U. Abel summary of the most important key sentences from his book

(1) Abel U. The cytostatic chemotherapy of advanced epithelial tumors. a critical

Inventory. Hippocrates Verlag Stuttgart. (1990) ISBN 3-7773-0967-2.

(Excerpt from the Preface): "Even today, after several decades of intensive clinical treatment research cytostatic substances lacking for most cancers any evidence that the these substancesconducted cancer treatment in their main application area, namely in advanced stages of the disease, exerts a favorable influence at all on life expectancy. The commonly widespread success stories are, in terms of epithelial cancers, at least misleading. They are usually based on false conclusions from a lack of data. "

U. Abel: summary of the most important from the perspective of Dr. Wedekind key sentences of the book (1):

"Small cell bronchial carcinoma: Small cell bronchial carcinomas account for about 20% of all newly diagnosed bronchial carcinoma from. As a result of their early metastasis and the rapidTumor growth have lead an extremely poor prognosis and, when the disease on the Hemithorax has spread ("extensive disease"), almost invariably within 5 years to death. In Seifter and Ihde (1988) indicated a summarized from 6 studies 5-year survival rate of approximately 1.4%. The Cancer Registry of Norway is in the diagnostic period 1972-75 in advanced lung cancer with Distant metastases at 3-year survival rates of 1-3%. As can be seen from Tab. 3a, small-cell bronchial carcinoma is the only epithelial cancer, for the good direct evidence (*) for life-prolonging effect of chemotherapy exists. This effect is especially by 2 studies of chemo therapy vs untreated controls as established:

-. In a comparison of 57 patients treated with cyclophosphamide Pat with 87 controls with "extensive disease" resulted

for the chemotherapy arm a sign. ($p < 0.0005$) better prognosis with a median survival of 4.5 months vs 1.5 months (Green et al., 1969).

- In a 3-arm randomized study was conducted in 52 evaluable inoperable patients (22 with limited and 30

with "extensive disease" ifosphamide (n = 120) with ifosphamide + CCNU (n = 19) and placebo (n = 20) were compared. the

Control group was completed ahead of schedule due to unfavorable results. Led both chemotherapy regimens to significantly ($p < 0.01$) longer survival than the control (median survival time 4.5, 4.7 and 2.0 months)

(Krokon et al. 1982).

The overall conclusion is that the life-prolonging effects of cytostatic chemotherapy in small cell Bronchial carcinoma as seems assured. But the results are not showing through, and the balance between the side effects of the therapy and the rather modest results always arises anew. "

Note WW: The advantage of several months of survival during chemotherapy does not appear to me to be significant enough to chemotherapy with the side effects and reduced quality of life in To take purchase. This must be made clear to the patient because he has the final decision, whether he is chemotherapy or other treatments or simply a non-treatment decision.

Non-small cell bronchial carcinoma: a chemotherapy was at in 6 randomized trials advanced non-small cell lung carcinoma with untreated controls compared. In all studies, section of the chemotherapy better than the control, but only in 2 studies, the advantage was stat.significant.

Conclusion: As insgesamtes conclusion would be noted that for the advanced non-small cell bronchial carcinoma weak evidence of a beneficial effect of chemotherapy (cisplatin combinations

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specifically included) exist on prognosis. It is clear that it is the most minor effects

Life extensions is that a permanent use longer toxic therapy does not automatically justify. This view is shared by the authors of many review articles. It is certain Hansen (1987)

Right to be provided with at the lack of therapeutic success clinical trials toxic

Maximum criticized therapy in non-small cell lung cancer. "

"Colorectal cancer: There exist neither direct nor indirect evidence * that the chemotherapy prolonged the survival of the patient. In no randomized trial has been a significant survival difference between various chemotherapeutic agents found. "

"Stomach cancer: The overall conclusion is that so far no clear evidence for a life-prolonging *

Effect of chemotherapy in advanced gastric cancer exists. This is consistent with the rest of the U. Abel summary of the most important key sentences from his book

unanimous opinion of the authors of review articles (eg Moertel 1975 Queißer and Flechtner 1986

Hockey and Fielding, 1986, McDonald and Gohmann 1988) match. You must agree hockey and Fielding:

'There is no therapy for advanced nursing THEREFORE gastric cancer did can be recommended as treatment.' "

"Pancreatic Carcinoma: The pancreatic carcinoma is a tumor that in 85-90% of cases at an advanced

Stage is discovered and has an extremely poor prognosis. The 5-year survival rate for all

Stages together at 1-2%, the median survival time of 6 months.

There are 3 randomized studies that give directly on the question of life extension information:

- Mallinson et al. 1980 (combination chemotherapy CMFV (n = 21) vs not treated nb (n = 19), n total = 40, however, present only 15 with overt tumor dissemination in 14 cases no confirmation by histology, median survival CMFV 44 weeks vs nb 9 weeks. Results of the study are unclear (due to methodological shortcomings).

- Frey et al. (n = 152 male Pat.) with non-resectable, histologically confirmed cancer, median

Survival (5-FU + CCNU3,0 months vs control (3.9 months). Result negative.

- Schnitzler et al. 1986 (n = 13 treated vs untreated 17: multiple overlapping Absterbekurven).

Negative result. "

Conclusion: Negative direct and indirect evidence.

