

# REMISSION, CURE RATES AND OTHER DECEPTIONS

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## Introduction

This is the longest chapter in this book, and it is the most important. Do not rush through it.

First, I am going to ask three questions. Write down your answers to these questions on a piece of paper **before** reading any further:

- 1) When you hear that someone has "gone into remission," what goes through your mind?
- 2) Because chemotherapy causes so much pain and suffering, what statistic would justify its use?
- 3) What does "cure rate" mean?"

Write your answers on a piece of paper, then read this chapter, then see how accurate your answers were.

## Options

A newly diagnosed cancer patient has several options to deal with their cancer:

### Treatment Options For Newly Diagnosed Cancer Patient

Have surgery, chemotherapy and radiation (i.e. orthodox treatments), as prescribed by their doctor (this may include orthodox treatments other than surgery, chemotherapy and radiation).

Have surgery, chemotherapy and radiation, but drop out of the treatment program prematurely.

Refuse all treatments (i.e. have zero surgery, zero chemotherapy, zero radiation, zero alternative treatments, etc.).

Have alternative treatments after extensive orthodox treatments and after doctors have given up all hope for the treatment of this patient.

Have alternative treatments after some orthodox treatments, but the patient dropped out of the orthodox treatment program prematurely.

Have alternative treatments **instead of** orthodox treatments (i.e. they refused orthodox treatments).

Note that in the last three items, which deal with alternative treatments, there are over 100 different alternative treatments, thus there are really over 100 options available to a newly diagnosed cancer patient.

The key question to be dealt with is this: how do we determine which treatment plan is "best?" I think a normal person would judge the effectiveness of a treatment plan (or lack of effectiveness) on the basis of three criteria:

## Treatment Decision Criteria

First, "length of life since diagnosis" (quantity of life, meaning how long do they live between diagnosis and death), and

Second, "quality of life since diagnosis" (lack of pain and sickness).

Third, "strength of the immune system during and after treatments" (this is a measure of the body's ability to fight future cancer events).

For example, suppose Treatment A and Treatment B have identical "length of life since diagnosis" figures, but Treatment A patients have extreme suffering during treatment and patients of Treatment B have very little pain and suffering. I suspect that everyone would judge Treatment B as being the better or preferred of the two treatment plans.

These three treatment decision criteria can lead to some subjective evaluations. For example, suppose the patients on Treatment Plan C have a "length of life since diagnosis" of 12 months, and the patients on Treatment Plan D have a "length of life since diagnosis" of 11 months, but have far, far less pain, suffering and sickness during treatment. Which treatment plan is best? The answer is subjective, but I think most people would favor Treatment Plan D.

In short, we can intuitively define a treatment plan as "best" if it is the most desirable treatment plan, given the data of the three treatment decision criteria statistics. In other words, **the plan picked by the most number of people who have accurate treatment decision criteria information about the treatment options** would be judged the "best" plan.

For example, suppose a person had a list of all possible treatment options (even the 100 alternative treatments) and for each treatment option they had accurate data for all three treatment decision criteria (e.g. quantity, quality and immune system) for their type of newly diagnosed cancer at the stage in which they are in at the time of diagnosis. The person could look at the chart and within a few minutes pick their treatment protocol. It would be easy to decide which option to choose.

But therein lies the problem, what is the accurate data for the above treatment options for the three treatment decision criteria, for a specific type of cancer diagnosed at a specific stage? **None of this data is available.** You might be interested to know "why" this data is not available. That is what this chapter is about.

## The Theory of Orthodox Medicine

Orthodox medicine is generally based on a three-pronged attack. To understand this attack, let us consider a person who has newly diagnosed colon cancer, which has metastasized to other parts of their body.

The medical doctors would first consider the density of cancer cells in various parts of the person's body. Most likely, the density of the cancer cells in the colon area would be higher than in any other part of the body.

The first rule of orthodox medicine is to cut out the parts of the body that have the densest level of cancer cells. This is called surgery. Thus, surgeons would cut out the sections of the body that have a dense level of cancer cells.

The second rule of orthodox medicine is to use chemotherapy to treat the less dense areas of cancer cells.

The third rule of orthodox medicine is to use radiation (i.e. radiotherapy) to complete the treatment plan. This might be to kill even more cancer cells and put the patient into remission.

