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Ernst Wynder, M.D. Explains How Diet Causes Colon Cancer

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Featured Recipes

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- VEGAN GERMAN POTATO SALAD
- BBQ BLACK-EYE PEA BURGER
- INTERNATIONAL QUINOA SALAD
- PEACH UPSIDE DOWN CAKE
- VEGAN SCALLOPED POTATOES WITH VEGAN CHICKPEA CHEESE SAUCE

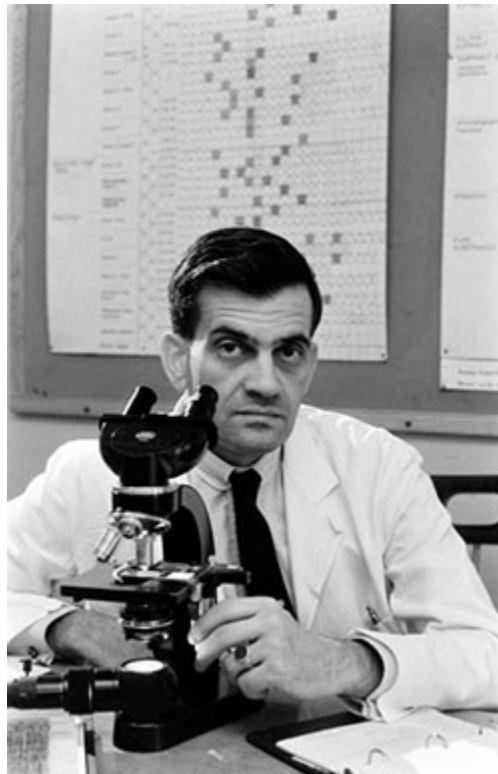
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During breakfast Dr. Wynder told me that in 1950 he went to his colleagues, including world-renowned cancer specialists working at Sloan-Kettering Institute for Cancer Research, and told them that smoking tobacco causes lung cancer. Their response, he said, was, "Nah, how could that be?" He explained to them, "When you burn a tube of tobacco multiple times a day and inhale the combustion products (the tars, benzopyrenes and other toxins), they damage the cells in the airways and turn some of them into lung cancer and kill people."

As we were finishing our oatmeal that morning he said to me, "I went to my same colleagues at Sloan-Kettering Institute 10 years later and told them that diet causes colon cancer, and they were similarly mysti-

fied. I explained to them that when you put the partially digested remnants of red meat, poultry, processed meats, and other commonly consumed Western foods into the colon, the carcinogenic chemicals from these foods damage the colon's cells and some become cancerous, then spread throughout the body, and people die." That conversation with my mentor, took place more than 35 years ago, and today the general public has no idea that the foods they eat cause colon cancer. Over the next three decades, his work with fellow scientists at the American Health Foundation (which he founded) proved that the [Western diet causes colon cancer](#). They investigated the molecular interactions that occur between the food and the colon and rectum, producing what is commonly referred to as colorectal cancer (CRC).

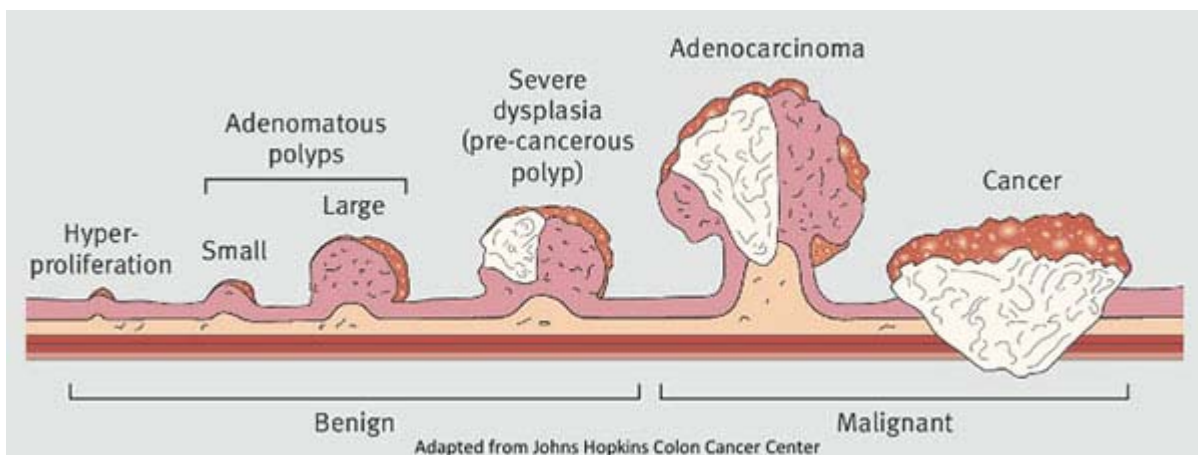
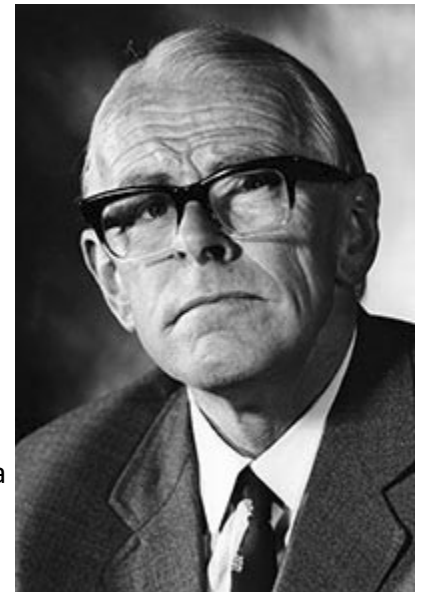
Denis Burkitt, M.D. Finds No Colon Cancer in Rural Africans

