



U.S. CHAMBER

Institute for Legal Reform

Gaming the System

*How Lawsuit Advertising
Drives the Litigation Lifecycle*

APRIL 2020





U.S. CHAMBER
Institute for Legal Reform

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Introduction and Executive Summary

Have you taken a blood-thinning medication, used baby powder, applied weed killer, or had a medication prescribed for nausea while pregnant and experienced an injury? Call right now! For these products alone, plaintiffs' lawyers and lead generators have spent about \$400 million to air 1.3 million television commercials. By comparing monthly advertising data with developments in science, regulation, and litigation, this paper identifies what sparks the ads often seen on daytime or late-night TV and explores why ads targeting a particular product surge or plummet. The proximity and likelihood of trials, the opportunity to publicize large awards, and the expectation of a global settlement drive—and are driven by—mass tort litigation advertising.

Plaintiffs' lawyers, companies that specialize in advertising and gathering claims (known as "lead generators"), and third parties that finance the litigation spend about \$1 billion on television advertising each year to seek plaintiffs for mass tort litigation.¹ This paper closely examines ads seeking individuals for lawsuits involving five products: the blood-thinning drugs Pradaxa and Xarelto, talcum-based products such as baby powder, the herbicide Roundup, and the nausea-reducing medication Zofran.

The research reveals that heavy spending on lawsuit advertising does not reflect the safety of a product; rather, the ads often do not rely upon sound science, and they fluctuate from month to month based on the perceived likelihood that the litigation will yield a favorable return on the investment. Mass tort litigation is often a gamble by plaintiffs' lawyers that a business faced with thousands of claims, damage to its reputation, and rising defense costs will eventually be pressured into entering a global settlement even if the product at issue did not cause the illnesses or injuries alleged in the lawsuits.

“ While personal injury lawyers did not win a single trial, their firms will receive \$105 million in fees and costs from the Xarelto litigation—a significant return on their investment.”

Pradaxa Litigation: \$94 Million Spent on 289,000 Ads

The Pradaxa litigation shows how plaintiffs’ lawyers take advantage of known risks of medications combined with uncertainty regarding new drugs to create a mass tort. Pradaxa, like other anticoagulants, included a risk of bleeding. After the Food and Drug Administration (FDA) announced that it was investigating such reports, plaintiffs’ lawyers pounced. The 4,000 cases that resulted from the initial advertising campaign settled for \$650 million before a single trial, even as the FDA found Pradaxa had no higher bleeding risk than warfarin—a medication widely used for preventing and treating blood clots in humans since the 1950s. Another wave of lawsuit ads then publicized the settlement, generating a second wave of litigation. Plaintiffs’ law firms and lead generators then sharply reduced spending on advertising as juries returned defense verdicts or relatively small awards and judges dismissed cases. Ultimately, plaintiffs’ lawyers have spent \$94 million on 289,000 television commercials that generated over 6,000 claims. Advertising remains at low levels as the litigation continues.

Xarelto Litigation: \$122 Million Spent on 375,000 Ads

Plaintiffs’ lawyers applied the Pradaxa litigation playbook to a more frequently-prescribed anticoagulant, Xarelto, generating more claims. Xarelto came to market soon after Pradaxa, and plaintiffs’ lawyers quickly incorporated it into Pradaxa lawsuit ads. After the Pradaxa settlement, Xarelto advertising surged. Spending increased when trial dates approached, as plaintiffs’ lawyers speculated that a large award would drive up settlement values. After a series of defense verdicts, however, advertising slowed and then dried up completely. In all, plaintiffs’ lawyers spent \$122 million on 375,000 Xarelto television commercials, generating over 30,000 claims. The manufacturers settled for \$775 million to avoid continued protracted litigation. While personal injury lawyers did not win a single trial, their firms will receive \$105 million in fees and costs from the Xarelto litigation—a significant return on their investment.

Talcum Powder Litigation: \$63 Million Spent on 175,000 Ads

The talcum powder litigation demonstrates how plaintiffs' lawyers can generate mass tort litigation by promoting a questionable link between a commonly used product and illnesses that thousands of people are diagnosed with each year—in this case, baby powder and ovarian cancer or mesothelioma. Cases that rely on weak science can still pressure a business to settle if it faces thousands of claims, steep defense costs, and damage to the reputation of its products and brand. Concentrating the litigation and the first trials in a court known for plaintiff-friendly verdicts and high awards can bolster the litigation's prospects. Plaintiffs face the risk, however, that judges and juries who demand reliable scientific support for claims will not respond favorably. That dynamic has occurred in the talc litigation.

Advertising began slowly after an international agency classified talc as "possibly carcinogenic" and swelled after a series of multimillion-dollar verdicts in St. Louis and Los Angeles in 2016 and 2017. It increased again after a \$4.69 billion verdict, also in St. Louis, in a multi-plaintiff case in 2018. Spending on talc lawsuit advertising has fluctuated like a volatile stock, rising to publicize massive awards, and falling with dismissals, defense verdicts, invalidation of awards, and other rulings favorable to defendants. Plaintiffs' lawyers have spent about \$63 million to air 175,000 talc lawsuit ads, generating 18,000 lawsuits and counting.

Roundup Litigation: \$103 Million Spent on 450,000 Ads

The Roundup litigation raises questions as to whether lawsuit advertising not only generates claims but also can influence the jury pool. Litigation alleging that exposure to Roundup caused people to develop cancer, as with the talcum powder litigation, began slowly after an international agency classified its active ingredient, glyphosate, as "probably carcinogenic." Advertising remained at low levels for over three years and saw its first bump after the federal judge overseeing the litigation ruled the cases would go to trial despite shaky science. Lawsuit advertising surged as trials approached, during trials, and after plaintiffs' verdicts.

Prospective jurors reported that ads telling them Roundup causes cancer aired so frequently they were "bordering on harassment." After a \$2 billion verdict to a California couple, spending on lawsuit advertising exploded to publicize the blockbuster award—and ads continued to feature the \$2 billion award long after the court cut it to \$86 million. This spike continued as plaintiffs' lawyers rushed to generate claims following reports of a falsely-rumored \$8 billion global settlement. Thus far, plaintiffs' lawyers and lead generators have spent about \$103 million to air 450,000 ads, generating nearly 50,000 claims. Although lawsuit advertising began in late 2015, three quarters of this spending occurred after the \$2 billion verdict in May 2019.

Zofran Litigation: \$13 Million Spent on 30,000 Ads

The Zofran litigation is an example of a failed investment by plaintiffs' lawyers. Doctors sometimes prescribe Zofran, an anti-nausea drug approved to help cancer patients during chemotherapy, to help pregnant patients experiencing severe morning sickness. Within days of publication of a Swedish study linking Zofran to birth defects, the lawsuit ads began. The first lawsuits came about three months later as ad spending exploded. Plaintiffs' lawyers and lead generators poured money into Zofran lawsuit ads, making the medication one of the most frequently targeted products in 2015. About 95 percent of the \$13 million spent on Zofran lawsuit advertising occurred in just six months. Television commercials flashed images of babies, emphasized that the FDA had not approved Zofran for use by pregnant women, and highlighted a \$2 billion settlement involving the drug that was unrelated to the product liability litigation.

Plaintiffs' lawyers, however, either overestimated the pool of potential plaintiffs—women who took Zofran and had a child with a birth defect—or thought each claim would result in a large verdict or settlement since the cases involve children. Nearly half of the 700 cases filed were voluntarily withdrawn by plaintiffs' lawyers or dismissed by courts, and no case has reached trial. Plaintiffs' lawyers also lost a gamble that the FDA would require labeling changes cautioning against using Zofran

during pregnancy. Instead, the FDA thoroughly rejected such a request as unsupported by science, just as the litigation began to mount. As a result, plaintiffs' lawyers and lead generators pulled the plug on Zofran lawsuit advertising, which dried up as quickly as it began.

Findings: Lawsuit Advertising Trends and Public Policy Implications

There are common trends in the lifecycle of lawsuit advertising spending behavior across the five mass tort litigations examined in this report:

TRIGGERING EVENT

Mass tort advertising begins after a triggering event such as publication of a scientific study suggesting an association between a product and an illness (even if weak or flawed), the FDA's initiation of an investigation, or an organization's classification of a substance as possibly carcinogenic.

OPTIMISM-GENERATING EVENT

Advertising increases after an event suggests that the litigation is likely to reach trial and has a chance of success. These litigation benchmarks may include a court denying a motion to dismiss, scheduling cases for trial, or an early plaintiffs' verdict, even if it returns only a partial victory or a relatively small award. These types of events send a message to plaintiffs' lawyers and lead generators that the litigation is a worthy investment.

“Early lawsuit advertisements tend to cast a broad net for potential plaintiffs by asserting that the product may cause a wide range of illnesses.”

SURGE-GENERATING EVENT

Advertising spikes after a blockbuster award, which plaintiffs’ lawyers highlight in ads to suggest that viewers who used the product may receive similar results. Rumors of a global settlement may also lead to increased advertising, as plaintiffs’ lawyers attempt to generate as many claims as possible to have a piece of the settlement pie.

ADVERTISING-DEPRESSING EVENT

Plaintiffs’ lawyers and lead generators typically reduce lawsuit advertising when events occur that lead them to question the soundness of their investment in the litigation. These types of developments include a court’s dismissal of a claim, a jury returning a defense verdict, or an agency action finding that science does not support the claims made in the litigation.

There are also commonalities in lawsuit advertising content:

SHIFTING ASSERTIONS OF HARM

Early lawsuit advertisements tend to cast a broad net for potential plaintiffs by asserting that the product may cause a wide range of illnesses. As courts reject

these claims as unsupported by science, the product risks communicated in the lawsuit ads narrow or change.

MISLEADING PRACTICES

Lawsuit ads often incorporate elements that mislead viewers. These include introducing the ad as a “medical alert,” presenting the ad in a news-type format, flashing the official logo of a government agency, overstating the risks of a drug, or implying that the product has been recalled. An emerging practice is to introduce a “doctor” who explains the science purportedly supporting the litigation when that person’s expertise is in a wholly unrelated field.

AWARDS PROMINENTLY FEATURED

Blockbuster awards, settlement amounts, and civil fines play a key role in lawsuit ads. Plaintiffs’ lawyers and lead generators likely find that flashing multimillion-dollar figures on television is effective in motivating viewers to call. The ads do not reflect that trial and appellate court judges often throw out or substantially reduce extraordinary awards as unsupported by the evidence, excessive, or contrary to law.

Television advertisements that seek plaintiffs for mass tort litigation are intended to generate a profit for plaintiffs’ lawyers and lead generators, but they also raise significant public health and due process concerns; misleading advertising practices and exaggerated assertions that a product is dangerous can cause harm. Reports filed with the FDA indicate that the lawsuit ads targeting anticoagulants scared scores of patients into stopping their prescribed medication, leading to deaths, strokes, and other serious injuries.² In addition, the pervasiveness of television

commercials telling viewers that consumer products, pharmaceuticals, and medical devices cause harm may poison the jury pool and jeopardize the right to an impartial jury.

Conclusion

Mass tort litigation is a profit-driven industry. In some cases, claims may seek compensation for people who were actually harmed by a defective product. However, plaintiffs' lawyers, lead generators, and third-party funders also create mass tort litigation through misleading, fearmongering ads. Through these ads, call centers, and a network of law firms, businesses are inundated with lawsuits. As cases mount, they are pressured to settle due to the cost of never-ending litigation, the risk of liability (particularly in areas viewed as plaintiff-friendly), and damage to their reputations.

Spending on lawsuit advertising rises and falls primarily based on the perceived likelihood that a defendant will enter a global settlement that will yield a return on the investment. While attorney advertising is protected by the First Amendment, legislators and regulators can and should step in when ads mislead the public or jeopardize public health. Courts also need to protect the right to a fair trial by ensuring prospective jurors—besieged with ads sponsored by plaintiffs' lawyers telling them a product is harmful—can impartially consider the evidence.

Data Sources

The advertising data presented in this paper was provided by Kantar CMAG. For each litigation examined in this paper, Kantar CMAG estimated the amount spent on

lawsuit advertising and the number of advertising spots that ran from the outset of the litigation to its conclusion or through December 2019. Kantar CMAG monitors 210 media markets, 11 national broadcast networks, and more than 80 national cable networks.

This paper does not reflect the full extent of money spent on lawsuit advertising and shows just a small piece of the lawsuit-generating industry. The television advertising data does not include local cable advertising, which Kantar CMAG does not monitor. Nor does this paper attempt to estimate the amount spent on lawsuit advertising in print media, internet, or social media ads, which is substantial.

The paper also presents the number of lawsuits pending for each litigation. This data is drawn from the Judicial Panel on Multidistrict Litigation, which publishes federal court statistics on a monthly basis. Data on state court filings, or all U.S. plaintiffs, is drawn from company quarterly or annual reports or, when not available, from media reports or other public sources.³

“ Spending on lawsuit advertising rises and falls primarily based on the perceived likelihood that a defendant will enter a global settlement that will yield a return on the investment. ”

Case Study: Pradaxa Litigation

Plaintiffs' law firms and lead generators spent an estimated \$94 million to air roughly 289,000 television commercials telling viewers that a new blood thinning medication, Pradaxa, can result in serious internal bleeding and death. An initial advertising campaign took advantage of unfamiliarity and uncertainty with the new drug soon after it came to market. After the manufacturer settled the first surge of lawsuits before any case reached trial, plaintiffs' lawyers advertised the settlement to generate a second wave of litigation. Meanwhile, the FDA reaffirmed Pradaxa's safety and most judges and juries have found for the defendants.

About Pradaxa

Dabigatran (marketed as Pradaxa) was the first in a new class of anticoagulants known as a direct thrombin inhibitor. The FDA approved Pradaxa in 2010 for reducing the risk of stroke and systemic embolism in patients with atrial fibrillation (an irregular heartbeat) not caused by a heart valve problem.⁴ The medication reduces the risk of clots that are a leading cause of atrial fibrillation-related strokes. Pradaxa is also approved to treat patients who have blood clots in the veins of their legs (deep vein thrombosis) and lungs (pulmonary embolism). It is used to treat and reduce the risk of reoccurrence of thrombosis after hip replacement surgery. As with all blood-thinning medications, doctors and their

patients know there is a risk of the drug resulting in serious bleeding.⁵ The drug's safety information informs patients that it is important for them to take it as instructed by their doctor, because stopping the medication can increase the risk of a stroke.

Until Pradaxa, patients who needed blood-thinning medication generally relied on warfarin, which had drawbacks such as the potential to interact with food and other medications, and the need for frequent monitoring and dose adjustment.⁶

Pradaxa is made by Boehringer Ingelheim, a family-owned company established in 1885 that is located in Germany and has its U.S. headquarters in Connecticut.

Public Health and Safety Assessments

Approximately one year after Pradaxa's approval, the FDA announced that it had received reports of "serious bleeding events" in patients taking Pradaxa.⁷ The agency indicated in December 2011 that it would investigate these reports but cautioned that the "FDA continues to believe that Pradaxa provides an important health benefit when used as directed" and that patients should not stop taking their prescribed medication without consulting with their doctor.⁸ These concerns were amplified when, one month later, a study published in the *Archives of Internal Medicine* associated Pradaxa with an increased risk of heart attack compared to other anticoagulants.⁹

In November 2012, the FDA indicated that it had evaluated these reports and "not changed its recommendations regarding Pradaxa," recognizing the medication provides an important health benefit in reducing the risk of stroke and blood clots when used as directed.¹⁰ The FDA found that "a simple comparison between Pradaxa and warfarin with respect to the numbers of post-marketing reports of bleeding ... is misleading because bleeding events associated with warfarin (a well-recognized consequence of warfarin use, which has been available for many years) are likely underreported compared to events occurring

with the more recently available Pradaxa."¹¹ "[B]leeding rates associated with new use of Pradaxa do not appear to be higher than bleeding rates associated with new use of warfarin," the agency concluded.¹²

The FDA's evaluation of Pradaxa continued and, in May 2014, the agency announced that it had completed a new study of more than 134,000 patients and found that Pradaxa is generally safer than warfarin.¹³ The FDA compared Pradaxa to warfarin for risk of ischemic or clot-related stroke, bleeding in the brain, major gastrointestinal (GI) bleeding, myocardial infarction (MI), and death.¹⁴ It concluded that Pradaxa was associated with a lower risk of clot-related strokes, bleeding in the brain, and death than warfarin.¹⁵ The MI risk was similar for the two drugs.¹⁶ The study did find an increased risk of major gastrointestinal bleeding with taking Pradaxa as compared to warfarin.¹⁷ After reviewing these findings, the agency indicated that "we still consider Pradaxa to have a favorable benefit to risk profile and have made no changes to the current label or recommendations for use."¹⁸

Some raised concerns that Pradaxa lacked a "reversal agent" that can be administered when a patient taking the medication needs emergency surgery or experiences uncontrolled bleeding. The FDA responded, however, that "the lack of an antidote notwithstanding, [Pradaxa] was superior to

“After reviewing these findings, the agency indicated that ‘we still consider Pradaxa to have a favorable benefit to risk profile and have made no changes to the current label or recommendations for use.’”

“As the federal MDL concluded in mid-2015, plaintiffs’ lawyers initiated a ‘second wave’ of Pradaxa litigation, largely in state courts.”

