

Caller says: Tell me about the urethane.

Say: (The caller is talking about the Surgitek implant)(You will hear it called the urethane implant; the sponge covered implant)(It is described in all kinds of ways)That is a Surgitek product. I do have their 800 number if you would like to call them. We don't manufacture that product, you would have to call them.

Caller says: If my doctor says I should have to have these removed, what are you going to do about that?

Say: I think what we need to do in this situation, is wait and see what your doctor has to say about this. We are jumping ahead of the gun here; we don't really know what he is going to tell you. After you go to your physician, call me back. My name is Paulette Williams. Call me back and let me know what he says. At that point we can look for other options for you. (Don't get into our Removal program or our Claims program. We don't want to shove our money in their face and say take it. Bringing the physician into it, cuts her off. She can't go on with it, because she is just supposing at this point. She doesn't know what is going to happen.)

Caller says: Who would you recommend I get my implants from since Dow Corning no longer makes them?

Say: That would be a decision between yourself and your doctor. You may want to find out what manufacturer he prefers. I do have several manufacturers numbers. If you would like to call me back when you find that out; I would be happy to give you the number of that company.

Caller says: Because of the cost of this surgery, can I count on Dow Corning to cover some of this expense? Or do I have to go to an attorney?

Say: (Paulette's response was no longer applicable) We are not discussing the Removal Assistance Program in IIC. (Paulette: If we would have stopped her earlier by diverting her to her physician, this probably would not have come up).

Caller says: I am going to have baby and breast feed. Is there any way I can be tested to see if my milk is okay?

Say: There are labs where you can have your breast milk tested. I do have a list of labs. I would be happy to send them to you. Understand that this procedure is very expensive. You may want to call them. (Okay to give them number at this time).

Caller says: My friend has implants too. She says she has silicone dripping out of her nipples. Is that true? Can this happen?

Say: I have no idea; I don't know your friend; I don't know what could be dripping out of her nipples; certainly if she has some fluid dripping out of her nipples, she should see her doctor. But I cannot guess what is dripping out of your girl friend's nipple.

Caller says: If implants are safe, how come all of these people are having all of these problems?

Say: We are doing investigations as to why people are having these problems. Certainly things have been reported. From our 30 years of research, we do not see clear cut correlations with a lot of problems that are being speculated on out there. Certainly I have seen a lot of women on television myself and these women do look like they are having terrible problems; and my heart goes out to them. However, I want you to understand that we do not see medical doctors standing beside them saying that these are connected with implants. I think there are some unanswered questions, but we are doing research on it. We know there are some problems out there; we don't have the answers to all of them; we don't know how much of that is connected to breast implants. We always have done research on it and we will continue to do so. As new medical technology becomes available, we incorporate it into our research.

Caller says: Where is all this junk going in my body?

Say: Did you hold your breast implant in your hand before you had it put in? Did you see it? Then you realize that the elastomer envelope that hold the gel is a very thick envelope. Understand that this envelope is also surrounded by layers and layers of scar tissue which is made up of collagen. If your implant ruptured, this scar tissue would also have to rupture. At that point minute amounts of gel would begin to leak from the ruptured implant and the ruptured scar tissue. The body would send these small cells called macrophages. They work just as a pac man; they pick up minute amounts of gel; they take it across the tissue plane to the nearest lymph nodes. The nearest lymph nodes in the breast are below the shoulder and above the breast, running in a half moon shape under the arm. The macrophages would deposit it in the lymph nodes at that time. They would stay there. Because silicone is biologically inert, the body cannot break it down and pass it out of the body. Groups of those macrophages would then form small lumps which would have to be biopsied because you cannot look at a lump and tell whether it is cancer or not. From the studies that we have, we know that when gel leaks from the implant, it goes to the nearest lymph nodes and those are the nearest lymph nodes to the breast. It leaks in such minute amounts, that we cannot put a number on it in the laboratory.

Paulette: If you don't know the answer to a question that a caller asks, you can say, 'I'm not real clear on that. I know that I have had information on that, but rather than chance on giving you wrong information, let me check on that and get back with you. If you don't know the answer, its okay to say, 'I don't know, but I will check on it and get back with you.'

