Breast Cancer Treatments: Barbaric and Brutal

My Aunt Margie developed breast cancer when I was in high school in the early 1960s. She was an intelligent, well-educated, and financially well-off person. We were close. Fortunately, Margie was "cured" after her left breast, lymph nodes, and chest muscles were removed during a procedure called a "radical mastectomy." Just to make sure they "got it all," a searing course of radiation was administered post breast amputation. Concurrently, she received potent chemotherapy, which happens to be the same concoction of chemicals given to women in 2017, more than half a century later. The following year her right breast suffered the same fate: amputation and radiation. Well-meaning physicians tortured her in a multitude of manners until her miserable death from metastatic disease three years later, at age 53.

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SPICY GREEN BEANS WITH SHALLOTS, GARLIC, AND GINGER
BAKED PUMPKIN PUDDING PIE

Recipes this month are by Vicki Brett-Gach

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The second time this disease, and the brutal treatments that followed, devastated our family was when 20 years ago my sister-in-law was diagnosed at age 28. She believed in her physicians and accepted every established (and some non-conventional) treatment available. She did not want to discuss her diet with me, unfortunately. Four years later, she died, leaving her husband and two pre-school-age children. Although a small matter in terms of the overall impact, her "state of the art medical care" left her family financially bankrupt. They all lived in my parents' basement for the next year.

Preliminary Study of Diet as an Adjunct Therapy for Breast Cancer

As a physician, I have had the opportunity to counsel hundreds of women with breast cancer. Early in my career I recognized that breast cancer is caused by, and the rate of growth is promoted by, the Western diet. I subsequently published the first scientific study on the dietary treatment of breast cancer in 1984.

Is Your Doctor Breaking the Law?

In 1982, living in Hawaii, I became the sole physician supporting the third "informed consent law" passed in the US. Informed consent is based on the idea that every adult of sound mind has a right to determine what shall be done with his or her own body. This means physicians are required to tell a woman about her options and offer her the meaningful information that she needs to consent to medical procedures, such as breast surgery, radiation, hormone therapy, and chemotherapy. As of 2008, 22 states have enacted informed consent legislation requiring physicians to inform their patients regarding breast cancer treatment consequences and options available. My observation over the past 35 years has been that almost all physicians involved in breast cancer treatment are breaking the laws in these 22 states. Typically, women give me a history of being only offered (and sometimes bullied into accepting) their physicians' preferred methods of treatment, without any realistic discussion of the consequences, and no alternatives are offered.

