

# Supporting Patients & Providers in a Sea of Health Misinformation

June 27, 2024 | 1830–2000 PT

**NOTE:** The webinar (and audio) will start at 6:30PM



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Ask your questions: [slido.com](https://www.slido.com) | [#healthmisinformation](https://twitter.com/healthmisinformation)

# DISCLOSURES

## Planning Team

- **Dr. Bob Bluman (UBC CPD):** No conflicts of interest
- **Kathryn Young (UBC CPD):** No conflicts of interest
- **Caldon Saunders (UBC CPD):** No conflicts of interest

## Panelists

- **Krishana Sankar:** No conflicts of interest
- **Timothy Caulfield:** Has received funding from CIHR, Stem Cell Network, Genome Canada, Canadian Cancer Society, Canadian Biomedical Research Fund (gov. of Canada) for peer reviewed research grants (held by University of Alberta) to support research and engagement activities. Is a member of Speaker's Spotlight bureau, a speaker agency that organizes talks. Financial relationships are **unrelated** to this webinar.
- **Thomas Piggott:** Has received funding from Multiple Sclerosis International Federation in research funding, Public Health Agency of Canada to support the development of the Canadian Post-COVID Condition guidelines, and World Health Organization to support operations/staffing to evaluate improvement in transparency of the Essential Medicine List. Financial relationships are **unrelated** to this webinar.

# DISCLOSURES

## Panelists continued

- **Cheryl Peters:** Expert group on occupational cancer burden in the Netherlands (TNO University). Compensated by TNO University for time for role on expert group. This role is **unrelated** to work in this webinar; Member of advisory board for Evict Radon National Study. Does not receive payment for this role. Role is **unrelated** to the content of this webinar. Received funding from Canadian Institutes of Health Research Social Sciences and Humanities Research Council, Canadian Cancer Society, WorkSafeBC Workers' Compensation Board of Manitoba, Provincial Health Services Association, Canadian Partnership Against Cancer Government of Alberta (Alberta Health). All of these organizations have funded (or currently fund) research project grants held on topics related primarily to occupational and environmental disease prevention. The SSHRC funding was for a project on cancer myths, and the CCS funding is for a current grant on cancer prevention misinformation, which are relevant topics to the topic. **Neither SSHRC nor CCS have any influence** on the research design nor dissemination of any results of those studies.
- **Marco Zenone:** Has received direct financial payments from Health Law Institute, University of Alberta where employed as a research associate. Received funding for CIHR, Canadian Cancer Society where listed as a trainee or collaborator on several grants under the organizations. Received postdoctoral funding from CIHR (Banting; starting Sep 2024). Financial relationships are **unrelated** to this webinar.
- **Bruce Hobson:** Received payment from UBC CPD, Doctors of BC, PainBC, Health Excellence Canada, PHSA, Cowichan Divisions of Family Practice, Health Data Coalition for roles as Medical Director, Medical Lead, Committee Member. These roles have **no influence on program or content**.

# LEARNING OBJECTIVES

- Detect and manage sources of health misinformation
- Support your patients navigate health misinformation
- Recommend resources to help clinicians and patients assess the reliability of health information sources

# Timothy Caulfield

CM, FRSC, FCAHS | Canada Research Chair in Health Law and Policy; Professor,  
Faculty of Law and School of Public Health; and Research Director, Health Law  
Institute



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# Dr. Thomas Piggott

MD, PhD, CCFP, FRCPC | Medical Officer of Health and CEO, Peterborough  
Public Health



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# Dr. Cheryl Peters

Senior Scientist (Cancer Prevention), BCCDC and BC Cancer; Assistant Professor, School of Population & Public Health, UBC; Assistant Professor in Oncology and Community Health Sciences, University of Calgary

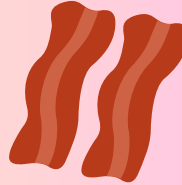


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# Known (to science!) cancer risk factors



