

COMPLAINANT v ASTRAZENECA**Allegations about a LinkedIn post by AstraZeneca****CASE SUMMARY**

This case was in relation to a post published on the AstraZeneca corporate LinkedIn account, which was subsequently reposted by an AstraZeneca UK employee. It was alleged that the posts were not appropriate for the public, raised unfounded hopes for patients, exaggerated the benefit of AstraZeneca's ASCO 2023 data, that there was a lack of awareness of how the post impacted doctor/patient conversations and that physicians had been left undermined.

The outcome under the 2021 Code was:

No Breach of Clause 2 (x2)	Requirement that activities or materials must not bring discredit upon, or reduce confidence in, the pharmaceutical industry
No Breach of Clause 5.1	Requirement to maintain high standards at all times
No Breach of Clause 6.1 (x2)	Requirement that information/ claims/ comparisons must not be misleading
No Breach of Clause 6.2 (x2)	Requirement that information/ claims/ comparisons must be capable of substantiation
No Breach of Clause 26.2 (x2)	Requirement that information about prescription only medicines which is made available to the public must be factual, balanced and must not raise unfounded hopes of successful treatment

**This summary is not intended to be read in isolation.
For full details, please see the full case report below.**

FULL CASE REPORT

A complaint about AstraZeneca UK Limited was received from a contactable complainant who described themselves as a medical oncologist.

COMPLAINT

The complaint wording is reproduced below with some typographical errors corrected:

"I wish to report a LinkedIn post which has caused some concern within the Oncology centre where I work. We have had a cancer patient who works within the pharmaceutical industry present us with screenshots of treatments [they] would [like] us

to prescribe or make accessible following a LinkedIn post by AstraZeneca which it labelled as 'Appropriate for the Public'.

The post is a patient story during ASCO 2023 and makes a number of highly exaggerated claims about how AstraZeneca wants to 'eliminate cancer as a cause of death'. As much as I and my oncology colleagues appreciate this ambition, it is certainly not appropriate for public distribution because it raises unfounded hopes for patients that we as physicians need to manage in our practice.

The post is shared by a member of AstraZeneca's oncology leadership, and of course this patient flagged this as a reason to believe the content. My view is that people who actually understand cancer and where we are at in terms of research and future challenge would refrain from such unsubstantiated, misleading, and ridiculous slogans.

The post also references AstraZeneca's data released at ASCO 2023 and the 'real world impact of life changing care' using a single patient video case study. The patient who came into our care truly took these words to heart and we are left to manage expectations.

We as practicing oncologists see that patients respond in a variety of ways to cancer treatments. Some will derive moderate or long-term benefit and others will unfortunately relapse.

The use of words like 'life changing' are just not appropriate. In the data released at ASCO 2023, we are dealing with palliative indications, we are at best extending life whilst on intensive treatment by months to a few years at best. No patient is going through a life change in a positive way.

I have attached the ASCO 2023 data released by AstraZeneca and I am sure it demonstrates progress but it's far from 'life changing'

These posts have come from a central AstraZeneca communications team and show a complete lack of awareness of how they impact a doctor/patient conversation. We have the difficult task of breaking bad news and answering the very difficult question we all get 'Doctor, how long have I got?'

I believe AstraZeneca and this particular medical employee have undermined confidence in the industry, by using a single case to over exaggerate the benefit of its ASCO 2023 data.

Amongst the clauses, I believe high standards have not been met, misleading, exaggerated, and totally unsubstantiated claims have been made by claiming 'life changing', and most importantly we as physicians have been left undermined. The pharmaceutical industry has been brought into disrepute, and the special nature of medicines, the true benefit early cancer medicines may or may not give patients has not been displayed in a transparent and balanced manner.

I have asked a few of our AstraZeneca colleagues about this post and how it could have been worded so badly to make such exaggerated claims, but they shared their frustration and lack of ability to change what is decided higher up.

I look forward to this complaint being addressed so that the doctor/patient relationship can be restored on truth and realistic outcome discussions.”

When writing to AstraZeneca, the PMCPA asked it to consider the requirements of Clauses 26.2, 6.2, 6.1, 5.1 and 2 of the 2021 Code.

