OPTIONS
Revolutionary Ideas in the War on Cancer

PEOPLE AGAINST CANCER THE NEWSLETTER OF PEOPLE AGAINST CANCER Volume 4, Number 2, July 1998

Cancer: "The Great New Breakthroughs!"

Editorial

Cancer.

You hear about it. You read about it. You see it on TV.

But there is one thing you never hear. You never hear the truth about cancer.

Every year at fund-raising time, American Cancer and National Cancer trot out the next "Great New Breakthrough."

It is so transparent, it makes me nauseous.

First it was radiotherapy. Then it was chemotherapy. Then it was Interferon. Then it was Tumor Necrosis Factor (TNF). Then Interleukin-2 (IL-2). Then there was Taxol. Where are these great new breakthroughs now?

They are "dull weapons"—nearly useless in the war on cancer.

Now, just like "old faithful," with predictable regularity, spewing forth from the bowels of the cancer establishment, we have not one…not two…not three…but four—count them folks—four, great new breakthroughs.

Step right up.

Something for everyone.

Hold on to your hats.

Lay your money down.

Front Page *New York Times.*

Never before on a single stage.

Four "New Breakthroughs!"

Angiostatin—cures mice.

Herceptin—enhances chemo.

Tamoxifen—causes cancer.

Evista—causes a different cancer.

Give me a break!

The New York Times let Gina Kolata out onto the front page, for the very first time, and what does she do?

She writes an outrageous piece of cure-mongering on angiostatin, so blatant that the stock price jumped 500% in one day. And angiostatin and companion endostatin had never been tested in a single human being.

PT Barnum would have been proud!

Apparently, someone forgot to let Gina in on the cancer establishment's inside joke—"The road to Stockholm is littered with the bodies of Nobel hopefuls who cured cancer in mice."

OPTIONS

Options: Revolutionary Ideas in the War on Cancer is published quarterly as the Newsletter of People Against Cancer. We hope you find it both provocative and informative.

This issue of* Options *explores the media frenzy surrounding the latest "Great New Breakthroughs." Is it Hope or Hoax—or something in between?

ALSO IN THIS ISSUE

PEOPLE AGAINST CANCER

ACS, NCI, and CDC Claim Progress Against Cancer

In March of this year the American Cancer Society (ACS) trumpeted its latest "Progress Report" on the fight against cancer. It also announced its new partnership with the National Cancer Institute in producing the report.

The latest ACS report claimed once again that progress was being made against both cancer incidence and cancer deaths. Their basis? The $500 million organization said that for the period 1990-95, the overall numbers for incidence and deaths were down when compared to 1973-1990.

For half a century ACS has provided reports telling us about progress against cancer. When ACS was founded, cancer touched one person out of approximately five during their lifetime. Today it will hit one man out of every two and one in three women, based on the ACS's own releases.

When ACS was founded, breast cancer struck one woman in 20. Now it's 1 out of 8, according to National Cancer Institute calculations.

Such is "progress."

Yet the actual report might not be reliable and contains little or no support for claiming any progress for chemo, radiation or surgery.

The ACS progress report received a failing grade from bio-statistician Samuel Epstein, M.D. He found the 1998 edition of *Progress Against Cancer: A Report to the Nation* to be grossly misleading—a gross obfuscation at best; at worst a deliberate attempt to mislead."

Dr. Epstein also pointed out that NCI, a full partner in the latest report along with the Center for Disease Control is still analyzing the data. The final data analysis wasn't due to be finished until May, according to Epstein—the month after the ACS annual fund drive. "If they were still analyzing the data, it is difficult to

Progress vs. Cancer cont'd on page 2

Progress vs. Cancer (cont'd from page 1)

understand how they can claim improvement."

He's not the only one to question the "progress" claimed. The highly respected John C. Bailar, MD, at the University of Chicago, said, "I believe they have overstated the extent of the decline by referring to the 1970's." Bailar also disputes the cancer incidence rates relied upon by the ACS for a number of reasons. He much prefers to look at mortality rates, considering incidence rates to be "meaningless."

The ACS fairly agrees with Bailar's assessment of over statement—even if it is hidden on the last page of its report. They point out that a more current standard would have diminished even further its already slight "progress." The disclaimer is nowhere to be found in its widely covered press release, however.