Before going any further, I should talk about alternative treatments for cancer. First, alternative treatments for cancer rarely, and I mean rarely, ever depend on surgery.

For example, there were only three situations where Dr. Binzel, an M.D. laetrile doctor (which is one type of alternative treatment), advised surgery for his laetrile patients:

- *"1. If the tumor, because of its size or position, is interfering with some vital function, you have to deal with the tumor by whatever means are best available.*
- *2. If the tumor, because of its size or position, is causing pain, you have to deal with the tumor by whatever means are available.*
- *3. If the presence of the tumor presents a psychological problem for the patient, have it removed."*

*Dr. Binzel, Alive and Well, chapter 14*

Doctor Binzel also said: "If the tumor is remote, not causing any problems, and the patient agrees, I leave the tumor alone." It is important to understand the reasons for his statements. A tumor is a **symptom** of cancer, and generally does not threaten the life of a patient. It is the **spreading** of the cancer that causes life-threatening situations. Neither surgery, chemotherapy nor radiation stop the spreading of cancer. Only the immunity system can stop the spreading of cancer.

It is interesting to note that none of his three reasons for surgery had anything to do with treating the cancer. All of the reasons were physical or mental, and had nothing to do with killing cancer cells.

Obviously, however, if a person has a small benign skin cancer, there is nothing wrong with cutting it off. This, in spite of the fact there is a superb alternative treatment for skin cancer called Cansema Black Salve (see my section on treatments).

Because alternative treatments rarely use surgery, this means alternative treatments work on the dense areas of cancer cells equally well as the less dense areas of cancer cells. This is because alternative treatments selectively kill cancer cells (directly or indirectly), and thus work equally well whether the cancer cells are dense or less dense.

Getting back to orthodox medicine, you might ask yourself this question: "if chemotherapy is as good as people say it is, then why is surgery necessary?" In other words: "if chemotherapy is so good why isn't chemotherapy, instead of surgery, used on the very dense sections of cancer cells?"

To compare the two treatment types, if someone said chemotherapy was better than alternative treatments, then it would be logical that orthodox medicine would not demand surgery and alternative treatments would demand surgery. But just the opposite is true, chemotherapy demands surgery and alternative medicine has no

interest or need for surgery. Something is wrong with this picture. But I am getting ahead of myself. We need to talk about definitions.

### Remission, Response, Markers, etc.

I just mentioned that none of the above data is available. Then what exactly do doctors measure? They measure things like "response," meaning is there improvement in some criteria, such as a reduction in the size of a tumor. They measure such things as "remission," meaning the absence of symptoms. They measure such things as "tumor markers," which are a variety of measurement techniques to evaluate the cancer. And so on.

Before going any further, it is necessary to introduce a metaphor.

Suppose there are 10 automobile manufacturers: Companies B1, B2, B3, B4 and B5 (the "B companies"), and also Companies G1, G2, G3, G4 and G5 (the "G" companies). Suppose the B companies make cars that start to break down after 50,000 miles, just after the warranty runs out (the "B" stands for Bad). Suppose that after 100,000 miles virtually all of the cars manufactured by the B companies have needed a new engine, a new transmission, and a new air conditioner, just to name three things their cars routinely need. In fact, these companies buy cheap parts and charge outrageous prices for their poorly built cars. They also use 80 year old metal technology to insure their customers have to buy new cars every 3 or 4 years.

Suppose also that the G companies make cars that last an average of 300,000 miles without any major repairs (the "G" stands for "Good"). They buy quality parts for their cars, build them extremely well, use the newest metal technologies, etc. in building their cars.

Suppose also the B companies are the much older, much larger and much richer companies. By virtue of their age and size, their advertising money is many times greater than the advertising money of the G companies. Since the media are always loyal to their advertisers, the media always does what the B companies want them to do and always say what the B companies want them to say. It's not that the B companies "tell" them what to say, that is not necessary. What happens is that if the media says something that makes the B companies angry, the B companies will withdraw their advertising money and give that money to a competing media company that follows the rules. Everyone knows the rules.

Suppose we define the "life" of a car to be the number of miles the original engine lasts. For the B companies the average "life" of their cars would be less than 100,000 miles. For the G companies the average "life" of their cars would be greater than 300,000 miles.

Suppose we refuse to allow air conditioners to be replaced when they break and define the "quality of life" of a car to be the number of miles the original air conditioner lasts. Again, for the B companies the average "quality of life" of their cars would be much less than the "quality of life" for the cars of the G companies.

