

The War on Cancer: An Anatomy of Failure

by Ralph Moss, PhD

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This week we offer an extended review of one of the most important books to be written in recent years about the question of conventional cancer therapy. It is called *The War on Cancer: An Anatomy of Failure, A Blueprint for the Future*, (2005). Its author is Guy Faguet, MD, Professor, Department of Medicine, Section of Hematology and Oncology, Medical College of Georgia.

Dr. Faguet's trenchant analysis of the failure of the current medical approach to cancer deserves to be read by a wide audience. His message is one that has been voiced in the past by experts such as Professor Ulrich Abel of Heidelberg University and Dr. Graeme Morgan of Sydney, Australia -- namely that chemotherapy is very limited in what it can accomplish for people with the most common and deadly kinds of advanced cancer.... There have to be better ways to address the scourge of cancer, and Dr. Faguet's book is both a clarion call to action and... "a blueprint for the future."

Dr. Faguet is no stranger to cancer research. After receiving his MD degree in Bogota, Colombia, he did postgraduate work at the University of Texas and at Ohio State University. He then conducted cancer research in Augusta, GA, for 28 years, funded mainly by the National Cancer Institute (NCI) and the Department of Veteran Affairs (VA). His output has included 140 peer-reviewed articles, seven book chapters, and two previous scientific books on cancer. He is an expert on chronic lymphocytic leukemia (CLL).

Starting about 15 years ago, the doctor told me in a recent telephone interview, he began to develop serious misgivings concerning the lack of progress in the war on cancer. At the urging of departmental colleagues, he began writing *The War on Cancer* about five years ago, finally published by the German medical publisher, Springer, in 2005.

Faguet has a keen sense of medical history. He points out that after the development of effective treatments for Hodgkin's lymphoma in the 1970s, many researchers thought that the cure for the more common cancers was just around the corner. But the successful con-

quest of Hodgkin's disease has remained an isolated victory. "indeed," Faguet notes, "little additional progress has been made towards the cure of most invasive cancers. In fact, in the last 20 years, only testicular cancer has been added to the short list of malignancies routinely curable by chemotherapy" (p. xiv).

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How does he explain the much-vaunted decline in the death rates for some kinds of cancer? Stomach cancer is a good example: in the early years of the 20th century, this was the most common form of internal cancer in the US, but it is now relatively rare. Faguet attributes the improvement not to any dramatic advance in therapy, but to "prevention and early-stage detection, to food refrigeration, to improved infection control and transfusion therapy, to enhanced nursing, social and rehabilitation services, and to better general medical support." In other words, general health and sanitation measures have improved survival, while there has been no change in the effectiveness of the treatment itself -- a type of progress that many promoters of conventional therapies conveniently overlook.

Dr. Faguet also takes on the misleading nature of five-year survival statistics. Improvements in five year survival are frequently cited as proof that cancer treatment is increasingly effective. One need only look at how such improvements are showcased by the American Cancer Society (*Cancer Facts & Figures 2006*:17-18.) For all cancers, five year survival rose from 51 percent in 1974-76 (the beginning of the "war on cancer") to 66 percent in 1996-2001. This is the basis of claims that whereas only half of all patients survived at

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the start of the war on cancer, today two-thirds survive their disease -- an improvement that is usually ascribed to steady progress in the realm of cancer treatment.

But, as Faguet shows, this is a gross over-simplification. "While improvements in five-year survival are frequently presented to the public and to policymakers as evidence of success in the War on Cancer, they should not be," he asserts.... As cancer detection tools improve, cancer is diagnosed in incrementally earlier stages leading to a phenomenon called "lead time bias." Simply stated, the earlier the diagnosis the longer will patients live with their disease, giving the false impression of increased survival that can and has often been attributed to newer treatments.

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Faguet also shows that cancer incidence and death rates...are not falling, as we have been led to believe. In fact, if the age and size of the US (and world) population continue to increase at current rates, so too will the overall number of cancer diagnoses. Cancer is primarily a disease of aging populations (the average age of diagnosis for adults is 67 years), and so the graying of the baby boomers will in all probability herald a new spike in cancer incidence and mortality figures.

Faguet ascribes the general failure of the war on cancer to the application of the "cancer cell kill paradigm" that was fostered by the application of the microbial model to cancer treatment. Scientists in the late 19th century generally believed that one or more microorganisms caused cancer. Even after the cancer microbe theory was broadly rejected, however, drug

development and patient management continued to be based on the premise that cancer is in essence some sort of foreign invader that must be eradicated at all costs. But while it is true that in some limited cases cancer is indeed caused by a virus (such as the human papilloma virus that causes cervical cancer), in general cancer is essentially a runaway product of the human host. To paraphrase the humorist Walt Kelly, "We have met the enemy and he is us."

The cell kill paradigm holds that these "foreign" cancer cells must be eradicated like swarming germs before they overwhelm the host (p. 63). For various technical reasons, this aggressive approach has worked sufficiently well in the case of Hodgkin's disease, where a combination of four drugs is curative in many cases, albeit at a significant cost in toxicity and second cancers. However, as Faguet points out, "this early success was seldom replicated, despite myriad subsequent clinical trials launched to test a variety of intermittent combination chemotherapy regimes in many types of cancer over the ensuing four decades."

True, chemotherapy has also cured acute lymphocytic leukemia (ALL) in children, choriocarcinoma, germ cell tumors, and a few other rare types of cancer in pediatric and young adult patients.... But by and large it has been a failure in treating advanced disease. As both Faguet (2005) and Graeme Morgan et al (2004) have shown, chemotherapy is responsible for curing only approximately two percent of those who receive it for advanced cancer.

