# HOW SUCCESSFUL ARE CONVENTIONAL CANCER TREATMENTS?

## Your questions answered...

# HOW SUCCESSFUL ARE CONVENTIONAL CANCER TREATMENTS?

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## Important Caution:

Do not delay in seeking advice from a qualified, licensed medical professional about treatment for your cancer. The information presented here is no way meant to discourage you from undertaking conventional treatments for your cancer, but hopefully will support you and your doctor to undertake 'smarter', more effective approaches to beat your cancer. The information is provided for educational and informational purposes only, and is not intended to be a substitute for the diagnosis, treatment and advice of a qualified, licensed medical professional. The publishers, researchers, writers and editors of the information contained herein believe it to be accurate but its accuracy cannot be guaranteed. The information is provided to support your informed consent to any treatment program you may decide to undertake. Statements regarding alternative treatments for cancer have not been evaluated by the FDA. Please consult your qualified, licensed medical professional or appropriate health care provider about the applicability of any opinions or recommendations with respect to your own symptoms or medical conditions. The researchers, writers and editors at Online Publishing & Marketing, LLC are not doctors, and shall have neither liability nor responsibility to any person or entity with respect to any loss, damage, or injury caused or alleged to be caused directly or indirectly by the information provided. No representation or warranties of any kind are made with regard to completeness or accuracy of the information. Quotations are used as 'fair use' to illustrate various points made.

No alternative OR mainstream cancer treatment can boast a one hundred percent record of success. Far from it. There is ALWAYS some risk involved in any cancer treatment. A treatment that has been successful for one patient can fail for another. PLEASE DO NOT MAKE DECISIONS BASED ON THIS REPORT IF YOU ARE NOT WILLING TO ASSUME THE RISK.

# Citation and Preface

## Citation

The inspiration for this Report is gratefully acknowledged to come from, in particular, two works:

1. “How Scientific are Orthodox Cancer Treatments?” Walter Last, Biochemical Research Chemist and Natural Therapist. Nexus Magazine, Volume 11, Number 4, June-July 2004; and

2. “Evaluating Cancer Therapies and Developing a Cancer Program” Don Benjamin, Convenor/ Research Officer, Cancer Information & Support Society Inc. (CISS), St Leonards (Sydney, Australia), 2003.

Findings and conclusions from both authors are included in several places within this Report as referenced.

## The Full Treatment

In her book, **Cancer - A New Breakthrough**[1], Virginia Livingston (later Livingston-Wheeler), a remarkable cancer researcher and therapist, gives an account of one of the many patients she saw who had come to her only after receiving the full conventional treatment for breast cancer. (LAST 2004)

*‘After discovering a small breast lump she had radical mastectomy. None of the lymph nodes removed from the armpit were involved; all of the cancer had been successfully removed. To make extra sure that there was no re-growth in the scars, she received radiation treatment, and also her ovaries were taken out.’*

*‘To her dismay, a year later several small nodules appeared in the old breast scar. Again, she received radiation. More lumps appeared on the neck that called for still more radiation. In addition, she received male hormone therapy, resulting in acne and coarse facial hair. Still the nodules came back. Now she received chemotherapy with the usual side effects.’*

*‘Before her hair could re-grow, pain in her bones was diagnosed as bone cancer. More chemotherapy and hormone therapy was expected to help. However, several months later, the bone lesions became worse and removal of her adrenal glands was recommended and performed. Hopefully, that would prolong her suffering for another year. After that the removal of her pituitary gland might give her a further three to six months to live.’*

*‘By now her faith in her medical advisers was sufficiently shaken that she came to Dr. Livingston for help. She asked to be examined without her husband being present, as she wanted to spare him the agony of seeing her naked body, distorted, mutilated and shrunken with an immensely swollen abdomen and thin legs.’*

*‘Finally, she whispered: “Doctor, shall I kill myself?”’*

1 Livingston, Virginia: Cancer: A New Breakthrough. Cancer Book House, Los Angeles, 1972

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# Introduction

## Purpose

Stricken by fear and shock, as a newly diagnosed cancer patient, you are no match for the overwhelming power of medical authority. You will face enormous pressure from the health care system to immediately commence a treatment program that involves surgery, chemotherapy, and radiation in various combinations.

The objective of this Report is to encourage you to look deeper into your proposed cancer treatment program. Use it as a starting point to do further research before you consent to any proposed treatment. You must take ownership of this responsibility and not give it away to any medical professional, no matter how well meaning. Work with your chosen doctor to express your rights as a consumer when making decisions about your medical treatment. You have every right to know the answers to these questions:

- What is the record of accomplishment of success for this treatment?
- What are the scientific studies backing up its effectiveness?
- How is overall survival affected, within and beyond 5 years?
- Who are some 'satisfied customers' you can talk to?
- What are ALL of the side effects of the treatment?

Of course, if you have the choice, only work with a doctor who respects you and your unique needs, and does not see you as just a number on that day's conveyor belt of cancer cases. Do not hesitate to get second and third opinions in order to get your questions answered before you commence any treatment program.

## Strengths of the Medical Profession

First, gain a healthy perspective on the strengths and weaknesses of those we depend upon for guidance.

The medical profession has a good record of accomplishment in trauma intervention. It does not have such a good record in the treatment of degenerative diseases such as cancer, coronary heart disease, and arthritis. Harvard-trained M.D., Andrew Weil, in his 1995 bestselling book Spontaneous Healing, summarizes what conventional medicine can and cannot do for you:

**"Can...**
...manage trauma better than any other system of medicine; diagnose and treat many medical and surgical emergencies; treat acute bacterial infections with modern antibiotics; treat some parasitic and fungal infections; prevent many infectious diseases by immunization; diagnose complex medical problems; replace damaged hips and knees; get good results with cosmetic and reconstructive surgery, and it can diagnose and correct hormonal deficiencies.

**"Cannot...**
...treat viral infections; cure most chronic degenerative diseases; effectively manage most kinds of mental illness; cure most forms of allergy or autoimmune disease; effectively manage psychosomatic illnesses, or cure most forms of cancer."

Doctor Weil also holds this opinion:

*"Do not seek help from a conventional doctor for a condition that conventional medicine cannot treat, and do not rely on an alternative provider for a condition that conventional medicine can manage well."*

---

Even after adjustment for age, the percentage of Americans dying from cancer is about the same as it was in 1950.[2] Despite this fact, the medical profession takes much pride in the rigorous scientific research that underpins its approach to cancer treatment today.

This Report contains numerous statements and conclusions from medical and scientific publications as well as highly qualified experts in the field regarding cancer treatment today. You must discuss them with your doctor. I have no doubt these assertions will surprise and unsettle you, but they will be extremely useful as you and your doctor search for additional knowledge to beat your cancer.

# Conventional cancer treatments

## The Big Three

Oncologists in the U.S. and other Western countries are forbidden by law to recommend any natural or alternative treatments for cancer. Only the Big Three – Surgery, Chemotherapy and Radiation – are allowed, despite their dismal track record.

