

**Cancer 2004 in America:
"Good News, Bad News,"
But Where's the Truth?**

© *Reporting and Commentary By Peter Barry Chowka*

(June 15, 2004) Cancer is still the leading cause of death in the United States, despite decades, and over one trillion dollars, spent trying to eradicate it. The ongoing "war against cancer" is America's war without end. It is now a thirty-plus year long war, having been officially declared in 1971 by President Richard Nixon. Seven presidents later, it continues to grind on, its bureaucracies fed by billions in annual tax dollars and its questionable goals and strategies institutionalized throughout the medical-industrial complex, including government, academia, and the private sector.

At the forefront of the effort are two behemoth bureaucracies, the federal National Cancer Institute (NCI) and the private American Cancer Society (ACS), a not-for-profit charity. They are responsible for almost everything the public knows about cancer, and for the entire direction of cancer research and treatment in the United States.

On June 3, a lengthy and official-sounding annual report, a collaboration among the private ACS and three government agencies - the NCI, the CDC (Centers for Disease Control and Prevention), and NAACCR (North American Association of Central Cancer Registries), was published in the journal *Cancer*, "[Annual report to the nation on the status of cancer, 1975-2001, with a special feature regarding survival.](#)" According to an [NCI news release](#), "The nation's leading cancer organizations report that Americans' risk of getting and dying from cancer continues to decline and survival rates for many cancers continue to improve." The mainstream media ran wild with the story, universally portraying the report as positive news about cancer. For example, in a report by CBS News on June 3 titled "[Good News, Bad News on Cancer](#)," the only bad news was "Minorities are still more likely than whites to die from cancer." The rest of the extensive article described the supposed good news.

Samuel S. Epstein, MD of the University of Illinois at Chicago is the head of the [Cancer Prevention Coalition](#), a 501(c)3 non-profit organization. An environmental toxicologist, Epstein, the author of a definitive work in the field, *The Politics of Cancer* (1979), has long been in the forefront of challenging the inflated claims of the cancer Establishment. In a telephone conversation on June 14, I asked him about the June 3 official "report to the nation" on progress against cancer.

Samuel S. Epstein, MD: This follows on a whole pattern of similar claims like since Nixon declared the war on cancer in 1971. In 1971, NCI and ACS promised a cure for cancer in time for the nation's Bicentennial in 1976. In 1984 and '86 they declared that mortality would be halved by 2000. Then in 1998 the NCI and ACS claimed they'd "turned the corner on cancer." And then last year Eschenbach [NCI director] made the incredible pledge, which embarrassed even the top NCI staff, that he'd eliminate the suffering and death from cancer by 2015. In a press release I put out some comment on that [asking] had he been talking with God. Shortly after that NCI and ACS claimed that considerable progress had been made in reducing the burden of cancer. So there have been a whole series of these claims. And then on June 3 of this year, they claimed that cancer incidence and death rates are on the decline due to progress in prevention and early detection and treatment. Then all over the newspapers there were claims and headlines that cancer cases and death rates are declining. In the annual report they claimed they were declining by seven or eight percent between 1991 and 2001. However, when you look at this carefully, you find that the declines are largely due to reduction in lung cancer cases

and deaths. . . So that's the major factor. Incidentally, the NCI and ACS have virtually nothing to do with that. The American Heart and Lung Association has played a much greater role. So the major triumphs that they [ACS, NCI] claim are due to their policies are not yet apparent. Over and above that, in the incidence rates there have been major increases in a very wide range of non-smoking cancers, in some instances up to about 100 percent. You wouldn't get that impression at all from reading the [June 3 report]. From 1991 to 2001 you can look at some cancers that have gone up by fifty percent like thyroid cancer's gone up by 50 percent, acute myeloid leukemia by 18 percent, kidney cancer 13 percent, liver cancer 20 percent. Childhood cancers have gone up, too.

