



Sarah Todd/STAT News Editorial Team
STAT

19 May 2025

By Email:

Dear Sarah and STAT's editorial team,

Regarding your most recent inquiry, we are responding on behalf of Philip Morris International and its' affiliates ("PMI") and have thoroughly responded to each allegation provided to us. We expect the article to provide full context and facts and ensure our positions are fairly reflected as set out below.

STAT's conduct to date

As set out in previous correspondence with STAT, we consider that your conduct to date falls short of the principles stated in [STAT Ethics Policy](#), specifically the first and second stated principle: "*We must be dedicated to truth, accuracy, and transparency in our reporting — these principles form the bedrock of our credibility,*" and "*We are committed to objectivity and to avoiding both bias and the appearance of bias.*"

Most notably, [STAT is financially supported by Bloomberg Philanthropies](#), as are many of the groups and researchers STAT continues to interview for tobacco and nicotine-related reporting. While STAT claims it "*remains editorially independent; these funders are not involved in any decisions about our journalism,*" its conduct and reporting suggest the opposite. The consistent lack of adequate opportunity and coverage for those opposed to Bloomberg-funded groups' misguided and prohibitionist perspectives – even when provided with such, as demonstrated below and by others ([example here](#)) – are clear examples of violations of STAT's own policies.

We refer you to this principle of STAT's ethics policy: "*We ask questions whenever there is a concern or uncertainty about whether our activities could jeopardize perceptions of our impartiality or credibility.*" In this regard, what questions is STAT asking, what formal conclusion was reached, and how was it justified?

It seems to us that you have shown a disregard for the principles in your approach to the article you are proposing to write on heated tobacco products, specifically IQOS ("HTPs") (the "**Proposed Article**"). As you ought to be well aware, it is incumbent on you to report on this matter with fairness, accuracy, and impartiality in accordance with the principles, and your approach to date shows an unwillingness to reflect complete and balanced reporting.

Sources for the Proposed Article - Maintaining Impartiality

We are particularly concerned about the Proposed Article because most of the organizations you appear to have spoken to are funded by Bloomberg Philanthropies, a highly partial U.S. organization with a keen interest in advocating for bans on products like IQOS.



Campaign for Tobacco Free Kids, Vital Strategies, and the Tobacco Control Resource Group at the University of Bath (“**TCRG**”) are all significant beneficiaries of Bloomberg Philanthropies who have awarded grants of hundreds of millions of dollars over the past 10 years in funding these groups to advocate and lobby for bans on smoke-free products (like heated tobacco products (HTPs) and e-cigarettes), which are widely acknowledged by independent science to be far less harmful than traditional cigarettes. These groups are often active in countries that need smoke-free products the most due to disproportionately high numbers of smokers. The effect of this lobbying means that there are many countries such as Turkey, Thailand, Vietnam, Argentina, Brazil, and India where cigarettes and other combustible tobacco products can legally be sold, however, better alternatives for legal-age smokers are banned.

Professor Anna Gilmore and Dr. Sophie Braznell—in addition to their work at the TCRG—are spokespeople for STOP, an anti-tobacco lobbying and public relations group with no legal entity status. They have a long history of publishing highly partial, inaccurate and misleading research. For example, the BBC upheld an editorial complaint by us a few years ago based on a lack of fairness, accuracy, and impartiality, featuring a podcast with Professor Gilmore, which was subsequently removed from broadcast for (among other reasons) a series of inaccurate and misleading statements made by the Professor about PMI and IQOS. More recently, Dr. Braznell in publicizing a STOP’s deceptively misleading paper on [HTPs], made the astonishing claim on X (Twitter) that “...*there is no clear evidence that they [HTPs] are safer or less safe than other tobacco and nicotine products, **even cigarettes** [emphasis added].*” On the contrary, there is a wealth of clear evidence. However, a reader who smokes cigarettes could easily assume that Dr. Braznell’s position is that it is “safer” to continue to smoke cigarettes than to switch to an HTP. In our opinion, these authors are conspiring to mislead and deceive the public to further the agenda of their funders at Bloomberg Philanthropies.