Suppose we define the "strength of movement" of a car to be the number of miles the original transmission lasts. Again, for the B companies the average "strength of movement" of their cars would be much less than the "strength of movement" for the cars of the G companies.

If we built a chart comparing the cars of the B companies to the cars of the G companies, with these three statistics accurately reflected, no one in their right mind would buy a car built by a B company.

But remember that the B companies have the most money and the most clout with the media. So what can they do to get customers? They can do a lot of things that distract potential customers from the important statistics. But the most important thing they will do is suppress these statistics. Their goal is to divert people's attention from the statistics (which are suppressed) and get them to think of other things.

For example, in their advertisements they can talk about the "style" of their cars, the "popularity" of their cars or how "powerful" their engines are. They can advertise their cars using pretty women who look lonely, giving the impression that someone who buys one of their cars will be seduced by every pretty woman in town. They can talk about the options available on the car. They can do a lot of things to **avoid** talking about the three important statistics I just defined. They can sell a lot of cars by distracting their potential customers from the data (i.e. from the truth). It could be called "selling by deception."

That is essentially what the medical community has done with orthodox medicine nomenclature. The most popular phrase heard in orthodox medicine is "remission." Orthodox treatments "put people in remission." That sounds really good. It sounds like everyone should get cancer so they can go into remission. However, as I will show, the word "remission" can be equated to the pretty woman in the advertisement. It is a nice sounding word, and it attracts millions of customers, but it distracts these "customers" from the statistics that are important.

### What Does "Remission" Really Mean?

First of all, the National Cancer Institute defines "remission" as:

- *"A decrease in or disappearance of **signs and symptoms** of cancer. In partial remission, some, but not all, signs and symptoms of cancer have disappeared. In complete remission, all signs and symptoms of cancer have disappeared, although **cancer still may be in the body.**"*  
NCI - [http://www.nci.nih.gov/dictionary/db\\_alpha.aspx?expand=R](http://www.nci.nih.gov/dictionary/db_alpha.aspx?expand=R)

What exactly does this definition mean relative to the three "treatment decision criteria" mentioned above. You, the citizen, are supposed to assume that "remission" means a person is cured of their cancer. But that is not what the definition states. It states there is an absence of "signs and symptoms." So is there a correlation between the absence of "signs and symptoms" and the three treatment decision criteria above?

Generally, the determination of remission is based on a reduction in the size of the tumor or in the change of some tumor marker. These things may indicate the number of cancer cells in the body, but they are very, very crude estimates of the number of cancer cells in the body. These numbers also do not measure the pain and suffering of the patient (i.e. the quality of life) or the status of the immunity system, which is very, very important if all of the cancer cells have not been killed.

Make no mistake about it, chemotherapy and radiation shrink the size of tumors. They also kill cancer cells, lots of them. But in the process of doing these things there are potentially dozens of side effects, such as: death, destruction of a major organ,

intense pain, extreme sickness, etc. and the death of many, many normal cells. Chemotherapy does not discriminate between normal cells and cancerous cells, and since there are more normal cells than cancer cells, chemotherapy kills far more normal cells than cancerous cells.

So it is logical to think that the concept of "remission" tells us quantitatively what the "length of life since diagnosis" is? Let us break down the "length of life since diagnosis" into its pieces using the concept of remission:

What percentage of people die before they go into "remission?"

What is the average "length of life since diagnosis" for those who die before they go into remission?

What percentage of people live long enough to go into remission and die of cancer or cancer treatments (directly or indirectly) while they are in remission?

What is the average "length of live since diagnosis" for those who survive long enough to go into remission and die while they are in remission?

What percentage of people go into remission and later get cancer again (either the same type of cancer or some other type of cancer) and thus come out of remission and become cancer patients again?

What is the average "length of life since diagnosis" for those who come out of remission and get cancer again?

What percentage of people who go into remission are actually "cured," meaning they never get cancer again and do not die of anything related to their cancer or their cancer treatments?

What is the average "length of life since diagnosis" for those who are actually "cured" of their cancer?

If we had all of these statistics, we could calculate the "length of life since diagnosis" for cancer patients using orthodox treatments. In fact, I would love to see all of the above statistics for orthodox medicine patients. But of course these statistics are not available. There is simply a lot of hoopla that people "go into remission."