## Progress Propaganda

It is now over 30 years since President Nixon declared the War on Cancer. Since then two trillion U.S. dollars has been spent on conventional cancer treatment and research, with the result that more individuals are dying of cancer than ever before.[3]

Clifton Leaf, Executive Editor of the mainstream **Fortune** magazine makes a similar assessment. He asks: *"Why have we made so little progress in the war on cancer?"* and continues to point out that the propaganda about improvement in survival from cancer is largely a myth. Most of the improvement in longevity of cancer patients is due to lifestyle changes and early detection, which enhances the appearance of the survival statistics.

Early detection prolongs the statistical survival time— but patients are not actually living any longer.

# Are cancer statistics telling us the full story?

## How cancer statistics for conventional treatments are made to look more favorable

There are some common practices used to make medical statistics appear more favorable. For instance, patients who die during prolonged treatment with chemotherapy or radiotherapy are not included in the statistics, because they do not complete the full treatment. In the control group, everyone who dies is counted. (LAST 2004)

Furthermore, success is judged by the percentage of temporary tumor shrinking, regardless of survival rates. If survival is measured, it is only in terms of dying from the treated disease. How many patients die due to the treatment itself is not normally included.

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2 Leaf, Clifford. Why we're losing the war on cancer. Fortune 2004:149(6): 76-97.

3 Sharon Begley.: New statistics show increase in cancer rates, cancer rates go up, not down. Wall Street Journal, October 16, 2002, B1

### Removal of lesions that will NEVER become cancerous improves the statistics

Studies appear to show that early intervention is helpful, because pre-cancerous lesions are included in early removals that frequently would not become cancerous if left untouched. (LAST 2004) In other words, because a non-cancerous lesion removal counts as a cancerous lesion removal, statistics are skewed and inaccurate.

### Early detection prolongs the statistical survival time – but patients don't live any longer

The current trend is to pick up pre-cancerous conditions very early and treat them as cancer. While this statistically increases the number of people with cancer, it also artificially lengthens survival times and lowers death rates, thereby making medical treatments appear to be more successful. There may also be a genuine component of improved survival, however, as increasing numbers of patients opt for lifestyle changes and utilization of additional natural therapies to treat their cancers.

### Misleading reporting of cancer deaths has been discovered

An investigation of 1.2 million cancer patient records revealed that the death rate attributed to non-cancer death shortly after treatment was 200 per cent higher than the normal expectation. Two years after diagnosis and treatment, this excess death rate had fallen to 50%. The most common cause for the excess death was listed as heart and respiratory failure. This means that instead of dying several years later from cancer, these patients died from the effects of the treatment, which in turn helped improve the cancer statistics because they did not strictly die of cancer[4]. This misleading reporting of cancer deaths has led to demands for more honest statistics[5]. (LAST 2004)

### Recent warning of increased heart ailments on Avastin

To illustrate the above point, the FDA and Genentech have now warned doctors that Avastin, used to treat colorectal cancer, increases patients' risk of suffering heart ailments - including chest pain, strokes, mini-strokes and heart attacks. Genentech now states that patients whose cancer has spread to the rest of their bodies were twice as likely to suffer serious heart ailments if they received Avastin with their chemotherapy[6].

## Breast cancer: have we lost our way?

### Breast cancer -- more than 1,000,000 new cases and 370,000 deaths yearly worldwide

Breast cancer is the second leading cause of cancer deaths in women today (after lung cancer) and is the most common cancer among women, excluding non-melanoma skin cancers. According to the World Health Organization, more than 1.2 million people will be diagnosed with breast cancer this year worldwide. The American Cancer Society estimates that in 2009, approximately 207,090 women in the United States will be diagnosed with invasive breast cancer (Stages I-IV). Another 54,010 women will be diagnosed with in situ breast cancer, a very early form of the disease.

### Keep your breasts!

Researchers say it is complacent to continue subjecting at least 70% of women with breast cancer to a futile, mutilating procedure[7]. Furthermore, there is no evidence that early mastectomy affects survival; if

4 Brown, B.W., C. Brauner and M.C. Minnotte: Noncancer deaths in white adult cancer patients. J Natl Cancer Inst 85, 979-987, 1993

5 Welch, H.G., Black, W.C.: Are Deaths Within 1 Month of Cancer-Directed Surgery Attributed to Cancer? J Natl Cancer Inst 94: 1066-1070, 2002

6 MSNBC August 13 2004

7 Baum, M.: The Curability of Breast Cancer. Br Med J, 1: 439-42, 1976.

patients knew this then they would most likely refuse surgery[8]. (LAST 2004) Read **Keep Your Breasts** by Susan Moss.

## Whether removing a little or the whole breast – the outcome is the same!

In 1985, the prestigious British medical journal **The Lancet** published the work of Peter Skrabanek of Trinity College, University of Dublin. He produced a viable argument against the existence of the ACS "early detection" and mammography program, as relating to the orthodox treatment of surgery, radiation or chemotherapy. According to Skrabanek:

*"The philosophy of breast cancer screening is based on wishful thinking that early cancer is curable cancer, though no one knows what is 'early'. There is no evidence that mastectomy affects survival rate."*

*"Also, it does not matter how much or how little of a breast is removed; the outcome is always the same"*[9]

This statement indicates that surgery does not improve survival chances; otherwise, there would be a difference between radical surgery and lumpectomy. (LAST 2004)

## Breast cancer: have we lost our way?

In 1993, the editor of **The Lancet** pointed out that despite various modifications of breast cancer treatment, death rates remained unchanged. He acknowledged that despite the almost weekly releases of miracle breakthroughs, the medical profession with *"its extraordinary capacity for self-delusion"* in all truth had lost its way. At the same time, he rejected those who believed that salvation would come from increasing chemotherapy after surgery to just below the rate where it kills the patient. Instead, he continued, *"Would it not be more scientific to ask why our approach has failed?"* After a century of mutilating women, a review is well overdue! The title of this editorial, appropriately, is **Breast cancer: have we lost our way?**[10] (LAST 2004)

## Amazingly, conventional treatment for breast cancer does not appear to improve long-term survival rates – but may actually hasten relapse or death

It appears that all types and combinations of conventional breast cancer treatment result in the same low long-term survival rates. The only conclusion we can draw from this is that conventional treatment does not improve long-term survival rates. Even worse, Michael Baum, M.D., a leading British breast cancer surgeon, found that breast cancer surgery tends to increase the risk of relapse or death within three years. He also linked surgery to the accelerated spread of cancer, which it does by forming metastases in other parts of the body[11]. (LAST 2004)

## Untreated post-menopausal women with breast cancer live longer than treated women!

An earlier German comparison found that untreated post-menopausal women with breast cancer lived longer than those who received treatment. The recommendation was made to not treat post-menopausal women for breast cancer[12]. Studies by the late H B Jones, Professor of Medical Physics and a leading US cancer statistician, proved conclusively that untreated cancer victims lived up to four times longer — with better quality of life—than treated ones. (LAST 2004)