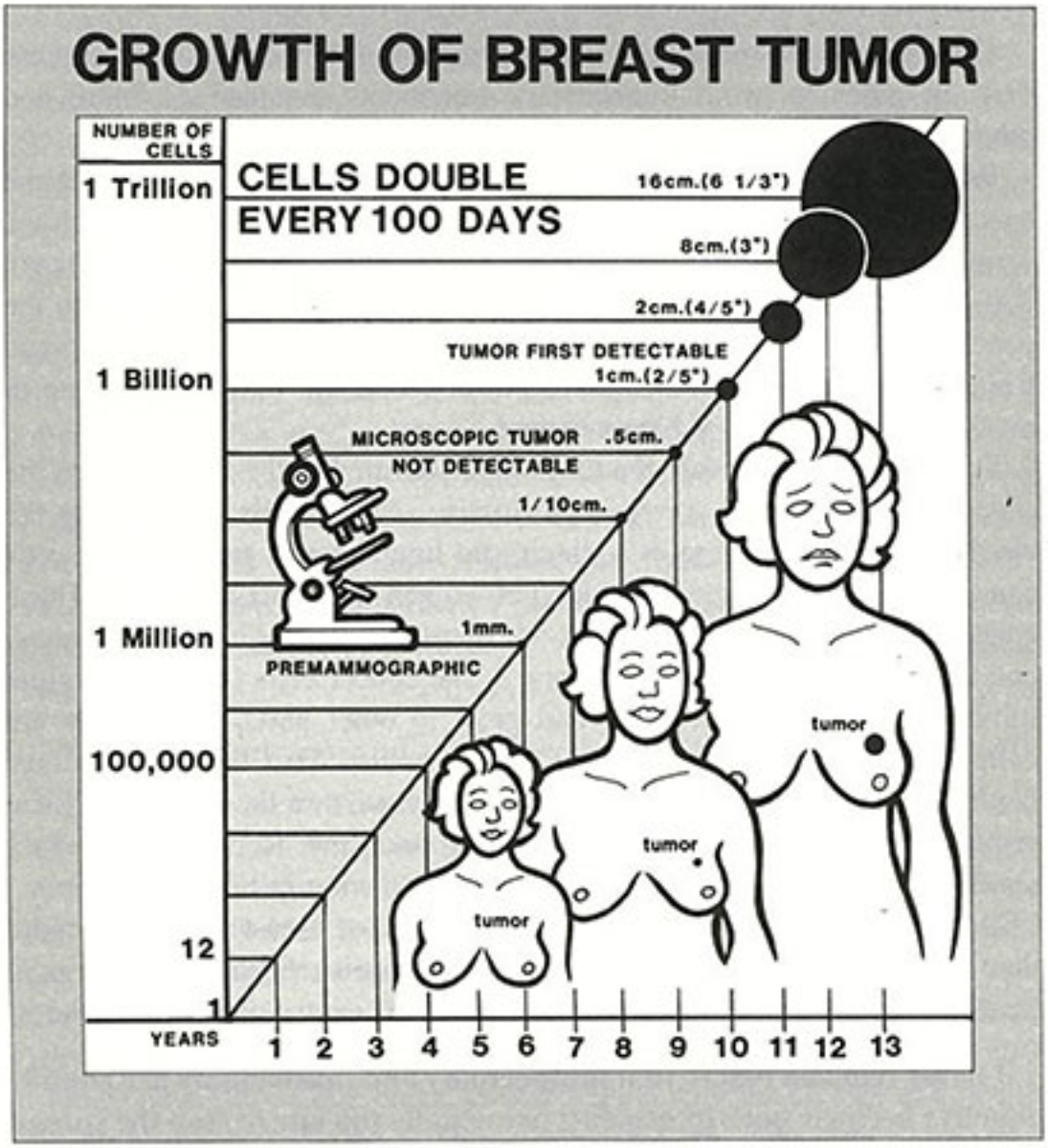
The male-dominated medical business seems unstoppable with respect to changing their professional behavior toward women, regardless of more than a half-century of conclusive, consistent scientific evidence, incriminating, beyond argument, their misdeeds. To summarize, so that you can have some control over your future: You must save yourself by becoming well-informed; do not depend exclusively on those in the medical businesses to make your choices.

Natural History Condemns Surgery and/or Radiation

The argument for early detection and aggressive treatment of breast cancer rests on the belief that this disease can be discovered in its early stages, before it has spread to other parts of the body. In the minds of patients, and many physicians, the process looks something like this:

Step 1: A cancer manifests and starts to grow slowly in the tissue (in this case, the breast).
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 diagram will illustrate the growth of breast cancer:



Three-fourths of the time a woman has been a victim of breast cancer has been without her knowledge.[73,74] Only during the final stages of this disease is the tumor detectable by any method. Unfortunately, by this time spread to other parts of the body has occurred in almost every case and the disease is incurable.[71] Because most of the years of cancer growth are hidden at microscopic levels, efforts toward early detection are unlikely to ever yield much success in saving lives. Our precious health-care dollars would be better spent on efforts toward prevention, such as teaching a low-fat (starch-based) diet.

From *McDougall's Medicine:A Challenging Second Opinion* (1985)

Unfortunately, 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 bloodstream in the very early stages of its development. The spread of cancer to the lymph nodes actually occurs simultaneously alongside the spread of the cancer through the blood vessels (venous system).

