

# OPTIONS

*Revolutionary Ideas in the War on Cancer*



PEOPLE  
AGAINST  
CANCER

THE NEWSLETTER OF PEOPLE AGAINST CANCER

Volume 2, Number 2, August 1996

## NY Times Declares A "War On Alternatives"

Editorial

*"Alternatives have grown into big business and a powerful force in modern medicine, alarming many in the medical establishment and largely escaping scrutiny...over the last 10 years more people have been turning to alternative therapies than ever before."*

—New York Times

In an unprecedented front page series, the *New York Times* has fired the opening volley of the latest battle in the Great Medical Monopoly Wars. The series entitled *On The Fringes of Health Care, Untested Therapies Thrive* began on June 17th, just in time to influence the Congressional hearings in Washington on the Access To Medical Treatments Act. The no holds barred attack was surprising in its ferocity even considering the *Times* historic position as the upholders of the status quo in medicine. On July 24th they attacked Dr Stanislaw Burzynski.

The *Times* quoted un-named "critics" who point to "the dangers posed by some alternative treatments." Their pathetic editorializing disguised as journalism plunged to an all-time low as they quote Dr Arther Caplan who is "gravely concerned that because of alternative medicine some patients will reject reliable mainstream medicine."

I suppose that they could be referring to chemotherapy which has a "reliable" record of failure. Eighty percent of those taking chemotherapy for cancer have no survival benefit.

I am gravely concerned that the "mother ship" is late in returning to take these people back to the planet where they belong.

My God what has become of us. That we will allow such an outrage to continue.

*Do not go gentle into that good-night  
rage—rage against the dying of the light.*

—Dylan Thomas ☞

## 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.

### People Against Cancer announces a new and more comprehensive Alternative Therapy Program

#### 1 Send Medical History Questionnaire and Medical Records

The Alternative Therapy Program for People with Cancer

1. Send Medical History Questionnaire and Medical Records

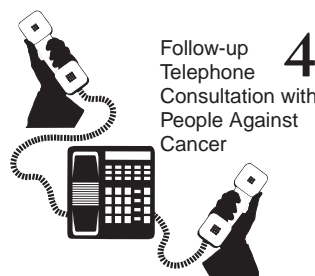
2. Review by physicians on IPN

3. Personalized written report

4. Follow-up Telephone Consultation with People Against Cancer



#### 2 Review by physicians on IPN



#### 4 Follow-up Telephone Consultation with People Against Cancer

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PEOPLE  
AGAINST  
CANCER

## Pesticides Risks May be a 1,000,000 Times Worse!

On June 7, 1996, researchers issued a shocking warning about pesticides in the prestigious journal *Science*. They may be millions of times more dangerous than once suspected.

In an article entitled *Synergistic Activation of Estrogen Receptor with Combinations of Environmental Chemicals*, the researchers write, "Certain chemicals in the environment are estrogenic. The low potencies of these compounds when studied singly, suggest that they have little effect on biological systems. Combinations of two weak environmental estrogens...were 1000 times as potent...The synergistic interaction of chemical mixtures with the estrogen receptor may have profound environmental implications."

While this report shocked many in the conventional medical world, researchers such

as Samuel Epstein has warned of this danger over two decades ago in his classic exposé *The Politics of Cancer*. Epstein, a professor of environmental medicine at the University of Illinois in Chicago is also the current chairman of the Cancer Prevention Coalition (CPC).

The Coalition, joined by over 30 International environmental groups including People Against Cancer, sent an "urgent warning" in the form of a petition to the Environmental Protection Agency (EPA) regarding these latest findings. Epstein and the Coalition charge that the EPA has actually taken a major step backward by proposing new changes for risk assessment which will result in "more chemicals in the environment." The Coalition charges that the EPA's new

*Pesticide Risk* continued on page 2

## Pesticide Risk (continued)

*Proposed Guidelines for Carcinogenic Risk Assessment* will “downplay animal testing data which are highly predictive to humans” stating “all 23 recognized human carcinogens scientifically tested also cause cancer in animals.” They further charge that the EPA has abandoned science in suggesting that there is a threshold level for carcinogens, stating, “Science has never been able to set tolerances for any one carcinogen, let alone the multiple of chemical risks people are exposed to in the environment.” Further they suggest that the EPA will “make risk prevention impossible by insisting on after the fact human data.”

