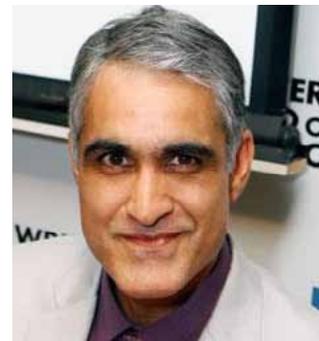


CRAZY STUPID CANCER

Scripting Compelling Cancer
Storylines for the Screen

An edited transcript of a panel discussion held March 14, 2012 at the Writers Guild of America, West



HOLLYWOOD, HEALTH & SOCIETY
USC ANNENBERG NORMAN LEAR CENTER



The Norman Lear Center

The Norman Lear Center is a nonpartisan research and public policy center that studies the social, political, economic and cultural impact of entertainment on the world. The Lear Center translates its findings into action through testimony, journalism, strategic research and innovative public outreach campaigns. On campus, from its base in the USC Annenberg School for Communication & Journalism, the Lear Center builds bridges between schools and disciplines whose faculty study aspects of entertainment, media and culture. Beyond campus, it bridges the gap between the entertainment industry and academia, and between them and the public. Through scholarship and research; through its conferences, public events and publications; and in its attempts to illuminate and repair the world, the Lear Center works to be at the forefront of discussion and practice in the field.

For more information, visit www.learcenter.org



Hollywood, Health & Society

Hollywood, Health & Society (HH&S), a program of the Norman Lear Center, provides entertainment industry professionals with accurate and timely information for health storylines. Funded by the Centers for Disease Control and Prevention, The Bill and Melinda Gates Foundation, The California Endowment and the National Institutes of Health, HH&S recognizes the profound impact that entertainment media have on individual knowledge and behavior. HH&S supplies writers and producers with accurate health information through individual consultations, tip sheets, group briefings, a technical assistance hotline, panel discussions at the Writers Guild of America, West, a quarterly newsletter and Web links to health information and public service announcements. The program also conducts extensive evaluations on the content and impact of TV health storylines.

For more information, visit www.usc.edu/hhs

→ To watch a video of the full panel discussion, part of the HH&S outreach to writers, [click here](#).

Participants



Dr. Lisa C. Richardson | Dr. Richardson became the Associate Director of Science in the Division of Cancer Prevention and Control at CDC in Atlanta in January 2010. She oversees the research and scientific content of the Division's programs and products. The Division administers the only organized screening program for low-income uninsured women in the United States, the National Breast and Cervical Cancer and Early Detection Program (NBCCEDP). The Division also administers the National Program of Cancer Registries, which in collaboration with the National Cancer Institute's Surveillance, Epidemiology and End Results program, covers 99% of the U.S. population for cancer incidence. Her research focuses on access to cancer care, systems of care, health-related quality of life during cancer treatment, health disparities and racial discrimination and breast cancer treatment patterns of care. Dr. Richardson graduated from the University of North Carolina in 1989, and completed internship, residency and fellowship training at the University of Florida. In addition, she received her master's degree in epidemiology from the University of Michigan in 1997. She is board certified in internal medicine and medical oncology and continues to see oncology patients at the Atlanta Veterans Administration Medical Center.



Jessica Queller | Queller is a television writer and producer whose credits include "Gossip Girl," "Gilmore Girls," "Ed," "One Tree Hill" and "Felicity." In 2004, Queller wrote an Op-Ed piece for The New York Times about inheriting the BRCA gene mutation from her mother. The article led Jessica to subsequently write a memoir, "Pretty Is What Changes," published by Random House. Queller has appeared extensively on TV and radio speaking of her personal experience. Appearances include "Nightline," "Good Morning America," "Tavis Smiley" and "NPR Morning Edition," among others. Queller also regularly speaks to groups around the country on the topic of cancer prevention.



Dr. Vijay Trisal | Dr. Trisal is a surgical oncologist at City of Hope who has special interest in all cancers, specifically breast and gastrointestinal cancers. His research focus is based on melanoma and sarcomas, which are cancers of the connective tissue. Dr. Trisal is involved in multiple clinical trials and heads the tumor board in sarcoma to discuss and plan treatment of the challenging and rare tumors. After receiving his medical degree from the University of Kashmir in India, Dr. Trisal studied immunology at Wayne State University in Michigan. He completed his general surgical residency at Providence Hospital in Michigan and went on to join the prestigious fellowship in surgical oncology at the City of Hope National Medical Center. His interest in melanoma and sarcoma led his research team in the pursuit of further markers and genetic changes in melanoma, and it was part of his work that led to the dis-

Participants

covery of new genes that are implicated in melanoma progression and which can be targeted in treatment. He is a member of several medical societies, including the American College of Surgeons and the Society of Surgical Oncology. Dr. Trisal has written and contributed to a number of journal research articles, book chapters, abstracts and video presentations, and has won numerous awards for his work.



Darlene Hunt | Hunt is an actor-writer and creator-executive producer of the critically acclaimed and award-winning hit series on Showtime, “The Big C.” Originally from Louisville, Hunt studied theater at Northwestern University outside Chicago, the Royal National Theatre in London and the British American Drama Academy in Oxford. She starred with Sean Hayes (from TV’s “Will & Grace”) in “Platonically Incorrect,” a play that she also wrote. It was staged in Los Angeles and New York, and was later developed into a pilot by ABC. After writing nine more pilots for various networks, her series “The Big C,” starring Laura Linney, debuted on Showtime in August 2010 to much acclaim. It returned for its third season on April 8, 2012. Hunt has previously co-starred with Ted Danson on ABC’s “Help Me Help You” and on the big screen she has played opposite Jude Law and Lily Tomlin in David O. Russell’s film “I Heart Huckabees.” Other film credits include “A Lot Like Love” with Ashton Kutcher; “Idiocracy,” directed and written by Mike Judge; and “The Merry Gentleman,” directed by Michael Keaton. She’s had recurring roles recently on TV’s “Parks and Recreation” and “Suburgatory,” and has appeared in numerous commercials.



Patti Carr | Carr is the co-executive producer and showrunner of The CW’s “90210.” She went to high school in St. Louis with Lara Olsen, fellow co-executive producer of “90210.” A few years later, after reconnecting in Los Angeles, Carr and Olsen worked for several years in half-hour comedy, including five years on the show “Reba.” They then made the switch to hour-long television when they shot a pilot for CBS, a remake of the British one-hour romantic comedy, “NY-Lon.” Prior to “90210,” Carr and Olsen were co-executive producers on “Till Death” and “Private Practice.” Most recently, they served as co-executive producers of the critically acclaimed CW drama “Life Unexpected.” Carr currently lives in Los Angeles.

Participants



Sandra de Castro Buffington | Buffington is director of Hollywood, Health & Society, a program of the USC Annenberg Norman Lear Center. Her work with Hollywood's entertainment industry inspired 221 health and climate storylines for television, film and new media in 2011, and her research demonstrates the impact that entertainment media have on individual knowledge and behavior. She is known for her award-winning work in global health, entertainment education and social transformation, with nearly 30 years of experience in global health, entertainment and emergence technologies, much of it working internationally. Buffington was recently named one of the "100 Most Influential Hispanics" in America by Poder magazine, and has received numerous other honors and awards, including the USAID Maximizing Access and Quality Outstanding Achievement Award for her health and social change programs, and Brazil's Award for Leadership in developing the Bahia State Reproductive Health program. Her vasectomy promotion campaign in Brazil won seven international advertising awards, including a Bronze Lion at the Cannes Film Festival. She is a former associate faculty member at the Johns Hopkins University Bloomberg School of Public Health.



Martin Kaplan | Kaplan is the Norman Lear Center founding director and a former associate dean of the USC Annenberg School, and holds the Norman Lear Chair in Entertainment, Media and Society. A summa cum laude graduate of Harvard in molecular biology, a Marshall Scholar in English at Cambridge University, and a Stanford PhD in modern thought and literature, he was Vice President Walter Mondale's chief speechwriter and deputy presidential campaign manager. He has been a Disney Studios vice president of motion picture production, a film and television writer and producer, a radio host, print columnist and blogger.



Martin Kaplan: We're named after Norman Lear for two important reasons. One is he's been incredibly generous to the work that we've done, and the other is that I can't think of a better name to symbolize the kind of stuff that we care about, which is using entertainment to inform, to enlighten, to inspire, to discuss, to start fights, to end fights, and all the ways in which you can be engaged in the world through the vehicle of entertainment.

So tonight we're going to have a panel that will focus on cancer, and to introduce it will be the director of our Hollywood, Health & Society program. She is joined tonight by lots and lots of people who are staff and volunteers of Hollywood, Health & Society and of the Lear Center. They do an amazing job. We're really grateful for their dedication, and the leader of Hollywood, Health & Society to kick things off, Sandra de Castro Buffington.

Sandra de Castro Buffington: Thank you, Marty.

[Applause]

So welcome, everyone, and thank you, all, for joining us. As many of you know, Hollywood, Health & Society has been working with Hollywood's creative community for more than 10 years now. We actually help writers connect with medical experts to access accurate medical information for their scripts.

And this year we actually launched the signature Storybus Tour

series, and there's some people here tonight with us who were on our first tour to East L.A., where we met former gang members, children who had been impacted by violence, and we met some of the innovative leaders and programs that are helping them. We also this year took a group of writers and producers overseas to India and to South Africa to help them learn about global health in a local context.

