

# Immune System Involved In Cancer Prevention

The April 26, 2001 issue of the journal *Nature* reports that scientists at Washington University and Memorial Sloan-Kettering Cancer Center in New York have come to the conclusion that the immune system is involved in preventing cancer.

25 years ago, scientists thought that the immune system was able to prevent cancer by identifying and destroying cells that had begun the process of transforming into cancer cells. This process came to be known as “immunosurveillance”.

Scientists abandoned this concept when an experiment in the late 1970s showed that the immune system played no part in cancer prevention. In that experiment, cancer cells were transplanted into mice with normal immune systems and mice with destroyed immune systems. The mice with destroyed immune systems didn’t develop cancer any more than those with normal immune systems.

The only problem was that the 1970s experiment was flawed. It turned out that the mice with supposedly destroyed immune systems still had a certain type of immune system cells called lymphocytes that form an active part of the immune system.

The recent New York research repeated the 1970s experiment and used mice with destroyed immune systems that truly lacked lymphocytes. It was amply demonstrated that the nervous system does indeed help in the prevention of cancer. The mice without lymphocytes developed tumors earlier and more frequently than the mice with normal immune systems.

By way of commentary, with the immune system under direct control of the nervous system, lifetime Chiropractic Wellness Care is vitally important to a healthy and fully functioning immune system. Everyone who wants a properly functioning immune system needs to have their spines checked on a regular basis. ▲



## Polio vaccine linked to cancer

In the 1950's and 1960's, approximately 98 million people were vaccinated with polio vaccine that was contaminated with a simian (monkey) virus known as SV-40. Polio virus is cultured on African Green Monkey kidney tissue and the SV-40 virus was transmitted to the vaccine during production.

*The Associated Press* reports that a meeting at the *National Institutes of Health* recently addressed the issue of SV-40 fragments from 1950's vaccines showing up now in tumors removed from adult cancer victims.

The *AP* noted that even though present vaccines are screened for SV-40, "some question whether continuing to use monkey tissue to make vaccines might let as-yet-unknown viruses sneak in." ▲

## ■ Researchers admit chemotherapy doesn't work

Researchers at the Barbara Ann Karmanos Cancer Institute have concluded that chemotherapy is ineffective in killing cancer cells. Their report was published on November 28, 1997 in the journal *Cancer Research*.

The researchers found a protein that seems to keep cancer cells from dying, even in the face of powerful chemotherapy drugs.

"We need to understand why chemotherapy fails before we can correct it," said Avraham, Raz, Ph.D. Raz is a professor at the Wayne State University School of Medicine in Detroit and the lead researcher of the study. "Answering this question has important implications for virtually all types of cancer therapy." ▲

## ■ Breast cancer prevention drug increases chances of uterine cancer

Much fuss has been made over a recent study that showed the drug tamoxifen acts to prevent breast cancer. However, a new report issued by the Food and Drug Administration indicates that users of the drug developed uterine cancer at a rate almost twice the norm of non-users.

The FDA report did not go along with the notion that tamoxifen actually prevents breast cancer, only that it **might** help reduce the risk short term. Two studies conducted in Europe and published this summer found **no preventative benefits at all.**

Of grave concern, however, was the fact that women who took tamoxifen developed uterine cancer at twice the rate of those who didn't. Three women in the study died from blood clots that most likely developed from the medication. ▲

# Chemotherapy: Overused At The End Of Life?

In May of 2001, a study reported to the annual meeting of the *American Society of Clinical Oncology* suggests that patients with aggressive, non-responsive cancers are being overtreated with chemotherapy at the expense of a decent quality of life in their last months of life.

Side effects of chemotherapy include vomiting, nausea, extreme fatigue and hair loss. “Many are concerned with the quality of end-of-life care and specifically that patients should not be overtreated with ineffective therapies that won’t improve their quality of life,” says Dr. Ezekiel J. Emanuel of the National Institutes of Health and lead researcher of the study.

The study found that chemotherapy was used pretty much the same in all patients, no matter what type of cancer they have, even those types that have shown that they do not respond to treatment in any way.

Therein lies the concern of the researchers; why are doctors putting patients through the agonizing side effects of chemotherapy for cancers they know are unlikely to respond? One explanation was that doctors give in to pressure from patients and their families to “try everything.”

Chemotherapy in the last year of life is also much more expensive. Chemotherapy costs patients in their last year of life \$38,308 compared to \$27,567 for those not in their last year.

According to Emanuel, “We are going to need to do a lot of research to figure out what is driving the need for chemotherapy during the last months of life, especially for patients with unresponsive cancers.”

We agree. Unnecessary treatment that offers false hope and decreases a person’s quality of life in the final few months is unconscionable.