8 Cunningham, L.: Mastectomy for so-called lobular carcinoma in-situ. Lancet 1: 306, 1980

9 Skrabanek, P.: False Premises and False Promises of Breast Cancer Screening. The Lancet 2: 316-19, 1985

10 Editorial: Breast Cancer: Have we lost our way? Lancet 1: 341, 343-44, 1993

11 Baum, M.: Does surgery disseminate or accelerate cancer? Lancet, 1996 Jan 27; 347(8996): 260

12 Gregl, A.: Die Lebenserwartung des unbehandelten Mammakarzinoms.: "The life expectancy of the untreated mamma carcinoma (breast cancer)" Klin Wschr 41, 676, 1963

# Metastasis often triggered by medical intervention?

*"It is better not to apply any treatment in cases of occult cancer; for if treated (by surgery), the patients die quickly; but if not treated, they hold out for a long time."*

Hippocrates, (460-370 BC)

## Metastasis is often triggered by medical intervention

Ernst Krokowski, a German professor of radiology, demonstrated conclusively that metastasis is commonly triggered by medical intervention, sometimes even by a biopsy or surgery unrelated to the cancer[13]. (LAST 2004)

## Surgery, even if unrelated to the cancer, can trigger an explosive spread of metastases

Disturbance of a tumor causes a greatly increased number of cancer cells to enter the bloodstream, while most medical intervention (especially chemotherapy) suppresses the immune system. This combination is a recipe for disaster. It is metastases that kill while primary tumors in general, and those in the breast in particular, can be relatively harmless. These findings, confirmed by recent research, show that surgery, even if unrelated to the cancer, can trigger an explosive spread of metastases and lead to an untimely end[14]. (LAST 2004)

# Prostate cancer and survival

## Efficacy of the PSA test

Approximately one man in six will be diagnosed with prostate cancer during his lifetime, and over 200,000 men in the US are diagnosed with prostate cancer annually[15]. Since the widespread adoption of PSA testing, about 60-70% of men at risk in the US have had a blood test for prostate cancer. As a result, prostate cancer death rates have decreased, yet only slightly. Thirty thousand men still die each year from this disease.

PSA testing fails to identify a small but significant proportion of aggressive cancers, and only about 30% of men with a "positive" PSA have a positive biopsy. Additionally, of men who were treated for prostate cancer, about 25% require additional treatment, presumably due to disease recurrence. Also of concern is the growing evidence that treatments may not be necessary. Very long-term studies from the US and Europe, following men with prostate cancer, have found that some tumors do not progress over time. In these individuals, prostate cancer treatment is unnecessary, if not harmful. As these men do not benefit from treatment, they are actually at risk of treatment-related side effects and complications[16].

## There is no difference in the survival rates of those who had surgery for prostate cancer and controls who did not

This follows earlier reports that radical surgery for prostate cancer also tends to spread the disease. In 2004, 23 years after the first randomized clinical trials for any type of cancer, it was found that there was no difference in the survival rates of those prostate cancer patients who had surgery and controls who did

13 Krokowski, E.H.: Is the Current Treatment of Cancer Self-Limiting in the Extent of its Success? J Int Acad Preventive Medicine, 6 (1) 23 – 39, 1979

14 Tagliabue E et al : Role of HER2 in wound-induced breast carcinoma proliferation. The Lancet August 16, 2003;362:527-533

15 THE MOSS REPORTS Newsletter (03/20/05)

16 Promise and challenge: Markers of prostate cancer detection, diagnosis and prognosis.2004.Troyer DA, Mubiru J, Leach RJ, Naylor SL. Department of Pathology, University of Texas Health Science Center, San Antonio, TX, USA. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15322319

not. Those who had surgery suffered increased morbidity effects such as impotence or incontinence[17]. (LAST 2004)

## Interpreting statistics for prostate cancer intervention[18]

A recent paper reporting on the result of a randomized trial comparing Radical Prostatectomy with Watchful Waiting for prostate cancer appeared to contain serious flaws. For example, it used an ambiguous definition of *"death from prostate cancer"* and claimed a 50% reduction in mortality using surgery as compared with watchful waiting. The reduction in overall mortality was not significant.[19]

Similarly, a paper reporting on results of a randomized trials comparing mortality after PSA screening with an unscreened control group also contained serious flaws. Although its authors claimed a 69% reduction of deaths due to screening[20], they arrived at this figure by comparing only 23% of those invited for

screening in the Invited group with 93.5% of those in the Uninvited group. This was a meaningless comparison in randomized trials. (BENJAMIN 2003)

# Catch it early!

*"The real beneficiaries of early detection are the providers of health care, who now have a longer time in which to treat the victims before they die."*

Dr. John McDougall

## No study has proven that early intervention improves the chances of survival

The late H B Jones, who as previously stated, was a Professor of Medical Physics and a leading US cancer statistician, said in a speech before the American Cancer Society that no study had proven that early intervention improves the chances of survival. On the contrary, his studies prove conclusively that untreated cancer victims live up to four times longer, and with better quality of life than treated ones. Needless to say, Professor Jones was not invited to speak again.[21] (LAST 2004)

*"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.... Serious attempts to relate prompt treatment with chance of cure have been unsuccessful. In some types of cancer, the opposite of the expected association of short duration of symptoms with a high chance of being "cured" has been observed. A long duration of symptoms before treatment in a few cancers of the breast and cervix is associated with longer than usual survival.... Neither the timing nor the extent of treatment of the true malignancies has appreciably altered the average course of the disease. The possibility exists that treatment makes the average situation worse."*[22]

17 Iversen, P. et al.: Radical Prostatectomy versus Expectant Treatment for Early Carcinoma of the Prostate. Scand J Urol Nephrol 172, 65-72, 1995.

18 "Evaluating Cancer Therapies and Developing a Cancer Program" by Don Benjamin, Convenor/Research Officer, Cancer Information & Support Society Inc. (CISS), St Leonards (Sydney, Australia) 2003.

19 Holmberg L et al. A randomized trial comparing radical prostatectomy with watchful waiting in early prostate cancer. N Engl J Med (Sep 12) 2002; 347 (11): 781-9. Comment by Scott D Stern in NEJM of (January 9) 2003; 348 (2): 171.

20 Labrie F et al. Screening decreases prostate cancer death: first analysis of the 1988 Quebec Prospective Randomized Controlled Trial. Prostate 1999; 38: 83-91. Comment by Rob Boer and F Schröder. Quebec Randomized Controlled Trial on Prostate Cancer Screening Shows No Evidence for Mortality Reduction. The Prostate 1999; 40: 130-131; and Freda Alexander and Robin Prescott. Reply to Labrie et al. The Prostate 1999; 40: 135-136.