So tonight we are so pleased to bring together this incredible panel of experts to talk to us about one of the most important health topics of our time. Cancer affects people of all ages, all walks of life, and can be found in every country in the world. Who in this room has not been impacted by cancer? Some of us are survivors, others

"Who in this room has not been impacted by cancer? Some of us are survivors, others have family members who have been affected by the disease, and some of us have simply witnessed our favorite characters on the screen grappling with cancer."

– SANDRA DE CASTRO BUFFINGTON, HH&S DIRECTOR

have family members who have been affected by the disease, and some of us have simply witnessed our favorite characters on the screen grappling with cancer.

We've seen a huge surge in storylines about cancer. It's the basis for Showtime's "The Big C," AMC's "Breaking Bad," and it factors as an important storyline on the CW Series "90210." People who have had cancer are leading the way with innovative programs, like Fran Drescher's Cancer Schmancer Movement, and [the] I'm Too Young for This! Cancer Foundation.

Did you know there are 24 cancer survivors' gardens in the United States? I visited the one in Chicago. They were established by Rich-

ard Block, who survived what he had been told was terminal lung cancer. He and his wife set up these gardens to help others fight and recover from cancer, and they're—all the parks include a positive mental attitude walk, and they have inspirational messages and informative messages, like Realize that cancer is a life threatening disease but some beat it, make-up your mind that you will be one of those who do.

Another 11 million Americans have been diagnosed with cancer, more than 7 million are considered cured. Cancer is the most curable of all chronic diseases. An adjacent road to recovery includes bronze plaques with advice for people undergoing treatment. A survivor, Marsha Smith, said cancer is not a death sentence, but rather it's a life sentence, it pushes one to live.

So before I introduce our keynote speaker tonight, I'd like to share with you a clip from a recent segment on CNN's "TV Tackles Cancer." Let's take a look.

[Video]

Video speaker: Cancer's come out of the closet, making itself comfortable in pop culture.

Video speaker: But we no longer say the word cancer in a hushed tone.

Video speaker: And raising its profile big time in Hollywood, super charged by big stars going public with their battles and giving cancer a glamorous face. "Nurse Jackie"—Edie Falco—had it in real life, and even Dr. Oz got a scare he shared on the show.

Video speaker: And I saw that power and the not knowing, especially over that weekend, what it was going to be, it just shakes you up.

Video speaker: In fact, flip through the TV channels and try not to find somebody famous playing someone with cancer, talking about



it, or living through it in their own real life.

Video Speaker: I think I was very fortunate to have the diagnosis come right towards the end of the fourth season, so I was able to just get all my ducks in a row and start the treatment when we ended.

Video speaker: "Dexter"'s Michael C. Hall beat back Hodgkin's lymphoma this year, and Maura Tierney will return to TV in a new show, "The Whole Truth," after breaking from "Rescue Me" for breast cancer treatment.

Video speaker: I don't think there's anyone we know who hasn't been afflicted—who hasn't felt this with their family, in some way.

Video speaker: Bryan Cranston just plays a terminal cancer patient who resorts to drug dealing to support his family in "Breaking Bad." The irreverent tone was nearly too much for TV two

*Panel members:
Dr. Vijay Trisal
(left), Dr. Lisa
Richardson,
Darlene Hunt,
Sandra de Castro
Buffington,
Jessica Queller
and Patti Carr.*

years ago as it premiered, recalls his co-star.

Video speaker: When this show was about to air we got a lot of flak.

Video speaker: But today the brand-new show, “The Big C,” starring Laura Linney, can make cancer a comedy.

Video speaker: She’s diagnosed with stage four melanoma.

Sandra de Castro Buffington [in video]: Fifteen years ago there was a lot of stigma around cancer. People did not talk about it the way it’s talked about today.

Video speaker: The fact that we are seeing more cancer theme storylines on scripted shows, as diverse as “Mad Men” and “Army Wives,” is by design, according to the director of a program called Hollywood, Health & Society, based at the University of Southern California.

Sandra de Castro Buffington [in video]: We have seen overall an increase in health storylines on television. We have a TV monitoring project, and we know that we’re also seeing an increase in cancer storylines.

Video speaker: They’ve been partnering with Hollywood producers and writers on health-related scripts for the past eight years.

Sandra de Castro Buffington [in video]: The reason this is important is we know that two-thirds of regular viewers of television report learning something new about a disease or how to prevent it from TV shows.

Video speaker: And even Gene Simmons’ rocker family might have taught us something when they were dealt a shocking cancer blow this season on their A&E reality show.

[Video ends]



[Applause]

Sandra de Castro Buffington: They did a good job. Well, since film and television are powerful forces for social change, we’re here tonight to consider the role of TV cancer storylines. And, as writers, you have the opportunity first and foremost to entertain, but you can also inspire and teach viewers about preventing, treating, and overcoming cancer.

So to speak with us about the facts about cancer I’d like to welcome and introduce our keynote speaker, Dr. Lisa Richardson. Dr. Richardson is the associate director of science in CDC’s Division of Cancer Prevention and Control. There she oversees the research and scientific content of the programs. Her division administers the only organized breast and cervical cancer screening program for low-income, uninsured women. The division also administers the National Program of Cancer Registries, which in collaboration with a National Cancer Institute program covers 99% of the U.S. popula-

Sandra de Castro Buffington introduces the panel: “As writers, you have the opportunity first and foremost to entertain, but you can also inspire and teach viewers about preventing, treating and overcoming cancer.”

tion for cancer incidents. Her research focuses on access to cancer care, systems of care, health related quality of life during cancer treatment, health disparities and racial discrimination, and breast cancer treatment patterns of care.

Dr. Richardson graduated in medicine from the University of North Carolina and completed her internship, residency and fellowship training at the University of Florida. She's board certified in internal medicine and medical oncology, and continues to see cancer patients at the Atlanta VA Medical Center. So please join me in giving a warm welcome to Dr. Richardson.

[Applause]

Dr. Lisa Richardson: Thank you. As you said, cancer is compelling and we all know someone with cancer, and within your lifetime a child born today—one in two boys and one in three girls will develop cancer at some point in their life. There's about 1½ million cancer patients diagnosed in this country a year and about 12 million survivors now at the last count, the data that came out last year. And there's like a million people have lived longer than 25 years with cancer or after a diagnosis.

And it struck me what you said, it's very interesting, it is a curable disease. There is an opportunity to cure people, but you don't cure high blood pressure. You treat it, you manage it. You don't cure diabetes. You treat it, you manage it. But you can cure cancer.

Keeping in mind—and there are one or two survivors in the room who are going to speak—that survivors do have to deal with the side effects of those treatments, which lead to a whole another set of problems. And the CDC is really working very hard—with a national action plan for cancer survivors, working with Lance Armstrong and other groups—to address the needs of cancer survivors.

In my mind cancer is sort of a two-sided coin, so to speak. There's the glamorous side of all these new therapies, it's wonderful, we're curing people. But as a public health person the real goal is for

people never to get cancer at all, and that is the non-glamorous part of cancer prevention, where we're trying to make sure that people know that they should eat right, protect themselves from the sun, exercise, don't smoke, those types of things. And that isn't very glamorous.

And one of the comments that has been made to me in the past is, you don't really believe you're going to get people to change their behaviors, do you? Well, of course I do. In my mind it's one person at a time, if I could get one person to stop smoking that's a suc-

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– DR. LISA RICHARDSON, CDC

cess, I don't have to get a million to stop smoking, but that is the ultimate goal: to get us all on the page where we're not smoking.

In particular, CDC's Office of Smoking and Health is launching a campaign—tomorrow, actually—on looking at, depicting a real person who has been affected by tobacco.

The one I saw today on KABC was a woman who had a stroke and her husband was caring for her. She was 100% total care, and she was probably in her mid-50s. And the other thing we don't realize is that if you are a smoker you get those conditions usually 10 to 15 years earlier than you would have otherwise, so you would have a stroke at 50 instead of 65 or 70. You would have a heart attack at 55 rather than 65 or 70. And if you're a younger person that means

you have children, you know, you really have a lot of reasons not to do that or not to continue with those behaviors.

We, at CDC, have a report coming out at the end of this month about obesity and cancer. And I think I would say most people don't know that there's a link between being overweight and developing cancer. So the real interesting thing—the report is coming out at the end of March—the real interesting thing in there is that the overall cancer rates are coming down, but those related to obesity are actually still increasing. And some of them are increasing quite rapidly—kidney cancer, esophageal cancer, pancreatic.

So there's work to be done there, as well, to maintain a normal weight. And we've switched our focus to stop hammering people about becoming thin, but to maintain a weight, try to lose 5% to 10%, not massive amounts of weight. And I'll confess that that's one of my constant struggles is the 10 to 15 up and down. I've probably lost that about 50 times in my lifetime.

About a third of children and adolescents are currently overweight in the United States of America. That's just unbelievable. And two-thirds of adults are. Which means those cancers related to that will most likely continue to increase. And so that, to me, is a place that we can go, but how do you make those messages just sexy? How do you make them resonate with people? How do you—I know what I'm supposed to eat and I still struggle with doing it every day or doing it right every day or doing the best I can.

Our division, as Sandra said, is also a leader in cancer screening. Timely testing for breast, colorectal and cervical cancer will lower your chance of dying from these cancers. And half of the improvement that we've seen over the last two to three decades is strictly from screening. Therapy works, as well, and it gets you the other 50%, but screening and treating what you find has really made inroads in those areas.

I think public health has made significant contributions, increasing the number of survivors, which is a wonderful accomplishment,



but now we must switch to the discussion of how do we prevent them from happening in the first place, which as I said earlier is the real cure. One of the things I dislike about the message around smoking is that cigarettes are an addiction, just like every other addiction, and we have to raise it to the level of not just being a nasty habit, but being something that people really do need help, sometimes medications, counseling. It's not just about willpower. So that's something else we have to keep in mind, to stop blaming the victim, which occasionally happens.