Is it possible that the whole concept of "remission" is designed to hide simple statistics that would tell us how effective or ineffective chemotherapy and other orthodox treatments are? In other words, it is so very simple to calculate the "length of life since diagnosis" for orthodox medicine patients, why isn't it just calculated? Why is something so simple made into something so complicated?

It would be an easy thing to calculate the "length of life since diagnosis" for people who refuse treatment. Doctors say it would be unethical to ask people to not take orthodox treatments, but there are plenty of people who refuse treatment, so why not calculate how long they live since diagnosis? Then this number could be compared to a very simple "length of life since diagnosis" for cancer patients who go through orthodox treatments (of course the patients in each group would have to be grouped by sex, age at diagnosis, type of cancer and stage of cancer at diagnosis).

If we had the "length of life since diagnosis" for patients who took orthodox treatments, and compared this number to a similar group of patients who had refused treatments, we could quickly tell whether orthodox treatments were any good. But none of this data is kept, it must be dug out.

*"My studies have proved conclusively that untreated cancer victims live up to four times longer than treated individuals. If one has cancer and opts to do nothing at all, he will live longer and feel better than if he undergoes radiation,*

chemotherapy or surgery, other than when used in immediate life-threatening situations."

Prof Jones. (1956 Transactions of the N.Y. Academy of Medical Sciences, vol 6. There is a fifty page article by Hardin Jones of National Cancer Institute of Bethesda, Maryland. He surveyed global cancer of all types and compared the untreated and the treated, to conclude that the untreated outlives the treated, both in terms of quality and in terms of quantity.")

see also: <http://www.sickofdoctors.addr.com/articles/medicalignorance.htm>

If the real data would lead to the conclusion that people who go on orthodox treatments live significantly longer than people who refuse treatments, or refuse treatments and take an alternative treatment, you can rest assured the orthodox medical community would keep these statistics. But they don't keep those statistics, which leads a logical person to conclude they have something to hide.

- "A German epidemiologist from the Heidelberg/Mannheim Tumor Clinic, Dr Ulrich Abel, has done a comprehensive review and analysis of every major study and clinical trial of chemotherapy ever done. His conclusions should be read by anyone who is about to embark on the Chemo Express. To make sure he had reviewed everything ever published on chemotherapy, Abel sent letters to over 350 medical centers around the world, asking them to send him anything they had published on the subject. Abel researched thousands of articles: it is unlikely that anyone in the world knows more about chemotherapy than he.

"The analysis took him several years, but the results are astounding: Abel found that the overall worldwide success rate of chemotherapy was 'appalling' because there was simply **no scientific evidence available anywhere that chemotherapy can 'extend in any appreciable way the lives of patients suffering from the most common organic cancers'**. Abel emphasizes that chemotherapy rarely can improve the quality of life. He describes chemotherapy as 'a scientific wasteland' and states that at least 80 per cent of chemotherapy administered throughout the world is worthless and is akin to the 'emperor's new clothes'--neither doctor nor patient is willing to give up on chemotherapy, even though there is no scientific evidence that it works! (Lancet, 10 August 1991) No mainstream media even mentioned this comprehensive study: it was totally buried. "

Tim O'Shea, The Doctor Within

## How Chemotherapy Can Be "Justified"

First of all, chemotherapy cannot be "neutral." If it does not increase the life of the patients **significantly** (compared to those who refuse treatment), then orthodox treatments are not only worthless, they do an enormous amount of damage. Orthodox treatments destroy the immunity system, destroy vital organs, cause immense pain and sickness, can damage DNA, etc.

Let me say this another way. Everyone has cancer cells. The body's immunity system routinely kills cancer cells and stops the spreading of cancer. Thus, cancer patients obviously have a weakened immunity system to begin with. Chemotherapy further weakens the immunity system, making the body even less resistant to cancer. Thus, even though chemotherapy kills cancer cells, it also weakens the immunity system, kills normal cells, etc. Thus, chemotherapy does both good and bad. But does it do more good or more bad?

Now listen to this carefully: **the only way to justify using chemotherapy and radiation is if these techniques significantly extend the life of the patient compared to no treatment at all and compared to those who go the alternative route.** Because of the damage that orthodox treatments do, there is no other way to justify the use of orthodox medicine. But it appears that it does not extend life except in rare cases. So why does the medical community use surgery, chemotherapy and radiation?

