



October 22, 2018

VIA OVERNIGHT MAIL AND EMAIL

Andrew Smith, Director, Bureau of Consumer Protection
Mary Engle, Associate Director, Division of Advertising Practices
Federal Trade Commission
600 Pennsylvania Ave. N.W.
Washington, D.C. 20580



Re: Cancer Treatment Centers of America Global, Inc.

Dear Mr. Smith and Ms. Engle:

Cancer is among the leading causes of death worldwide. In the United States, it is estimated that more than 600,000 people will die from the disease this year and over 1.7 million new cases will be diagnosed.¹ Vying for this susceptible patient population,² and the nearly \$150 billion annually spent on cancer care,³ are more than 1,200 accredited cancer centers around the country.⁴ To compete with each other and attract patients, many cancer centers spend significant amounts advertising directly to consumers⁵ – consumers who are facing incredible health challenges and uncertain futures.⁶

The cancer center that continually spends the most on marketing each year – more than \$90 million on average over the last three years⁷ – is for-profit Cancer Treatment Centers of America Global, Inc. (“CTCA”), which is no stranger to the Federal Trade Commission. In 1996, CTCA entered into a consent agreement with the FTC that prohibited it from, among other things, using patient testimonials that misrepresent the typical experience of its patients.⁸ While this Order expired in 2016,⁹ the company is nonetheless bound by the law, which makes clear that touting atypical results in patient testimonials without clearly and conspicuously disclosing the generally expected results for a patient in a similar situation violates FTC law.¹⁰

Unfortunately, CTCA is again engaged in this type of deceptive marketing practice.¹¹ TINA.org has collected more than 130 examples of CTCA promoting atypical patient experiences in testimonials without legally sufficient disclosures in an attempt to attract cancer patients to one of its five treatment centers.¹² As such, FTC intervention is needed

once again to put an end to CTCA’s deceptive marketing tactics and the resulting consumer harm.¹³

Evidence of CTCA’s Deceptive Marketing

A. Deceptively Promoting Atypical Outcomes Without Proper Disclosure

TINA.org examined patient testimonials used in CTCA’s marketing – including on its websites and in its television commercials, online magazine, internet advertisements and social media posts – and collected more than 130 deceptive testimonials that were in circulation in 2018. These testimonials feature patients with cancer types that have a less than 50 percent five-year survival rate to advance the narrative, either explicitly or implicitly, that treatment at CTCA will provide patients with a therapeutic advantage, allowing them to beat the odds and live beyond five years.¹⁴ (TINA.org’s full collection is available in an online database at www.truthinadvertising.org/cancer-treatment-center-america-database.¹⁵) In each of the 130+ instances, CTCA failed to clearly and conspicuously disclose what is typical for such patients (i.e., a 50 percent or greater chance of dying within five years) in violation of FTC law.¹⁶

By way of example, consumers viewing CTCA testimonials in 2018 would learn about George R., a stage 3 lung cancer patient diagnosed in 2009¹⁷ (five-year survival rate: 29.7 percent¹⁸) whose wife credits CTCA for giving George “his life back,” adding: “He has a life that I never thought he was going to have.” Consumers would also learn about Andrew S., a stage 4 esophageal cancer patient at CTCA who was diagnosed in 2012¹⁹ (five-year survival rate: 4.8 percent²⁰) and who says, “Today, I feel better than before I was diagnosed.” CTCA stage 3 lung cancer patient Kathleen H., who was diagnosed in 1999, is also grateful: “My life has returned to normal.”²¹ And CTCA patient Russel celebrates being a five-year lung cancer survivor (five-year survival rate: 18.6 percent²²) by jumping out of a plane²³:



On CTCA's main website, www.cancercenter.com, CTCA showcases cancer survivors, and describes their medical-health journeys without ever clearly or conspicuously telling readers what the typical outcome is for patients with similar types of cancer.

Take, for example, excerpts from the following patient testimonial,²⁴ which is currently available to view on CTCA's website:

The screenshot shows the CTCA website interface. At the top, there are links for 'For Referring Physicians', 'For Current Patients', and 'Request an Appointment'. Below this is a navigation menu with categories like 'ABOUT YOUR CANCER', 'HOW WE TREAT CANCER', 'OUR LOCATIONS', and 'COMMUNITY & SUPPORT'. A search bar is located on the right. The main content area is titled 'Community & support' and features a 'SURVIVORS' section. A list of pancreatic cancer survivors is shown on the left, with Chris Parrish highlighted. The testimonial for Chris Parrish is displayed on the right, including a photo and a list of treatments and supportive care received. Two red arrows point to 'Pancreatic cancer - Stage IV' and 'Diagnosed: 2008'.

For Referring Physicians | For Current Patients | Request an Appointment

Cancer Treatment Centers of America

We're available 24/7 to discuss treatment options. Call anytime (888) 994-3546

Chat online now

ABOUT YOUR CANCER | HOW WE TREAT CANCER | OUR LOCATIONS | COMMUNITY & SUPPORT

Community & support | SURVIVORS | WHAT'S NEW AT CTCA | HEALTHY RECIPES | GIVING BACK | TIPS AND SUPPORT

« See all survivors

Pancreatic cancer survivors

J. Peter Mock
Pancreatic cancer survivor

Chris Parrish
Pancreatic cancer survivor

Jim Monaco
Pancreatic cancer survivor

Don Decker
Pancreatic cancer survivor

Cassandra Foy
Pancreatic cancer survivor

Roxanne Waling
Pancreatic cancer survivor

At CTCA, patients come first.

Call or chat to discuss your treatment options with an oncology information specialist. We're here 24/7.

(888) 994-3546

Chris Parrish

Pancreatic cancer - Stage IV

This testimonial includes a description of this patient's actual medical results. Those results may not be typical or expected for the particular disease type described in this testimonial. You should not expect to experience these results.

View CTCA treatment results for pancreatic cancer

Overview

Cancer: Stage IV Pancreatic cancer

Diagnosed: 2008

Treatments received:

- Chemotherapy
- Intra-arterial chemotherapy

Supportive Care received:

- Nutrition therapy
- Naturopathic medicine
- Mind-body medicine
- Acupuncture
- Chiropractic care

Treatment at: CTCA at CTCA in Suburban Chicago

Care Team:

- Glynis Vashi, MD
- Victoria Mahboub, MS, LCSW
- James Rosenberg, DC

Chris Parrish
Pancreatic Cancer

Not letting cancer control my life

Since my diagnosis, I have started golfing, which has become my new passion. I even walk the golf course and carry my own bag. It's empowering for me to be able to do that. And when I'm not golfing, I'm at the beach. I'm like a kid: I'm not indoors until the sun comes down. I don't want to miss a thing. I work out and jog/walk about a half-mile, when I feel up to it. A couple of times, I've even played basketball. It's good for my body to do something different.