21 Jones, H.B. Lecture at the American Cancer Society Conference, New Orleans July 3/1969

22 Jones, H.B. "A Report on Cancer." op.cit

## Medical interventions for cancer have had a negligible or no effect on survival

A recent epidemiological study confirmed the questionable value of conventional therapy by concluding that 'medical interventions for cancer have had a negligible or no effect on survival[23].
Even the conservative New England Journal of Medicine published an article with the headline: **Cancer Undefeated.**[24] (LAST 2004)

# Mammogram Benefits?

## Mammogram screening provides no survival benefits

After an analysis of several large mammogram-screening studies, it was found that mammography screening leads to more aggressive treatment with no survival benefits.[25] Even the editor of **The Lancet** admits that there is no reliable evidence from large randomized trials to support the success of mammography screening programs.

The significance of this statement goes far beyond the use of mammograms. Proponents of conventional medicine openly acknowledge that they have no effective way of helping patients with advanced cancer. Until now, the catch-cry was always 'detect it early then it can be cured'. These mammogram evaluation studies demonstrate that it does not matter when cancer is detected. The conventional methods (and the multi-billion dollar cancer treatment industry behind them) are ineffective at improving survival. (LAST 2004)

Members of the Nordic Cochrane Group in Denmark concluded that because of flaws in all of the trials, screening for breast cancer with mammography is unjustified. There is no evidence from such trials that mammograms save lives or even extend survival.[26]

Don Benjamin, an Australian cancer researcher, found that most of the apparent saving of lives could be explained by the numbers of women who, instead of dying from breast cancer, died from the harmful effects of radiotherapy, which causes damage to the heart and respiratory systems. Cause of death would then be reported along these lines, rather than attributed correctly to cancer.

All trials were flawed because their authors had not noticed that the reduced deaths from breast cancer were accompanied by a similar increase in deaths from other causes, giving no significant overall benefit from screening.[27]

## Death rate higher in group who had mammograms than those not screened

*"Whatever you may be told, refuse routine mammograms to detect early cancer, especially if you are pre-menopausal. The x-rays may actuality increase your chances of getting cancer."*

Dr. Samuel Epstein
Professor of Occupational and Environmental Medicine
Director of the activist group People Against Cancer

The National Breast Screening Survey, sponsored by the National Cancer Institute of Canada, which tracked 50,000 women aged 40 to 49 from 1980 to 1988, revealed the shocking fact that middle-aged

23 McKinlay, J.B. et al.: A Review of the Evidence Concerning the Impact of Medical Measures on Recent Mortality and Morbidity in the United States. Int. J. Health Services 19, (23), 181-208, 1989.

24 Bailar JC III, Gornik H.L.: Cancer undefeated. New England Journal of Medicine, 336:1569-1574 (1997)

25 Olsen, O.; Gotzsche, P.C.: Cochrane review on screening for breast cancer with mammography. Lancet 2001 Oct 20; 358:1340- 2 and Editorial 1284-85

26 Olsen, O and Gøtzsche, P. Cochrane review of screening for breast cancer with mammography Lancet 2001; 358: 1340-42.

27 Benjamin, DJ. The Efficacy of Surgical Treatment of Breast Cancer. Medical Hypotheses 1996; 47: 389-397.

women who had regular mammograms were significantly more likely to die of breast cancer than those who were not screened.

"*Mammograms increase the risk for developing breast cancer and raise the risk of spreading or metastasizing an existing growth*," says Dr. Charles B. Simone, a former clinical associate in immunology and pharmacology at the National Cancer Institute." In addition, mammography provides false tumor reports between 5 and 15 percent of the time. False positive results cause women to be re-exposed to additional X rays, creating an environment of further stress - even possibly leading to unneeded surgery.

## Mammography: A risky procedure?

Researchers at the University of Aberdeen, Scotland, warn that the compressive force used in order to obtain useable mammograms may be a contributing factor to breast cancer. The British standard for the force used to squeeze the breast as flat as possible corresponds to placing twenty x 1 kilogram bags of sugar on each breast. The researchers fear that this force may be excessive enough to dislocate and spread any existing cancer cells. Animal experiments have shown that the number of cancer sites can increase by as much as 80% when tumors were manipulated mechanically. A recent study in Malmo, Sweden found that the death rate from breast cancer among women under 55 was 29% higher in a group screened with mammography than in the unscreened control group. The screening procedure used *"as much compression force as the women could tolerate."*[28]

## Canadian study questions the benefits of mammography

The Canadian National Breast Screening Study of almost 90,000 Canadian women aged 40 to 59 was carried out over the period from 1980 to1985 and provided for a 7-year follow-up period. The researchers concluded that although annual mammograms were found to be effective in detecting small, nodenegative tumors at an early stage, there was no indication that regular mammography had any impact on the rate of death from breast cancer within the 7 year follow-up period.

NOTE: This study has created a great deal of controversy and has been vehemently condemned by many US radiologists.[29]

## Vested interests attack Canadian mammography study

The major, surprising finding of the Canadian National Breast Screening Study was that there is no evidence that screening for breast cancer with mammography is effective for women under 50 years of age. Not surprisingly, American radiologists have vehemently attacked this conclusion. Women in their 40's are the best customers for regular mammograms. As many as 40% of these women have a mammogram each year—at a cost of $50- $100 per test. A study in Sweden supports these Canadian findings. Dr. Lazlo Tabar followed 35,000 women aged 40-49 for 11 years. He found no evidence that regular mammographic screening of these women had any benefits.[30]

## Mammogram vs. physical examination

In the 13-year Canadian study, a group of 40,000 women compared the results of only physical breast examinations with the results of examinations plus mammograms. The mammogram group had many more lumpectomies and surgeries, and the death rate was 107 deaths in the mammography group compared to 105 in the physical examinations only group.[31] (LAST 2004)

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28 The Lancet, July 11, 1992, p. 122

29 Canadian Medical Association Journal, November 15, 1992, pp. 1459-88

30 Gray, Charlotte. US resistance to Canadian mammogram study not only about data. Canadian Medical Association Journal, Vol. 148, No. 4, February 15, 1993, pp. 622-23

31 Miller, A.B., et al.: Canadian National Breast Cancer Screening Study-2: 13-year results of a randomized trial in women aged 50-59 years. J Natl Cancer Inst 92, September 20, 2000, pp. 1490-99

## Dangers of low-level ionizing radiation

Biostatistician Irwin Bross, in his1977 congressional testimony, charged *"The big science federal agencies, their industrial constituencies, and their allies . . . have been lying to the public about hazards of low-level ionizing radiation for 25 years."* International relations expert, Dr. John W. Gofman, writes of *"evidence . . . growing ever stronger that the cancer risk per rad of dose is worse in the low-dose range than in the high-dose range."* We do know that the damage from radiation is cumulative and that the breast contains the human tissue that - second only to fetal tissue - is most sensitive to it.