People Against Cancer director, Frank D Wiewel told *Options*, “EPA has spit in the face of science and the people they are sworn to serve. This is an outrage. The EPA found 60-80 pesticides in the average American ‘foodbasket.’ Considering the shocking findings recently published in *Science*, the EPA proposal is shameful. It now appears the risk could be millions of times greater than once expected.”

Other critics agree, Epstein writes, “EPA’s guidelines are unrealistically fixated on risk assessment for individual carcinogens rather than on the aggregate risks posed by a multiplicity of industrial carcinogens, with multiple routes of exposure, in the food, air, water and workplace.”

Heralded as “one of the pre-eminent geniuses of our time” by Albert Sweitzer, Max Gerson, MD, developer of the Gerson Cancer Therapy, suggested, over 50 years ago, that we “eat only organic.” Recently published research by Gar Hildenbrand et al, and supported by the Rockefeller Foundation now confirms the effectiveness of such an approach.

Not surprisingly, however, industry spokesman herald the new guidelines as “realistic” and agree with EPA’s suggestion that the new proposal will “modernize the science of risk assessment.”

Wiewel told *Options*, “This year over a million Americans will be diagnosed with cancer and over 600,000 will die. Faced with this unprecedented crisis, this may be little more than EPA’s attempt to ‘modernize expectations.’” ☐

## US House Holds Hearings On Access To Medical Treatments Act—Now To Senate

On July 30, 1996, the US House Committee on Health and the Environment held hearings into the Access to Medical Treatments Act (AMTA). The Act (S-1035) was originally introduced by Senate Minority Leader, Tom Daschle (D-SD) and supported by many in the senate including Presidential hopeful, Robert Dole (R-KS). The Act would allow physicians and patients free access to therapies not yet approved by FDA, in the hope of saving lives and alleviating suffering. Frank D Wiewel of People Against Cancer called the AMTA “the most important bill of our lifetime.”

Supporters of the Act claim this bill represents a revolutionary new direction in health care reform which has garnered wide bi-partisan support. “Both Democrats and Republicans are supporting this bill,” says former Iowa Congressman Berkley Bedell who was instrumental in the drafting of the original legislation. “But we need the people to let the Congress know they think it is very important.”

In Congressional testimony, Berkley Bedell presented two unprecedented national polls which indicate that the majority of conventional oncologists and cardiologists favor making unapproved drugs, with proper warnings, available for use. Bedell testified, “This is this Access Bill (AMTA)!”

In earlier Congressional testimony,

*“It breaks my heart to tell people these therapies are not available because of the government.”*

—Former Congressman Berkley Bedell

Bedell had cited serious problems with health care in our country saying, “It is illegal for anyone to use a medicine without spending millions of dollars for FDA approval.”

Speaking from experience, Bedell cited significant difficulties in accessing medical treatment when he was forced to

go outside of the medical profession, outside of the law and outside of the country for treatment of his lyme disease and prostate cancer, which failed to respond to conventional treatment. He went on to say, “It breaks my heart to tell people these therapies are not available in America because of the government.”

### Cure Worse Than the Disease

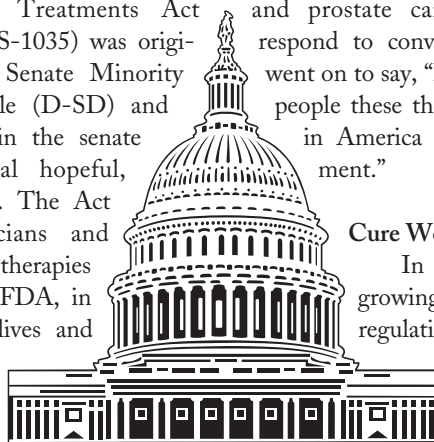
In an attempt to quell the growing controversy on FDA regulations for the approval of cancer therapies, which required 10-15 years of research and \$100 to \$500 million,

FDA director Kessler recently held a press conference. And flanked by President Clinton, announced new regulations to speed up approval time of new drugs. But critics denounced the new regulations and the motives behind them.

