

CANCER CHARITIES INDICTED FOR LOSING THE WINNABLE WAR AGAINST CANCER

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The major cancer "charities" are comprised by the Imperial Cancer Research Fund (ICRF) and the Cancer Research Campaign (CRC), under the umbrella organization of the Coordinating Committee on Cancer Research.

For decades, the policies and priorities of these charities have remained narrowly fixated on damage control --diagnosis and treatment-- and closely related genetic research. As emphasized by Sir Richard Doll, the leading spokesman for these charities, their function is research and not prevention or education. This myopic mindset is compounded by interlocking conflicts of interest with the multimillion pound cancer drug, besides other, industries. This mindset is further exemplified by a long track record of indifference or hostility to cancer prevention, and to the evaluation of alternative or complementary cancer therapy and use of those for which there is evidence of efficacy.

A. Conflicts of Interest

The major charities have close interlocking interests with the cancer drug, chemotherapy and gene therapy, industries. These charities receive substantial funding from the drug industries and operate as multimillion pound corporations fronting for these industries. Additionally, these charities barely disguise their strong commercial structure and interests. Both ICRF and CRC have spun off wholly owned subsidiaries, ICRF Trading Ltd. and ICRF Technology Ltd., and CRC Technology Co., respectively. CRC Technology has funded research on the breast cancer gene BRCA2, defects of which are strongly associated with increased breast cancer risks, and subsequently applied for its patent rights.

These conflicts of interest are more striking with regard to Doll who has been the dominant figure and spokesman for the cancer charities and a determining influence on national, besides international, policies. Since 1978, when Doll was appointed Warden and Director of the Industry financed Green College, Oxford, which was established as a "special point of entry for industrial interests wishing to collaborate with University departments in research," his research and public positions have closely reflected industry interests and his indentured status to the disregard of fundamental public health and cancer prevention considerations. His extensive industry support, largely funneled through cancer charities, has included General Motors, British Nuclear Fuels and the National Radiation Protection Board. Not surprisingly, Doll has given a clean bill of health to leaded petroleum, low level radiation from nuclear processing plants such as Sellafield, atom bomb test radiation, and dioxin and Agent Orange. Also, not surprisingly has been Doll's trivializing or explaining away the escalating incidence of cancer, and the major causal role of

involuntary and avoidable exposures to industrial carcinogens for much modern cancer. It should however be noted that Doll's more recent track record is in striking contrast to his activism and distinguished research on smoking, asbestos, gas production and radioactivity from the 1950's to the mid 1970's.

A current flagrant conflict of interest is exemplified by Dr. Karol Sikora, recently resigned from the WHO's cancer campaign, and who now holds the dual positions of Professor of Cancer Medicine at the Hammersmith Hospital and Vice President of Oncology at Pharmacia and UpJohn. Sikora has recently become closely associated with the cancer charities.

B. Invalid Claims for Major Advancements in Treatment

Based on a recent report on cancer survival trends from 1970-1990 by the Office of National Statistics, the London School of Hygiene and Tropical Medicine and the CRC, its Director General Dr. Gordon McVie has claimed improvements in treatment and survival rates, some quite dramatic, for 46 out of all 47 cancer studied. However, analysis of the underlying data reveals that the claimed improvements are not statistically significant for about half of the cancers. Furthermore, as emphasized in an April 24, 1999 editorial in *The Lancet*, for those 5 cancers (lung, pleura, esophagus, pancreas and liver) which account for 32% of all cancers in males and 17% in women, survival trends have been "uniformly poor." Moreover, the report provides no basis for determining whether any improved survival rates were due to improved access to health care and earlier diagnosis, rather than to any advances in treatment. Furthermore, the report failed to consider whether the claimed improved survival rates for prostate and breast cancers reflect recent diagnostic overkill, especially for pre-invasive forms of these cancers.

C. Misrepresentation to the Prime Minister

On May 20, 1999, Prime Minister Blair announced a 10 year national crusade against cancer aimed at saving 60,000 of the 160,000 annual cancer deaths. At the same time, Blair invited 10 cancer experts to a meeting at 10 Downing Street to discuss his initiative. These experts included oncologists funded by CRC and ICRF, McVie and Sikora.

In an unsuccessful effort to pressure Blair to provide substantial governmental funding for cancer treatment, statements attributed to McVie and Sikora warned that Britain was "at the bottom of the table" with regard to treatment compared with the rest of Europe. This claim, however, misrepresented the findings of the EU funded 1999 EURO CARE study on which it was based. As reported in *The Lancet* on April 24, the study specifically warned that interpreting national differences as due to differences in diagnostic and treatment services is "fraught with difficulty", as the EURO CARE team conceded. Further invalidating such national comparisons was the absence of any information on the stage of diagnosis and treatment, differences of which could substantially influence survival rates in different European nations.

It is of further interest to note that the striking discrepancy between the cancer experts' doom and gloom presentation to Blair and the CRC's highly upbeat

claims of major improvements in survival rates in its April 1999 report "CRC Cancer Stats: Survival, England and Wales 1971-1995". The report stated: "Cancer survival rates are improving over time.—It is probable that-- survival for patients diagnosed in the late 1990's will be higher than those reported here." McVie has gone even further with his unfounded claims of improved survival rates for virtually all cancers.

Noteworthy also is that, by all accounts of the 10 Downing Street meeting, no reference was made to the overdue critical need for much less costly and more cost-effective large scale cancer prevention research programs, including providing the public with available information on avoidable and involuntary carcinogenic exposures.