Dr. Irwin Bross, testifying before a congressional subcommittee investigating the Breast Cancer Demonstration Project (BCDP) in 1977, predicted *". . exposure to diagnostic x-rays will probably result in the worst iatrogenic (medically caused) epidemic in breast cancer history."*

## Full-body CT scans deliver as much radiation as a small atomic bomb!

Interestingly, those full-body computer tomography (CT) scans advertised at some health care centers may be delivering as much radiation as a low-dose atomic bomb, according to a new study. And that means people who get them could be raising their cancer risk, researchers from Columbia University report.[32]

"The radiation dose from a full-body CT scan is comparable to the doses received by some of the atomic bomb survivors from Hiroshima and Nagasaki, where there is clear evidence of increased cancer risk," said David J. Brenner, PhD, D.Sc, lead author of the study and professor of radiation oncology and public health at Columbia University in New York.

He calculated that a 45-year-old person who has one full-body CT scan would have a lifetime risk of dying from cancer because of that radiation of about 1 in 1,200. But if that same person got a scan a year for 30 years (30 total scans), his risk of dying from cancer because of that radiation would increase to almost 1 in 50.

## Safe screening method to detect signs of cancer at an extremely early stage

Using Breast Thermography, pre-cancerous cell growth may be detected up to 10 years prior to being discovered using any other procedure! This provides for the earliest detection of cancer possible. Read more about breast thermography[33] and where you may obtain it at http://www.iact-org.org/patients/breastthermography/what-is-breast-therm.html.

# Ductal carcinoma in situ (DCIS)[34]

## DCIS over diagnosed and over treated

DCIS of the breast is a fairly common, non-invasive form of breast cancer. Most cases of DCIS are detected by mammography. It is estimated that DCIS accounts for about 30 to 40 per cent of all mammographically detected breast cancers and constitutes about 12 per cent of all diagnosed breast cancers in the United States.

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32 Radiology (Vol. 232, No. 3:735-738).

33 M. Gautherie, Ph.D.; Thermobiological Assessment of Benign and Malignant Breast Diseases. Am. J. Obstet. Gynecol., 1983; V 147, No. 8: 861-869.
P. Gamigami, M.D.; Atlas of Mammography: New Early Signs in Breast Cancer. Blackwell Science, 1996.
J. Keyserlingk, M.D.; Time to Reassess the Value of Infrared Breast Imaging? Oncology News Int., 1997; V 6, No. 9.
P.Ahlgren, M.D., E. Yu, M.D., J. Keyserlingk, M.D.; Is it Time to Reassess the Value of Infrared Breast Imaging? Primary Care & Cancer (NCI), 1998; V 18, No. 2.
N. Belliveau, M.D., J. Keyserlingk, M.D. et al ; Infrared Imaging of the Breast: Initial Reappraisal Using High-Resolution Digital Technology in 100 Successive Cases of Stage I and II Breast Cancer. Breast Journal, 1998; V 4, No. 4

34 "How Scientific are Orthodox Cancer Treatments?" Walter Last in Nexus Magazine, Volume 11, Number 4 (June-July 2004)

In 1992, about 44 per cent of all cases of DCIS underwent mastectomy surgery (removal of entire breast). Twenty-three percent were treated with lumpectomy (removal of affected area only) plus radiation, 30% were treated with lumpectomy alone, and about 3 % were not surgically treated at all.

Survival rates during the first one to nine years were generally 100 %— irrespective of the type of treatment. The authors of the report from the University of California express serious concerns about the increasing number of DCIS cases detected through screening mammography, especially since almost all of these cases were subsequently treated with disfiguring surgery.

The concern is particularly acute in the case of younger women (30 to 39 years of age) where 92 per cent of all cancers detected by mammography are DCIS classified. The authors conclude that there is an urgent need to study the appropriateness of the various treatment options from mastectomy to watchful waiting.[35]

## DCIS treated unnecessarily by mastectomy?

As stated previously, DCIS is a common non-invasive form of breast tumor, that is usually detected by mammography. In younger women, 92 per cent of all cancers detected by mammography are of this type. Nevertheless, on average 44%, and in some areas 60% of these are treated by mastectomy. This greatly improves survival statistics,[36] as most of these tumors are harmless and survival rates are high, regardless of whether the cancer is treated or not. (LAST 2004)

## No survival benefit from additional radiation or Tamoxifen

It has been shown that radiation after surgery does not increase survival. Adding Tamoxifen did not help either.

*"In the past, mastectomy was the primary treatment for patients with DCIS, but as with invasive cancer, breast-conserving surgery has become the standard approach. Three randomized trials have reported a statistically significant decrease in the risk of recurrence with radiation therapy in combination with lumpectomy compared with lumpectomy alone, but there was no survival advantage with the addition of radiotherapy.*

*Two randomized trials have suggested an additional benefit, in terms of recurrence, with the addition of adjuvant Tamoxifen therapy, although in one trial the benefit was not statistically significant. Current data suggest that Tamoxifen use should be restricted to patients with estrogen receptor-positive DCIS. Neither trial demonstrated a survival benefit with adjuvant Tamoxifen."*[37]

## Tamoxifen alert for long-term use

When Tamoxifen is taken long-term, one study showed that not only did it increase the risk of uterine cancer by 6.9 fold in women who took it for at least 5 years, but also these cancers are significantly more likely to be deadly.[38] In his book Indicted: **Cancer Research**, Tibor J. Hegedus PhD says: *"Tamoxifen is*

35 Ernster, Virginia L., et al. Incidence of and treatment for ductal carcinoma in situ of the breast. Journal of the American Medical Association, Vol. 275, No. 12, March 27, 1996, pp. 913-18
Page, David L. and Jensen, Roy A. Ductal carcinoma in situ of the breast. Journal of the American Medical Association, Vol. 275, No. 12, March 27, 1996, pp. 948-49

36 Ernster, Virginia L., et al.: Incidence of and treatment for ductal carcinoma in situ of the breast. Journal of the American Medical Association, Vol. 275, No. 12, March 27, 1996, pp. 913-18
Page, David L. and Jensen, Roy A.: Ductal carcinoma in situ of the breast. Journal of the American Medical Association, Vol. 275, No. 12, March 27, 1996, pp. 948-49

37 J Natl Cancer Inst. 2004 Jun 16;96(12):906-20.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15199110

38 van Leeuwen FE, Benraadt J, Coebergh JW, Kiemeney LA, Gimbrere CH, Otter R, et al.
Risk of endometrial cancer after tamoxifen treatment of breast cancer. Lancet 1994;343:448–52.
PORT Meta-analysis Trialists Group: Postoperative radiotherapy in non-small-cell lung cancer: systematic review and metaanalysis of individual patient data from nine randomised controlled trials. Lancet 1998 Jul 25; 352(9124): 257-63 and Lancet 1998 Jul 25; 352(9124):250-1

*given to women with breast cancer to block the entrance of estradiol into the tumor cells dependent on this hormone to stimulate growth. When the hormones are blocked from reaching their primary targets, they are forced to travel to other organs."* This stimulates the proliferation of cells in the lining of the womb, and in certain cases, Bingo: Endometrial Cancer! Dr. Hegedus says other side effects are nausea, vomiting, menstrual irregularities, vaginal bleeding, and pulmonary embolism.