“This was a charade—more smoke and mirrors from FDA,” charged Frank D Wiewel. “I think the FDA was terribly misguided. They simply lowered the standard to allow more drug treatments like chemotherapy which are largely useless. According to the new rules, you no longer have to demonstrate that extraordinarily expensive and extremely dangerous therapies make people live longer. What kind of horrible joke is this? They should evaluate promising alternative therapies like every other civilized country on earth.”

Michael Evers, director of Project Cure, put it more simply, saying, “Kessler was just trying to save his job. He was under tremendous pressure to do something. He just did the wrong thing.” Evers, an attorney and long time critic of the cancer establishment, wrote a background paper for the Office of Technology Assessments study called *Unconventional Cancer Treatments*, orthodox and alternative physicians alike, of a therapy.

While nationally recognized experts argue, current FDA policy virtually eliminates competition and guarantees high cost medicine, FDA testified against the bill saying they are doing everything possible to approve new drugs. ☐



## Dr Stanislaw Burzynski Singled Out for Attack by *NY Times* in a Series of Front Page Articles on the “Dangers” of Alternative Medicine

The *NY Times* has entered the Great medical Monopoly Wars on the side of the medical establishment in an unprecedented front page series attacking alternative medicine.

In the latest battle, on July 24, 1996, Texas cancer specialist Dr Stanislaw Burzynski was singled out for a ferocious attack by the *NY Times* in another front page story.

The *NY Times* series began with a page 1 story on June 6, 1996, entitled *On Fringes of Health Care, Untested Therapies Thrive*. In the first article of the series, the *Times* took on all of alternative medicine writing, “from green algae pills to coffee enemas, from acupuncture to aromatherapy, alternative medical treatments have grown into a big business and a powerful force in modern medicine alarming many in the medical establishment.”

Setting the tone for future articles in the series, the *Times* quotes recognized medical spokesperson Dr Arthur Caplan from University of Pennsylvania as, “gravely concerned that because of alternative medicine, some patients will reject reliable mainstream treatments.”

In the latest story on Burzynski, the maverick cancer researcher from Houston, Texas, was attacked by the *Times* that wrote of his medicine, “established authorities in science and medicine say there is no evidence that it works...hope may be all that is offered.”

But the *Times* didn't print the other side of the story provided by the Burzynski patient group, in recent Congressional testimony, which revealed that even the highest ranking members of the National Cancer Institute admitted that “the human brain tumor responses are real.”

But the controversy is nothing new to Dr Burzynski, the Polish immigrant who came to America to escape the tyranny of the Communist system only to find a more organized and deliberate kind of opposition in America.

*Options* readers may remember the trials and tribulations Burzynski has faced while trying to treat patients with his innovative cancer therapy called antineoplastons. In March 1983, the FDA filed a



*Dr Stanislaw Burzynski's Clinic is still open despite numerous government investigations.*

lawsuit against Burzynski alleging interstate shipment of his medicines. The US District Court Judge McDonald ruled against FDA and allowed Burzynski to treat patients within Texas but not to ship the medicine interstate. On July 17, 1985,

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*To many of his desperately ill cancer patients who have not found a conventional cure, Dr Burzynski remains a hero despite his legal troubles.*

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—*NY Times*

Burzynski's Clinic was raided by FDA agents who confiscated all of the confidential patient records. Burzynski was not allowed to copy the records so he could properly treat the patients. In 1986, a US Attorney, Henry Oncken, launched a grand jury investigation into Burzynski's Clinic. Oncken, the US Attorney, was forced to resign. Later in 1986, Burzynski patients sued Aetna Insurance for failing to pay claims. Aetna then filed a racketeering (RICO) lawsuit against Burzynski. Burzynski countersued with a RICO action against Aetna. The Aetna suit against Burzynski was dropped. In 1988, the Texas State Board of Medical Examiners (TSBME) filed suit to take Burzynski's medical license. In 1993, a Texas judge ruled for Burzynski—the treatment was legal. In 1994, TSBME ignored the judge, suspended his license and put Burzynski on probation for 10

years. Burzynski appealed. On February 3, 1995, ruled in favor of Burzynski on Appeal saying the TSBME's action was “arbitrary, capricious and characterized by abuse of discretion.” TSBME appealed. On March 24, 1995, FDA and USPS Officials raided Burzynski's Clinic after a congressional hearing. On September 7th in a letter to US Attorney General Janet Reno, Barton called for a full Justice Department investigation into “very disturbing charges involving the US Attorney's office in Houston” and cited, “charges of a pattern of overzealous enforcement” against Burzynski. Barton went on to reveal, “It indicates to me that here is some sort of vendetta against Dr Burzynski.” Barton wrote further, “According to this testimony, Dr Burzynski has been the victim of extraordinary abuse of our legal system.”

