public Health degree from Harvard TH Chan School of Public Health.

Everything You Need To Know About the New Weight Loss Drugs (Cont'd)

There are still many unanswered questions. Are they safe for long-term use? Are they effective at maintaining a certain weight after long-term use? Will most patients benefit from taking the drugs for a limited period of time or do they need to stay on them for the rest of their lives?

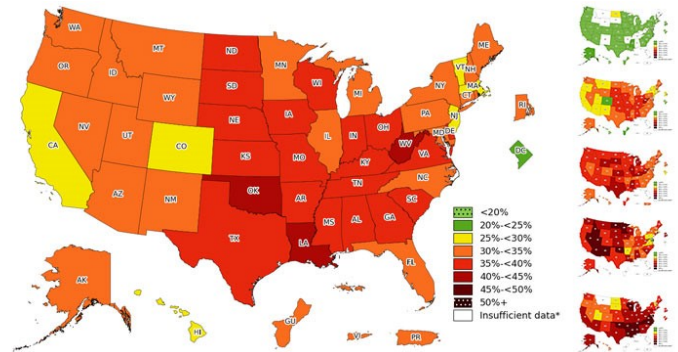
In 2022, Novo Nordisk spent \$11 million to promote their weight loss drugs, including \$9 million on more than 457,000 meals and \$2 million on travel for thousands of doctors. Some of these meals are small but the company paid nearly 12,000 prescribers' meals more than a dozen times in that one year, and that is unusual. Buying meals for doctors is not illegal, but we would expect "word of mouth" to increase prescriptions of very effective drugs. Instead, prescriptions for the drug increased dramatically after millions were spent on doctors. Why weren't doctors as enthusiastic about these drugs in the years before they were given free meals and travel as part of the company's educational and promotional efforts?

Due to the risk of thyroid cancer, if you or any family member has ever had a type of thyroid cancer, taking Wegovy may be dangerous. Similarly, if you have sensitivity to gastrointestinal problems, this drug may not be right for you.

These drugs are expensive. One monthly dose of Ozempic costs about \$900, and Wegovy costs about \$1,350. Many private insurance providers cover Wegovy and Ozempic when used to treat Type 2 diabetes, but not when used for weight-loss purposes.

Medicare spent \$2.6 billion on Ozempic for diabetes patients in 2021 but does not pay for weight loss drugs. Lobbying is underway to convince Medicare to also pay for these drugs for weight loss, and that would cost taxpayers billions more.

If you are eligible and interested in taking these drugs, you should talk to your physician about what to expect, the possible side effects, and your medical history. There are other methods available that can help you lose weight and improve your health if you stick with them. These include exercising regularly, developing healthier eating habits, and knowing when to eat.



CDC 2022 Adult Obesity Prevalence Map

Leaving a Legacy



With the support of his families, friends, and colleagues, we were honored to again offer an internship in honor of **Jack Mitchell**, who had been a federal investigator for the U.S. Senate and the FDA who helped to pave the way for government regulation of the tobacco industry by securing the cooperation of a key whistleblower. He was the director of health policy at NCHR when he passed away in 2019 from non-Hodgkin's lymphoma. Prior to his position at NCHR, he was also a top adviser to officials at U.S. Department of Health and Human Services, the National Science Foundation and the Office of the Special Inspector General for Afghanistan Reconstruction.



Jenny Niwa

Our 2023 Jack Mitchell Policy Intern was Jenny Niwa. Her work focused on a range of health policy issues that pertain to the safety and effectiveness of medical and consumer products, including conducting new research on unsafe environmental exposures. Jenny recently graduated from the University of Rochester with a B.S. in Environmental Health and B.A. in International Relations. As part of an accelerated Master's program at the School of Public Health, she will complete an M.S. in Epidemiology.

We were proud to offer the **Janice Bilden Cancer Prevention Internship** in 2023, thanks to a generous donation from her daughter Holly Haasch.



Holly tells us that her mom "loved to laugh, have fun and help her family in any way she could. Mom was my best friend and my Matron of Honor. However, 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 way to save lives and prevent the type of pain my Mom felt, and in losing her the type of pain we feel everyday."



Avery Nork

Avery Nork was our 2023 Janice Bilden Cancer Prevention Intern. As an intern, Avery was instrumental in increasing the public's awareness of carcinogenic environmental exposures in communities across the country, and we were so glad when he continued to work for us while in grad school after his internship. He then completed his Masters in Biostatistics at Georgetown University, where his research focused on mapping cancer tumor growth.

Is there someone you would like to honor? Internships and fellowships provide training that can result in a lifetime of good work. Honor a loved one through a donation of \$5,000 or more in cash or stock, a distribution from a retirement plan or life insurance policy, or a will. For more information, contact US at info@center4research.org.

Policy Quiz!

It may seem like 2023 was a quiet year for health policy, with threats of shutting down the government and partisan fighting that made progress seem impossible. But nevertheless there were many activities at federal agencies that can have an impact on the health of millions of people. And many were positive!

Can you match the agencies and legislatures with their accomplishments?

A. Sent warning letters and charged penalties to companies and vendors that illegally sell e-cigarettes and vaping products

B. Pays for Leqembi for patients with early Alzheimer's who participate in a registry to study the drug's risks and benefits

C. Banned the manufacture or sale of inclined sleepers and crib bumpers because they have been responsible for infant deaths

D. Introduced legislation to ban water beads, a toy product that has sent thousands of young children to hospital Emergency Departments

E. Held its first in-person meeting since the pandemic for State public health officials to determine how to reduce lead poisoning in children

F. First to introduce the Promising Pathways Act, to make it easier for unproven medications to get FDA approval to sell these products for years without evidence that they work

G. 11 million low-income Americans lost healthcare coverage in this program in 2023, many due to bureaucratic errors at the State level

H. New federal efforts were made to examine and reduce exposure to PFAS, the "forever chemicals" (list all that apply)

1 Medicaid

2 Food and Drug Administration (FDA)

3 Medicare

4 Consumer Product Safety Commission

5 Environmental Protection Agency (EPA)

6 Centers for Disease Control and Prevention (CDC)

7 U.S. Senate

8 U.S. House of Representatives

Answer Key: A:2, B:3, C:4, D:8, E:6, F:7, G:1, H:4,5,6,7,8

Have Questions? Contact our Helpline!

We know it can be frustrating and confusing when you need information about a new product and all you can find are advertisements or questionable articles saying how great the product is, but not giving you useful information about the potential risks.

Often, medical products are not adequately tested on both women and men, people of color, or people in your age group, but that information may not be publicly available. If you are looking for more information about a medical device, medication, or consumer product, we are happy to help! Email our helplines at info@center4research.org or info@stopcancerfund.org. We don't provide medical advice, but we can tell you what the evidence is about risks and benefits, and that can help you make an informed decision.

Donations from our many generous donors make it possible to respond to your specific questions for free!

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I forgot my keys! And later that day I forgot this famous actor's name! What should I do?
See our story on page 5.

Cancer Prevention and Treatment Fund

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