Unfortunately, Ms. Parrish's 10 years of living with stage 4 pancreatic cancer is not typical. The five-year survival rate for stage 4 pancreatic cancer is 2.7 percent.²⁵ Nowhere in this testimonial does CTCA provide this information. Instead, at the top of the testimonial, CTCA states the following and hyperlinks to its own survival statistics:

This testimonial includes a description of this patient's actual medical results. Those results may not be typical or expected for the particular disease type described in this testimonial. You should not expect to experience these results.

[View CTCA treatment results for pancreatic cancer](#)

In other cases, such as in video commercials, CTCA places a small disclaimer at the bottom of the screen for a short period of time that states "No case is typical. You should not expect to experience these results."



Screenshot captured from a current CTCA YouTube video that was originally published in 2015 featuring Troy Mikell who, in 2004, was diagnosed with advanced stage transitional cell carcinoma,²⁶ which the CTCA website describes as stage 4 bladder cancer.²⁷ Stage 4 bladder cancer has a less than five percent five-year survival rate.²⁸

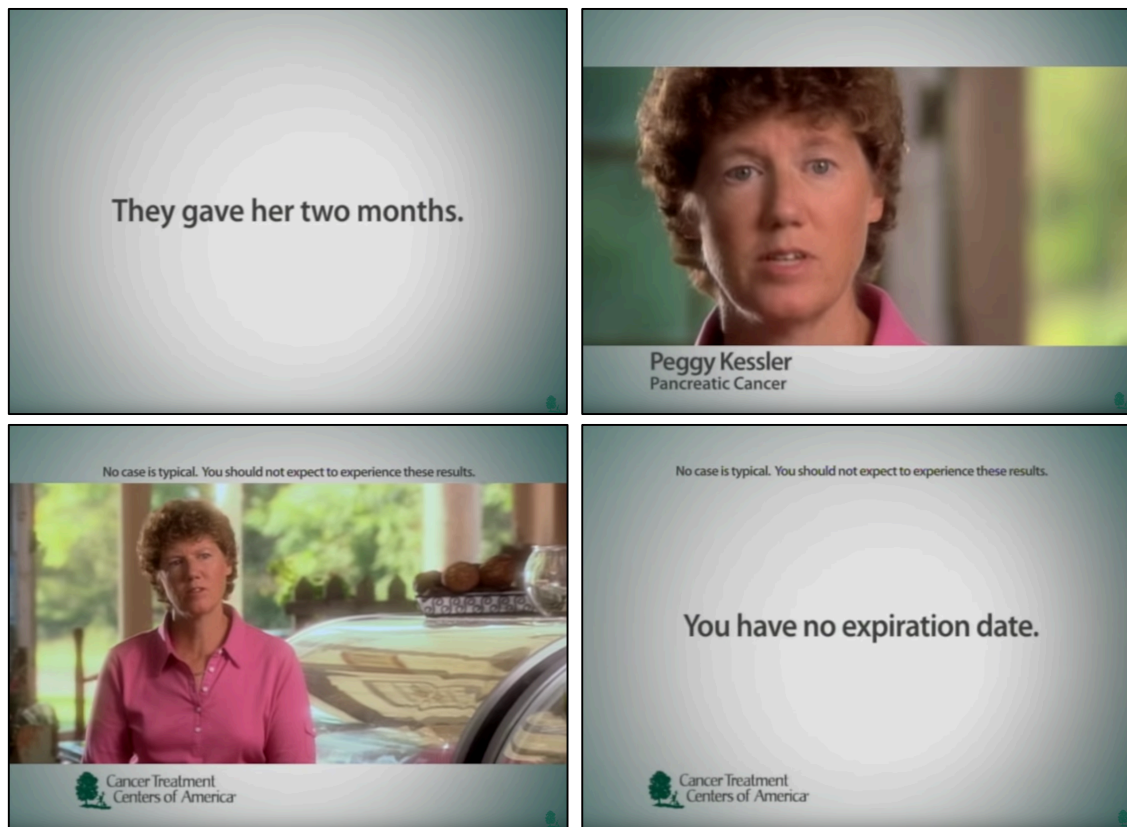
These disclosures are insufficient for several reasons.

- First, disclosures of material information such as typical life expectancy must be clear and conspicuous. Providing a disclosure in small print at the bottom of a television screen or on a webpage in a way that it could be easily overlooked does not satisfy this requirement.²⁹
- Second, it is not enough to simply tell consumers that the depicted results are “not typical” as such a weak disclaimer is ineffective.³⁰ If CTCA does not have substantiation that a promoted patient experience is representative of what consumers will generally achieve, the testimonial must clearly and conspicuously disclose the generally expected results in the depicted circumstances.³¹
- Third, hyperlinking to survival statistics, as CTCA does on its website, is not an adequate way of disclosing material information. As the FTC has explained, “[d]isclosures that are an integral part of a claim or inseparable from it should not be communicated through a hyperlink. Instead, they should be placed on the same page and immediately next to the claim, and be sufficiently prominent so that the claim and the disclosure are read at the same time, without referring the consumer somewhere else to obtain this important information... Indeed, required disclosures about serious health and safety issues are unlikely to be effective when accessible only through a hyperlink.”³²
- Fourth, even if it were enough to simply hyperlink to survival statistics, which is not the case, citing to CTCA’s own statistics, as it does on its Cancer Center website, is misleading and legally insufficient. For starters, CTCA only reports survival statistics for 11 “Distant (Metastatic)” cancers (breast, colon, esophageal, kidney, non-small cell lung, small cell lung, ovarian, pancreatic, prostate, rectal, and stomach cancer).³³ It does not publish statistics for any other cancer or cancer stage. Thus, CTCA’s statistics are not applicable when discussing many cancer types, such as stage 3 pancreatic cancer, or bladder cancer. Further, CTCA’s survival statistics are misleading because of selection bias. Specifically, CTCA only includes patients in its statistics who are diagnosed and/or start their treatment at CTCA. Patients who received treatment at other cancer centers at the outset are omitted from CTCA’s survival statistics.³⁴ Thus, CTCA’s statistics are not applicable when discussing, for example, a stage 4 breast cancer patient who switched her care to CTCA after first receiving care from another health care provider,³⁵ or a stage 2 lung cancer patient who first had surgery at a different hospital.³⁶ Moreover, because of CTCA’s selection bias, its sampling is limited to a small number of patients who have the financial means, overall health and sophistication to travel out-of-state for cancer care, which misleadingly skews the data in CTCA’s favor.³⁷

And even in the rare cases where the text of the testimonial makes a general reference to survival statistics, the takeaway message is that CTCA patients can and should ignore these odds, providing patients with false hope that if they seek treatment at CTCA, all

will be well. As Chuck G., who was diagnosed with stage 3 esophageal cancer (five-year survival rate: 23.6 percent³⁸) in early 2001, states in a CTCA testimonial: “By early October 2001, I was cancer free. . . . My recovery defies all statistics. But I agree with my doctors that ‘statistics mean nothing to believers.’”³⁹

Another CTCA YouTube commercial titled “Peggy Kessler – 5-Year Pancreatic Cancer Survivor Commercial” features a stage 4 pancreatic cancer patient (five-year survival rate: 2.7 percent⁴⁰) who was initially told by a different cancer center that she only had two months to live, but, thanks to CTCA, learned that she actually has “no expiration date.”