The ACS itself calls their own statistics into question. For example, the incident rates for cancer is based on data collected from only five states and four metropolitan areas. There is no state represented from the entire South. As the ACS article states, "The incidence data presented in this report were derived from selected geographic areas of the U.S. representing only 9.5% of the population."

The five highest States for age-adjusted cancer mortality (Delaware, Louisiana, Maryland, Kentucky and New Jersey) are not included in the incidence statistics. Only Hawaii, New Mexico, Iowa, Connecticut and Utah, with its 70%, healthier-than-average, Mormon population, are used for determining incidence rates.

None of the included states is known for high pollution levels or for high industrial output. According to the most recent NCI SEER statistics, Utah, Hawaii and New Mexico placed first, second and third lowest respectively out of the entire 50 states for age-adjusted cancer mortality! Iowa placed at the 10th lowest. Only 21st best Connecticut comes close to being representative, but is still below the national average.

With one or two exceptions, a similar criticism could be made for the metro areas selected: Atlanta, San Francisco-Oakland, Detroit, Seattle-Puget Sound.

The ACS/NCI report fails to indicate how it is able to determine accurate incidence rates despite using unrepresentative sampling groups.

For instance, what if there has been an increase in the number of new cancers in downwind Maryland, Delaware and New Jersey due to the accident at Three Mile Island? Those three states are in the top five for age-adjusted cancer mortality. There would be no reflection of it, in the incidence tables of the "Progress Report."

ACS, NCI, and CDE "Claim" Progress Against Cancer.

And what about Louisiana, with its "cancer alley" along the heavily industrialized Mississippi River? How would the ACS/NCI "Progress Report" inform us of an outbreak of cancer there? Quite simply, it makes no provision for such a possibility.

The ACS takes great pride in the reduction of lung cancer incidence and deaths. Of course, the decreases are due almost entirely to smoking reductions and improvements in air quality standards, factors that the ACS dragged its feet on for decades.

Another major cause of the tiny over-all reduction of cancer incidence supposedly took place in prostate cancers. But the ACS article points out that the incidence spiked in the late 1980's with the widespread use of PSA testing. The number of new cases dropped when there were fewer middle-aged and elderly men who remained untested.

The following ACS admission adds further irony to their clarion call for early diagnosis of prostate cancer through PSA screening and treatment with chemo, radiation and surgery—"Regions of the country that have experienced the greatest decreases in mortality from prostate cancer are areas that have lower utilization of PSA screening."

Also tucked away in the report is the mention that the five-year downturn is really two years of upturn followed by three years of downturn. The ACS states that the three year downturn is not significant from a statistical vantage point.

That's because increased screening measures for prostate and breast cancer (through increased mammograms) probably produced a rash of early diagnoses in the earlier years followed by a reduction of "positive" findings in succeeding years. In other words, a blip followed by a dip. In the years to come, the rate of new prostate and breast cancers could easily flatten out.

The report also makes no mention of the increase in the numbers of cancer patients who supplement their mainstream treatments with anti-oxidants and other complementary treatments. Rather the report points to the increased incidence in U.S. obesity as reason to disclaim that improvements in diet could be a factor in reduced incidence or death rates. That cavalier dismissal overlooks the subset of people who turn to complementary and alternative practices.

Dr. Charles Simone, a legendary cancer researcher who was trained as an oncologist at NCI and Memorial Sloan Kettering, now see things differently. Simone who has written a book entitled *Cancer and Nutrition* points to what might be the real cause of any progress against cancer—which is the growing use of diet, nutrition and vitamins and minerals by all cancer patients, including those who are taking conventional therapy.

Most studies on complimentary cancer treatments typically show a 40-50% improvement in longevity over the use of mainstream therapies not supported with complementary treatments. Since an increasing minority of people are self medicating with complementary and alternative therapies it would not be surprising that mortality rates might start dropping ever so slightly.

Overall it appears that the choice of the word "progress" against cancer is not reflective of reality in terms of chemo, radiation or surgery. It is those three methods of attack that ACS still supports as its mainstays while also promoting high-tech gene therapy and other unproven modalities such as bone marrow transplants, etc.

But reality hasn't stopped the American Cancer Society from raising $500 million from donations last year—some 50 years after it first began making "progress."