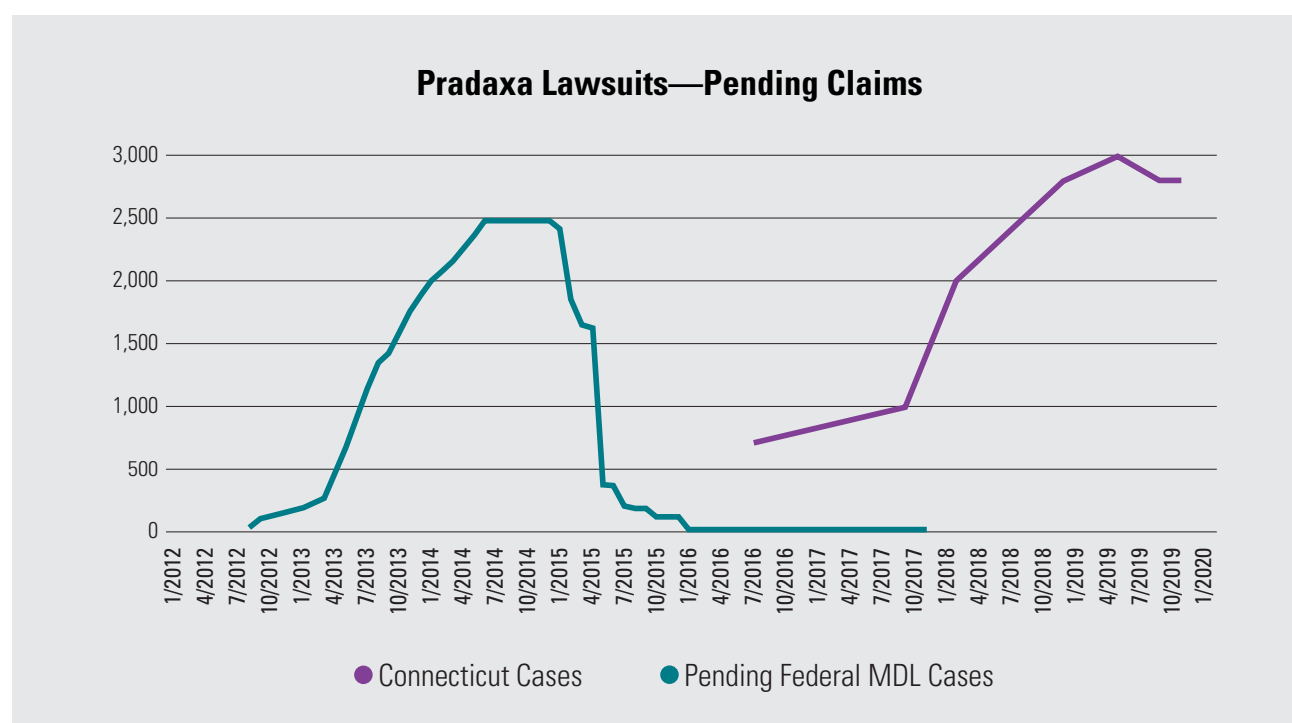
warfarin in preventing strokes in a large clinical trial [and] the rates of bleeding were similar.”¹⁹ In October 2015, the FDA granted accelerated approval to Praxbind, a specific reversal agent for Pradaxa.²⁰ After completing its review of Praxbind’s safety, the FDA announced full approval in April 2018.²¹

An Overview of the Litigation

The Pradaxa litigation is unique in having two phases: (1) litigation in federal courts that largely ended following a settlement; and (2) litigation, primarily in certain state courts, that only started to pick up following that settlement.

Plaintiffs’ lawyers filed the first reported lawsuits alleging injuries from Pradaxa use in early 2012, soon after the FDA’s announcement of its investigation and publication of the *Archives of Internal Medicine* article.

In August 2012, the U.S. Judicial Panel on Multidistrict Litigation (MDL) established a proceeding for all federal actions alleging that plaintiffs suffered severe bleeding or other injuries as a result of taking Pradaxa, that the manufacturer did not adequately warn prescribing physicians of the risks associated with the medication, or that there is no reversal agent to counteract Pradaxa’s anticoagulation effects.²² Twenty-one Pradaxa cases then in federal courts, as



well as future cases, were centralized in the U.S. District Court for the Southern District of Illinois for pretrial purposes.²³ The court set four bellwether trials for late 2014 and early 2015.²⁴

The MDL quickly grew. Within one year of its establishment, there were over 1,000 pending claims.²⁵ Lawsuits continued to mount as the judge presiding over the MDL, U.S. District Judge David R. Herndon, denied the first motion to dismiss a plaintiff's failure to warn claims in July 2013²⁶ and hit the company with a nearly \$1 million sanction for failing to produce documents sought in discovery in December 2013.²⁷ Pending claims in the MDL reached 2,000 within 18 months.²⁸

Claims in the MDL peaked at about 2,500 in mid-2014,²⁹ coinciding with the May 2014 announcement of a \$650 million settlement that included the MDL claims, plus about 1,500 cases filed in state courts in Connecticut, California, Illinois, and Delaware.³⁰ Pending claims in the MDL remained flat for several months, then began to decline in January 2015 as individual cases were dismissed as a result of the settlement. No case in the federal MDL reached a trial.

As the federal MDL concluded in mid-2015, plaintiffs' lawyers initiated a "second wave" of Pradaxa litigation, largely in state courts.³¹ These new lawsuits were primarily filed in Connecticut, where the company's U.S. headquarters are located. By February 2018, 2,000 claims were pending in coordinated litigation, a state proceeding that is similar to a federal MDL, in the Connecticut Superior Court.³²

The first three Pradaxa cases to go to trial ended in defense verdicts in 2018. In the first two cases, Connecticut juries found that the plaintiffs' injuries were not caused by the medication, even if the company should have provided stronger warnings of the risk of bleeding or further researched the drug.³³ The third trial resulted in a full defense verdict.³⁴

Plaintiffs obtained their first win in a Pradaxa case later in a federal court in West Virginia in October 2018—a \$1.25 million verdict.³⁵ A second plaintiff's verdict occurred in Connecticut in May 2019.³⁶ That verdict included \$542,000 in compensatory damages and a finding that punitive damages were warranted (under Connecticut law, a judge decides the amount of punitive damages). In September 2019, Judge Carl Schuman, who presides over Connecticut's Pradaxa litigation, found "at least minimally sufficient evidence" to support the verdict.³⁷ He awarded just \$1 in punitive damages, however, noting that "[t]his case is not one in which a company, motivated by greed, proceeded to ignore

“The court found the plaintiff did not present persuasive evidence showing the manufacturer had discovered any significant new information about the drug that would have allowed it to alter the drug's label.”

safety standards, defy government regulations, or disregard scientific literature in order to put an unreasonably dangerous or socially worthless product on the market.”³⁸ The court’s detailed ruling suggests that Judge Schuman is likely to dismiss other plaintiffs’ claims that the company should have warned doctors to monitor the level of Pradaxa in their patients’ blood as preempted by federal law. While the court upheld the verdict due to that plaintiff’s particular condition and uncommon claim, observers say that Judge Schuman’s thorough analysis of the science and FDA regulations may doom most of the 2,800 remaining Pradaxa cases in Connecticut.³⁹ As predicted, Judge Schuman dismissed another case as preempted by federal law on March 13, 2020.⁴⁰

Meanwhile, a California state court judge dismissed a Pradaxa case in January 2019, after the plaintiff’s own doctor indicated in a deposition that additional risk information he was shown about Pradaxa would not have changed his decision to prescribe the drug to his patient.⁴¹ The judge also tossed 141 out-of-state suits from the California consolidated proceedings, finding they lacked a sufficient connection to the state.⁴² Another plaintiffs’ defeat occurred in California in November 2019, when a state court judge ruled that federal law preempts claims that the pharmaceutical company

should have provided additional warnings regarding the blood thinner’s internal bleeding risks.⁴³ The court found the plaintiff did not present persuasive evidence showing the manufacturer had discovered any significant new information about the drug that would have allowed it to alter the drug’s label.⁴⁴

Lawsuit Advertising Messaging

Television advertisements seeking to recruit plaintiffs for Pradaxa lawsuits are often presented as a “medical alert” or “drug alert.” They tell viewers that Pradaxa is linked to serious internal bleeding, which can result in hemorrhaging, stroke, or “even death.” Some ads tell viewers that if they are one of the millions of Americans taking Pradaxa, “you could be at serious risk.” Some ads caution that viewers should not stop taking their medication without consulting with a doctor, but many do not. Many ads do not identify the law firm that is responsible for the ad, but rather run under banners such as “injury help desk” and “legal helpline.”

Early ads emphasized the FDA investigation of reports of internal bleeding associated with Pradaxa. One 2012 online ad, for example, flashes the FDA logo and tells viewers that Pradaxa has been linked to “bleeding on the brain, intestinal bleeding,

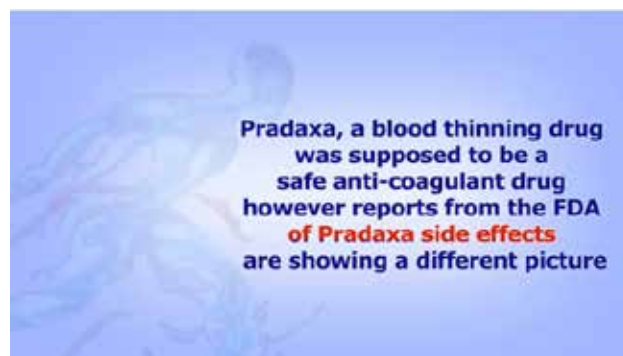
“According to data compiled by Kantar CMAG, law firms and lead generators spent an estimated \$94 million to air about 289,000 Pradaxa lawsuit ads between 2012 and 2019.”

kidney bleeding, uncontrolled bleeding, or even death.” In fine print below, that ad informs viewers that Pradaxa has not been recalled by the FDA. Other ads state that concerns about Pradaxa were raised almost as soon as it arrived on the market, assert that it has caused hundreds of deaths, or emphasize that it lacks an antidote.

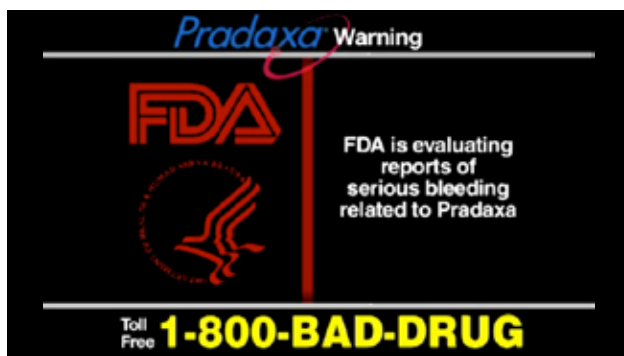


FaultyDrugs.com, "Pradaxa Lawsuit," YouTube, posted Mar. 1, 2012.

After 2015, plaintiffs' lawyers and lead generators often aired advertisements targeting both Pradaxa and Xarelto. Many of the lawsuit ads seeking to generate a second wave of litigation emphasize the \$650 million Pradaxa settlement.



PradaxaLawsuitSettlements.com, "Pradaxa Lawsuit Join Now," YouTube, posted Sep. 21, 2012.



1-800-BAD-DRUG, "Pradaxa Internal Bleeding Lawsuits," YouTube, posted Jan. 31, 2013.



Chaffin Luhana LLP, "Xarelto or Pradaxa Defective Drug Recall," YouTube, posted Oct. 6, 2015.



The Sentinel Group TV Commercial, "Xarelto & Pradaxa Alert," iSpot.tv, aired 2015.



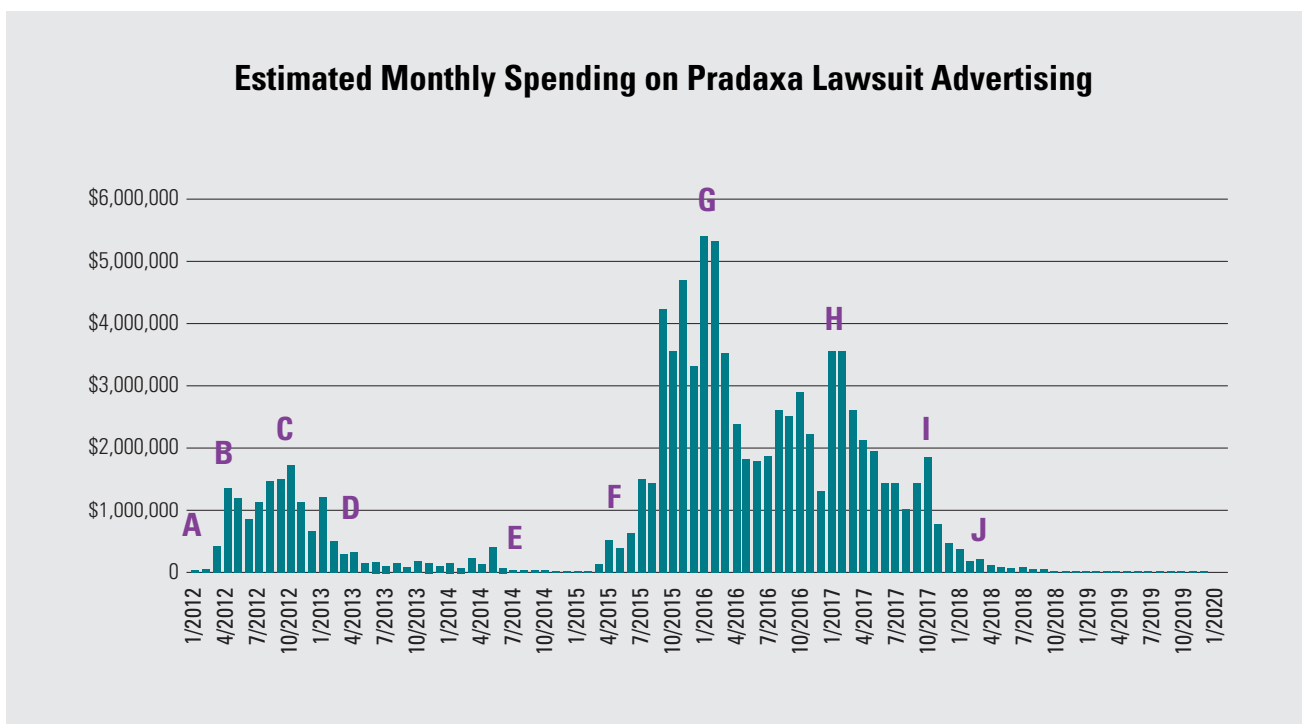
Injury Help Desk TV Commercial, "Xarelto/Pradaxa," iSpot.tv, aired 2016.



Goldwater Law Firm TV Commercial, "Xarelto and Pradaxa Settlements," iSpot.tv, aired 2016-17.



Xarelto & Pradaxa Legal Helpline TV Commercial, "Serious Risk," iSpot.tv, aired 2017.



Spending on Lawsuit Advertisements

According to data compiled by Kantar CMAG, law firms and lead generators spent an estimated \$94 million to air about 289,000 Pradaxa lawsuit ads between 2012 and 2019. More than 80 percent of this spending occurred between 2015 (after the initial settlement) and 2017 (before a string of defense verdicts).

Certain advertising trends vis-à-vis the Pradaxa litigation lifecycle are worthy of note (with letters corresponding to the chart above):

BENCHMARK A

Television ads recruiting plaintiffs for Pradaxa lawsuits begin soon after the FDA announces in December 2011 that it is investigating reports of severe bleeding events in patients taking the medication, and grow in frequency after a study is

published in February 2012 associating Pradaxa with a higher risk of heart attack than other anticoagulants. The first reported Pradaxa lawsuits are filed.

BENCHMARK B

By April 2012, Pradaxa lawsuit advertising surges to over 4,500 spots at an estimated cost of \$1.4 million. These ads emphasize the FDA investigation, adverse event reports, early studies, and lack of a reversal agent.

BENCHMARK C

Plaintiffs' lawyers spend about \$4.7 million to air nearly 14,000 Pradaxa lawsuit ads in the three-month period of August through October 2012. The federal judiciary's establishment of an MDL for Pradaxa litigation on August 8 may have contributed to this spike.

BENCHMARK D

Ad spending dives in 2013 following the FDA's announcement that Pradaxa does not have a higher bleeding risk than warfarin.

BENCHMARK E

Ad spending drops again after the FDA announces in May 2014 that a new study shows Pradaxa has a lower risk of strokes, bleeding in the brain, and death than warfarin. Two weeks later, the parties announce a \$650 million settlement of 4,000 federal and state claims. In the nine months that follow, monthly ad spending does not exceed \$100,000 in a single month and totals just \$172,650.

BENCHMARK F

Lawsuit advertising again begins to rise in early 2015 as a "second wave" of Pradaxa

“Lawsuit advertising again begins to rise in early 2015 as a ‘second wave’ of Pradaxa litigation begins.”

litigation begins. As the MDL winds down, ad spots increase by 22 times (from 37 to 806) and spending rises by 425 times (from \$1,230 to \$522,980) between February and April 2015. By July 2015, lawsuit ad spending tops \$1.5 million. Some ads emphasize the \$650 million settlement.

BENCHMARK G

Spending on Pradaxa lawsuit advertisements peaks in early 2016 to generate more claims for the second round of litigation. Plaintiffs' lawyers spend \$10.7 million to run nearly 20,000 ads in January and February 2016 alone.

BENCHMARK H

Another advertising surge occurs between January and March 2017, as plaintiffs' lawyers spend nearly \$10 million to run 33,000 ads.

BENCHMARK I

After a dip in spending, plaintiffs' lawyers spend \$1.8 million to air over 2,500 ads in October 2017. This occurs when the prospect of trials in Connecticut heightens as the judge overseeing the litigation finds on October 2 that whether a plaintiff filed within the three-year statute of limitations is an issue that must be decided by a jury.

BENCHMARK J

After the first defense verdict in March 2018, spending on Pradaxa lawsuit ads drops below \$100,000 and continues on a downward trend. The next two trials in May and October reach the same result. Two relatively small plaintiffs' verdicts in October 2018 and May 2019 do not impact ad spending. In 2019, California courts dismiss two cases and a Connecticut court ruling suggests that the remaining cases in that state are likely to be dismissed.

Analysis

The Pradaxa litigation provides a classic example of how plaintiffs' lawyers and lead generators can use the understood risks of a drug (here, the risk of bleeding from an anticoagulant) and uncertainty regarding and unfamiliarity with a new medication to create mass tort litigation.