### Tamoxifen stroke risk

New research shows that Tamoxifen may also increase the chances of stroke. Researchers analyzed data from nearly 40,000 patients and found that those who took the drug Tamoxifen had more than an 80 percent increased risk of ischemic stroke compared to patients who did not take the drug. There was a 29 percent increase in the risk of any type of stroke[39].

## Harm from Radiotherapy

### Surgery and radiation for lung cancer worse than surgery alone

A large meta-analysis of radiation results for lung cancer showed that after 2 years there were 21% more deaths in the group that had radiation in addition to surgery as compared to those who had surgery alone. The editorial states that the rationale is to kill any cancer cells remaining after surgery. It is a shame that the facts do not support this theory[40].

*"Post-operative radiotherapy (PORT) is detrimental to patients with early stage completely resected nonsmall cell lung cancer and should not be used in the routine treatment of such patients."*[41]

### Effects of radiation and surgery on early breast cancer[42]

A review of 36 randomized trials comparing mortality after surgery and radiotherapy with surgery alone, observed 6% reduction in deaths from breast cancer, in addition to a 24% increase in deaths from other causes. Reviewers attributed this to the damaging effects of radiotherapy on the heart. There was no overall benefit observed from the radiotherapy.[43] (BENJAMIN 2003)

### Radiation leading to death from other causes

A Swedish study of this effect found that patients who received the highest dose of radiotherapy experienced:

- a 30% increase in heart failure,
- a 100% increase in deaths due to cardiovascular disease, and
- a 150% increase in death due to ischemic heart disease.

The difference became clear after 4-5 years and continued to increase up to 10-12 years.[44] (BENJAMIN 2003)

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39 October 12, 2004 issue of Neurology, the scientific journal of the American Academy of Neurology

40 PORT Meta-analysis Trialists Group: Postoperative radiotherapy in non-small-cell lung cancer: systematic review and metaanalysis of individual patient data from nine randomised controlled trials. Lancet 1998 Jul 25; 352(9124): 257-63 and Lancet 1998 Jul 25; 352(9124):250-1

41 http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12535431

42 "Evaluating Cancer Therapies and Developing a Cancer Program" by Don Benjamin, Convenor/Research Officer, Cancer Information & Support Society Inc. (CISS), St Leonards (Sydney, Australia), 2003.

43 Early Breast Cancer Trialists' Collaborative Group. Effects of Radiotherapy and Surgery on Early Breast Cancer – An Overview of the Randomised Trials. NEJM 1995; 333 (22): 1444-1455.

44 Geynes G et al. Long-term cardiac morbidity and mortality in a randomized trial of pre- and postoperative radiation therapy versus surgery alone in primary breast cancer. Radiother Oncol (Aug) 1998; 48 (2): 185-190.

# The Value of Chemotherapy

*"If I contracted cancer, I would never go to a standard cancer treatment center. Cancer victims who live far from such centers have a chance."*

Prof. George Mathe
French Cancer Specialist
Medicines Nouvelles (Paris)
March, 1989

## No Evidence that chemotherapy extends life for the majority of cancers

The respected German biostatician Ulrich Abel, PhD, presented a comprehensive analysis of over 3,000 clinical trials on the value of chemotherapy on advanced carcinoma (for instance, breast cancer).

Oncologists tend to use chemotherapy because it may induce a temporary shrinking of the tumor, called a response; however, it also tends to produce unpleasant side effects. Abel concluded that there is no direct evidence that chemotherapy prolongs survival in these cases. Abel states: *"Many oncologists take it for granted that response to therapy prolongs survival, an opinion which is based on a fallacy and which is not supported by clinical studies"*[45]

Abel spent 1990 reviewing several thousand chemotherapy trials and concluded that chemotherapy cannot extend life when it comes to cancer of the major organs. He also said that 90 % of all cancer research is devoted to chemotherapy; meaning that most of the cancer research money is spent on a treatment that has no scientific foundation.

*"A recent randomized trial of treatment for stage one multiple Myeloma by Riccardi and colleagues (British Journal of Cancer 2000; 82:1254-60) showed no advantage of conventional chemotherapy over no treatment."*[46]

The above statement is in direct contrast to popular belief, due to statements such as: *"1998 was truly one of the most exciting years for cancer research,"* said Harmon Eyre, MD, executive vice president for research and medical affairs for the American Cancer Society (ACS). *"While we are closer than ever to finding answers..."* followed by a pitch for more donations.

Ralph W. Moss, PhD, in **Questioning Chemotherapy**, provides a detailed analysis of this subject. The overall conclusion of the book is that there is no evidence that chemotherapy extends life for the majority of cancers.[47] (LAST 2004)

## Chemotherapy itself can lead to leukemia or tumors

A study of ovarian cancer found that the risk of developing leukemia after treatment with chemotherapy increased 21 fold or 2100%. In addition, other tumors commonly developed after treating malignancies with chemotherapy[48]. In a trial for multiple Myeloma, no benefit was evident by using chemotherapy compared to no treatment[49].

45 Abel U.: Chemotherapy of advanced epithelial cancer: a critical review. Biomed Pharmacother. 1992; 46(10), 439-52.

46 From the 12th December 2002 issue of Journal of the American Medical Association, in a review with James Spencer Malpas, M.D., D.Phil. St. Bartholomew's Hospital London, United Kingdom

47 Moss, Ralph W.: Questioning Chemotherapy. Equinox Press, Brooklyn, NY, 1995

48 Klein-Szanto, A.J.P.: Carcinogenic effects of chemotherapeutic compounds. Progress in Clinical and Biological Research, 374, 167-74, 1992.

49 Riccardi, A., Mora, O.et al.: Long-term survival of stage I multiple myeloma given chemotherapy just after diagnosis or at progression of the disease: a multicentre randomized study. Br J Cancer. 2000 Apr; 82(7):1254-60.

## Bitter twist for children given chemotherapy

Chemotherapy for children with leukemia and Hodgkin's disease is the proud showpiece of the arguably only apparent success of conventional cancer therapy. Now a long-term follow-up study shows that such children develop 18 times more secondary malignant tumors later in life. Even worse, girls face a 75 times (7,500%) higher risk of breast cancer by the time they are 40.[50] A main problem appears to be the development of deep or systemic Candida albicans infections shortly after starting chemotherapy.[51] If this is not appropriately treated, then relapses or future health problems are likely to occur. (LAST 2004)

## Quality of life after chemotherapy

Even if chemotherapy extends life for a few months, what is the quality of life after treatment? Most oncologists would not use these treatments for their own families[52].

