

WORTHLESS METHODS OF CANCER MANAGEMENT

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There is a communications gap between the scientific community and the advocates of alternative methods of cancer management the size of a Great Leap of Faith. One is seeking proof and the other is seeking hope. (1) Patients and those close to cancer patients consider that cancer is one of the great unsolved problems of our time. They do not believe that there is a hopeful side, that advances have been made to prevent, detect earlier, treat and cure. To help the desperate the health care team must make every effort to be well informed as to the impositions placed on patients by the unscrupulous, the greedy and even the deluded practitioners. A disinterested, discouraged physician is the best recommendation to the patient to seek hope elsewhere...even if it is false hope.

Quackery in medicine is as old as the art of healing itself. It has taken on many forms in recent years and some definitions may be in order. In this Chapter we will be referring to several different advances made to the common problem of offering false hope to patients and their families. These approaches include: supplemental therapies, worthless cures, alternative unconventional, unorthodox and unproven methods. Such offerings take the form of: diets proposed to prevent, cure or improve the well being of the patient; drugs or compounds purported to do the same; devices offered for the treatment of malignancies; tests sold for the definitive detection and diagnosis of cancer; and psychological management theories meant to both supplement proper treatment and/or to be used alternatively. The one feature which all of these share in the context of this discussion is that

none of them have been shown scientifically to be effective against cancer. (2) The author will not discuss faith healing or religious aspects.

DIETS

A great many health food stores and well intentioned friends and relatives promote the belief that "you are what you eat" and that diet can cure cancer. They sell books on nutrition, as well as foods and appliances (juicers, atomizers, crushers and mixers) for preparing the recipes found in these books. (3) Some of the titles available include: The Grape Cure by Joanna Brandt; Fresh Hope With New Cancer Treatments by Maurice Finkel and Has Dr. Max Gerson A True Cure For Cancer by S.J. Haught.

Most of these and many others make the claim that the solution to cancer is in reversing the effects of nutritional deficiencies, disturbances of the metabolism and toxins and other abnormal conditions of the whole body. Most of these diets have the potential for actually harming the cancer patient. The "metabolic diet" offered by many as a supplement to cancer therapy and by some as a substitute therapy is "unsound" according to Victor Herbert, M.D. The diet calls for the following:

- 1) NO MEAT, FISH OR FOWL. These are the major sources of absorbable iron in the American diet. Their lack results in a much higher frequency of iron deficiency and iron deficiency anemia, thereby harming cancer patients.
- 2) NO DAIRY PRODUCTS. These are the main sources of calcium in the American diet. Lack of adequate calcium damages bone maintenance, thereby harming cancer patients.
- 3) NO ANIMAL PROTEIN. Animal protein is the exclusive source of vitamin B-12 in the American diet, with the exception of B-12 fortified foods

and microorganisms such as seaweed. Lack of this vitamin interferes with basic biochemical processes in normal tissue thereby harming cancer patients.

- 4) INCREASED INGESTION OF FRUITS AND VEGETABLES. Such a diet is high in bulk and low in calories, just opposite to needs of cancer patients. (4)

In recent years, the macrobiotic diet and lifestyle (based on balancing the Yin and Yang) have been promoted as a therapeutic approach to cancer as well as a method for cancer prevention. There are no valid data on the efficacy of the macrobiotic diet in the treatment or prevention of cancer. There are however, legitimate concerns regarding the safety as well as the nutritional adequacy of this diet for cancer patients. (5)

Vitamin therapy centers on megadoses of vitamin C and E as well as on supplements of vitamin A and selenium. An objective study of megadoses of vitamin C as a therapy for advanced cancer showed such a regimen to be worthless for that purpose and, in fact, in experimental situations, megadoses of vitamin C promote some cancers. (6) This same report repudiates the value of supplements of vitamin A and selenium tablets. (7) Toxicity from "super potent" health food store selenium tablets has been reported.

Other dietary supplements commonly offered are: Oral pancreatic enzymes, pangamic acid aka "vitamin B-15", DIPA-DCA and DMG. The latter two far from being nutrients, may in fact promote the development of cancer. (8)

Diet and vitamin therapy is typical of the type of therapy that is proposed and insisted upon by well meaning friends and relatives. The cancer patient, dependent upon these close ties for social, psychological and physical support, eventually yields to the lure of the possibility of a "miraculous" effect. These events support again the need for the family and others who are significant to be as well informed about what is happening as is the patient.