- *"Most cancer patients in this country die of chemotherapy. Chemotherapy does not eliminate breast, colon, or lung cancers. This fact has been documented for over a decade, yet doctors still use chemotherapy for these tumors."*  
*Allen Levin, MD UCSF The Healing of Cancer*

One of the problems with the concept of "remission" is that the medical community conveniently forgets to tell you how many patients "relapse," meaning come out of remission. Read this quote carefully:

- *"Ovarian cancer is usually detected at an advanced stage and, as such, is one of the deadliest and most difficult cancers to treat. Therapy can eradicate the tumors, but most patients relapse within two years ... Normally, when a woman is diagnosed with ovarian cancer, she undergoes surgery to have the tumors removed. The ovaries, fallopian tubes, uterus and parts of the bowel are often removed as well. Chemotherapy follows the surgery, and about 90 percent of patients then go into remission, a period of "watchful waiting." "The problem is that over the next five to 10 years, as many as 90 percent of women will relapse and die," says Berek. When the cancer returns in other surrounding tissue, it is more virulent and resistant to chemotherapy."*  
*taken from: <http://www.azcentral.com/health/women/articles/0618ovarian.html>*

In other words, virtually all ovarian cancer patients go into remission, but 90% of them also come out of remission, in what is called "relapse," and die within 5 to 10 years. Then why even bother to talk about "remission" if 90% of the patients also relapse? To make chemotherapy sound good, that's why.

More importantly, it "justifies" the medical community to use more and more chemotherapy, and stronger and stronger doses of chemotherapy. But if 90% relapse, what proof is there that "remission" has a significant effect on life expectancy? If dosages get stronger and stronger, then there is more and more damage to the immunity system, which makes a person even more vulnerable to cancer, either the original kind or another kind. Many women who have ovarian cancer had breast cancer (and thus chemotherapy) earlier in their lives.

- *"Two years ago, Hazel was diagnosed with breast cancer. She described her chemotherapy as the worst experience of her life. 'This highly toxic fluid was being injected into my veins. The nurse administering it was wearing protective gloves because it would burn her skin if just a tiny drip came into contact with it. I couldn't help asking myself, 'If such precautions are needed to be taken on the outside, then what is it doing to me on the inside?'"*  
*<http://www.ard.net/Health/Chemotherapy/chemotherapy.shtml>*

## What Most People Die Of

Most people who "die of cancer" really die as a result of the **treatment** of the cancer by orthodox methods before they would have died of the cancer itself. In other words: the treatment kills them before the cancer kills them.

Most cancer patients die of malnutrition (cancer cells steal nutrients from normal cells thus cancer patients need a stronger than normal immunity system) or opportunistic infections caused by a weakened immune system.

- *"The powerful drugs used in cancer chemotherapy effectively kill reproducing cells, including both the malignant tumor cells and also, as a side effect, many cells continually reproducing such as hair follicle cells and those lining the gut, leading to severe nausea & vomiting. These side effects can be very severe and many patients find these difficult or impossible to tolerate, falling into a wasting syndrome through **malnutrition** brought on by a combination of reduced appetite and poor gastrointestinal efficiency, which can itself shorten life expectancy."*  
<http://www.idmu.co.uk/canchemo.htm>

Chemotherapy also destroys the immunity system in several different ways (including the damage done to the gastrointestinal tract causing less immune building nutrients to be absorbed, among other ways), making people much more susceptible to infections. Of course orthodox medicine, always wanting to treat symptoms in the most profitable way, are trying to solve the malnutrition and immunity issues rather than fixing the chemotherapy issues.

Because chemotherapy is so toxic, a person might ask: "can chemotherapy kill the all of the cancer cells before it kills the patient?"

But let us get back to our main question: "does the concept of 'remission' equate to the concept of 'length of life since diagnosis?'" Most people assume there is a direct correlation, however, the damage done by chemotherapy and radiation, and the severe shortening of life due to the complications of these two treatments, cause severe doubt as to the equivalence of 'remission' and 'length of life since diagnosis.'

My point is to say that the measurement statistics of orthodox medicine (i.e. response, remission and markers) have no bearing on life expectancy because they do not compare the **benefits** of chemotherapy (killing of cancer cells and reduction of tumor size) versus the **damage** done by chemotherapy (e.g. destruction of immune system, destruction of vital organs, etc.). Nor does the reduction in tumor size have anything to do with life expectancy (I will talk more about this later).