Only recently, oncologists have begun to acknowledge the existence of what patients called "chemobrain," - a distressing loss of memory and other cognitive functions. Psychiatrists have now found that cancer and its conventional treatment cause serious depression in 15 to 25 percent of patients. *"The depression itself can often be worse than the disease,"* they say[53]. (LAST 2004)

## Hard to justify

In 2001, Ezekiel J. Emanuel, MD, an oncologist and bio-ethecist, found that for 8,000 cancer patients in his study who had been administered chemotherapy, *one third had cancers that are known to be unresponsive to chemotherapy!*

Dr. Emanual stated *"Providing chemotherapy to patients with unresponsive cancers is hard to justify".* These 'unresponsive' cancers include pancreatic, melanoma, renal cell, gallbladder and hepatocellular.

*"So if you or your loved one is diagnosed with any of these nasties, and your oncologist recommends a course of chemotherapy, you will know that he is either ignorant, a sadist or integrity-challenged, and that his treatment will kill the patient before the cancer does"* states Elaine Hollingsworth, Director of the Hippocrates Health Centre of Australia, in her book Take Control of Your Health and Escape the Sickness Industry.

50 Bhatia, S., Robison, L.L. et al.: Breast cancer and other second neoplasms after childhood Hodgkin's disease. N Engl J Med. 1996 Mar 21;334(12):745-51.

51 Klingspor, L., Stintzing, G., Tollemar, J. Deep Candida infection in children with leukaemia. Acta Paediatr 86 (1) 30-6, 1997

52 In a survey of 79 oncologists from McGill University Cancer Center in Canada, 64 said they would not consent to treatment with Cisplatin, a common chemotherapy drug, while 58 oncologists said they would reject all the current trials being carried out by their establishment.

53 Moss, R.W.: THE MOSS REPORTS Newsletter #128 April 11/04

# The effectiveness of cancer drugs

*"Everyone should know that most cancer research is largely a fraud and that the major cancer research organizations are derelict in their duties to the people who support them."*

Linus Pauling PhD (Two-time Nobel Prize winner)

## Scientific basis for the approval of cancer drugs

It is interesting to note the scientific basis for the approval of cancer drugs. Most of them come initially from the USA. Commonly, a company would have to submit two favorable, extensive randomized trials to obtain FDA approval. 'Favorable' means that there must be a certain rate of tumor shrinkage lasting for at least one month.

It was not necessary to show that the treatment prolonged survival, and it was not necessary to submit the results of any unfavorable trials for the same drug. These 'strict scientific' guidelines have been relaxed, and now, drug companies can get FDA approval on the basis of small preliminary trials, even if a large randomized trial may be unfavorable.[54]

In a remarkable statement about drug approvals, an FDA spokesperson pointed out that any delay in approval did not mean unnecessary deaths because *"all these treatments for advanced cancer don't cure people."*[55] However, and this is the important part, an individual cancer drug that does not cure people can still earn billions of dollars for its drug company. (LAST 2004)

## In clinical trials, patients are highly selected for certain favorable characteristics

For example, patients were excluded from the Avastin trial if they had been treated in any other way within the previous 12 months. That is, if they had metastasis to the central nervous system, or if they had significant atherosclerotic vascular disease. Many patients with colorectal cancer in the real world would be disqualified using these criteria. Thus, Avastin may not work as well in the general population as it does in highly selective clinical trials.[56]

## "Cancer drugs are only effective in a quarter of patients," says top drug company executive

The vast majority of prescription drugs, more than 90 percent, only work in 30 to 50 percent of patients, according to Dr. Allen Roses, worldwide vice president of genetics at GlaxoSmithKline (GSK). Dr. Roses told the Independent, a UK newspaper, that "fewer than half of the patients prescribed some of the most expensive drugs actually derived any benefit from them." He said specifically that drugs for cancer are only effective in a quarter of patients.[57]

Since the 'cat was let out of the bag', many of us wonder which prescription drug will work for us.

It is an open secret within the pharmaceutical industry that most of its products are ineffective for most patients. This is the first time that such a senior pharmaceutical executive has gone public. Dr. Roses spoke at a scientific meeting in London where he cited figures on how well different classes of drugs work in real patients:

- Drugs for Alzheimer's disease work in fewer than one in three patients.
- **Those for cancer are only effective in a quarter of patients**.
- Drugs for migraines, for osteoporosis, and arthritis work in about half the patients.

54 Moss, R.W.: THE MOSS REPORTS Newsletter #86 (June 7/03)

55 Moss, R.W.: THE MOSS REPORTS Newsletter #122 February 28/04

56 Moss, R.W.: THE MOSS REPORTS Newsletter June 29/03

57 Independent Newspaper, UK, 08 December 2003.

Dr. Roses went on to say that most drugs work in fewer than one in two patients mainly because the recipients carry genes that interfere in some way with the medicine.

To determine which cancer treatment program WILL be most effective for you, go to http://www.rationaltherapeutics.com. Rational Therapeutics, Inc. (RTI) is a freestanding research laboratory located in Long Beach, CA. Founded in 1993 by Dr. Robert Nagourney, a prominent hematologist/oncologist, RTI is able to identify which chemotherapy drug or drug combination WILL induce cell death (apoptosis). Email: clientservices@rational-t.com or call Patient Relations Department at 562-989-6455, ext. 104

## Medical system is now the leading cause of death and injury in the US

Perhaps the situation is even worse than ineffective treatments. A group of respected researchers reviewed all of the published statistical evidence of the outcome of medical treatments. It showed that the medical system is now the leading cause of death and injury in the US. Deaths attributable to heart disease in 2001 were 699,697. For cancer, the figure was 553,251, while for medical interventions it was 783,936 per year! Appropriately, the title of this study is **'Death by Medicine"**[58].

You may wonder why health authorities turn a blind eye to these massive drug fatalities, while concentrating their energies on suppressing food supplements and natural remedies. One core reason for this distorted official attitude is that the health departments and medical doctors who dominate regulatory authorities have been trained, partly with money from drug companies, to believe that drugs are beneficial and natural remedies potentially harmful. Despite the fact that a majority of western populations prefer natural remedies, basically all political parties promote dependency on pharmaceutical drugs. (LAST 2004)

## Only 15% of medical interventions are supported by solid scientific evidence

We can find a clue for the cause of these appalling "Death by Medicine" statistics in an editorial by Richard Smith in the British Medical Journal. *"Yet only 15% of medical interventions are supported by solid scientific evidence"*, and *"This is because only 1% of the articles in medical journals are scientifically sound, and partly because many treatments have never been assessed at all."*[59] (LAST 2004)

## The greatest experiment ever performed on women

A good demonstration of the unscientific nature of medical research is the recent fiasco with hormone replacement therapy (HRT). (LAST 2004) Read **The Greatest Experiment Ever Performed on Women** by Barbara Seaman.