DEVICES

Device quackery is not as prevalent today as it was in years gone by. However, in rural areas of the country where access to "state of the art" cancer management is difficult and far removed the temptation to "draw off the cancer poisons" using a black box, an amulet or a slant board gadget exists. Most often these are rented on a monthly fee or purchased from the traveling salesman. The use of "jargonese" indicating that the device has radiation effects or can chemically balance the body is usually the legitimatizing agent.

DRUGS

Laetrile (variously known as an anti-cancer drug, amygdalin, vitamin B-17, Bee-17 food supplement) is still sold in the United States and foreign countries. The anatomy of the laetrile problem is typical of such drugs and compounds purported to prevent, treat and cure cancer.

It has been used clinically on patients for over 30 years, it has been tested in animals and in humans. There is not a shred of evidence to indicate that it has any benefit in the prevention, diagnosis, treatment or cure of human cancers. Originally Laetrile proponents claimed that cancer cells contain much beta-glycosidase, an enzyme, that normal cells do not

have. When amygdalin (Laetrile) came into contact with this enzyme, it was supposed to release cyanide, which was presumed to kill cancer cells. (9) This theory was disproved by the chemical facts. However, the ring of the story seemed much like the explanations of the theory of chemotherapy. It was easy to make the jump from reality to fantasy and claim that this too was chemotherapy.

This same pattern is now seen in the promotion of the compound known as IAT (Immuno-Augmentative Therapy). There is no scientific literature to support the use of IAT, but two state legislatures, Oklahoma and Florida, have permitted its use in those cancer patients who elect to do so. (10) The prime promoter is Dr. Burton a Ph.D. zoologist who maintains his treatment facility in the Bahama Islands.

Aside from concern about the premature or unnecessary deaths which may occur because cancer patients with potentially curable diseases go untreated while trying these methods there is also the concern about the safety of such products. For example there is a report of a patient who has contracted hepatitis after treatment at the Burton clinic. In addition we know that HTLV I and III are present in the Caribbean and the AIDS viral test is not yet readily available in the Bahamas. (10) Typically Dr. Burton is unwilling to allow an impartial evaluation of his compound to take place.

Recently Florida rescinded its law permitting sale and use of IAT. The clinic in the Bahama's has been closed due to contamination of sera with HTLV III virus. These events are due to diligent surveillance by interested practitioners. The American Cancer Society and the Food and Drug

Administration urge cancer patients not to participate in treatments with these compounds.

TESTS FOR CANCER

The search for a single, reliable test to detect cancer in asymptomatic individuals still eludes researchers. As long as it continues to remain out of our grasp the cancer quack will continue to offer testing as part and parcel of his program. Biopsies, endoscopies, pap tests, occult blood tests and others now indicate that such testing can be realistic. In offering a single blood or urine test, once again the potential cancer patient is placed at risk. The Kelley Malignancy Index and Ecology Test takes a page from current topics and words of interest and combines their usage to sell a fraudulent message.

PSYCHOLOGICAL APPROACHES

The area on psychobiology research is evolving. Unproven methods of cancer management in this arena are extremely difficult to assess. They range from faith, spiritual, or mind healing to those that are presented with a scientific explanation and appear plausible even if unproven. Scientific facts are extended and extrapolated to become pseudoscience in support of some of the mind-body cancer control methods. (11) These, as with the others, begin with a truth and simplistically lure the cancer patient into believing that he or she can image their cancer away. While there are data indicating that self help group experiences, psychotherapy individually or in a group setting, meditation and other forms of psychosocial support offer the patient an ability to handle their illnesses in a more positive manner there is currently no evidence to indicate that attitudes reduce mortality from cancer.

Methods that require that patients accept the idea that their emotions contributed to their cancer are not innocuous. (11) Patients commonly feel guilty about their illnesses. They are dependent on others for transportation to and from treatment centers. They need to have housekeeping arranged for them. They may have delayed in seeking treatment and family funds may be dwindling. To add to this burden the thought that if they try hard enough they can "image" their cancer away is truly an imposition of the highest order. This can constitute a greater psychological hazard than is usually recognized.

WHY DO PATIENTS SEEK WORTHLESS CURES??

Quackery thrives on IGNORANCE AND FEAR. Ignorance, not in terms of educated or not educated but in knowledge about cancer, how therapies are tested, how medical decisions are made, the advances that have been made and the opportunities for survival and cure. They are unaware of the need to know clearly what is good and what is not good.

