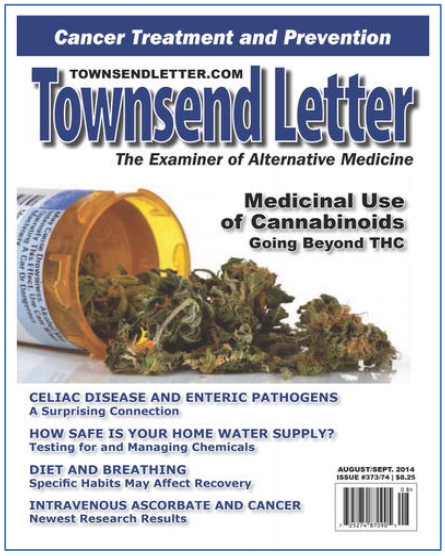

Changing the Paradigm of Cancer Treatment

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By Mary Budinger

The progression of medicine moves slowly. Maybe too slowly in terms of cancer treatment? It depends on who is making that judgment call – the clinician, the researcher, the patient, the caregiver, the medical center CEO…

Conventional chemotherapy sprung from a post-WWII arsenal of drugs known to kill fast replicating cells. Chemotherapy, radiation, and surgery are still the gold standard of treatment, even though the death rate for cancer, adjusted for the size and age of the population, dropped just 5 percent from 1950 to 2005.

Since the 1950s, we've landed on the moon, created cordless tools, put satellites in space, developed computers and the internet, invented MRIs and PET scans, made DNA fingerprinting a courtroom standard, and mapped the human genome. Yet we have not come close to winning "the war on cancer."

Frustrated patients and doctors are searching for better outcomes. "There are maybe 200 clinicians in the world who do progressive integrative oncology with a variety of modalities," said Dr. Sean Devlin of the Sierra Integrative Medical Center in Reno, Nevada. "We take advantage of the readily available and useable research coming out of the scientific literature – everything from insulin potentiation chemotherapy (IPT) to nutraceutical regimens, lifestyle modifications, mind/body work, intravenous infusions (oxidation therapies including ozone, hydrogen peroxide, DMSO; and nutraceuticals and multi-vitamins), immunotherapies (dendritic cell vaccine therapy, bee venom therapy, Coley's toxins, virotherapy), metabolic approaches (dietary changes, medications like Metformin and Cimetidine used in an off label fashion to influence cancer cell regression and apoptosis), targeted and biological therapies (monoclonal antibodies, tyrosine kinase inhibitors, and protease inhibitors), whole body hyperthermia, and immune modulation (low dose naltrexone, melatonin, AHCC mushroom extract, vitamin D3), and interleukin and interferon to help stimulate and support the immune system."

Dr. Devlin is a member of the International Organization of Integrative Cancer Physicians (IOICP). He believes physicians taking an integrative, progressive approach need to work with those utilizing traditional therapies in an effort to bring transparency and progress to the patient's

care. “The ultimate goal being that as a team of caregivers we are able to bring cutting edge research from the lab and evidence based research being done worldwide into the clinical arena for the patients’ benefit – and in a timely manner.”

The doors to new approaches need to be opened and a wider variety of techniques accepted so more therapeutic approaches will be covered by insurance and employed by mainstream clinicians.

But so far, when the conventional world looks in the integrative toolbox, it looks to many practitioners that the tools lack rigorous research and appear anecdotal at best.

Reductionist Versus Holistic

“Allopathic medicine was formed during a time when we wanted to be specific and understand cause and effect – that was the last 100 years,” said Dr. Bob Ellis, an oncologist at Kaiser Permanente in Portland, Oregon. “The Flexner report of 1910 took all the different approaches toward disease and illness and applied a strict definition of legitimacy based on which approaches were supported by reductionistic science. Systems of care not supported by this approach were eliminated from the canon of healthcare. There is one cause, one disease, and one one treatment. The Flexner report was narrow minded and based on a reductionistic science of the day. If medical schools wanted funding and authority to grant licensure, they converted to this standardization treatment. We embraced a type of scientific paradigm to figure out how disease works by isolating variables.”

And therein lies the rub. As Dr. Thomas Seyfried documented in his 2012 book, *Cancer As a Metabolic Disease*, treatment requires much more than the limited toolbox of surgery/radiation/chemo that we call Standard of Care. Dr. Seyfried provided detailed evidence that the traditional view of cancer as a genetic disease has been largely responsible for the failure to develop effective therapies and preventive strategies. Cancer is a syndrome, not one disease so there is more than one way to treat it. The 200 or so integrative, progressive clinicians are moving the metabolic viewpoint forward and their protocols reflect the idea that cancer can require many approaches. It is the use of a large cookbook of protocol options, not any one element, that brings them success.