Denis Burkitt, M.D., another important mentor of mine, told me in 1971 that when he served as the head of the governmental health services of Uganda, Africa for 17 years, watching over 1,000 hospitals and more than 10 million people, he never saw a case of colon cancer. The diet of these rural Africans was based on grains, legumes, fruits and vegetables, with no dairy and almost no meat. Watch my interview with [Denis Burkitt](#), found in my January 2013 newsletter.

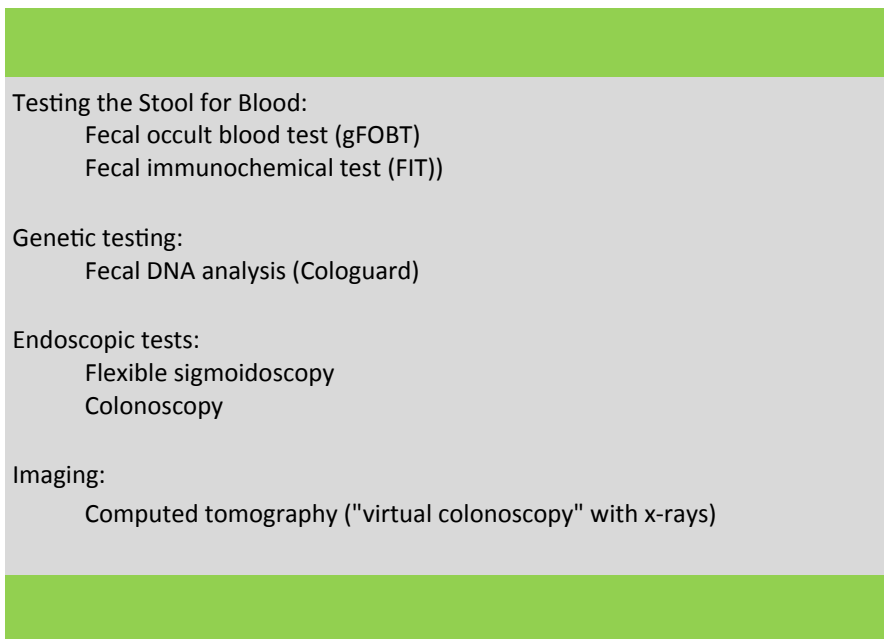
No one is hearing the obvious: colon cancer is [caused by the foods](#) we put into our intestines. This disease is entirely preventable by eating a starch-based diet without animal foods and vegetable oils. Rather, we often hear that the only way to save ourselves from this deadly disease is to have regular [colonoscopy exams](#). Billions of dollars and millions of lives are being wasted annually as the incidence of colorectal cancer (CRC) is rapidly increasing among populations that are adopting Western-style diets.

Looking for Pre-cancerous Polyps

Screening is looking for early disease before it transforms into a deadly form, like cancer. Colorectal cancers arise from benign polyps that occur as a consequence of years of repetitive injuries from partially digested remnants of Western foods (especially meat and poultry), and lack of protective dietary fibers and phytochemicals found in whole plant foods. The rationale for screening programs is to detect and remove these benign precancerous polyps before they turn into tumors with cells that spread via the venous blood system to the brain, lungs, liver, and bones, and eventually kill the patient.