Presenting information in a way that resonates with the public is critical to our mission of preventing cancer, and we believe we can achieve this goal by working in partnership with Hollywood, Health & Society and the writers. And we'd be more than happy to help you tell a compelling story or help us to tell one, as well. So, that's all I have. Thank you.

[Applause]

Dr. Lisa Richardson, a cancer specialist with the Centers for Disease Control and Prevention, talks about lifestyle changes that can help people avoid diseases such as cancer and diabetes.

Sandra de Castro Buffington: Thank you very much. I'm now going to introduce our panelists. And I'm very pleased to introduce Darlene Hunt, creator and executive producer of the critically acclaimed and award-winning hit series on Showtime, "The Big C." Darlene is also an actor and a writer. Originally from Louisville, Hunt studied theater at Northwestern University, the Royal National Theatre in London, and the British American Drama Academy in Oxford.

She starred with actor Sean Hayes in "Platonically Incorrect," a play that she also wrote. It was staged in Los Angeles and New York, and was later developed into a pilot by ABC. After writing nine more pilots for various networks, her series "The Big C," starring Laura Linney, debuted on Showtime in August of 2010 to much acclaim, and it returns for its third season starting on April 8th this year.

Hunt has previously co-starred with Ted Danson on ABC's "Help Me Help You," and on the big screen she has played opposite Jude Law and Lily Tomlin in David O'Russell's film, "I Heart Huckabees." She has many other film and TV credits, and has also appeared in numerous commercials. So welcome, Darlene.

[Applause]

Next, I'd like to introduce Dr. Vijay Trisal, surgical oncologist from City of Hope Hospital. Dr. Trisal has a special interest in all cancers, most specifically breast and GI cancers. His research is based on melanoma and sarcomas, which are cancer of the connective tissue. Dr. Trisal is involved in multiple clinical trials and heads the Tumor Board. I'm not sure that's something I'd want to head, but the Tumor Board in Sarcoma to discuss and plan treatment of challenging rare tumors.

After receiving his medical degree from the University of Kashmir in India, Dr. Trisal studied immunology at Wayne State University in Michigan. He completed his general surgical residency at Michigan's Providence Hospital, and went on to join the prestigious fellowship in surgical oncology at the City of Hope National Medical Center.

His interest in melanoma and sarcoma led his research team in the pursuit of markers and genetic changes in melanoma, and it was part of his work that led to the discovery of the new genes that are implicated in melanoma progression and can be targeted in treatment. So Dr. Trisal has won numerous awards for his work, so welcome.

[Applause]

Next I'm very glad to introduce Jessica Queller. Jessica is a television writer and producer, whose credits include "Gossip Girl," "Gilmore Girls" and "Felicity." In 2004 Jessica wrote an Op-Ed piece for The New York Times about inheriting the BRCA gene mutation from

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– DR. LISA RICHARDSON, CDC

her mother. Jessica followed the article with a memoir on the same subject called "Pretty Is What Changes," and it's a beautiful book, and there are a few copies on the table if they're not already gone, so I recommend it to everyone.

Jessica has appeared extensively on television and radio, speaking of her personal experience as a carrier of the BRCA mutation. Appearances include "Nightline," "Good Morning America," "Tavis Smiley" and "PR Morning Edition," and others. And Jessica also regularly speaks to groups around the country on the topic of cancer prevention, and we're so glad to have you with us today.

[Applause]

And last, but definitely not least, I'm pleased to introduce Patti Carr. Patti is the co-executive producer and show runner of the CW's hit show, "90210." She went to high school in St. Louis with her fellow co-executive producer of "90210," Lara Olsen. And after reconnecting in L.A., Carr and Olsen worked for several years in half-hour comedy, including five years on the show "Reba." They then made the switch to hour-long television when they shot a pilot for CBS, a remake of the British one-hour romantic comedy, "NY-LON."

And prior to "90210" Carr and Olsen were co-executive producers on "Till Death" and "Private Practice." Most recently they served as co-executive producers of the critically acclaimed CW drama, "Life Unexpected." So we're so glad to have you here, welcome.

[Applause]

So tonight we're going to hear from our panelists, and then we'll have some questions and answers from the audience. And we're going to start by hearing from Darlene Hunt, creator and executive producer of "The Big C," and we're going to start by watching a clip of her show. So let's take a look.

[Video]

Video Speaker: And I could do chemo, but I'd just be buying a little more time and it would mean a lot of people taking care of me, and it's just not my thing. You know what makes me feel better, though, if I'm being honest, it makes me feel better to think that we're all dying, all of us. And when you have a kid you expect that you'll die before they do, I mean even though you try not to think about it, at least you hope to God you do.

So if I think about it that way, hey, I'm living the dream! I'm here all year! Performing at Stage 4! Oh, come on, fun—you've got to give it up for me a little bit, it's kind of funny, death comedy. I'm warning you that this laughter might turn into a sob in a second.

Yes, there it goes. As long as I'm being raw and vulnerable here, I



might as well tell you I'm feeling very much in love with you right now. It could just be gratitude. You want to see my boobs? No one else seems to give a shit.

[Song: "This Little Light Of Mine"]

[Video ends]

[Applause]

Darlene Hunt: A little tidbit, that dog died two weeks after we shot that scene of dog heart cancer. It was irony, the cruel, cruel irony, but death comes to us all, doesn't it?

And now I'm so paranoid having so many experts in the room, I was like—I'm like what does Dr. Trisal think of that X-ray, is that the right reason, appropriate X-ray, does that give her enough time?

Darlene Hunt, the creator of "The Big C," recounts how she came up with the idea for her Showtime series about a woman who has terminal cancer.

Dr. Vijay Trisal: Yes, it does.

Darlene Hunt: And it's—Dr. Trisal has been one of our . . . the people that we call and get—and I've never met you in person, so I didn't realize until she introduced you that that was you. So it's such a pleasure to be sitting up here with you. And, yes, and thank you so much, because I'll talk a little bit in a moment, but we sort of have several experts on call via e-mail or people that we call and arrange sort of conference call with our writers, with our people who we've had come in to talk to us to give us information and medical accuracy so then we can kind of go and tell our stories and try to be as accurate as possible.

I want to back up just a little bit and just talk about how I came up with the idea of the show and then how we got on the air. It seems to be the questions that I get a lot from people interested in the show.

One question I always get is did I come up with this idea because I'm a cancer survivor? The answer is no, luckily. The fact is I came to it more from the point of view of a writer and from my arts and what I wanted to see on TV, and I'd always sort of struggled with my personal tone as a writer because I like sort of laughter-through-tears-comedy. I consider myself a comedian, I only write comedy, and yet it always has to be hinged in something kind of real and dark because I'm a little bit of glass-half-empty [inaudible] kind of person. So if there's too much fluff it just doesn't work for me. Which I think is the reason I had written nine or 10 pilots without getting one picked up because I had struggled with the tone. Occasionally, I was like—I would get from the networks could it be a little funnier? Like but it's so real.

That being said, I was really anxious to write—I always try to create characters that people can relate to, that I can relate to. And I had a meeting as I was about to start a new TV development season, I sat down with a producer named Vivian Cannon. We started talking about shows that we would love to see on the air, but we didn't think anyone would ever actually buy and put on the air. And she said I think it's time for a cancer comedy, and I immediately perked

up because I thought that's a tone I can write to—I was just so excited that I had found kind of a like mind, somebody that would put something dark with the word comedy.

And so I wanted to pursue that. That being said, my agent, my manager, they were like *You don't actually have to work with Vivian; why don't you meet some other people, talk about some other ideas?* And I was like *Oh, there's something there.* Wouldn't it be incredible if I could get a character on TV who was dealing with something that we have all dealt with in some way. Again, not as a survivor, but as someone who knows survivors.

“I like sort of laughter-through-tears comedy. I consider myself a comedian, I only write comedy, and yet it always has to be hinged in something kind of real and dark because I'm a little bit of glass-half-empty kind of person. So if there's too much fluff it just doesn't work for me.”

– DARLENE HUNT, “THE BIG C”

And so I let it marinate, but I told Vivian if I were a cancer survivor I would be able to write one version of the show, I could see it in my head, I could see somebody going through cancer treatment with humor, with the crazy signs that you see when you go to get a treatment done, and with the interactions you have with people in the waiting room. Like I could see that show, but I couldn't write it because I just, I don't have that information at my fingertips. I don't know what those signs are. I haven't been to those rooms. I haven't gone through chemo. So I said if I can find a way in I'll circle back with you.

That being said, I just had my first baby, and had a moment where my husband came home and I was just holding our baby and sobbing. I was crying because I just had this overwhelming sense of

I just want to take care of her for the rest of her life and be with her forever. And I was like, Oh my God, oh my God, I'm not going to be able to do that. Because, God willing, if everything works out great I'm going to be fucking dead before she is.

And I was so traumatized by the first time in my life realizing that I was going to die that I was like, oh, what is the point? And I've got to change it up. I've got to start embracing the moment. I've got to live in the here and now. I've got to start having more fun. I've got to stop thinking about the future so much.

And so that's when I circled back with Vivian, and I said I can write a show about a woman with cancer who decides to change up her life and realize the way she's been living it is not the way she wants to live. So that sort of—as far as the tone of our show, as far as the point of view of the show, that kind of remains the same. It's about a woman who is living her life, and it's more about her emotional reaction and the things going on in her life. And we try to keep the cancer in the background.