Frank Wiewel, a vocal critic of the cancer establishment points out, "The ACS might have reported real progress if $500 million had been devoted to exploring real innovation—like the methods of Drs. Springer, Burzynski, Revici, Burton, Rader, Gold or Govallo!"

Should Women With Breast Cancer Play Tamoxifen Roulette?

No doubt you've seen and heard the tremendous media hype on the synthetic hormone tamoxifen. The news about tamoxifen swept the nation in early April when the National Cancer Institute held an unprecedented press conference on a study they had sponsored to test tamoxifen as a preventative for breast cancer.

Is it hope or hype?

Four years earlier, the FDA issued a damning press release of its own. The document informed 380,000 oncologists and health care professionals that a stronger warning label would be required for the drug, due to its tendency to cause cancer.

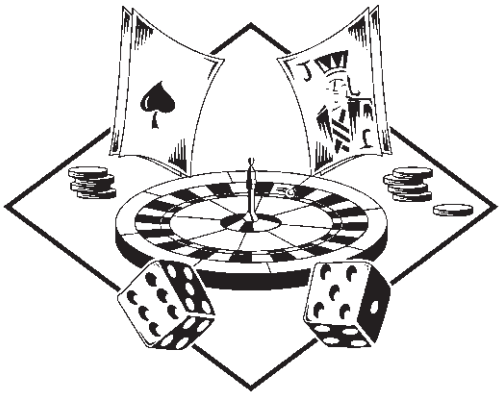
Then FDA Commissioner David Kessler noted that it was "important for women to recognize that there are side effects including an increased risk of uterine cancer." How much risk? A Swedish study with almost 1,400 patients found that uterine cancer jumped a colossal 575%. (Another tamoxifen study indicated a similar spike with the same cancer.) Furthermore, the tumors were much more frequently "high grade," according to a study published in the *Journal of Clinical Oncology* in March of 1994.

Why the hype, then? Is tamoxifen safe or not? And is there a better solution for preventing breast cancer than a drug that apparently trades one cancer for another?

NCI seemed to give tamoxifen a big boost when the lead author for the big study, Dr. Bernard Fisher, boldly announced, "This is now the first study in the world to show that a drug can reduce the incidence of breast cancer." The story received glowing widespread coverage, including all three TV networks and CNN.

But not so fast! NCI director Dr. Richard Klausner told reporters, "There is no simple take-home message. There are important and serious side effects from this drug." In addition to uterine cancer, it also increases the chances of blood clots that could result in strokes or sudden death, and damage to the eyes.

Tibor J. Hegedus PhD, in his book *Indicted: Cancer Research*, writes that tamoxifen does indeed block a cancer-promoting hormone present in breast tissue, but, "When the hormones are blocked



from reaching their primary targets, they are forced to travel to other organs."

Seventeen British researchers also criticized the $65 million NCI funded study for stopping 14 months early. "I think there has been a significant overreaction," stated London's Trevor Powles, MD, who led the first study on the preventive effects of tamoxifen.

The study's early release coincided with the first week of the American Cancer Society's annual fund raising drive. This would not be the first time the two organizations spouted "good news" in recent weeks. Only two weeks earlier, NCI signed onto a major publicity release authored by the American Cancer Society. (See Progress Against Cancer, page 1.)

The up side to tamoxifen, according to the 13,355 woman study, is that it reduced the arrival of breast cancer in the second breast by 45% for those women who already had breast cancer. But, as intimated by Dr. Hedegus above, the patient might be trading cancers by using tamoxifen.

Is there a way to knock back the chance of developing breast cancer without playing Tamoxifen roulette? If the studies are accurate, one way might be the natural soy-based substance called genistein taken with a program of diet and nutrients. Genestein is an isoflavone with steroid-like properties.

In one study conducted by Dr. Walter Troll at the NY University Medical Center showed breast cancer incidence in mice was reduced by 50%. In another study by Dr. Coral A. Lamartiniere of the University of Alabama the incidence of mammary tumors in mice were reduced by 40%. He told an NCI symposium, "This study is the first to show in vivo that genistein can protect against chemically induced cancer."

Not everyone at the symposium was willing to accept the idea of soy, however. Daniel Sheehan, PhD, countered, "I disagree that soy has been proven safe." Of course, soy is a food item on the FDA's GRAS (Generally Regarded as Safe) list.