Polyps are common and are estimated to be present in 22% to 58% of asymptomatic, average-risk people who are following the Western diet. Neither [polyps nor colon cancer](#) are found in populations following traditional starch-based diets. Progression from polyps (adenomas) to invasive cancer can occur in a little as five years or take more than 20 years (the average is 15 years).



Canadians Are Told "No" to Colonoscopy

[The Canadian Task Force on Preventive Health Care](#) recommends (as of 2016) screening adults aged 50 to 74 years for colorectal cancer with FOBT (gFOBT or FIT) every two years or flexible sigmoidoscopy every 10 years. These recommendations for screening are considered strong only for people aged 60 to 74 years. People over 75 should not be screened. Therefore, for all practical purposes for you, that could mean one sigmoid exam around age 60, along with testing your stool for blood occasionally.

When using gFOBT, the absolute reduction in death from colorectal cancer is small: 2.7 per 1,000 screened. This means the number of people needing to be screened to prevent one death is 377. By using flexible sigmoidoscopy, the absolute reduction in death from colorectal cancer is 1.2 per 1,000 screened, which means 850 people need to be screened to prevent one death from colon cancer.

These numbers reflect a decreased risk of *dying from colon cancer*, not from dying (overall mortality). In other words, there is no change in the day you die, on average, from participating in colorectal cancer (CRC) screening programs. One possible reason for this is that the testing itself can kill people. For example, colonoscopy can cause people to die from perforation of the bowel, bleeding, and the anesthesia used. One life saved in exchange for one life lost.

The Canadian Task Force on Preventive Health Care recommends not using colonoscopy as a primary screening test for colorectal cancer—because of lack of efficacy, compared to other screening methods—because of its higher human resource requirements (it requires a specialist such as a gastroenterologist), and greater potential for harms. The harms include intestinal perforation, bleeding, and death. European guidelines currently do not recommend colonoscopy screening. (If blood is found in the feces or a sigmoid exam is abnor-

mal, then a colonoscopy may be indicated.)

Colonoscopy: the Gold Standard in the U.S.

According to an [editorial](#) in the June 15, 2016 *JAMA Internal Medicine*, "...there is no RCT (randomized clinical trial) (or other high-quality evidence) showing that colonoscopy reduces CRC mortality. In fact, the only tests shown to reduce CRC mortality in RCTs are periodic FOBT and a 1-time flexible sigmoidoscopy." The editorial concludes with this question: "It would be interesting to know how many patients would undergo colonoscopy if they knew that there were no data to suggest that this procedure results in longer life."

In the United States, colonoscopy is considered the gold standard and is, in practical terms, the only test offered. Patients are told, "they would be a fool not to get a colonoscopy." Harms from FOBT are none and those from flexible sigmoidoscopy are extremely rare. But you cannot get the correct endoscopy test, a flexible sigmoidoscopy, in the United States (with rare exceptions) because physicians in the U.S. have been brainwashed by the highly profitable colonoscopy industry, which includes gastroenterologists (physicians), clinics, hospitals, and device manufacturers.

It's the money. More than 10 million Americans get colonoscopies each year, with annual costs over \$10 billion. The stool tests for blood are done at home and cost from \$3 to \$40. The [cost](#) of a sigmoidoscopy, which does not require sedation and is performed in a doctor's office in 20 minutes or less, is on average \$200. A gastrointestinal specialist performs the colonoscopy, often in surgery centers and hospitals, under sedation, with an average cost of \$3,081.

Newest 2016 USPSTF Guidelines: A Little of the Truth Exposed

The United States Preventive Services Task Force (USPSTF) 2016 guidelines strongly recommend screening for colorectal cancer. It lists seven different screening strategies (listed above), stating that "the screening tests are not presented in any preferred or ranked order," implying that the task force considers them to be equivalent. The [USPSTF](#) states, "To date, no CRC screening modality has been shown to reduce all-cause mortality. Robust data from well-conducted, population-based screening RCTs have demonstrated that both Hemocult II (stool for blood) and SIG (sigmoidoscopy) can reduce CRC mortality, although neither of these tests is widely used for screening in the United States."

The USPSTF also notes, "Even though its superiority in a program of screening has not been empirically established, colonoscopy remains the criterion standard for assessing the test performance of other CRC screening tests. Moreover, colonoscopy is significantly more invasive than other available tests and thus carries a greater possibility of procedural complications, as well as harms of over-diagnosis and overtreatment of smaller lesions."

