Early Detection for Cancer is a Risky Business

Accepting an examination of your body parts in an effort to find cancer earlier means you are willing to risk your life today for the theoretical possibility that you will gain extra years in the distant future.

For example, I have known perfectly healthy people in their forties suffer a perforation of their bowel during a routine colonoscopy and die—all from an effort to prevent colon cancer in their sixties or seventies.

While attempting to prevent one death from colon cancer with 1,000 examinations, two people may suffer from this potentially fatal complication (in addition to other complications, such as those from bleeding and anesthesia). Fortunately, similar cancer benefits can be had with a safer sigmoidoscopy examination, at almost no risk, or a test of the stool for blood or DNA at no risk of physical harm.

Screening for cancer is "disease mongering" at its worst. By casting a large net with early detection schemes, people are roped into laboratory tests, imaging, doctors' office visits, biopsies, surgeries, radiation treatments, pharmaceuticals, chemotherapies, and hospitalizations. Disease mongering turns people into patients, and few will benefit.

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Dr. McDougall's Recommendations

Test	Recommended	Comment	Support
Breast self-exam	No		U,C
Breast clinical exam	No		U,C
Mammography	No	Harms are substantial	U,C
Thermography	No		O
Casual self-exam	Yes		O
Pelvic exam	No		O
PAP smear	Yes	Every 5 years, until age 50	U,O
HPV test	Yes	Every 5 years, until age 50	U,O
DRE (prostate)	No		U
PSA (prostate)	No		U
Visual Colonoscopy	No		O
Virtual Colonoscopy	No		O
Sigmoidoscopy	Yes	Once at age 55 to 60	O
Stool for blood	Yes		O
DNA stool test	Yes	Preferred Screening test	O
Lung CT scan	Maybe	Very heavy smokers only	U
Skin	No		U
Oral Exam	No		U

Respected authorities, such as the U.S. Preventive Services Task Force (USPSTF) and the Cochrane Collaboration, have provided guidelines for patients and medical doctors. Based on my interpretation of these guidelines and other sources, I (Dr. McDougall) offer these recommendations on screening for various cancers.

U = US Preventative Services Task Force (USPSTF)
C = Cochrane Collaboration
O = Other Source

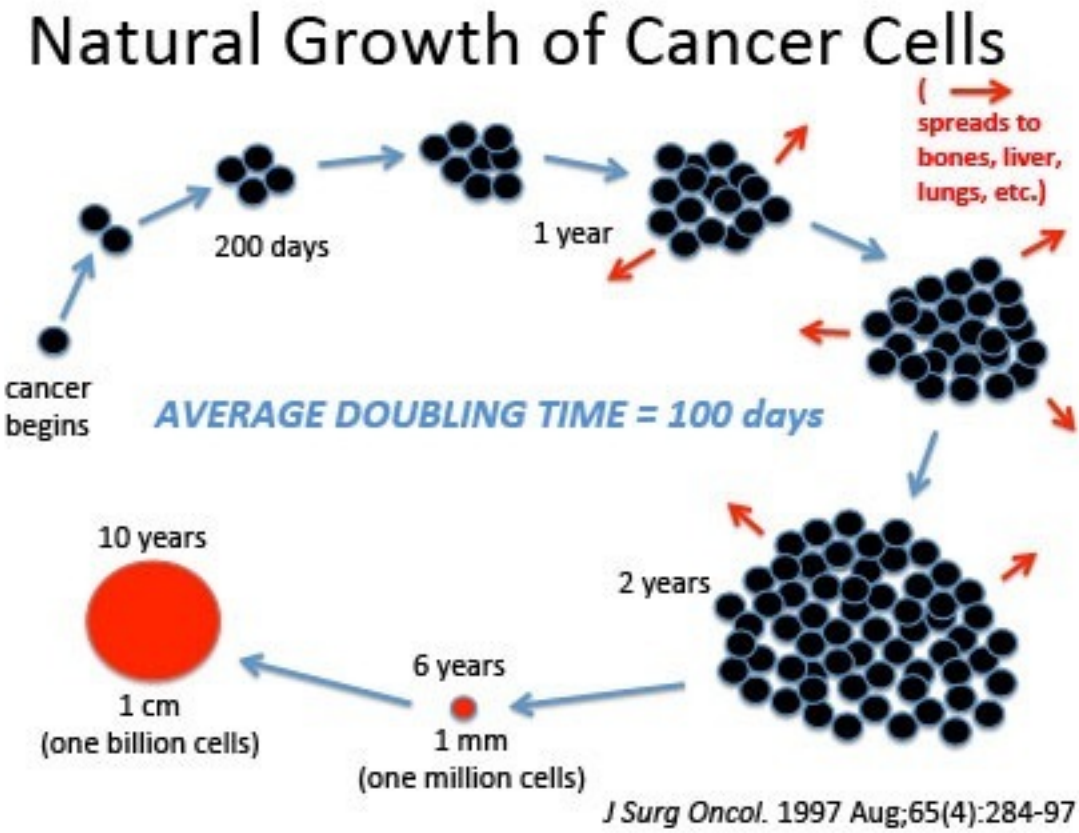
Potential patients must become fully informed about the risks and benefits of breast, vaginal, prostate, and colon examinations before stepping onto the "screening" highway, which more often leads to death and disability than a prolonged life. Recommendations call for shared decision-making between doctor and patient. However, this approach is unrealistic because patients do not have the fundamental medical knowledge necessary to understand complex health issues. Even more concerning (as you will learn below), primary care