I did all of my research for the pilot through Facebook. I got in touch with a doctor friend I had gone to school with, and we spent a lot of time back and forth where I was asking about different types of cancers and how they presented and this and that. And for awhile the character had lymphoma, and then I learned more and I was like, yikes, not that! Because it does become this weird thing where you're looking for some reality to fit with what your dramatic needs are, and so you're kind of hoping can you treat it with this? Oh, shoot, that ruins my story and whatever.

So I landed on melanoma, and the truth is I wanted something dire, I wanted something that meant, that would buy her the response I'm not even going to do chemo because my doctors say it'll only buy you a little time, it's not a cure. Because I wanted to tell the story of a woman marching toward her death.

But, again, I'm probably more pessimistic than a cancer survivor would be because we get a lot of comments from cancer survi-



vors—don't let her die! So I appreciate that. Thank you, I'm glad you're there. So I appreciate that perspective, but I do maintain that we're trying to tell a bigger picture story about the reality of us all.

That also being said, as much as I kind of wanted that to be the story, once we started the room and I started learning more about melanoma and cancer, I realized like holy shit, they're coming up with treatments for melanoma all the time. And literally from the time I wrote the pilot to the time we were airing, like there were more treatments for melanoma, it wasn't as dire. It's maybe not quite as—like chemo isn't maybe the best, the most effective thing. Now I'm getting very nervous looking at Dr. Trisal.

There are more and more treatments for it, and then we had to honor that in the writing and that's why in the finale of the first season she decides to undergo interleukin, which is a very risky treatment. But I couldn't turn a blind eye to the reality of the treatments for that particular disease, and we continue to revisit that

Darlene Hunt (seen above with Sandra de Castro Buffington) said a defining moment with her infant daughter at home gave her the idea for "The Big C."

with each season to look at the truth of cancer and melanoma and then how to use it in our show and tell the stories we want to tell.

[Applause]

Sandra de Castro Buffington: So, Darlene, it's just amazing, I love your show. And I have a question, has there been anything that you've wanted to say in the show, you wanted to talk about that you've been told you can't? Is there an edge that you can't go beyond? You were talking about this balance of sort of dark and then comedy, so is there anything in that dark realm that you weren't allowed to address?

Darlene Hunt: I'm trying to think, to be honest with you, partly because when I went out with the pitch ABC was actually—wanted to buy the idea and Showtime did as well. But I felt like if I did it at ABC I was going to reach a point where they said can she not have cancer? So I was just kind of, as much as I wanted to reach a wider audience, I got so nervous about doing it there.

And Showtime has really, I mean they like the dark. To be honest with you, in the pilot she didn't have a kid, she was childless, because I thought, oh, well, that's too dark. And then after I wrote the first draft of the pilot the only note I got was—they called me in, I was [thinking] they're going to pick it up, they're going to shower me with compliments. And they [said] we really like it, but we want it to be complicated, life is complicated, and we think she should have a son. And so I had to find my way into that.

To answer your question specifically, the only thing I can think of is we came up with this story first season that we all loved, and the writer did such a lovely job, there's so many steps you go through. She did this story paragraph for it. And it was—it involved I think Kathy picking out a casket. I just remember there's a scene in a graveyard at one point. And we just thought it was the most eloquent, cool thing.

And the president of Showtime at the time freaked out. He was

like *Agghh!* She's supposed to be having fun this season and living life with wild abandon. And so we were like, oh, okay. We actually thought it was kind of funny at moments and truthful because people got to pick out their coffins. We ended up doing that episode similar to that, something similar in season two, but, yes, season one was apparently too early.

Sandra de Castro Buffington: Thank you very much. Okay, so now we're going to hear from Dr. Trisal.

Dr. Vijay Trisal: I'm just going to talk about a few snippets. And I'm not sure how people view medical shows on TV, but I can tell

"It's about a woman who is living her life, and it's more about her emotional reaction and the things going on in her life. And we try to keep the cancer in the background."

– DARLENE HUNT, "THE BIG C"

you that when as a medical professional, the majority of people when they view shows on TV there's a lot of skepticism, you know? They come in with this thought that this doesn't happen, this doesn't happen this way, the drama is different.

And I want to challenge myself and everybody here to say what is a compelling story? What do you call a compelling story, something that has all drama and no fact to it? I mean you look at these shows you have a half-an-hour show and after half an hour you switch your mind off, and that is the one side of the drama.

I can give you a couple of events that happened real recently. This is not—I'm not picking up from my whole history, which is quite long, but I can tell you that these dramas are much more dramatic in real life than what we make them out to be. I mean let me give you a

couple of examples, and then I'll come back to this story of what a compelling story is.

So very recently I saw a young lady who had renal failure, and her mom had given her kidney to the daughter, the daughter had developed renal failure because of a very unusual type of nephritic syndrome, which happens when you get a bad infection, there's a cross-reaction between the kidney and these bacteria and the kidneys failed.

So the mom gives a kidney to the daughter, and after three years the mother comes with a lump in the lung. And we biopsied it, it's a type of tumor called sarcoma. So we're trying to find—typically sarcomas don't happen in the lung, and we're trying to find where the primary came from. So we get through all these PET scans and MRIs and CAT scans and blood tests, and we can't find a primary.

And occasionally it might happen that the primary the body has taken care of and the metastatic disease that has gone to the lung has stayed there, but the genetics of this disease didn't fit well. So we treated it like a sarcoma. We dissected it and treated it. And four months later the daughter comes back with a tumor in the kidney that was donated to her. So the kidney started the tumor which was donated to the daughter. And I can't think of more dramatic scenarios that I can conjure up and say, okay, this is drama and it doesn't happen in real life. It happens.

But, so, let me give you another example, metastatic melanoma, which is a disease, I call it a wildfire. And we have been chasing it for the past 30 years because of a couple of things that happened. So what happened is that a guy named Steve Rosenberg, who is one of my leaders and gurus, he is a world-renowned figure in metastatic melanoma, he saw that patients who had metastatic melanomas, and now we have widely metastatic disease in the brain, in the body, everywhere.

And you get something bizarre. You get poison ivy or you get a bee sting or you get a bad cold and the whole disease is gone. I mean



within 10 days this patient who has a median survival of three months, now is cured. And what happens in the body?

And that is what has driven us through this targeted therapy, this gasket of targeted therapy. What happens is the body's immune system suddenly gets up regulated and it finds the target in these cancer cells, it manufactures this target, like the iRobot, and kills all the cells, which we could never—we, as surgeons, are crude in treating cancer. We, as surgeons, think that the scalpel, which is like having an argument with somebody civil, you're picking up a Bazooka gun and started firing like that, and that is how we, as surgeons, treat cancers.

So these are the dramas that can fit into the picture, but the other side of this which I think we lack is what probably "The Big C" has tried to touch somewhere. And I used to be a big critic till I got involved with one of them, and I can't criticize anything. So the other aspect is this aspect that is humdrum, it is a daily grind, and I think

Dr. Vijay Trisal discusses his research into targeted therapy in treating the disease. "The cancer cell is so smart, they say a dumb cancer cell is smarter than the smartest medical oncologist."

that is the aspect we don't see as much.

The Lance Armstrong drama is a different cancer, it is a different cancer that has a cure rate. So putting the onus on patients that you have to fight it and you are not fighting it hard enough because their disease is a pancreatic cancer which can't be fought harder, which is a different disease than a lymphoma, which is a much more curable disease.

And having the drama of talking to a patient for two hours, trying to explain the disease process, trying to explain the hard facts, trying to get through hospice is not the glamorous part. But I don't think—I think you guys have done a dramatic job in trying to put the emotion as the glamour in there, trying to find ways to portray that. And the majority of my patients come in, their information is not true information.

Here in L.A., I see a different population. So I work at City of Hope, which is my mother hospital, then I also go to Lancaster, which is one of our outposts where I provide a lot of different cancer care. And education that comes to a lot of the patients in L.A. is different than what comes in Lancaster. I mean you don't have to go all the way to Bombay, you can go to Lancaster and find a lot of those stories and be able to connect with them.

And a lot of the information does come from TV. A lot of the treatments that Darlene was talking about, the targeted therapies, have been so overdramatized that we, on one hand, spend a lot of time trying to erase some of that information before starting the real information going forth.

So the new drugs, these are targeted therapies, so this is the other drama. You can actually make a cartoon drama of cancer without having humans in it where, and this is actually true, you have these targeted cells, and the cell, the cancer cell has these amazing [inaudible] on top, which we're trying to target. We don't know which ones are the critical [inaudible], which ones are not the critical [inaudible]. And we target all of them, and the cancer cell is so smart, they say

and no offense to medical oncology, they say a dumb cancer cell is smarter than the smartest medical oncologist because they change their powers, they change their target so frequently that by the time you have formed a target where it's one entona, the entona has changed. And the same thing happens with the AIDS virus, other viruses that escape us.

The story of [targeted therapies] gets pasted on the front page, as it should be, but when it comes down to patients the survival is minimum, right? So the advances we used to make in five years, so 10 years back I was doing my graduate studies, we would do PCRs, which were tests to look at certain genes and it would take us three

"We, as surgeons, are crude in treating cancer. We ... think that the scalpel, which is like having an argument with somebody civil [and you pick up] a bazooka gun and start firing like that."

– DR. VIJAY TRISAL, CITY OF HOPE NATIONAL MEDICAL CENTER

months to do one PCR. Today I can basically put the test tube into the PCR machine, go grab a coffee, and by the time I come back it has done 500 PCRs.