## ■ Prostate cancer therapy ineffective, leads to impotence

The March 20, 2002 issue of the *Journal of the National Cancer Institute* reported that a recent study found there is no proof that a specific type of hormone therapy for prostate cancer works. To add even more insult, the men who had the therapy were more than twice as likely to become impotent when compared to men who didn't.

The therapy is called androgen deprivation therapy (ADT). The goal of ADT is to lower or completely eliminate the levels of male hormones which are thought to promote prostate tumor growth. In ADT, drugs are given that prevent the production of the male hormone testosterone.

Dr. James Talcott is an assistant professor of medicine and director at the Center for Outcomes Research at the Massachusetts General Hospital Cancer Center in Boston. In a related editorial he says, "ADT alone isn't recommended for patients with localized prostate cancer anywhere in the medical literature. It is an unproven use of therapy."

Talcott's concern comes from the fact that the number of men undergoing ADT treatment is considerably higher now than the estimated 20,000 doing so in 1996. Patients under ADT treatment "really need to understand that ADT has down sides, and those down sides aren't well-studied and the drugs are being used in situations beyond where they've been proven effective."

## ■ Aspirin Use Linked With Pancreatic Cancer

A study presented at an October, 2003 meeting of the American Association for Cancer Research in Phoenix, Arizona says that women who take an aspirin-a-day may run a higher risk of developing pancreatic cancer.

Dr. Eva Schernhammer of Harvard Medical School and Brigham and Women's Hospital in Boston led the study involving more than 88,000 nurses. Schernhammer found that female nurses who took two or more aspirin a week for 20 years or more ran a 58 percent higher risk for pancreatic cancer. Women who took 14 or more per week had an 86 percent higher risk.

The findings surprised doctors because they originally thought that the aspirin would offer protection against pancreatic cancer.

## ■ Prilosec raises cancer fears

The August, 2000 issue of *Gastroenterology* brings an item that expresses concern that the drug Prilosec, commonly used for acid reflux, may well set up conditions in the stomach that may lead to the patient developing gastric cancer.

Acid reflux is a condition where stomach acid leaks back up into the esophagus through a malfunctioning stomach valve between the stomach and esophagus. Prilosec (generic name omeprazole) is in a class of drugs that are called proton pump inhibiting drugs (PPIs) that turn off the acid producing cells in the stomach.

Researcher Craig Mowat, M.D. says patients who took Prilosec developed "both the altered [internal stomach environment] associated with gastric cancer and the inflamed mucosa. The potential long-term adverse effects of this combination are of considerable concern."

## ■ Doctors advocate removal of healthy breasts to prevent cancer

A study in the January 14, 1999 issue of the *New England Journal of Medicine* advocates the removal of healthy women's breasts to prevent breast cancer as long as they fall into a high risk category and are psychologically prepared to handle the loss.

Dr. Lynn Hartmann, of the Mayo Clinic says that removing the breast does not guarantee that they won't get cancer because doctors are not always able to remove every single cell of breast tissue that clings to the chest wall. "Our findings should not be taken as a widespread recommendation of this procedure."

By way of commentary, the process of removing organs and body parts to prevent them from getting sick will not do anything to make you more healthy. This thought process says that if you remove an organ, it will never get sick. True enough, but if it doesn't get sick and it's removed, it cannot contribute to wellness either.

If removing organs was a proper approach to preventing disease, we could prevent all heart and kidney disease tomorrow by removing everyone's heart and kidneys. We don't feel that would go a long way toward keeping them healthy.

The best way to keep your body healthy is by making sure that it stays functioning well for a lifetime. This requires good food, water, exercise and, most importantly, a good nerve supply that is free of subluxation interference. Your chiropractor specializes in removing subluxation interference. This will keep your body functioning the best it possibly can, the best disease prevention there is. ▲

## ■ Radiation therapy harms lung cancer patients

The Atlanta Journal reports on July 24, 1998 that a study published in the British journal *The Lancet* shows that the standard practice of treating lung cancer patients with radiation therapy after surgery may cause more problems than it helps and should not be used routinely.

Patients who had received radiation therapy after surgery were 21% more likely to die soon after than those who only had surgery.

The increase in the death rate was more pronounced in those patients who had surgery in the early stages of the disease. In those with more advanced cancer which was still operable, the radiation therapy did not seem to cause an increase in the death rate but it did not seem to help in any way either.

Dr. Gordon McVie, cancer specialist and director general of the Cancer Research Campaign in London said, “I was unsurprised that radiotherapy didn't prolong survival, but what I'm really concerned about is that it could actually do harm.”