- *"It makes no sense at all to use chemotherapy and other treatments that damage cells and tear down and weaken the immune system, when the problem in the first place is that the immune system is too weak already. Even if the tumors go into remission, these treatments have damaged other cells which are more likely to turn cancerous."*  
<http://www.cancer-prevention.net/>

The last part of that statement requires more explanation:

- *"Chemotherapy has other drawbacks. There is an increased incidence of second, apparently unrelated malignancies in patients who have been "cured"*

*by means of anticancer drugs. This is probably because the drugs themselves are carcinogenic. When radiation and chemotherapy were given together, the incidence of these second tumors was approximately twenty-five times the expected rate.*

*Since both radiation and chemotherapy suppress the immune system, it is possible that new tumors are allowed to grow because the patient has been rendered unable to resist them. In either case, a person who is cured of cancer by these drastic means may find herself struggling with a new, drug-induced tumor a few years later."*

*Ralph Moss, The Cancer Industry - New Updated Edition - Page 78*

So let us summarize this discussion:

With regards to "length of life since diagnosis," the concepts of "remission" and "reduction" are ineffective at evaluating the quantitative "length of life since diagnosis" because they fail to calculate an accurate number of cancer cells still in the body (at the time the cancer is determined to be in "remission"), and they fail to take into account the severely weakened immunity system that can no longer routinely deal with cancer cells (a normal immune system routinely kills cancer cells, but not a weakened immunity system). Thus, there is a significant probability the same cancer will return or another cancer will arise.

In other words: **there is no proven correlation between being in "remission" and increasing the "length of life since diagnosis!"** Perhaps more importantly, there is **no evidence that chemotherapy and radiation significantly increase the life of patients (compared to those who refuse treatment or go with alternative treatments)**, which would be necessary to justify their use.

- *"In 1975, the respected British medical journal Lancet reported on a study which compared the effect on cancer patients of (1) a single chemotherapy, (2) multiple chemotherapy, and (3) no treatment at all. No treatment 'proved a significantly better policy for patients' survival and for quality of remaining life."*

*Barry Lyne, The Healing of Cancer - The Cures - the Cover-ups and the Solution Now! - page 9*

With regards to "quality of life since diagnosis," there is no question that chemotherapy and radiation fail miserably in this area. Chemotherapy and radiation both decrease a person's quality of life to such a degree that many cancer patients in treatment quit their treatment program. They would rather be dead than have to go through such misery.

With regards to "strength of the immune system during and after treatments," chemotherapy and radiation treatments fail miserably in this criteria also. In fact it is the destruction of the immunity system that causes many patients to die during treatment.

In short, the concepts of "remission" and "reduction" fail to relate to meaningful statistics with regards to "length of life since diagnosis." Chemotherapy and radiation fail the other two criteria in spite of a patient going into remission.

We thus conclude with extreme vigor that the concept of "remission" and "reduction" are not valuable measures by which to judge the effectiveness of orthodox

treatments for cancer. In a future chapter I will use verified statistics to compare orthodox medicine with alternative medicine.

## Cure Rates

Let us talk about what are called "cure rates" or "survival rates." Orthodox medicine generally says that if a person lives for five years after diagnosis, they are "cured" of cancer, even if they die in the sixth year. In other words, if there is more than 5 years between diagnosis and death, they were "cured" of cancer. This is how they determine their "survival rates."

A person might wonder why the medical community would use such a concept, knowing that the concept of "length of life since diagnosis" is so simple, so intuitive and so logical. And so useful.

Let us return to our automobile metaphor.

How can the B companies hide the fact that they intentionally make really crappy cars? They can use statistics. Suppose they decide to do a study to find out how many of their cars have their engine replaced within the first 30,000 miles. The number will be quite low, almost as low as the same statistic calculated for G company cars. This statistic will make it appear that the B companies make cars as good as the G companies. They didn't lie, they used statistics. G company cars are far superior to the B company cars, but you would never know that by looking at that one statistic. That is the whole purpose of using such a statistic!

The G company car makers, on the other hand, would want to see the percentage of cars made by the B companies that still have their original engine after 150,000 miles. That would be a very low percentage for the B companies, and a very high percentage for the G companies. This statistic would make it very clear which company made, by far, the best cars. But the B companies control the airwaves and the media would never allow its "journalists" to report that statistic.