Screenshot captured from a current CTCA YouTube video that was originally published in 2013.⁴¹

B. Deceptively Promoting New Technologies Without Properly Disclosing their Risks and Limitations

CTCA also promotes newer treatments in testimonials, such as targeted therapy based on genomic testing and immunotherapy without disclosing the risks and limitations of such treatments. While CTCA acknowledges (though nowhere near its testimonials) that immunotherapy does not work in about 50 percent of cases,⁴² and that genomic testing is only used for select types of cancers and generally only *after* other therapies have failed,⁴³ it neglects to provide this material information in its marketing of these

treatments in patient testimonials. Moreover, there is no disclosure of the potential risks associated with such treatments.⁴⁴


For example, below are excerpts taken from a current stage 4 lung cancer patient testimonial highlighting atypical results after receiving immunotherapy at CTCA.⁴⁵ (The five-year survival rate for stage 4 lung cancer is 4.7 percent.⁴⁶)

Stacy Foltz

Lung cancer - Stage IV

This testimonial includes a description of this patient's actual medical results. Those results may not be typical or expected for the particular disease type described in this testimonial. You should not expect to experience these results.

[View CTCA treatment results for lung cancer](#)



Overview

Cancer: Stage IV Lung cancer

Diagnosed: 2016

Treatments received:

- Chemotherapy
- Immunotherapy
- Radiation therapy


Supportive Care received:

- Mind-body medicine
- Naturopathic medicine
- Nutrition therapy

Treatment at: CTCA at CTCA in Suburban Chicago

Care Team:

- Bruce Gershenhorn, DO



New options

At CTCA, I feel like I am never out of options. When one door closes, another one opens. My medical oncologist talked to me about immunotherapy. I hadn't heard of this option before. I soon found out that immunotherapy uses the body's immune system to fight cancer cells. The immune system doesn't always recognize cancer cells as harmful. Immunotherapy drugs alert the immune system about the mutated cancer cells so that my own body can locate and destroy them. I knew I wanted to try it.

I did about six weeks of immunotherapy, and I immediately knew it was working. My oxygen levels were up, my coughing was subsiding, and I overall felt better. Then it was discovered that the cancer had metastasized to my brain.

I underwent targeted radiation to the brain tumors in August 2016. Once recovery was complete, I resumed the immunotherapy in October. It's amazing to me that my own body can be used to identify and fight the bad cells. I am still in active treatment and continuing immunotherapy. Right now, we don't know if or when that will stop.

Attitude matters

After coming to CTCA, I found hope. I was only 45 years old at the time of my diagnosis, and I just knew that I had so much more to do. I didn't want someone giving me a timeframe to live. That's what I appreciate most about CTCA—I have a multidisciplinary team working with me on the same goal, to fight my cancer.

Throughout my journey with cancer, I have tried to keep a positive attitude. I didn't want any negativity around me. My support system, including my husband and three children, are so strong. I really believe there is a strong connection between the mind and body. The supportive care therapies offered at CTCA have helped me through cancer treatment.

Today I am happy. I like being outside, hiking and gardening. I enjoy photography and taking the time to capture an image of something that may not have seemed important before, but now I cherish the little things. I cherish the moments. After being diagnosed with cancer, I take the time to stop and look around, and see how amazing life really is.

Nowhere in this testimonial does CTCA inform consumers of the risks involved in trying immunotherapy or that it is not an option for all patients.

And below are excerpts taken from a stage 4 ovarian cancer patient who was diagnosed in 2010 and is now in remission after undergoing genomic testing and treatment at CTCA.⁴⁷ (The five-year survival rate for stage 4 ovarian cancer is 29.2 percent.⁴⁸)

Christine Bray

Ovarian cancer - Metastatic

This testimonial includes a description of this patient's actual medical results. Those results may not be typical or expected for the particular disease type described in this testimonial. You should not expect to experience these results.

[View CTCA treatment results for ovarian cancer](#)



Overview

Cancer: Metastatic Ovarian cancer

Diagnosed: 2010

Treatments received:

- Chemotherapy
- Radiation Therapy

Treatment at: CTCA at CTCA Philadelphia

Care Team:

- Justin Chura, MD

Milestones:



Finding hope and so much more

A friend in Texas told me her children's piano teacher had gone to Cancer Treatment Centers of America® (CTCA). I knew that I needed to talk to someone who was willing to think outside of the box, so I called. Very soon, I was on my way to CTCA® at Eastern Regional Medical Center in Philadelphia.

A friend traveled with me for my initial consultation, and we both felt this was the place. The doctors were willing to treat me, no one was telling me how long I had to live, and the atmosphere was warm and caring.

Dr. Chura told me that his goal was to get me back into remission. He spoke with me about genomic testing, which none of my previous physicians had done. He recommended chemotherapy with gemcitabine and bevacizumab, a drug that prior doctors had avoided because of the side effect risks. I stayed on these medications for nine months, a feat that was made possible in part due to the excellent supportive care I received at CTCA.

For the first time, I had professionals helping me manage the side effects. I saw a nutritionist, a naturopath, a massage therapist, and I received spiritual support, all within the walls of CTCA. And Dr. Chura was so supportive and encouraging. He truly cared about my life. He also included my husband, who joined us via conference calls at my big appointments because he couldn't be there in person.

After the chemotherapy and then radiation, I began treatment with a drug that had been identified as appropriate for me through [advanced genomic testing](#). With this approach, the tumor genome is analyzed. The results of this analysis identified a potential therapy that would target the tumor's genetic mutation. That testing led Dr. Chura to prescribe everolimus. Three months after beginning treatment with this medication, a follow-up scan showed no evidence of disease. And a few months later, the scan results were the same.

Five years later

Five years after my initial diagnosis, it is hard to believe what I've been through. I had almost gotten used to the ordeal, the constant fear of recurrence, the treatments, the cycles of hope and despair.