STOP is neither unbiased nor objective and since 2018 the TCRG claims to have [received over \\$17 million](#) from Bloomberg Philanthropies with a focus on publishing often inaccurate and misleading “research” aimed at discrediting the industry and its science. The TCRG is one of the partners of STOP and their role as researchers at the University of Bath is therefore not independent of their role as a spokespeople for STOP. Vital Strategies and CTFK have received tens of millions of dollars from Bloomberg Philanthropies in addition to this.

We are concerned that STAT appears willing to act as a mouthpiece repeating false and/or misleading allegations made by sources with a clear axe to grind against PMI and its businesses.

It would not be responsible journalism, nor in the public interest to simply repeat inaccuracies (and thereby mislead the public) on matters of public health, especially now you are on notice of the true factual position (see below). As outlined above, STAT has a responsibility to ensure truth, accuracy, and transparency, and to avoid both bias and the appearance of bias.

STAT ought to be aware of the conflicts of interests and highly partial agenda (outlined above) in relying on these sources in its reporting.



PMI's Position & General Background

Notwithstanding our serious concerns with your approach to date, we set out below PMI's position in relation to the specific matters put to us on Friday, May 16. As set out below, we expect STAT will thoroughly and completely reflect our position in its reporting. We also provide an on the record statement at the end of this letter.

Please be aware that should you proceed with the Proposed Article and fail to reflect complete and balanced reporting, our full response, which follows, will be published on our corporate website – and elsewhere as we feel appropriate – on a [page](#) used to catalogue some of the more significant detailed responses we have sent to organizations that have made inaccurate and misleading allegations – many of the same allegations detailed below.

As an overarching point, everyone knows that smoking is harmful and addictive and despite the known health risks there are still around one billion people who smoke according to the World Health Organization (“WHO”), including the approximately 30 million adult smokers in the U.S. according to the U.S Food and Drug Administration (“FDA”). We all agree the best choice for health is not to start smoking, or to quit, but the reality is that many people do not quit, and they deserve better choices than continuing to smoke. This is why PMI has invested over \$14 billion globally in the development and responsible commercialization of smoke-free products such as IQOS since 2008, and as of the end of 2024, smoke-free products accounted for almost 40 percent of our global net revenues—and approximately 90 percent of our total net revenues in the U.S. Our ambition is to be a predominantly smoke-free business by 2030 with over two thirds of our revenues coming from smoke-free business. We are committed to delivering a smoke-free future and our global CEO has said cigarettes belong in a museum.

Detailed Responses

1. To begin with, the researchers who STAT interviewed and/or sourced information say that, on the risk spectrum, IQOS is likely less harmful than combustible cigarettes but more harmful than e-cigarettes because there is some combustion that takes place and so IQOS aerosol [may contain](#) some "harmful and potentially harmful" chemicals.

It's encouraging that all these groups agree with us that HTPs are a better choice than traditional cigarettes, but it is false to state that combustion takes place. PMI has never claimed heated tobacco products are safe or risk-free. As we have made consistently clear publicly (including on our website), we agree the best choice for any adult smoker is to quit altogether and those not already using tobacco products should not start. However, we are clear that switching completely to a smoke-free alternative is the better choice for any adult than continuing to smoke.

[Numerous independent studies](#), including extensive review leading to authorization by the FDA confirm that our heated tobacco product IQOS heats tobacco without burning it and therefore provides a significant reduction of the harmful and potentially harmful compounds (“HPHCs”) found in cigarette smoke. Our studies show that IQOS emits on [average 90-95 percent lower levels](#) of harmful chemicals compared with cigarettes.