Meanwhile, researchers at the Wayne Hughes Institute in St. Paul, Minnesota, reported their results with a new treatment they call "EGF-Genistein." According to a study published in *Clinical Cancer Research* in April of this year, the genistein actually reversed human breast cancer in mice and was found to be safe in small animals and monkeys.

The same mechanism found in breast cancer cells is also seen in prostate, ovarian, bladder, liver, lung and melanoma. Thus, the researchers believe that genistein will also be effective against those cancers as well. In fact, Memorial Sloan Kettering researcher, William Fair, MD, is now studying genestein and other nutrients in a four arm clinical trial on prostate cancer at the normally conservative and conventional NYC institution.

Further, Dr. Karl Folkers of the University of Texas and a team of researchers in Europe reported that changes in diet and a specific list of nutrients eliminated breast cancer and prevented its recurrence. They called it the Stockholm Protocol.

While tamoxifen's supposed benefits are restricted to the breast and to only a small percentage of women, it would appear that exercise, a diet high in soy, and supplemental genistein and a comprehensive program such as the Stockholm Protocol might be far more beneficial without the risks of tamoxifen.

Those interested in more information about diet, nutrition and the Stockholm Protocol are urged to join People Against Cancer. 515-972-4444, Fax: 515-972-4415 email: info@PeopleAgainstCancer.com

Angiostatin and Endostatin— A Story of Mice and Men

People with cancer are desperate for hope. And why not—it's about time we had a breakthrough against cancer.

It had been over 25 years since Nixon declared the "war on cancer." And by the year 2000, researchers were predicting that cancer would over take heart disease as the nations number one killer. They said 1 in 2 of us would face cancer in our lifetime. And despite spending over one trillion dollars things looked pretty grim.

But just when things seemed darkest, it was reported that a bright shining star of hope had appeared over Children's Hospital in Boston. In the Sunday Edition, on May 3rd, in a front page story, the *The New York Times* heralded the coming of the next "great new breakthrough" in cancer—Angiostatin and Endostatin.

Could it be? It had all the makings of a 'great new breakthrough'. Angiostatin and Endostatin represented a truly new way to treat cancer—by choking off the tumor's blood supply.

They were in a class of drugs called anti-angiogenic agents. And they worked by stopping the formation of new blood vessels to the tumor. In theory, if the tumor can't get a supply of blood it will starve and die.

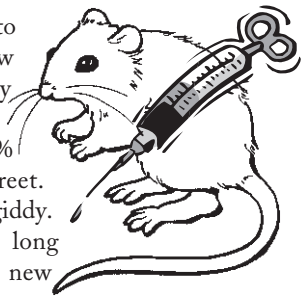
Adding to the hope was the fact that the drugs were being developed by a prestigious researcher at a major medical center, Dr. Judah Folkman. Folkman was revered by his colleagues as a fine scientist who had been doggedly pursuing this new theory for decades. But he insisted on making no claims until his research was completed.

And to top it off, *Times* reporter Gina Kolata, had a quote from Nobel scientist Dr. James Watson, the co-discoverer of the DNA double helix stating, "Judah is going to cure cancer in two years."

The story exploded.

Desperate people called in to talk radio. It was lead story on the evening news. Everyone was taking about it.

And people with cancer were overjoyed. They called People Against Cancer (PAC). They called the American Cancer Society (ACS). They called the National Cancer Institute (NCI). They called their physicians and pleaded with them begging for a chance to get the new drugs. Monday the stock exploded 500% on Wall Street. Investors were giddy.



Finally at long last—a great new breakthrough in cancer.

Only weeks before, the ACS, NCI and the CDC had issued *Progress Against Cancer: A Report to the Nation* (see page 1). It appeared that the much maligned "war on cancer" declared by Richard Nixon nearly a quarter of a century ago was finally paying off.

Or was it…

Folkman was overwhelmed. He canceled all of his public appearances.

Watson was livid. He denied the statements.

As it turns out—no humans had ever been treated with Angiostatin and Endostatin. Only mice.

Folkman said it repeatedly. Watson knew it. And so did the *Times.*

"This is an outrageous hoax, the road to Stockholm is littered with the bodies of Nobel hopefuls who cured cancer in mice!"

—Frank D. Wiewel

Despite the requisite caveats, there was the story on ***page one*** of *The New York Times.*

And the backlash began.