Today, with my CTCA Care Team by my side, I am more hopeful than ever about the road ahead. The genomic testing done at CTCA assisted my doctors in prescribing the appropriate medication, and I will continue to take it for as long as I can.

Nowhere in this testimonial does CTCA inform consumers of what the typical stage 4 ovarian cancer patient can expect, that genomic testing is not available for many cancer patients or that such testing is often used as a last resort.⁴⁹

Need for Enforcement Action

CTCA's deceptive marketing of atypical testimonials is used to help attract approximately 18 new patients a day to one of its five cancer centers,⁵⁰ with 70 percent of these patients leaving their homes, family and friends to travel out-of-state to obtain treatment at CTCA.⁵¹ The consumer harm associated with deceiving this susceptible patient population when many are literally fighting for their lives cannot be

underestimated.⁵² CTCA needs to be stopped, once again, from using atypical patient testimonials to persuade cancer patients (and their families) to seek care and treatment at its centers. For the foregoing reasons, TINA.org urges the FTC to reopen its investigation of CTCA and take appropriate enforcement action.

If you have any questions or need further information, please do not hesitate to contact us.

Sincerely,



Laura Smith, Esq.
Legal Director
Truth in Advertising, Inc.



Bonnie Patten, Esq.
Executive Director
Truth in Advertising, Inc.

Cc: Timothy Flanigan, Chief Legal Officer, Cancer Treatment Centers of America
Steven Zatz, M.D., Chief Executive Officer, WebMD
Robert Hesslein, General Counsel, Foundation Medicine, Inc.

¹ NIH National Cancer Institute Cancer Statistics, <https://www.cancer.gov/about-cancer/understanding/statistics>. Globally, there will be an estimated 18.1 million new cancer cases and 9.6 million cancer deaths in 2018. See Freddie Bray, Global Cancer Statistics 2018: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries, *Cancer J. Clin* 2018; 0: 1-31, <https://onlinelibrary.wiley.com/doi/epdf/10.3322/caac.21492>.

² *FTC v. IFC Credit Corp.*, 543 F. Supp. 2d 925, 946 (N.D. Ill. Apr. 9, 2008) (citing H.R.Rep. No. 156, Pt. 1, 98th Cong., 1st Sess. 37 (1983); Trade Reg.Rep. (CCH) P 50,421 at 55,948) (referring to seriously ill cancer patients as a “highly susceptible class[] of purchasers). See also *In the Matter of Cliffdale Assocs.*, 1984 FTC 71, 181 (F.T.C. 1984) (stating that “terminally ill consumers might be particularly susceptible to exaggerated cure claims”).

³ *Why More Funding for NIH?*, United for Medical Research, <http://www.unitedformedicalresearch.com/take-action/why-more-funding-for-nih/>.

⁴ American College of Surgeons, Commission on Cancer, <https://www.facs.org/search/cancer-programs>; Laura B. Vater et al., *What Are Cancer Centers Advertising to the Public? A Content Analysis*, 160(12) *Ann. Intern Med.* 813-820 (June 17, 2014).

⁵ Between 2005 and 2014, the amount spent by U.S. cancer centers on advertising soared 320 percent, from \$54 million in 2005 to \$173 million in 2014. See Laura B. Vater et al., *Trends in Cancer-Center Spending on Advertising in the United States, 2005 to 2014*, 176(8) *JAMA Intern. Med.* 1214-1216 (Aug. 1 2016). And in 2017, the 50 U.S. cancer centers that spent the most money on advertising collectively spent more than \$140 million, according to Kantar Media.

⁶ Moreover, cancer centers’ advertising – particularly on websites – is not readily identifiable as marketing material and may be viewed as impartial, educational materials by patients trying to learn about their treatment options. See Yael Schenker and Alex John London, *Risks of Imbalanced Information on US Hospital Websites*, 175(3) *JAMA Intern Med.* 441-443 (Mar. 2015) (discussing the informational asymmetries between healthcare institutions and patients, and how patients “lack the framework for evaluating what they need to know about many medical treatments and surgical procedures and, therefore, whether the information they have received is adequate.”); Robin Larson et al., *Advertising by Academic Medical Centers*, 165(6) *Arch. Intern. Med.* 645-651 (Mar. 28, 2005) (discussing how consumers tend to have a greater degree of confidence in the quality, accuracy, and underlying altruistic motivations of medical institutions than they do other types of marketers, and therefore may not be able to differentiate between educational information and advertising designed to generate revenue); Lisa M. Schwartz and Steven Woloshin, *Cancer Center Advertising – Where Hope Meets Hype*, 176(8) *JAMA Intern. Med.* 1068-1070 (Aug. 1, 2016) (discussing how “vulnerable patients” may be lured by cancer center marketing pitches to leave their homes, families, and other support systems in their communities).

⁷ According to Kantar Media, CTCA spent \$104 million in advertising in 2015, \$100 million in 2016, and \$69 million in 2017. In 2017, CTCA spent as much on advertising as the next 49 top spending cancer centers combined.

⁸ *FTC v. Cancer Treatment Centers of America, Inc.*, Consent Agreement, May 31, 1996 (Dkt. C-3662) (“this consent agreement . . . would require [CTCA] to substantiate future claims regarding the success or efficacy of their cancer treatments and to ensure that testimonials they use do not misrepresent the typical experience of their patients.”).

⁹ FTC Policy Statement Regarding Duration of Competition and Consumer Protection Orders, August 7, 1995, FR Doc. 95—20144.

¹⁰ 16 CFR §255.2, FTC Guides Concerning the Use of Endorsements and Testimonials in Advertising, available at <https://www.ftc.gov/sites/default/files/attachments/press-releases/ftc-publishes-final-guides-governing-endorsements-testimonials/091005revisedendorsementguides.pdf>.

¹¹ In 2016, TINA.org reached out to CTCA in connection with an Ad Alert it was writing (see <https://www.truthinadvertising.org/cancer-treatment-centers-america/>). In response, CTCA stated, among other things, that “[a]ll of our advertising undergoes meticulous review for clinical accuracy as well as legal approval to ensure we tell our story in an informative and responsible manner, and in compliance with FTC guidelines.” See CTCA’s 2016 statement to TINA.org, available at <https://www.truthinadvertising.org/wp-content/uploads/2018/10/CTCA-2016-Statement.pdf>.