- Note: The approach used by PMI to substantiate reduced emissions for consumer-facing product statement is based on the WHO 9 list. This is a list of nine priority HPHCs proposed



by the WHO Study Group on Tobacco Product Regulation for mandated lowering in cigarette smoke, which does not include nicotine.

The allegation that *IQOS* causes combustion is demonstrably false. For example, the generation of smoke from tobacco combustion leads to the formation of solid particles, with a median diameter below 100 nm. Conversely, the *IQOS* aerosol contains liquid droplets comprised of mainly water and glycerin. *IQOS* [does not generate solid particles](#) (see also [Investigation of solid particles in the mainstream aerosol of the Tobacco Heating System THS2.2 and mainstream smoke of a 3R4F reference cigarette - P Pratte, S Cosandey, C Goujon Ginglinger, 2017](#)).

The absence of combustion in *IQOS* is further supported by the FDA following its extensive scientific review of PMI's *IQOS* Modified Risk Tobacco Product ("**MRTP**") application, which [found](#): *"The low temperature in the IQOS system (~ 350°), the lack of an exothermic process, the similar levels of HPHCs in the presence and absence of oxygen, and the low level of nitrogen oxides in the aerosol of the IQOS system with Heatsticks suggest that combustion does not occur in the IQOS system with Heatsticks when it is used as intended. There is sufficient evidence to support the following statement: The IQOS system heats tobacco but does not burn it."*

The report cited in the allegation also wrongfully suggest that the minimal levels of carbon monoxide (CO) in *IQOS* aerosol proves that combustion occurs—which, again, is false. First, CO is something that all humans exhale at background levels. Second, [FDA determined that](#) *".... CO is present in IQOS aerosol at substantially lower levels than cigarette smoke. It is still present at minimal levels because CO can also be formed by thermal decomposition (pyrolysis) of tobacco constituents."* Further, FDA's Premarket Tobacco Product Application ("**PMTA**") authorization required [removal](#) of the Surgeon General's warning that *"Cigarette Smoke Contains Carbon Monoxide"* [because](#) *"...the carbon monoxide exposure from IQOS aerosol is comparable to environmental exposure..."*.

While the significant reduction in harmful and potentially harmful constituents in *IQOS* aerosol compared to cigarette smoke has been clearly established, a small number of constituents are found to be higher in *IQOS* aerosol, due to fundamental differences in product design. The differences in these constituents are detected at thresholds below 100 nanograms/item and the low total concentration was not considered to be a risk in authorizing the products as "modified risk" by the FDA. Furthermore, analysis on the aerosol has demonstrated a significantly lower toxic potential overall, compared to cigarette smoke. The toxicological risk of any of the constituents found at low levels in *IQOS* aerosol is significantly outweighed by the reduction in exposure to known HPHCs in cigarette smoke that cause smoking-related diseases.

Thus, the significant reductions in HPHCs, such as benzo[a]pyrene and carbon monoxide, is due to *IQOS* heating tobacco rather than burning it. This has been confirmed by both PMI's science and numerous independent studies confirming *IQOS* does not produce smoke, including:

- <https://doi.org/10.1016/j.yrtph.2016.10.001>
- <https://doi.org/10.1016/j.tca.2019.178475>
- <https://doi.org/10.3390/toxics11120947>

FDA granted *IQOS* a reduced exposure claim in 2020, but did not authorize reduced risk claims, in part, because *IQOS* had only been available for less than ten years and longer-term evidence was considered necessary. Importantly, to this point, FDA's MRTP review and authorization of *IQOS*



concluded that *“The scientific evidence that is available without conducting long-term epidemiological studies demonstrates that a measurable and substantial reduction in morbidity or mortality among individual tobacco users is reasonably likely in subsequent studies.”* In your inquiry, you noted you would include the reduced exposure claim in the Proposed Article and, if so, this conclusion from the FDA should also be included.