ASTRAZENECA’S RESPONSE

The response from AstraZeneca is reproduced below:

“We are writing to you in response to your letter dated 29 October 2024, concerning a complaint from a Medical Oncologist with respect to a LinkedIn post (posted in June 2023) by AstraZeneca (AZ), which was then reposted in June 2023 by a member of the AZ UK [named therapy area] team. The complainant’s allegations can be broken down as follows:

1. LinkedIn post makes several highly exaggerated claims about how ‘AZ wants to eliminate cancer as a cause of death’. This claim is unsubstantiated, misleading, and ridiculous. This is not appropriate for the public as it raises unfounded hopes.
2. Post is shared by a member of AZ’s Oncology leadership.
3. Post is from the AZ Communication team and shows lack of awareness of how they impact doctor/patient conversation.
4. Post references AZ data releases at ASCO 2023 and the ‘real world impact of life changing care’ using a single video case study. The term ‘life changing’ is not appropriate, especially as the data deals with palliative indications and at best extending life by up to a few years at best. AZ have used one case to exaggerate the benefits of the AZ ASCO 2023 data.

AstraZeneca have been asked to consider clauses 26.2, 6.2, 6.1, 5.1 and 2 of the 2021 ABPI Code (‘the Code’). We will address each of the complainant’s allegations according to the relevant clauses.

Background

AstraZeneca’s Oncology ambition is to one day ‘eliminate cancer as a cause of death’. This bold ambition involves multiple elements beyond just bringing new medicines to patients, and including (but not limited to), prioritising earlier screening, early detection and diagnosis, collaborating across healthcare systems to help drive initiatives such as screening and raising awareness of cancer prevention and early intervention, helping to drive access to appropriate care for patients, and through collaborative scientific research. Whilst AstraZeneca recognise it is a bold ambition, it is one we believe is possible through commitment and investment in research, innovation and collaboration across scientific and medical communities.

The LinkedIn post (the ‘post’) in question was posted from the AZ corporate LinkedIn account on Sunday June 04 2023. This date was National Cancer Survivor Day, and the post included the hashtag referencing the day to raise awareness. The post was also at the time of the 2023 American Society of Clinical Oncology conference (ASCO)

which was held from 02 June until 06 June. ASCO is an annual international conference offering up to date scientific information to Oncology professionals.

The post was re-posted by an AZ UK employee shortly after it was posted. As this took place over 1 year ago, it is impossible to say how many followers this individual had at this time and the status of them, but the AZ UK employee has confirmed that they had fewer followers in 2023 compared with the time of complaint, most of which are industry colleagues. The post included text and an embedded video of a patient story and no hyperlinks were included in the post. Within 1 day of receiving this complaint, the UK employee was instructed to delete the re-post, which they did on the same day, whilst a full investigation was conducted.

In accordance with our internal social media approval process, the post and video were certified by a Nominated Signatory [material identification code and signatory qualification] prior to posting.

The post does not contain or make reference directly or indirectly to any AZ medicine.

AstraZeneca Response

1. *LinkedIn post makes several highly exaggerated claims about how 'AZ wants to eliminate cancer as a cause of death'. This claim is unsubstantiated, misleading, and ridiculous. This is not appropriate for the public as it raises unfounded hopes.*

The post clearly refers to 'eliminating cancer as a cause of death' as our ambition and is not a claim. AstraZeneca is committed to advancing the science of oncology and our ambition is to eliminate cancer as a cause of death beyond just bringing new medicines to patients and through elements including (but not limited to) screening to driving early detection and diagnosis, raising awareness of cancer prevention and early intervention, through scientific research and collaborations. Our ambition indicates what we are striving for, and demonstrates our commitment to oncology and improving these patient outcomes. There is no implication that AZ has eliminated cancer as a cause of death or a timeframe in which we would achieve such an ambition, and therefore we do not believe that the reader would be misled. We do not agree that this raises unfounded hopes for oncology patients and the public; this is not linked to a specific medicine.

We therefore, refute being in breach of clauses 26.2, 6.2 and 6.1 of the Code.

2. *Post is shared by a member of AZ's Oncology leadership.*

This UK employee was not a member of leadership and moreover acted in accordance with AstraZeneca's social media policies.

The UK employee who shared the post is a UK [medical employee] and is not a member of the UK or global Oncology Leadership team. When AZ

received the complaint, the employee was asked to delete the re-post whilst the investigation was ongoing, which they actioned immediately.

There is an AstraZeneca Standard for Employee Use of Personal social media which is applicable to all employees of all entities within the AstraZeneca group of companies. This is very clear that the employees must not post, share or engage with any of the following:

- Content related to AZ products
- Content about disease education or awareness from non-AZ sources
- Content including any medical advice

The post in question did not include any of the above, and therefore in this instance the UK employee was acting appropriately and in accordance with AZ guidance. However, as previously mentioned, despite this the re-post was deleted whilst a full investigation was conducted.