So in this barrage of information for these cancer cells we sometimes get lost in the sound, and these targeted therapies, like the targeted therapies for new disease, like sarcomas, have been amazing. They have changed the survival from one end to another, but the majority of them fizzle out, the majority of them don't come to clinical trials where they have an impact.

And I think going back to the compelling stories. So what becomes a compelling story? Where do we interact drama, which is real, that will have both a business aspect to it where you can attract a group of patient population, not just the ones who have melanoma

who feel like, no, this is my story, I want to watch this, but have the emotional aspect of it in there? And where do you take the social aspect of that, and I think that is where there's somewhere is a disconnect, and how we bridge that I'm not sure, and whether we should bridge that. Whether TV should be entertainment or TV should be education?

This country is probably the best place, and I've traveled to different countries. I'll tell you I met this actress in India and asked her what was in the story? What did you want to convey? She said if you wanted to learn something go read a book, don't watch a movie, this is not the way to get information. But this country I think we have many a times tried to form a congruent thought process between, yes, we want to convey something real.

And the reason I think I'm partly here is because most of you want to convey somewhere you don't want to convey falsehood. You do want to make it attractive, but at the same time you don't want to have false information out there. And I'm very excited to be part of all of this. Thank you for inviting me.

[Applause]

Sandra de Castro Buffington: Thank you, Dr. Trisal. That was really interesting. And I want to pick up on one point you made or maybe you just alluded to, which are the health disparities, the social determinants. And maybe could you just elaborate a little bit on the disparities you see in your patients, the cancer patients, is this determined by ZIP code, what determines those disparities?

Dr. Vijay Trisal: So the two big things that I see that are becoming problematic. One is where the insurance decides where you go, and you will have patients who are living next to this amazing cancer center that has the best doctors close by but the medical group is not contracted with this and they bypass and go to a place where somebody who is a decent doctor but does not have the focus on complicated stuff. So 90% of cancers, for example, we can make them generic, okay? So this is the regular treatment, this is the



algorithm, this is the disease, this is the pathology.

But probably out of those 90%, 40 will basically they will select out to be something complicated and need much more focus. So let's talk about melanoma, yes, the standard of care is high dose IL-2 or Interferon, which has minimal benefit, which is quite toxic, but when you pass that, when you have disease that is slow-growing, lingering, which is what happens sometimes, the same wildfire phenomena, you have this simmering disease for 10 years and suddenly the wildfire takes over and then it's days before everything comes over. So that group of patients, they need people who have an expertise in this disease. So insurance, not trying to beat around the bush, so insurance is one factor that prevents care from being delivered in the right instance.

The other is education, you know, I see patients in the City of Hope, they've already had three opinions. They know the data probably sometimes better than me, and I just nod because some of that is

Members of the audience—some of them cancer survivors themselves—listen to panel discussion at Writers Guild of America, West.

so thick that you don't need to know that. But when I go to Lancaster they don't even know, they say, Doc, why are you telling me all this? You tell me what to do, I'll do that, but getting them to the right place, the traffic, the focus on physician, from physicians who are mainly focused on like it's an assembly line. And cancer care cannot be an assembly line.

I mean if I have patients who sometimes are waiting in my clinic for two hours because if I have a discussion with a family and it takes two hours you can't rush that discussion. You rush that discussion you will never be able to connect and be able to provide care at that time. So a lot of the problems are that cancer care is a specialized care that needs a different approach, and that is the problem in the community, if we're just talking about cancer care.

Sandra de Castro Buffington: Thank you, very interesting. Now we're going to turn the mike over to Jessica Queller to hear her story. Jessica?

Jessica Queller: Thank you so much. I'm truly honored to be here and it's around, coming full circle for me, being on this side of the table. I'll get to that in a few minutes, but I was first introduced to this organization, sitting out there about eight years ago.

I think on this panel I bridge the TV writers and the medical experts. I'm in a weird situation. I'm pretty much here to share my personal medical story with you, but I happen to be a TV writer who has written on staff for 11 years. So I think for this audience I will contextualize my personal story based on the shows I was writing for when things happened to me, if you don't mind.

My story begins in —this story begins in 2001. I was a staff writer on "Felicity," and it was right after 9-11. My mother was diagnosed with terminal ovarian cancer. I'm from New York City, and my mom was in New York, and I was living out here, writing on "Felicity," and my whole family, we were completely shocked and devastated. My mom was 58 and a very young 58, beautiful, glamorous, fashion designer. I always joke that my mom was wearing Manolas

when Sarah Jessica Parker was still in diapers, and that's a fact. She was healthy, athletic. She ran six miles a day by the Hudson River. She was a careful eater. I mean she was—she had rollerblades. I mean she was the portrait of health and a young mom.

And prior to her ovarian cancer diagnosis she had been blind-sighted with breast cancer at the age of 52, which she beat. So we were all—I was quite young when she had breast cancer, and we were shocked and terrified, but she beat it. And I guess it was seven or eight years later she was diagnosed with a second primary

"One [problem] is where the insurance decides where you go, and you will have patients who are living next to this amazing cancer center that has the best doctors . . . [but] they go to a place where somebody who is a decent doctor but does not have the focus on complicated stuff."

– DR. VIJAY TRISAL, CITY OF HOPE NATIONAL MEDICAL CENTER

cancer, ovarian cancer. And we thought at the time what horrible luck, I mean what are the chances of having two separate primary cancers, completely unrelated, so we thought?

So I moved back to New York. I then got a writing job on "Ed," a show called "Ed." And my mother moved in, we moved in together while she was basically fighting for her life. She was told she had five years to live and, in fact, she had less than two.

So the year is now 2002, I guess, and my sister and I were there in New York. We went with my mother to every chemotherapy treatment every week. We slept in—on cots in the hospital room with her for every surgery and there were limitless surgeries. And when I was listening to you speak, Darlene, I was sitting there saying, God,

I'm so much darker than you are! Because I've been in those rooms and I've lived those rooms, and I have a lot of dark humor about it but I have the dark texture in me of those years, which were pure horror, completely unimaginable. And, also, my mom, when she was high on morphine arranged her own funeral and the flowers she wanted, everything you're talking about I lived with her.

So, anyway, my mom passed away when I was 33, in 2003. And a point I wanted to make is that my mom was being treated at NYU Hospital, one of the best hospitals in the country. And something called the BRCA mutation, the BRCA gene, the test for the BRCA gene had been in existence for seven or eight years when my mother is being treated at NYU.

Not a single doctor mentioned it to my mother, to me, to my sister, nobody, because everyone was so myopic, every specialist was looking at their tiny part of the picture that nobody ever mentioned to us that there actually was a genetic connection between having two primary cancers, one breast and one ovarian. It never came up. In my mother's lifetime she never knew anything about this gene.

A year after my mother died well, let me, I forgot a big part of the story. The way I found out about this test is my best friend from high school happened to be on a charity committee, a center called the Lynne Cohen Center, and it was for preventive women's cancers. So my best friend from high school, who I had known since I was 12, said I'm raising money for this foundation and there's this cutting edge blood test about inherited breast and ovarian cancer, and I think because your mom has had both that you're a candidate for this blood test. She told me this when my mom had just been diagnosed, and I said, wow, that's really interesting, but I'm 31, I'm really not worried about myself. I have to help my mom survive.

And I stored it in the back of my mind. I mean it was so incidental I never even brought it up to any of my mother's doctors, but it was there and I never forgot it. A year after my mother died, I'm now 34 years old, ready to begin my life again. I move back to L.A. and I get a job on "The Gilmore Girls." I'm ready to fall in love. Obviously, my



30s were dominated by cancer and illness and death and mourning, and I—though I'd managed to somehow keep my TV writing career alive, I had not managed to keep my personal life going, at all.

So now I thought, well, okay, I'm 34, I'll fall in love, I need to have a family, it's time for me to return to life again. And what about all those things I've been neglecting? I forgot I haven't had my teeth cleaned in three years. My driver's license has expired. I need a checkup. Oh, and I should get that blood test, that blood test I had in the back of my mind.

I was so certain that I would test negative because there was no history of cancer in our family except for my mother. Her mother—my mother had no siblings, but her mother and her mother's mother there had been no cancer, at all. So I thought I'm going to take this test, like one takes an AIDS test every 10 years, many of us have taken HIV tests. Like I'm pretty sure because of my lifestyle that I don't have HIV, but I want that clean bill of health, why not?

TV writer Jessica Queller ("Gossip Girl") recounts her mother's death from cancer and own personal experience with the BRCA gene mutation, which led her to have a preventive double mastectomy.

I was so arrogant and cavalier that I would test negative that I didn't even go through the counseling that I knew I should, the requisite counseling. I called my cousin, who was a doctor in L.A., and said I have to write for Lorelei and I have pitch meetings, I don't have time to go through counseling. Just get me an appointment at a blood lab, and I just want the clean bill of health.

So I cut the corners knowingly, and I never heard back from the—months went by, and I—it started to bother me. So I called the lab and I said I need to know those results, why haven't I heard from you? And the receptionist said, well, the envelope is here, but only the doctor is allowed to give you the results. And ultimately I got the doctor on the phone, and it's a long story but he had a terrible bedside manner and he was all in a huff. And said, who are you, and why did you take this test? And he told me over the phone that I tested positive.

And I was so confused I didn't even know really what I was waiting for, that in the moment I thought positive sounds like a positive word. So I said, well, wait a minute, positive, that's bad, right? It took me a moment to even realize what I was being told. And he said, yes, it's very bad, and you will most likely get cancer in your life, and I don't know how to help you. You need to find some counselor, but good luck.