Overall, the approach of the public health commentators you spoke with is misleading because there is no question that *IQOS* still exposes users to HPHCs but what these commentators consistently fail to explain to the public is that the average levels of these HPHCs is significantly lower than cigarette smoke. This approach of only noting the potential harm of HTPs without the comparison to cigarettes could lead legal-age smokers to wrongly believe that HTPs are just as or more harmful than cigarettes – or to put it another way, that it is safer to continue smoking.

2. Those who STAT interviewed and/or sourced information allege *IQOS* marketing tactics, “such as Apple Store-like retail fronts and private concerts by musicians like Lauryn Hill, could prompt young people who do not already smoke to start using *IQOS*.”

This question includes demonstrably false claims. It is simply not true that our HTPs are being marketed to those under the legal age of purchase. For example, *IQOS* is not used in the sponsorship of any sporting events, PMI does not have official accounts on TikTok for marketing or otherwise, and X (formerly Twitter) is only used by *IQOS* for customer care. Any third-party event we sponsor in the U.S. has a clear requirement for at least 85 percent of the audience to meet the legal age for purchasing tobacco products and digital marketing is directed at legal-age adults on platforms with age verification measures in place. Additionally, PMI’s robust marketing code does not allow marketing that appeals to minors (e.g., we don’t use cartoons, youth-oriented celebrities, or models who are or appear to be under the age of 35 nor engage in product placement in movies or on television – and we decline every request we receive in relation to the same).

Opening retail stores is neither unusual nor unique to the United States. We have successfully deployed *IQOS* stores at launch in most markets where *IQOS* is present, because this enables us to explain the product to legal-age consumers and support them in their journey to switch away from cigarettes completely (for example, how to operate and clean the device, improving their understanding of the scientific differences of *IQOS* to cigarettes (absence of combustion) and how this alters the taste which is quite different to cigarettes). It also helps to ensure that we reach only legal age (21+) adult smokers.

In the U.S., when reviewing the available data, the FDA, as part of its scientific review process to grant PMTA authorization, [noted](#): *“available data, while limited, also indicate that few non-tobacco users would be likely to choose to start using *IQOS*, including youth.”*

Furthermore, [available evidence](#) shows that unintended use among youth is very low in the more than 70 markets where *IQOS* is currently available. For example, in Japan (our biggest and most mature market for heated tobacco products where independent data shows that cigarette sales have declined [5 times faster](#) since the introduction of *IQOS* in 2014), the [2022 Lifestyle Survey of Adolescents](#), a nationwide cross-sectional survey of Japanese youth conducted for comprehensive research on lifestyle-related diseases by the Ministry of Health, Labour and Welfare, Health Science Research Fund, found 0.3 percent of junior and senior high-school students report current use of HTPs.



In fact, the data shows ([see p. 46 of our investor information](#)) that 82 percent of *IQOS* consumers are over the age of 29, illustrating that *IQOS* is being adopted by its intended audience – legal-age adults who were formerly smoking.

Additionally, the cited concert took place in a controlled, 21+-only venue for guests and legal-age smokers to learn about *IQOS* and sign up for the “Be the First” waitlist. Notably, the event was invite-only and ID’s were checked before entering. PMI goes to great lengths to ensure that artists we collaborate with have suitable age demographics and it’s worth noting that Wyclef Jean and Lauryn Hill have been performing since the 1990s when their break-through second album “The Score” was released by the Fugees. Therefore, to suggest the goal of the private, invite-only, and age-verified concert was to attract youth is simply wrong.

3.) STAT asked for a general response to [calls](#) from researchers for more independent, long-term trials about *IQOS*’ health impacts, linking to a systematic review that found 29/40 studies on *IQOS* were affiliated with/conducted by the tobacco industry and that 31/40 trials lasted five days or less)

This claim is extremely misleading. For starters, there are more than 750 independent studies on HTPs, [including numerous studies from government agencies around the world](#).