It was bad enough that the drugs had only been tested in mice. People couldn't get the drugs if they wanted them. Even if you had big money.

It was clear that this story had become very big and very dangerous—very quickly. And the cancer establishment was running for cover.

By Wednesday, the cancer establishment needed a scapegoat and they needed it fast. They sent out the director of the NCI Richard Klausner, who admitted apologetically, "The history of cancer research is curing cancer in the mouse." He told the *Los Angeles Times,* "We have cured mice of cancer for decades—and it simply didn't work in people."

"This is an outrageous hoax," said maverick patient advocate Frank Wiewel, "the road to Stockholm is littered with the bodies of Nobel hopefuls who cured cancer in mice. I am outraged that *The New York Times* would engage in such blatant cure-mongering. It is an insult to humanity."

The mild-mannered Folkman had no idea what had just happened. He had never made any claims and stated once again, "This is mice. It's only mice. If you have cancer and you're a mouse, we can take care of you." He had no idea how deep the quick-sand would turn out to be.

The *Los Angeles Times* reported on Wednesday that Kolata's enthusiasm may have been influenced by a potential book deal which her agent reportedly said could be worth "a cool $2 million."

An embarrassed Kolata told *Time* magazine, "any idea was immediately withdrawn."

To add to the mounting controversy, Dr. James Watson, fired off an angry letter to the *Times* demanding a retraction. Watson denied making certain statements and claimed others had been taken out of context.

Time magazine asked, "How did a story about preliminary data on laboratory animals spiral so completely out of control?"

Wiewel answers by saying, *"The Times* and most of the mainstream media are pathetic when it comes to reporting on cancer. They never get it right. The situation has deteriorated to the point that the mainstream media have literally become shills of the cancer industry.

"It was disgusting enough to watch them uncritically report each 'great new breakthrough' trotted out by the ACS every year at fundraising time. Now the mainstream media are creating their own 'great new breakthroughs'."

FDA Raids Minnesota Home

On Thursday, April 23rd, the FDA committed its third raid on the home of Donna Schuster, a long-time retailer of amygdalin and hydrazine sulfate.

Armed government agents from the Office of Criminal Investigations spent 7-1/2 hours at her residence, and confiscated a number of personal items, including unused checks and her most recent Federal Income Tax return. The FDA removed tax returns, unused checks, and Shuster's Power of Attorney.

As for her checks, agent John Redmond commented afterwards, "I didn't think she would need them." He promised that he would return them when he was done but couldn't say when that would be. When he was informed that Schuster's property from a raid of nine years ago hadn't been returned yet, he responded, "That was before my time."

The FDA agents also downloaded her computer and took the names, addresses and phone numbers of all her Great Lakes Metabolics clients. When Federal Express delivered two checks to her that day, the agents confiscated the money.

The agents also walked off with Schuster's power of attorney, which she needs to take care of her ailing, 90-year-old mother.

Schuster says that six or seven agents and a local police officer showed up at her door. She said she sat on a hard kitchen chair during the entire ordeal while the agents went throughout her home looking for "product."

The products they were looking for were a food substance and "a chemical which is available by the train load," Schuster said.

Two of the agents went to her personnel service and told the employees there that they were conducting a "drug" raid on Schuster.

Two agents also tailed her son while he drove his wife to the hospital, picked up his children from preschool and went to a restaurant. Later in the day FDA agents attempted a warrantless search of his home, but were refused admission.

When she was raided nine years ago, the FDA also confiscated her property, including unused checks, business records and client list. Because she was without her records, she was unable to deduct many of her expenses for her tax return that year. She also was forced to pay $275 in fees to her bank to get copies of her canceled checks.

In addition, the agents confiscated the tax returns for a nonprofit organization she helped run called "Committee for Freedom of Choice."

After the 1989 raid, agents subsequently called her clients in an attempt to see if any of them would testify against her. None would.

Schuster says that quite a few of the long-term survivors gave the FDA agents an earful. Many of her customers are quite old, however, and she was concerned about the intimidating factor that federal agents might pose to those people.

"I've never gotten anything back from 1989," reports Schuster, although no charges were ever brought against her.

Schuster's lawyer, James Malcolm Williams said, "Based on the law and the constitution, it's illegal, but in the real world they [the FDA] can do whatever they want."