Advertising began as soon as concerns arose with the new drug, even as the FDA investigated and found Pradaxa's risks generally comparable to or safer than warfarin. The initial ads succeeded in

generating about 4,000 claims by plaintiffs who alleged they had taken Pradaxa and experienced bleeding, a known risk. The cost of litigation and liability exposure led the company to settle the litigation for \$650 million despite the lack of a single plaintiffs' verdict at that point and the FDA's reaffirming the drug's safety. About \$200 million to \$250 million of this sum (30 to 40 percent) likely went to plaintiffs' lawyers for their fees and expenses, allowing them to make a profit on their investment in the litigation.

Rather than end the litigation as intended, the settlement sparked another wave of lawsuit advertising and claims. Spending on advertising rose to generate more claims by highlighting the multimillion-dollar settlement and increased as trials in state courts approached.

Plaintiffs' law firms and lead generators sharply reduced advertising, however, as juries and judges repeatedly sided with defendants, and the two cases that ended in questionable plaintiffs' verdicts resulted in relatively low awards.

“The Pradaxa litigation provides a classic example of how plaintiffs' lawyers and lead generators can use the understood risks of a drug (here, the risk of bleeding from an anticoagulant) and uncertainty regarding and unfamiliarity with a new medication to create mass tort litigation.”

Case Study: Xarelto Litigation

Plaintiffs' law firms and lead generators spent an estimated \$122 million to air approximately 375,000 television commercials telling viewers that Xarelto can result in serious internal bleeding and death. They followed the same general playbook as the Pradaxa litigation, but this time applied it to a more frequently prescribed medication. Data suggests that plaintiffs' lawyers heavily advertised to generate as many claims as possible, taking advantage of uncertainty regarding the new drug's safety. Advertising slowed as judges and juries found that the companies properly warned doctors of the risks of the blood-thinning medication. Despite the lack of success in court, these ads generated over 30,000 lawsuits. The growing number of lawsuits led the companies to settle, allowing personal injury law firms to recoup their investment, even as their ads scared some patients into not taking their prescribed medication.

About Xarelto

Rivaraxaban (marketed as Xarelto) followed Pradaxa as a new type of anticoagulant. The FDA first approved this blood-thinning medication in 2011. Xarelto is approved to help reduce the risk of blood clots in common conditions such as atrial fibrillation, deep vein thrombosis, and pulmonary embolism. The FDA later approved Xarelto for treating coronary

artery disease and peripheral artery disease, and for preventing blood clots in acutely ill patients who are at risk for thromboembolic complications.⁴⁵ Bayer AG developed Xarelto and the medication is marketed by Johnson & Johnson (J&J) unit Janssen Pharmaceuticals, Inc.

Like other newer blood-thinning drugs, Xarelto has advantages over the long-used warfarin: Xarelto does not require regular

“ In response, the FDA investigated, found the faulty device did not affect the results, and reaffirmed that Xarelto is a safe and effective treatment for patients with atrial fibrillation. ”

blood test monitoring, does not affect what a patient can eat, and generally does not interact with other medications.⁴⁶

As with all blood-thinning medications, doctors and their patients know there is a risk that taking the drug can result in serious bleeding. The medication carries a prominent “black box” warning⁴⁷ on its label informing patients that discontinuing the use of any anticoagulant increases the risk of serious blood clots and stroke and, if patients decide to stop taking it, that it may be necessary to switch to an alternative medication. In March 2014, the FDA added a black box warning advising doctors that patients having spinal procedures, such as spinal injections or epidurals, should avoid the drug.⁴⁸

Public Health and Safety Assessments

Like Pradaxa, safety concerns arose with Xarelto soon after it became available. These concerns likely stemmed from

unfamiliarity with the new blood-thinning drug and less available data compared to warfarin, which doctors had prescribed for decades.⁴⁹ The manufacturer emphasized that scientific evidence indicated that patients taking Xarelto had less risk of experiencing some of the most severe side effects than patients taking warfarin.⁵⁰

While the FDA has repeatedly expanded the approved uses for Xarelto, in several instances, advisory panels or the agency itself sought more clinical trial data before doing so.⁵¹ The FDA’s initial rejection of these applications may have contributed to safety concerns.

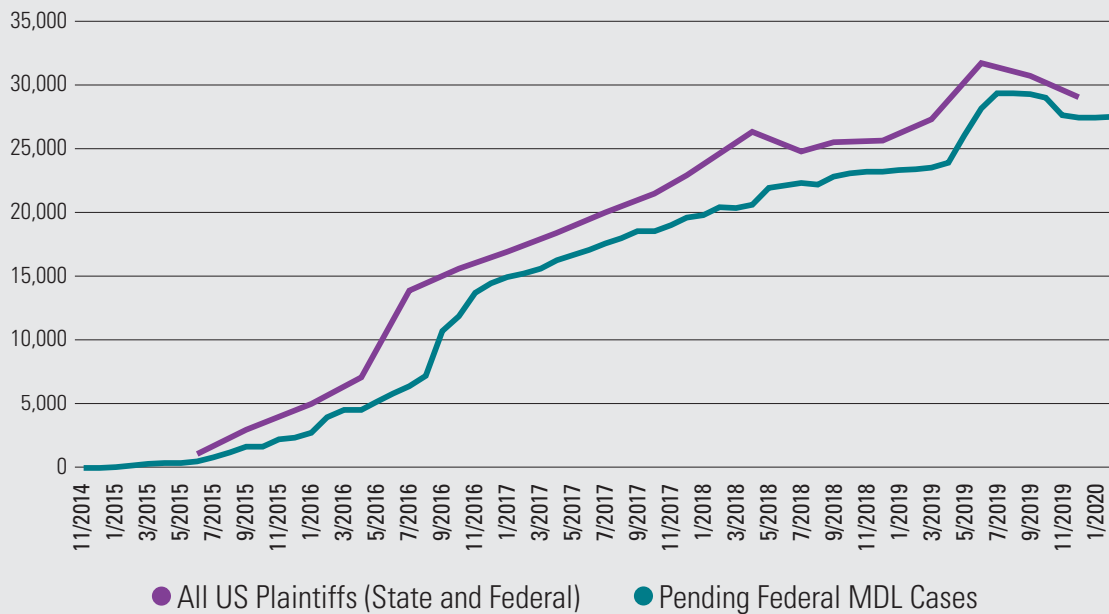
There was also alarm in July 2016, when the FDA recalled a monitoring device that was used in clinical trials of Xarelto and provided data to support the FDA’s approval of the drug. In response, the FDA investigated, found the faulty device did not affect the results, and reaffirmed that Xarelto is a safe and effective treatment for patients with atrial fibrillation.⁵²

An Overview of the Litigation

Over 30,000 lawsuits have been filed on behalf of individuals who allege that internal bleeding or other injuries they experienced while taking Xarelto stemmed from a failure to adequately warn of the medication’s risks.⁵³

Plaintiffs’ lawyers appear to have filed the first Xarelto lawsuits by early 2014.⁵⁴ At that point, there were already about 2,000 lawsuits targeting the competing anticoagulant, Pradaxa, also discussed in this report. Plaintiffs’ lawyers claimed Xarelto had similar safety issues.

Xarelto Lawsuits—Pending Claims



Most Xarelto lawsuits are pending in a federal MDL in the Eastern District of Louisiana, a proceeding that began with the transfer of 21 pending cases in December 2014.⁵⁵ The Philadelphia Court of Common Pleas also hosts significant Xarelto litigation, having established a mass tort program for these cases in January 2015.⁵⁶ In addition, California has a coordinated proceeding for Xarelto claims in Los Angeles.⁵⁷

The number of Xarelto lawsuits increased exponentially in 2015 and 2016. The first thousand lawsuits were filed within months of the establishment of the federal MDL. By January 2016, there were about 5,000 lawsuits pending.⁵⁸ Within one year, that figure had tripled.⁵⁹ The number of lawsuits steadily climbed through 2018 and the first half of 2019.

“The number of Xarelto lawsuits increased exponentially in 2015 and 2016. The first thousand lawsuits were filed within months of the establishment of the federal MDL. By January 2016, there were about 5,000 lawsuits pending. [...] Juries have overwhelmingly found that the manufacturers properly instructed doctors on how to safely use Xarelto and about the risks involved.”

“Some later ads flash the \$27.8 million Philadelphia verdict, which, as noted, was almost immediately thrown out by the court as contrary to the evidence.”

Juries have overwhelmingly found that the manufacturers properly instructed doctors on how to safely use Xarelto and about the risks involved. Trials began in 2017. That year, each of the three bellwether trials in federal court concluded in a defense verdict in May,⁶⁰ June,⁶¹ and August.⁶²

Xarelto lawsuits did not fare much better in state court. Plaintiffs' lawyers scored a fleeting victory in late 2017 with a \$27.8 million verdict in the first case to go to trial in Philadelphia.⁶³ Soon after, the court threw out the verdict because the Indiana plaintiff's own doctor had testified that additional warnings would not have changed her decision to prescribe Xarelto to her patient.⁶⁴ The next two Xarelto cases to go to trial in Philadelphia ended in defense verdicts in April⁶⁵ and August 2018.⁶⁶

After six straight victories, J&J and Bayer agreed to settle the litigation to the surprise of some observers who viewed the lawsuits as proven to be meritless.⁶⁷ The \$775 million agreement, announced in March and finalized in May 2019, generally settles the claims pending at the time (at an average of about \$30,000 per plaintiff before subtraction of attorneys' fees and costs).⁶⁸ Following announcement of the settlement, the number of pending Xarelto claims spiked, likely indicating that

plaintiffs' lawyers are in the process of filing their remaining inventory of cases. As individual cases settle, the number of pending lawsuits is gradually declining.

Lawsuit Advertising Messaging

Television commercials typically began with an announcer telling viewers in a dire tone that the ad was a "Xarelto Alert," a "Xarelto Warning," a "Medical Alert," or an "important medical announcement."

Lawsuit ads told viewers that Xarelto has been linked to "uncontrolled bleeding and death." Some ads went further, asserting that Xarelto caused bleeding of the brain or gastrointestinal system. Other ads stated that Xarelto may cause stroke, pulmonary embolism, and deep vein thrombosis—the very conditions against which doctors prescribe the blood thinner.

As shown in the Pradaxa section of this paper, television commercials targeted patients using Xarelto and Pradaxa, emphasizing the \$650 million settlement in the Pradaxa litigation. Some later ads flashed the \$27.8 million Philadelphia verdict, which, as noted, was almost immediately thrown out by the court as contrary to the evidence.



Norris Injury Lawyers TV Commercial, "Xarelto," iSpot.tv, last aired Nov. 14, 2014.



Xarelto Alert Helpline TV Commercial, "Serious Bleeding," iSpot.tv, last aired Jan. 19, 2015.



Xarelto Alert Helpline TV Commercial, "Xarelto Warning," iSpot.tv, last aired Nov. 4, 2015.



Xarelto Help Now TV Commercial, "Medical Announcement," iSpot.tv, last aired Jan. 31, 2016.



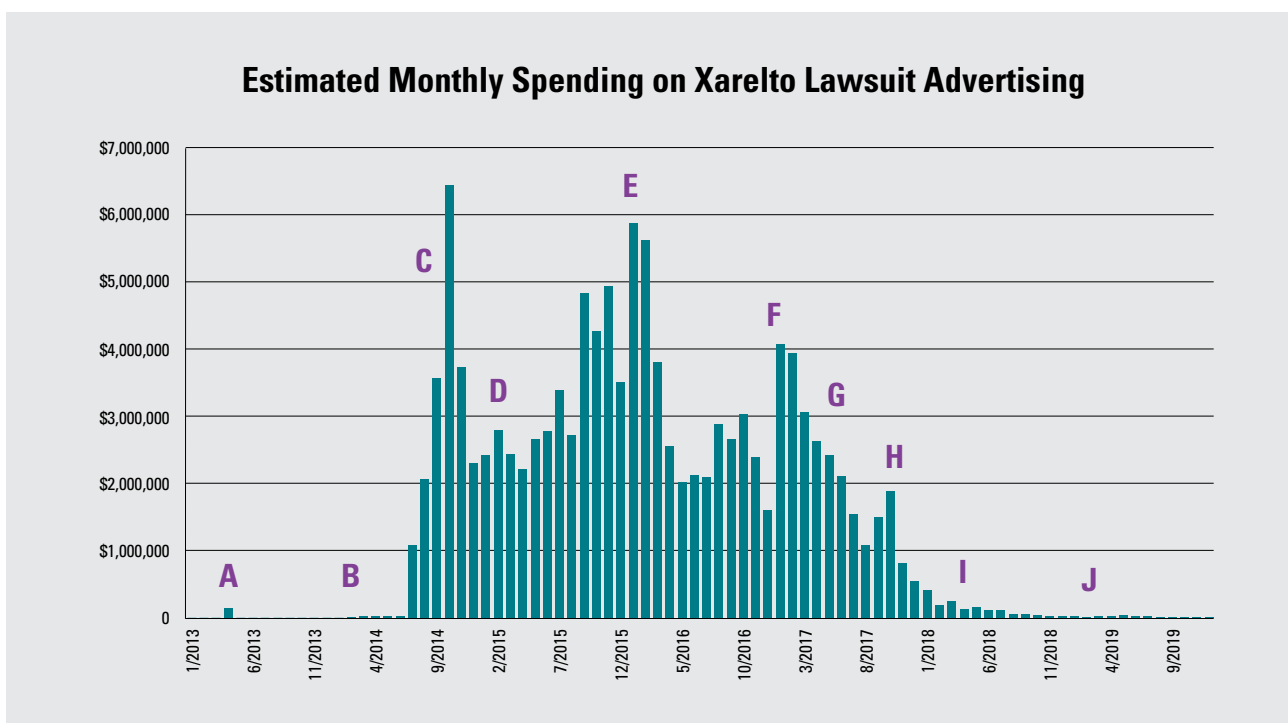
Goldwater Law Firm TV Commercial, "Xarelto and Pradaxa Settlements," iSpot.tv, aired 2016-17.



Goldwater Law Firm TV Commercial, "Xarelto Warning," iSpot.tv, last aired Jun. 7, 2018.



Law Offices of Gordon & Doner TV Commercial, "Xarelto Legal Helpline," iSpot.tv, last aired Dec. 10, 2018.



Spending on Lawsuit Advertisements

According to data compiled by Kantar CMAG, plaintiffs' law firms and lead generators spent an estimated \$122 million to air about 375,000 Xarelto lawsuit ads between 2014 and 2019. Most of this spending was concentrated between mid-2014 and 2017.

BENCHMARK A

The first Xarelto lawsuit ads (217 spots at a cost of approximately \$135,000) air in April 2013, less than two years after the FDA first approved Xarelto. The ad spending comes as reports linking Xarelto to adverse events are submitted to the agency and the FDA delays a requested expansion of its approval of the blood thinner to treat patients with acute coronary syndrome.

BENCHMARK B

The first reported Xarelto lawsuit in the Philadelphia Court of Common Pleas is filed by a Kentucky plaintiff in February 2014. During this month, lawsuit ads slowly resume as the FDA again denies expansion of its approval of Xarelto to include treatment of acute coronary syndrome.

BENCHMARK C

The first advertising surge begins in July 2014 and peaks at over 10,000 ads at an estimated cost of \$6.5 million in October 2014. This advertising surge follows a \$650 million settlement of Pradaxa litigation.

BENCHMARK D

As cases begin to mount, the federal judiciary establishes an MDL proceeding, and plaintiffs' lawyers petition the Philadelphia Court of Common Pleas to create a mass tort program. Plaintiffs' law firms and lead generators spend between \$2 million and \$3.5 million per month on advertising in the months that follow.

BENCHMARK E

A second advertising surge begins in September 2015 and peaks between January and March 2016. This advertising spree begins as the MDL judge sets dates for the first four bellwether trials. Spending reaches nearly \$6 million in both January and February 2016, and ad spots top 16,000 in March 2016, its highest level in the litigation.

BENCHMARK F

A third advertising spike occurs between January and March 2017. During that three-month period, plaintiffs' lawyers air over 41,000 ads at an estimated cost of

\$11 million. These ads run as the first federal bellwether trial approaches in April 2017.

BENCHMARK G

Xarelto lawsuit advertising slows as federal trials end in three consecutive defense verdicts in May, June, and August 2017.

BENCHMARK H

The final advertising peak and last substantial month of spending on lawsuit advertising occur in September and October 2017. These ads air in the two months leading up to the first Pennsylvania trial.

BENCHMARK I

Xarelto lawsuit advertising virtually ends as the sole plaintiffs' verdict is thrown out in January 2018 and other Philadelphia trials result in defense verdicts in April and August 2018. Ad spending drops below \$100,000 in July 2018 and \$50,000 in October 2018.

“ A third advertising spike occurs between January and March 2017. During that three-month period, plaintiffs' lawyers air over 41,000 ads at an estimated cost of \$11 million. These ads run as the first federal bellwether trial approaches in April 2017. ”

“ Though they did not prevail in a single Xarelto case, plaintiffs’ lawyers will pocket up to \$93 million in fees and \$23 million in costs from the settlement.”

BENCHMARK J

A \$775 million settlement is announced on March 25, 2019 and finalized in May 2019.

Analysis

The Xarelto litigation, like the Pradaxa litigation, provides an example of how plaintiffs’ lawyers and lead generators can use understood risks of a drug and uncertainty regarding the safety of a new medication to create mass tort litigation. Plaintiffs’ lawyers employed the same playbook for the Xarelto lawsuits as in the Pradaxa litigation, but they targeted a far more frequently-prescribed medication,⁶⁹ spent more money on advertising, and, as a result, generated more claims.

Xarelto lawsuit advertising began soon after the FDA’s approval. Plaintiffs’ law firms and lead generators concentrated additional advertising as trial dates were set and approached, anticipating that a plaintiff’s

verdict would make an inventory of cases more valuable to package, sell, and settle.

