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The Failed War on Cancer

Editorial

July 12, 2008 - Conservative writer and former Bush press secretary Tony Snow died of colon cancer at the age of 53 (1). But did he have to die? Critics of America's national cancer program say that despite proclamations of progress America's "war on cancer" is in shambles. We're losing the war.

Since President Nixon declared the war on cancer in 1975, more people are diagnosed with cancer every year and more people are dying than ever before. The percentage of people dying has remained constant since the war on cancer began (2). In 2008 it is predicted that 1,500,000 Americans will be diagnosed with cancer and 750,000 will die notwithstanding the best conventional treatments. Of these cancers more than 150,000 Americans are diagnosed every year with colon cancer and 50,000 will die (3). America put a man on the moon but we still can't cure cancer – we aren't even close.

Despite nearly 3 trillion dollars into research and treatment, America has no plan to prevent cancer and no plan to discover or incorporate real innovation into its "war on cancer. It has been estimated that less than two percent of the budget of the National Cancer Institute and the American Cancer Society is focused on prevention. Of this paltry sum, most is spent on diagnostic procedures like colonoscopies and mammograms which are wrongly included in the budget as prevention.

"Virtually every significant effort to investigate and validate alternative and innovative methods of cancer prevention and treatment has been buried by the National Cancer Institutes and the American Cancer Society. The fixation on chemotherapy and radiation therapy has doomed all efforts to cure this deadly disease." – Frank Wiewel, former Chairman, Pharmacological and Biological Treatments Committee, Office of Alternative Medicine, National Institutes of Health, and Founder, People Against Cancer.

Wiewel argues that, "Cancer incidence is up. Cancer death is up. By every measure, we are losing the war on cancer. We are going over the same old ground ignoring prevention and using the same old tools of chemotherapy, radiation and drugs. What is desperately needed are significant new efforts toward prevention and real innovation in treatment."

Many of Mr. Wiewel's colleagues agree:

"The war on cancer is a bunch of shit." – James Watson, discoverer of DNA, Nobel Laureate.

Dr Watson, a member of the National Cancer Advisory Board, said that the National Cancer Plan was having no impact and more than doubling of funds had merely doubled the pre-existing programs. "As for those claims of steady progress," Dr. Watson charges that "the American public is being sold a nasty bill of goods. While they are being told about cancer cures, the cure rates [since the 1950s] average only about one percent."

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“For much of history, the cancer war has been fighting the wrong battles, with the wrong weapons, against the wrong enemies. The campaign targeted the disease and left off the table the things that caused it. The result is appalling - over 10 million preventable cancer deaths over the past thirty years. This has been no accident. The official cancer effort was directed by leaders of industries that generated a host of cancer-causing materials and products. Their economic interest lay in making the disease less deadly but never in preventing it altogether. This is the story of a major public health effort diverted and distorted for private gain, at the cost of million of lives.” - Devra Lee Davis, member National Academy of Sciences, The Secret History of the War on Cancer. (4)

“Everyone should know that the war on cancer is largely a fraud, and that the National Cancer Institute and the American Cancer Society are derelict in their duties to the people who support them.” (5) – Linus Pauling, two-time Nobel Laureate.

Pauling, one of the premier minds of the 20th century said, *“I have never observed a disease that was not directly linked to a significant nutritional deficiency.”* Based on this observation, Pauling founded Orthomolecular Medicine to study the role of nutrition in the prevention and treatment of disease. His work on Vitamin C with Dr. Ewan Cameron produced significant improvements in survival in those who took high doses of vitamin C. Pauling himself took 18,000 mg of vitamin C each day and continued to work full time until he died at age 93.

The Failure of Early Detection and Treatment

Other critics agree, Dr. Hardin B. Jones, a professor of physiology and medical physics at the University of California, Berkeley, said, *“Evidence for benefit from cancer therapy has depended on systematic biometric errors.”*

“In the matter of duration of malignant tumors before treatment, no studies have established the much-talked-about relationship between early detection and favorable survival after treatment,”

“Neither the timing nor the extent of treatment of the true malignancies has appreciably altered the average course of the disease,” and “the possibility exists that treatment makes the average situation worse.”

Dr. Ian MacDonald, internationally known cancer surgeon, now deceased, presented extensive data on breast cancer in the *American Journal of Surgery* (March 1966) and concluded that *“the massive educational, diagnostic and therapeutic attack on mammary carcinoma of the past two decades has failed to alter rates of incidence and mortality of this most frequent malignant neoplasm in female patients. Reports on the therapy of mammary cancer in the surgical literature often lack significance through selected samples of small size and the lack of statistical validation.”* When the statistical errors are accounted for, he added, the corrected data *“lend little if any support to the case for ‘early’ diagnosis.”*



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The Failure of Cancer Treatments

There is no money in the cure. The money is in the treatment. – Comedian Cris Rock. The inescapable conclusion is that in the existing paradigm, there is *no* incentive to cure cancer-only to treat it.