The first raid, which took place in 1975, cost her $50,000 in legal expenses. The FDA dropped all charges prior to trial. According to Schuster, a trial would have cast light on an illegal attempt by the FDA to frame her and others in what became known as the "Great Apricot Kernel Gang."

That episode spurred the syndicated columnist, James J. Kilpatrick, to write quite a few columns about the fiasco. Schuster has a copy of four of them framed on her office wall. She commented that on their most recent intrusion, "A couple of the agents stood there and read them."

The 1989 raid followed a widely placed ad that appeared in *The New York Times, The Washington Post,* and elsewhere which strongly attacked the federal government for its role in suppressing hydrazine sulfate.

The most recent raid followed a similar pattern. Bob Guccione's *Penthouse Magazine* published an article about hydrazine sulfate and NCI's alleged intentionally botched study on it. Once again Guccione ran ads in the major newspapers, declaring, "In the war against cancer, the National Cancer Institute is the enemy." [See *Options,* March 1998.]

Shortly thereafter, the FDA raided Schuster's supplier in St. Louisville, Ohio. The affidavit for the Schuster search warrant apparently originated from *that* state. One of the agents also told an employee at Interim personnel service that the Schuster raid "was connected to another case."

The hydrazine capsules sell for $20 per hundred capsules. Schuster hasn't raised the price in 20 years. According to Dr. Gold's protocol, three bottles are all that are needed for 2 six-week cycles of treatment. Some people continue to use the substance for years.

Schuster does not advise customers on the usage, nor on the chemical's supposed benefits, as the FDA found when they called her customers in 1989.

Schuster says that she was ready for them this time and "It's business as usual," at her Rochester, Minnesota home (Order line 507-288-2348). "Last time they put me out of business for six weeks."

U.S. Attorney Allison Vander Vort refused to comment on any aspect of the case. The affidavit, which was filed with the magistrate to obtain the warrant, was placed "under seal," according to Vander Vort. Williams commented that federal agencies, "Do that all the time whenever they want to cover themselves."

Although Schuster and her attorney theoretically have a legal right to see the affidavit, it would require expensive legal maneuvering to obtain it according to Williams.

FDA officials haven't said what they plan to do next. But one FDA spokesperson for the Office of Criminal Investigations said, "That type of raid is done to put people in jail."

Schuster has maintained a happy, conversational demeanor even after the latest attack on her privacy and freedom. Still, the unwelcome government invasion of her home does not sit well with Donna, "I'm so mad—the more I think about it the madder I get."

Vitamin E Lowers Prostate Cancer Death Rate By A Whopping 41%!

WASHINGTON - The risk of prostate cancer was reduced by a third and the death rate from the disease was 41 per cent lower among men who took vitamin E pills, according to a study of thousands of smokers in Finland.

A study published recently in the Journal of the National Cancer Institute (NCI) showed that vitamin E strongly blocks development of prostate cancer, a disease that kills almost 40,000 American men annually.

"There may be a pattern developing of some kind of broad cancer preventive effect from vitamin E," said Dr. Demetrius Albanes, an NCI researcher and co-author of the study.

The study, involving thousands of smokers in Finland, measured the anti-cancer effects of both vitamin E and beta carotene, a form of vitamin A.

Albanes said that although both vitamins appear to neutralize a destructive form of oxygen in cells, only vitamin E appears to give a statistically significant protection against cancer.

"In fact," said Albanes, "the data suggest that beta carotene users in the study were about 16 percent more likely to develop lung cancer." This result, first reported three years ago, startled many, who had expected beta carotene to be proved as a cancer preventive.

However, other researchers disagree. Frank Wiewel, former chairman of the pharmacological and biological treatments committee at the Office of Alternative Medicine (OAM) at the National Institutes of Health (NIH) points out, "The people in the trial were heavy smokers, former heavy smokers and drinkers who had been exposed to asbestos, a known carcinogen. Further, researchers then gave the volunteers a chemical form of Beta-carotene that contained a dye which animal studies had shown was a carcinogen. It is not surprising that in this group there may have been an increased cancer risk.

"However, in the study volunteers who quit smoking there was a 20% reduction in cancer risk."

Albanes said detailed analysis of the study shows that vitamin E, in the form of alpha tocopherol, also provides some protection against colorectal cancer, and there may be a very slight protective effect against lung cancer among men who used the vitamin for long periods. The data related to these diseases, however, is not as clear as the dramatic difference vitamin E makes against prostate cancer.