doctors fail to understand the risks and benefits of the very screening tests that they are recommending to hundreds of millions of their customers.

If more harm than good results from screening and early detection methods are avoided, then how should tumors, like breast cancers, be found? By casual examinations such as when bathing or showering. If a lump is found, then this abnormality should be brought to the attention of the medical doctor. (In almost all cases I recommend simple removal of the obvious tumor, only.) In contrast, self or clinical breast exams can create high anxiety, whether or not any problems are found, and in most cases lead to many unnecessary and costly tests, biopsies, and surgeries with no gain in quality or quantity of life.

Early Detection Is Really Late

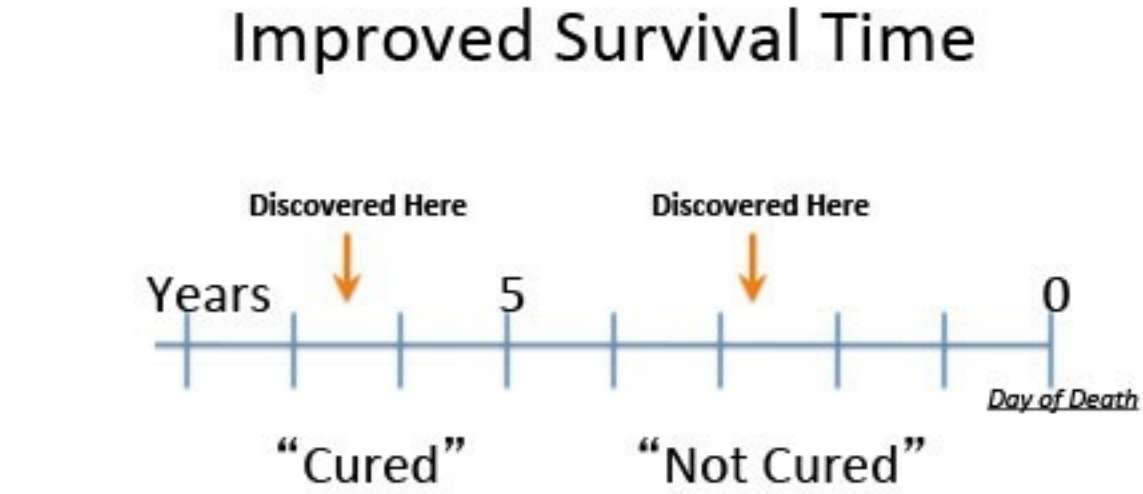
"Early detection" is a misnomer. At the time of diagnosis, a solid tumor developing in the breast, colon, lung, or prostate has grown to one centimeter (1/2 inch) in size and contains 1 billion cells. The average time for this growth to reach a detectable size is 10 years. Cancer destined to spread to other vital organs has already done so. Fortunately, most tumors found during screening are destined to be non-troublesome and are likely to continue on their non-lethal (benign) course.