Caller says: My doctor didn't tell me anything about what I'm hearing in the papers.

Say: I have a packet of information and in this packet it does have package inserts. Do you know if you have Dow Corning implants? You say you have a doctors appointment next week. You might want read this packet and take it with you to your doctor, highlight and discuss what you don't understand with him.

Caller says: What if my physician doesn't know? What am I supposed to do?

Say: Are you seeing a plastic surgeon? If you are seeing a plastic surgeon and you have a rupture, he certainly would know how to treat it. He is an expert in the field of breast implants.

Caller says: This get is running all over my body. What diseases am I going to get from that?

Say: Paulette: Caller is talking about auto immune diseases at this time and you need to talk about auto immune at this time. No clear cut correlation, continuing research etc.

Caller says: Evidently Dow Corning has known about this stuff since the 70's and never told anybody. At least if they told my doctor, my doctor never told me.

Say: Dow Corning is a manufacturer of the implants. As a manufacturer we certainly can tell you about our product, but we cannot tell you how it will interact with you. It does take your physician to do that. In the package insert which the physician gets, it does state clearly that it is the surgeon's responsibility to make sure that the patient reads this information prior to surgery. Please understand that Dow Corning cannot sit in every doctor's office and make sure that this is done. We are a manufacturer, we are not a physician.

Caller says: I'm so tired I can hardly get out of bed in the morning; my joints ache; I'm very forgetful. I would like to know why this is happening. What does Dow Corning know about this?

Say: (caller is talking about auto immune diseases) Auto immune diseases are very rare diseases. For example the Arthritis Foundation estimates the number of new cases per year for scleroderma is about 10 per million. It is a very rare disease. That's 70 to 90 new cases per year. (Talk about what Lupus is; what Rheumatoid Arthritis is; talk about FDA task force and Scleroderma task force at the American Medical Association have conclude that there is no definite diagnosis for Human Adjuvant Disease; discuss 30 years of research; further studies are being done. Because these are rare diseases there is very little about them).

Caller says: I've heard about the 800 memos. How can Dow Corning hide information that hurts so many women:

Say: Dow Corning has been studying breast implants for 30 years. We have always made test results available to the FDA. We have never tried to hide information. We have always complied with everything that the FDA has wanted us to do. What you are talking about are memos. They are interoffice memos! They are not scientific data. Dow Corning does encourage the exchange of ideas. It is what promotes scientific research.

Caller says: I want these out. I want them removed. What will Dow Corning do for me?

Say: I can refer you to our Removal Assistance Program. (only if they are talking about being reimbursed for baby sitter fees while in the hospital, or reimbursement for loss of wages, etc. would you refer them to Customer Relations.)

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IMPLANT HOTLINE PROGRAM
TRAINING SESSION
MARCH 25, 26, 27 1992

TAPE 9 SIDE A

This is a critique of the tape recorded hot box sessions.

Let the caller talk; let them monopolize the conversation. They will lead it into what they want to know.

Do not say 'yes you do have a problem'. Puts more danger signals into the callers head. Say 'it appears that you do have a rupture'. 'What do the doctors recommend you do?'

Caller says: If silicone is safe, why should I have this out?

Say: 'Because the product is not being used for the manner in which it was intended. If the implant is ruptured, then it is a broken medical device and it must be removed.'

Caller says: Where is it going in my body?

Say: 'When it ruptures, minute amounts come out. Macrophages come to that area, from our test we know that it deposits them in the lymph nodes closest to the breasts.' Paulette: That is going to come up time after time. This is one of the most frequently asked questions. Rupture and Autoimmune are two of the top ones. You talk about the envelope, then the scar tissue, then the macrophages so the caller knows that there are steps to this and there are things going on.

Paulette: Women are really scarred. Not thinking logically. Not ready to die. Media has blown this to where any normal person would be afraid.

Paulette: Silicone can go into the liver. It can go into any of the organs that are in the lymphatic system. If you tell them about the macrophages and where we normally expect it to go, you probably will not get to this point. But if you are asked directly, we are not here to give incorrect information. If you are asked directly can it go to major organs. Say: Yes, it can in very minute amounts. And please understand that although minute amounts may be present in those organs, that does not mean that there is a problem.