For years, STOP, the TCRG, and other Bloomberg-funded prohibitionist groups have consistently and systematically ignored any scientific evidence— whether independent, from a government agency, or the industry—which does not suit the narrative they wish to portray, and which you purportedly seem willing to publicize in your reporting, contrary to STAT’s ethics policy.

Our claims about *IQOS* are based on a rigorous, multi-step scientific assessment, which includes product design and control principles, aerosol chemistry, physics, and indoor air quality studies, as well as non-clinical and clinical assessment, perception and behavior research, and post-market studies and surveillance. To accurately assess the risk of diseases that develop over decades and determine the potential for risk reduction with a modified risk tobacco product, it is essential to consider the full body of evidence rather than isolated studies or endpoints. The totality of evidence available on *IQOS* clearly shows that it poses less risk of harm compared with continued smoking and can reduce the risk of smoking-related diseases compared with continued smoking—and, therefore, has a different risk profile. Although addictive and not risk-free, switching completely to *IQOS* is a much better choice for legal-age smokers compared with continued smoking. As stated above, our research demonstrates that, by eliminating combustion, the levels of harmful and potentially harmful constituents (HPHCs) are reduced on average by 90-95% in *IQOS* aerosol compared with cigarette smoke.

We have further demonstrated that this substantial reduction translates into a reduction in toxicity in laboratory models and multiple clinical studies show reduced exposure to HPHCs approaching levels observed with smoking cessation. In our one-year exposure response study, which involved a six-month study followed by a six-month extension study, we measured eight biomarkers of potential harm (“**BoPH**”) involved in pathomechanistic pathways relevant for diseases associated with smoking. Study results showed that smokers who switched from cigarettes to *IQOS* for 12 months had favorable changes in all eight BoPH, in the same direction as smoking cessation. Moreover, recent findings from a cross-sectional risk marker study further substantiate the



benefits of switching to IQOS compared with continued smoking by showing favorable differences in nine BoPH after at least two years of IQOS use while providing real-life data on IQOS users who chose to switch to it without intervention (study not yet published).

PMI's scientific assessment extends beyond aerosol chemistry, toxicology, and clinical studies. It also includes systems toxicology, an approach that examines the comparative biological impact of IQOS aerosol and cigarette smoke on large networks of molecular and functional changes occurring across multiple levels of biological organization (e.g., molecular, cellular, tissue, organ, whole organism) that, if disrupted, can lead to disease.

Our practices are inspired by the pharmaceutical industry and are aligned to the 2012 draft guidance for MRTP application issued by the FDA's Center for Tobacco Products. And, as previously stated, the numerous independent studies examining HTPs and concluding similar results demonstrates the robustness and thoroughness of our scientific practices, for example:

- A systematic review conducted by independent researchers based in the UK evaluated clinical trials that could demonstrate the effectiveness and safety of HTPs in quitting smoking. Comparing tobacco specific nitrosamines levels (NNAL) among HTP users compared to smokers, the authors concluded there was "moderate certainty evidence" that NNAL levels were lower among HTP users compared to smokers. It is important to note that the moderate certainty grade was downgraded from "high certainty" because of a perception of high risk of bias suggesting that a 'worst-case scenario' still shows evidence of a reduction in exposure to nitrosamines. ([Heated tobacco products for smoking cessation and reducing smoking prevalence - Tattan-Birch, H - 2022 | Cochrane Library](#)).
- Furthermore, the FDA, German Federal Institute for Risk Assessment (BfR) and many other government agencies have conducted actual emissions test that consistently support reductions in toxicants from HTPs compared to cigarettes. [The BfR concludes](#) *"that levels of major carcinogens are markedly reduced in the emissions of the analyzed HNB [Heated Tobacco] product in relation to the conventional tobacco cigarettes and that monitoring these emissions using standardized machine smoking procedures generates reliable and reproducible data which provide a useful basis to assess exposure and human health risks."*

Overall, the findings from every line of evidence converge on a single conclusion: switching to IQOS has the potential to reduce the risk of smoking-related diseases compared with continued smoking.