The USPSTF knows the truth. I read their muddled recommendations as a form of telling "the facts" in a way that still protects the \$10 billion a year colonoscopy business.

McDougall's Recommendations

As with other common chronic diseases, such as coronary artery disease, diabetes, arthritis, and breast, prostate, and colon cancer, the importance of a healthy diet is universally overlooked. Not only for the prevention of these diseases, but also for their treatment. The reason is simply that there is no profit in recommending that people base their diets on beans, corn, potatoes, rice, and wheat, with some non-starchy fruits and vegetables; and avoid animal foods and vegetable oils. See [Dr. McDougall's Color Picture Book on Food Poison-](#)

[ing.](#)

Looking for problems (screening), and then treating them, is where all the money is made. My stand for decades has been to recommend against screening for prostate cancer (PSA and digital rectal exams) and breast cancer (mammography and breast self-examination). Screening is the ultimate form of disease mongering: turning healthy people into patients. You can find my recommendations for screening for other kinds of cancer in my [August 2014 Newsletter](#).

I do recommend conservative screening for colorectal cancer, because almost all of my patients have been following the Western diet for their entire life (until we met). [I have recommended](#) checking the stool for blood, beginning around age 60 years (testing every other year, at most, until age 75) and/or one sigmoid examination at around age 60 years. I have strongly recommended against colonoscopy for screening. Note that the recommendations I have been making for decades are almost the exact ones announced this year (2016) by The Canadian Task Force on Preventive Health Care.

Once a person is found to have polyps (of significant size: > 10 mm) and/or colon cancer, patients are advised to have a [repeat colonoscopy](#) every 1 to 10 years. This recommendation is based on speculation without convincing scientific support showing that this follow-up will improve a patient's quality or quantity of life. Unquestionably, however, every follow-up examination is accompanied by fear, anxiety, pain, inconvenience, loss of valuable time, life-threatening complications, and/or increased risk of death on the examination table.

In summary, depend on your diet—not your doctor—to prevent death and suffering from colon cancer and other chronic diseases caused by food. You would be a fool to do otherwise.

Featured Recipes



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Vegan German Potato Salad

Though the smoked salt gives this potato salad a somewhat bacony flavor, crumbled tempeh bacon, if you happen to have it, is a great addition.

Serves: 5

Ingredients

2 pounds Yukon gold potatoes
1/4 cup red wine vinegar
3 tablespoons vegetable broth
1 teaspoon creole or other whole grain mustard
1/4 teaspoon salt, or to taste
generous grating of black pepper
1/16 teaspoon hickory smoked salt or other smoked salt



1/3 cup sliced green onions or chopped red onions

Instructions

Wash the potatoes well and if they are large, cut them into halves or quarters; try to keep your pieces about the same size so they cook at the same speed. Bring a pot of water to boil, add the potatoes, and cook until they are tender when pierced with a fork. The time will depend on the size of the potatoes (my large, cut in half potatoes took about 25 minutes).

Drain the water from the potatoes in a colander and rinse them with cold water to cool them down enough to handle. If you want, you can peel them (I didn't). Chop them into bite-sized cubes and place in a large bowl.

Whisk together the remaining ingredients except the onions in a small bowl. Pour over the potatoes and mix well. Stir in the onions. Check flavor and add more vinegar, salt, pepper, or smoked salt to taste. Serve warm or at room temperature.

BBQ BLACK-EYE PEA BURGER

Delicious and meaty, these vegan black-eyed pea burgers are seasoned with just a touch of barbecue sauce for a spicy, smoky flavor.

Serves: 6

Ingredients

1 can cooked black-eyed peas, drained (or 1 3/4 cups cooked)
1 medium yellow onion, diced
4 cloves garlic, minced
1/4 cup organic barbecue sauce
2 tablespoons coconut aminos, soy sauce, or tamari
1 tablespoon vegan Worcestershire sauce
1/2 teaspoon thyme
1/2 teaspoon smoked paprika
1/2 teaspoon oregano
1/4 teaspoon onion powder
1 1/4 to 1 1/2 cups rolled oats, panko, or dried bread crumbs

Instructions

Put all ingredients except the oats (or bread crumbs) in the food processor. Pulse a few times, just enough to break up the peas a little but not puree them. Stir in 1 cup of the oats. Check the consistency. It should be moist but not wet. Add more oats to achieve the right consistency. Refrigerate for at least 15 minutes.