Now I've now been talking about this subject nationally and internationally for 10 years, nobody has a story like this. It's my own fault. I knew better than to cut corners and go to a lab, but that was my destiny.

So then I got the results in the mail, and the statistics said I had up to a 90% chance of breast cancer, most likely before the age of 50, and at the time the statistics said I had a 44% chance of ovarian cancer. Now the statistics have changed, it's actually 50% chance of ovarian cancer. Basically, good luck.

So what did I do? I put the results in a drawer and I locked the drawer and I blocked it out for the next six months. That said, I did

tell my best friend from college that this—I'm never going to make one minute, I'll try to do about three—I told my best friend from college that—about it, and she had an intervention, and said I love you and I don't want you to die. And I spoke to my friend who is a breast surgeon at Harvard, and you need to have your breasts removed. And I said, fuck you! Basically, are you insane? I don't have cancer, I'm 34 years old. My mother just died, I want to have a family, I want to fall in love. You think I'm going to have my breasts removed without cancer? You must be insane, back off.

That said, I was very upset. And then she came back a week or two later and said, well, I have another proposal for you. She happened

“I was so certain that I would test negative [for the BRCA gene] because there was no history of cancer in our family except for my mother.”

– JESSICA QUELLER, AUTHOR OF “PRETTY IS WHAT CHANGES”

to be an Op-Ed Editor for The New York Times, an assistant editor. How would you like to write an Op-Ed piece for The New York Times? I pitched the idea to my boss and he's interested. Well, of course, you say that to a writer, and my writer antennae, ambition goes up and says, me, write an Op-Ed piece for The New York Times? Of course, yes, I'll learn everything there is to know about it and I'll become an expert, let's go.

So for this article I became an expert on the BRCA mutation and, of course, what I learned was information that would save my life. And the more I researched for the article, and I did publish the article, the more I realized I was in big trouble. So here we come to Hollywood, Health & Society, HH&S. I wrote this article for the Op-Ed page, and I still had not decided what I would do. I wrote the article basically posing the question is knowledge power or is ignorance bliss? I don't know the answer, I don't know what I'm

going to do, but I'm in a very, very bad situation.

I went to doctors, and the doctors said we don't know how to advise you, this is a case of science outpacing doctors' ability to know what to do with the data. The gold standard is removing your breasts for preventing cancer, but what will that do to a young woman and you socially and with your love life and your fertility, and we don't know what to tell you.

So I had to become my own advocate and figure it out, but now I'm getting back to TV and culture. At that time, which now is six or seven years ago, no one had heard about the breast cancer gene. No one, the doctors at NYU had barely heard about it, no one in the society did. My family thought I was crazy. Everybody thought I was crazy. Until I got an article published in The New York Times which sanctioned me as not crazy, then people started to say, well, maybe she's not just an hysteric with post-traumatic stress syndrome because her mother died, because nobody knew about it, so the idea of a young woman removing her breast to prevent cancer seemed insane.

When I went, I did—the article got a lot of attention because it was such a new subject, and it became a book. And at the time I did an interview on “Nightline,” and Cokie Roberts said to me, do people think that you are crazy? And I said, yes, I think that they do, but having watched my mother die the most horrific death imaginable I know that this is the most sane decision that someone could make. But, yes, of course, they may not say it to my face, but I know that everybody thinks I'm crazy. What happened next, so I had the surgery, and then I had a baby on my own, who is now two-and-a-half, my daughter, Sophie. And then I had my ovaries removed. So I did it all.

So that brings us back to TV. I had this very meta experience because I'd been writing in TV for quite a few years, I had friends on all these staffs. So as I was going through this I know what's it's like to rip stories from the headlines. That's what we do for a living, but suddenly I was a headline. I'd written this article in The Times, and I had colleagues on all the shows who I'd worked with. And one of my best friends was running “ER” at the time. And all of a sudden as I'm go-



ing under the knife he told me, by the way, I wrote a two-episode arc about the BRCA gene, and we're going into production next week, and I want your blessings, if you want to give me notes on the script.

And I had this like very confused emotional reaction of, you know, of course I was happy that the story was being told, but why didn't you ask me to write it? Like are you—what? This is being told, and I don't get to do it? Of course, I couldn't write it because I was about to have a mastectomy, but once I got over that and our friendship got over that, he did do a beautiful job. And then other colleagues I'd worked with wrote it at that same time on “Grey's Anatomy.”

So I went from speaking on national television and Cokie Roberts asking are you crazy, because no one had heard of anything like this, to a few months later I would walk around and meet people, and they're like, oh, my God, I know all about this from “Grey's Anatomy,” or I saw this on “ER.” And that's how people knew what I was talking about.

Jessica Queller said an offer to write an Op-Ed article for The New York Times led to research on the breast cancer gene. She told the audience that the information ultimately saved her life.

And through my travels in the past seven years when I was grappling with this no one had heard of prophylactic mastectomy and now in 2012 there's—I'm the elder stateswoman. I went to speak to a group in Chicago of young girls, called Be Bright Pink. They're all in their 20s, they've all taken the test. They're all doing pole dancing while talking about their breast reconstructions.

And I think that largely this is because the subject has entered the zeitgeist through television shows. And I know because I get e-mails once a week, sometimes several times a week from women saying that my book, the shows, the articles, that being something that is accepted in society is making people do, take actions that will save their lives, not just knowing about it but having their parents know about it, their husbands know about it, so it doesn't sound like they're an hysteric and they're crazy. So I know what kind of powerful tool television is. Anyway, I'm sorry I went over my allotted time. Thank you so much.

Sandra de Castro Buffington: Thank you so much.

[Applause]

That was terrific. So now we're going to hear from Patti Carr, and we're going to start with a clip of her show on "90210," of her storyline.

[Video]

Video speaker: Guess that means you're all grown up, which means we should probably talk about your family medical history. Erin, your mom, your aunt and your grandmother all died of breast cancer.

Video speaker: And I know the drill, self-exams, regular check-ups—I'm going to start doing those.

Video speaker: Good. You should also consider getting tested for the BRCA gene. If you have the BRCA 1 or 2 mutation your future includes an up to 60% chance of getting breast cancer. You would have to

consider definitive measures, such as a prophylactic mastectomy.

Video speaker: Do we have to talk about it now?

Video speaker: We do.

Video speaker: I've had a pretty crappy year, and I finally have something to look forward to. So right now I just want to get my life started.

Video speaker: If you're going to college, I probably won't be seeing you anymore. And by your early 20s this could be a very urgent concern. It's my job to make sure you're informed about this.

"My family thought I was crazy. Everybody thought I was crazy. Until I got an article published in The New York Times which sanctioned me as not crazy, then people started to say, well, maybe she's not just an hysteric . . . because her mother died."

– JESSICA QUELLER, AUTHOR OF "PRETTY IS WHAT CHANGES"

Video speaker: I just want to be excited about my future.

Video speaker: And I just want you to have a healthy one.

Video speaker: What's wrong?

Video speaker: I might have a cancer gene, and I don't know if I want to take the test to find out. I might have to have surgery. And I might have to freeze my eggs if I want to have kids, and I haven't even told any of the girls any of this because I don't want them to worry about me. But I don't want to die. And you're looking at me all weird.

Video speaker: Sorry, it sounds bad, right?

Video speaker: Yes, yes, look, I'm sorry that I dropped all of this on you. Just please don't tell anybody, okay?

Video speaker: What is this about a cancer test?

Video speaker: Who told you?

Video speaker: That doesn't matter. The question is why didn't you?

Video speaker: Because it's no big deal.

Video speaker: No big deal? So you're being tested for the cancer gene? I can't believe you didn't tell me.

Video speaker: Well, you weren't here to tell.

Video speaker: What does that mean?

Video speaker: It means you left, okay?

Video speaker: Oh, so because I decided to go to school, every one forgets how to use a cell phone?

Video speaker: How are you making this about you? We're not even together anymore.

Video speaker: We may not be together, but I still care about you.

Video speaker: Well, look, this is something that I need to go through alone.

Video speaker: But those test results don't just affect you. How could you be so selfish?

Video speaker: Wow, see, I thought the selfish thing would have been to call you and ask you to come home, but I didn't do that because I didn't want to mess up your amazing new life. Now I get



it. Forget it, okay? You're not going to make me feel guilty about this. It's my life. I don't really care what you think.

Video speaker: I'm sorry.

Video speaker: Get out. Get the hell out.

[Video ends]

[Applause]

Patti Carr: Thank you. I just came here tonight to hear that "90210" is a hit show. It's exciting. That is not the typical story that we do on "90210." And it came about because we got a 24-episode order, and we needed something that would motivate some stories besides, you know, my bikini is too small this week or which is, you know, a lot of our fun and our entertainment. And most of what our show is about is about extremely wealthy, very beautiful

Patti Carr, an executive producer of "90210," acknowledges that a storyline about the breast cancer gene is not something that's typically seen on the show.

people, having a lot of fun, and they're very—their lives are very unrelatable.

And so to get some storyline where the audience, who pretty much watches to see something that's unrelatable and fun, could identify and could also kind of motivate stories going forward, we had to sort of look in other areas. We actually weren't looking for another cancer story. We were trying to find things that impacted these characters' lives and something that we could do. And it came up regarding a different character, maybe there was something medical.

And as we went around and around because I'd worked on "Private Practice" and was pretty much aware of every medical story known to man, this character, her mother on the show had died of breast cancer a few seasons earlier. So I said, well, if anybody is going to face medical blah, blah, blah, and it's going to be her and it's going to, you know, it would be this BRCA gene story, which again I only knew about from television. Even though half my staff knows Jessica, none of them spoke up and said what about a BRCA gene story?