In conclusion, the claim that our science should be discounted is nothing but an attempt to censor and stymie progress. PMI has provided extensive evidence of the potential reduced risk of IQOS compared with continued smoking. While IQOS is not risk-free, the evidence supports our claims, and we welcome further independent review on our smoke-free products.



4.) Anti-tobacco advocates interviewed by STAT allege PMI is trying to “evade regulation by putting IQOS on the U.S. market and getting people hooked on the product before there is sufficient science on long-term health impacts.”

This is a purposefully false and misleading claim and does not take reality into account. Under the [Family Smoking Prevention and Tobacco Control Act](#), which was enacted in 2009, IQOS is subject to the same regulations as other tobacco and nicotine-containing products. IQOS is the only HTP to have received FDA authorizations, following multi-year reviews of over one million pages of evidence which also included hearing public commentary from health groups such as some of those you have spoken with. PMI has received [marketing authorizations](#) (“PMTAs”) and [modified risk tobacco product](#) (“MRTP”) orders with reduced exposure claims from the FDA for two versions of IQOS which enables PMI to lawfully sell and market IQOS in the United States with the following claims:

“AVAILABLE EVIDENCE TO DATE:

- *The IQOS system heats tobacco but does not burn it.*
- *This significantly reduces the production of harmful and potentially harmful chemicals.*
- *Scientific studies have shown that switching completely from conventional cigarettes to the IQOS system significantly reduces your body’s exposure to harmful or potentially harmful chemicals.”*

Unfortunately, anti-tobacco advocates also allege that IQOS is a way to undermine public smoking bans, which is absolutely false. PMI operates in compliance with all local laws and regulations. We respect the authority of governments to implement appropriate measures that protect public health, including by restricting smoking in public places. We ensure that our marketing and sales practices for our products adhere to these regulations, including to the extent applicable to smoke-free products which are fundamentally different from traditional cigarettes because they do not burn tobacco or create smoke.

These groups also make numerous calls to action for governments (i.e. lobbying) not to differentiate HTPs from cigarettes for tax purposes and other regulatory issues. We have always been clear that regulations should continue to dissuade people from starting to smoke and encourage cessation. But it’s equally clear that millions of men and women will continue to smoke, and they should have the opportunity to switch to better alternatives. Regulation is a key enabler for innovation and consumer innovations driven by science and require a commonsense regulatory approach that distinguishes the most harmful products, such as cigarettes, from better alternatives to encourage those adult smokers who don’t quit to switch to them. Products like IQOS are fundamentally different from cigarettes and represent a better choice for adults than continuing to smoke and, as such, should be recognized for their potential for improving public health.

In the U.S., where PMI has never sold cigarettes, we are accelerating the availability of IQOS to reduce the prevalence of cigarette use. Hence, the allegation that we are “hooking” anyone on the product is false – we are switching legal-age smokers away from cigarettes—the most harmful way to consume nicotine.

PMI spent years researching and compiling a substantial application for IQOS to be allowed to be commercialized in the U.S. through FDA’s [“rigorous science-based” PMTA review](#). As noted in



FDA's PMTA authorization, PMI is "required to report regularly to the FDA with information regarding the products on the market, including, but not limited to, ongoing and completed consumer research studies, advertising, marketing plans, sales data, information on current and new users, manufacturing changes and adverse experiences. **The FDA may withdraw a marketing order if it, among other reasons, determines that the continued marketing of a product is no longer appropriate for the protection of the public health, such as if there is an uptake of the product by youth" (emphasis added).** Additionally, FDA's MRTP authorization of IQOS also [requires](#) PMI "to conduct post market surveillance and studies to determine the impact of these orders on consumer perception, behavior and health, and to enable the FDA to review the accuracy of the determinations upon which the orders were based. These post market requirements include a rigorous toxicity study using computer models to help predict potential adverse effects in users. The orders also require the company to monitor youth awareness and use of the products to help ensure that the marketing of the MRTPs does not have unintended consequences for youth use. The company must also keep the FDA apprised of efforts to prevent youth access and exposure."

