Field Notes from the Cancer Wars

This column begins a series of occasional pieces titled "Field Notes from the Cancer Wars." They will appear as the most personal form of my column — many of them firsthand recollections of incidents involving doctors and patients in alternative cancer care.

Note the plural “Wars” in the title. The usual term for our nation’s 40-year crusade to cure malignant tumors, the “War Against Cancer,” suggests that researchers and clinicians engaged in this crusade march as one. Untrue! Among the crusaders, some have broken from the ranks to attack fellow crusaders whose treatment of cancer or theories about what causes it differ markedly from orthodox practice and belief.

Dr. Jonathan Collin founded Townsend Letter 25 years ago, and ever since, this national monthly, which advertises itself as “The Examiner of Alternative Medicine,” has reported on mainstream forays to drive providers of alternative treatment from the battlefield. Townsend Letter’s extensive coverage of these attacks has ably justified the continuing need for alternative cancer therapy.

In “Field Notes From the Cancer Wars,” I will also recall events and incidents relating to various forms of strife in mainstream ranks. Stories about the battles fought by mainstream doctors and medical researchers between themselves seldom appear in Townsend Letter, yet this warfare has possibly done as much to delay or prevent the introduction of more effective, safer cancer treatment than the skirmishes between conventional and unconventional camps.

The Breast Cancer Wars

Take, for example, conventional treatment of breast cancer. For most of the 20th century, the radical mastectomy along with removal of lymph nodes in the adjacent arm, a procedure perfected by Dr. William Stewart Halsted (1852–1922), held sway as the standard of care. The few mainstream doctors with the gumption to caution against routine use of this procedure were regarded as heretics by the medical community.

Dr. Samuel Hellman, currently A. N. Pritzker Distinguished Service Professor, Department of Radiation and Cellular Oncology, University of Chicago, in an article titled “Dogma and Inquisition in Medicine” (Cancer 1993;71:2430–2433) has a paragraph summing up the emotional intensity of the long-building insurrection against the Halsted procedure:

The real subjects of the doctrinaire inquisitors were surgeons who questioned the dogma of cancer surgery (first, Geoffrey Keynes in Britain and then George Crile, Jr., and Bernard Fisher in the United States). Although there was much orthodoxy in Britain, there were also voices from the profession presenting opposing views. Fitzwilliams cautioned, “Those who have been brought up in the atmosphere of the radical operation with no experience of anything less extensive must remember that they are repeating dogma and not speaking from formed judgment. Medicine is never advanced by such action.” Despite this, Keynes suffered the deprecation of his colleagues. “None of us has been burnt at the stake but feelings have run pretty high,” describes Keynes. Both Crile and Fisher in the United States were subject to similar attacks.

Research in the 1970s and 1980s conducted by the National Cancer Institute (NCI) and coordinated by Fisher established that there was no difference in survival time between Halsted’s radical surgery and more breast-conserving surgeries (lumpectomies, for instance). By this time, Fisher and others had disproved the premise on which Halsted had based his procedure – that cancer spreads through the lymph nodes. And after the mid-1970s, Rose Kushner (1929–1990), an outspoken advocate for cancer patients (and a patient herself), and breast cancer organizations with political clout had successfully lobbied...
state legislatures to outlaw the standard practice for women with possible breast cancer — in which a tumor biopsy and radical mastectomy were performed in a single surgical operation while the patient was under anesthesia.

Some readers may think it a gratuitous low blow for me to mention as I exit the breast cancer wars a recent biography of Halsted which disclosed that early in his career he had become addicted to cocaine and later to morphine. But I can’t put out of mind that a physician so impaired, whose notion of cancer metastasis may have been drug-induced, had such a baneful influence on surgical practice. Nearly three generations of women were wheeled anesthetized into operating rooms for biopsies, then if the biopsies appeared suspicious on the spot, wheeled out minus a breast, minus the muscles on their chest wall, and minus a bushel of lymph nodes.

Dr. Judah Folkman and Angiogenesis

Dogmatic imposition of a medical practice is one means of hindering improvements in treatment. Here’s another way that mainstream cancer crusaders hamstring fellow crusaders. Let a researcher come up with a novel scientific insight or therapy far in advance of confirmation of the mechanism of action or definitive proof of effectiveness. The response by clinical research peers can range from ridicule and refusal to fund continuing studies, to denial of laboratory facilities and suppression of all findings.

Judah Folkman (1933–2008), who theorized that tumors induce the body to create blood vessels which nourish them (a process called angiogenesis), was roundly laughed at as a young researcher at Harvard and blocked from obtaining institutional grants. In the mid-1970s, he applied to Monsanto, a chemical industry giant, and received $23 million. Harvard had never accepted so much industry money, and Folkman’s academic colleagues denounced him for selling the university’s soul. Derek Bok, then president of Harvard, rescued him. (Dr. Folkman recalled a colleague’s observing at the time that the university was an intellectual wild game preserve, and it was the job of the president to make sure that the larger carnivores didn’t eat the smaller ones.) Dr. Folkman was allowed to keep the Monsanto money, which he and Dr. Burt Vallée used to isolate one of the first biochemical compounds in tumors that induce angiogenesis.

Dr. Stephen DeFelice’s Clinical Trial of Adriamycin/Carnitine in Ovarian Cancer

David F. Horrobin, PhD, MD (1939–2003), published an article in the Journal of the American Medical Association on peer review and the suppression of innovation (JAMA. 1990;263:1438–1441). Horrobin’s 1990 JAMA piece limits discussion to deficiencies in the peer review process, listing 18 examples where peer review “delayed, emasculated, or totally prevented publication and investigation of potentially important findings.”