Chemotherapy

In response to claims by the National Cancer Institute (NCI) of the excellent effectiveness of chemotherapy treatments, Dr. Dean Burk, serving as head of the Cytochemistry Division of the NCI, addressed a letter to his boss Dr. Rauscher, which stated, *“I submit that a program of FDA-approved [chemotherapy] compounds that yield only five-to-ten percent 'effectiveness' can scarcely be described as 'excellent,' the more so since it represents the total production of a 30-year effort on the part of all of us in the cancer-therapy field. Even that five-to-ten percent effectiveness,”* he adds, *“is suspect, possibly being more than offset (in the majority of patients who do not benefit from chemotherapy) by shorter survival and lower quality of remaining life occasioned by the (widely acknowledged) great toxicity of nearly all approved chemotherapies, most of which, are capable of causing cancer in their own right.”*

Researchers at Oxford University in England published a paper which concludes that the best treatment for inoperable lung cancer is *no* treatment. In the study, patients were divided into three groups, those receiving no treatment, those receiving continuous single-agent chemotherapy and those receiving an intermittent combination of chemotherapies. The conclusion: no treatment *“proved a significantly better policy for patients' survival and for quality of remaining life.”*

In the *Archives of Internal Medicine* researchers comparing treated and untreated individuals suffering from Hodgkin's disease found, *“...after one year from diagnosis, the survival of untreated patients is better [emphasis added] than that of those who received subsequent therapy.”* (6)

The Journal of the Royal Society of medicine, published an article by British researchers Temple and Burkitt entitled, *War on cancer: failure of therapy*. The researchers wrote, *“...most of the expense and effort devoted to the management of cancer is directed towards early diagnosis (screening) and improved therapy. Evidence has steadily accrued that this strategy is essentially a failure: little impact has been made on the toll taken by the major cancers. Medicine should admit its severe limitations in therapy and redirect itself. Using the fruits of an expanded research programme into such areas as diet and exercise, medicine should strive to apply this knowledge to cancer prevention.”* (7)

Scientific American featured a recent cover story entitled: "The War on Cancer -- It's Being Lost." In it, eminent epidemiologist John C. Bailar III, MD, PhD, Chairman of the Department of Epidemiology and Biostatistics at McGill University cited the relentless



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increase in cancer deaths in the face of growing use of toxic chemotherapy. He concluded that scientists must look in new directions if they are ever to make progress against this unremitting killer.

In a comprehensive review in 2005, entitled *The War on Cancer: An Anatomy of Failure - A Blueprint for the Future*, Dr Guy Faguet wrote, “*Despite the most assiduous and lengthy efforts by the largest number of researchers ever assembled to conquer a disease, most advanced cancers respond only marginally to cytotoxic chemotherapy drugs.*” (8)

In an exhaustive review of cancer therapy entitled *Chemotherapy Heals Cancer and the World is Flat*, author Lothar Hirneise states, “*Sooner or later the use of chemotherapy will go down in history as medical malpractice, and it is certainly a medical error today to use it and the sole means of treating breast cancer, colorectal cancer, prostate cancer, pancreatic cancer or lung cancer.*” (9)

Radiation

Speaking at the Sixth National Cancer Conference in 1968, Dr. Phillip Rubin, director of the Division of Radiation Therapy at Washington University School of Medicine said: “*The clinical evidence and statistical data in numerous reviews are cited to illustrate that no increase in survival has been achieved by the addition of irradiation.*” Sharing the same platform, Dr. Vera Peters of Princess Margaret Hospital in Toronto added: “*In carcinoma of the breast the mortality rate still parallels the incidence rate, thus proving that there has been no true improvement in the successful treatment of the disease over the past 30 years, even though there has been technical improvement in both surgery and radiotherapy during this time.*”

According to research presented at the World Congress on Controversies in Urology in February 2008, “*The failure of radiation therapy [for prostate cancer] reaches 50% at 15 years... and the radiation patient remains with severe complications.*” The researchers stated, “*Furthermore, recurrent prostatic cancer after radiation therapy is a significant disease that should be considered to be multifocal.*” (10)

In the journal *Radiology*, researchers concluded in the treatment of lung cancer, “*...the actual prolongation of life was discouragingly small. Of the patients given radiation, only four percent more were alive at the end of one year, and their median survival time was only 30 days longer than that of those who received an inert compound (lactose).*” (11)

Summary and Recommendation - A Complete Overhaul of the War on Cancer

“*We need a complete overhaul of the agencies conducting the ‘war on cancer.’ The National Cancer Institute should be immediately dismantled. A new agency, governed by a ‘citizens advisory board’ should be focused on the prevention of cancer and innovative new treatments which come from outside the existing cancer paradigm,*” says Frank Wiewel. Mr. Wiewel served for 6 years on the National Advisory Board of the Office of Alternative

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Medicine in the National Institutes of Health. Mr. Wiewel wrote in the Journal of the American Medical Association (JAMA) *“Increasingly we see our friends and family members dying of cancer after devastating treatments feared more than the disease itself. As a nation, we can not overlook any alternatives for any reason.”* (12)

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