"The essential fallacy of chemotherapy, says Faguet, is "that while most patients achieve some degree of tumor response, few survive longer as a result." This is certainly the essential point -- the general lack of any

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correlation between tumor responses (especially partial responses) and overall prolongation of life [ed: not to mention quality of life!]

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Faguet treats the reader to a fascinating overview of the history of chemotherapy, leading up to the passage of the National Cancer Act of 1971.... While that multi-billion legislation (NCI's budget is now \$4.8 billion per year) has funded astonishing progress in the basic sciences, it has been an almost total failure in finding actual cures for common cancers. "Three decades later," says Faguet, "the process of anti-cancer drug development remains mostly anchored in the century old, conceptually antiquated, technically inefficient, labor intensive, costly, and low-yield 'hit and miss' (mostly miss) screening approach engineered and sponsored by the NCI."

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Dr. Faguet's proposal for winning the war on cancer is threefold: "The time has come to abandon the cell-kill paradigm and to anchor cancer control on an incremental, three-tier approach that incorporates prevention, early diagnosis, and when these fail, on controlling the aberrant genetic defects that lead to the development, growth, and dissemination of cancer" (p. 183). In the abstract, it is hard to argue with any of these proposals. However, implementing the first two (prevention and early diagnosis) ultimately depends on

the willingness of the government, non-profit agencies and the general public to take on powerful vested interests that gain handsomely from cancer-causing habits and behaviors. The measures taken to stop the ravages of tobacco consumption are in fact a perfect barometer of any society's seriousness about controlling the cancer problem at its source. So how are we doing in that regard? Every year, the American Lung Association issues a Report Card on the State of Tobacco Control. The failing US national grades for 2005 are a grim reminder of the obstacles to implementing even well established prevention strategies.

The picture with early detection is also not encouraging. Certainly early detection is a proven principle in cancer control. But there remains considerable uncertainty about whether or not some of the most popular current screening methods actually save many lives. Mammography for the detection of breast cancer, digital rectal exams and PSA tests for the detection of prostate cancer, and sputum or X-ray tests for lung cancer all have serious deficiencies. And while Pap screening tests for cervical cancer do save lives, the US government has now proposed severe cutbacks in its program of providing free cervical cancer screening for poor working women. We are now heading in a backward direction on the issue of cervical cancer detection. In the absence of a fundamental shift in public policy towards effective prevention strategies, the onus for reducing cancer mortality remains where it has been for the past 30 years -- on the detection of existing disease and the development of better treatment.

Although Faguet gives an unnecessarily abbreviated account of previously published criticisms of the war on cancer, he does cite two influential articles by John C. Bailar, MD, PhD: "Progress Against Cancer?" (1986) and "Cancer Undeclared" (1997). In the latter piece, Bailar wrote: "The war against cancer is far from over. Observed changes in mortality due to cancer primarily reflect changing incidence or early detection. The effect of new treatments for cancer on mortality has been largely disappointing. The most promising approach to the control of cancer is a national commitment to prevention, with a concomitant rebalancing of the focus and funding of research." Dr. Bailar's words have carried much weight, as he is former Deputy Associate Director for Cancer Control of the National Cancer Institute, former Editor-in-Chief of the *Journal of the*

Cancer: 30 Essential Things to Do

by Greg Anderson

[adapted from *Cancer: 50 Essential Things to Do*]

Winning the battle against cancer is about much more than eliminating tumor; it is about healing your life. Here are some key ways to do that:

1. Stop “Awfulizing”
2. Take Charge
3. Rethink the Statistics
4. Give Only Informed Consent
5. Believe in Your Program
6. Heal Your Lifestyle
7. Think Holistically
8. Drink Lots of Pure Water
9. Eat With Awareness
10. Walk Daily
11. Get More Sleep
12. Find a Positive Support System
13. Heal with Your Mind
14. Examine Your Cancer Beliefs
15. Evaluate Your Self-Talk
16. Make Positive Affirmations
17. Reduce Toxic Stress
18. Practice Visualization
19. Understand the Message of Illness
20. Live in the Moment
21. Take Time to Play
22. Laugh Often
23. Evaluate Your Relationships
24. Practice Self-Discipline
25. See Life Through Spiritual Eyes
26. Express Your Emotions
27. Practice Forgiveness
28. Exude Gratitude
29. Love Unconditionally
30. Hold on to Hope

Greg Anderson was diagnosed with metastatic lung cancer in 1984 and given only 30 days to live. Today, fully recovered, he is the author of many inspirational books for cancer patients and the founding director of the Cancer Recovery Foundation of America. His philosophy of healing constitutes one of the chapters in the *Cancer Report* advertised opposite.

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National Cancer Institute, and Professor at the University of Chicago.

Another article cited by Faguet is by Michael B. Sporn, MD, a molecular biologist at Dartmouth University in New Hampshire. In “The War on Cancer,” which appeared in the *Lancet* a decade ago, Sporn concluded: “Failure to appreciate that local invasion and distant metastasis rather than cell proliferation itself are lethal, obsession with cure of advanced disease rather than prevention of early disease, and neglect of the need to arrest pre-neoplastic lesions may all have served to make victory elusive.”

Although Prof. Faguet’s book is not without flaws [www.Cancerdecisions.com/040906], it is highly recommended to anyone with serious interest in understanding why and how our current emphasis on chemotherapy and radiation has failed to secure vic-

tory in the War on Cancer. It also offers a cogent strategy for regaining the upper hand in that faltering campaign.

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