We therefore refute being in breach of clauses 5.1 and 2 of the Code.

3. *Post is from the AZ Communication team and shows lack of awareness of how they impact doctor/patient conversation.*

As described above, the post was published on the AstraZeneca LinkedIn corporate account to raise awareness of National Cancer Survivor Day. The post included a patient story of living with lung cancer. We are fully aware of the responsibility we hold when communicating about disease and medicines to HCPs, patients and the general public, and continually strive to work to the high standards upheld by the pharmaceutical industry. AZ values and respects the doctor-patient relationship, and would never intentionally jeopardise this.

We therefore refute being in breach of clauses 5.1 and 2 of the Code.

4. *Post references AZ data releases at ASCO 2023 and the 'real world impact of life changing care' using a single video case study. The term 'life changing' is not appropriate, especially as the data deals with palliative indications and at best extending life by up to a few years at best. AZ have used one case to exaggerate the benefits of the AZ ASCO 2023 data.*

The post was tied to National Cancer Survivor Day. The post itself contains text and an embedded video. There are no hyperlinks in the post: the screen shots provided by the complainant are separate and not linked to the post itself. The post refers to life-changing care discussed at ASCO; there is no direct or indirect reference to medicines or specifically the data presented by AZ at ASCO 2023. We therefore refute that this post and video exaggerates and misleads regarding the AZ ASCO 2023 data.

Additionally, the patient film does not include reference to treatments, medicines or brands and instead centres on [their] experience being diagnosed with lung cancer. For a patient to live for a few more months/years

could be considered as life changing for that individual depending on their circumstances, and therefore we ascertain that this phrase used in this context is entirely appropriate. Additionally, the video included a disclaimer which states 'Patient's opinions do not necessarily reflect AstraZeneca's views and opinion'.

Summary of AstraZeneca's position

In summary:

1. It is AZ's ambition to eliminate cancer as a cause of death. This is an overall company ambition and not a claim as alleged. There is no implication that AZ **has** eliminated cancer as a cause of death. Therefore, we believe that this does not mislead and raise unfounded hopes for oncology patients and the public.
2. The UK employee who shared the post is a [non-senior medical employee] and is not a member of the UK Oncology Leadership team. When AZ received the complaint, within 1 day the employee was asked to delete the re-post whilst the investigation was ongoing, which they actioned immediately.
3. The post does not mention or link to AZ ASCO 2023 data, and therefore we refute that the post exaggerates and misleads relating to this.
4. The post does not contain or make reference directly or indirectly to any AZ medicine.

AstraZeneca takes its responsibilities under the Code very seriously. Based on the above detailed response, we maintain that the post does not mislead or raise unfounded hopes; and that AZ has maintained high standards and has not brought the industry into disrepute. **We therefore refute alleged breach of clauses 26.2, 6.2, 6.1, 5.1 and 2 of the Code.**

We have noted that the screenshot provided by the complainant was from several months ago (on the screenshot provided it shows the post was posted 10 months ago, however it was posted 16 months ago at the time of this complaint), which is surprising given the nature of the concerns raised. We believe this could suggest that this complaint has not been made in good faith."

PANEL RULING

This case was in relation to a LinkedIn post (the "post") published on the AstraZeneca corporate LinkedIn account. The post was subsequently reposted by an AstraZeneca UK employee.

When considering the complaint, the Panel noted AstraZeneca plc is headquartered in the UK and so the original post from the corporate account (as well as the interaction by a UK employee) fell within the scope of the ABPI code.

The complainant described themselves as a health professional and was concerned that the post made several *"highly exaggerated claims about how AZ [AstraZeneca] wants to 'eliminate cancer as a cause of death'"*. It was alleged that the post was not suitable for public distribution as it raised unfounded hopes for patients.

The post read:

“The stories of people living with cancer are the driving force behind our ambition to eliminate cancer as a cause of death.

Find out more about real-world impact of life changing care we are discussing this week at #ASCO23 with [named patient] story. #NCSD2023.”

The text was followed by a 1 minute 10 second video, embedded in the post at issue, in which a patient (described as having early-stage lung cancer) discussed the impact of a lung cancer diagnosis. Text within the video stated, *“In 2022, [named patient] visited a nearby doctor and was faced with a life-altering diagnosis of Stage IIIA lung cancer.”* The patient then described how it was a gift to be able to live more years and spend time with loved ones, doing things they enjoy. The patient also expressed the ambition to “outsmart” the disease and not give up.