¹² In conjunction with its CTCA investigation, TINA.org also investigated the 50 U.S. cancer centers that spent the most money on advertising in 2017 (according to data obtained from Kantar Media) in order to determine whether other cancer centers deceptively used patient testimonials in their 2018 marketing materials. This investigation revealed that, of the cancer centers still in business in 2018, 43 out of 48 – or 90 percent – have used this same deceptive marketing tactic this year – that is, used testimonials in marketing materials that feature patients who experienced atypical outcomes for their particular cancer type without clearly or conspicuously disclosing the typical outcome. TINA.org is notifying each of the centers at issue, many of which are nonprofit institutions, of its findings. These notifications letters, as well as TINA.org’s findings for each cancer center at issue, are available at <https://www.truthinadvertising.org/cancer-centers-summary-action/>.

¹³ The financial impact of cancer on patients is staggering. Not only do cancer patients pay billions of dollars in out-of-pocket expenses for cancer treatment each year, 62 percent of cancer patients report being in debt due to their treatment; over half of cancer patients experience house repossession, bankruptcy, loss of independence, and relationship breakdowns; and they are 2½ times as likely to declare bankruptcy as healthy people. See *The Cost of Cancer: Addressing Patient Costs*, American Cancer Society, <https://www.fightcancer.org/sites/default/files/Costs%20of%20Cancer%20-%20Final%20Web.pdf>; Adrienne M. Gilligan et al., *Death or Debt? National Estimates of Financial Toxicity in Persons with Newly-Diagnosed Cancer*, 131(10) Am. J. Med. 1187-1199 (Oct. 2018), [https://www.amjmed.com/article/S0002-9343\(18\)30509-6/fulltext#sec0007](https://www.amjmed.com/article/S0002-9343(18)30509-6/fulltext#sec0007); *42 Percent of New Cancer Patients Lose Their Life Savings*, BigThink, <https://bigthink.com/culture-religion/how-much-does-cancer-cost>; *The High Cost of Cancer Treatment: Avoiding Financial Disaster Can Add Stress to Patient’s Battle Against the Disease*, AARP, <https://www.aarp.org/money/credit-loans-debt/info-2018/the-high-cost-of-cancer-treatment.html>.

¹⁴ TINA.org used the five-year survival statistics published on the NIH National Cancer Institute Surveillance, Epidemiology, and End Results Program website (<https://seer.cancer.gov/statfacts/>) in determining which testimonials portray atypical results. In cases where such statistics were not available, TINA.org looked to other sources, including Cancer.org and Cancer.net.

The NIH SEER Cancer Survival Statistics provide overall statistics for different cancer types (e.g., brain, lung, breast, ovarian), as well as individual survival statistics for each stage of a given cancer type. These statistics describe cancer stages using words (“Localized,” “Regional,” “Distant”) as opposed to numbers (stage 1, stage 2, stage 3, stage 4).

In aligning the staging system used in the testimonials to the NIH SEER stages, TINA.org classified stage 1 as “Localized,” stages 2 and 3 as “Regional,” and stage 4 as “Distant,” which is consistent with the National Cancer Institute’s Cancer Staging definitions. See NIH National Cancer Institute Cancer Staging, <https://www.cancer.gov/about-cancer/diagnosis-staging/staging>.

If a testimonial provided the stage, TINA.org used the statistic for that particular stage. If a testimonial did not provide a stage, TINA.org used the overall statistic for that cancer type. In those cases in which a particular patient is featured more than once in a database – i.e., the cancer center featured the patient in multiple marketing materials – TINA.org catalogued the specific cancer stage for that patient based on related posts even if one or more of the patient’s testimonials did not provide staging information. However, in those instances, the patient’s testimonials present an atypical result whether general or specific survival statistics are used. That is to say, regardless of which survival statistics are used, the five-year life expectancy is under 50 percent.

Cancer Stat Facts: Lung and Bronchus Cancer

At a Glance

Estimated New Cases in 2018	234,030
% of All New Cancer Cases	13.5%
Estimated Deaths in 2018	154,050
% of All Cancer Deaths	25.3%

Percent Surviving 5 Years
18.6%
2008-2014

Survival Statistics

How Many People Survive 5 Years Or More after Being Diagnosed with Lung and Bronchus Cancer?

Relative survival statistics compare the survival of patients diagnosed with cancer with the survival of people in the general population who are the same age, race, and sex and who have not been diagnosed with cancer. Because survival statistics are based on large groups of people, they cannot be used to predict exactly what will happen to an individual patient. No two patients are entirely alike, and treatment and responses to treatment can vary greatly.

Percent Surviving 5 Years
18.6%

Survival by Stage

Percent of Cases & 5-Year Relative Survival by Stage at Diagnosis: Lung and Bronchus Cancer