On a positive note, the rate of growth (doubling time) depends on several factors, including diet. You can change your future.

Progress Over the Past 3 Decades?

In 1985 my national best-selling book, "*McDougall's Medicine: A Challenging Second Opinion*," provided a comprehensive review of the scientific literature on the treatment of breast cancer. The conclusion: surgery and/or radiation treatments fail to prolong life and cause unnecessary suffering for the patient. All I recommend, for most of my patients, is a lumpectomy with clear margins - no radiation, no lymph node dissection, and no routine chemotherapy. Sometimes I recommend hormone therapy. (Of course, there are particular situations that require other routines.)

This information gathered by me before 1985 could easily be dismissed as outdated. In this newsletter, I will address the medical progress that has been made over the past three decades in the treatment of the disease of the breast itself by surgery and radiation (local treatment). (The treatment of disease spread to other parts of the body, systemic disease, with hormone medications and chemotherapy will be addressed in a future newsletter.)

The Science Behind Surgery

Over the past century, treatment of the tumor discovered in the breast has varied from no surgery at all to removal of both breasts, chest muscles, surrounding lymph nodes, and the arm on the woman's affected side. Amputation of the breast is called a mastectomy. The modern-day mastectomy operation had its origins in the Renaissance and continued as one standard approach for the next 600 years. Beginning in 1882, the recent "standard for the treatment" of almost all breast cancer has been the Halsted radical mastectomy (complete removal of the breast with its skin, the lymph nodes, and the chest muscles). The operation remained essentially the only option for women for the next 70 years after introduction. In

the early 1950s a more conservative approach called the modified radical mastectomy was introduced (the chest muscles were not removed). Radiation has been prescribed for treatment of cancers, treated with and without surgery, since the discovery of x-rays in 1895. A few renegade physicians, notable George Crile from Cleveland Clinic, performed lumpectomies only on selected women. He performed his final radical mastectomy in 1954, and instead became one of histories pioneers and strongest advocates of conservative breast cancer surgery. Much controversy has been generated concerning "how much treatment of the breast area is necessary in order to live longer?" Properly done scientific studies have provided clear answers.

The first randomized controlled trial comparing treatments, published in *The New England Journal of Medicine* in 1989, titled "Eight-year results of a randomized clinical trial comparing total mastectomy and lumpectomy with or without irradiation in the treatment of breast cancer," showed no survival benefits regardless of the aggressiveness of surgery. They found that there was no significant difference in the rates of distant-disease-free survival among the women who underwent lumpectomy (with or without irradiation), despite the greater incidence of recurrence of tumor in the ipsilateral (same) breast in those who received no radiation. A 25-year follow up confirmed these conclusions.

Note that the addition of radiation after a lumpectomy did not improve survival. However, radiation did prevent local recurrence in the affected breast at a price of significant side effects and financial costs. Following this practice changing research, mastectomies plummeted from the 1988 rate of 77%, to a rate of 35.6% in 2005. They were replaced largely by more conservative surgery (lumpectomy for example) followed by a course of radiation. However, even though no additional research has been published showing benefits of living longer with more aggressive treatment, mastectomy rates began to rise back to 38.4% of surgically treated patients in 2008. The rate of women undergoing mastectomies increased 36 percent between 2005 and 2013, including a more than tripling of double mastectomies.

Efforts to help women by removing all of the lymph nodes in their armpits by surgery and/or aggressive treatment with radiation specifically designed to sterilize even more areas of surrounding lymph nodes have failed to prolong women's lives.

The total costs for mastectomy vs. lumpectomy plus radiation are similar: $15,000 to $60,000 (US). Like all other businesses, much competition exists in medicine. This competition is reflected in the high variation in "the flavor of the day" accepted as the best treatment and are not justified with new "groundbreaking research" favoring longer survival from a particular regime.