The Panel interpreted the complaint as making four allegations:

1. The post made several highly exaggerated claims about how AstraZeneca wanted to “eliminate cancer as a cause of death.” These claims were alleged to be unsubstantiated and misleading. It was not appropriate for the public and raised unfounded hopes for patients.
2. The post was originally published by AstraZeneca’s communications team and was reshared by an employee from the AstraZeneca oncology leadership team. This showed lack of awareness of how the post impacted the doctor/patient conversation.
3. The post referenced AstraZeneca data released at ASCO 2023 and *‘the real world impact of life changing care’* using a single video case study. The term *‘life changing’* was not appropriate, as the data dealt with palliative indications and at best extending life by up to a few years. AstraZeneca had used one case to exaggerate the benefits of its ASCO 2023 data.
4. Physicians have been left undermined. *“The pharmaceutical industry has been brought into disrepute... the true benefit early cancer medicines may or may not give patients has not been displayed in a transparent and balanced manner.”*

1. Eliminating cancer as a cause of death

AstraZeneca submitted that the post was made by its corporate LinkedIn account to raise awareness of National Cancer Survivor Day. The post included the hashtag for that day (#NCSD2023) and the hashtag for the 2023 American Society of Clinical Oncology conference (#ASCO23), and was made at the time of the ASCO conference.

AstraZeneca also submitted that *“eliminating cancer as a cause of death”* was an ambition and it did not consider it to be a claim. This ambition was said to go beyond just bringing new medicines to patients; it also included other elements, such as:

- screening,
- early detection and diagnosis,
- raising awareness of cancer prevention, and
- early intervention through scientific research and collaborations.

The Panel considered that the post at issue did not mention any medicines. Although the Panel acknowledged that the video embedded in the post was an interview with a person with Stage IIIA lung cancer, it did not refer to any form of treatment for that condition.

The Panel disagreed with AstraZeneca's submission that the video in the post included 'patient's opinions' which did 'not necessarily reflect AstraZeneca's views and opinion'. This was an AstraZeneca-created video, posted on an AstraZeneca corporate social media account and therefore, regardless of any disclaimer, the Panel considered that AstraZeneca was responsible under the Code for any statements made in the video.

The Panel further disagreed with AstraZeneca's submission that there were no hyperlinks in the post. The PMCPA social media guidance states that clicking on a hashtag would take readers to the hashtag's feed where they could see content posted which related to the hashtag topic, and view all posts which mentioned that hashtag. The complainant did not provide evidence that at the time of the post or repost there was information on either of the two hashtag feeds about an AstraZeneca medicine. The complainant only provided screenshots of information about AstraZeneca medicines on [astrazeneca.com](https://www.astrazeneca.com) (AstraZeneca's global website), but there was no link to the global website in the post at issue.

In the Panel's view, the context of the post was important, along with the timing of it (being posted on National Cancer Survivor Day) and that eliminating cancer was an aspirational ambition, rather than a claim. The complainant had not established that the post included any direct or indirect mention of this ambition being achieved with the use of a specific AstraZeneca medicine. The Panel therefore considered that the complainant had not established their case that "...our ambition to eliminate cancer as a cause of death" was a "claim" that was misleading or unsubstantiated. The Panel ruled **no breaches of Clauses 6.1 and 6.2** accordingly.

Clause 26.2 stated:

"Information about prescription only medicines which is made available to the public either directly or indirectly must be factual and presented in a balanced way. It must not raise unfounded hopes of successful treatment or be misleading with respect to the safety of the product."

AstraZeneca submitted that the post at issue was not linked to a specific medicine. The Panel concluded that the complainant had not established that the post referred to any prescription only medicine (either directly or indirectly). On that basis the Panel ruled **no breach of Clause 26.2**.

2. Post by AstraZeneca's communications team and reshare by AstraZeneca employee

The complainant alleged that "*the posts had come from a central AZ communications team and show a complete lack of awareness of how they impact a doctor/patient conversation.*" The complainant also alleged that the reshare of the post by a member of AstraZeneca's oncology leadership, gave reason for their patient to "*believe the content*".