By understanding the natural growth history of cancer you will understand why early detection methods fail and why, after discovery, treatment should be conservative. For example, I recommend a simple lumpectomy for breast cancer (instead of removing the entire breast or a lumpectomy with radiation) and simply "burning off" cancers of the lower bowel (instead of removing entire sections of bowel).

Cancer begins as one misguided cell dividing at its own free will, irrespective of its neighbors' welfare. The average doubling time is every 100 days (3½ months). Approximately 30 doublings must occur for a cancer to reach a detectable size. Basic math proves this to be, "late detection." Cancer cells spread early in the disease via the venous system to vital organs (where many metastatic cells will divide at a similar rate to the original tumor cells).

Researchers have understood the natural growing history of solid cancers, like those found in the breasts, colon, lung, and prostate, for more than a half-century. Consider this 1977 statement delivered 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: "If the time required for a tumor to double its diameter during a known period of time is taken as a



Screening (mammograms, PSA, etc.) finds cancers earlier, unfortunately, life is not prolonged

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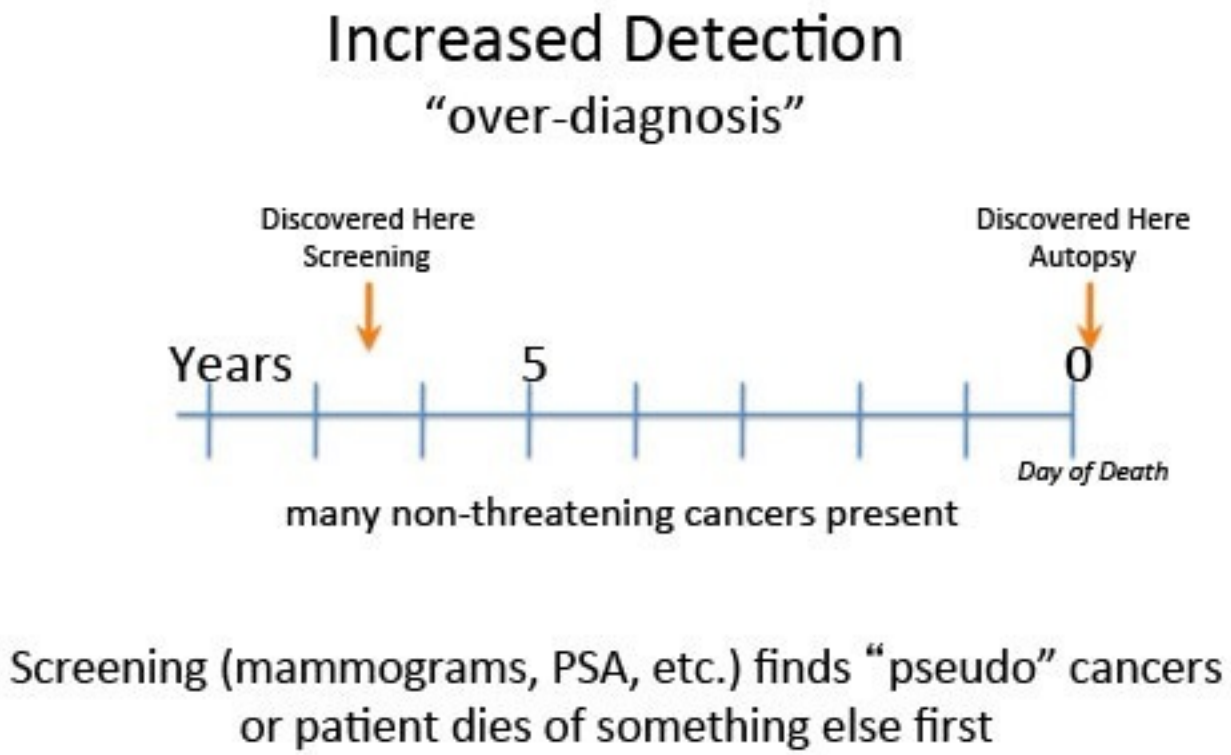
measure of growth rate, one can calculate by extrapolation that two-thirds of the duration of a breast cancer remains undetectable by the patient or physician. Long before a breast carcinoma can be detected by present technology, metastatic spread may occur and does in most cases."