"Bladder cancer: About 30% of bladder cancers is already a distant metastases at the time of Diagnosis established. To date, no studies have apparently been conducted that would be suitable, to answer the question life-prolonging effect of cytotoxic chemotherapy directly. with Combination therapies, it is possible to achieve response rates of 30-50%, in extreme cases up to 80% (for reviews in Tonkin and Tannock, 1988), but have in the recent randomized trials with respect to the survival time no discernible differences between the treatment arms shown. "

"Breast cancer: A critical appraisal of all is yet available and relevant data and research it neither direct nor indirect evidence that the cytostatic therapy of advanced MammKarzinoms the prognosis of the patients improved in their entirety. Macaulay and Smith, because of their comprehensive consideration to the following conclusion: 'On this basis synthesis trials argue for a conservative approach to the management of this disease. **There is no good evidence that asymptomatic patients need any form of active treatment** '

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"Ovarian carcinoma: Most oncologists are convinced that it offers modern cytostatics Combinations, especially those with cisplatin or its analog carboplatin, manages the survival of Patients, even in advanced stages (FIGO FIGO III or IV with primarily unresectable not fully Tumor) that make up the majority of newly diagnosed cases, to extend, a view which mainly on historical comparisons (see. the remarks in Meerpohl in 1984 and the references cited in Section I Claims of therapeutic success) and an unclear indirect evidence from randomized trials is based; good direct evidence for this, strangely, there are hardly any. Studies to untreated controls or comparisons immediate lack delayed chemotherapy

Considering all the results it seems altogether but to give evidence that cisplatin-containing Cytostatic regime the lives of patients with advanced ovarian carcinoma at least in the short termcan extend. No-Anhalt points there are, however, that this also applies to the FIGO stage IV, in where there is practically no 5-year survivors more (Krag et al., 1986, Wiltshaw et al. 1986), and contrary to the Opinion of some oncologists, it is still questionable whether the use of a long-term success untreated, lasting longer justify aggressive therapy

(There is, and this should be clearly stated in terms of pronouncements to the contrary, no evidence that patients with ovarian carcinoma forgeschrittenem, whether FIGO stage III ider IV, healed can be. Although the 5-year survival rate of patients with CR at laparotomy is 60% or more, but then flattens the curve is not in a plateau from, but it also die after 5 years and even more annually about 10% of the remaining patients a turmorbedingten death (Coehn et al, 1983;. Neijt et al 1984. 1988)).

Note WW: The study in the overview (only comparative studies of different chemotherapy regimen) figures provided.

median survival times are on average - with larger scattering - at 20 - 30 months (Table 6). .U. Abel summary of the most important key sentences from his book

"Cervical and endometrial carcinoma: In the great majority of cases, the cancer of the cervix to the pelvis limited, distant metastases are usually exceptional. Accordingly, radiotherapy for advanced cases the treatment of choice, the role of adjuvant chemotherapy is not yet firmly established here, so playing here only a limited role. Apparently only 2 randomized studies have yet been performed (see FIG. Thigpen et al.

1987), and from these studies arise no evidence of a beneficial effect on survival after

therapy. The trend observed in various surveys to improve the survival times

explained as the cervical cancer mainly by the effects of early diagnosis and

Stages of migration. "

"Summary: The work provides a comprehensive analysis of the publications of ongoing studies and personal, as responses to a circular incoming utterances clinical oncologists to question whether cytostatic chemotherapy for advanced epithelial tumors * prolongs survival time.

1. At least 80% of cancer deaths in the Western industrialized countries die of (advanced) epithelial

Malignancies. There are, apart from bronchial carcinoma (especially small-cell), no direct evidence * that Chemotherapy in these patients prolongs survival. The available indirect evidence speaks with Exception of ovarian cancer altogether rather against such an effect. This balance is partly Contrary to the published estimates of chemotherapy, which often überoptimistisches a picture of draw the effects of the therapy. The basis of the unauthorized positive judgment about therapy manifold misinterpretations of study results. May benefit certain Subgroups of patients from therapy, but there is insufficient information to these groups accurate to define.

2. In the overwhelming majority of publications is the effect of chemotherapy with response equated, without regard to the effect on the lifetime. Many oncologists take it for granted that

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response to therapy prolongs survival, an opinion which is based on a fallacy and which is not supported by clinical studies It is still unclear whether the patients treated in its entirety benefit in terms of the quality of life of the chemotherapy.

3. Overall, there are, with few exceptions so far no good scientific basis for the application of Chemo-therapy in asymptomatic patients with advanced epithelial malignancies. While this is also the Assessment is many internationally renowned oncologists do not bear the ongoing studies this fact Invoice. Urgent need to study forms such as de-escalating dose-response studies or comparisons immediate with delayed chemotherapy missing for almost all types of cancer.

* Epithelial malignancies account for more than 80% of cancer deaths. The epithelial tumors include, inter alia, almost all cancers of the locations brain, trachea, bronchus, lung, breast, esophagus, stomach, Pancreas, liver / gall bladder, colon / rectum, ovary uterus, bladder, skin.

Not the epithelial malignancies mainly include lymphomas, leukaemias, sarcomas and

Germ cell tumors.

* Abel chemotherapy defined as "cytostatic chemotherapy".

* "Advanced tumors" does not radically resectable, recurrent or disseminated disease.

* Direct evidence:

- Randomized comparisons of patients receiving chemotherapy in question with those which do not

receive, but otherwise treated in the same way (specifically: comparison with untreated controls)

- Randomized comparisons "Immediate vs delayed chemotherapy chemotherapy".

- Phase III Student to study the dose-response relationships.

indirect evidence

- Randomized comparisons of different therapies.

- Non-randomized comparisons of different treatment cohorts, eg

- Inter-hospital Vergleiche.U. Abel summary of the most important key sentences from his book

- Comparisons of successive cohorts of the same center.

- Comparisons with literature controls.

* Positive therapeutic results from studies do not mean that they overturn earlier paradigms. How Edler

(1989) correctly noted and documented with examples, decides in practice never a single study on the

Effectiveness or ineffectiveness of treatment. "The process of scientific discovery is continuous, and conclusions

always remain tentative (Greer 1987).

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