Does Radiation Improve Survival?

The reasoning behind radiation after complete removal of the obvious cancer is to sterilize the remaining breast in order to reduce the risk of local recurrence and future spread of cancer to other parts of the body, ultimately prolonging useful life. Studies look at outcomes such as (1) recurrence of the cancer in the breast, (2) recurrence of the cancer in other parts of the body, (3) risk of dying from breast cancer, and (4) risk from dying from any cause (overall mortality). The most important information the patient wants to know is: "How long am I going to live after various treatments, and which, if any, will cause me to live longer?" The end-point of reduced "breast cancer mortality" only means you did not die from breast cancer. However, you may have died from other causes, many of which were from the treatments given. Therefore, overall mortality is the most important number and the one I report to you in this newsletter. Since the publication of my book, *McDougall's Medicine*, two studies and a meta-analysis have been published with the hope that radiation adds meaningful days of living for many women.

Study 1: In 1997 the *New England Journal of Medicin*e published an article, "Adjuvant Radiotherapy and Chemotherapy in Node-Positive Premenopausal Women with Breast Cancer," where 318 women were divided into two groups treated by two methods. When reviewed 15-years after treatment, there was no significant overall survival benefits from the addition of radiation. However, after 20 years a small improvement in overall survival was found (About 12 fewer deaths with radiation added).

Study 2: In a large follow up of 1708 patients, 10 years after treatment, "Postoperative radiotherapy in high-risk premenopausal women with breast cancer who receive adjuvant chemotherapy. Danish Breast Cancer Cooperative Group 82b Trial," there was also a small survival benefit with radiation: Eleven fewer deaths were found with the addition of radiotherapy (45 vs 54).

The Meta-analysis: In 2014 the *Lancet* published a meta-analysis review of 10,801 treated with and without additional radiotherapy, titled the "Effect of radiotherapy after breast-conserving surgery on 10-year recurrence and 15-year breast cancer death: meta-analysis of individual patient data for 10 801 women in 17 randomised trials," found no significant reduction in overall risk of death gained by the addition of radiation. Mortality without recurrence from non-breast-cancer causes was slightly higher in women allocated to radiotherapy than in women allocated to breast-conserving. Radiation treatment, in addition to killing cancer cells, also damages the heart and the immune system, increasing deaths from non-breast cancer causes.

Other scientific papers on the evidence from breast cancer treatments since 1985 show no overall survival benefits from addition of radiation. A thorough review published in the *Lancet* also in 2014, "Effect of radiotherapy after mastectomy and auxiliary surgery on 10-year recurrence and 20-year breast cancer mortality: meta-analysis of individual patient data for 8135 women in 22 randomised trials," found no survival benefits from the addition of radiation.

A large population study found no survival benefits from the addition of radiation.

A recent study of women over the age of 69 found a small reduction in local recurrences with the addition of radiation after lumpectomy but no improvement in survival was found over lumpectomy alone. (Tamoxifen, an anti-estrogen medication, was also part of the women's treatment in both groups).

McDougall's Medicine: Less Is More

My general recommendations for the treatment of breast cancer remain the same after 40 years of practice:

1. Do not rush into treatment. On average, the cancer has already been present for 10 years. Taking a few weeks or months to become well-informed should result in far better decisions and outcomes.

2. Remove all of obvious tumor in the breast with conservative surgery (a lumpectomy with clear margins).
3. Refuse routine investigation of your armpit (axillary) lymph nodes.

4. Refuse routine post-op radiation treatments.
5. Change your diet. You will live longer and with a much better quality of life.
6. Do not get routine follow-up visits after your surgery. Only visit your doctor if, and when, a problem arises, such as another lump. No life is lost by this kind of delay and much unnecessary testing and treating is avoided by staying away from doctors.