Yet Dr Burzynski still fights on.

In the most recent battles, a judge ordered Burzynski to stop treating patients ruling that Burzynski was engaging in interstate commerce by allowing patients to take medicines home across state lines. However, at the request of Burzynski's patients, Congressional Hearings were held and the FDA relented and agreed to allow patients to be treated but only after having all forms of conventional therapy first and only in clinical trials. And Burzynski was given an unprecedented restriction. While conventional medicines are routinely used for all kinds of cancer after being approved for a single cancer—FDA demanded that Burzynski must prepare a separate and individual request for an FDA Investigational New Drug (IND) Permit—on each and every kind of cancer to be treated.

In Congressional Hearings on the Access to Medical Treatments Act (AMTA), held July 30, 1996, FDA testified it was doing everything possible to make alternative treatments accessible to patients.

*Those who wish to help the Burzynski patients can send their donation to: Burzynski Legal Defense Fund, P.O. Box 1770, Pacific Palisades, CA 90272, 317-971-6536. ☐*

## *Dr Harris Coulter to Present Govallo Paper to Major World Conferences in Naples and Tel Aviv!*

Dr Harris Coulter will bring the Govallo treatment for cancer, VG-1000, to world attention at two international congresses this autumn—the 51st Congress of the International Homeopathic League in Naples, Italy and the Third Dead Sea Conference on “The Crisis of the Immune System” in Tel Aviv, Israel.

Twenty years ago, Valentin I Govallo, a Russian Immunologist, discovered substances contained in the human placenta which fight cancer. In 1974 Govallo treated 45 patients with advanced cancer, a remarkable 29 of the original 45 remain alive today for a 64.4% 20 year survival rate.

Govallo's research started in the early 1970s when he found an enormous number of women coming into his clinic with miscarriages—not one or two, but five or six or more. He found that in regions suffering from ecological disturbances, such as in Chernobyl and areas of high pesticide contamination, there is a high incidence of complications of pregnancy and miscarriage. He found that a woman must have an immune system in good shape for pregnancy to be a success. Describing that the mother must be able to recognize the gametes (sex cells) of the husband.

Taking his orientation from the treatment of miscarriage, he developed a new approach to the treatment of tumors. Govallo says, “Tumors are very intelligent beings. They have figured out a way to turn on the host immune system, like a burglar who switches off the burglar alarm before he goes into the house.” So Govallo started working to suppress the tumor's immune system. He finally realized that the tumor doesn't obey the host—doesn't ask permission so to speak. It can switch off host immunity.

In his landmark book entitled *The Immunology of Pregnancy and Cancer*, Govallo wrote, “The tumor possesses its own immunity against the host. If you don't suppress the tumor's immune system you won't get anywhere. If you can suppress the tumor's immunity even a dying

patient can overcome the tumor. After all, the person with cancer can recover from a cold or flu. The immunity is generally in good shape; only the part of the immunity which would neutralize the tumor is impaired.”

Govallo treated nearly a hundred patients and his 10 year survival is about 70%. Govallo states, “You can only be sure of survival when the patient has survived 10 years.”

Back in January 1, 1996, People Against Cancer announced that Clinical Trials of the Govallo Therapy will begin in Freeport, Bahamas at the Immunology Researching Centre. People Against Cancer will assist in collection of the data in their newly announced Alternative Therapy Evaluation Program (*Options* 6).

In Coulter's presentation in Naples, he will stress that Homeopathic treatment has always been oriented at strengthening the immune system of the patient. Hence the Govallo treatment for cancer is a topic of great interest to homeopathic physicians. And the theme of the third Dead Sea Conference this year in Israel—“The Crisis of the Immune System”—is additional evidence that immune-system weakness is a growing threat to world health.