Cancer patients are fearful..not just of death but of a lengthy and difficult dying process. THEY FEAR MENTAL OR PHYSICAL INCAPACITY.

Patients and their loved ones have a NEED TO BELIEVE...especially when one's condition is deteriorating. In cancer, often one gets worse before feeling better. Treatments available are harsh and not easily tolerated. Belief comes from a quack. He promises a medical miracle. He knows of a cure of which medical science is ignorant or he is a genius ahead of his time. He is a great healer victimized by the "medical trust" jealously protecting their million dollar monopoly. Patients need to know that the basic question to be answered is "Does the treatment work?" They must be informed

of the differences between judgments made on the basis of "testimonials" and on the "evidence presented".

People believe and in believing they mistake a psychological uplift for advance against disease.

IMPATIENCE, they seek a quick cure. In radiation therapy, surgery, chemotherapy or combinations, time is a necessity. Speed comes only from the quack.

OUT OF TOUCH WITH REALITY--leads patients to acceptance of an easier path rather than face the fact that a breast amputation is necessary even if the easier path leads to disaster.

DESPERATION AND FRUSTRATION. A cancer patient must sustain himself through discouragement and set-backs. He may find his doctor difficult to talk with and, in fact, the doctor may have been evasive or brusquely told him that nothing more could be done. It is easy then to turn to someone who offers sympathy and hope. There are those also who are the true believers in miracles and magic. They find nothing credible in the medical care system and leave especially if there is no other reasonable course to take.

EMOTIONAL MALADJUSTMENT. These problems are multiplied with serious illness.

COST OF MEDICINE...brings one to grips with one of society's myriad of problems. Doctors have never lived in a chillier climate than that of

today. The simple, easy diseases have been cured and we are left with the complex, difficult and expensive diseases. Technology has advanced and costs are difficult to put into perspective. Doctors are indeed expected to put scrambled eggs back in the shells and to do it reasonably. The cost of worthless alternatives is considerably less. The cost in life is never mentioned.

ANTI-ESTABLISHMENT FEELINGS. Orthodox medicine is the establishment. The messages that the American Cancer Society and the medical establishment are sending out are not being believed. People are still dying of cancer in spite of the increasingly good news offered every day. Treatments are still harsh and the incidence still seems to be rising. There is little knowledge or understanding of the complexities of cancer and the simple fact that cancer is a family of diseases (perhaps as many or more than 200) each with different causative factors requiring differing approaches from prevention through detection, treatment, rehabilitation and eventual outcomes. Patients are not told enough about the disease, the treatment, the expectations and effect on the family members.

A DO IT YOURSELF ATTITUDE. Patients are fearful of losing control of themselves. There is something very appealing in this do it yourself age to be able to turn to simpler arts as science has become more complex. Health foods mixed in the kitchen reflects well on the ability of the patient to maintain control. Visualization instead of radiation and natural herbs instead of chemicals does indicate a disillusionment with science. (12)

STRAW GRASPING. When a patient is told he is terminally ill anger is to be expected. It is difficult to accept and he cannot feature his own non-

being. There is an air of "what have I got to lose". He rejects the treatments and palliative care offered and reaches for the miracle maker.

ABANDONMENT -- all too often this is factual. Friends and family disappear and his doctor is not available. The health food stores, the organizations offering counseling in so called "alternative methods" and the advertised claims made through friends and acquaintances offer warmth and understanding. They are a social contact in a cold world. TV and radio programs find great listener and viewer appeal in airing the testimonials and exaggerated claims. Famous people tell of their successes in clinics in Mexico and abroad. Political groups rally to the cry of "freedom of choice" in medicine as in everything else.

WHAT CAN BE DONE??

The level of activity in cancer quackery is a measure of our inadequacy in treating cancer, our inability to communicate with our patients and their families, and our failure to provide all possible support and reassurance during the course of the disease. (13)

The quest for the alternative, unproven, worthless or quack cure for cancer really is based in the question "who do you believe?" The credibility gap between patient and physician must be eliminated. This takes time. The offer of time must be real. Time to explain all the patient wants to know. Time to explain the next steps. Time to explain to the family and others who are significant. It is they who often lure the patient simply because they do not know what is happening. Time to discuss expectations. Time to discuss the fact that they will be approached by practitioners or well intentioned friends and that you are interested and will discuss anything

with them at any time. Time to indicate competence, understanding, interest and sympathy. Though cancer is not always curable it is always treatable.