"Where is the media when you have a genuine 'great new breakthrough'? Vitamin E is one of the safest substances on earth. It is inexpensive. It can prevent heart disease and cancer. It lowers the death rate from prostate cancer by a whopping 41%—and researchers want further studies."

—Frank D. Wiewel

"This is a striking one-third reduction in the incidence of prostate cancer and an even more impressive reduction in the rate of prostate cancer deaths," said Albanes, who participated with researchers from the University of Helsinki, Finland, in the study.

Dr. Ishwarlal Jialal, a researcher at the University of Texas, Southwestern Medical Center, in Dallas, said the study "is a very significant observation" on the anti-cancer effects of vitamin E.

However, he said, "It needs to be confirmed by another group study, especially among non-smokers."

Jialal said his earlier research has shown that vitamin E helps reduce heart disease and has other benefits.

The Finnish study involved 29,133 male smokers, ages 50 to 69, who had been selected to take part in a lung cancer study evaluating the effect of beta carotene and vitamin E on smokers. The men were divided into four groups. One group took beta carotene supplements; another took vitamin E; a third took a combination of the two, while the last group took only placebo.

The vitamin E dosage was 50 mg a day, which is the equivalent of 50 international units. This is about five times the recommended minimum daily intake for men, said Albanes, and about 2-1/2 times what most people get from food.

After five to eight years on the supplements, Albanes said, the 14,564 men taking vitamin E alone or with beta carotene had 32 percent fewer cases of prostate cancer than the 14,569 who did not take vitamin E.

Additionally, there were 41 percent fewer prostate cancer deaths among men taking vitamin E, researchers said.

Taking the vitamin E supplement, however, was not risk-free, said Albanes. Among those taking the vitamin, there were 66 deaths from the cerebral hemorrhage, or bleeding, type of stroke, compared with 44 such deaths among the men not taking vitamin E.

"This is one of the potential downsides that was observed," said Albanes. "Vitamin E is known to have some effect on blood clotting."

Although the finding for vitamin E is encouraging, he said it is premature to recommend that everybody start taking vitamin E supplements. Albanes said there needs to be another long-term study involving non-smokers and people of different races and ethnic backgrounds.

Foods rich in vitamin E include vegetable oils, particularly those from safflower, sunflower and cotton seeds; wheat germ and whole grains; and whole nuts, such as almonds.

But to get 50 IU of vitamin E from such foods, said Albanes, would mean consuming a great deal of extra dietary fat, which may not be beneficial.

"Where is the media when you have a genuine 'great new breakthrough'?" says Wiewel. "Vitamin E is one of the safest substances on earth. It is inexpensive. It prevents heart disease and cancer. It lowers the death rate from prostate cancer by a whopping 41%—and researchers want further studies."

This should be front page *New York Times.* Where are the NCI, ACS and CDC press releases about a "great new breakthrough" now?

Stop smoking, don't work with asbestos. Get plenty of exercise and rest. Love yourself and your fellow man. Eat a good diet and take your natural source beta carotene with vitamins C, E and selenium and throw in some CoQ10 for good measure.

Drug Industry Holds a "Cancer March"

"Grassroots" Push for Cancer War II

Have you heard about "The March" yet? It's a rally against cancer, which will be held September 26, 1998 in Washington D.C. and elsewhere.

Its promoters emphasize it's a "grassroots" effort to increase funding for research and treatment.

Grassroots need seeds to grow. Who seeded The March?

According to spokesperson Rosemary Wussler, the drug industry did. "We have received tremendous support from Bristol-Myers-squibb, Glaxo-Wellcome, Pharmacia & Upjohn, [etc.]"

While grassroots donations are being sought, the current industry seed money totals over three million dollars.

Although the NCI is forbidden to be a part of advocacy action, Wussler stated that March president Ellen Stovall, "is in daily contact with NCI Director Richard Klausner."

The American Cancer Society is also on board. The ACS has already provided a 38-page *Cancer Facts & Figures—1998* for distribution by organizers. The ACS magazine acknowledges "a generous grant from Glaxo-Wellcome" and twice includes its logo.

In 1971 President Nixon declared a "War on Cancer" and promised to spend $1 billion a year to find a cure. Today, NCI spends $2 billion each year.