(not enough)



(not enough)



% who agree (that factor **increases** cancer risk)



# Untrue (or unproven) cancer risk factors (selected)



(food additives)

0%

50%

100%

% who agree (that factor **increases** cancer risk)

# Known (to science!) cancer prevention factors



0%

50%

100%

% who agree (that factor decreases cancer risk)

# Untrue (or unproven) cancer prevention factors (selected)



0%

50%

100%

% who agree (that factor decreases cancer risk)

# Marco Zenone

PhD Student, London School of Hygiene & Tropical Medicine; Research Associate, University of British Columbia



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# About Me

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LONDON  
SCHOOL *of*  
HYGIENE  
& TROPICAL  
MEDICINE

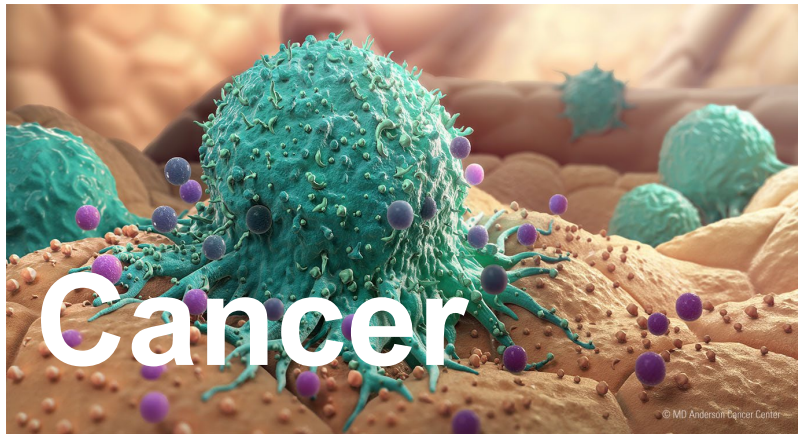


[My research can be found here.](#)



**Research Focus:  
Health Disinformation**

# My (very brief) talk today: To discuss how cancer patients are advertised unproven and questionable cancer treatments on Google and Meta



# Use of Alternative Medicine for Cancer and Its Impact on Survival <sup>FREE</sup>

Skyler B Johnson ✉, Henry S Park, Cary P Gross, James B Yu

JNCI: Journal of the National Cancer Institute, Volume 110, Issue 1, January 2018, Pages 121–124, <https://doi.org/10.1093/jnci/djx145>

Published: 10 August 2017 **Article history** ▾

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## Abstract

There is limited available information on patterns of utilization and efficacy of alternative medicine (AM) for patients with cancer. We identified 281 patients with nonmetastatic breast, prostate, lung, or colorectal cancer who chose AM, administered as sole anticancer treatment among patients who did not receive conventional cancer treatment (CCT), defined as chemotherapy, radiotherapy, surgery, and/or hormone therapy. Independent covariates on multivariable logistic regression associated with increased likelihood of AM use included breast or lung cancer, higher socioeconomic status, Intermountain West or Pacific location, stage II or III disease, and low comorbidity score. Following 2:1 matching (CCT = 560 patients and AM = 280 patients) on Cox proportional hazards regression, AM use was independently associated with greater risk of death compared with CCT overall (hazard ratio [HR] = 2.50, 95% confidence interval [CI] = 1.88 to 3.27) and in subgroups with breast (HR = 5.68, 95% CI = 3.22 to 10.04), lung (HR = 2.17, 95% CI = 1.42 to 3.32), and colorectal cancer (HR = 4.57, 95% CI = 1.66 to 12.61). Although rare, AM utilization for curable cancer without any CCT is associated with greater risk of death.