Several decades ago HRT was shown in "rigorous scientific" research to be safe and effective, otherwise it would not have been approved. It strongly promoted protection against heart disease and cancer. Now every new trial shows HRT to be dangerous and responsible for increasing the risk of developing heart disease and cancer.

What went wrong, and why had this not been discovered earlier? Quite simply, the original research aims were to generate profits. Recent researchers are not sharing in any of these profits. It is; therefore, entirely reasonable to mistrust **any** research whose aim is profit. Unfortunately, this goal applies to most medical research done at present. (LAST 2004)

58 Null, G, Dean, C. et al.: Death by Medicine. Nutrition Institute of America, Nov 2003

59 Smith, R., editor: The poverty of medical evidence. BMJ 303, 5 Oct 1991

# The Lost War on Cancer

## The percentage of Americans dying from cancer is about the same as it was in 1950

Even adjusted for age, the percentage of Americans dying from cancer is about the same as it was in 1950. More Americans will die of cancer in the next 14 months than have died from every war that the US has fought combined.[60]

While there have been studies to evaluate the effects of various nutrients on different cancers, nothing of these 2 trillion cancer dollars has been available for natural therapists to trial holistic cancer therapies. Even worse, natural therapists have faced a century of persecution. A large number have been dragged before courts, ended up in jail, and/or were physically and financially ruined.

Don't you think that *at least one* of the more than 350 gentle and non-toxic treatments described in Natural Cancer Treatments would be part of mainstream treatment today?

## Cancer – A Conspiracy of Silence

Why is the commonly called Cancer Establishment keeping silent on the real success against cancer? It may be that part of the answer was given by the eminent medical commentator and former editor of New Scientist, Dr. Donald Gould, in a timeless article called **Cancer - A Conspiracy of Silence**. The subtitle summarizes his position: The commonest cancers are as resistant to treatment today as they were 40 or 50 years ago. Nothing can be gained by pretending that the battle against cancer is slowly but surely being won.[61]

This truth has been deliberately concealed from the general public. According to Gould, the reason for this conspiracy of silence is money. The public must continue to see the Cancer Establishment as a winner or it will stop providing money. One quoted scientist said that with tens of thousands of radiologists and millions of dollars invested in equipment, radiation treatment is given time after time; even though study after study shows that it does more harm than good. (LAST 2004)

## No significant improvement in cancer survival rates in the last 70 to 80 years

Gould is also of the opinion that patients can be comfortable without medical treatment until their inevitable death. This is especially true if medical treatment makes them miserable in a pointless attempt to postpone death for a few unhappy weeks. Of course, that is how most of the money is made. Gould feels that patients are poisoned with drugs and rays, and mutilated with unnecessary surgery in a desperate attempt to treat the untreatable.

Not much has changed since Gould wrote this article in 1976. In a Moss Report dated April, 2004, we can read that long-term survival from common cancers such as prostate, breast, colorectal and lung *"has barely budged since the 1970s."*[62] In summary, this means that there has been no significant improvement in cancer survival rates in the last 70 to 80 years.

## Groupthink

Aside from the vested interests worth billions of dollars in the continuing use of conventional cancer treatments, there is Groupthink. Groupthink, a term coined by Irving L. Janis, a research psychologist at Yale University, is used to describe the systematic errors made by groups when making collective decisions.

60 Leaf, Clifford. Why we're losing the war on cancer. Fortune 2004 :149(6):76-97.

61 Gould, D.: Cancer - a Conspiracy of Silence. New Scientist 2 December 1976

62 Moss, R.W.: THE MOSS REPORTS Newsletter #127 April 4/04

Janis listed eight symptoms that are indicative of groupthink:

> Illusion of invulnerability, unquestioned belief in the inherent morality of the group, collective rationalization of group's decisions, shared stereotypes of outgroup, particularly opponents, self-censorship; members withhold criticisms, illusion of unanimity, direct conformity pressure on dissenters, and self-appointed "mind guards" that protect the group from negative information.

The seven symptoms of decision affected by groupthink are:

> Incomplete survey of alternatives, incomplete survey of objectives, failure to examine risks of preferred choice, failure to re-appraise initially rejected alternatives, poor information search, selective bias in processing information at hand (see also confirmation bias), and failure to work out contingency plans.

Might the above apply in this situation?

## Fear and warning

Physicians appear afraid to speak out, afraid to suggest any deviations from the normal treatment. Your doctor can only prescribe treatments that are FDA approved. If your doctor prescribes treatments that are not FDA approved, he or she can be sued or may lose their license. A recent example is Michael Holick, MD, PhD, a professor of dermatology at Boston University, who was fired for simply advocating a few minutes of sunlight exposure per week. Ralph Moss brought this situation to the attention of his newsletter readers.[63] One of his readers responded,

*"It is becoming clearer every day that allopathic medicine is bought and paid for by the pharmaceutical companies. If allopathic medicine and its total orientation to 'legalized' drug use - at the expense of 106,000 deaths per year by adverse drug reactions - were really healing people, the population wouldn't be running so fast to seek alternatives."*

Michael Culbert was a long-time health freedom activist, author or co-author of more than 20 books, and an associate at International Biocare Hospital, a highly regarded treatment center in Mexico patronized by people from all over the world seeking alternative and integrative cancer care.

The late Michael Culbert once said,

*"The vicious system which, on the one hand says 'we cannot cure you', and on the other hand says, 'but don't try some unproven remedy' and warns you always not to sneak off to Tijuana, must come to an end. It is blatantly immoral."*[64]

# Caveat Emptor!

*Let the buyer beware.*

## Look behind the hype

It seems every week that media reports tell us of new breakthroughs to beat cancer. We are left with the impression that a cure for cancer is just around the corner, and if we just support the next major fundraising event, then the money spent will be justified and all will be well!

63 Moss, R.W.: THE MOSS REPORTS Newsletter July 11/04

64 Moss, R.W.: THE MOSS REPORTS Newsletter October 17/04

## Be a smart consumer

Smart consumers know their rights and act on them. Information is the best defense against purchasing defective products or falling victim to fraudulent practices. Learn the facts. Ask questions. Visit sites like http://www.ncbi.nlm.nih.gov/entrez/ and enter terms about your condition to see the range of studies that your doctor may not have had time to become aware of.

Crosscheck the studies and reports, as there are many conflicts of interests at work in medical journalism. Subscribe to Ralph W. Moss, Ph.D's free newsletter at: http://www.cancerdecisions.com/subscr.html

## Gather all the facts and take your time deciding

Many natural cancer therapists claim a high success rate in arresting and reversing cancer, provided patients have not been subjected to conventional treatments first. The most harmful treatments appear to be chemotherapy and radiotherapy. Therefore, if you are confronted with cancer, it may be sensible to resist acting out of fear and under pressure.

The situation is hardly ever so urgent that you have to act immediately. Instead, do your own research, with support from your physician, family and friends. There is much to learn from cancer survivors, from books and reports such as those available at our website www.cancerdefeatedpublications.com, from medical journals and from the Internet.