Horrobin’s JAMA article tethered deficiencies in peer review to the suppression of medical innovation through denial of publication. There’s another kind of suppression of potentially significant innovation by clinical peers that needn’t involve publication. Consider this example.

Dr. Stephen DeFelice, founder and chairman of the Foundation for Innovation in Medicine (FIM), an organization whose board of directors has been prominently mainstream, did the first studies on the various effects of carnitine. (Carnitine is a natural compound biosynthesized from the amino acids lysine and methionine. It is essential in living cells for the transport of fatty acids into the mitochondria for the generation of metabolic energy.)

These studies, begun by Dr. DeFelice in the mid-1960s, proved (among other findings) that carnitine dramatically reduces the cardiac toxicity of Adriamycin, a chemotherapeutic drug very effective in killing cancer cells but limited in dosage because it can lead to heart failure. Research by a colleague of Dr. DeFelice found that combining carnitine with Adriamycin synergistically increases Adriamycin’s kill capacity 10-fold!

Dr. DeFelice’s findings on the carnitine/Adriamycin combination in cancer have often been independently corroborated. Independent studies of carnitine with other anthracyclines have demonstrated the same reduction in cardiac toxicity. (Anthracyclines are a class of antibiotic
bacteria, used as drugs, derived from Streptomyces bacteria, used as chemotherapeutic agents in a wide range of cancers, including ovarian cancer.)

Some 45 years ago, Dr. DeFelice had a combination of a natural substance and a pharmaceutical that would permit higher doses of Adriamycin, increasing the drug’s tumor kill capacity—and, he believed, quite possibly saving or prolonging the lives of patients with late-stage cancer.

Even so, Dr. DeFelice was unable to obtain a clinical trial of the carnitine-Adriamycin combination in ovarian cancer! In my interviews with him, he repeatedly returns to how long it took, how difficult it proved to be. I quote him from my October 2007 column:

I approached oncologists specializing in ovarian cancer, where the late stages are almost invariably fatal. I proposed that they try the Adriamycin—carnitine combination to see whether it could kill more ovarian cancer cells. I stressed to them that both products are on the market and readily available. None agreed. None would give an explanation for their rejection. When I proposed to these oncologists that they ask the patient about using the combination, none would do it.

Nearly two years ago, Dr. DeFelice arranged for Vanderbilt University (Tennessee) to investigate the effects of carnitine and doxorubicin (another anthracycline) on human ovarian cancer culture cells in the laboratory. The investigators observed that carnitine not only increased doxorubicin’s anticancer activity, but carnitine by itself killed more than 50% of the ovarian cancer cells (emphasis added).

Finally, in 2009, after more than four decades, Dr. DeFelice got a nibble from a New Jersey hospital on testing the carnitine/doxorubicin combination. (See my column in the October 2009 issue of Townsend Letter.) Yet recruitment of patients has remained at a virtual standstill.

It’s likely that I’ll write a column in “Field Notes From the Cancer Wars” about Dr. DeFelice, which will offer my explanation of the resistance to his proposed trial of the carnitine/doxorubicin combination. The explanation is too complicated to attempt in this column, especially without reference to nutraceuticals. (The Oxford English Dictionary credits Dr. DeFelice with coinage of the term nutraceutical. His 1960s studies of carnitine, a nutraceutical under Dr. DeFelice’s definition, led to worldwide development of nutraceuticals—foods and compounds in foods that can prevent and treat disease.)

**Conclusion**

Townsend Letter staff and readers should not presume from the examples I’ve laid out that “Field Notes From the Cancer Wars” will speak less about the war against alternative cancer treatment and more about the strafing between mainstream cancer doctors, with patients committed to conventional therapy raked by the crossfire.

Most of my firsthand knowledge of the cancer wars came to me through personal involvement with physicians devoted to alternative cancer care and patients betting their lives on alternative treatments. The majority of columns in this series will distill or memorialize my primary experience.

Least of all should anybody presume that the retelling of events and incidents categorizes this series as mainly history rather than, say, commentary on present-day medical politics. Think instead lessons from the past about dilemmas that patients face in searching for promising alternatives when conventional cancer therapy fails, about the terror that patients feel who have latched into life-saving alternative treatment only to hear that their state’s health department has decided to snatch the license of their alternative therapist.

And remember well what George Santayana actually said about a fundamental use of history: “Those who cannot remember the past are condemned to repeat it.” I could take the repeated stories about attempts to suppress alternative cancer care in Townsend Letter as a sign that readers should more sharply attend to the lessons that these stories teach.

My next column will tell the story of the persecution of Mirko Beljanski, a mainstream scientist who proposed a theory of cancer causation at the Pasteur Institute in Paris at odds with the theory in vogue. His theory did not sit well with a director of this renowned institute, which did not bode well for Beljanski. Afterward, therapeutic applications of his theory in human cancer transformed what could have been a comfortable research career into an ordeal, which in 1998 cost him his life. But Beljanski’s story hasn’t ended with his death, and followers of his scientific insights, apparently becoming more numerous around the world, are perpetuating them.

Marcus A. Cohen’s “baptism” in the whirlpools of medical politics dates to 1984, when he served as government and media liaison for patients under alternative cancer therapy. Subsequently, he has advocated broadening plausible treatment options for patients unresponsive to conventional care. A Townsend Letter columnist since 2004, he has reported and commented on a wide range of health-care topics; he is also the author of a paperback, Lyme Disease Update, published by the Lyme Disease Association in 2004.