Far more importantly, if you look at the data from 1975 to 2001, what you see is increases in some cancers, like non-Hodgkins lymphoma by 70 percent, kidney 70 percent, thyroid 65 percent, testes 50 percent, breast cancer 30 percent, childhood cancers 30 percent, etc. So in fact there's been a massive increase in the incidences of non-smoking cancers from 1975 to 2001 and that increase is being maintained in the last decade or so.

The major decreases are due to reduction in lung cancer from smoking for which their [ACS, NCI] role is, to say the least, questionable. And from 1975 to 2001 the increase in a wide range of non-smoking cancers has been massive and that has persisted over the last decade. They admit that there are "statistical uncertainties related to changes in data collection." Last year, in the 2003 report, they claimed that death rates were stabilizing. Now they've said they're on the decline. So the whole thing is full of holes and the media have been taken for a ride.

Peter Barry Chowka: There was an avalanche of news media coverage of the new report on Thursday, June 3 and in the days afterwards - in fact I have a CBS News transcript on my screen right now. I can't find, as usual, any article that independently asks any questions about this report at all. Is that your impression or your perception as well?

Epstein: It's not my impression. It's a fact.

Chowka: The American Society of Clinical Oncology (ASCO) concluded its meeting a week ago. A *New York Times* article in the paper's business section talked mainly about the rise in stock value of companies that promoted their new drug therapies there. That seems emblematic of what's driving medicine - the search for higher and higher profits based on speculative market trading.

Epstein: The price for the new biotech drugs has increased 500 fold in the last decade.

Chowka: Overall, where are we in the war on cancer?

Epstein: You have to view this in perspective of a whole series of claims over the last 25-30 years. The interesting thing is, if you plot the increase in the incidence of cancer over the last thirty years or so, it parallels the increase in the NCI budget. So the answer to that is, the more money you spend, the more cancer you get.

Chowka: The problems are institutionalized now at every level.

Epstein: There are overwhelming conflicts of interest - the National Cancer Institute, the cancer drug industry, the American Cancer Society, which extend to the petrochemical, oil, steel, and drug

industries. So you're dealing with overwhelming conflicts of interest coupled with professional mindsets which are fixated on damage control and are indifferent to prevention.

An individual critic like Epstein, and a handful of independent journalists and analysts, however, are hard pressed to be heard above the expertly coordinated PR white noise put out by the cancer Establishment. All of the key players - the NCI, the ACS, drug companies, academia - have joined forces in the cancer crusade and it has become virtually unstoppable.

THE ASCO: The Bottom Line Rule

One place where Cancer, Inc.'s policies and agenda are clearly on display is at the annual meeting of the American Society of Clinical Oncology (ASCO), which took place several weeks ago in New Orleans. [Ralph Moss](#), PhD, the respected writer, analyst, and consultant, who attended the meeting as a reporter, was traveling out of the country on June 14 but has generously given permission to quote here from his copyrighted newsletter article about the event:

The first word that comes to mind in reference to ASCO's meeting is huge. There were over 25,000 participants, mostly medical oncologists, and they took over New Orleans' cavernous 1.1 million square foot convention center. They came to lecture and be lectured to about the latest advances in cancer treatment. . .

The takeaway message of the meeting, repeated in a thousand stories, was that "little by little, new targeted therapies are helping cancer patients live longer, even if they do not offer miraculous cures..." . . .

In the meantime the public is kept from seeing the real picture, which is that advanced cancer is no more curable today than it was 30 years ago, a sobering truth that was explored in a memorable [Fortune](#) magazine article recently.

There are a million clever ways to dance around this central fact, but none of them can ultimately obscure the truth about the failure of our war on cancer. You would think that in the face of this failure the oncology profession would be eager to reach out for new ideas and concepts. As I have shown throughout my career, there are abundant new ideas in the world of CAM. But instead of welcoming CAM, the oncology profession reacts to it as if it were a competitive challenge rather than an opportunity. . .