As plaintiffs lost each and every case because the risks of the medication were well understood by doctors, advertising for additional claims slowed. Still, given the number of people taking Xarelto and the understood bleeding risk, the ads generated over 30,000 lawsuits. This dynamic provided leverage for plaintiffs’ law firms to pressure a global settlement, and J&J agreed to settle the claims for \$775 million. Though they did not prevail in a single Xarelto case, plaintiffs’ lawyers will pocket up to \$93 million in fees and \$23 million in costs from the settlement. Their clients will eventually receive a few thousand dollars each.

What is not captured by this business model is the adverse impact that hundreds of thousands of television commercials have on viewers relying on Xarelto who did not experience any issue with their medication. Commercials repeatedly told these patients that the anticoagulant prescribed by their doctors to prevent a stroke could kill them. Last year, nine FDA researchers searched the FDA’s Adverse Event Reporting System (AERS) and identified 66 reports of patients who discontinued their anticoagulant after viewing a lawsuit ad, usually without consulting with their doctor.⁷⁰ Half of these patients (33) experienced a stroke, seven people died, and 24 people experienced other serious injuries. Most of the victims

were senior citizens.⁷¹ The reports mostly involved patients discontinuing the use of Xarelto (55 of the 66 reports), though there were also reports stemming from lawsuit ads targeting other new anticoagulants, Pradaxa and Elloquis.⁷² The study includes reports filed through November 15, 2017, covering the peak of Xarelto lawsuit

advertising. These figures likely significantly understate the number of injuries and deaths, as few doctors, patients, or their families may think to report attorney advertisements to the FDA or even be aware that an ad sparked a patient's decision to stop taking his or her medication.

“ These figures likely significantly understate the number of injuries and deaths, as few doctors, patients, or their families may think to report attorney advertisements to the FDA or even be aware that an ad sparked a patient's decision to stop taking his or her medication.”

Case Study: Talcum Powder Litigation

Plaintiffs' lawyers and lead generating firms have spent an estimated \$63 million on 175,000 television commercials telling viewers that baby powder and other talc-based cosmetics cause cancer. Spending on lawsuit ads spikes with plaintiffs' verdicts; declines with dismissals, mistrials, defense verdicts, and reversals of excessive awards; and levels off during periods of mixed results. Weaknesses in these claims may explain why talc lawsuit advertising is comparable to investing in a volatile stock. Plaintiffs' lawyers who invest in talc lawsuits bet that if they generate enough claims, and defendants experience adverse publicity and some significant losses, the defendants will settle regardless of whether a person's cancer had any link to their product. Thus far, the combination of targeting commonly-used talc products and a common illness has generated roughly 18,000 lawsuits.

About Talc and Talcum Powder Products

Talc is the world's softest mineral. It is mined primarily in China, India, Brazil, South Korea, the United States, France, Japan, and Finland.⁷³ In the United States, talc is found on the eastern side of the Appalachian Mountains and in rocks metamorphosed in convergent terranes of Washington, Idaho, Montana, California,

Nevada, New Mexico, and Texas.⁷⁴ Once removed from the ground, talc is crushed, sorted, assigned a grade, milled, and tested. Talc is used in making plastics, ceramics, paint, paper, and roofing materials.⁷⁵ Talc is also used in cosmetics, because it has the ability to absorb oils and perspiration produced by human skin.⁷⁶

J&J began selling its iconic Baby Powder in 1894. The product is made up of talc and a

small amount of fragrant oil that provides its well-known scent.⁷⁷ While initially marketed to new mothers to help relieve their babies' skin irritation and diaper rashes, adults soon began using it to keep skin cool and dry.⁷⁸ J&J also marketed another talc product, Shower to Shower, until its sale to Valeant Pharmaceuticals in 2012. Several other companies sell similar products containing talc, such as Colgate-Palmolive (Cashmere Bouquet) and Chattem, Inc. (Gold Bond Medicated Powder), or supply talc used in cosmetics, such as Imerys Talc America and Whittaker, Clark & Daniels.

Public Health and Safety Assessments

Recent litigation generally alleges that talc-based cosmetics cause ovarian cancer or, if contaminated with asbestos, ovarian cancer or mesothelioma.

While some have suggested that long-term use of talc may result in increased incidences of cancer, any connection between uncontaminated talc and cancer is unproven. The American Cancer Society (ACS) estimates that about 21,750 women will be diagnosed with ovarian cancer in 2020.⁷⁹ Women have a 1-in-78 likelihood of developing ovarian cancer in their lifetime, and the risk increases with age, family history, and first becoming pregnant late in life or not at all.⁸⁰ The Centers for Disease Control and Prevention includes ethnic background, genetic mutations, and estrogen use among risk factors, but not talc exposure.⁸¹ In other words, ovarian cancer may have nothing to do with a person's talc use.

“In 2014, the FDA evaluated the scientific research and rejected a request to mandate that products containing talc warn that frequent application can cause women to develop ovarian cancer.”

The FDA has observed that “published scientific literature going back to the 1960s has suggested a possible association between the use of powders containing talc and the incidence of ovarian cancer,” but that studies have not proven such a link.⁸² In 2014, the FDA evaluated the scientific research and rejected a request to mandate that products containing talc warn that frequent application can cause women to develop ovarian cancer.⁸³ After careful review, the FDA found insufficient scientific evidence to warrant such a warning.⁸⁴ Likewise, the National Cancer Institute, a sub-agency of the U.S. Department of Health and Human Services, has observed that “the weight of evidence does not support” a link.⁸⁵

The ACS described outcomes of the many scientific studies that have researched a link between talc and ovarian cancer as “mixed” and observed that studies finding an association are potentially biased.⁸⁶ The ACS has cautioned against fear over talc-

“Most recently, a federally-funded study consisting of data from more than 250,000 women who used talc—the largest study to date—found no statistically significant increased risk of developing ovarian cancer.”

based products, noting that even “if there is an increased risk, the overall increase is likely to be very small.”⁸⁷

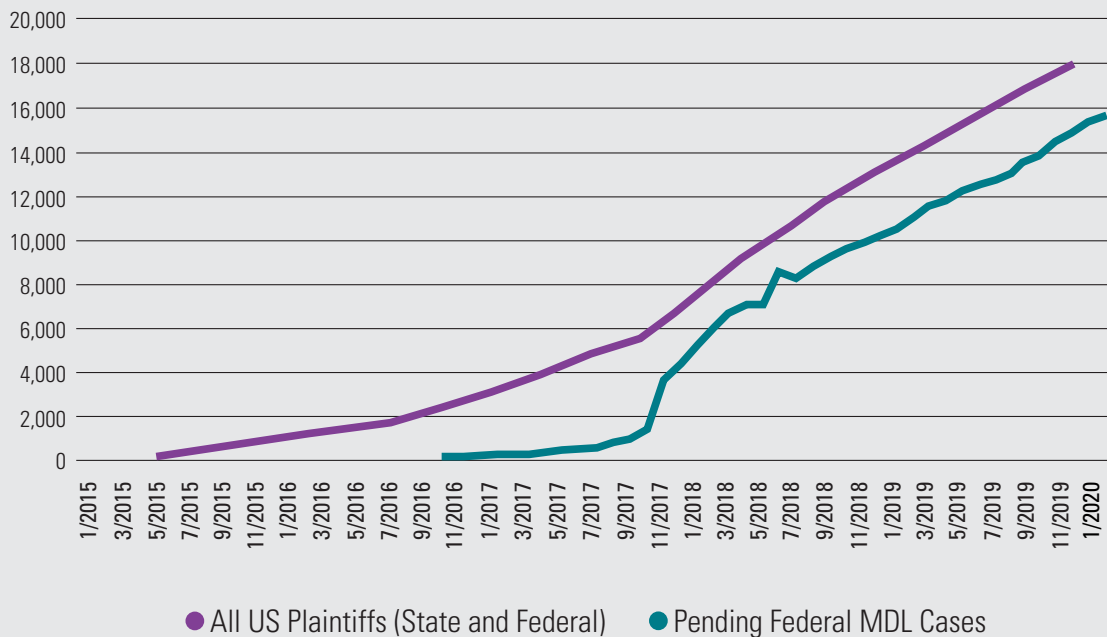
Earlier however, in 2006, the International Agency for Research on Cancer (IARC) found that perineal (pelvic) use of non-asbestos-containing, talc-based body powder is “possibly” carcinogenic.⁸⁸ IARC, however, also views hotdogs, deli meats, smoked and cured fish,⁸⁹ and, until recently, coffee as “possibly” or “probably” carcinogenic. (Instead, IARC now says that all “very hot” drinks probably cause cancer).⁹⁰ Cancer experts have criticized IARC’s classification process as “placing too much weight on isolated findings that appear to suggest a risk, while ignoring more solid studies that do not support the existence of risk.”⁹¹

According to J&J, thousands of tests over the past 40 years repeatedly confirm that the company’s consumer talc products do not contain asbestos.⁹² People may develop mesothelioma as a result of exposure to asbestos,⁹³ which can occur through multiple sources and job sites, or through asbestos carried home from work on a family member’s clothing.⁹⁴

The FDA notes that questions about potential contamination of talc with asbestos have been raised, but not confirmed, for decades.⁹⁵ Since 2018, the FDA has routinely tested cosmetic products containing talc for asbestos contamination.⁹⁶ While the vast majority of tests detected no asbestos fibers, there have been a handful of exceptions, the most recent of which involved J&J’s Baby Powder.⁹⁷ Out of an abundance of caution, the company immediately recalled the single lot at issue in October 2019 while it investigated whether the result could stem from a false positive or counterfeit product.⁹⁸ Two third-party laboratories then conducted 15 tests on the same bottle tested by the FDA and an additional 48 tests on samples from the same lot.⁹⁹ None found asbestos, leading J&J to conclude that the FDA results reported in October 2019 were influenced by contamination during storage or analysis.¹⁰⁰

Most recently, a federally-funded study consisting of data from more than 250,000 women who used talc—the largest study to date—found no statistically significant increased risk of developing ovarian cancer.¹⁰¹

Talc Lawsuits—Pending Claims



An Overview of the Litigation

About 18,000 lawsuits allege that J&J's Baby Powder and former Shower to Shower products caused a person to develop cancer.¹⁰² Other cosmetic manufacturers and talc suppliers face similar litigation.

The foundation for what would later become a surge of claims was set in October 2013 with a verdict in a South Dakota federal court finding that asbestos-free talcum powder in J&J's Baby Powder and Shower to Shower caused the plaintiff's ovarian cancer.¹⁰³ Though the jury awarded her no damages, plaintiffs' lawyers viewed the case as "groundbreaking."¹⁰⁴ The following month, a New Jersey jury awarded \$1.6 million in the first case to succeed in alleging that talc was contaminated with asbestos. That plaintiff alleged that he developed mesothelioma as a result of talc that his

father brought home on his clothes from work at a cosmetic manufacturer.¹⁰⁵ In early 2014, plaintiffs' lawyers filed consumer class action lawsuits against J&J in California and Illinois,¹⁰⁶ and personal injury claims began to mount in Atlantic County, New Jersey.

New Jersey established a centralized proceeding for talc lawsuits filed in state courts in November 2015.¹⁰⁷ About one year later, federal courts established an MDL for claims alleging talc caused ovarian cancer in the District of New Jersey.¹⁰⁸ At that point, J&J faced about 2,400 lawsuits, including 47 in federal court.¹⁰⁹ Today, about 75 percent of talc litigation is in the federal MDL.¹¹⁰ The other claims are primarily in state courts in California, Missouri (St. Louis), and New Jersey.¹¹¹

Early lawsuits typically alleged that talc itself is carcinogenic, causing ovarian

“The talc litigation relies on a small group of well-paid expert witnesses hired by plaintiffs’ lawyers to establish a link between talcum powder and the plaintiffs’ cancer.”

cancer. By 2018, however, the litigation evolved to focus on claims asserting that talc is contaminated with asbestos, which the suits allege causes ovarian cancer or mesothelioma.¹¹² Observers attributed this change in strategy to the weak science attributing ovarian cancer to talc.¹¹³ Focusing on asbestos—known to cause lung cancer and mesothelioma—provided plaintiffs’ lawyers with a way to persuade judges and juries that cosmetic products can cause cancer.

The talc litigation relies on a small group of well-paid expert witnesses hired by plaintiffs’ lawyers to establish a link between talcum powder and the plaintiffs’ cancer.¹¹⁴ For example, one of those witnesses, Dr. William Longo, reportedly has collected \$31 million from plaintiffs’ lawyers for his testimony in talc cases.¹¹⁵ Dr. Longo claims to have detected traces of asbestos in old samples of Baby Powder. His testimony has repeatedly come under fire due to questionable testing methods and the origin of the samples used, among other issues.¹¹⁶

A New Jersey court found that two other experts who served as plaintiffs’ principal witnesses on causation presented a “narrow and shallow” analysis that “slanted away from objective science and towards advocacy.”¹¹⁷ In those cases, Judge Nelson Johnson reviewed “approximately 100 treatises relating to talc, cancer, and miscellaneous related scientific issues” and found that the proposed experts failed to demonstrate “that the data or information used were soundly and reliably generated and are of a type reasonably relied upon by comparable experts.”¹¹⁸ Rather, the court observed that it had received a “*made-for-litigation* methodology.”¹¹⁹

Litigation outcomes have been mixed. Most of the lawsuits to go to trial have been in state courts in St. Louis, California, and New Jersey. Early on, J&J was hit with several multimillion-dollar verdicts in ovarian cancer trials in St. Louis. The first—\$72 million (*Fox*) in February 2016¹²⁰—was viewed by plaintiffs’ lawyers as a “game changer.”¹²¹ That verdict was soon followed in St. Louis by awards of \$55 million (*Ristesund*),¹²² \$70 million (*Giannecchini*),¹²³ and \$110 million (*Slemp*).¹²⁴ A Los Angeles ovarian cancer trial also resulted in a \$417 million verdict in August 2017.¹²⁵

Meanwhile, during this period, a New Jersey court tossed two cases due to the lack of reliable scientific evidence,¹²⁶ another St. Louis jury returned a defense verdict,¹²⁷ and a federal judge dismissed a consumer class action challenging the safety of Baby Powder.¹²⁸

Since then, most cases that have gone to trial have alleged that asbestos in talc products is responsible for a person's development of mesothelioma. At the time of this publication, those cases have resulted in plaintiffs' verdicts in California,¹²⁹ New Jersey,¹³⁰ and New York.¹³¹ They have also led to court dismissals in Pennsylvania and Wisconsin;¹³² a series of mistrials in California,¹³³ Georgia,¹³⁴ and South Carolina;¹³⁵ and several defense verdicts in California,¹³⁶ Kentucky,¹³⁷ New Jersey,¹³⁸ and South Carolina.¹³⁹

The largest verdict to date of \$4.69 billion came from a St. Louis trial combining the claims of 22 women who alleged asbestos in Baby Powder caused their ovarian cancer. A defense attorney told the jury that the common thread between all the plaintiffs, most of whom had no connection to Missouri, was that they had found out about the alleged link between talcum powder and cancer by seeing attorney advertisements on television.¹⁴⁰ Nevertheless, in July 2018, the jury awarded each woman \$25 million (even though each had different circumstances), each of their husbands \$12.5 million, and added \$4.14 billion in punitive damages.¹⁴¹

Already, several of the extraordinary verdicts have been thrown out by trial or

appellate court judges as unsupported by the evidence, as excessive, or because they were brought in a plaintiff-friendly court in an area that lacked a sufficient connection to the litigation, including the \$72 million and \$110 million St. Louis verdicts, and the \$417 million Los Angeles award.¹⁴² Other plaintiffs' verdicts, including the \$4.69 billion award, remain on appeal.

No case has reached trial in the federal MDL, which is considering the reliability of proposed expert testimony. Federal trials are expected to begin in late 2020. At the time of this publication, there are no publicly reported global settlement negotiations. J&J, the most frequent defendant, has indicated that it stands by the safety of its product and will defend itself in court. The company confidentially settled three mesothelioma cases in March 2019, but these appear to be isolated cases.¹⁴³

Plaintiffs' lawyers have characterized the FDA test results and October 2019 recall as a "huge turning point" and "game changing moment in the litigation."¹⁴⁴ The impact of that recall, which appears to have stemmed from a false positive, is not yet clear. In the first trial presenting this information, a jury returned a defense verdict in an ovarian cancer case—in notoriously plaintiff-friendly

“Already, several of the extraordinary verdicts have been thrown out by trial or appellate court judges as unsupported by the evidence, as excessive, or because they were brought in a plaintiff-friendly court in an area that lacked a sufficient connection to the litigation ...”

St. Louis.¹⁴⁵ The company later settled mesothelioma cases in California and New York mid-trial, and was hit with a \$9 million asbestos verdict in Florida.¹⁴⁶

Talc lawsuits are big business. Many major plaintiffs' law firms are invested in this litigation. For example, in January 2020, HarrisMartin hosted a litigation conference at the Fontainebleau Miami Beach devoted to talc litigation.¹⁴⁷ The conference included attorneys from a dozen firms known for mass tort litigation as "faculty members." Presenters advised other lawyers interested in bringing talc lawsuits on topics including the status of the MDL, scientific and litigation developments, media reporting, and congressional activity, and provided an opportunity to coordinate their strategies.

Lawsuit Advertising Messaging

Lawsuit advertisements targeting talcum powder products focus on women diagnosed with ovarian cancer.¹⁴⁸ The relatively few lawsuit advertisements produced before the first large awards highlighted the 2007 IARC classification of talc as "possibly carcinogenic," or noted studies indicating an increased risk of ovarian cancer for talc users. Soon after, television commercials emphasized the February 2016 \$72 million St. Louis verdict. Later ads highlighted subsequent plaintiffs' verdicts, such as the \$4.69 billion verdict in July 2018. While some older ads indicated that talc fibers cause ovarian cancer, more

recent ads assert that the presence of asbestos is to blame. Some ads tell viewers that defendants knew of the presence of asbestos in their products, a message that seems unnecessary for recruiting clients, but likely to prejudice potential jurors and pressure defendants to settle by harming their reputation.