Further, and as noted above in question two, the data supports that IQOS is not being adopted by non-smokers or youth at any significant levels and is, in fact, being used exactly by its intended audience – legal-age adults who would otherwise still be smoking cigarettes.

5. Those who STAT interviewed and/or sourced information claim PMI's "survey data showing that smoking quit rates among IQOS users in Japan are around 70% may be skewed because the surveys are directed at IQOS customers, who are more likely to respond when they are satisfied with products. (ITC's general-population survey suggested quit rates are more like 15-22%.) The upshot being that dual use of both IQOS and cigarettes may be happening more than PMI survey data suggests."

Sadly, this is a claim many of these groups continue to make and is factually wrong. Real life observations in Japan show that smoking rates and cigarette sales are decreasing, not increasing. The data from millions of consumers around the world consistently show that IQOS is a pathway out of smoking, with over 70 percent of IQOS users globally having switched completely away from cigarettes. In short: it is not causing people to start smoking. Our data demonstrate a conversion rate of 72% ([see slide 42](#)), where legal-age smokers have fully switched to IQOS and stopped smoking. The remaining percentage of users are dual users, normally in various phases of switching fully away from cigarettes. Clearly, this is not the "vast majority of users", or even the majority.

Even more, data from the Japanese Ministry of Health shows exclusive smoking at a record low, particularly among women, where around 10 percent of the female adult population still smoke, while the prevalence of male smokers has dropped by almost 50 percent since the year 2000. Additionally, total tobacco sales (cigarettes and HTPs combined) are not increasing, illustrating that those using heated tobacco are not using them in addition to cigarettes in large numbers.

To give some sense of perspective, there were over 32 million IQOS legal age users in the world at the end of 2024—a large proportion in Japan alone—which shows there is more than enough real-world data to demonstrate that this claim is false



6. Regarding the Proposed Article mentioning the [letter](#) from several Bloomberg-funded health groups to regulators last year on IQOS:

The allegations in the letter from these Bloomberg-funded groups are baseless and need to be seen within the context of why they were written. These groups have done everything they can to try and frustrate the development and successful commercialization of better smoke-free products such as IQOS, even if that means misleading the public and policymakers. Having been seemingly disappointed that the FDA granted authorizations for IQOS in 2019 and 2020, this letter (as part of the public consultation on the renewal process for the IQOS MRTP applications) seeks to persuade the FDA not to renew the IQOS applications. One could be forgiven for thinking these groups would rather Americans kept smoking cigarettes if they don't quit.

Conclusion

For the reasons outlined above, it is our view that the Proposed Article is based on the accounts of biased and inaccurate sources of information, which, if repeated wholesale, would produce an article littered with inaccurate and/or defamatory allegations about PMI that will mislead the public on matters of public health.

If you nevertheless intend to proceed with publication of an article based on these sources, we encourage you to carefully consider our position above and ensure that it is fully reflected in the article in a fair, accurate, and impartial manner. Should there be other allegations made against PMI or our products, including using one study or report to justify a claim, we expect the opportunity to respond prior to publishing.

Please also include this on the record statement in full:

Statement for attribution to PMI Global Chief Communications Officer, Dr. Moira Gilchrist:

--Starts--

"It is an absolute detriment to public health that some lobbyists continue to deny the scientific reality that IQOS is a better alternative than continued smoking by legal-aged adults. The fact is IQOS is the only electronic nicotine system to be authorized by the FDA as Modified Risk Tobacco Products. More than 20 million adults around the world have switched to IQOS and stopped smoking. Americans deserve to make the same choice, despite what these prohibitionists think."

--Ends--

If any article that you may publish contains false allegations (particularly where we have corrected these above) and/or is not fair, accurate, and impartial, we reserve our rights in full.

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