March literature says $2 billion per year is far too little. In effect, The March is a declaration of Cancer War II, according to March supporter Dr. Donald S. Coffee, American Association for Cancer Research president. "We need to attack it with a real war effort."

The March organizers say the way to win this war is by dramatically increasing taxpayer funding for NCI, which has actively thwarted alternatives such as IAT, antineoplastons and hydrazine sulfate.

Former Congressman Berkley Bedell, who helped create the Office of Alternative Medicine, is not so sure. "I don't see much sense in increased funding for NCI when it hasn't done much of anything with the money it already has."

"And they will march. They will march like lemmings to be dashed against the rocks of conventional therapy. And they will be happy about it. Marching in the name of cancer. But money won't solve the problems of the cancer industry," says People Against Cancer founder Frank Wiewel. "Since 1971, they have squandered over a trillion dollars and what have we to show? Not one more red cent for their stinking war."

New PSA Test Shows Promise

A biopsy to determine if a man has prostate cancer can be dangerous, expensive, and can spread the cancer.

But a new test recently approved by the Food and Drug Administration may help to identify those who truly need a biopsy and perhaps identify prostate cancer without a biopsy.

The PSA is the traditional test to determine if a person has prostate cancer or needs a biopsy to confirm the diagnosis. The PSA test measures both the psa which is bound or attached to another blood protein, and the rest of the unbound or "free psa". The new test determines the percent of "free psa" which is not attached.

The old PSA was reported by some researchers to be inaccurate in as high as 75% in certain cases causing anxiety and unnecessary biopsies. The new Free PSA test is more accurate.

Researchers at Washington Medical School in St Louis published a study in the May 20 issue of the *Journal of the American Medical Association (JAMA)* which found that they could reduce needless biopsies in those with borderline psa readings by only doing biopsies on those with free PSA which was less than 25%. The researchers reported they could find 95% as many cancers in this manner.

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People Against Cancer

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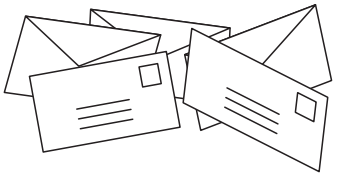

Letters From The Front

The Honorable Tom Harkin
US Senate
150 First Ave NE, Suite 370
Cedar Rapids, IA 52401

Dear Senator,

As a survivor of six brain tumor surgeries, I would like to thank you for monitoring the actions of the FDA through the NDA [New Drug Approval] process for Dr. Burzynski's antineoplastons.

I believe that the approval of this treatment is critical so that it may become accessible for all the brain tumor patients, especially those for whom early diagnosis is most critical—children.

Perhaps if this treatment had been available at the time of my diagnosis, I would not have had to endure many months of hospitalization, rehabilitation and permanent disabilities.

Thank you for taking time from your busy schedule to read this…

Respectfully,
Bill Asenjo, PhD candidate, CRC
Rehabilitation Counselor Education
The University of Iowa
basenjo@avalon.net

Dr. Georg Springer Dies in Chicago

It is with a heavy heart that I write to inform you of Dr. Springer's passing. For more than 20 years, Dr. Springer has been treating breast cancer patients with an immunotherapy vaccine that he originally derived to treat his wife, Heather M. Bligh, when she was diagnosed with metastatic cancer. Instead of living the predicted one year, she lived for six on her husbands vaccine.

Dr. Springer's immunotherapy program has been shown to have considerably more success in treating Stage II to Stage IV breast cancer than with conventional therapy alone. Over 70 patients from around the world receive his vaccine, which is unfortunately not available to new patients due to the FDA's intervention.

For the last several years of his life, Dr. Springer strove to continue to make his vaccine available to his patients despite the intervention of the FDA…We, his patients, owe him a debt that surpasses any other. He fought for us. He treated those of us who by most standards were no longer treatable. He allowed many of us to enjoy that which we one considered out of the realm of possibility—good health.

He was a great man, and will be deeply missed.

Sincerely,
Ann Loeser
(A Springer patient since 1993)

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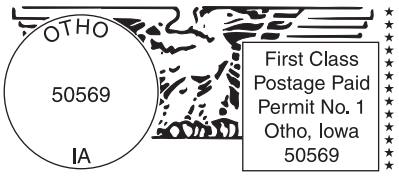

New Directions in the War on Cancer