The industrially developed countries, which have largely overcome the threat posed by unsanitary living conditions and prevalence of infectious diseases, have boasted of the longest life-expectancy and best overall health conditions. But today it seems that the artificial environments created in these countries, with vaccinations against every conceivable disease of childhood and ready access to medications for any and all illnesses, have brought on a crisis of the immune system due to the unending interference in natural processes. Vaccinations and overmedication, which prevent the immune system from becoming strengthened, are the newest threats to the public health causing cancer, AIDS, and the autoimmune diseases which account for so much morbidity and

mortality in 20th-century societies.

These and other topics will be discussed at the above two congresses.

Dr Coulter will describe the theory, and practice of the Govallo treatment for cancer, basing his presentation on the experience accumulated to date in treating patients in Moscow and Freeport through the help of the Alternative Therapy Evaluation Program of People Against Cancer.

This comes at a time when the IAT Clinic in Freeport is prepared to offer the Govallo treatment on a systematic basis as part of its overall program of cancer prophylaxis and therapy.

Dr Coulter, through his company Empirical Therapies, Inc., is responsible for arranging to provide Govallo's medicine to those in the West. Now the Govallo medicine, known as VG-1000, will be made in Freeport and will be available to select cancer patients in clinical trials scheduled to begin again in Freeport in September 1996.

In his presentation at both International conferences, Dr. Coulter will emphasize that VG-1000, like all other immune therapies, works best in patients recently diagnosed with cancer and who have not been extensively treated with radiation or chemotherapy. In other words, this medicine is clearly indicated as the first line of treatment for cancer. Coulter will suggest that the patient who has used it can always be treated at a later stage with radiation or chemotherapy, if the cancer persists; however, using these two radical and toxic techniques at an early stage in cancer treatment makes it more difficult to treat the patient later with VG-1000.

Dr. Coulter states, “this gentle, non-invasive, and non-toxic treatment, can be administered rapidly and easily and has no side effects other than the patient's own curative reaction. Further he suggests that it could be a first choice of any patient recently diagnosed with cancer.

*For information on the Govallo Clinical Trials call: 515-972-4444. ☐*

# People Against Cancer Announces a New Alternative Therapy Program

People Against Cancer, a non-profit public interest group, has developed a revolutionary new program for people with cancer called the Alternative Therapy Program. The goal of this program is to provide options for people with cancer. Our aim is to answer the complex questions about treatment alternatives. What therapy might be best? What approach might offer the best chances for survival and quality of life? We feel it is important to understand all options from conventional to alternatives in order for people to make truly informed decisions about treatment. We believe people with cancer have very fundamental rights—the right to know and the right to choose.

People Against Cancer does not recommend any specific treatment. We provide information about treatment options. We have developed the International Physicians Network (IPN) to review patient records and provide recommendations for treatment options. Only physicians and researchers who have provided People Against Cancer with valid data about their treatments and results have been included in this Network (IPN). Through the Network, we put all vital medical information from people with cancer directly into the hands of physicians and researchers, in the United States and throughout the world, for their recommendations. Additionally, we offer a wide range of educational materials including books, journal articles, audio and video tapes on a wide range of issues of interest to people with cancer.

We are not financially affiliated with any specific physician or clinic. We receive no funds or referral fees from anyone treating cancer. We are completely independent and act as the advocate of people with cancer. We have, however, developed a program called the Alternative Therapy Evaluation Program through which we seek funding to scientifically evaluate promising alternative therapies. We do not diagnose, prescribe or make treatment recommendations—we provide options. We educate with unbiased information toward informed choice.

To access the Alternative Therapy Program, we ask that individuals first join People Against Cancer as Sustaining Members. We ask that individuals then fill out a copy of our Medical History Questionnaire and provide us with photo-

copies of all medical records from the diagnosis to the present time.

**We require the following records (1-5) to be separated and placed on top of all other medical records:**

- 1 ☐ Sustaining Membership to People Against Cancer (\$450);
- 2 ☐ Completed Medical History Questionnaire;
- 3 ☐ Original pathology report and any subsequent pathology reports;
- 4 ☐ Complete blood count (CBC) with differential and blood chemistry (SMAC-22 or CHEM-22, to include 22 determinations or more—**these tests must be taken within the last 14 days**);
- 5 ☐ Written reports on all x-rays, CT-SCANS, or MRIs; and

**IMPORTANT—The above records must be separated and placed on top of all other medical records (below) to avoid delays of up to a week.**

- 6 ☐ Photocopies of all medical records from the diagnosis to the present time.

