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Chemotherapy The 2-percent solution

by David Crowe

Shaving heads for cancer is an ironic ritual mimicking a side effect of cancer treatment, not a symptom of the disease. It raises money to make mainstream treatments easier to obtain, not to make cancer harder to get. It sends a strong message that these treatments are effective.

Evidence published by cancer scientists in medical journals is beginning to question this message.

Despite this evidence initiatives like the Canadian Strategy for Cancer Control work from the assumption that existing chemotherapy treatments, albeit imperfect, are effective and will continue to improve. They claim, like many others before them, that "new and better tolerated [chemotherapy] treatments have an impact on survival...for a number of common cancers."

Chemotherapy uses cytotoxic (cell-killing) drugs to target cell division or other subtly different characteristics of cancer cells, hoping to destroy the cancer without killing or permanently disabling the patient.

War Games

Chemotherapy began with the chemical warfare agent known as mustard gas, first used in World War I. When scientists discovered its ability to destroy white blood cells, it was used in early attempts to control lymphoma, a cancerous proliferation of white blood cells. The chemical approach to cancer treatment evolved rapidly after World War II, producing many of the 76 oncology drugs now approved, all based on the theory that cancer treatment must be a war between the doctor and the cancer cells, with the patient as the battlefield.

The "War on Cancer," or *National Cancer Act*, signed into US law by President Nixon in 1971, dramatically increased research for the types of cancer treatment that dominate today. Other industrialized nations, including Canada, fell in line as US cancer money spilled over the borders in international clinical trials.

Cancer as Infection

Long-time cancer researcher and author of *The War on Cancer: An Anatomy of Failure, A Blueprint for the Future* (Springer, 2005), Guy Faguet, notes that the conventional approach to cancer treatment is based on the model of infection. "The notion [is] that cancer, like invading bacteria, is inherently different from the host and must be thoroughly eradicated in order to prevent recurrences and death," writes Faguet. Just as medicine tries to destroy all germs, it is believed that every cancer cell must be destroyed, even though cancer cells are derived from our own cells and targeting them can be difficult. The thought of living with cancers when they are slow growing (as many breast and prostate cancers are, for example), is scorned by medical practitioners. Their emphasis is on expensive, patented, and highly toxic cell-killing chemicals.

Response, Not Cure

Even the measurement of progress in cancer treatments emphasizes the tumour, not the patient. A response to conventional cancer treatment means only that the tumour is shrinking. Allopathic treatment decreases the quality of the patient's life in the short term, offering hope (often in vain) that the diminished growth of the cancer will improve lifespan.

In 1948 experiments with chemotherapy for lung cancer resulted in a response in about half of the patients, but a median lifespan of only five months. Fifty years later a large trial reported a smaller response rate (16 to 21 percent) with four different chemotherapy regimens but a slightly longer median survival of about eight months. This illustrates both the lack of correlation between response and survival rates and the minimal progress that has occurred in half a century.

In high dose chemotherapy, a woman's bone marrow (the source of immune system white blood cells) is severely depleted, always requiring a marrow transplant for survival. However, recent studies showed no benefit from this technique.

Three Australian cancer researchers recently undertook a medical literature search of studies reporting a five-year survival rate in cancer patients that was solely attributable to chemotherapy treatment. They concluded that chemotherapy only makes a minor contribution to cancer survival; this treatment is responsible for just over 2 percent of cancer patients surviving for five years in both the US and Australia.

In addition, the authors stated that "where assumptions were made, we erred on the side of over-estimating the benefit." The researchers did not evaluate the quality of the studies or their funding sources, even though clinical trials may be biased toward new drugs when pharmaceutical companies are the funders of the trials. It is plausible, then, to conclude that chemotherapy provides almost no overall benefit. While some people with uncommon cancers (such as some types of leukemia, or Hodgkin's disease) do benefit from chemotherapy, others are harmed by their treatments.

Can You Trust the Trials?

Believing in the efficacy of chemotherapy requires trust in the integrity of clinical trials, and that trust might be misplaced. The BBC reported in early 2006, for example, that a Norwegian scientist entirely fabricated the names of patients and their case histories for a cancer study he published in the prestigious journal *The Lancet* in October 2005.

In 1994 a Canadian doctor, Roger Poisson, was found to have falsified data on some breast cancer patients to allow their enrollment in a cancer trial. It was eventually revealed that in 13 additional clinical trials, Poisson had falsified data in a total of 115 instances. This fraudulence may be at least partly explained by the drug company practice of making payments to doctors for each patient enrolled in a clinical trial.

Prevention Trumps Treatment

The best way to avoid cancer therapy is to avoid cancer through prevention. True prevention includes drinking pure water and eating fresh, organic and raw foods. Since we are increasingly surrounded by polluted air, water, and soil, cancer prevention must include making our environment cleaner. Supporting an environmental group or lobbying your local politicians to take the health impacts of environmental degradation seriously are important steps.

Be skeptical of the cancer industry's prevention-as-detection message. Both mammograms for breast cancer and PSA screening (and resultant biopsies) for prostate cancer are questionable: They raise the number of unnecessary interventions and, in the case of mammograms, may themselves contribute to cancer risk. Neither mammograms nor PSA tests (or digital rectal exams) have been categorically proven to reduce cancer mortality in a large population.

Choose Your Path

When cancer does strike, there are no easy decisions. You may decide to follow the mainstream route of radiation and chemotherapy, using nutrition and alternative treatments to mitigate the symptoms. Be skeptical of offers to participate in a clinical trial, particularly preliminary Phase I and II trials; they are not designed to test the full protocol of the drug. For every major claim made, request the scientific paper that supports it.

A lonelier road is to investigate alternative treatments yourself. In some cases, obtaining these treatments may mean leaving Canada, which can be expensive.

The Canadian medical system funds many unsafe and ineffective conventional medical treatments because they are popular with doctors. Alternative treatments, though they can be safe and effective, are unfunded or even outlawed because they threaten the power and prestige of the medical establishment.

About the Author

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