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Stephen M. Hahn, M.D. Commissioner U.S. Food and Drug Administration U.S Department of Health & Human Services 10903 New Hampshire Ave Silver Spring, MD 20993-0002

Robert R. Redfield, M.D. Director Centers for Disease Control and Prevention U.S. Department of Health & Human Services 1600 Clifton Road Atlanta, GA 30329

Dear Commissioner Hahn and Director Redfield,

On behalf of the Massachusetts Medical Society, representing over 25,000 physicians, residents, and medical students in Massachusetts, I write to urge you to consider additional research and measures to warn the public of the dangerous risks associated with e-cigarette use.

The Massachusetts Medical Society has long supported prevention, cessation, and education efforts aimed at preventing the morbidity and mortality associated with tobacco use. E-cigarettes have been particularly problematic in recent years, due to their appeal to and widespread use by youth under the age of 21—and the fact that they still can cause many of the same health risks as other tobacco products. For example, the nicotine found in e-cigarettes is highly addictive, and can harm brain development in adolescents.

In addition to nicotine, e-cigarette aerosols contain other harmful chemicals and ingredients. Diacetyl, a flavorant often found in e-cigarettes, is linked to serious lung disease. E-cigarettes can also contain ultrafine particles that users can inhale deep into their lungs. Volatile organic compounds and heavy metals (like nickel, tin, and lead) are often present in e-cigarettes and can cause additional risk of lung disease. E-cigarette users may even have a greater risk for severe COVID-19 complications due to lung damage. In addition, defective e-cigarette batteries can cause fires and explosions, which can lead to injury.

While we appreciate the e-cigarettes are required to have a warning label to highlight the addictive nature of nicotine, these warning labels don't go far enough to convey the serious risks of e-cigarette use. We urge you to enact mandatory consumer warning labels on e-cigarette product packaging that strongly convey the potential health risks, including deadly lung disease. In addition to text warning labels, another method to achieve this could be placing color graphic warning labels on e-cigarette packaging. We commend the FDA for their recent rule requiring graphic labels on traditional, combustible cigarette

packaging, but those graphic labels are not required for other nicotine delivery systems, like e-cigarettes. We urge the FDA to consider additional text or graphic images that would properly communicate the health risks associated with e-cigarette use.

We commend the existing efforts by the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the Office of the Surgeon General to research and track the health impacts of e-cigarette use and related campaigns to raise awareness of the risks, particularly among youth. We encourage the federal government to continue this work—and to expand funding and programming specifically designated for investigating lung injury (referred to by the CDC as EVALI) and other health risks associated with e-cigarette use.

We would be happy to provide additional feedback on this important issue and be a resource as you examine future e-cigarette policy.

Sincerely,

David A. Rosman, MD, MBA President, Massachusetts Medical Society