Truthfulness of Marketing Claims Made byRadiosurgery Radiation Therapy Providers

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ABSTRACT

Industry-sponsored direct-to-consumer advertising has come under fire for pushing the overuse of experimental treatments, but health care providers' advertisements have escaped as much scrutiny. The use of stereotactic radiation therapy is a new technology that has generated debate over certain manufacturers' marketing strategies. Since health care providers' websites are also heavily promoting this technology, it is important to carefully assess the veracity of their marketing claims. Using two of the top brands of stereotactic radiosurgery equipment, we examined the websites of every UShospital and private practice that offers stereotactic radiation. Manufacturers' data was used to identify centers. Excluded were centers without websites. 212 centers with internet ads for stereotacticradiation made up the final study population. Websites were inspectedfor any ads that did not adhere to the American Medical Association'sguidelines for advertising. Ads from providers promoting stereotactic radiation were clear and forceful. It is necessary to conduct additionalresearch on provider advertising, its impact on care quality, andpossible oversight procedures.

Key Words: Radiation Therapy, Marketing Claims,Stereotactic.

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Introduction

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Patients are increasingly turning to websites as a reliable source of medical information, a shift that has occurred over the past ten years as a result of the widespread adoption of the Internet. According to a 2010 study on Internet use, 59% of American adults, or 80% of Internetusers, get their health information online. 4 More patient engagementcould result from increased access to health information, but there aremany worries about the spread of false information on the Internet, especially in the form of advertisements. Moreover, the US Food and Drug Administration (FDA) has long

strictly regulated direct-to- consumer advertising (DTCA) by pharmaceutical and medical devicecompanies; however, similar practices by health care providers have only recently come under scrutiny (Singer,n, 2009). Hospital advertising came to light in 2009 when an article published in the New York Times revealed how anecdotal and emotionally charged these advertisements often were. The article made the point that many hospitals are not subject to the same FDA oversight as for-profit businesses because of their nonprofit status (Wald , 2007).

Providers of health care:

providers of healthcare for stereotactic services brings up important concerns about the accuracy and transparency of the provider's DTCAfor stereotactic radiation. In fact, a large number of the study centers employed marketing that prominently featured text and images from thestock industry without giving due credit. What was more worrisome wasthe volume of unsupported claims and deceptive wording that, far too often, touted the advantages of SRS/SBRT without offering any supporting data and neglected to mention any possible hazards (Rosenthal , 2010).

Furthermore, even if accurate, these centers' claims that they are the pioneers in the area or that they are the first to provide stereotactic services violate AMA guidelines because they suggest that they can provide special or exclusive services. Remarkably, it appears that theseconclusions hold true for both academic and non-academic establishments. The competitive market for radiosurgical services appears to have a greater influence on the advertising campaigns for stereotactic technology than any particular interest in patient education,as evidenced by the lack of clinical data, the emphasis on institutional expertise, and the claims of better outcomes when compared to alternative treatment options (Johnson , 2008).

Stereotactic radiosurgery:

Because of its growing importance in radiation oncology and the preliminary nature of the evidence supporting its use, especially for extracranial applications, we decided to concentrate our research on stereotactic radiosurgery (Mitka , 2008). Radiation oncologists have been very enthusiastic about the newer stereotactic radiation

platforms with their enhanced operational capabilities. Studies conducted on various body sites have indicated favorable survival, toxicity, and quality of life, especially for liver, lung, and brain lesions.However, the majority of research that has been published up to this point has involved nonrandomized analyses of small patient cohorts with little to no follow-up, and some reports have reported unacceptable levels of toxicity, which emphasizes the need for cautionwhen promoting the advantages of stereotactic radiation. In the absence of more comprehensive, long-term data, the dispute has focused on the marketing language that certain manufacturers of stereotypical (Lee CJ, 2010).

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Recommendations:

According to our research, providers should do a better job of making sure that the risks and advantages of treatments are accurately and legitimately disclosed in their commercials. In addition, providers ought to make an effort to disassociate themselves from medical device manufacturers by taking down references to manufacturer websites and deleting content supplied by manufacturers, or at the very least identifying who supplied it. Additionally, providers ought to set up official internal procedures for reviewing and approving ads. While marketing materials intended to recruit research participants must be approved bymedical center institutional review boards, it is noteworthy that advertisements directed towards the general public are exempt from this oversight. It is encouraging that these issues have recently been discussed at both the 2010 annual meeting of the NCCN and the 2010annual meeting of the Association of American Medical Colleges' Group on Institutional Advancement.

- We discovered that more than 20% of provider websites promoting stereotactic radiation made unsubstantiated claims about its clinical benefits, 40% highlighted their own proficiency in providing the treatment, and more than 60% supported its use for indications that are not recognized by professional associations. While consumers are shielded by the FDA from manufacturers' deceptive advertising, they are not shielded from providers' aggressive marketing campaigns. To guarantee that the claims made by providers about the advantages of therapies are true, more oversight is required.

Conclusion:

Stereotactic radiation was frequently cited by centers as having improved survival (22%), disease control (20%), quality of life (17%), and toxicity (43%). Just 15% of websites offered data to back up their claims, despite 40% of them praising the center's reputation for providing stereotactic treatments in the area. Ads from providers promoting stereotactic radiation were clear and forceful. It is necessary to conduct additional research on provider advertising, its impact on care

quality, and possible oversight procedures.

References:

1. Wald HS, Dube CE, Anthony DC. Untangling the web–The impact of internet use on healthcare and the physician-patient relationship. Patient Educ Couns. 2007;68:218–224.
2. Johnson PT, Chen JK, Eng J, et al. A comparison of world wide web resources for identifying medical information. *Acad Radiol.* 2008;15:1165–1172.
3. Hartzband P, Groopman J. Untangling the web–Patients, doctors, and the Internet. N Engl J Med. 2010;362:1063–1066.
4. Macready N. Cancer patients connect on the Internet. *J Natl CancerInst.* 2012;104:267–268.
5. Lee CJ, Graw SW, Lewis N. Internet use leads cancer patients to be active health consumers. Patient Educ Couns. 2010;81(suppl):S63–S69.
6. Donohue JM, Cevasco M, Rosenthal MB. A decade of direct-to-consumer advertising of prescription drugs. *N Engl J Med.* 2007;357:673–681.
7. Mitka M. Direct-to-consumer advertising of medical devices under scrutiny. *JAMA.* 2008;300:1985–1986.
8. Rosenthal E. Some cancer centers seem reluctant to advertise their advertising efforts: Part 1. Oncology Times. 2010;32:38–39.
9. Singer N. Cancer center ads use emotion more than fact. New York Times. 2009 Dec 19;:A1.
10. Andrews DW, Scott CB, Sperduto PW, et al. Whole brain radiation therapy with or without stereotactic radiosurgery boost for patients with one to three brain metastases: Phase III results of the RTOG 9508 randomized trial. Lancet.2004;363:1665–1672.
11. Aoyama H, Shirato H, Tago M, et al. Stereotactic radiosurgery plus whole-brain radiation therapy versus stereotactic radiosurgery alone for treatment of brain metastases: A randomized controlled trial. JAMA. 2006;295:2483–2491.