AstraZeneca submitted that the employee in question was not a member of the UK or Global oncology leadership team; they were a UK medical employee, who had acted in accordance with AstraZeneca's social media policies. In its response to the PMCPA, AstraZeneca submitted a copy of its Global Policy Framework, Employee Use of Personal Social Media which stated:

"Employees must not post, share, or engage with (meaning comment on or react to - like, love, thumbs up or similar) any of the following:

- *Content related to products, marketed or in development, even if the content has been published on official AstraZeneca channels or websites, including news articles and press releases.*
- *Content that is about disease education or awareness from non-AstraZeneca sources. This is because there has been no internal check to verify it is accurate and compliant.*
- *Content that includes medical advice, company Intellectual Property (IP), personal information including videos or pictures of individuals without written consent, or internal messages, emails, documents, imagery and other such materials.”*

The policy further stated:

“Care must be taken with content that includes reference to disease states or conditions for which AZ has the only product (marketed or in development).”

The post at issue referred to “*people living with cancer*”, which the Panel considered to include a broad range of people. The Panel noted that the embedded video was of a patient who had been diagnosed with Stage IIIA lung cancer, however it made no reference to treatment of any kind. It appeared to the Panel that the employee in question who reshared the post had acted in accordance with AstraZeneca’s internal social media policy, and the Panel considered that the complainant had not established that AstraZeneca had failed to maintain high standards, nor brought discredit upon, or reduced confidence in, the pharmaceutical industry. The Panel ruled **no breaches of Clauses 5.1 and 2** accordingly.

3. Exaggeration of the benefits of the AstraZeneca ASCO 2023 data

The complainant alleged that the post at issue referenced AstraZeneca data released at ASCO 2023 and the “*real-world impact of life changing care*”, using a single patient video case study. The complainant claimed that a patient who came into their care took these words to heart, leaving the complainant to manage expectations.

The complainant had provided screenshots from astrazeneca.com (AstraZeneca’s global website), of an article titled “*AstraZeneca will highlight momentum of practice-changing cancer medicines across its robust pipeline at ASCO2023.*” The article included details of the data in relation to its oncology treatments, to be presented at ASCO 2023.

AstraZeneca submitted that there were no hyperlinks in the post which would direct individuals to the AstraZeneca data released at ASCO 2023. The Panel noted that the post included two hashtags (#ASCO2023 and #NCSD2023), and the screenshots provided by the complainant were from a separate webpage that was not linked to the post itself.

As stated above, the Panel considered that clicking on a hashtag would take readers to the hashtag’s feed where they could see content posted which related to the hashtag topic and view all posts which mentioned that hashtag. In the Panel’s view, companies had to be particularly cautious with conference hashtags. However, the complainant did not provide any evidence that at the time of the post or repost there was information on either of the hashtag feeds about an AstraZeneca medicine.

The Panel considered it to be unclear how the complainant had navigated to the article on astrazeneca.com from the post that was the subject of their complaint. Although the post referred to life-changing care discussed at ASCO, the complainant had not established that the post contained a direct or indirect reference to a specific medicine or specifically the data presented by AstraZeneca at ASCO 2023.

The embedded video was of a patient who had been diagnosed with Stage IIIA lung cancer. However, the Panel took account of the fact that it made no reference to treatment of any kind. The Panel also acknowledged AstraZeneca's submission that, for a patient to live for a few more months/years, could be considered as "*life changing*" for that individual depending on their circumstances.

In the Panel's view, in the context of the post (that it was posted on National Cancer Survivor Day), the complainant had not established that use of the words "*real-world impact of life changing care*" was misleading, exaggerated, unsubstantiated or that it raised unfounded hopes of successful treatment. The Panel therefore ruled **no breaches of Clauses 6.1, 6.2 and 26.2**.

4. The pharmaceutical industry has been brought into disrepute

The Panel considered Clause 2 to be a sign of particular censure that was reserved for such use.

The complainant alleged that AstraZeneca, and the employee who reshared the post, had brought the industry into disrepute, by using a single video case study to exaggerate the benefit of its ASCO 2023 data, and that the special nature of medicines had not been displayed in a transparent and balanced manner.

The Panel was concerned that the AstraZeneca social media policy made no reference to hashtags and the need for caution, given that clicking on a hashtag would take readers to the hashtag feed. However, given the information before it, and the rulings of no breach above, the Panel considered that the complainant had not established that AstraZeneca had brought discredit upon, or reduced confidence in, the pharmaceutical industry, and ruled **no breach of Clause 2**.

Complaint received 26 October 2024

Case completed 29 October 2025