Some ads may mislead viewers. For example, lengthy infomercials that began airing in 2020 feature an interview with a person introduced as Dr. Wendy Walsh, who explains to viewers the science underlying talc litigation, including studies that purportedly link talc to ovarian cancer.¹⁴⁹ Her name, including "Dr.," repeatedly flashes on the screen throughout the 30-minute ad. What viewers do not know is that Dr. Walsh is not an oncologist or an OB-GYN. She is not even a medical doctor. According to her YouTube page, she is "America's Relationship Expert," holding a B.A. in Journalism, a Master's degree in Psychology, and a Ph.D. in Clinical Psychology. Dr. Walsh is the author of several books, including "The Boyfriend Test" and "The 30-Day Love," and is the host of a radio show on relationships and a podcast called "Mating Matters."¹⁵⁰ Yet, viewers of the infomercial may believe she is an expert on cancer. (Dr. Walsh also is featured in similar infomercials discussing science allegedly linking Roundup to non-Hodgkin's lymphoma¹⁵¹ and injuries associated with various prescription drugs, medical devices, and consumer products).¹⁵²



Ferrer, Poirot & Wansbrough TV Commercial, "Talc Powder Ovarian Cancer," iSpot.tv, last aired Jun. 10, 2015.



Baron & Budd, P.C. TV Commercial, "Talcum Baby Powder Alert," iSpot.tv, last aired Apr. 22, 2016.



Onder Law Firm TV Commercial, "Johnson & Johnson," iSpot.tv, last aired Ju. 2, 2016.



Chaffin Luhana TV Commercial, "Talcum Powder," iSpot.tv, last aired Nov. 1, 2018.



Goldwater Law Firm TV Commercial, "Talcum Powder: Over Four Billion," iSpot.tv, last aired Aug. 13, 2019.



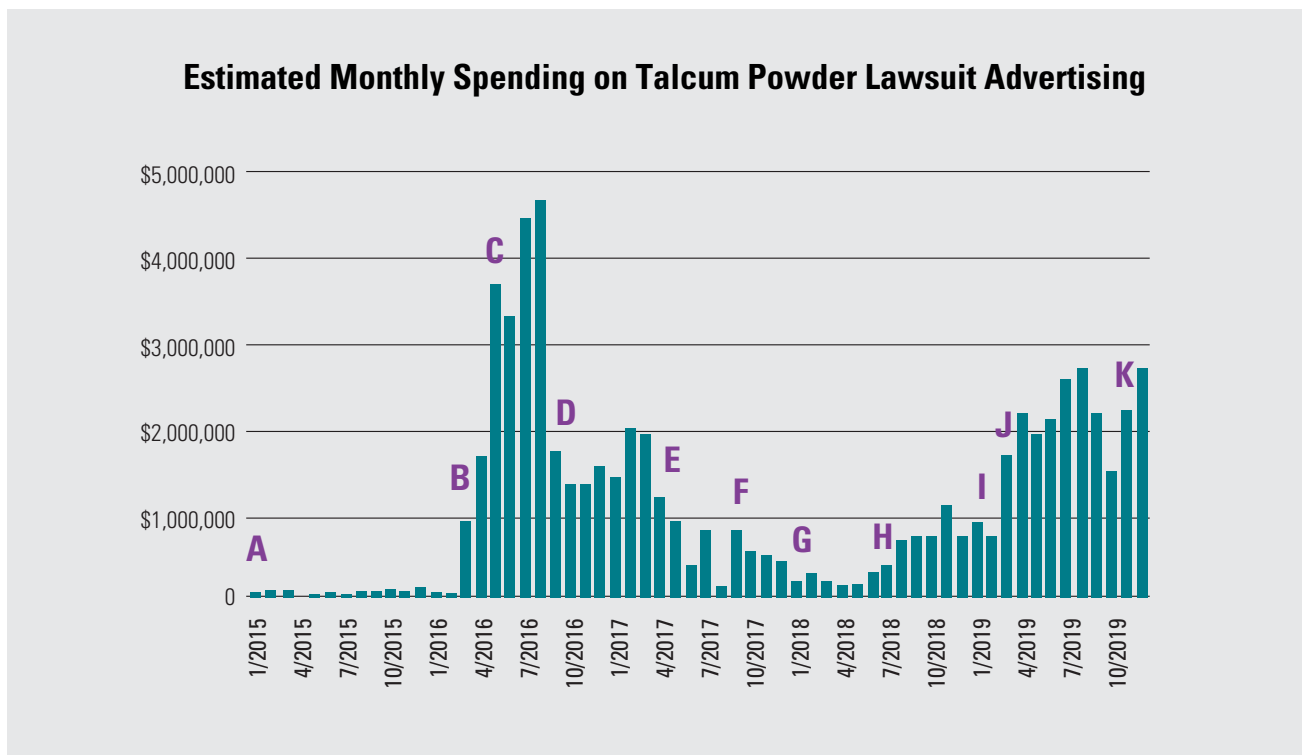
Talcum Cancer Legal Helpline TV Commercial, "Regular Use," iSpot.tv, last aired Dec. 3, 2019.



Talcum Powder Alert TV Commercial, "Ovarian Cancer Diagnosis," iSpot.tv, currently airing.



Consumer Attorney Marketing Group, Legal Helpline: TALC Infomercial



Spending on Lawsuit Advertisements

According to data compiled by Kantar CMAG, plaintiffs' law firms and others have spent an estimated \$63 million on television advertising to entice individuals with cancer who used talc-based consumer products, such as Baby Powder, to file a lawsuit, mostly during the past four years. This includes over 175,000 airings of these ads across the United States.

An analysis of the television advertising spot count and spending data reveals:

BENCHMARK A

Cable television ads begin in January 2015. This occurs after law firms tested the water with limited advertising after the first plaintiffs' verdicts in late 2013, which resulted in no damages or a modest award,¹⁵³ and after talc claims began to mount in Atlantic County, New Jersey in 2014. Advertising remains at low levels

through February 2016, averaging just \$30,000 per month during this period. Early ads highlight IARC’s classification of talc as “possibly carcinogenic” or state that talc users face an increased risk of ovarian cancer.

BENCHMARK B

Following the first major plaintiffs’ verdict—a \$72 million award—and the reported filing of 1,200 talc claims, advertising jumps. In March 2016, law firms and lead generators spend \$865,250 on 1,412 ad spots—a rise from just \$16,810 on 96 ad spots the prior month. Spending doubles in April 2016 to \$1.6 million on 2,026 ad spots.

BENCHMARK C

After the second major verdict, \$55 million in St. Louis, advertising skyrockets. The number of ads triples from the previous month to 6,080 at a cost of \$3.6 million in May 2016. Over the next four months, plaintiffs’ lawyers and lead generators spend a remarkable \$15.8 million on over 33,000 ads—the largest four-month advertising run in the talc litigation. Ad spending peaks at \$4.6 million in August 2016. At this point, J&J unsuccessfully requests that a court move talc trials out of the St. Louis Circuit Court, because a disproportionate amount of the television commercials aired in St. Louis, inundating potential jurors with the message “Talcum Powder linked to OVARIAN CANCER” and flashing multimillion-dollar verdicts.¹⁵⁴

BENCHMARK D

Spending on advertising begins to dive in September 2016, possibly as a result of a New Jersey court’s dismissal of a pair of talc cases as based on unreliable, made-for-litigation expert testimony. This ruling may

“Over the next four months, plaintiffs’ lawyers and lead generators spend a remarkable \$15.8 million on over 33,000 ads—the largest four-month advertising run in the talc litigation.”

send a message that large verdicts are a St. Louis phenomenon. The third St. Louis verdict—a \$70 million award in late October 2016, does not change this trend. The level of advertising remains between \$1.3 million and \$1.9 million for seven months.

BENCHMARK E

Advertising takes another plunge, when it falls from \$1.9 million in March to \$350,000 in June 2017. While there is an uptick in spending in July, ad spending drops to about \$100,000 in August 2017. This substantial decline may reflect the first St. Louis defense verdict in March (though there was also a \$110 million St. Louis award in May). It may also respond to a U.S. Supreme Court ruling in June that found that state courts cannot hear claims that lack a connection to the state unless a corporate defendant is headquartered or incorporated there.¹⁵⁵ As a result of the ruling, a St. Louis trial court declares a mistrial in a talc case,¹⁵⁶ prior St. Louis verdicts are in jeopardy, and many pending nonresident claims appear likely to be dismissed.

BENCHMARK F

Spending on lawsuit advertising bounces back to about \$750,000 in September 2017, likely as a result of a \$417 million verdict in the first California trial.

BENCHMARK G

Another decline in lawsuit advertising follows as plaintiffs suffer a series of defeats, including courts excluding plaintiffs' experts in Philadelphia,¹⁵⁷ reversing the initial \$72 million St. Louis verdict for jurisdictional reasons,¹⁵⁸ throwing out the \$417 million California verdict as unsupported by the evidence,¹⁵⁹ and a Los Angeles defense verdict in the first case alleging that talc caused a person's mesothelioma.¹⁶⁰ While two California plaintiffs' verdicts and a New Jersey verdict finding talc products caused mesothelioma follow,¹⁶¹ these results are tempered by mistrials in similar cases in California and South Carolina.¹⁶² Lawsuit advertising averages under \$200,000 per month during the first half of 2018.

BENCHMARK H

Advertising surges after a \$4.69 billion St. Louis verdict in July 2018, likely to publicize the award. Spending on lawsuit ads doubles in the month after the award, eventually growing to \$1 million in

November 2018. This rise occurs despite a New Jersey defense verdict and two more California mistrials.

BENCHMARK I

Lawsuit advertising dips to \$660,000 in December 2018, which may reflect a California defense verdict and South Carolina mistrial the prior month. Spending then rises 30 percent in January 2019, as a trial court maintains the \$4.69 million judgment and the first talc settlement is reported in a mesothelioma claim in New York. Spending subsides in February with the first dismissal of a case blaming talc for mesothelioma in Philadelphia, a Missouri Supreme Court ruling requiring a case to be moved out of the City of St. Louis, and a talc supplier declaring bankruptcy because of the litigation.

BENCHMARK J

Spending on lawsuit advertising trends upward beginning in March 2019, generally running between \$1.6 million and \$2.6 million per month. Advertising hits a peak in July 2019 with 11,592 ad spots and a similar number of ads the following month. This surge may have been sparked by a reported settlement of three lawsuits in California, New York, and Oklahoma, which may have led plaintiffs' lawyers to

“After a \$4.69 billion St. Louis verdict in July 2018, advertising surges, likely to publicize the award. Spending on lawsuit ads doubles in the month after the award, eventually growing to \$1 million in November 2018.”

“On the other hand, the science indicating that talc use causes ovarian cancer is recognized as weak, uncertain, and biased by reputable organizations and some judges and juries.”

anticipate an increased likelihood of a global settlement. A \$325 million mesothelioma claim in New York in May 2019 followed by another \$37.3 million New York verdict and \$40.3 million and \$12 million California verdicts in similar cases may have contributed to the rise in advertising. A one-sided congressional hearing on the safety of talc, featuring plaintiff-affiliated witnesses, may have also been a factor.¹⁶³ This spending, however, may have been tempered by several defense verdicts, mistrials, and appellate rulings affirming trial courts that dismissed talc claims in California, Georgia, Kentucky, Missouri, and Wisconsin between April and August 2019.

BENCHMARK K

In October 2019, J&J voluntarily recalls a single lot of its Baby Powder after FDA monitoring detects a trace of asbestos. Although third-party laboratory tests indicate that the initial test was a false positive, lawsuit advertising rises from \$1.4 million for 5,182 spots to \$2.6 million for 7,466 spots between October and December 2019—an 85 percent spending increase.

Analysis

Talc lawsuits are a risky but potentially lucrative proposition for mass tort lawyers. On the one hand, the common use of talc-based products such as Baby Powder combined with the 22,000 women who are unfortunately diagnosed with ovarian cancer each year provides lawyers with a large pool of potential plaintiffs. It is for this reason that lawsuits ads have generated about 18,000 claims. On the other hand, the science indicating that talc use causes ovarian cancer is recognized as weak, uncertain, and biased by reputable organizations and some judges and juries. It is for these reasons that the lawsuits, and the advertisements for them, have shifted the focus from blaming talc itself for cancer to asserting that talc is contaminated with asbestos. Still, these newer claims face challenges given the years of talc testing that have found no trace of asbestos, the questionable expert testimony relied upon in the lawsuits, and the unlikelihood that a rare exposure to a trace amount of asbestos in talc, even if it occurs, would cause a person to develop mesothelioma or ovarian cancer.

“The weaknesses in these claims may explain why talc lawsuit advertising is comparable to investing in a volatile stock.”

The weaknesses in these claims may explain why talc lawsuit advertising is comparable to investing in a volatile stock. Spending on talc lawsuit ads rises with plaintiffs' verdicts; declines with dismissals, mistrials, defense verdicts, and reversals of excessive awards; and levels off during periods of mixed results. The largest ad spending spikes followed the initial multimillion-dollar St. Louis verdicts, which showed the potential for big wins and provided a headline to gain viewers' attention.

While courts have thrown out many of the blockbuster awards and the \$4.69 billion verdict seems highly vulnerable on appeal, reports of a handful of individual settlements and a trickle of plaintiffs' verdicts have fueled continued lawsuit advertising. Ultimately, plaintiffs' lawyers that invest in talc lawsuits bet that if they generate enough claims, and defendants experience bad publicity and some significant losses, the companies will be pressured into settling the claims regardless of their merit.

Case Study: Roundup Litigation

Plaintiffs' law firms and lead generators have spent an estimated \$103 million to air over 450,000 television commercials telling viewers that exposure to glyphosate, the primary ingredient in the herbicide Roundup, can cause non-Hodgkin's lymphoma and other cancers. The ads began after an international agency classified glyphosate as "probably carcinogenic to humans," contrary to findings by the U.S. Environmental Protection Agency and many other regulatory bodies. Data suggests one driver of the volume of lawsuit advertising is the proximity of a trial or large verdict. Spikes in spending in the months preceding or during a trial raise questions as to whether these ads serve purposes in addition to recruiting clients to file lawsuits. In this instance, rumor of a global settlement also appears to have led to heavy lawsuit advertising.

About Glyphosate

Since 1974, the U.S. Environmental Protection Agency (EPA) has approved the use of glyphosate to control invasive and noxious weeds in both agricultural and non-agricultural settings. Glyphosate is the active ingredient in Roundup, the most widely used herbicide in the United States. Roundup was developed by Monsanto, which Bayer acquired in 2018. Glyphosate is used on more than 100 food crops, including corn, soybean, cotton, canola, and sugar beet, as well as fruits, vegetables,

cereals, nuts, herbs, and spices.

Glyphosate is also commonly used to manage parks, forests, and residential and commercial areas.

Public Health and Safety Assessments

The EPA has repeatedly assessed the safety of glyphosate since the agency first registered the herbicide 45 years ago. After comprehensively evaluating the scientific evidence, the EPA continues to find that glyphosate poses no risk to public health

and that glyphosate is not a carcinogen. As recently as April 2019, the EPA shared the results of a safety evaluation that reaffirmed its findings based on the weight of the scientific evidence.¹⁶⁴

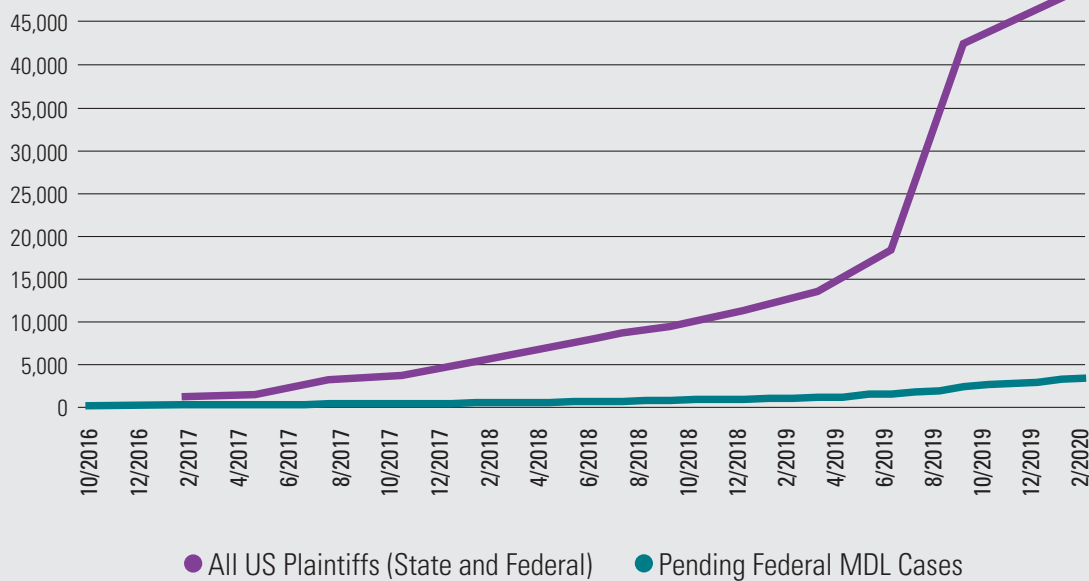
In March 2015, however, IARC classified glyphosate as “probably carcinogenic to humans.”¹⁶⁵ Because of the IARC classification, California regulators added glyphosate to a list of over 1,000 chemicals that the state maintains as “known to cause cancer” in 2017.¹⁶⁶ The following year, a federal judge, after considering the scientific evidence, prohibited California from requiring companies to place a cancer warning on products with traces of glyphosate, finding that doing so would violate the First Amendment by forcing them to make “false, misleading and highly controversial statements” about their products.¹⁶⁷ The EPA has likewise instructed companies not to place

California’s mandated cancer warning labels on products containing glyphosate.¹⁶⁸

The EPA’s 2019 assessment indicates that the agency’s evaluation of glyphosate’s effect on human health was more comprehensive, participatory, and transparent than the IARC review, and that the EPA’s conclusion that glyphosate does not cause cancer is consistent with the findings of many other regulatory authorities and international organizations.¹⁶⁹ Investigative reporting later revealed that IARC failed to consider significant scientific data,¹⁷⁰ that a key section of the IARC monograph was edited to delete multiple scientists’ conclusions that their studies had found no link between glyphosate and cancer in laboratory animals,¹⁷¹ and that an advisor to IARC received \$160,000 from law firms suing Monsanto.¹⁷²

“ The following year, a federal judge, after considering the scientific evidence, prohibited California from requiring companies to place a cancer warning on products with traces of glyphosate, finding that doing so would violate the First Amendment by forcing them to make ‘false, misleading and highly controversial statements’ about their products.”