Dr. James Forsythe of the Century Wellness Clinic in Reno, Nevada, an IOICP member, spoke at the annual Best Answer for Cancer Foundation conference in April. He has been conducting an outcome study for the past 46 months on 500 stage IV adult cancer patients using IPT with a mix of integrative therapies. Dr. Forsythe reported a 60 percent survival rate to date. Statistics suggest that had these patients been subjected to conventional protocols, perhaps 3 percent or less of these patients would be alive after 5 years.[1]

The integrative protocols are not yet what might be described as plug-and-play.

“There was an issue at the Best Answer for Cancer conference about standard protocols and therapies and techniques,” Dr. Ellis said. “People want to see research about outcomes and potential side effects and the answer they get back is that there is a paucity of both, mostly because of lack of money to do research. That is a political problem. You need to force

government to give the money. When AIDS came along, there was crazy advocacy. That forced Congress and the FDA to give funding and increased access to drugs and other treatments."

Patient Advocacy

The picture of cancer patient advocacy is different than what we saw with AIDS, however. Cancer patients tend not to march on the Washington DC mall. They are more likely to turn to Google.

"People who experience a recurrence of cancer are the savvy cancer patients," said Al Sanchez, Jr., CEO of AMARC Enterprises (Poly-MVA). "They get on the internet groups and learn to minimize what they eat the day before their chemo appointment, they don't eat late in the day, and they walk into the doctor's office with a lower than normal blood sugar level. They find it works better."

In other words, these patients are attempting to mimic the IPT portion of the integrative protocol by fasting prior to chemotherapy.

With IPT, insulin is first used to drop the blood sugar level, then chemo drugs and sugar are administered. The drugs so effectively target the cancer cells that most IOICP physicians use only one-tenth the amount of chemo drugs.

The principle underlying IPT is well understood and could be readily accepted because it is the same principle used with PET scans to diagnose cancer. When a radioactive tracer is combined with sugar, cancerous cells take up the sugar much better than healthy cells. The radioactive tracer thus concentrates in the cancer cells and the result is an image of the tumor, reflecting its metabolic activity.

The IPT technique has a real upside for patients because they are spared the toxicity of full dose chemo – they experience minimal if any hair loss, nausea, organ damage, and minimal harm to healthy cells. But the technique has what the pharmaceutical industry sees a real downside – selling a lot less product.

Acceptance of new ideas and new protocols is often met with a brick wall.

Annie Brandt, who founded the Best Answer for Cancer Foundation to foster progressive change in cancer treatment, wants to take down that brick wall.

"Thirteen years ago I had cancer in my breast, my lymphatic system, my brain, and my lungs," Brandt said. "I did nothing conventional except for one lymph node biopsy and an estrogen blocker. I used diet, mind-body medicine, spirituality, detoxification, lifestyle changes, many holistic therapies, and IPT. I still see a conventional oncologist every three months and he still recommends that I get a double mastectomy, high-dose chemotherapy, and radiation. He tells me I am taking unnecessary chances and risks. I ask him how many survivors he has whose breast cancer involved the lungs and brain who are still alive after 13 years?"

Medical history books have entire chapters about brick walls and deaf ears. Let's speed through just three: Dr. James Lind discovered that sailors wouldn't get scurvy if citrus was added to their

rations; it was some 50 years before the British Navy made it a policy to do so. It took some 40 years for incubators for premature babies to catch on after Dr. Martin A. Couney made an exhibit of the practice at Coney Island to gain public acceptance. Drs. Barry Marshall and Robin Warren identified H. pylori as the cause of ulcers in the 1980s; they were initially sneered at and more than a decade passed before clinicians stopped prescribing antacids and started prescribing antibiotics.

What, one might ask, would have been the harm in embracing lime juice, incubators, and the idea of a bacterial infection? According to Lind, scurvy killed more British soldiers than enemy action. Couney is credited with saving the lives of some 6,500 premature infants. Marshall and Warren turned peptic ulcer disease from a chronic, frequently disabling condition into something cured with a short regimen of antibiotics.

