Childhood ‘cures’ lead to adult CA!

USA — In what many see as a major dent in accepted orthodox theory and a dash of cold water on what orthodox medicine has long parroted as a victory — namely, better “cure” rates in childhood cancer — it now appears from a new study that survivors of childhood cancer face six times the usual risk of being diagnosed with cancer in early adulthood.

And this is almost certainly due to the chemotherapy and radiation treatments that were said to have “cured” them years before, according to a University of Minnesota researcher.

“It’s clear that people treated for cancer in childhood are at an increased risk of cancer later in life,” Dr. Joseph Neglia told the American Assn. for Cancer Research annual meeting in New Orleans in April.

Orthodox oncological wisdom holds that there are 200 or more “forms” of cancer, usually expressed by specific “tumor types” and that, if symptoms of the same are suppressed for at least five years (by surgery, chemotherapy and radiation), the patient is “cured.”

If cancer presenting with a different “type” appears later, the patient is said to have an “entirely new” cancer — as outlined in the Neglia study of 13,581 childhood cancer survivors in the US and Canada.

According to Dr. Neglia, childhood cancer survivors have a 3 percent chance of developing “an entirely new cancer” over the next 20 years — about six times the estimate for young people in this age range. (Metabolic/integrative therapists who define cancer as a malignant process rather than a tumor type argue simply that the treatments to “cure” a given tumor type help spread the malignancy so that it clinically reappears years later, often as a different “tumor type.”)

In the Minnesota study, 298 of the followed-up patients had diagnoses of “new” cancer an average of 12 years after their first round with malignancy. The most common “form” was breast cancer, followed by thyroid and brain cancer.

In general, Neglia said, as reported by The Associated Press, chemotherapy appears to increase the risk of new leukemia cases while radiation boosts the risk of breast and other so-called solid tumors. It is suspected the two treatments work together to stimulate cancer by damaging patients’ genes.

“We really have to worry about the children we are curing,” AP quoted Dr. Barton Kamen of New Jersey’s Robert Wood Johnson Medical School.

Still, he said, doctors must treat aggressively enough to cure patients on the first attempt, because the disease rarely can be eliminated once it returns in these patients.

Between 8,000 and 10,000 new cases of childhood cancer are diagnosed in the United States each year. About 70 percent are said to be “cured.”

Dianne Traynor of the Pediatric Brain Tumor Foundation noted that childhood cancer survivors may face a variety of other health problems, including learning problems, epilepsy and permanent hair loss.

Gleevec heads new high-tech drug lineup

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interferons and interleukins parroted in prior years as the “breakthrough cancer cures,” and none of which, so far, has lived up to advanced billing.

Gleevec is a “molecular targeting” drug, the first of this new class to come into the market. It is designed to prevent “signals” sent out by abnormal proteins in CML cancer cells from producing other cancerous cells.

Dr. Klausner said the research community is working on identifying new compounds that work the same way and that scientists have found 60 “targets” in breast cancer alone “for which we now have [Drugs] about to go into clinical trials.”

Dr. Druker said Gleevec had been studied in more than 6,000 patients worldwide since June 1998 and seemed to work best in the disease’s earlier stages.

It will soon be tested on small-cell lung cancer and certain brain tumors.

Besides battling CML, Gleevec also seems to work in a second cancer known as gastrointestinal stromal tumor or GIST, which is usually incurable when surgery fails, noted the New York Times.

Because CML and GIST are relatively rare cancers, the current market for Gleevec is small, and there is no guarantee that the drug will be effective against other cancer “forms,” noted the NYT.

Gleevec may also be effective against a third category of more common cancers, in which a protein called platelet-derived growth factor is active.

The NCI is enrolling patients with trials of Gleevec against these cancers, which include glioma and soft tissue sarcoma, but there is no scientific rationale, Klausner said, for physicians to offer the drug for cancers outside these three categories.

Novartis Chairman and Chief Executive officer Dr. Daniel Vasella said the price of Gleevec would be comparable to that of current therapy but that “it will provide much more value to the patient as it is more effective and better tolerated.”

Novartis invested $600 million to $800 million in research and development for each of its drugs, he said. Novartis’ patent on the drug expires in 2013, leaving the company 12 years to seek a return on its investment.

Orthodox Western oncology insists that there are hundreds of different “forms” of cancer, each identifiable by a “tumor type,” and stresses the need to fashion specialized drugs for each “tumor type.”

Holistic, integrative physicians and a handful of researchers, none usually taken seriously by the Establishment, see tumors as symptoms (not causes) of a generalized malignant process which affects the entire body.

In assessing cutting-edge technology applied to cancer — a dominant theme at the ASCO meeting — Time noted the following high-tech drugs are available now, together with side effects and costs, all ostensibly showing promise.

* Genentech’s Herceptin, targeted for breast cancer, $25,000 for 36 weeks; side effects: fever, chills, heart problems and potentially fatal allergic reactions in rare cases.

* Genentech/DEC’s Rituxan, targeted for non-Hodgkin’s lymphoma, $10,000 for a four-week course, or $20,000 in case of additional treatment after relapse; side effects: fever, chills, and in some rare cases, low blood pressure and potentially fatal allergic reactions.

* Millennium/Ilex’s Campath, targeted for chronic lymphocytic leukemia, prices not yet established for the three-weekly infusions over up to 12 weeks; side effects: fever, chills, infections, sometimes severe anemia, in rare cases, potentially fatal reactions.

Time quoted Dr. Leonard Saltz, a colon cancer specialist at Memorial Sloan-Kettering in New York, on the immediate future of cancer research and applications, and he used a baseball analogy:

“I don’t think we’re going to hit home runs, but if we can get a series of line-drive singles going and put enough singles back to back, we can score runs.”