Roundup Lawsuits—Pending Claims



An Overview of the Litigation

Within six months of the IARC monograph, plaintiffs’ attorneys began filing lawsuits against Monsanto alleging that their clients’ cancer stemmed from exposure to Roundup. The first lawsuits, filed in September 2015, blamed Roundup for a farm worker’s bone cancer and a horticultural assistant’s leukemia diagnosis.¹⁷³ The following month, *Reuters* reported, “personal injury law firms around the United States [were] lining up plaintiffs” to bring mass tort litigation against Monsanto.¹⁷⁴

Since then, most lawsuits have claimed that exposure to Roundup is responsible for a plaintiff’s development of non-Hodgkin’s lymphoma (NHL), a cancer that starts in white blood cells called lymphocytes, which are part of the body’s immune system. The American Cancer Society indicates that the

cause of NHL, like other lymphomas, is unknown, but that risk factors for developing NHL include age (higher as one gets older), gender (higher for men), race (Caucasians are more likely to develop), family history, exposure to radiation, a weakened immune system, and contraction of certain autoimmune diseases and infections.¹⁷⁵ The Mayo Clinic includes certain medications, viruses, and bacteria among the risk factors.¹⁷⁶ Both organizations recognize that some studies have tied NHL to chemicals including herbicides, but that more research is needed to determine if there is a link.

Nevertheless, personal injury attorneys have filed lawsuits on behalf of over 48,000 people with NHL and other cancers over the past four years, alleging that Roundup is to blame.¹⁷⁷ As the number of lawsuits grew and with more claims anticipated, the federal judiciary established an MDL

“The federal judge overseeing the Roundup MDL ... has characterized the science linking glyphosate to NHL as ‘shaky’ and ‘pretty sparse’ ...”

proceeding in the U.S. District Court for the Northern District of California for actions alleging that Roundup can cause NHL and that Monsanto failed to warn consumers and regulators about this risk.¹⁷⁸ The federal docket began with 21 cases in October 2016 and has since grown to about 3,000 lawsuits from across the country.¹⁷⁹ However, about 75 percent of the litigation is in St. Louis, Missouri courts, where Bayer’s crop science business is headquartered¹⁸⁰ and where there is a history of “fast trials, favorable rulings, and big awards.”¹⁸¹ California also hosts significant litigation, and the state opened its own special docket for Roundup lawsuits in November 2017.¹⁸² Additional litigation is scattered across other state courts.

The federal judge overseeing the Roundup MDL, U.S. District Judge Vince Chhabria, has characterized the science linking glyphosate to NHL as “shaky” and “pretty sparse,”¹⁸³ but has ruled that he will allow some of the plaintiffs’ experts to testify, allowing potential weaknesses in their

theories to be exposed at trial.¹⁸⁴ There have been three massive plaintiffs’ verdicts, each of which trial court judges substantially reduced. These verdicts include a \$289 million award to a schoolyard groundskeeper in San Francisco state court in August 2018 (reduced to \$78 million),¹⁸⁵ an \$80.2 million award to a California homeowner in the first federal trial in March 2019 (reduced to \$25.3 million),¹⁸⁶ and a \$2 billion award to a California couple in an Alameda County state court in May 2019 (reduced to \$86.7 million).¹⁸⁷

Soon after the \$2 billion verdict, Judge Chhabria appointed Ken Feinberg as mediator in an effort to reach a settlement.¹⁸⁸ In July 2019, Bayer CEO Werner Baumann indicated that the company would consider a reasonable settlement, given the mounting lawsuits, verdicts, and impact on the company’s stock.¹⁸⁹ An August 2019 rumor of an \$8 billion offer that would settle all pending cases was quashed by Feinberg as “pure fiction.”¹⁹⁰

Meanwhile, 2019 closed with the arrest of one of the plaintiffs’ attorneys involved in the initial \$289 million Roundup verdict.¹⁹¹ Timothy Litzenburg was charged by federal prosecutors with attempted extortion for allegedly threatening to bring an unidentified company that may have supplied chemical compounds to Monsanto into the Roundup litigation unless the company paid him \$200 million in “consulting” fees.¹⁹²

Lawsuit Advertising Messaging

The typical television commercial indicates that studies suggest that Roundup's main ingredient, glyphosate, may cause cancer, announces that thousands of lawsuits have already been filed claiming Roundup causes NHL, and urges viewers to "call now" for a free consultation.¹⁹³ Some ads not only link Roundup to NHL, but also assert the product may cause an assortment of other cancers. The ads sometimes specifically target farm workers, landscapers, and homeowners.¹⁹⁴ Some ads emphasize IARC's classification of glyphosate, flashing the agency's official logo.¹⁹⁵ A few ads highlight court developments, such as a July 2018 ruling "determining that all federal lawsuits could move forward."¹⁹⁶ (The court found that the plaintiffs' expert witnesses' opinions that glyphosate can cause NHL "while shaky, are admissible," leading the court to deny a request to exclude their testimony and dismiss the cases).¹⁹⁷

Most recent ads highlight massive verdicts, suggesting that individuals diagnosed with cancer may be entitled to a portion of that

“ Ads flash the full amount of each verdict without indicating that trial court judges substantially reduced each award.”

money or a similar sum.¹⁹⁸ Ads flash the full amount of each verdict without indicating that trial court judges substantially reduced each award. Ads have even dangled the potential to receive money from an \$8 billion settlement,¹⁹⁹ which, as noted, was a rumor that Ken Feinberg quickly debunked.

While some ads indicate the name of the law firm sponsoring them, others run under names such as the "Injury Help Desk," "Legal Helpline," or "RoundupCase.com." The name of the law firm or lead-generating company that sponsored the ad may be tucked into the usually unreadable fine print at the conclusion of the commercial.²⁰⁰



Baum Hedlund Aristei & Goldman, PC, "Monsanto Roundup Weed Killer Linked to Cancer," YouTube, posted Apr. 12, 2016.



Monsanto Roundup Lawsuit Commercial, "Roundup Cancer Lawyer," YouTube, posted May 11, 2017.



Fears Nachawati Law Firm TV Commercial, "Roundup Lawsuit," iSpot.tv, last aired Oct. 25, 2019.



Marc Whitehead & Associates, LLP TV Commercial, "Monsanto Roundup," iSpot.tv, last aired Nov. 9, 2019.



Injury Help Desk TV Commercial, "Roundup Compensation," iSpot.tv, last aired Dec. 4, 2019.



Negligence Network TV Commercial, "Roundup," iSpot.tv, last aired Jan. 5, 2020.



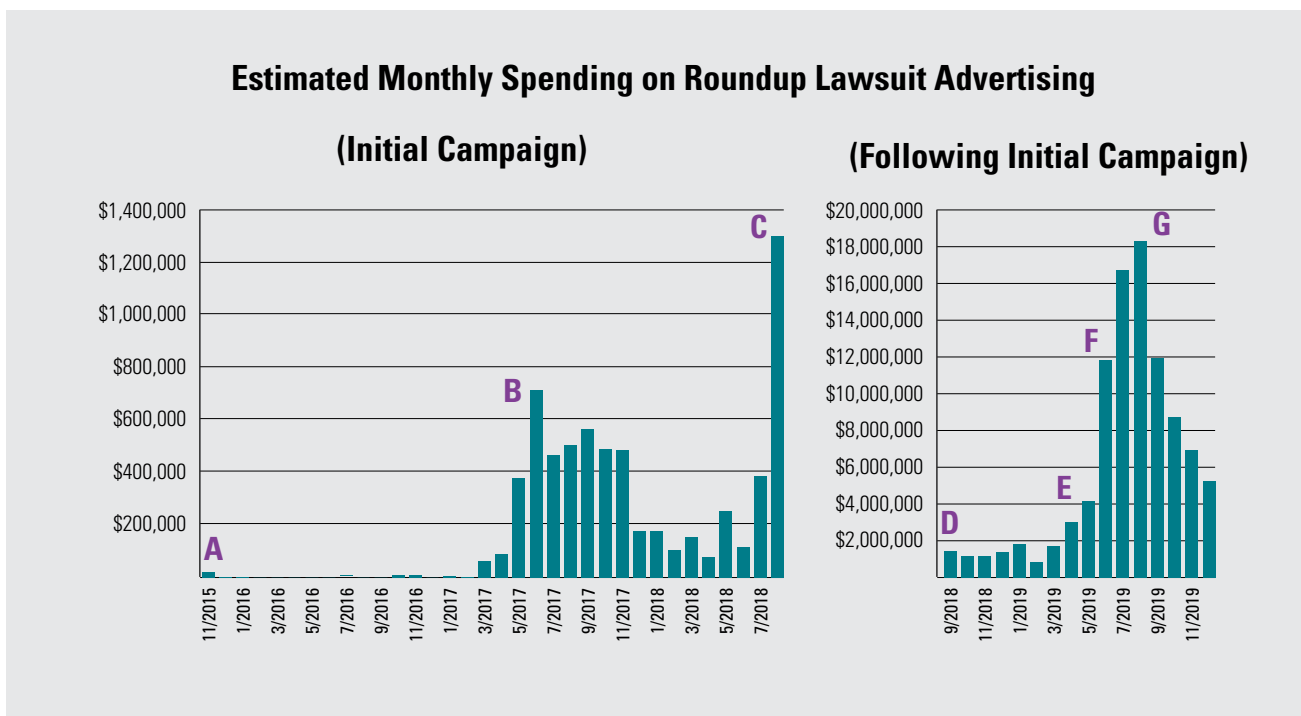
Chaffin Luhana TV Commercial, 'Roundup Weed Killer', iSpot.tv, last aired Jan. 17, 2020.



Sokolove Law TV Commercial, "Monsanto Roundup & Cancer," iSpot.tv, last aired Feb. 14, 2020.



Roundup Legal Helpline TV Commercial, "Choose the Right Legal Team," iSpot.tv, last aired Mar. 5, 2020.



Spending on Lawsuit Advertisements

According to data compiled by Kantar CMAG, plaintiffs' law firms and others have spent an estimated \$103 million on television advertising to entice individuals with cancer who used Roundup to file a lawsuit against Monsanto. This includes over 450,000 airings of these ads across the United States. Three quarters of this

lawsuit ad spending (\$80 million) occurred between June and December 2019.

In the closing months of 2019, Roundup was the top target of mass tort lawsuit advertising with five times more ads aired than talcum powder products, the next most popular target.²⁰¹ These ads have inundated television viewers and infected the jury pool. For example, when attorneys questioned potential jurors for a January 2020 trial in St. Louis, nearly every person

raised his or her hand when asked if they had seen a lawsuit ad seeking individuals with cancer who had been exposed to Roundup.²⁰² Some of the prospective jurors reportedly “conflate[d] the ads with news reports, saying initially that they’d heard about a Roundup-cancer link on TV, and then clarifying that they’d seen an ad.”²⁰³ One member, who was ultimately not chosen to serve on the jury, said the ads aired so frequently they were “bordering on harassment.”²⁰⁴

As the *Wall Street Journal* has observed, “behind the surge in [Roundup] lawsuits is a little-known, sophisticated legal ecosystem that includes marketing firms that find potential clients, financiers who bankroll law firms, doctors who review medical records, scientists who analyze medical literature and the lawyers who bring the cases to court.”²⁰⁵ Law firms pay as much as \$6,000 for each potential lead for a Roundup plaintiff to marketers that run the ads. Potential clients are routed to call centers, some of which are outside the United States, for screening.²⁰⁶ While some law firms will sign up only those who regularly have used Roundup for many

years, others will sign up almost anyone who used the product and developed NHL.²⁰⁷

An analysis of the television advertising spot count and spending data reveals:

BENCHMARK A

The first Roundup lawsuit ads begin in November 2015, about eight months after IARC classified glyphosate as “probably carcinogenic to humans.” That month, 355 spots air at a cost of about \$13,500. Soon after, two of the three lawsuits that resulted in multimillion-dollar verdicts (*Johnson* and *Hardeman*) are filed.

BENCHMARK B

Plaintiffs’ lawyers and lead generators begin to spend hundreds of thousands of dollars each month on Roundup lawsuit ads in May 2017. This level of spending begins soon after a trial court rejects a challenge to a California agency’s requirement, based on IARC’s classification, that businesses selling products with glyphosate must label them as known to cause cancer. It also occurs after an EPA Scientific Advisory Panel divides on whether evidence shows

“ In the closing months of 2019, Roundup was the top target of mass tort lawsuit advertising with five times more ads aired than talcum powder products, the next most popular target. [...] For example, when attorneys questioned potential jurors for a January 2020 trial in St. Louis, nearly every person raised his or her hand when asked if they had seen a lawsuit ad seeking individuals with cancer who had been exposed to Roundup.”

glyphosate is carcinogenic. Spending about \$500,000 each month becomes the new normal for the six-month period running from June to November 2017.

BENCHMARK C

The next substantial jump in advertising occurs in August 2018 when spending surpasses \$1 million. While plaintiffs' lawyers place 281 ad spots in July 2018, they subject television viewers to 12 times as many ads the following month (3,503). This advertising binge begins within one month of a ruling by the judge overseeing the federal Roundup docket that, despite relying on shaky science, the cases will go to trial. The spike also occurs as trial is underway in the first Roundup case in state court (*Johnson*), which resulted in a \$289 million verdict in San Francisco on August 10, 2018.

BENCHMARK D

After the \$289 million verdict, though spending does not rise significantly, ad spots double to 7,113 in September 2018 at a cost of approximately \$1.4 million. Ad spending remains between \$1.1 million and \$1.8 million in each of the next four months.

BENCHMARK E

After briefly slowing, ad buys return to their previous level in March 2019—\$1.7 million for nearly 13,000 ads. That month, the second Roundup trial (*Hardeman*) is underway and ends in an \$80 million verdict on March 27, 2019. The third Roundup trial (*Pilliod*) begins the next day. As that trial is underway, spending soars to \$3 million, funding over 16,000 Roundup lawsuit ads in April 2019.

“Spending peaks in August 2019 as over 70,000 ads air at an estimated cost of \$18.3 million when unfounded rumors swirl about an \$8 billion global settlement.”

BENCHMARK F

After the \$2 billion verdict on May 13, 2019, spending on lawsuit ads rises exponentially.

BENCHMARK G

Spending peaks in August 2019 as over 70,000 ads air at an estimated cost of \$18.3 million when unfounded rumors swirl about an \$8 billion global settlement. Spending then subsides to the still-extraordinary \$5.2 million level at year-end.

Analysis

The data suggests that a significant driver of spending on Roundup lawsuit advertisements is the proximity of a trial or large verdict. Although television ads recruiting plaintiffs for Roundup lawsuits began in late 2015, about one quarter of the ads (107,597 spots at a cost of \$26.6 million) ran during the month of a trial or in the month immediately preceding or following a trial. In fact, 40 percent of all ads (178,872 ads at a cost of \$46.2 million) ran during the month of a trial or within the two months before or two months after a trial.

“Large verdicts trigger spikes in lawsuit ad spending. Plaintiffs’ lawyers present these verdicts as breaking news, suggesting that viewers should call now as they may receive a similar award.”

Lawsuit advertising during this period may serve several purposes. The most controversial reason to run ads just prior to or during a trial, as it is improper, is to influence the jury pool. Local residents are inundated with commercials telling them that an international agency, IARC, or “some studies” have found that glyphosate in Roundup may cause cancer. While defense lawyers may strike individuals during jury selection who have been influenced by ads and courts may instruct jurors to avoid watching television during the trial, some impact from this nonstop messaging is presumably unavoidable.

Ironically, during the *Pilliod* trial, plaintiffs’ lawyers filed a motion to stop Monsanto from running any advertisement that mentions safety, testing, or studies related to Roundup. The request for an injunction was spurred in part by a single advertisement in the *Wall Street Journal* on March 25, 2019, which plaintiffs’ lawyers viewed as posing a risk to the jury selection process in Alameda County, California. In opposition to the motion, Monsanto’s attorneys pointed out the plaintiffs’ lawyers

had “bombarded” the jury pool with 2,187 television and radio ads in the local media market alone disparaging Roundup in the four months before trial.²⁰⁸ One Roundup lawsuit ad aired an average of eight times a day.²⁰⁹ Just seven days before the *Pilliod* trial, plaintiffs’ lawyers placed an ad in the *San Francisco Chronicle* alleging a “doubling or tripling” of the risk of NHL from Roundup.²¹⁰ The court denied the request for a one-sided gag order.²¹¹

Large verdicts trigger spikes in lawsuit ad spending. Plaintiffs’ lawyers present these verdicts as breaking news, suggesting that viewers should call now as they may receive a similar award. For example, in the three months following the \$2 billion *Pilliod* verdict, plaintiffs’ lawyers invested nearly \$50 million into 160,000 television commercials. The ads do not tell viewers that trial courts often slash these excessive verdicts, or that the awards may be further reduced or reversed on appeal.