So, again, a big difference between—there's many differences between "Private Practice" and "90210." One of them is that "90210" does not have a full-time medical consulting staff and researchers, and another being it's not a medical show, and it's not something that we normally go to the network and say we want to do something that's going to put us in the hospital or this kind of story.

So originally what we thought we were going to do was simply do the story about taking the test and whether or not you should take the test, and who really wants to know their future? And we thought that was a pretty non-medical but relatable story about just dealing with do you want to know information when the answer—and there's only—there's one answer that frees you and then the other answer just leads you down this road with 100 more questions and makes your life more complicated.

So, again, having been on "Private Practice" and had it definitely drilled into me that you don't do anything without, any medical

stories without talking to a doctor, we called Hollywood, Health & Society to get us in touch with somebody to just fact-check and things like that.

And the general approach to talking to doctors that I had done while working on a medical show was that you come up with the story you want to tell, and then you tell them this is the story I want to tell, and then they tell you, well, it doesn't usually happen that way. And then you say but I need to tell the story where it happens the way it never happens. That's the story that they want to hear. They don't want to hear the every time somebody has this condi-

"And it came about because we got a 24-hour episode order, and we needed something that would motivate some stories besides, you know, my bikini is too small this week."

– PATTI CARR, "90210"

tion this happens. So you kind of walk them through those steps till you get them to agree that the story that you wanted to tell could be told and you won't get sued or something like that.

But when we talked to the doctors, they were so incredibly helpful in talking to us about other aspects of the story than just taking the test for the BRCA gene. And, basically, as we kind of—what our biggest fear was because these characters are supposed to be 19 years old was that—is this realistic as a problem for a 19-year-old? Can't they really put this off? And is it imminent enough?

But as we were talking to the doctors about it they started talking about some other materials, a documentary that they knew about, which we never would have found. It was an extremely tiny, self-financed documentary by a woman who had been through basically what Jessica had been through. And we watched that, and

it kind of opened our eyes to the fact that there was a story that fit our show because it was an emotional story and it was a relationship story, and it was exactly what our young female audience most cared about, which is if I'm dealing with this situation what is that going to do to my love life? What is that going to do to my future? Am I ever going to have kids? I didn't even know I wanted kids.

So all of those kind of things were like, well, that is our show, because that doesn't live in hospitals and it's not a lot of technical information, it's about what does one small piece of information, what turns out to be a large piece of information, do to all of these other aspects of my life?

So at that point we had started the story. The network was happy with the idea of taking a test. They thought that the test was going to come back negative, but it clearly was a better story that the test came back positive and that was going to have a bigger impact. So shockingly her results came back, she has the cancer gene, and that kind of pushed the story forward.

I'll pre-answer the question about whether or not the network ever didn't want to see anything. We only, you get very few comments from the president of the network, mainly can we have more music and can they be in bikinis more? We did get a comment as soon as we when the character was diagnosed with the cancer gene there was a flurry of phone calls that I think ruined executives' days all over town because apparently it ping-ponged between the head of the network said something to the head of the studio, and the head of the studio said, *What, what are we doing on "90210"?* And it went back and forth to different levels of executives until they called us up and said, she's not going to get all cut up, is she? So we had to say, well, not on camera, no, you'll be all right. Only if the show goes 10 seasons, you know, that'll be okay.

But the information that we got, which was so valuable to us, has really launched a story that's carried us into the finale in a big way and hopefully is going to continue into a season five if there's a season five, and there'll be many more calls for our medical consultation.



So, and I'd just like to say, in terms of, I know why correct medical information is so important to shows, like "Grey's Anatomy" and "Private Practice" and things like that. They obviously sort of live and die based on those. Normally I think they wouldn't—no one cared but us that "90210" was getting medical consultation, was trying to be accurate. The reason to be accurate is I think two-fold.

One reason, obviously, is because so many people experience this and people know what's right and wrong, they recognize the story as being true or they recognize that that's bullshit, and you don't want to dishonor people's actual experience.

But I think the other reason for shows to be accurate and to do the research is because it makes more story, it gives you more than a three-episode arc, or a two-episode arc. This has been the arc for our last 10 episodes, and it's spawning an arc into another season. So the information that you get and that you can use can just make your jobs a lot easier.

Patti Carr, right, a former writer on "Private Practice," tells audience that it's important to get accurate medical information on a storyline that concerns health.

Sandra de Castro Buffington: Thank you.

[Applause]

I know. So we'd like to—it's just really stunning, actually, to hear Jessica's story and then to hear Patti talk about her work and see her clip because, you know, there's so much affinity. And we'd like to give you a chance to ask some questions, and I would like to start—we're going to come back to you because there was a piece in the story we wanted to share but I'd like to start with Stacy—and are you here, Stacy? There you are, okay, great. Stacy is with I'm Too Young For This! Cancer Foundation, and we'd like to hear from you, first.

Stacy: Hi, everyone. I'm Stacy. Can everyone hear me?

Sandra de Castro Buffington: Well, let's get her a microphone.

Stacy: Okay, awesome, thank you. I am with what is now formally the I'm Too Young for This! Cancer Foundation. We've rebranded our self with our slogan, which is subsequently Stupid Cancer.

I am a young adult cancer survivor. I'm 27. At the age of 20 I was diagnosed with thyroid cancer, in the throes of my college career. Woo-hoo! So, Patti, it looks like you and I should talk.

Stupid Cancer is an organization, we are the nation's largest young adult advocacy group for young adults living with cancer. I met five years ago Matthew Zachary, who is the founder of the organization, another young adult cancer survivor, actually on the set of Lifetime's "Side Order of Life," which was a little show that had a character with cancer. Margaret Nagle created it, and that was my first job in television as a PA. Unfortunately, I turned to the dark side, and now work in reality television, so don't hate me.

But that's where I met Matt, and Matt was consulting with Margaret, who created the show, on portraying the character most accurately, and I joined forces with Matt and grew within the organization and am now a board member of the organization. And we

are an organization that is run entirely by young adults living with cancer, all volunteers . . . all volunteers. That's what I do. That's my story, and I'd love to talk to everybody else more about this and help in the educational process. That's me.

Sandra de Castro Buffington: Thank you.

[Applause]

Okay, maybe you could just raise your hands and we'll go ahead, get started there?

"But I think the other reason . . . to be accurate and to do the research is because it makes more story, it gives you more than a three-episode arc, or a two-episode arc."

– PATTI CARR, "90210"

John: Hello. I'm John. I have a question for Patti Carr, and I apologize if this is really, really left field, but in addition to everything that you do you happen to be one of the writers on one of my favorite all-time shows, "Boy Meets World."

Patti Carr: "Boy Meets World"—I was going to say it must be "Boy Meets World."

John: Ah! I'm going to be really bold and ask if afterwards you would sign my copy of "Boy Meets World," season seven?

Patti Carr: Absolutely!

John: Awesome. All right, that's all I need to know. Thank you, and thank everybody also on the panel. You guys are amazing. You're my inspiration, so thank you.

Sandra de Castro Buffington: Okay, there's a hand here? Right here?

Unidentified audience member: In terms of our responsibility as communicators and working with media, scale and proportion, now I had never heard of BRCA before. Tonight I heard a story. I saw it on one television show. Now I saw it on two television shows. So how do we start to deal with I don't know how rare it is or whether what you're asking is every woman to get screened, because that's one question because if there are indicators that every woman doesn't have to then that's another situation. So if it looks like we're promoting television that it looks like something is very rare, isn't, what are we doing there and how do we make sure that everything gets represented properly.

Sandra de Castro Buffington: Who'd like to—go ahead, you want to start?

Jessica Queller: Well, first of all, it's rare but it's not very rare. Maybe we can share this question, but I guess one in every 10 cases of breast cancer are hereditary so nine out of 10 are random. But one out of 10 can be tested for or there are different genes. There are two genes that are known, BRCA 1 and BRCA 2. Then there are genes of unknown origin that they're working on finding still every day. So it's possible to have a gene—I mean I have friends who have had breast cancer, their mothers, their sisters, their aunts, and yet they test negative for BRCA. And the doctors say we know this is genetic, it's a gene that we haven't yet discovered.

But basically the doctors advised me and everyone I know that if you have a strong history of breast cancer, which means a mother, a sister, an aunt, in your family, to be tested. But, that said, it can also come from the father's side. So we didn't know about the history in my family because it was from my mother's father and he was a deadbeat dad and stuff. So we didn't know about that side of the family, but it's also predominantly found in Ashkenazi Jews, so it's very important for the Jewish . . . It's probably been on "House," it's been on "In Treatment," it's been almost everywhere by now.



Dr. Lisa Richardson: So I think to make the point that like what is too much and what is scalable. So both of the stories—well, all the stories we've heard tonight have been in context of the family history, so that's where you start, and so both were correct that way, so it is scalable.

Sandra de Castro Buffington: Okay, there's a hand back here?

Unidentified audience member: Jessica, I just wanted to tell you that I read your book when I was recovering from my mastectomy this past year, and I'm BRCA 1. I found out after losing my mom, and I did all the research I needed to and saw surgeons and made the decision not to have a prophylactic mastectomy. And you were not crazy, I was. So I think that what you did was incredibly important, and I've been wanting to meet you for a long time and I'm really honored to be here tonight. Thank you.

Jessica Queller: Thank you so much.

Stacy, a member of the I'm Too Young for This! Cancer Foundation, takes the microphone to tell the panel about her group, an advocacy organization for young adults with cancer.