D. Monopolistic Practices and Unaccountability

The major cancer charities have virtually demanded an exclusive monopoly on cancer funding and research, and have attempted to stifle initiatives by smaller non-mainstream charities with particular reference to alternative or complementary treatment. Illustrative is a July 1998 speech by McVie warning against public support of the smaller charities as these have difficulties in "obtaining high quality advice from external experts."

On May 15, 1998, Lord Baldwin of Bewdley wrote to the Times, calling for "accountability" from scientists and doctors working on cancer research and for an evaluation of alternative cancer therapy. McVie responded defensively by insisting that the major cancer charities were totally accountable, and that CRC had just funded trials on aromatherapy and controlled relaxation, without any reference to alternative drugs and nutritional therapy.

E. Trivializing the Cancer Epidemic and its Avoidable Causes

Over recent decades, the incidence of cancer has escalated to epidemic proportions, with lifetime risks now approaching one in two for men and one in three for women. As the lead front man for the charities, Doll has attempted to deny the reality of the cancer epidemic, apart from misrepresenting its causes. He has trivialized escalating incidence rates by emphasizing the relatively static incidence rates of most cancers in people under the age of 60, conveniently ignoring dramatic increases in childhood cancer and testicular cancer in young men, to the exclusion of much higher rates in people over the age of 60. It should be emphasized that such increases cannot be explained away by increasing longevity, as both incidence and mortality rates are statistically adjusted (age standardized) to reflect such trends. Doll has gone even further in trying to explain away any increases in cancer incidence on the basis of "blame-the-victim" distortions. With a series of unfounded guesstimates and with the unqualified backing of the cancer charities and the Ministry of Health, Doll stills asserts that smoking, fatty diet, alcohol and sexual behavior accounts for about 75% of cancers, while industrial pollution and occupation only account for 3% and 4% respectively. These assertions are scientific travesties and contrary to extensive scientific documentation.

While smoking is clearly the most important single cause of cancer, the incidence and mortality of lung cancer in men, but not women, is declining due to reduction in smoking. Meanwhile, the incidence of a wide range of non-smoking cancers, such as non-Hodgkin's lymphoma, multiple myeloma, prostate, testis, breast, colon, brain and childhood cancers, has increased steeply, in some instances by up to 200%. Nor can the role of high fat diets *per se*, be incriminated as significant causes of cancer. Not only are breast cancer rates lower in Mediterranean women despite diets with up 40% olive oil fat, but also epidemiological studies over the last few decades have consistently failed to find any causal relation between breast and colon cancers and the fat consumption.

Not surprisingly, in view of their preoccupation with "blame-the-victim" distortions of cancer causation and industrial conflicts of interest, the cancer charities have trivialized or ignored the strong body of scientific evidence incriminating the role of run-away industrial technologies, particularly the petrochemical and nuclear. The explosive growth of these industries since the 1950's has resulted in pervasive contamination of the total environment with a wide range of often persistent industrial carcinogens. As a consequence, the public has been and continues to be unknowingly exposed to avoidable carcinogens in air, water, consumer products--food, cosmetics and toiletries and household products--from conception to death. The failure of the cancer charities to have informed Parliament, regulatory authorities and the public with such information, which is relatively inaccessible in the scientific literature or which remains buried in government and industry files, has prevented the development of corrective legislative and regulatory action, and has denied the public its basic democratic right-to-know and the opportunity to take individual action to reduce avoidable risks of cancer. This dereliction of public health responsibility is compounded by the failure of the charities to have undertaken scientific research on avoidable causes of cancer, other than a recent study on future risks of asbestos in Western Europe and a literature survey on the causes of testicular cancer, with particular regard to involuntary and avoidable carcinogenic exposures.

F. Needed Reforms

Drastic reforms of the policies and priorities of the cancer charities are urgently and belatedly needed. These include:

- Development of research and public outreach programs directed to avoidable causes of cancer, particularly those whose incidence has dramatically increased over recent decades and those involving unknowing and involuntary carcinogenic exposures. These programs should be phased in over a maximum period of five years, by when their funding should achieve parity with that of all other programs combined.
- Clinical trials should be initiated on those alternative and complementary therapies for which there is substantial or reasonable preliminary evidence of efficacy. In the first instance, priority should be given to those therapies identified in the 200 promising studies identified by the U.S. Congressional Office of Technology Assessment in September 1990. Criteria for assessing

the efficacy of these therapies should be no more stringent than those for conventional toxic chemotherapy and gene therapy.

- Problems of conflicts of interest should be fully recognized and appropriate corrective action should be taken.
- All executive and advisory committees should be restructured to ensure parity of membership with scientific and lay representatives of public interest and citizen prevention and alternative therapy advocacy groups.

There is little likelihood that such reforms will be freely undertaken in the absence of well organized grass roots pressures and publicity. Failure to undertake such reforms would clearly merit a national economic boycott of the major charities with diversion of public funds to non-mainstream charities dedicated to prevention and investigation of alternative therapies, and use of those for which there is evidence of efficacy.

For further details, see:

- **Epstein, S.S. "The Politics of Cancer Revisited," 1998. East Ridge Press, Fremont Center, NY 12741**
- **Walker, M. "Sir Richard Doll: A Questionable Pillar of the Cancer Establishment". *The Ecologist* 28 (2): 82-92, 1998.**