Reading my chapter on breast cancer from *McDougall's Medicine: A Challenging Second Opinion* (1985) will fill in explanations you may have not completely understood with this update. I will discuss updates on systemic treatments, such as hormone- and chemo- therapy, in a future newsletter. For now, know that little has changed for most women since I made my recommendations in 1985.

Featured Recipes

FRESH RAW CRANBERRY SAUCE

1 12-oz bag of fresh cranberries
2 apples, peeled, cored
1 orange, peeled
2/3 c pitted Medjool dates (approx. 10)

Ingredients
Rinse and towel-dry the cranberries.

Place the cranberries along with all other ingredients in a food processor bowl, and pulse together briefly until desired texture is achieved (somewhat diced, somewhat chunky).

Serve immediately at room temperature, or refrigerate to serve chilled.

WHOLE WHEAT PITA POCKETS

3 cups white whole wheat flour
2 teaspoons baking powder
3/4 teaspoons salt
1 cup warm water

Instructions
In a large bowl, whisk together dry ingredients. Using a food processor, gradually add water and mix until a crumbly dough forms. Pulse on and off briefly just until a ball begins to form.

Turn out dough onto a floured board. Form dough together and divide into 12 pieces. Shape each into a smooth ball. Cover well with plastic wrap, and allow to rest for at least 20 minutes or more.

When ready to pan-grill, flatten one ball at a time, and use a rolling pin to create a 5- or 6-inch circle.

Heat a nonstick griddle or frying pan over medium high heat. Place flattened dough onto the dry hot pan. Don't disturb, as it begins to grill. When dough starts to puff up in the middle after a few minutes, and becomes golden on the bottom, it's time to flip. Allow the other side to cook for a minute or two, and remove from pan when toasty on the second side. Repeat with other portions of dough.

Keep the pitas steamy and soft by stacking them inside of a folded cloth towel. Serve pita loaves right away, while soft and warm.

HEARTY LENTIL SHEPHERD'S PIE

1/2 cup fresh bread crumbs (I make crumbs from Ezekiel bread)
6 large potatoes
1/2 cup soy milk, unsweetened, plain
salt and pepper to taste
4 tablespoons oil-free vegetable or mushroom broth
1 large onion, minced
6 ounces zucchini, diced

2 15-ounce cans of lentils, drained, rinsed (or equivalent cooked from scratch)
2 tablespoons dry red wine (or more broth)
2 tablespoons soy sauce or Bragg's Liquid Aminos
4 tablespoons of prepared chili sauce (I use Organicville brand)
1/2 teaspoon cumin
dash of Cajun seasoning, or seasoned salt (optional)
salt and freshly ground pepper, to taste
8 to 10 ounces baby spinach or arugula leaves, chopped

Instructions
Preheat oven to 400 degrees. Have ready a 2-quart round casserole dish, or two deep-dish pie pans.

Scatter the breadcrumbs evenly over the bottom. Set aside.

Peel and chop the potatoes. Place in a large saucepan with enough water to cover. (Salt the water, if desired.)

Bring potatoes to boil, reduce heat to simmer, cover the saucepan, and cook for 20 minutes. Drain and transfer potatoes to a large mixing bowl. Add soy milk, plus salt and pepper to taste, and mash until fluffy and delicious. Cover and set aside.

While the potatoes are cooking, heat the broth in a large nonstick skillet. Add the onion and sauté over medium heat until translucent, adding more broth or water if needed to prevent sticking. Add the zucchini and lentils, and bring to a gentle simmer. Stir in the wine, soy sauce (or Bragg's Liquid Aminos), chili sauce, and the seasonings. Cook gently for about eight minutes.

Add the spinach, a little at a time, cooking just until wilted. Remove from heat, taste, and adjust seasonings to your liking.

Pour the lentil mixture into prepared pan(s), and then spread the mashed potatoes evenly over the top. If using two pie plates, divide mixtures evenly between them. At this point, one of the two pie pans can be frozen for later use.