Misunderstanding Perpetuates Malpractice

Unfortunately, most people, and even their primary care physicians, mistakenly interpret "improved survival" and "increased detection of cancers" as evidence that screening saves lives. Few correctly recognize that only reduced mortality (a longer life) in a randomized trial constitutes evidence of the benefit of screening.

The first fatal error is in believing that "improved survival" is beneficial. The length of survival is measured from the time of diagnosis until death. By finding disease earlier with screening programs the diagnosis is made earlier, but the day of death remains the same. The patient does not live longer (no improvement in mortality), but he or she is made aware of his or her illness for more years by finding it earlier. Without argument this awareness leads to enhanced profits for many medical industries.



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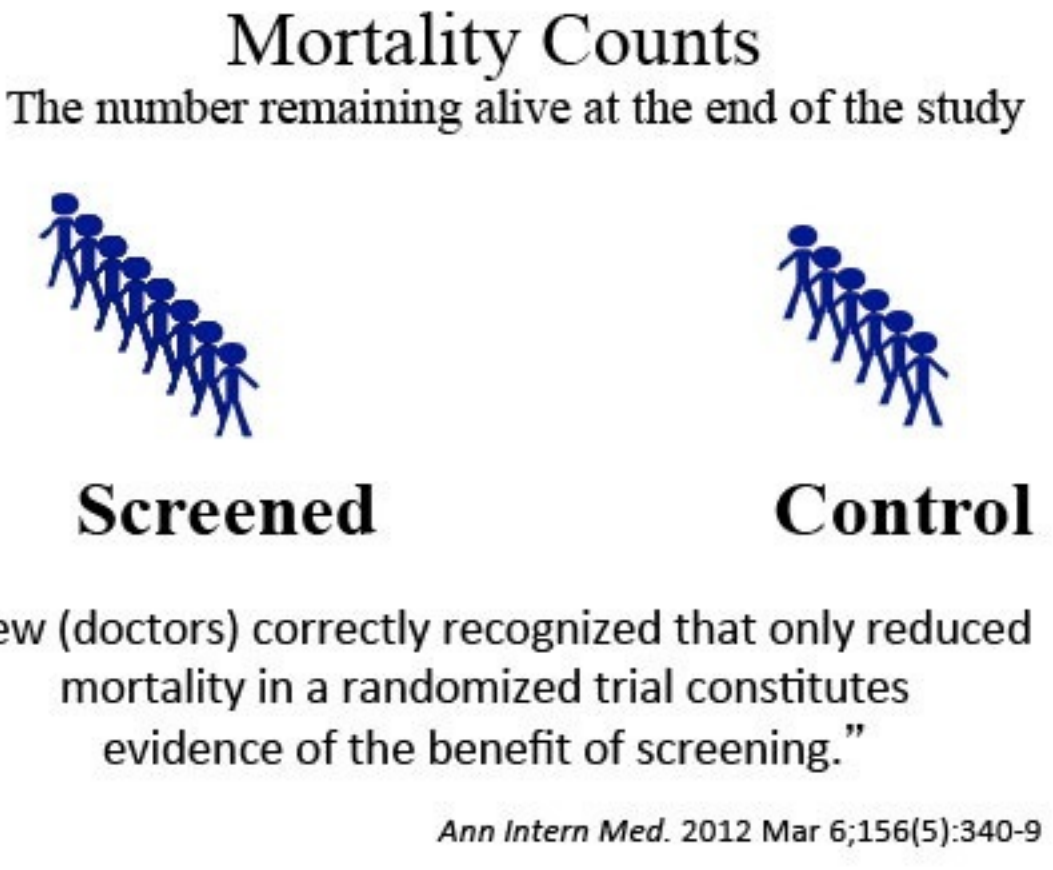
False hope is created by early detection. Cancer patients have been told, "If you live five (5) years or longer after diagnosis, then you are cured." Based on this definition, cure by early detection is experienced by as many as 90% of breast cancer patients. (Yet, to repeat, they live no longer.)