The increase in spending following a large verdict may also indicate that plaintiffs’ lawyers are reinvesting a portion of their contingency fee earnings (or the expectation of receiving a fee following an appeal or settlement) to generate future cases. In addition, it may be a sign that plaintiffs’ lawyers are attempting to generate as many cases as possible as the likelihood of a global settlement grows. For instance, the rumor of an \$8 billion settlement in early August 2019 coincided with the largest monthly spending on lawsuit advertising. This may suggest a rush by lead generators and law firms to find clients who are potentially eligible to receive a payout.

Case Study: Zofran Litigation

Plaintiffs' lawyers and lead generators spent \$13 million to air approximately 30,000 television commercials telling viewers that using the anti-nausea medication Zofran during pregnancy causes birth defects. Nearly all of this spending occurred in a six-month period in 2015 when Zofran was a top target of lawsuit ads. A scientific study, which the FDA later found to be flawed, sparked the litigation. Investors in Zofran litigation took a gamble that their ads would generate a significant number of highly sympathetic plaintiffs and that the FDA would grant a pending petition to require changes to Zofran's label to caution against use during pregnancy. Neither of those bets paid off. Spending quickly plummeted as the ads failed to produce viable claims and the FDA rejected the unnecessary warnings sought in the litigation. The relatively few cases generated by the ads and the likelihood that the cases will eventually be dismissed appear to have led plaintiffs' lawyers to spend their advertising dollars elsewhere.

About Zofran

The FDA approved ondansetron, developed by GlaxoSmithKline (GSK) and marketed as Zofran, in 1991 for treating nausea and vomiting after chemotherapy and surgery.²¹² Doctors also legally prescribe Zofran "off-label" for nausea and vomiting during pregnancy (NVP), though the FDA

has not approved it for this purpose.²¹³ The most severe form of NVP is hyperemesis gravidarum, which, while rare, can be life-threatening. There were no FDA-approved medications for NVP available until recently, leaving doctors and their patients to either rely on off-label prescriptions or use herbal treatments, supplements, or over-the-counter

“After receiving GSK’s analysis of the then-available safety data, the FDA did not require any labeling changes.”

medications.²¹⁴ GSK’s patent for Zofran expired in 2006, allowing the sale of generic versions of ondansetron. GSK transferred the patent for Zofran along with other oncology drugs to Novartis in 2015.²¹⁵

Public Health and Safety Assessments

Some have questioned whether Zofran, when taken by pregnant women, increases the risks of having a baby with birth defects, particularly cleft lip, cleft palate, and congenital heart defects. The FDA, however, has repeatedly found that scientific evidence does not support these concerns.²¹⁶

In 2010, after the FDA became aware that doctors were increasingly prescribing Zofran for NVP, the agency requested that GSK provide information concerning the safety of the medication when used during pregnancy. After receiving GSK’s analysis of the then-available safety data, the FDA did not require any labeling changes.²¹⁷

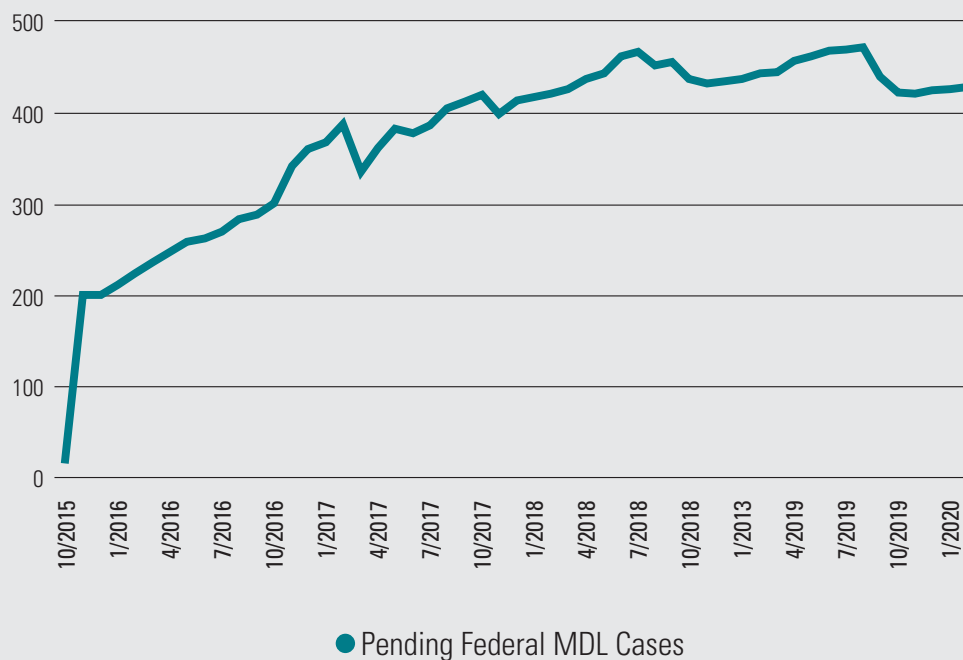
Soon after Novartis acquired Zofran in 2015, the company submitted a proposed label change that included a warning that use in pregnancy could cause harm to the fetus and is not recommended. The FDA rejected Novartis’s proposed change.²¹⁸

In October 2015, the FDA thoroughly reevaluated the available scientific research. The agency’s review came in response to a Citizen Petition²¹⁹ filed by Dr. James R. Reichmann, requesting that the FDA reclassify Zofran to reflect a higher risk when taken during pregnancy and to notify OB/GYNs that the drug may lead to adverse maternal and fetal events.²²⁰ The FDA denied the petition, finding the requests “not necessary,” potentially misleading, and unsupported by available data. The FDA detailed its analysis of scientific literature supporting its conclusions in a 20-page response.²²¹

Communication between the FDA and Novartis regarding whether Zofran’s label should change to recommend against ondansetron use during pregnancy continued into 2016, with the FDA repeatedly declining to authorize a label change. For example, the FDA found “no evidence ... that raises concerns for adverse fetal outcomes with Zofran.”²²² Rather, the FDA observed that “[i]nclusion of such statement would not only be unhelpful to prescribers, but it could be misleading in implying that FDA has some concerns about the role of Zofran in a variety of fetal malformations.”²²³ Instead, the FDA mandated that Zofran’s label include language indicating that the available data and studies do not show that usage of Zofran during pregnancy causes adverse fetal outcomes.²²⁴

In November 2019, GSK filed its own Citizen Petition with the FDA, asking the agency whether information that plaintiffs’ lawyers allege was withheld from the agency would lead the FDA to approve a change in the drug’s labeling.²²⁵ That petition is pending.

Zofran Lawsuits—Pending Claims



An Overview of the Litigation

There are currently over 400 pending Zofran claims,²²⁶ virtually all of which are in a federal MDL in the U.S. District Court for Massachusetts.²²⁷

The first reported lawsuits alleging that usage of Zofran during pregnancy led to babies born with birth defects were filed in early 2015.²²⁸ In addition to citing studies that purportedly show an association between Zofran use for NVP and birth defects, the lawsuits emphasize that, in 2012, GSK agreed to pay a substantial fine to settle allegations that the company had improperly promoted Zofran and several other medications for “off-label” uses that were not approved by the FDA.²²⁹

By July 2015, plaintiffs’ lawyers had filed at least a dozen lawsuits blaming Zofran for a

wide range of birth defects.²³⁰ GSK requested that the Judicial Panel on Multidistrict Litigation coordinate cases in federal courts for pre-trial purposes, and the judiciary established an MDL in October 2015.²³¹ By the following month, federal courts had transferred 200 cases to the MDL. The number of Zofran claims has gradually risen over the past four years. In total, plaintiffs’ lawyers have filed about 700 lawsuits.²³² About 300 of those claims have been dismissed, most of them voluntarily. The court has also dismissed some claims brought against GSK by plaintiffs who did not take Zofran but used a generic version of the drug.²³³

The federal litigation has focused on whether the plaintiffs may proceed with their claims despite the FDA’s repeated rejection of the need for warnings regarding

the risk of using Zofran during pregnancy. The U.S. Supreme Court has ruled that personal injury lawsuits alleging that an FDA-approved medication should carry different or stronger warnings are preempted by federal law if there is “clear evidence” that the FDA would not have approved the label change sought in the litigation.²³⁴ In January 2016, Judge F. Dennis Saylor, who is overseeing the federal litigation, denied a motion to dismiss on this basis, finding that at that early stage of the litigation, “plaintiffs are entitled to an opportunity to develop the record as to how the FDA would have responded to a proposal [to change the label] had GSK submitted one.”²³⁵

In February 2019, after the plaintiffs had an opportunity to conduct discovery to support their claims, Judge Saylor found “little doubt that the FDA *would have* rejected plaintiffs’ proposed warning: it in fact *did* reject it, at least in substance.”²³⁶ Nevertheless, the court found that whether GSK fully disclosed material data about Zofran to the FDA and whether allegedly withheld data would have changed the agency’s decision on the drug warning’s label was an issue of disputed fact for juries to decide.²³⁷

Three months after Judge Saylor issued this opinion, the U.S. Supreme Court ruled in an unrelated case that judges, not juries, must evaluate whether clear evidence indicates that the FDA would have rejected changes to drug labels sought by plaintiffs.²³⁸ In light of this decision, Judge Saylor vacated his earlier ruling on preemption and invited GSK to again seek summary judgment²³⁹; the motion was promptly submitted in July and remains pending.²⁴⁰ The court, however, denied a motion to dismiss 48 cases blaming Zofran for an assortment of birth defects aside from cardiac defects and isolated cleft palate, finding plaintiffs offered sufficient expert testimony on general causation to allow the cases to move forward.²⁴¹ The first bellwether trial had been scheduled to begin on May 4, 2020, but has been delayed indefinitely due to COVID-19.²⁴²

Lawsuit Advertising Messaging

Television commercials seeking to recruit plaintiffs for Zofran lawsuits targeted women who have a child born with heart defects, cleft palate, or cleft lip. Some ads asserted that Zofran may be responsible for a wider range of birth defects or health problems, “even death.” The warnings contained in the ads, some of which were

“ The U.S. Supreme Court has ruled that personal injury lawsuits alleging that an FDA-approved medication should carry different or stronger warnings are preempted by federal law if there is ‘clear evidence’ that the FDA would not have approved the label change sought in the litigation.”

presented as a “medical alert,” conflicted with the FDA’s repeated evaluation of scientific evidence. One ad, for example, presented Zofran as a “bad drug,” even as it remains approved by the FDA and prescribed by physicians.

In addition, some Zofran lawsuit ads flashed the FDA logo, telling viewers, for example, that the “FDA Never Approved Zofran for use in Pregnant Women.” Other ads misleadingly emphasized a \$3 billion

settlement between the federal government and GSK in 2012 (some ads refer to it as a \$2 billion settlement, excluding a separate portion of the settlement completely unrelated to Zofran).²⁴³ This settlement resolved claims that the company had marketed Zofran for off-label uses, but it primarily involved practices involving other medications, was unconnected to personal injury claims, and did not place any restriction on the ability of doctors to prescribe Zofran to treat NVP.



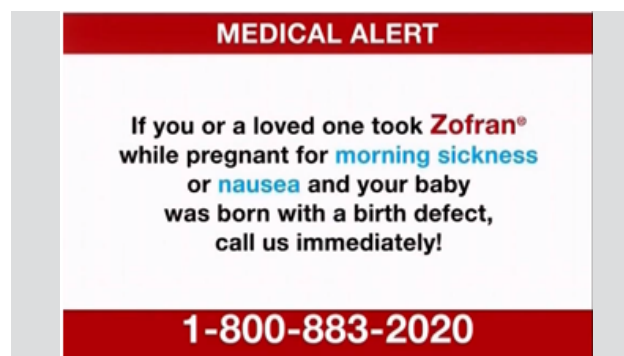
Daniel N. Gallucci TV Commercial, “My Zofran Lawsuit,” iSpot.tv, last aired Mar. 1, 2015.



Parilman & Associates TV Commercial, “Zofran Warning,” iSpot.tv, last aired Mar. 22, 2015.



Saiontz & Kirk, P.A. TV Commercial, “Zofran Alert,” iSpot.tv, last aired Apr. 22, 2015.



Willis Law Firm TV Commercial, “Zofran Birth Defect Warning,” iSpot.tv, last aired Apr. 25, 2015.



Pulaski & Middleman TV Commercial, "Zofran Birth Defect Warning," iSpot.tv, last aired May 22, 2015.



Sokolove Law TV Commercial, "Zofran Birth Defects," iSpot.tv, last aired May 28, 2015.



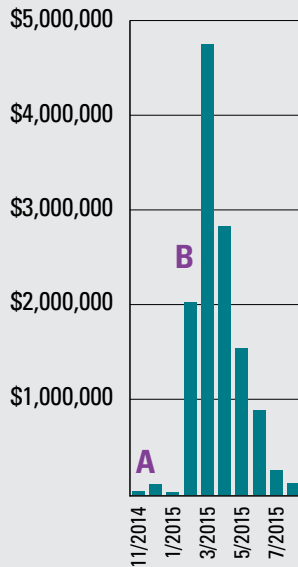
Crumley Roberts TV Commercial, 'Zofran Birth Defects', iSpot.tv, last aired July 10, 2015.



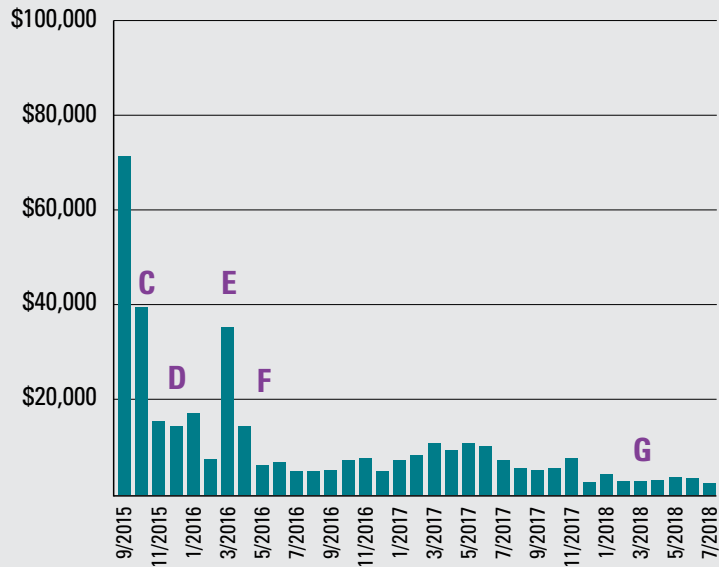
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Estimated Monthly Spending on Zofran Lawsuit Advertising

(Initial Campaign)



(Following Initial Campaign)



Spending on Lawsuit Advertisements

According to data compiled by Kantar CMAG, plaintiffs' law firms and others spent an estimated \$13 million on about 30,000 television ads to entice women who took Zofran while pregnant to file a lawsuit. While the litigation has continued for five years, about 95 percent of the spending on lawsuit ads occurred in just six months at the litigation's outset in 2015. Zofran was

among the top five drugs and medical devices targeted for lawsuits that year.²⁴⁴ By the end of 2015, however, Zofran advertising had fallen to minuscule levels and, by mid-2018, the ads ended.

An analysis of the television advertising spot count and spending data reveals:

BENCHMARK A

Zofran lawsuit advertisements begin in November 2014 with a modest \$39,000

“While the litigation has continued for five years, about 95 percent of the spending on lawsuit ads occurred in just six months at the litigation's outset in 2015.”

investment for 60 ads and surpassed \$100,000 the next month. A study of Swedish birth records by Dr. Bengt R. Danielsson, published on October 31, 2014,²⁴⁵ appears to have sparked this campaign. Plaintiffs' lawyers heavily relied on this study to generate and support litigation²⁴⁶ and retained Dr. Danielsson as an expert witness in the Zofran MDL.²⁴⁷ The FDA²⁴⁸ and other researchers later identify limitations and flaws in that study.²⁴⁹

BENCHMARK B

Ad spending explodes to \$2 million for over 1,300 ad spots in February 2015, when the first reported lawsuits are filed.²⁵⁰ Lawsuit advertising quickly peaks in March 2015 when about 8,000 commercials air in a single month at a cost of \$4.7 million.²⁵¹ During the six-month period between February and July 2015, plaintiffs' lawyers spend \$12 million on Zofran lawsuit ads, 95 percent of the total spent on ads over five years of litigation.

BENCHMARK C

The heavy spending in 2015 appears to have generated relatively few viable claims, as just 200 cases are transferred to the MDL when it is formed in October 2015. By that time, advertising has plummeted to 416 ads targeting the medication.

BENCHMARK D

On October 27, 2015, the FDA denies a Citizen Petition requesting that the agency require Zofran's label to warn of potential risks associated with its use by pregnant women. The following month, spending drops to just \$13,300 for 191 ad spots.

BENCHMARK E

A slight advertising bump in March 2016—the last time spending would exceed \$10,000—may reflect increased optimism for a settlement after the federal court handling Zofran litigation denies a motion to dismiss.²⁵²

BENCHMARK F

Spending on lawsuit ads remains at a low level in late 2015 and 2016, as the FDA repeatedly rejects proposals by Zofran's new owner, Novartis, to warn of reports of congenital malformations and indicate "[t]he safety of ondansetron for use in human pregnancy has not been established." The FDA finds these statements could mislead the public.²⁵³ Meanwhile, a May 2016 study finds no connection between the medication and birth defects.²⁵⁴ These developments may have further led plaintiffs' lawyers and lead generators to look elsewhere for lawsuits. From May 2016 on, spending did not exceed \$10,000 for fewer than 50 ads per month.

BENCHMARK G

Advertising slows to a trickle in 2018, never exceeding \$2,000 in a month and ending mid-year, as it appears increasingly likely that the federal court overseeing Zofran claims will dismiss them as preempted by federal law.