The interdisciplinary team approach is one of the best links that we can have with the patient and their family. It indicates credibility in the strongest possible fashion. If the patient needs a psychologist make certain that this is available. The nurse must be brought in the picture early, completely and with full authority to openly discuss and offer time, interest and belief. Clergy should be called upon as well as the health educator, home health services and social service personnel. A team approach is more than logical. It is a person to person act that never leaves the patient feeling abandoned.

Often patients and families will discuss supplemental therapies with anyone but the physician. By including the team you can be alerted to the need for additional information and time with a wavering patient. A recent study of patients under care of unorthodox practitioners found that 8% of all patients never received conventional therapy, 54% on conventional therapy also used unorthodox methods and 40% of patients abandoned conventional care entirely after adopting alternative methods. Patients interviewed did not conform to the stereotype of poorly educated, end stage patients who have exhausted conventional treatment. (14)

Allowing patients to express their thoughts provides an opportunity to assess how well a patient understands therapy and identifies patients who may be more vulnerable to quackery. Ask about their views on supplemental vitamins health foods and religion. Discuss the possibility of group

therapy or psychological support if their family support is not enough or present. Involve the patient and their families in various aspects of their care contributing to the individual's feelings of self esteem.

Help the patient and family to maintain a realistic attitude of hope. Make certain that the hope is for cure OR for control OR for palliation OR simply for another good weekend. This must be fostered skillfully replacing, at times, cure with care. (15)

It is appropriate for all practitioners to offer patients and their families information on the "state of the art" of the particular malignancy being treated. These statements and reviews (PDQ-Protocol Data Query) are available to all physicians treating cancer through their personal computer link or any computer link-up with the National Library of Medicine. This print-out of information can be reviewed with the patient and family and serves to re-inforce credibility between doctor and patient.

For the patient with treatable and potentially curable disease it is another reassuring opportunity. For those whose lives can be extended and even for those with advanced disease the portions validating your treatment of choice substantially add to their willingness to comply with treatment and your suggested approaches if and when treatment fails. It validates again the fact that you are "in touch" with the best and most current in research and that you cared enough to spend time to clearly explain to all what can be expected.

Openly discuss the fact that many proponents of unproven methods will target the cancer patients and their families. Seek an agreement with the

patient to openly discuss any treatment option they wish to pursue with you first. Assure them that you appreciate their need for another view and will cooperate fully. And always reiterate that you will tell them what is good and what is not good.

If a patient wishes to undertake treatment with an unproven method access all available materials and provide them to the patient. (See final for page of chapter information sources.) Then set aside time to discuss the matter thoroughly and hopefully. Review with the patient the Ten Ways to Recognize Ineffective Cancer Treatment as published in the Journal of Clinical Oncology. (16) These are:

1. IS THE TREATMENT BASED ON AN UNPROVED THEORY?

TO THE PATIENT: Find out where the claims for treatment have been published. Recognized scientific journals are indexed in a computer called the National Library of Medicine Medlars search computer. A good library can use the computer to help you check whether a publication is reputable. All claims published in reputable journals are reviewed first by other scientists to make sure they're honest and make sense. If the claims don't pass this test, they won't be published.

2. IS THERE A NEED FOR SPECIAL NUTRITIONAL SUPPORT WHEN THE REMEDY IS USED?

TO THE PATIENT: Proper nutrition is indeed important to maintain health, and it's especially important for people with cancer to follow their doctor's instructions about good nutrition.

A lot of ineffective treatments claim that a special natural diet can cure cancer as a supplement to their treatment.

3. IS THERE A CLAIM MADE FOR HARMLESS, PAINLESS, NON-TOXIC TREATMENT?

TO THE PATIENT: Though a remedy may be non-toxic and painless it may still be (and often is) harmful and ineffective. It's an attractive claim. Beware of it.

4. ARE CLAIMS PUBLISHED IN THE MASS MEDIA?

TO THE PATIENT: Since phony cure promoters can't publish in recognized scientific journals, naturally they turn to the mass media -- including books, newspapers, magazines and TV. Cancer cures make good "stories". Many people believe that claims and testimonials must be true or the government wouldn't allow them to be made. Not so. Freedom of speech allows much that is false to reach the public.

5. ARE THE CLAIMS OF BENEFIT DUE JUST TO THE POWER OF SUGGESTION?

TO THE PATIENT: The emotional testimonials usually are sincere in their beliefs of help. Often they do die of their disease, they do feel better for a time, they have been poorly diagnosed, they have had other beneficial treatment and the power of suggestion (placebo effect) is strong.