The second error in thinking arises from the belief that finding more cancers benefits patients. Most cancers found by screening are over-diagnosed: they are non-troublesome and are non-lethal, and would have been of no importance if never discovered.

Cancers discovered only after death, say at an autopsy, obviously never threatened the patient's life. The person has died of something else first, say, heart disease or old age, long before the cancer surfaced. Early detection tests uncover "pseudo" and dormant cancers. For every one person whose life is "saved by early detection," 10 to 50 people are over-diagnosed with cancer. Meddling physicians have turned healthy people into casualties of cancer.

Looking for a Longer Life?



The true test for an effective method of screening for cancer is to improve mortality for the group undergoing the exams, compared to a control group subjected to less vigorous detection methods. By this standard, benefits from screening programs are hard to find.

My belief is that the best effort for prolonging a person's useful years is to stop the causes of their deadly diseases. Cancer of the breast, colon and prostate are examples of illnesses caused by food poisoning from consuming animal-derived foods and vegetable oils. The remedy is serious, intensive, dietary changes.

On August 29, 2014 the USPSTF made their official recommendation that doctors focus their attention on diet: "The USPSTF recommends offering or referring adults who are overweight or obese and have additional CVD [cardiovascular disease] risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. (B recommendation)." The Patient Protection and Affordable Care Act (Obamacare) is aimed at expanding access to health care and lowering cost barriers to seeking and receiving care, particularly for high-value preventive care. Current legislation requires that Medicare and all qualified commercial health plans cover routine preventive services graded A and B by the U.S. Preventive Services Task Force (USPSTF) at no cost to the consumer.

Cancers of the breast, colon, and prostate are caused by the rich Western diet. People wanting to prevent, and those currently with, these diseases deserve the same intensive behavioral counseling interventions as do overweight patients with CVD. By applying all of the current USPSTF recommendations, the future of medical care could become focused on changing the American diet and improving health and longevity, rather than searching for more disease. (See the "free McDougall Program" for my dietary advice.)

Featured Recipes

This month's recipes are favorites of my family for two reasons. First, they are so easy to make and second, I can easily substitute different fruits and vegetables in these dishes depending what is in my garden or fridge.

Heather McDougall

Baked Apple & Pear Dessert

This is a very simple, yet satisfying, healthy dessert. Usually made with just apples and yams, I have added pears.

Preparation Time: 15 minutes
Baking Time: 50 minutes
Servings: 4

1 medium garnet yams
1 large baking-type apple
1 large pear
¼ cup unsweetened applesauce
½ cup water
½ teaspoon cinnamon

Preheat oven to 400 degrees.
Peel the yam and slice thinly. Peel and core the apple and pear and cut into thin wedges.
Layer the yams, apples and pears into a square non-stick baking dish. Combine the applesauce and water and pour over the layered ingredients. Sprinkle with cinnamon. Cover and bake for 50 minutes. Serve warm.

Broccoli Bisque

Kale is actually something that my whole family will eat, so I try to put it in as many dishes as possible. For this recipe, I stir in 1 cup of thinly sliced kale into

the soup about 5 minutes before it's finished. I also have a lot of cauliflower in my garden as well, so we like to put it, roasted or steamed, in the soup before serving.