The Medical History Questionnaire and select medical records are then faxed by People Against Cancer to select physicians and researchers in the People Against Cancer's International Physicians Network. Those who feel they can help will generally describe their treatment protocol, entrance criteria, past results with the particular type of cancer, cost of the therapy and potential insurance coverage. In some cases, they may be able to inde-

pendently provide the name and phone number of someone who has been treated with a similar cancer in a similar stage. After five working days, a written report will be prepared and sent to the person with cancer via priority mail. Then we ask the person with cancer to call People Against Cancer and schedule an appointment for a telephone consultation to discuss further details and ask any questions. **IMPORTANT: IT IS THE PATIENT'S RESPONSIBILITY TO CALL TO SCHEDULE THE APPOINTMENT.**

The cost of Sustaining Membership is \$450. This helps us to cover the significant costs of operating the Alternative Therapy Program. In addition to our Alternative Therapy Program, which includes the detailed written report and follow-up consultation, Sustaining Members will receive a year subscription to our Newsletter entitled, *Options: Revolutionary Ideas in the War on Cancer*.

As a non-profit, charitable, public benefit organization, we expend all our funds in services to people with cancer. For your convenience we accept Visa, Mastercard, and personal checks. We are registered with the IRS under a 501 (c) (3) designation, (ID #3000289). All donations are tax-deductible.

For your convenience, on the next page, we have provided a copy of our Medical History Questionnaire.

To participate in the Program call 515-972-4444 between 9 a.m.-5 p.m. Central Time, Monday-Friday. ☎



PEOPLE  
AGAINST  
CANCER

# Medical History Questionnaire

604 East St. • P.O. Box 10 • Otho, Iowa 50569 • 515-972-4444 • Fax: 515-972-4415

PLEASE PRINT CLEARLY OR TYPE!

DATE \_\_\_\_\_

Patient Name \_\_\_\_\_

Caller \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Referred By \_\_\_\_\_

Received People Against Cancer Information ☐ Yes ☐ No

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Normal Weight \_\_\_\_\_ Present Weight \_\_\_\_\_

## Section 1 Original Cancer Diagnosis

Original Cancer Type \_\_\_\_\_ Date Diagnosed \_\_\_\_\_ Type/Grade \_\_\_\_\_ Stage \_\_\_\_\_

Original Cancer Location \_\_\_\_\_ Hospital/Clinic/Office \_\_\_\_\_

Metastases (recurrence ) Location \_\_\_\_\_ Date Diagnosed \_\_\_\_\_ Details \_\_\_\_\_

## Section 2 Surgery

Surgery Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Surgeon \_\_\_\_\_ Hospital/Clinic/Office \_\_\_\_\_

## Section 3 Chemotherapy

Chemotherapy Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Chemotherapy \_\_\_\_\_

Oncologist \_\_\_\_\_ Hospital/Clinic/Office \_\_\_\_\_

Date Initiated \_\_\_\_\_ Number of Treatments \_\_\_\_\_ Date Completed \_\_\_\_\_

## Section 4 Radiation

Radiation Yes \_\_\_\_\_ No \_\_\_\_\_ Date Initiated \_\_\_\_\_ Radiation Absorbed Dose (RADS) \_\_\_\_\_

Radiologist \_\_\_\_\_ Date Completed \_\_\_\_\_

## Section 5 Other Therapies

Other Therapies/Drugs/Medications (past) \_\_\_\_\_

Other Therapies/Drugs/Medications (current) \_\_\_\_\_

Vitamins Yes \_\_\_\_\_ No \_\_\_\_\_ Details \_\_\_\_\_

Diet \_\_\_\_\_

Physician \_\_\_\_\_ Hospital/Clinic/Office \_\_\_\_\_

## Section 6 Present Condition

Karnofsky Rating (see below) \_\_\_\_\_ Appetite \_\_\_\_\_ Constipated \_\_\_\_\_ Jaundiced \_\_\_\_\_