Preheat oven to 375F. Line a baking sheet with a silicone baking mat or parchment paper. Form burger patties on the prepared surface using about 1/2 cup of mixture per burger. Bake for 25-35 minutes. Burgers will be hot throughout, but don't let get too dry. Allow to cool for a few minutes on the baking sheet before serving.



INTERNATIONAL QUINOA SALAD

This vegan quinoa salad features tiny pearls of quinoa drenched in tangy, chili-seasoned dressing, with cubes of avocado that melt in your mouth and cucumbers and chickpeas for a little bit of crunch.

Serves: 8

Ingredients

Quinoa:

- 1 1/2 cups quinoa, rinsed very well
- 2 1/4 cups water
- 1 clove garlic, minced or pressed
- 1/2 tsp. salt (optional)

Vegetables:

- 1 large cucumber, peeled, seeded, and diced
- 2 medium-large tomatoes, finely chopped
- kernels of 2 ears of cooked corn (about 1 cup), optional
- 1 jalapeño pepper, seeded and diced
- 1 1/2 cups cooked chickpeas
- 1/2 cup scallions, thinly sliced
- 2/3 cup parsley — minced
- 1/3 cup fresh mint — minced
- 1 ripe avocado, peeled, pitted, and diced (reserve a few slices for garnish)

Dressing:

- 1/4 cup freshly squeezed lime juice (NOT lemon)
- 3 tablespoons vegetable broth or bean cooking liquid
- 1/2 teaspoon salt, or to taste (optional)
- 1/8 teaspoon ground pepper
- 1 clove garlic, pressed or minced
- 1/4 – 1/2 teaspoon chipotle chili pepper

Instructions

To cook the quinoa in a pressure cooker, place it and the water, garlic, and salt in the cooker and lock the lid. Over high heat, bring to high pressure and cook for one minute. Remove from heat and allow the pressure to come down naturally. Fluff the quinoa and allow it to cool. (To cook it on the stove, use 2 1/2 cups of water. Rinse the quinoa and toast it in a saucepan over medium heat. Add water, garlic, and salt and bring to a boil. Cover tightly, reduce heat, and cook until all water is absorbed, about 15 minutes. Fluff and cool.)

Combine all of the vegetables in a large bowl. Add the quinoa and mix well. Whisk the dressing ingredients together and pour over the salad. Mix well and refrigerate until chilled. Taste before serving, and add more lime juice as necessary (you want it to be tangy). Garnish with avocado slices and serve. Makes about 8 servings.



PEACH UPSIDE DOWN CAKE

No long introduction to this recipe, folks. I could talk about how it's peach season and the sweetest, juiciest, not-quite-local peaches come from Chilton County, Alabama. Or I could travel down memory lane and plague you with childhood stories of how I used to gorge on peaches in my family's orchard until the fuzz burned off the skin under my nose. But no. Sometimes a few pictures and a recipe are all you need. Feel free to chat amongst yourselves.



This is a lightly sweetened cake that allows the fresh flavor of the peaches to shine through. If you like your desserts sugary (like my daughter does), feel free to increase the amount of sugar that goes into the skillet by up to double. The same goes if your peaches are not quite sweet enough. But my husband and I like it just like this.

Serves 8

Ingredients

Dry ingredients:

1 1/2 cups unbleached white flour

2 teaspoons baking powder

1/2 tsp ginger

1/2 cup natural sugar (I used demerara for all the sugar in this recipe)

1/8 teaspoon salt

Liquid ingredients:

1 cup vanilla soy milk mixed with 1 teaspoon lemon juice

1/2 tsp vanilla extract

1 teaspoon lemon zest (or 1/4 teaspoon lemon extract)

4 cups peeled and sliced peaches

2 tablespoons natural, raw or brown sugar

1/4 cup natural, raw or brown sugar

2 tablespoons water

Instructions

Preheat oven to 350.

Combine the dry ingredients in a medium-sized mixing bowl. Combine the liquid ingredients in a separate bowl. Set aside without mixing them together.

Combine the peaches with the 2 tablespoons of sugar. Wipe or spray a 10-inch, well-seasoned cast iron skillet with oil. (This step is very important if you want to be able to get the cake out of the pan.) Begin heating it and add the 1/4 cup (or more) of sugar and the water. Heat and stir until the sugar is completely melted. Continue to cook and stir until the mixture is bubbly and slightly reduced (but be careful not to burn it). Place the peaches on top of the sugar and remove from heat.