False hope

Time away from loved one's at end of life

Harm from alt. treatments

Financial exploitation

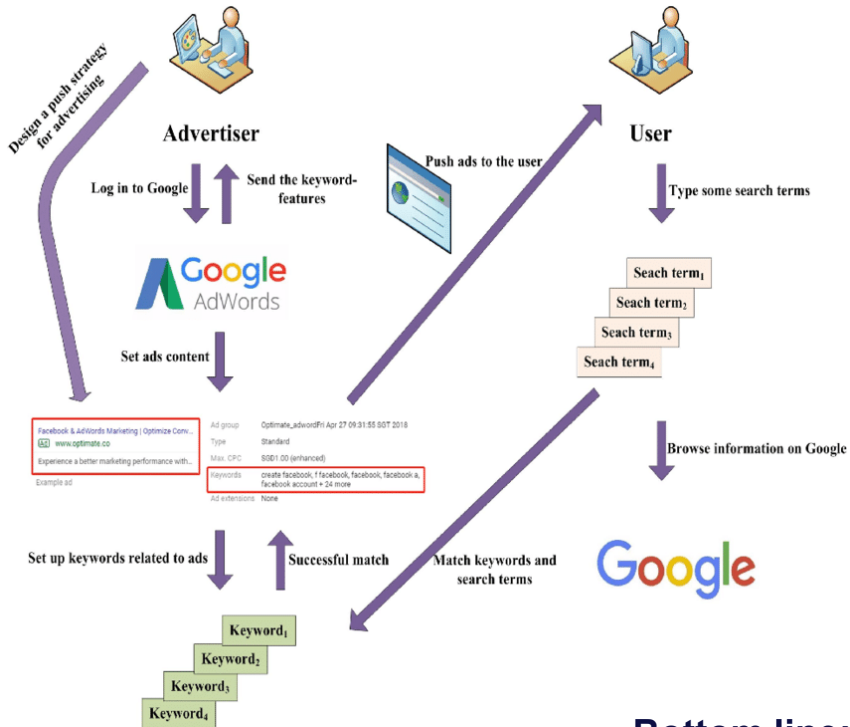
Opting out of conventional treatment

Delaying or denying end of life planning

## Ad Targeting



# Google Enables Advertisers to Target the Sensitive Informational Search Queries of Cancer Patients



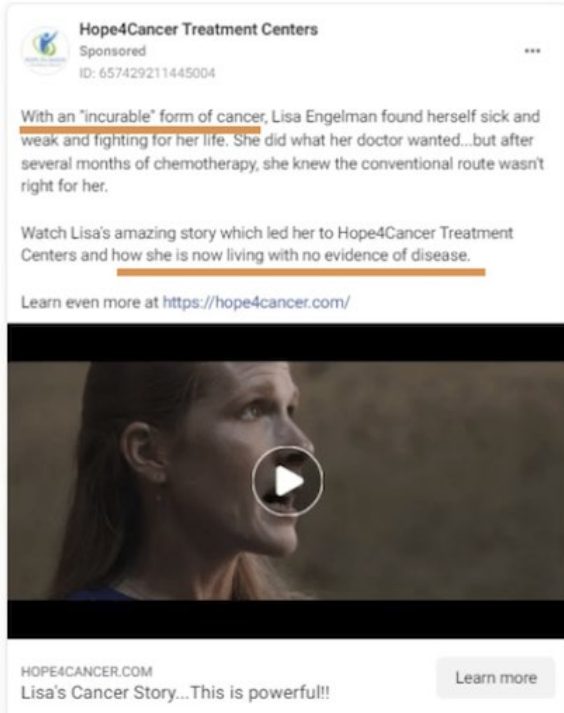
Google search results for "terminal cancer treatment":