Pain \_\_\_\_\_ Bleeding \_\_\_\_\_ Fluid \_\_\_\_\_ Anemia \_\_\_\_\_ Patient Attitude \_\_\_\_\_

Comments \_\_\_\_\_

### Alternative Therapy Requirements Check List:

- 1 ☐ Sustaining Membership to People Against Cancer (\$450);
  - 2 ☐ Completed Medical History Questionnaire;
  - 3 ☐ Original pathology report and any subsequent pathology reports;
  - 4 ☐ Complete blood count (CBC) with differential and blood chemistry (SMAC-22 or CHEM-22, to include 22 determinations or more—**these tests must be taken within the last 14 days**);
  - 5 ☐ Written reports on all x-rays, CT-SCANS, or MRIs; and
- IMPORTANT—The above records must be separated and placed on top of all other medical records (below) to avoid delays of up to a week.**
- 6 ☐ Photocopies of all medical records from the diagnosis to the present time.

**IMPORTANT—It's the patient's responsibility to call People Against Cancer to schedule an appointment for a telephone consultation after they receive their written report.**

### Karnofsky Rating Scale:

Score Criteria (circle and insert above)

- |     |   |
|-----|---|
| 100 | Normal; no complaints; no evidence of disease                       |
| 90  | Able to carry on normal activity; minor symptoms of disease         |
| 80  | Normal activity with effort; some symptoms of disease               |
| 70  | Cares for self; unable to carry on normal activity or active work   |
| 60  | Requires occasional assistance but is able to care for needs        |
| 50  | Requires considerable assistance and frequent medical care          |
| 40  | Disabled; requires special care and assistance                      |
| 30  | Severely disabled; hospitalization is indicated death not imminent  |
| 20  | Very sick; hospitalization necessary; active treatment is necessary |
| 10  | Moribund, fatal processes progressing rapidly                       |
| 0   | Dead  |



*The good news is that women are now alarmed about the chances of getting breast cancer and they are taking action.*

*The bad news is they are more confident than they should be about the advances medicine has made in treating the disease.*

—David Plotkin, MD

This was the dire warning by conventional cancer specialist Dr David Plotkin in the June 1996 issue of *Atlantic Monthly*.

Plotkin says, "I have been researching and treating cancer for more than thirty-five years, a period in which the public's awareness of breast cancer has risen enormously. The disease has brought into being an entire industry of research organizations, charitable agencies, commercial ventures, and advocacy groups. Every new statistic is trumpeted to the media and every encouraging research finding, no matter how tenuous, is held up as a potential breakthrough."

Plotkin argues that the rise in visibility has caused a corresponding rise in funding for breast cancer but also a flood of contradictory information saying "...women are both too anxious about

their chances of developing cancer and too hopeful about our current approaches to diagnosing and treating the disease."

Plotkin argues that American women are twice as likely to be diagnosed with breast cancer today as they were sixty years ago and writes, "The treatment—surgery, usually followed by radiation and chemotherapy—is disfiguring, painful, and all too often unsuccessful."

Plotkin writes, "In my view the medical profession has also lost their perspective. This year some 184,300 women will discover they have breast cancer; another 44,300 will die of it. The disease is now the leading cause of death for American women aged forty to forty-five.

*The treatment—surgery, usually followed by radiation and chemotherapy—is disfiguring, painful, and all too often unsuccessful.*

—David Plotkin, MD

Numbers like these are why breast cancer is often called an epidemic. The chance that a woman will be diagnosed with breast cancer has been growing steadily for decades." Interestingly, Plotkin doesn't support the orthodox view of mammograms either and argues against a national screening program saying "...it has never

been proved that such a program would—on balance—be beneficial." In diagnosing cancer earlier with

routine mammograms Plotkin admits that, "Pushing back the date of first diagnosis would increase the interval between diagnosis and death, apparently lengthening survival. Statisticians call this 'lead time bias.' Although nothing has actually changed...it manufactures an apparent victory for medicine."

In the April 1996 *Annals of Internal Medicine*, researchers concluded that annual mammograms for 10,000 women aged fifty to seventy will extend the lives of only two to six of them each year. For women in their forties annual screening will extend the lives of only one or two a year.