Paulette: When you talk about the difference between silicon and silicone, should be when caller asks about a blood test and gets into deep detail about it.

Paulette: If you don't know whole range of a subject, don't get started on it. You will appear that you don't know what you are talking about and caller will not trust what you are saying and that's not what we are looking for. We want to make sure that you come across as confident,

what you are saying is true and what you know to be.

When someone hits you with a barrage of questions, try to take down what she is saying question by question. Then when she's done Say: 'Just a second. You've asked me about 5 questions in one sentence. I want to make sure you get all your answers, so we will cover them one by one.'

Caller says: If they are a safe product, why am I reading all these things in the media?

Say: We live in a country where there is freedom of speech. People are free to report whatever they choose to report. I am here to tell you about our 30 years of scientific research.

Memos Answer: These are interoffice memos. It is not scientific data. Understand that we do encourage questions. That's what encourages scientific research.

Paulette: Must finish call report form because not only do the questions of callers run together, but your answers to callers run together, i.e. did I tell Mary about contracture or did I tell Jane about contracture?

For question What is Life Cycle of implant? Answer: These are man made products. Man made products are known to fail. This is a medical device. Medical devices are known to fail. It depends on the patient.

Caller says: What are risks?

Paulette: The first risk we talk about is capsular contracture. That is the most common complication with these implants. By the time you cover contracture, she may be on to another subject, however, understand that at the end of this conversation, you are going to say 'do you have any other questions?' And if she brings you back to risks, you will go on to the next risk, but capsular contracture is where you should start. Say: In the packet I will send to you it does describe all the complications that could arise with breast implants. After reading it, if you have any questions, please feel free to call me back or call your doctor.

Paulette: Be sympathetic, but don't say 'I understand how you feel.' Callers may get irate, because you don't understand unless you have had the experience. If you should say that phrase, and the caller says no you don't, you can Say: you're right. I can't understand what you're going through. I certainly do sympathize with your feeling, however, and I do want to help you.

Caller says: "I'm afraid to read the packet".

Say: 'I understand that you are afraid to read it. But I also understand that by calling here you are seeking information. Let's get you as much information as we can. The things we talked about today I will highlight for you in the packet. By the way I also have an 800 number for the FDA. They have a packet; read it. The ASPRS has a packet of information; read it. Make an informed decision about your implants. Get as much information as you can. I understand that

you are frightened, however you must want the information you called me; you're seeking information. So let me help you get it. (Convey to the caller that we are in this together) Lets get it for you. (That's what you need to bring across. Let the caller know that she can get you when she calls back; she is not going to be left hanging; she has reached you and you are there now; you will not drop the ball and let them float away.)

Caller says: "I want to know everything about Rupture."

Paulette: This is a time when you can read. Say 'I'm going to read to you from the packet. Now I'm going to send this to you so you can read it for yourself. Lets make sure you understand this. I will highlight this area in the book.' (Normally we don't read to callers, but when you do, say 'I'm going to read to you from the packet that you will receive.')

Paulette: There are 4 reasons why implants could fail. 1)Surgeon related 2)Patient related 3)Implant related 4)Combination of those 3.

Caller says: "You should tell your management"

Say: 'Fine. I will be happy to pass that word along.'

Paulette: If caller has another manufacturer's implants, tell the caller that we can talk to them in general about implants, but not a specific manufacturer's implants other than Dow Corning's implants.

Paulettea: Refer caller to her physician. If necessary give them list of 800 numbers.

Caller says: "You haven't done enough testing."

Say: Dow Corning feels that we have done substantial testing on the implants. We have tested them for 30 years. We realize that some questions have been raised that need to be answered. And that is why we have put ten million dollars on the table to answer those questions.

Paulette: When you talk about contracture, it is perfectly alright to talk about capsulotomies because that is how they treat contracture. And we don't mind them knowing that manufacturers do not approve of closed capsulotomies. It is common knowledge.

TAPE 9 SIDE B IS ALL BLANK