While medicine changes ever so slowly in the arena of cancer, patients continue to die. An estimated 580,350 Americans died of cancer in 2013.[2]

An Individual Can Be a Game Changer

Dr. Edward Gilbert of Texas, board certified in therapeutic radiology, knows a thing or two about moving medicine forward. In 1976, he worked with Dr. O. Carl Symington, the radiation oncologist who popularized the mind-body connection in fighting cancer and helped push the once-controversial notion into mainstream medicine.

“Mind-body was on the American Cancer Society blacklist at the time as quackery,” Dr. Gilbert explained. “But I was the fair haired boy from Stanford, head of the largest private radiation therapy practice in the country at age 33. I was impeccable in my presentation, what we wanted to achieve, and my study of it. Today nobody would question a mind-body connection to illness. But it took time for the human evolution to recognize the connections.”

Dr. Ellis points to Dr. Dean Ornish as one of the more recent game changers. “He said, ‘Let me test my whole body paradigm in a scientifically valid way then we can critique it and we’ll see if we get positive health outcomes.’ He documented it objectively in a way anyone could reproduce and now it is reimbursable by insurance.”

The advice Drs. Gilbert and Ellis have for integrative oncology: Do rigorous therapeutic outcome-driven research to advance the field of integrative protocols.

“Many of us are closet integrative oncologists,” Dr. Ellis said. “It is significant that Sloan Kettering and all the National Cancer Institute centers are developing integrative medicine departments. We are figuring out from the baseline in a reductionist way that when we put all the elements of the combustion engine together, we will know how to fix the problem of traffic. But you won’t solve the problem of traffic. Cancer is more of a whole body problem in a very similar way to the relationship between combustion engines and the problem of traffic. Cancer is systemic illness and although there will be exceptions to this (such as specific mutations causing specific cancers such as the role of the BCR-ABL in CML) positive outcomes in cancer will depend on an integrative whole body approach to this illness.”

The Pace of Change

Money, it seems, does not affect the pace of change, at least in terms of turning around cancer mortalities. U.S. spending on cancer research, estimating both public and private investments, is now at $16 *billion* each year.[3] What the conventional community seems to react to best is statistics.

Clinical trials have been discussed at integrative oncology meetings. The consensus of opinion, based on history, was that a clinical trial of just IPT would be an uphill battle as the drug companies are fearful for the bottom line. Who else would fund the trials? And going back to Seyfried, would testing just IPT be valid since it is only part of the toolbox? Would IOICP practitioners feel an ethical issue in withholding other integrative protocols with patients so just IPT could be tested? And how next to test the entire toolbox, the many therapies Dr. Devlin described above, where there are many variables and differences in how doctors do things?

"We are preparing to boldly go where no one has gone before," Brandt said. "At our April conference, we began mapping out how to test integrative protocols for both better quality of life as well as better patient outcomes overall. The trials on chemo drugs have been done. The value of mind-body medicine and spirituality has been proven. We want to look now at combinations of targeted cancer therapies and integrative protocols. We are also embarking on that cookbook – putting in writing what the IOICP considers standard protocols for the various complementary and alternative medical therapies."

The integrative oncology movement has staked out new techniques, and is now poised to define its best practices.

"With camaraderie among the different doctors, researchers, and universities, the architecture can be created and subsequently analyzed by statisticians to determine best outcomes," Dr. Devlin said. "We as integrative oncologists must develop individualized treatment programs that reflect a personalized approach for each patient, reflective of their personal history, personal background, genetic type, cancer type, etc. We need to offer more than a cookie cutter approach with 60-year-old poisons to someone with any particular kind of cancer. "

Patients are increasingly demanding a better Standard of Care. The baby boom generation is hitting that time of life when they are most likely to receive a cancer diagnosis; the number of new cancer patients is expected to more than double between 2000 and 2050.[4] There will be even more voices crying out for better options.

Mary Budinger is an Emmy award-winning journalist in Phoenix who writes about nutrition and integrative medicine.

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[1] Morgan G, Ward R, Barton M. The Contribution of Cytotoxic Chemotherapy to 5-year Survival in Adult Malignancies. *Clinical Oncology* (2004) 16:549-560

[2] SEER Fact Sheet: All Cancer Sites. National Cancer Institute. Accessed at http://seer.cancer.gov/statfacts/html/all.html

[3] Leaf C. *The Truth in Small Doses,* 2013

[4] Hayat MJ, Howlader N et al. Cancer Statistics, Trends, and Multiple Primary Cancer Analyses from the SEER Program. *Oncologist*.2007;12:20-37.