Bake uncovered for 35 minutes, or until bubbling hot, and potatoes begin to turn golden brown and slightly crispy. (If frozen, bake at 375 instead of 400 degrees, for a

total of about 90 minutes.) Remove hot dish from oven, and allow to stand for five minutes. Cut into wedges, and serve hot.

CREMINI MUSHROOM SAUCE WITH SHALLOTS AND MADEIRA WINE

2 shallots, sliced
6 cremini or white button mushrooms, cleaned, stems removed, and chopped
3/4 cup Madeira wine
2 cups mushroom broth, divided
1/4 cup raw cashews
1 teaspoon balsamic vinegar
1 1/2 teaspoon Braggs Liquid Aminos (or soy sauce)
pinch poultry seasoning
2 teaspoons cornstarch
3/4 teaspoon kosher salt (or to taste)
1/4 teaspoon black pepper (or to taste)
small handful fresh Italian parole or cilantro, minced

Instructions
Heat a large skillet, and saute shallots and mushrooms in the wine. Turn down the heat slightly, and continue cooking for a few minutes, until the shallots and mushrooms are soft and golden.

In a high-powered blender, add 1 cup (only) of mushroom broth, the cashews, balsamic vinegar, Braggs Liquid Aminos, and poultry seasoning, along withhalf of the shallot and mushroom mixture. Process together until very smooth and creamy.

Stir the blended cashew mixture into the mushrooms, shallots, and wine on the stove. Simmer over very low heat.

In a separate bowl, make a slurry, whisking together the cornstarch and remaining 1 cup of broth. Gradually whisk slurry mixture into the mushroom sauce on the stove, carefully stirring to prevent lumps.

Allow the sauce to simmer gently for a few minutes, until the liquid has reduced by almost one third. Season with salt and pepper, and finish with fresh parsley or cilantro. Stir well to combine all the flavors, and remove from heat, and serve hot.

SPICY GREEN BEANS WITH SHALLOTS, GARLIC, AND GINGER

2 shallots, sliced thinly
2 cloves garlic, minced
1 small jalapeño, seeded and minced
1 pound green beans
1 1/2 tablespoons grated fresh ginger
2 tablespoons Braggs Liquid Aminos (or soy sauce)
sea salt and coarsely ground black pepper (to taste)

Instructions
Heat a large nonstick skillet over medium high heat. Add the shallots and sauté for about 5 minutes, or until they begin to soften. Add a bit of water or broth to avoid sticking to the pan as needed. Once they start to brown, add the garlic and jalapeño, and continue to cook for about 30 seconds.

Add all of the green beans to the hot pan, along with the ginger and Braggs or soy sauce. Turn down the heat to medium, and stir frequently until the beans are well coated with the sauce, and the beans become just tender-crisp.

Remove from heat. Season to taste, and serve immediately.

BAKED PUMPKIN PUDDING PIE

1 15-ounce can cooked pumpkin
1 cup unsweetened soy milk
1/3 cup organic brown sugar
1/3 cup sucanat or organic whole cane sugar
3 tablespoons organic cornstarch
3/4 teaspoon cinnamon
1/2 teaspoon pumpkin pie spice
1/8 teaspoon nutmeg

1 teaspoon vanilla extract

Instructions
Preheat oven to 375 degrees.

In a blender or food processor, process all ingredients together until combined well. Pour mixture into a ceramic pie dish. Bake 40 to 50 minutes, or until center is set. Remove from oven, and cool on wire rack for 1 hour.

Refrigerate for at least 1 hour. Serve chilled.

Recipes this month are from Vicki Brett-Gach, Starch Solution Certified, Certified Personal Chef, Forks Over Knives Certified, Certified Vegan Lifestyle Coach and Educator, and Ann Arbor Vegan Kitchen, LLC. You can find more of Vicki's recipes at her website and Blog: www.annarborvegankitchen.com and Facebook: www.facebook.com/AnnArborVeganKitchen