Percent of Cases by Stage

Localized (16%)	10%
Regional (22%)	22%
Distant (57%)	57%
Unknown (9%)	5%

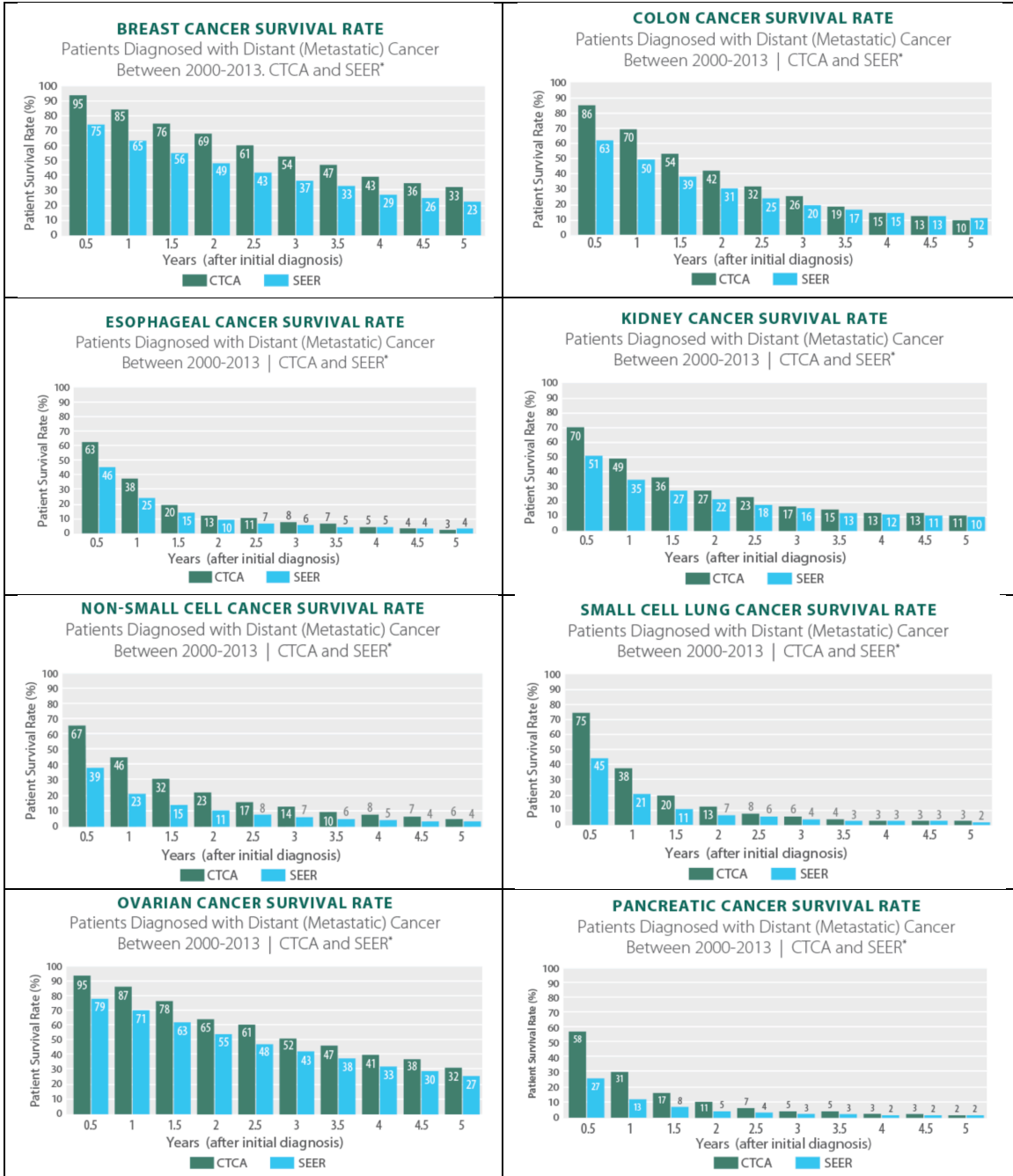
5-Year Relative Survival

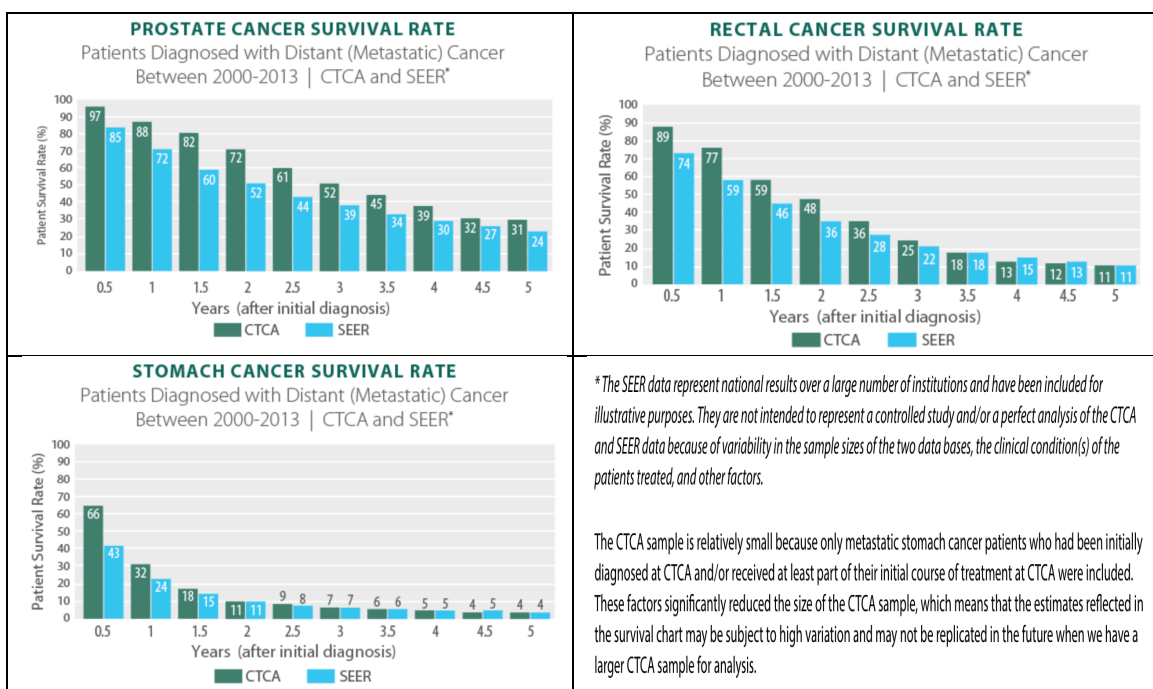
Localized	56.3%
Regional	29.7%
Distant	4.7%
Unknown	7.8%

Overall Survival Statistic

Survival Statistics Broken Down by Stage

CTCA provides life-expectancy statistics for 11 distant cancers (breast, colon, esophageal, kidney, non-small cell lung, small cell lung, ovarian, pancreatic, prostate, rectal and stomach cancer). TINA.org did not use CTCA’s reported “Length of Life Statistics” given the severe limitations of the data. Nevertheless, use of CTCA statistics would not change the results of TINA.org’s findings as the CTCA survival rates for all 11 cancer types, as shown below, are well below 50 percent five years out.





¹⁵ The CTCA testimonials in TINA.org’s database feature patients who are not likely to survive beyond five years from diagnosis based on their cancer types but nevertheless state expressly or imply that they have lived beyond five years or will live past the five-year mark, which is, by definition, an atypical result.

As of October 17, 2018, 88 of the 134 CTCA testimonials catalogued by TINA.org in this database were not in publication. However, TINA.org’s investigation revealed that the company has removed patient testimonials from publication from time to time only to republish some of them at a later date. Regardless, all of the testimonials in TINA.org’s database were in circulation in 2018 at one time or another.

¹⁶ 16 CFR § 255.2.

¹⁷ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/George-Rader-Lung-Cancer-CTCA-Vid-A.mp4>.

¹⁸ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Lung-and-Bronchus-Cancer-by-Stage-Stats.png>.

¹⁹ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Andrew-Slachta-Esophageal-Cancer-CTCA-Website.png>.

²⁰ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Esoophageal-Cancer-by-Stage-Stats.png>.

²¹ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Kathleen-Houlihan-Lung-Cancer-CTCA-Vid-A.mp4>.

²² <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Lung-Cancer-Overall-Stat.png>.

²³ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Russel-Lung-Cancer-CTCA-Instagram.png>.

²⁴ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Chris-Parrish-Pancreatic-Cancer-CTCA-Website.png>.

²⁵ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Pancreatic-Cancer-Cancer-Stat-Facts.png>.