Analysis

The plaintiffs' bar's brief but heavy investment in Zofran was triggered by a Swedish scientific study, the results of which were later called into question by the FDA and other research. The earlier \$3 billion civil settlement of federal allegations that GSK promoted Zofran and

“ The plaintiffs’ bar’s brief but heavy investment in Zofran was triggered by a Swedish scientific study, the results of which were later called into question by the FDA and other research. ... Plaintiffs’ lawyers and lead generators likely determined that further investment in advertising would be unlikely to lead to the number of claims needed to pressure a global settlement.”

other drugs for off-label uses provided additional ammunition for lawsuit ads. A pending Citizen Petition urging the FDA to classify Zofran as having greater risks if taken during pregnancy and to mandate stronger warnings presented an opportunity to gamble that the FDA would require the change, bolstering the lawsuits.

The plaintiffs’ bar may have overestimated the number of lawsuits that their initial \$12 million advertising surge would generate. The ads ultimately sparked about 700 claims, which works out to an investment of about \$17,000 in advertising per claim filed. Considering that nearly half of these claims were dismissed either voluntarily by plaintiffs (possibly due to weak science or other flaws) or by a court, the advertising cost per claim pending is about \$30,000. While the 430 or so Zofran claims pending in the MDL involve highly sympathetic plaintiffs, these numbers pale in comparison to the number of claims generated from advertising in other mass tort litigation. Plaintiffs’ lawyers and lead generators likely determined that further investment in advertising would be unlikely to lead to the number of claims needed to pressure a global settlement.

Plaintiffs’ lawyers may have believed that even if advertising generated a relatively small number of lawsuits, Zofran cases would lead to extraordinarily high damage awards and settlements because they involve children. After five years of litigation, however, a case has yet to reach trial.

Plaintiffs’ lawyers and lead generators also lost their gamble that the FDA would grant a pending Citizen Petition and require Zofran’s label to caution against use during pregnancy. They likely did not anticipate the FDA’s thoroughly-reasoned denial of the petition in October 2015—just two weeks after the federal judiciary established an MDL for Zofran litigation. Plaintiffs’ lawyers now faced a strong argument that the FDA’s consistent and repeated action on the very issue in the litigation preempted their claims, as well as mounting science finding that the use of Zofran during pregnancy presented little or no increased risk of birth defects. Given the few claims generated by the lawsuit ads and the increasing likelihood that courts will ultimately dismiss the claims, plaintiffs’ lawyers appear to have decided to spend their advertising dollars elsewhere.

Findings and Conclusion

An examination of lawsuit advertising data and litigation events reveals common trends in spending behavior and messaging across the five mass tort litigations studied. Most notably, spending on lawsuit advertising rises with events that suggest an increased likelihood that plaintiffs' lawyers and lead generators will receive a generous return on their investment. Blockbuster verdicts appear to have the most significant impact on ad spending. To get viewers' attention, television commercials often flash extraordinary multimillion or billion-dollar awards and settlements and employ a plethora of misleading practices. The pervasiveness of fearmongering lawsuit ads poses a risk to public health and the ability to receive a fair trial.

The Lawsuit Advertising Lifecycle

TRIGGERING EVENT

Mass tort advertising typically is sparked by a particular event, such as an investigation, study, or other action involving a product. These types of events send a message to plaintiffs' lawyers and lead generators that the litigation may be a worthy investment. For example:

- A government investigation of a product's safety, even if that investigation later deems concerns unfounded, can trigger lawsuit advertising. This occurred after the FDA indicated in late 2011 that it would investigate reports of "serious bleeding events" in patients taking Pradaxa.
- Publication of a study that suggests an association between a product and an illness or other harm can spark lawsuit advertising, even if that association is weak or the study is flawed. The Zofran litigation began immediately after the publication of a Swedish study that suggested a link between the use of the

nausea-reducing drug during pregnancy and cardiovascular defects. The FDA later recognized limitations in that study that called its findings into question.

- Actions taken by organizations such as IARC can spark lawsuit advertising. As discussed earlier, IARC has a history of classifying even the most commonly used products and substances as “possibly” or “probably” carcinogenic. IARC’s classification played a prominent role in early talc and Roundup lawsuit ads.

OPTIMISM-GENERATING EVENT

Advertising increases following events that might suggest that the litigation is likely to reach trial and has a chance of success. This may include a court denying a motion to dismiss, scheduling bellwether cases for trial, an approaching trial, a modest plaintiff’s verdict, a regulatory action that raises concern, or reports of individual settlements. For instance:

- When the MDL court scheduled four bellwether Xarelto cases for trial in September 2015, advertising seeking Xarelto plaintiffs rose from averaging about \$2.7 million in the six prior months to \$4.8 million in the six months that followed. Xarelto lawsuit advertising jumped again in early 2017 as the first trial date approached.
- Roundup lawsuit advertising swelled in March 2017 when a trial court rejected a challenge to a California agency’s addition of glyphosate to the state’s list of chemicals known to cause cancer and, soon after, an EPA panel divided on the carcinogenic potential of glyphosate.

“A government investigation of a product’s safety, even if that investigation later deems concerns unfounded, can trigger lawsuit advertising.”

Advertising rose from just three ad spots the preceding month to 539 ad spots in March and continued to escalate in the months that followed.

SURGE-GENERATING EVENT

Lawsuit advertising spikes after blockbuster awards, which appear to have the greatest impact on spending levels. Extraordinary awards may lead plaintiffs’ lawyers and lead generators to believe that a business is likely to settle the litigation to avoid further risk of liability and damage to its reputation. For that reason, advertising may surge to generate as many claims as possible, overwhelm defendant companies, and claim a larger share of the settlement pie. Other events suggesting that a global settlement may occur can also influence spending. For example:

- The first talc lawsuits were filed in 2013 and advertising began in 2015, averaging about \$30,000 per month. Only after the first large verdict—\$72 million in February 2016—did monthly ad spending climb toward \$1 million. The second

“ Lawsuit advertising spikes after blockbuster awards, which appear to have the greatest impact on spending levels.”

large verdict, \$55 million, led monthly ad spending to spike to \$3.6 million and peak, soon after, at \$4.6 million.

- In the Roundup litigation, plaintiffs' lawyers went from airing 281 advertising spots in the month before the first large verdict (\$289 million on August 10, 2018) to 3,503 ad spots the month of the verdict, to 7,113 ad spots the following month at a cost of \$1.4 million. The \$2 billion award to a California couple on May 13, 2019 had an even more pronounced effect. Ad spending rose from \$3 million the prior month to \$4.2 million the month of the verdict, then to \$11.9 million, \$16.7 million, and \$18.3 million in the three months that followed. The \$18.3 million peak also coincided with rumors of an \$8 billion global settlement.
- Advertising for Xarelto lawsuits took off after a May 2014 announcement of a \$650 million settlement in the similar Pradaxa litigation. Before the Pradaxa settlement, spending on Xarelto advertising was less than \$3,000 per month. Ad spending increased each month in the five months that followed, peaking at \$6.5 million in October 2014.

ADVERTISING-DEPRESSING EVENT

Plaintiffs' lawyers and lead generators typically reduce lawsuit advertising when events occur that lead them to question the soundness of their investment in the litigation. These benchmarks include a court dismissing a claim or rejecting the plaintiffs' expert testimony as unreliable, a jury returning a defense verdict, or an agency action finding that science does not support the claims made in the litigation. For instance:

- Spending on Xarelto lawsuit advertising dropped after three consecutive defense verdicts in 2017 and additional plaintiff defeats in 2018.
- Spending on talc lawsuit advertising fell when the early blockbuster verdicts were followed by dismissals, defense verdicts, exclusions of plaintiffs' experts offering unreliable testimony, and courts' throwing out some of the initial plaintiff wins.
- Zofran lawsuit advertising began to drop off when initial heavy ad spending did not generate many claims. Ad spending then plummeted after the FDA found proposed changes to the medication's label that would have cautioned against use during pregnancy were unsupported by scientific evidence and misleading to the public.

Advertising Content Trends

SHIFTING ALLEGATIONS OF HARM

Early lawsuit advertisements tend to cast a broad net for potential plaintiffs by asserting that the product may cause a wide range of illnesses. As courts reject these claims as unsupported by science, or more thorough studies cast doubt on preliminary findings, the product risks communicated in lawsuit ads narrow or change.

For example, as seen in the highlighted television commercials in the Roundup litigation section of this report, early ads contended that the herbicide caused leukemia and bone cancer, among other conditions. Only later did the ads focus on non-Hodgkin's lymphoma. Similarly, the range of birth defects purportedly associated with Zofran in lawsuit ads appears to have narrowed over the course of the litigation.

The messaging of lawsuits ads may also shift to reflect the plaintiffs' mass tort litigation strategy. For example, initial talc lawsuit advertisements asserted that exposure to talc causes ovarian cancer. As plaintiffs' lawyers struggled in court to provide reliable scientific evidence supporting this claim, the lawsuits ads (and litigation) shifted to emphasize the alleged contamination of talc-based products with asbestos.

AWARDS PROMINENTLY FEATURED

Lawsuit ads prominently feature blockbuster awards, settlement amounts, and civil fines. It appears that plaintiffs' lawyers and lead generators find that flashing multi-million dollar amounts on

television is effective in motivating viewers to respond. The ads may give the false impression that viewers may receive a similar result or that they are entitled to receive a portion of that amount.

Advertisements quickly incorporate extraordinary awards into their content. In both the talc and Roundup litigation, for example, advertising content adjusted to include recent awards. The ads do not reflect that trial and appellate court judges often throw out or substantially reduce outsized awards as unsupported by the evidence, excessive, or contrary to law. In some instances, ads continue to publicize a massive award long after a court slashes it.

Even when there is no large verdict to highlight, advertisements find another dollar figure to get viewers' attention. For example, Xarelto ads emphasized the \$650 million settlement of the early Pradaxa claims. Zofran ads flash "\$2 billion settlement" (or \$3 billion), which, as discussed earlier, involved a settlement with the U.S. Department of Justice that

“As courts reject these claims as unsupported by science, or more thorough studies cast doubt on preliminary findings, the product risks communicated in lawsuit ads narrow or change.”

“The ads may give the false impression that viewers may receive a similar result or that they are entitled to receive a portion of that amount. [...] Some ads give the misleading impression that viewers may already be entitled to compensation from a verdict or settlement.”

did not involve personal injuries, did not address the safety of Zofran, and primarily addressed marketing and pricing issues related to other drugs. The unfounded rumor of an \$8 billion global settlement of Roundup litigation also made its way into lawsuit ads.

Some ads give the misleading impression that viewers may already be entitled to compensation from a verdict or settlement. For example, after displaying the \$650 million Pradaxa settlement, one ad told viewers, “You could use this money to help with the tough and complicated time your family has gone through.”²⁵⁵ A Roundup lawsuit ad also told viewers that they may be entitled to substantial compensation “WITHOUT GOING TO COURT,” both before and after highlighting a \$289 million verdict.²⁵⁶ Mass tort litigation, however, is not like the consumer class actions with which the public has become all too familiar. One cannot simply fill out a claim form and receive a check. An individual lawsuit must be filed and settled.

MISLEADING ADVERTISING PRACTICES

Lawsuit ads often incorporate practices that mislead viewers, aside from their display of large awards. As detailed in the U.S. Chamber Institute for Legal Reform’s 2017

study, *Bad for Your Health: Lawsuit Advertising Implications and Solutions*, these practices include introducing the advertisement as a “medical alert,” presenting the ad in a news-type format, flashing the official logo of a government agency, overstating the risks of a drug, implying that the product has been recalled, and hiding information identifying the ad sponsor in unreadable fine print.²⁵⁷ Many of these practices are visible in the screenshots of television commercials displayed in each section of this report.

An emerging practice is to introduce a “doctor” who explains the science purportedly supporting the litigation, though that person’s expertise is in a wholly unrelated field. As discussed in the talcum powder litigation section, a series of long-form infomercials and shorter ads feature Dr. Wendy Walsh, who is presented as “Doctor Wendy” and who explains the science supposedly linking the product to cancer. Not disclosed to viewers is that Dr. Walsh is a dating and relationship expert, not an oncologist or OB/GYN or even a medical doctor. Dr. Walsh is featured in similar infomercials for Roundup, Truvada, earplug, hernia mesh, IVC filter, asbestos, and child sexual abuse litigation.²⁵⁸

Public Policy Implications

PUBLIC HEALTH CONCERNS

Misleading lawsuit advertising raises public health concerns.²⁵⁹ The exaggerated risks and dire warnings conveyed in these ads can undermine a physician's decision to prescribe medication after carefully considering his or her patient's condition. The ads can also give the misimpression that regulators or health officials have found that a product is dangerous and should not be used, when that is not the case. As detailed in the Xarelto litigation section of this paper, reports filed with the FDA document scores of instances in which patients stopped taking their prescribed medication after viewing a frightening lawsuit ad without speaking with their doctor. As a result, they suffered strokes and other serious injuries, with seven deaths reported.²⁶⁰

In 2019, the American Medical Association found that the misleading practices identified in this report have become “even more pervasive” in recent years and called upon state legislatures to protect patient health.²⁶¹ Thus far, three states—Tennessee, Texas, and West Virginia—have enacted legislation to do just that.²⁶² The Federal Trade Commission also has warned law firms and lead generators to avoid these types of misleading practices in mass tort advertising.²⁶³

Lawsuit ads that attempt to generate a new mass tort soon after the FDA approves a new medication or medical device raise unique concerns. Some uncertainty regarding a new product is inevitable. Regulators, medical professionals, and researchers closely monitor new

treatments and investigate reports of adverse events that may relate to the product. It may become the norm for plaintiffs' lawyers and lead generators to attempt to capitalize off this process by airing television commercials targeting new products for lawsuits immediately upon initiation of an investigation or publication of preliminary research. If this occurs, the litigation is likely to discourage the development and use of life-saving or life-improving treatments and raise the cost of drugs and medical devices.

PREJUDICING THE JURY POOL

The pervasiveness of television commercials telling viewers that consumer products, pharmaceuticals, and medical devices are dangerous and cause harm may poison the jury pool. As documented in this report, lawsuit advertising often rises as cases approach and go to trial. The messaging of some lawsuit ads seems to focus more on broadly conveying to the public that a product is harmful, or that a business engaged in misconduct, than on recruiting potential clients. In some instances, lawsuit advertising may be

“ *The ads can also give the misimpression that regulators or health officials have found that a product is dangerous and should not be used, when that is not the case.* ”

“The messaging of some lawsuit ads seems to focus more on broadly conveying to the public that a product is harmful, or that a business engaged in misconduct, than on recruiting potential clients.”

concentrated in the very community in which a trial is scheduled or underway. For example, it may be no coincidence that St. Louis, the 23rd largest media market in the country, was the top area for lawsuit ads targeting talc-based products in 2016—the same period that St. Louis courts returned a series of multi-million dollar talc verdicts.²⁶⁴

Conclusion

Plaintiffs’ lawyers and lead generators can manufacture mass tort litigation through misleading, fearmongering ads. Legislators, regulators, and courts each have a role to play in ensuring that these ads do not mislead the public, harm public health, or jeopardize the right to a fair trial.

Little is needed to spark mass tort litigation. An agency initiating an investigation into concerns regarding a product’s safety or a preliminary study suggesting an association between a product and an illness, for example, may light the fuse. A large population of people with a common illness also provides an opportunity to point the

finger at a company or product as the cause. Already, websites are springing up asking, “Were you infected or did a loved one die from coronavirus infection that could have been prevented? Find out if you have a case.”²⁶⁵ Events such as these can quickly prompt plaintiffs’ lawyers and lead generators to spend tens of thousands or hundreds of thousands of dollars per month on television commercials to solicit claims. When there is a sign that the litigation may be successful, such as an initial large plaintiffs’ verdict, spending on advertising can surge to millions of dollars per month.

As the case studies in this paper show, spending on lawsuit advertising rises and falls primarily based on the perceived likelihood that a defendant will enter a global settlement. As cases mount, defendants are pressured to settle due to the cost of never ending litigation, the risk of liability (particularly in areas viewed as plaintiff-friendly), and damage to their reputations. When judges and juries repeatedly find that these claims are not supported by sound science or the law, plaintiffs’ lawyers cut their losses, running fewer ads. The driving force is profit—whether the amount spent on advertising and litigation is likely to yield a lucrative return on the investment.

Attorney advertising is commercial speech that is protected by the First Amendment²⁶⁶ and it can serve a valuable purpose in linking people who are injured as a result of wrongful conduct with a lawyer. Legislators and regulators can and should step in, however, when lawsuit advertising misleads the public, jeopardizes public health, or undermines the right to a fair trial.²⁶⁷

Courts also need to protect the right to a fair trial. As spending on lawsuit advertising rises, lawyers and judges will need to even more closely monitor, through the *voir dire* process, whether the ability of prospective jurors to render impartial justice has been impaired after repeatedly viewing

inflammatory ads. Where lawsuit ads declaring that a product is harmful or even that a business engaged in misconduct have besieged an area in which a case is scheduled for trial, courts may need to move the trial elsewhere.

“Legislators and regulators can and should step in ... when lawsuit advertising misleads the public, jeopardizes public health, or undermines the right to a fair trial.”

Endnotes

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- 217 See *id.* at 10.
- 218 See *id.* at 12-14.
- 219 Any person may file a "citizen petition" requesting that the FDA take action, including by altering a prescription drug's approved labeling. See 21 C.F.R. § 10.30. The FDA must respond to a petition within 180 days by approving it, denying it, or issuing a tentative response indicating why the agency needs additional time to examine the issue. See *id.*
- 220 Citizen Petition, "Odanstrong (Zofran) Use in Pregnancy, Docket No. FDA02013-P-0048 (filed by James P. Reichmann, Jan. 7, 2013). While the petition is dated January 4, 2012, the FDA indicates that it was actually received on January 7, 2013.
- 221 Janet Woodcock, M.D., Director, FDA Center for Drug Evaluation and Research, Response to Citizen Petition, Docket No. FDA-2013-P-0048, Oct. 27, 2015.
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