



The American Cancer Society Reverses Its Strong Position on Mammograms and PSA Testing

Dr. Otis Brawley, chief medical officer of the American Cancer Society told the New York Times on Wednesday, October 21, 2009 , "We don't want people to panic, but I'm admitting that American medicine has overpromised when it comes to screening. The advantages to screening have been exaggerated." 1



How does your personal physician communicate confidence and comfort to you now? "I am sorry I recommended a mammogram that resulted in an unnecessary amputation of your breast?" How consoling do these words feel, "It is a shame you haven't had an erection in the past 10 years due to the PSA test I insisted you get, that led to debilitating prostate treatments—I hope you and your wife understand I was just following orders from the American Cancer Society?" Tens of millions of women and men have been irreparably damaged by the universal and enthusiastic recommendations for "early detection programs," also known as "screening," from their personal physi-

cians, neighborhood breast and prostate clinics, community hospitals, national medical associations and medical societies over the past four decades. Now, all that the faithful patients get is a timid apology from the American Cancer Society, evoked by an article in the October 21, 2009 issue of Journal of the American Medical Association, titled "Rethinking Screening for Breast Cancer and Prostate Cancer." 2 Since, in my opinion, this admission of guilt is insufficient, what would be fair retribution for the harms done?

Adequate scientific evidence to stop mass screening programs has been readily available to your personal doctor for more than three decades. A flick of the "on" button of his or her computer, and a ten-minute search at the National Library of Medicine (www.pubmed.gov) would have revealed the truth. In 1976 Pietro M. Gullino presented his findings on the natural history of cancer, showing early detection is really late detection, at the Conference on Breast Cancer: A Report to the Profession, sponsored by the White House, the National Cancer Institute, and the American Cancer Society. 3 He explained: " If the time required for a tumor to double its diameter during a known period of time is taken as a measure of growth rate, one can calculate by extrapolation that two-thirds of the duration of a breast cancer remains undetectable by the patient or physician. Long before a breast carcinoma can be detected by present technology, metastatic spread may

occur and does in most cases." This report was subsequently published in the journal representing the American Cancer Society (Cancer). 3

In more familiar words, Dr. Gullino and many other researchers have clearly told everyone listening: mammography, breast self examination, PSA and digital rectal exam are really late detection methods and cannot be expected to save lives by "catching cancer before it spreads." Unfortu-



nately, there is no profit in telling this truth. So, 386,560 people in the US are diagnosed annually with breast cancer (194,280) and prostate cancer (192,280); many of them through screening. 2

Cancer Mongering—the Most Successful of All Medical Enterprises

Cancer-screening businesses using two modern technologies—the mammogram and the blood test, prostate specific antigen (PSA)—have captured more customers than all other efforts combined. Campaigns have been so effective that about 75 percent of men have had a routine PSA test and about 70 percent of women older than 40 report they have had a recent mammogram. 2 More than \$20 billion is spent annually on screening for these two diseases. 2

There are two customary ways a doctor-patient relationship is established. The traditional means is that you become ill and you seek out the advice of a doctor. In this case you initiate the relationship. The worth of the evidence supporting the doctor's treatment does not need to be very solid. Your doctor is acting in his or her professional capacity to offer you the best available remedies without any real guarantee of the outcome. Remember, you asked for the help.

The second means of establishing a doctor-patient relationship became common with the introduction of programs looking for "early" cancer (screening). In this scenario the doctor comes looking for you. Life is good—you are enjoying your family, hobbies, and work. Then a knock sounds at your front door by way of a radio, TV, or magazine advertisement. Just as likely, during an office visit for an unrelated issue, such as a virus cold, your doctor admonishes you for failing to have your annual mammogram or PSA test. Through screening programs millions of people have become patients. When the doctor turns unsuspecting men and women into customers then the evidence that the outcome of this campaign will be far "more good than harm" must be unquestionable.

On October 21, 2009 the public was told by the American Cancer Society that this has not been the case for breast and prostate screening. Why now? The evidence has not changed—the only change is that now a few more people are willing to tell the truth. Why the delay? Annually, there is \$20 billion at stake for screening alone and hundreds of billions more for the tests and treatments that follow. The ivory towers of your town's cancer centers have been built from the blood of men and women subjected to harmful screening programs.

Otis Brawley, MD, Chief Medical Officer of the American Cancer Society

Dr. Brawley is a practicing oncologist, Chief Medical Officer of the American Cancer Society, professor of hematology, oncology, and medicine at the Emory University School of Medicine and Professor of Epidemiology at the Emory Rollins School of Public Health. 4



About himself he says, "I have never had a PSA and do not desire one." 5 He compares prostate screening to the Tuskegee Experiment—research on the natural progression of untreated syphilis performed on black male patients between 1932 and 1972. 5 This study caused, as it should have, serious mistrust by the black community toward public health efforts in the United States. Currently black males are heavily targeted for prostate cancer screening and treatments.