²⁶ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Troy-Mikell-Bladder-Cancer-CTCA-Vid-A.mp4> and <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Troy-Mikell-Bladder-Cancer-CTCA-YouTube-Vid-A.png>. Note that the YouTube video caption states this patient was diagnosed with stage 3 cancer but the video states he was diagnosed with stage 4 cancer.

²⁷ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Troy-Mikell-Bladder-Cancer-CTCA-Website-Vid-A.png>.

²⁸ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Bladder-Cancer-by-Stage-Stats.png>.

²⁹ See FTC’s .com Disclosures: How to Make Effective Disclosures in Digital Advertising, available at <https://www.ftc.gov/sites/default/files/attachments/press-releases/ftc-staff-revises-online-advertising-disclosure-guidelines/130312dotcomdisclosures.pdf>.

³⁰ 16 CFR §255.2, fn 1. See, e.g., testimonial of CTCA stage 4 pancreatic cancer patient Jim M., available at <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Jim-Monaco-Pancreatic-CTCA-Website.png> (“[My wife] found a story about a woman who had stage IV pancreatic cancer and is now a survivor. She had gone to Cancer Treatment Centers of America® (CTCA). So I called the hospital system figuring if she could do it, I can too.”)

³¹ 16 CFR §255.2.

At the time of the FTC’s 1996 Order against CTCA, the FTC believed that a marketer could correct a misleading testimonial or endorsement simply by stating that consumers should not expect to experience similar results. Since that time, the FTC has altered its position based upon updated research.

³² See FTC’s .com Disclosures: How to Make Effective Disclosures in Digital Advertising, available at <https://www.ftc.gov/sites/default/files/attachments/press-releases/ftc-staff-revises-online-advertising-disclosure-guidelines/130312dotcomdisclosures.pdf>.

³³ See Cancer Treatment Centers of America Patient Treatment Results 2017|2018, available at <https://www.cancercenter.com/ctca-results/tab/patient-experience-results/~/media/68AB2B05F82E4903B901D9C3540A1ADD.ashx>.

When CTCA publishes a testimonial of a patient who has a cancer for which CTCA does not report its own “treatment results,” it states “View CTCA treatment results for prevalent cancers we treat” and links to its general “Survival Statistics and Results” landing page.

For example:

Troy Mikell

Bladder cancer - Stage IV

This testimonial includes a description of this patient's actual medical results. Those results may not be typical or expected for the particular disease type described in this testimonial. You should not expect to experience these results.

[View CTCA treatment results for prevalent cancers we treat](#)

See <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Troy-Mikell-Bladder-Cancer-CTCA-Website-Vid-A.png>.

Clearly, CTCA's statistics for breast or colon cancer, for example, are not applicable when discussing a patient who has bladder cancer.

³⁴ See Cancer Treatment Centers of America Patient Treatment Results 2017|2018, available at <https://www.cancercenter.com/ctca-results/tab/patient-experience-results/~media/68AB2B05F82E4903B901D9C3540A1ADD.ashx> (“‘Analytic’ patients are those who are diagnosed and/or receive all or part of their first course of cancer treatment at CTCA. ‘Non-analytic’ patients are those who receive subsequent cancer treatment at CTCA due to progressive or recurrent disease.”)

³⁵ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Felicia-Mashburn-Breast-Cancer-CTCA-Website.png>.

³⁶ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Larry-Conley-Lung-CTCA-Website-Spring2018.png>.

³⁷ See CTCA's Why Travel for Cancer Treatment?, available at <https://www.cancercenter.com/~media/Images/Others/Misc/travel-treatment-infographic.jpg> (“Nearly 70% of patients who treat at Cancer Treatment Centers of American travel to one of our hospitals from another state.”). See also *Special Report: Behind a Cancer-Treatment Firm's Rosy Survival Claims*, Reuters, Mar. 6, 2013, available at <https://www.reuters.com/article/us-usa-cancer-ctca/special-report-behind-a-cancer-treatment-firms-rosy-survival-claims-idUSBRE9250L820130306>; *Cancer Treatment Centers of America Sells False Hope*, Chicago Now, June 12, 2013, available at <http://www.chicagonow.com/cancer-is-not-a-gift/2013/06/cancer-treatment-centers-of-america-sells-false-hope/>.

³⁸ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Esophageal-Cancer-by-Stage-Stats.png>.

³⁹ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Chuck-Glenn-Esophageal-Cancer-CTCA-Website.png>.

⁴⁰ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Pancreatic-Cancer-Cancer-Stat-Facts.png>.

⁴¹ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Peggy-Kessler-Pancreatic-Cancer-CTCA-Vid-D.mp4> and <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Peggy-Kessler-Pancreatic-Cancer-CTCA-YouTube-Vid-D.png>.

⁴² <https://www.cancercenter.com/discussions/blog/why-does-immunotherapy-work-for-some-but-not-others/> (“Now researchers and cancer doctors are trying to unravel the mystery behind why in some cases—about half the time immunotherapy is tried on most cancers—the patient's immune system doesn't respond at all.”)

⁴³ <https://www.cancercenter.com/treatments/advanced-genomic-testing/who-benefits/>;
<https://www.cancercenter.com/treatments/advanced-genomic-testing/the-promise/>.

⁴⁴ See, e.g., *Cancer Treatment Hype Gives False Hope to Many Patients*, USA Today, April 27, 2017, available at <https://www.usatoday.com/story/news/2017/04/27/cancer-treatment-hype-gives-false-hope-many-patients/100972794/> (discussing the hype surrounding and the risks associated with immunotherapy, reporting that immunotherapy treatments “can provoke fatal immune system attacks on the lungs, kidneys, heart and other organs. And there are no approved immunotherapies for tumors of the breast, colon, prostate and pancreas. Only about 10% of all cancer patients can expect to benefit from immunotherapy.”)

⁴⁵ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Stacy-Foltz-Lung-Cancer-CTCA-Website-Vid-A.png>.