Add the liquid ingredients to the flour mixture, stirring briefly just to moisten. Pour and smooth the batter over the peaches, covering them entirely. Put the skillet into the oven (you may want to place a cookie sheet or foil on the shelf below it to catch drips) and bake until the sides of the cake pull away from the edges of the pan and a toothpick comes out clean (about 30-40 minutes).

Allow the cake to cool in the pan for about 15-30 minutes. Then, run a knife around the edges of the cake to loosen it from the pan. Place a large plate or serving platter over the top and invert the skillet. Remove the skillet carefully from the cake

Be sure to scrape any caramelized juices from the pan and smooth them over the peaches.

Voilà! Peach Upside-Down Cake.

Serve warm or at room temperature, alone or with vanilla non-dairy ice cream. Makes about 8 servings.

VEGAN SCALLOPED POTATOES WITH VEGAN CHICKPEA CHEESE SAUCE

You can leave the skins on the potatoes if you like, which makes this casserole come together much more quickly. The skins do make it slightly less easy to cut and messier to eat, so for special occasions, I suggest peeling.

Serves 6

Ingredients

3/4 cup chickpeas, canned or home cooked with liquid
 3/4 cup almond milk or other non-dairy milk, plain and unsweetened
 1/4 cup nutritional yeast
 1 large garlic clove
 1/2 teaspoon salt
 1/2 teaspoon turmeric
 1/4 teaspoon ground black pepper
 1 tablespoon fresh chives, snipped
 2 pounds potatoes, Yukon gold or red
 additional snipped chives, for garnish



Instructions

Open a can of chickpeas. Pour the liquid into a 2-cup measuring cup and add enough non-dairy milk to reach the 1 1/2 cup mark. (If using home-cooked chickpeas, use 3/4 cup cooking liquid.) Pour into blender. Add 3/4 cup of chickpeas, nutritional yeast, garlic, salt, turmeric, and pepper. Blend on high speed until completely smooth. Add the chives without blending and set aside.

Preheat oven to 400F and lightly oil a medium-sized casserole dish. (The oil prevents sticking; leave it out at your own risk.)

Wash the potatoes and peel them if you like. Slice them about 1/4-inch thick (a mandolin speeds up the process and ensures that they are all the same thickness.) Place about a third of them overlapping to cover the bottom of the dish. Pour about 1/2 cup of the sauce over them. Add another layer and cover with another 1/2 cup of sauce. Repeat with remaining potatoes and sauce.

Cover tightly with foil and bake for 45 minutes. Remove foil and bake for another 15-25 minutes, or until the potatoes are fork tender. If the top starts to brown too much, loosely cover with foil until potatoes are done. Sprinkle with additional chives and serve hot.

OVEN-FRIED EGGPLANT POBOY SANDWICHES

Dipped in this gluten-free batter and baked, eggplant comes out crispy on the outside, soft and creamy on the inside, and it's perfect on a pobo sandwich.

Serves 5

Ingredients

1 large eggplant (approximately 1 1/4 pound)
3/4 cup non-dairy milk of choice
1/2 cup cornmeal
1/4 cup brown rice flour
1 tablespoon lemon juice
1 teaspoon garlic powder
1 teaspoon salt (if desired)
1/2 teaspoon onion powder
1/4 teaspoon cayenne (more or less, to taste)
1/4 teaspoon freshly-ground black pepper

Instructions

Peel the eggplant and trim off the ends. Slice it into rounds about 1/2-inch thick. Line a baking sheet with parchment paper. Preheat oven to 400F.

In a large mixing bowl, combine all remaining ingredients and mix well. You should have a batter a little thicker than pancake batter. If it seems dry, add a splash of non-dairy milk.

Dip each eggplant slice into the batter and turn it to coat both sides and edges well. Holding the slice between two fingers, allow any excess batter to drip back into the bowl, and place the eggplant on the baking sheet. Repeat with as many slices as you can fit on the baking sheet, being careful that they do not touch. (If your baking sheet is small, you may need to make two batches; batter can thicken between batches, so add more liquid if necessary.)

Place in the oven. After 20 minutes, remove and gently turn each slice—you may have to hold the parchment paper and peel it from the eggplant. Replace and cook until outsides are brown but not burning, about 15 more minutes.

Serve hot on hoagie rolls or French bread with marinara sauce, lettuce, and tomato.

Notes

I used soy milk, which thickens with the addition of lemon juice. If you use another plant-based milk, you may need to add a little extra flour if the batter seems thin.

Other flours should work, but I have only tested it at this time with brown rice flour. If you use a different flour, use your judgement about whether the batter needs to be thinned with extra milk or thickened with extra flour.