Dr Brawley has known about the questionable benefits of screening for more than a decade. Regarding mammography, his words in the Hematology/Oncology Clinics of North America were, "There has been considerable debate about the benefit:harm ratio of mammography screening for women below the age of 50 years, and about what proportion of the observed benefit arises from screening that occurs after these women have entered their 50s." 6 He wrote in the journal Cancer (published on behalf of the American Cancer Society), "The benefits of screening and early detection, although theoretically possible, are yet unknown, whereas the risks and harms of screening and resultant treatment are definite." 7 He continued, "Although it (screening) may truly cure a few men who need to be cured, this benefit may be achieved at the cost of causing a large number of men with prostate carcinoma to undergo unnecessary treatment and resultant morbidity (illness)." 7

In 1985, 24 Years Ago, I Explained Why Early Detection Cannot Possibly Work

In my national best-selling book, *McDougall's Medicine—A Challenging Second Opinion*, I presented this simple illustration and explained that breast cancer has, on average, been growing for ten years before discovery by any technique. The same picture is true for prostate cancer.

The argument for early detection of breast and prostate cancer rests on the belief that the test can discover cancer in its early stages—before it has spread to other parts of the body. Unfortunately, this argument is groundless. Many laypeople, and a very few physicians, believe that breast and prostate cancer goes through a series of steps in which it remains within the respective organs for some time period until it spreads to the lymph nodes and then to the rest of the body. In their minds the process looks something like this:

Step 1: A cancer manifests and starts to grow slowly in the tissue (in this case, the breast or prostate).

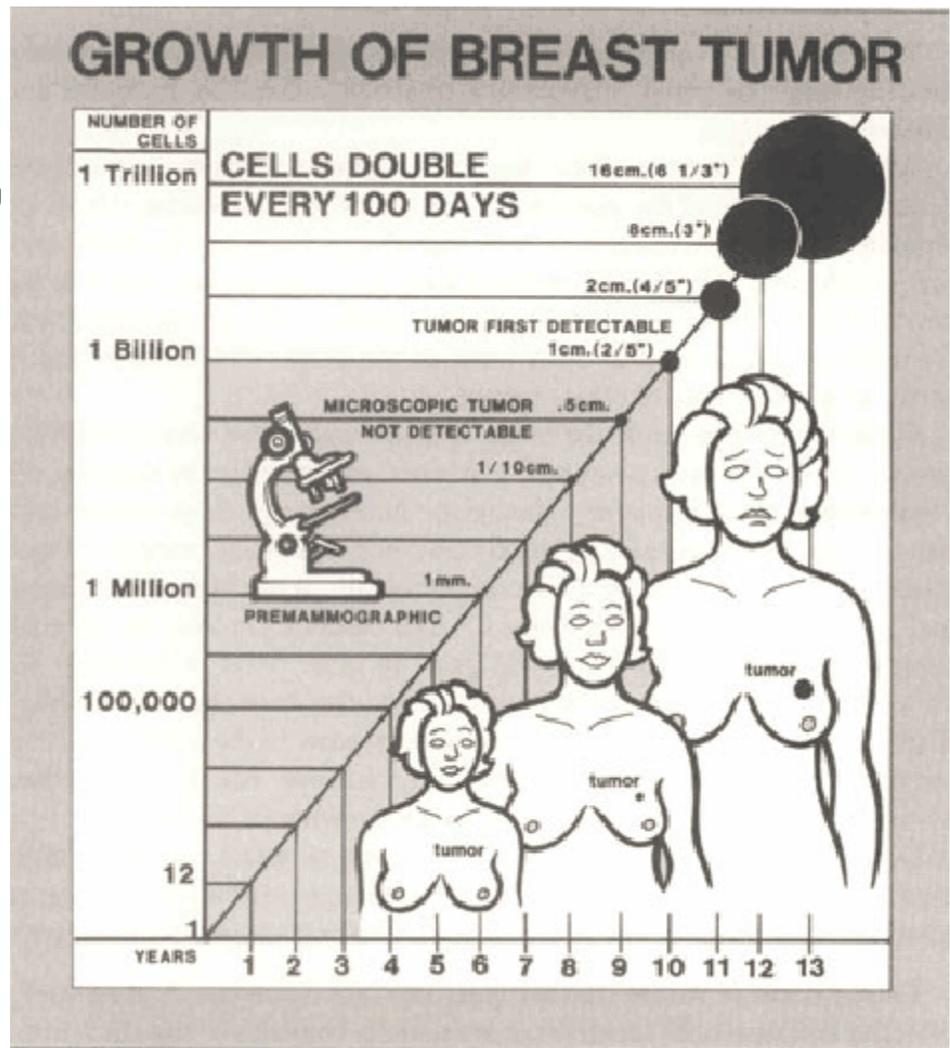
Step 2: With time, the cancer grows into a larger tumor.