- Sponsored:** heal.hope4cancer.com  
https://heal.hope4cancer.com  
**No Chemo - No Radiation - Alternative Cancer Treatment**  
Top 3 **Cancer Treatments** You Need To Know About And What They Mean for Your Healing Journey. More **Treatment** Under One Roof...  
About Us · View Locations · Doctor Profiles · Blog Center · Schedule A Consultation
- National Cancer Institute (.gov)**  
https://www.cancer.gov/about-cancer/advanced-ca...  
**Advanced Cancer**  
Those that cannot be controlled with **treatment** are often called end-stage **cancer** or **terminal cancer**. **Advanced cancer** may also be used to describe cancers that ...
- Myend**  
https://myend.com/what-is-terminal-cancer-symptom...  
**What is Terminal Cancer? Symptoms and Treatment**  
Feb 14, 2023 — Symptoms · Pain · Fatigue · Loss of appetite · Weight loss · Nausea and vomiting · Difficulty breathing · Changes in skin color or texture ...

Bottom line: The content of Google searches = matched to ad keywords



# Advertising Alternative Cancer Treatments on Meta Social Media Platforms



**Hope4Cancer Treatment Centers**  
Sponsored  
ID: 657429211445004

With an "incurable" form of cancer, Lisa Engelman found herself sick and weak and fighting for her life. She did what her doctor wanted...but after several months of chemotherapy, she knew the conventional route wasn't right for her.

Watch Lisa's amazing story which led her to Hope4Cancer Treatment Centers and how she is now living with no evidence of disease.

Learn even more at <https://hope4cancer.com/>

HOPE4CANCER.COM  
Lisa's Cancer Story...This is powerful!!

Learn more

Example statements signifying that the offered cancer treatment is effective for curative or life-prolonging purposes, or treatment offered has cured or prolonged life in patients.

#### Sample excerpts

- "From hospice to healed! CHIPSA saves another cancer patient."
- "It really was just about the 2-week mark where I really had noticeable improvement in how I felt, and my breast lump started shrinking so that was pretty amazing."
- "Craig was diagnosed with colorectal cancer and came to the Budwig Center in August 2014 to receive treatment pursue the natural approach. Just a year later, in May 2015, the doctors shared with some good news: his cancer had totally disappeared."
- "Eight years later: Bailey O'Brien shares how she be terminal melanoma at CHIPSA."
- "Aaron's stage IV glioblastoma survivor story."
- "My oncologist didn't believe it was possible to cure my cancer, thanks to Immunity Therapy Center I proved him wrong!"
- "11 weeks after treatment, his tumor had virtually disappeared and John has not had a recurrence since."
- "But nearly two years after her initial diagnosis, and treatment at CHIPSA, Amanda is still alive to share her story, and remarkably, she's cancer free!"
- "Rebecca's battle with thyroid cancer led her to seek a more integrative approach. She found Verita Life Thailand. Following treatment at our clinic in Bangkok, today, she is cancer-free."
- "How Michelle overcame breast cancer with immunotherapy based on dendritic cells: 'I've been getting treatments for about a month and there is no evidence of the tumour whatsoever.'"
- "Envita totally saved my life."
- "I stayed the full 6 weeks just to get all the good therapies and it took me to a place of being cancer free."
- "I came in here with stage 4 colorectal cancer, I'm leaving cancer free."
- "Find out like I did yesterday that my tumor is gone."

Textbox 1. Example statements signifying that the offered cancer treatment is effective for curative or life-prolonging purposes, or treatment offered has cured or prolonged life in patients.



The New York Times

## I Have Cancer. Now My Facebook Feed Is Full of 'Alternative Care' Ads.

Being targeted by those who traffic in false promises feels like a "slap in the face" to patients like me.

**Bottom line: The more cancer patients engage with cancer-related content = more likely to see alt. ads**

**Take Home Messages: Unproven Cancer Treatments  
are Advertised to Patients in the Online Spaces they  
Seek Information and Support**

**Groups at Particular Risk: Patients with Late & End  
Stage Cancers**

**What Needs to Happen: (1) Holding Platforms  
Accountable & (2) Active Monitoring/Debunking**

# Krishana Sankar

PhD | Science Advisor & Community Partnerships Lead, ScienceUpFirst Initiative



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