“There is a very clear message here,” he said. ▲

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## ■ Psoriasis Treatment Linked To Skin Cancer

The March 2004 issue of the Archives of Dermatology reports that psoriasis patients undergoing a common medical treatment have higher levels of a skin cancer virus.

Patients undergoing treatment with PUVA (the drug psoralen combined with ultraviolet-A light therapy) have a higher level of the human papillomavirus (HPV), the virus that has been closely linked to skin cancer.

In this study, three groups of patients were examined. Group A was patients who had PUVA exposure and a history of skin cancer. Group B was patients who had PUVA exposure with no history of skin cancer and Group C was patients with no history of PUVA exposure or skin cancer.

Evidence of the skin cancer virus was found in 73% of the patients in Group A, 69% of the patients in Group B and 36% of the patients in Group C.

Previous studies have linked PUVA treatment with skin cancer but the cause of the higher risk was never pinpointed.



## Arthritis Drug Remicade Raises Risk For Lymphoma

The Associated Press reported on October 7, 2004 that the maker of the arthritis drug Remicade sent out a letter warning doctors that patients taking the drug developed the cancer lymphoma at a rate three times higher than the general public.

The company, Centocor, is a subsidiary of Johnson & Johnson, headquartered in Malvern, Pennsylvania. Working with the U.S. Food and Drug Administration (FDA), Centocor revised the label of Remicade to reflect the lymphoma risk.

It was the second label change the company has had to make for Remicade in the last six weeks. In August of 2004 the company warned that people taking Remicade for rheumatoid arthritis and Crohn's disease can experience fatal central nervous system and blood disorders.

# ■ Cancer Patients Not Informed On Treatment Options

A report in the January 2004 issue of the European Journal of Cancer says that when it comes to treatment for cancer, doctors oftentimes do not give patients all the information on different options that they need to make an intelligent, informed choice.

The researchers, led by Dr. C.G. Koedoot of the Academic Medical Center in Amsterdam, found that doctors generally discuss palliative chemotherapy which is designed to shrink tumors when a cure is unlikely to occur. Less than half the patients were told about watchful-waiting, which involves treating symptoms as they show up rather than using chemotherapy.

Watchful-waiting and palliative chemotherapy have similar survival rates.

The study involved 95 people with incurable cancer who were interviewed before discussing their treatment options with a cancer specialist. The conversations between doctor and patient were recorded and analyzed.

In 84% of the cases, doctors discussed how long the chemotherapy would last as well as common side effects, such as hair loss and nausea. However, less than half the patients had discussions about the quality of life under chemotherapy and how it would effect their emotions, their work and their sex and social lives.

Watchful-waiting was only discussed in about half of the cases. When it was talked about, it was usually described as “doing nothing.” According to Dr. Koedoot, doing nothing “probably will be interpreted by the patient as being given up [on] by the physician.”

Commentary: Describing watchful-waiting as “doing nothing” also gives patients an impression that the doctor is going to “do something” even though watchful-waiting may be the best option for providing the best quality of life for the time the patient has left.

## ■ Children's Cancer Treatments Increase Cancer Risk

The May 2004 International Journal of Cancer highlights a study that shows children with cancer who are treated with radiation and certain chemotherapy drugs stand a higher risk of developing soft tissue sarcomas later on in life.

The records of 4400 patients who survived childhood cancer were analyzed. Sixteen soft tissue sarcomas occurred at least three years after the first cancer was diagnosed. While this rate of occurrence is only 0.6%, it is 54 times higher than that seen in an average population.

Of the 16 sarcomas that developed, 14 of them occurred in or near the site where the radiation was given for the first cancer. It was also found that as the radiation dosages increased, so did the risk of soft tissue sarcoma later on.

Additionally, the researchers found that treatment with a drug called Procarbazine also seemed to increase the risk of sarcoma.

Commentary: In a surprisingly brilliant flash of genius, the researchers concluded that the risk of sarcoma could be decreased by limiting the exposure of healthy tissues to high doses of radiation.



## Needle Biopsy Linked To Spread Of Breast Cancer

The June 2004 Archives of Surgery reports that having breast cancer tissue biopsied with a needle seems to increase the chance that the disease will spread to the lymph nodes in the armpit known as sentinel nodes.

The research was done by Dr. Nora Hansen of the John Wayne Cancer Institute at Saint John's Health Center in Santa Monica, California. She studied 663 women with proven breast cancer. About half of the cancers were biopsied with a needle while the remainder had the tumor removed and then checked for cancer cells.

Women who had the needle biopsy were 50% more likely to have cancer in the sentinel nodes.

The researchers felt that this was “due in part to the mechanical disruption of the tumor by the needle.”