Step 3: Eventually, the cancer spreads to the lymph nodes.

Step 4: Finally, the cancer spreads from the lymph nodes to the rest of the body.

This step-by-step progression from a harmless mass to a body full of disease almost never occurs. Rather, cancer spreads to other parts of the body via the venous bloodstream in the very early stages of its development. The spread of cancer to the lymph nodes actually occurs simultaneously with the spread of the cancer to other parts of the body.

Normal, healthy cells multiply only when necessary, such as during childhood growth and development, or to repair damaged tissues after an injury. Cancer cells, however, divide at their own free will at the site of origin, and spread to other parts of the body where they continue this uncontrolled growth without respect for the surrounding healthy tissues. Like most other cancers, breast and prostate cancers begin with the mutation of a single healthy cell into a malignant one. Once this transformation occurs, the single cell begins to replicate, or divide. The time it takes one cell to divide and become two cells is called the doubling time. The average doubling time is approximately 100 days.^{3,8} This means that in 100 days, a single cancer cell will have become two cancer cells. In 200 days, that one cell will have become four cells in a breast or prostate gland. By one year there are eight to twelve cancer cells lurking undetectable. Consider that one breast or the entire prostate gland consists of about 100 billion cells, and then you know why the cancer is impossible to find.



At this doubling rate, it takes about six years for the single cancer cell to become one million malignant cells, which together form a tiny tumor that is about the size of the tip of a lead pencil. A mass of this size is less than one millimeter in diameter, and is undetectable by breast self-examination or mammography (or any other presently-known technology) in the female breast, and by digital rectal examination (DRE) or by PSA (or any other presently-known technology) in the male prostate.

Even though the cancer is so tiny that it cannot be detected, it nevertheless has already spread, or metastasized (in medical terminology), to other parts of the body in virtually every case of true cancer (as opposed to the latent forms of cancer). It is the cancer cells that have spread to, say, the liver, lungs, bones, and brain, that kill the patient, and not the cancer cells confined to the breast or prostate.

After about ten years of growth, the average cancerous mass inside the breast or prostate is about one centimeter in diameter, or about the size of an eraser on the end of a pencil, and consists of about one billion cells. This is the earliest stage at which a tumor can be found. As Dr. Gullino explains, "two-thirds of the duration of a breast cancer remains undetectable by the patient or physician."³ As you can see, early detection is a misnomer.

Just as tragic is the devastation to the lives of the tens of millions of men and women with indolent cancers that would have never appeared in their lifetime if no one had been busy looking for them with screening programs. Once found, these nonthreatening lesions are aggressively treated with radiation and surgeries, leaving women deformed and men incontinent (wetting their pants, wearing a diaper or a catheter) and impotent. The poisoning effects of chemotherapy and the undesirable consequences of hormone deprivation treatments then follow these locally applied therapies (radiation and surgery). Thus screening leads to over-detection, overdiagnosis, and overtreatment of non-life-threatening cancers in huge numbers of people.

How Do They Say, "I'm Sorry?"

No doctor can restore the natural breast of a woman or give back a man's sexual function. These people will remain the casualties of the war on cancer fought with unjust and ineffective weapons delivered by untruthful medical professionals. Certainly, some of your personal physicians didn't know, but ignorance is no excuse when the truth is so easily available. In 1997 an article titled, "On the growth rates of human malignant tumors: implications for medical decision-making," the authors, Friberg and Mattson concluded, "Most tumors are several years old when detectable by present-day diagnostic methods. This makes the term 'early detection' questionable."⁸

Human traits of greed and dishonesty have prevailed. Righteousness and giving are also human traits and now is the time for these two to triumph. \$20 billion (the same amount that is currently spent on annual screening for breast and prostate cancer) should now be spent annually doing the right things for saving people from cancer, the unreliable tests, and the harmful treatments. Physicians, screening clinics, hospitals, medical associations, and medical societies must be forced, under the penalty of law if necessary, to tell the truth: Their testing does more harm than good.

Furthermore, they should be made to spread the good news about diet and cancer. Presently the American Cancer Society's dietary messages for cancer prevention are, for women to "...stay at a healthy weight throughout your life and avoid gaining too much weight," and "men who eat a lot of red meat or high-fat dairy products appear to have a slightly higher chance of getting prostate cancer. These men also tend to eat fewer fruits and vegetables. Doctors are not sure which of these factors is responsible for raising the risk."⁹ These are downright timid messages about the importance of a healthy diet.

The truth is breast and prostate cancer are caused by the rich Western diet full of beef, chicken, cheese, milk, and oils, and contaminated with powerful environmental cancer-causing chemicals. A sizable share of that \$20 billion must be spent on advertising, education, and subsidy programs to bring about monumental changes in our eating. The American Cancer Society needs to put meaning behind their apology by enthusiastically spreading the message that a starch-based diet with fruits and vegetables is fundamental for cancer prevention and good health.

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