Plotkin admits treatments have improved very little. "I cannot count the number of times I have heard a surgeon tell anxious family members in the hospital waiting room 'we got it all'...postsurgical radiation has no demonstrable effect on survival...chemotherapy produces an absolute survival benefit of less than 6.2%.

"There is little evidence that we actually eradicate breast cancer in any more patients than we did decades ago." ☐



## MEMBERSHIP FORM

Yes! I would like to support the important work of *People Against Cancer*.

- ☐ \$35 .....Regular Annual Membership — Includes our newsletter, *Options*.
- ☐ \$50 .....Foreign Regular Annual Membership — Includes our newsletter, *Options*.
- ☐ \$100 .....Supporting Annual Membership — Includes our newsletter, *Options*, plus a free book.
- ☐ \$450 .....Sustaining Annual Membership — Includes the Alternative Therapy Program with: a comprehensive search for the best treatment options worldwide, a detailed written report, an extensive personal telephone consultation, unlimited one year follow-up. Also includes our newsletter *Options* and the book *Repression and Reform*.



PEOPLE  
AGAINST  
CANCER

- ☐ \$500 .....Benefactor Annual Membership — Includes all the benefits of Sustaining membership plus a free book.
- ☐ \$1,000 .....Founding Annual Membership — Includes all the benefits of Benefactor membership plus special select reports and publications.
- ☐ \$5,000 .....Patron Annual Membership — Includes all the benefits of Founding Membership and all select reports and publications.
- ☐ \$10,000 .....Golden Circle Patron Membership — Special Membership with all select reports and Golden Circle publications.

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (w/area code) \_\_\_\_\_

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*Options* is published by  
 People Against Cancer  
 604 East St  
 P.O. Box 10  
 Otho, Iowa 50569  
 Phone: 515-972-4444  
 Fax: 515-972-4415

E-mail: [info@PeopleAgainstCancer.com](mailto:info@PeopleAgainstCancer.com)  
 WEB: [www.PeopleAgainstCancer.com](http://www.PeopleAgainstCancer.com)

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## *A Cancer Therapy: Co-enzyme Q 10 (CoQ10)—The Stockholm Protocol*

In 1955, a discovery was made that would change the face of medicine forever. It is called the free radical theory of aging.

The free radical theory of aging was first put forward in a ground breaking paper by Denham Harman, MD, PhD, at Berkley over 40 years ago entitled, *Aging: A Theory Based on Free Radical and Radiation Chemistry* published by University of California at Berkeley in 1955.

In 1996, Denham Harmon, professor emeritus at the University of Nebraska is now studying an important substance called Co-enzyme Q10 (CoQ10). The substance, a powerful antioxidant and free radical scavenger, may be a very important new weapon in the "war on disease." Clinical studies around the world have now shown it to be a very important substance for the prevention and treatment of cancer, heart disease and other type of chronic degenerative disease. And the interesting part—it is in every cell of the human body. But it is deficient as we age.

As a potent antioxidant, CoQ10 scavenges the free radicals that wreak havoc on the body's cells. Simply put, free radicals are molecules with an unpaired electron. Scientists now believe that free radicals are the fundamental cause of aging and chronic degenerative diseases such as cancer.

In his original paper, over forty years ago, Harman wrote, "The universality of this phenomenon (aging) suggests that the reactions, which cause it, are basically the same in all living things. Viewing this process, which in essence is cellular degeneration...It seems possible that one factor in aging may be related to deleterious side attacks of free radicals on cell constituents."

Now important new research by Dr Karl Folkers at the University of Texas, and Dr Knut Lockwood in Denmark, suggests that CoQ10 combined with other nutrients in what they call *The Stockholm Protocol* may regress and even eliminate tumors. Lockwood and Folkers studied breast cancer and found that even when it had spread to the liver, the cancer could be eliminated by using high doses of CoQ10 with select antioxidants, fatty acids and nutrients.

The substances in the Stockholm Protocol, given together with good diet, prevented the recurrence of cancer and eliminated existing breast cancer in those treated. Folkers cautioned that the dry form of CoQ10 commonly found in health food stores is nearly useless because it is poorly absorbed.

*For further information on the Stockholm Protocol call: 515-972-4444. ☎*



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