Objective evidence (e.g.: size of the cancer) is the only true measure of effective treatment.

6. ARE THE MAJOR PROMOTERS RECOGNIZED EXPERTS IN CANCER TREATMENT?

TO THE PATIENT: There are a number of directories you can consult to find out if someone is qualified to treat cancer. Your library can help you as well as your local medical society. It is rare to find a promoter of an unproved cancer treatment with proper credentials recognizing special expertise in the field of cancer. When a patient has cancer a cancer expert should be the doctor of choice.

7. DO THE PROMOTERS BACK UP THEIR CLAIMS WITH CONTROLLED STUDIES?

TO THE PATIENT: A brief explanation of what controlled studies are and that these promoters claim excellent results without controlled studies. To accept this is to accept an automobile which runs on water without any proof that it does.

8. IS THERE A CLAIM THAT ONLY SPECIALLY TRAINED PHYSICIANS CAN PRODUCE RESULTS WITH THEIR DRUG, OR IS THE FORMULA A SECRET AND AVAILABLE ONLY FROM THE PROMOTERS?

TO THE PATIENT: This is usually the case. In contrast, the formula's of reputable anti-cancer drugs are published in recognized scientific journals. This is true also of surgical techniques and radiological advances. Special training is required of any doctor treating a serious life-threatening disease. However, the usefulness of all treatments is widely disseminated among all such trained physicians.

9. DO THE PROMOTERS ATTACK THE MEDICAL AND SCIENTIFIC "ESTABLISHMENTS"?

TO THE PATIENT: Yes, almost always. There is no historical evidence that the "establishment" is hiding cancer cures because cancer is a lucrative "business". Other such "businesses" have been cured by science such as smallpox, polio, infections, etc. In addition, doctors and their families also get cancer. When cures or preventives are available the world will certainly know.

10. IS THERE A DEMAND BY PROMOTERS FOR "FREEDOM OF CHOICE" AS REGARDS DRUGS?

TO THE PATIENT: Such a claim has a reverant tone. The promoters want their freedom to sell their worthless products. American law protects the freedom of informed choice and protects consumers from fraud and rip-offs which do not work.

Here's a table that shows your patients at a glance the 10 questions they should review with you about any cancer treatment, and the answers to these questions for five of the most recent popular worthless treatments. (16)

TABLE 1. Similarities Among Some Unproven Cancer Remedies:
The Common Promotional Pattern (16)

	IAT*	Laetrile	Iscador	Hoxsey's Herbal Tonic	Krebi- ozen
1. Is the treatment based on an unproven theory?	YES	YES	YES	YES	YES
2. Is there a purported need for special nutritional support?	YES	YES	YES	YES	NO
3. Is there a claim for painless, non-toxic treatment?	YES	YES	YES	YES	YES
4. Are claims published only in the mass media, and not in reputable "peer review" scientific journals?	YES	YES	YES	YES	YES
5. Are claims for benefit merely compatible with a placebo effect?	YES	YES	YES	YES	YES
6. Are the major proponents recognized experts in cancer treatment?	NO	NO	NO	NO	NO
7. Do proponents claim benefit for use with proven methods of cancer treatment? for prolongation of life? for use as a cancer preventive?	YES	YES	YES	YES	YES
8. Is there a claim that only specially trained physicians can produce results with the drug, or is the preparation a secret?	YES	YES	YES	YES	YES
9. Is there an attack on the medical and scientific establishment?	YES	YES	YES	YES	YES
10. Is there a demand by promoters for "freedom of choice" regarding drugs?	YES	YES	YES	YES	YES

*IAT = Immunoaugmentative Therapy

Physicians and other health care practitioners have a responsibility to be sensitive to their patients' needs and to protect them from being victimized twice. Once because cancer has struck and again because they seek and use worthless treatments. Guide the patients and their families to the right choice with your concern, knowledge and time. This well may be the most important and critical arena in the unproven methods syndrome.

NOTE: Information on unproven methods can be obtained from your American Cancer Society. Physicians should keep copies of the ACS Booklet, "Unproven Methods of Cancer Management" on hand. Also request copies of the individual statements on specific remedies and therapies which you need from the listing in the above booklet. All are free and supplies can be on hand by request.

- o Call the Cancer Information Service of the National Cancer Institute for additional information. Toll free: 1-800-4-CANCER.

- o PDQ (Protocol Data Query)

PDQ Information Center
National Cancer Institute
(301) 496-7403

(PDQ Access for Physicians Only)

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