[Applause]

Roger Holzberg: Hi, I'm [Roger Holzberg]. I went the opposite path from Jessica. I was diagnosed with cancer and I left entertainment and went to work for the National Cancer Institute to tell stories. Our two physicians posed—both said you really can't tell the story in half an hour in any kind of depth. And I really want to ask the show runners how are you tying transmedia into your stories? Because when someone hears that story on "90210" they don't come to the National Cancer—they don't come to cancer.gov, they go to 90210.com. And is there follow-through through those stories to give the direction, the deeper learnings that patients or people need to get once they get introduced to subjects that are presented on the shows?

Sandra de Castro Buffington: So do you want to take it—go ahead?

Darlene Hunt: I don't really want to take it because I'm nervous. You know what? I've got to be totally honest, I think there's a little bit of a—there's a nervousness in having—because we've had some requests from cancer foundations, people who want to line-up with us, but that becomes kind of a tricky world because a couple of things. Then I feel like then we really have to walk a certain line. I mean we're not a medical show, we're not a documentary, we're not a truth-telling show. I always say that this is about entertainment and yet I'm so honored that people watch us and find comfort or can relate.

But the actual—it becomes a really tricky thing to really want to tie into a known group because—so I don't know how to answer you. I don't know that—I'm not totally sure if we are tied into a group, that's a little bit of a Showtime issue. They kind of make those choices, and I don't know what all goes into them aligning with any particular group to say, hey, get more information here or there or whatever. But I know that this subject has been—has come up a little bit, and it always makes us nervous to feel like we're selling somebody else's point of view.

Sandra de Castro Buffington: Well, Roger, thank you very much for asking that question. And I'll just share with the audience and maybe even some of the panelists that this is one of the things that Hollywood, Health & Society does with the shows. And it's often not through the writers and producers, it's through their dot coms. So it would be cw.com, nbc.com, abc.com.

So when the writers, we've consulted on a story, and they tell us when they're going to air that story we'll contact the dot com and offer them web links to credible sources of information. And we actually also—so the way, we're like the bridge groups. So we go to the CDC and we say can you write a bunch of tweets on the BRCA gene? They send them to us. We contact the dot com or an

"Jessica, I just wanted to tell you that I read your book when I was recovering [from] my mastectomy this past year, and I'm BRCA 1. . . . I did all the research I needed to and saw surgeons and made the decision not to have a prophylactic mastectomy. And you were not crazy, I was."

– UNIDENTIFIED WOMAN IN AUDIENCE

executive with the network, cw.network and we say here are the tweets, if you want we'd love for you to tweet to your fan base with the facts. And here's some web links, and we often place web links on the show's websites. Sometimes the writers and producers aren't involved in that, at all. And it's sometimes not their decision.

But I don't know, Patti, if you have anything to say?

Patti Carr: Well, I—just to speak to that from—for our show and then maybe someone can correct this if it's—if I'm wrong. We did talk about doing a PSA associated with the arc. The problem that

we felt like we were running into was that the BRCA gene is privately owned and there's only one company that does the test and it's for profit. So to give people information that would encourage them to use that service becomes—

Unidentified speaker: A whole other story.

Patti Carr: It is, and it's a very compelling story, as well, and that somebody should tell on a show. But it became a sort of a legal difficulty of we tended in the past they've only done a PSA for—they have very sort of specific criteria and it's always nonprofit. I didn't know how to do a PSA for this particular situation that didn't bump up against that.

Sandra de Castro Buffington: That is very interesting. And, actually, we worked with "90210" on the bipolar disorder storyline and Silver also is bipolar, right? So she's got it all. In that case, the show did have a PSA and the—let's see, bipolar—SAMHSA, Substance Abuse and Mental Health Services Administration in D.C., helped us write the copy which we sent to the show, and they had the lead actor appear. And they referred viewers to both a landing page with a nonprofit organization and a call-in hotline number. And they had huge traffic peaks thanks to the storyline and this PSA, so.

Patti Carr: I mean we would be happy, we'd be happy to do it if we could—if we knew how to do the PSA without basically advertising.

Sandra de Castro Buffington: Yes, we actually placed over 800 web links on shows last year, and we had 221 storylines air with accurate health information in them that we consulted on.

[Applause]

Unidentified audience member: I wanted to bring up Dr. Richardson was talking about prevention, and Dr. Trisal was talking about how in Lancaster certainly people seem less educated in this area. And there's been a tremendous amount of resources beginning to come to light that's existed for a long time that what we're



putting into our bodies, nutrition and lifestyle, play a dramatic role in the growth of cancer. I mean I believe that we all, unfortunately, can get cancer, aside from genetic pieces it's what we're doing to our bodies and the environment is doing to us.

And yet I haven't seen on shows, yes, in some documentaries, but in entertainment where a character chooses, let me change the way I'm eating, let me change my lifestyle. And I personally have a friend who was given a terminal diagnosis and said I'm going to change the outcome, and she became a totally plant-based eater and lost a tremendous amount of weight, exercised, and was supposed to die within three years and is alive 12 years later.

So I would like to know if this is something the writers have considered introducing, and has it ever been potentially a problem with the advertisers that might be on the shows? Because my friend, who's here, recently pitched to help fight obesity, a show, and was told that but we have Kentucky Fried Chicken and McDonald's as

Audience member Roger Holzberg asks the panel a question on the use of transmedia—telling a story and providing information across different platforms for more impact.

our advertisers so we can't accept the show even though it sounds wonderful. So I'd like to ask that question.

Sandra de Castro Buffington: Okay, who would like to?

Patti Carr: I think I'm the only one with advertising.

Darlene Hunt: Well, you know, we have a—I'm sorry, did someone jump in?

Darlene Hunt: Susan Sarandon is doing an arc on our third season, which none of which has aired yet, but she plays a breast cancer survivor who now does public speaking on the subject, and she, you know, her character is all about juicing and is actually sponsored by a juicer, and so that kind of plays into the story.

We had talked a lot about sending the main character into this wellness center where they do—we watched a documentary about people, a wellness center in New York where they changed their life by doing exactly what you're talking about, dramatically changing your diet and so forth. And we found that compelling and really thought that that could be a road to lead Cathy down.

In the end it kind of morphed into something else because our characters are—it's more about relationships and points of view. And so it turned into her bumping up against this character and kind of following her for awhile and her—she's a joyologist and a motivational speaker and a very compelling speaker, who does believe in juicing and the whole thing. So it kind of morphed into that.

Now do I think you're going to love that because we're selling that this is a great way to go and can beat your cancer? No, we turned it on its ear and we play into some intricacies in terms of the character. We don't—we absolutely don't take the point of view that this doesn't work. The point being we recognized it as something cancer survivors, people fighting their cancer, we recognized it as something people are doing. So that is spoken to in the series, as far as taking, focusing on it or making it kind of a soapbox issue,

not so much, but we acknowledge it.

Sandra de Castro Buffington: That's great. Did you want to say anything, Patti?

Patti Carr: Just that I mean we haven't gone to that place in the show and, obviously, she's been tested for the gene. That said, I don't know that we would get resistance on the—from the advertisers. I think in our particular case the fact that we are a show for young women and it's—our young women are extremely thin, that the idea of them going on a diet proponent, pushing the fact that a very restrictive diet is healthy, that would be where I would

"We've had some requests from cancer foundations, people who want to line up with us, but that becomes kind of a tricky world because a couple of things. Then I feel like we really have to walk a certain line. I mean we're not a medical show, we're not a documentary, we're not a truth-telling show."

– DARLENE HUNT, "THE BIG C"

think we would run into problems. I think it's very dependent on who your audience is and you have to speak to your audience and recognize that you may be trying to address one issue and bringing up another issue all together.

Dr. Vijay Trisal: Let me chime in a little bit. So part of the information that you are seeking is so complicated that there is no right answer to that. So we don't have specific established guidelines that this is right, that is wrong, and there is still a huge market for all these supplemental medications, which we don't know how to deal with. I deal with this in my chemotherapy patients who are on five different supplements, and we really don't know what it does

to the chemotherapy, what it does to the liver.

So delving into that without having a real science, when there are a thousand other companies trying to promote their product, and overwhelming, and that is where I think part of your job becomes a runaway. So every breast cancer patient coming in and wanting a BRCA test now takes another half an hour trying to discuss that, 90%, more than 95% of the patients don't qualify for the test. And the problem is not just the positive or negative test, the problem is what is called the [inaudible] significance. So now we have a mutation that we know doesn't cause cancer, but there's a mutation. We don't know what to do with that. I think this is much more complicated.

And let me give another example. I have—I do a huge melanoma clinic, so I have 100 brochures in my hand. I give it to the patients about sunscreen, UV index. It is not glamorous at all. And when they see “90210” everybody is beautiful and thin and tan and they go to a tanning booth, it erases all of that, the handouts. I don't think it is so simple to say, okay, this is the party line, this is what we follow, this is what we promote in the show. There is so much information, so much noise, not all of it is true.

Sandra de Castro Buffington: Well, thank you, all. We've actually run out of time. Please stay after and talk with our guests. I want to thank you for an incredibly inspiring and informative evening. Thank you, thank—let's give our panelists a warm thank you.

[Applause]

Also, if you would look in your packets, here is a blue sheet. We would really appreciate it if you would take a minute to fill these out. It's really to give us feedback on the evening, what we did well, what suggestions you might have for the future.

And for those writers here in the room, if you're working on a health storyline or anything related to climate change and you'd like access to an expert or any facts checked or any information, call us, we're a free resource to the community. Thank you.



Following the panel discussion, Jessica Queller (left) meets with a member of the audience who's a cancer survivor.