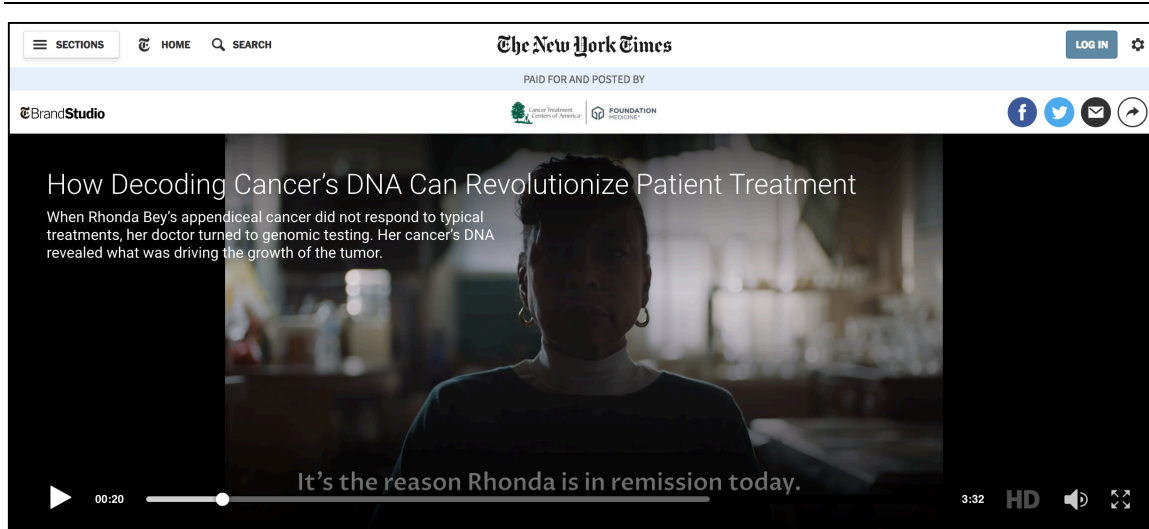
⁴⁶ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Lung-and-Bronchus-Cancer-by-Stage-Stats.png>.

Though this patient was diagnosed in 2016, patients with metastatic non-small cell lung cancer, such as Stacy Foltz, have an 11 percent chance of surviving two years after their initial diagnosis. See CTCA Non-Small Cell Lung Cancer survival statistics & results, available at <https://www.cancercenter.com/lung-cancer/statistics/tab/lung-cancer-NSCLC-survival-statistics/>. Since Stacy was not exclusively treated at CTCA, CTCA’s survival statistics for this type of cancer (i.e., 23 percent chance of surviving two years after initial diagnosis) would not apply. *Id.*

⁴⁷ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Christine-Bray-Ovarian-CTCA-Website.png>.

⁴⁸ <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Ovarian-Cancer-by-Stage-Stats.png>.

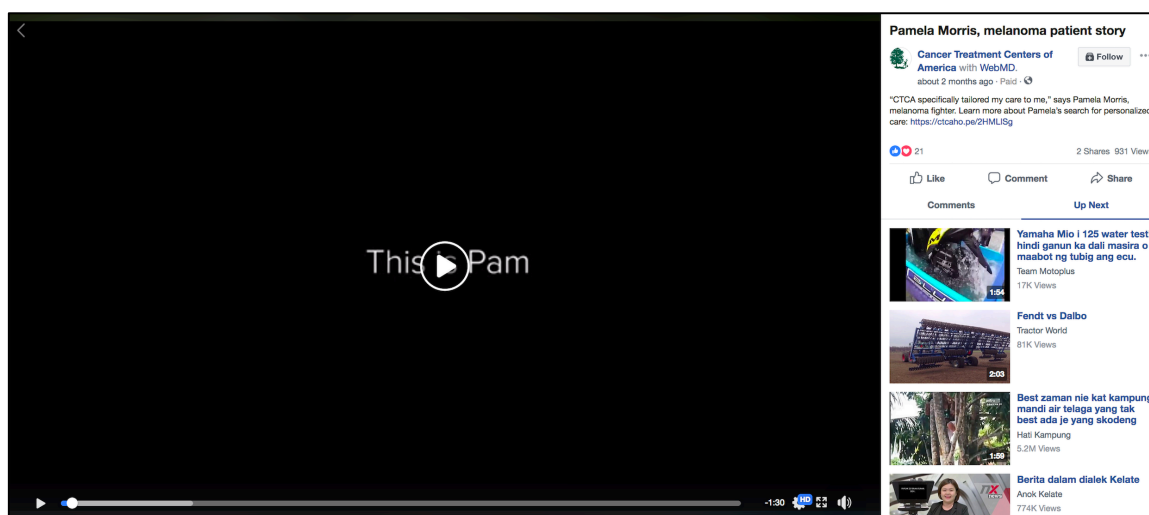
⁴⁹ CTCA also does not inform patients that it has teamed up with Foundation Medicine, a public corporation based in Massachusetts that manufactures and sells genomic analysis diagnostic tests for certain types of cancers. The two corporations have made video advertisements that promote genomic testing at CTCA and how this methodology can “revolutionize patient treatment.” See <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Rhonda-Bey-Appendix-CTCA-Video-A.mp4>, <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Rhonda-Bey-Appendix-CTCA-NY-Times-SponCon-Vid-A.png>, and <https://paidpost.nytimes.com/ctca-foundation-medicine/the-promise-of-precision-cancer-treatment.html#100000005753774>.



Also, as with the other examples in TINA.org's database of deceptive CTCA marketing materials, this advertisement does not disclose the typical experience for a patient with metastatic appendiceal cancer.

CTCA has also paired up with the popular online medical information website WebMD to form a "cancer education partnership." See *New Cancer Treatment Centers of America and WebMD Cancer Educational Partnership*, <http://magicopen.com/new-cancer-treatment-centers-of-america-and-webmd-cancer-educational-partnership/> and *New Cancer Educational Format Delivered by CTCA to WebMD*, <http://hangzhoualleycat.com/new-cancer-educational-format-delivered-by-ctca-to-webmd/>.

Despite the partnership's mission to "give web browsers a credible online site for researching cancer topics," the two companies jointly publish deceptive marketing materials, such as this Facebook post, which features a video about a CTCA patient with stage 4 melanoma. Stage 4 melanoma has a 22.5 percent five-year survival rate (<https://www.truthinadvertising.org/wp-content/uploads/2018/07/Melanoma-by-Stage-Stats.png>), a fact that is not disclosed here.



<https://www.truthinadvertising.org/wp-content/uploads/2018/07/Pamela-Morris-Melanoma-CTCA-Facebook-Vid-A.png> and <https://www.truthinadvertising.org/wp-content/uploads/2018/07/Pamela-Morris-Melanoma-CTCA-Vid-A.mp4>.

TINA.org has notified both Foundation Medicine and WebMD of these deceptive marketing issues by sending them a copy of this letter.

⁵⁰ See Cancer Treatment Centers of America Patient Treatment Results 2017|2018, available at <https://www.cancercenter.com/ctca-results/tab/patient-experience-results/~media/EE2EFC08D10944C7BD4C67BDCB7FC380.ashx> (between July 1, 2015 and June 30, 2016, CTCA gained 6,431 new patients).

⁵¹ See CTCA's Why Travel for Cancer Treatment?, available at <https://www.cancercenter.com/~media/Images/Others/Misc/travel-treatment-infographic.jpg>.

⁵² See fn. 13, *supra*.