I attended ASCO as a reporter for several CAM-oriented publications and although I was aware of the featured papers I was more interested in gathering information on unusual, unconventional and out-of-the-mainstream treatments than on those that grabbed the headlines. I must say that I came away disappointed. . .the number of presentations on non-toxic or alternative treatments was meager. . .

In the Question and Answer session that followed [one presentation on CAM] one angry doctor assailed parents who expressed a desire to use CAM for their children. These people, he claimed, were actually suffering from a psychopathology (a fancy word for mental disease), and had what he called "control issues" *vis-à-vis* their doctors. (The topic is sensitive since doctors in the US have the legal ability to force pediatric patients to submit to chemo and other conventional treatments.) He also said that doctors who offered alternative treatments were motivated by greed (a charge I

considered hypocritical considering the intimate ties of ASCO and many of its members with the pharmaceutical industry).

The NCI Decides On a CAM Therapy

CAM does not appear to be faring much better at the NCI where an office was set up in 1998 to study it. In May 2001 the NCI's [Office of Cancer Complementary and Alternative Medicine](#) (OCCAM) announced that it would undertake a preliminary review of 714X, a nontoxic alternative cancer treatment legally available in Canada and used by many patients in the U.S., as well. The issue of 714X came to light in the spring of 2001 when leading media in Boston, prompted by patient activists, reported that the prestigious Dana-Farber Institute in Boston had allegedly halted early testing on 714X after unexpectedly obtaining promising results.

As I [wrote](#) at the time, "The case is unique: patients decry a cover up of a promising alternative treatment and the cancer establishment responds almost immediately by promising to review it. The whole episode illustrates the impact that people with cancer, highly motivated and using tools such as the media and the Internet, can have on getting alternative therapies tested at the highest levels of the federal government. And it suggests that a climate of openness is replacing the closed mindedness of the past in terms of national cancer policy."

In an interview on May 30, 2001, OCCAM Director Jeffrey White, MD told me that he hoped to receive clinical reports on patients treated with 714X by mid-August 2001. "Then," he said, "we ought to be able to get that review done in a month's time. Then we'll have to find out when the next meeting of the CAPCAM - the Cancer Advisory Panel for Complementary Alternative Medicine- is and get it [714X] scheduled on the agenda for CAPCAM review."

The process that White suggested would be completed in a matter of months dragged on for three years - during which time over two million more Americans died of cancer. Finally, on June 8, 2004, the *Boston Globe* announced the outcome of OCCAM's protracted preliminary review of 714X.

"The cases of five patients who say they were cured of cancer by a controversial alternative medicine were not compelling enough to justify a government-funded study of the 714X compound, the National Cancer Institute apparently has decided. . . 'The presented data was insufficient to recommend NCI-sponsored research using 714X in the treatment of cancer,' Colleen O. Lee of the NCI's Office of Cancer Complementary and Alternative Medicine wrote in a May 17 e-mail to Gaston Naessens, a Canadian biologist and developer of the compound made from mineral salts, nitrogen-rich camphor and some trace elements."

The *Globe* story continued, "Jacinte Naessens, the wife of the medication's developer, said she believes the NCI review was done simply to take the heat off Dana-Farber. 'I don't think helping patients was the concern,' said Naessens, whose husband speaks no English.

"Dr. Roger H. Rogers, a Canadian primary-care doctor who said he has treated about 400 cancer patients with 714X, said he is puzzled by the NCI decision.

"'A study is certainly warranted, because of the numbers of people who have improved on 714X,' said Rogers, whose practice near Vancouver integrates conventional and alternative medicine.

"He said he first became aware of 714X about 15 years ago when a patient with uterine cancer persuaded him to try it on her. 'I was amazed at her recovery,' he said. 'She had tried chemo and radiation. Nothing worked.'"

On June 15, 2004, one week after the *Boston Globe* article was published, the [OCCAM's Web site](#) did not have any updates on the 714X review - other than a pdf file of a brief, inconclusive [interim report](#) dated July 22, 2003.