Preparation Time: 10 minutes
Cooking Time: 20 minutes
Servings: 6-8

4 cups broccoli florets
3 cups vegetable broth
2 cups frozen chopped hash brown potatoes
1 onion, chopped
1 teaspoon dried dill weed
2 ½ cups non-dairy milk
1 tablespoon Dijon mustard
Salt and pepper to taste

Place the broccoli, broth, potatoes, onion and dill weed in a medium pot. Bring to a boil, cover and cook over medium heat for 15 minutes. Process the soup in batches in a blender, return to pot, add the non-dairy milk, and the mustard and the white pepper. Heat through and serve at once.

Fresh Fruit Cobbler

Be sure to use sweet, ripe, seasonal fruit in this recipe. Peaches and nectarines are a delicious choice, but any stone fruit will work. For a fresh strawberry pie, see hint below.

Preparation Time: 30 minutes

Cooking Time: 45 minutes
Servings: 8

4 cups sliced fresh peaches or nectarines
1/3 cup apricot preserves
2 teaspoons lemon juice
1/8 teaspoon nutmeg
3 tablespoons flour
½ cup quick cooking oats
2 tablespoons cornmeal
2 tablespoons pure maple syrup
1 teaspoon vanilla

Preheat oven to 375 degrees.
Place the sliced peaches in a bowl. Combine the preserves, lemon juice and nutmeg together in another bowl. Spoon over the peaches and mix gently. Sprinkle the flour on the top and then mix again. Place in a 9-inch pie plate. Bake for 30 minutes.
Place the oats and cornmeal in a bowl. Combine maple syrup and vanilla and pour over the oat mixture. Mix well.
Remove the cobbler from the oven and reduce the heat to 350 degrees. Crumble the oat mixture over the pie filling and return to the oven. Bake for additional 15 minutes. Let rest for 15 minutes before serving. May be served warm or cold.

HINT: For a fresh strawberry pie, substitute sliced fresh strawberries for the peaches and strawberry preserves for the apricot preserves. Reduce the initial baking time by 10 minutes.

Italian Potato Salad

For this recipe, I took out the mushrooms that are usually in this salad because my boys prefer it without. Since it is tomato season, I have a lot of cherry tomatoes in my garden so have substituted those instead.

Preparation Time: 20 minutes
Cooking Time: 5-7 minutes
Chilling Time: 1 hour
Servings: 4-6

5 large red potatoes, scrubbed and sliced 1/4 inch thick
½ pound cherry tomatoes, halved
1 small red onion, thinly sliced
½ cup chopped, roasted red pepper
¾ cup oil-free Italian dressing
1 tablespoon chopped fresh basil

Drop the potatoes into boiling water and cook for 5-7 minutes. Drain and set aside. Meanwhile, combine the remaining ingredients and mix well. Pour over the potatoes and toss to mix. Cover and refrigerate for at least 1 hour before serving.

Ventana Lentil Stew

We eat this with steamed rice and baked tortilla chips. One of the things in our garden that we have had so much fun growing, and eating, is peppers. Most of what we have are jalapeño and shishito peppers, which we have pickled and roasted with excellent results. This recipe uses some of those jalapeño peppers, and kale, which is always growing in my garden.

Prep: 10 minutes
Cook: 1 hour 15 minutes
Serves: 6 to 8

1 onion, chopped
2 cloves garlic, crushed or minced
1-2 jalapeño peppers, seeded and chopped

2 cups green lentils
2 cups chopped fingerling potatoes, cut into bite-sized pieces
¼ to ½ teaspoon chipotle chili powder
2 cups baby spinach leaves or thinly sliced kale
Hot sauce, for serving

Put the onion, garlic, and jalapeños in a large saucepan along with ½ cup of water. Cook, stirring occasionally, until the onion softens, about 5 minutes. Stir in the lentils, potatoes, ¼ teaspoon chipotle powder, and 5½ cups more water. Cover and bring the soup to a boil, then reduce the heat and simmer until the lentils are soft, about 1 hour. Stir in the greens and cook 5 minutes. Add additional chili powder to taste.

Serve hot in bowls, with hot sauce on the side.

Photos by Emma Roche of PlantPlate