This is exactly how the cancer industry hides the very poor results of surgery, chemotherapy and radiation. Their definition of "cure rate" is based on the percentage of cancer patients who live 5 years, **between diagnoses and death**, not 10 years and not 15 years. How does the 5 year number tell us what percentage of cancer patients eventually die of cancer? It doesn't. The orthodox medical community has done exactly what the B companies above have done, lied with statistics.

*"Keep in mind that the 5 year mark is still used as the official guideline for "cure" by mainstream oncologists. Statistically, the 5 year cure makes chemotherapy look good for certain kinds of cancer, but when you follow cancer patients beyond 5 years, the reality often shifts in a dramatic way."  
John Diamond, M.D.*

## Getting the Cure Rate Up

Using this definition, what kinds of things would cause "cure rates" to go up? Instead of lengthening the time a person lives after diagnoses, how about diagnosing the cancer earlier? By diagnosing cancer earlier, there is a longer period of time between diagnosis and death, thus increasing the percentage of people who live more than 5 years between diagnosis and death.

Before a person is diagnosed with cancer, it is quite common for the person to have had cancer for 5 or 10 years before it is diagnosed. Thus, if cancer is diagnosed at an earlier and earlier state, there will be a higher and higher percentage of people who live for 5 years between diagnoses and death. By simply diagnosing the disease earlier, "cure rates" go up, **even if chemotherapy doesn't improve life expectancy at all!**

This is undoubtedly the reason the American Cancer Society (an orthodox "charity") has been pushing women to get mammograms every year, in spite of the fact that mammograms can cause cancer because they are X-Rays. Thus, the American Cancer Society has had a positive affect on "cure rates" without having done anything about life expectancy. They have also had an affect on the percentage of people who get cancer, that number has also gone up.

Another trick orthodox medicine uses is to ignore counting people who die because of the damage done by chemotherapy and radiation. For example, someone who dies of pneumonia, as a result of their immunity system being destroyed by chemotherapy, is generally not counted as a "cancer" death. Likewise, someone whose liver is destroyed by chemotherapy, and dies of liver "disease," is also not counted as a "cancer" death.

Some cancers are extremely slow growing. Thus, "cure rates" for these types of cancer look very good, but not because the people are cured, but because the cancer is slow growing.

Since many people who are on chemotherapy die of malnutrition and opportunistic infections, many doctors tell their cancer patients to take nutritional supplements. This can lead to the person living longer (because they do not die as quickly from malnutrition or opportunistic infections), but it makes chemotherapy look better! In other words, "cure rates" go up because of the nutritional supplements, but the effects of chemotherapy may have been unchanged!

Some patients secretly take alternative treatments to treat their cancer without telling their doctors (during or after orthodox treatments). This makes orthodox medicine survival rates look good, but not because of chemotherapy or radiation.

Another trick is to change the standards for what kind of people are part of the statistics. In other words, if they start including people with less severe cancers (which obviously have a higher "cure rate"), they can get their "cure rate" numbers up.

*"The five year cancer survival statistics of the American Cancer Society are very misleading. They now count things that are not cancer, and, because we are able to diagnose at an earlier stage of the disease, patients falsely appear to live longer. Our whole cancer research in the past 20 years has been a failure. More people over 30 are dying from cancer than ever before...More women with mild or benign diseases are being included in statistics and reported as being "cured". When government officials point to survival figures and say they are winning the war against cancer they are using those survival rates improperly."*

*Dr J. Bailer, New England Journal of Medicine (Dr Bailer's answer to questions put by Neal Barnard MD of the Physicians Committee For Responsible Medicine and published in PCRM Update, Sept/Oct 1990)*

By using these tricks they can make it appear that cancer research is progressing slowly, when in fact cancer research has made very little overall improvements in life expectancy or quality of life in the past 80 years.

### A Valid Definition of Cure Rate

So how should "cure rates" be defined? Here is my definition:

**Definition of Cure Rate:** "a person is cured of their cancer by treatment if they do not die of cancer, and if they do not die of something caused directly or indirectly by their cancer, and if they do not die from the side-effects of the treatment, and if they do not die indirectly from the side-effects of their treatment. All treatment statistics using life expectancy require that the treatment be compared to **no treatment at all** under the same detection criteria."

Using such a statistic would expose just how useless chemotherapy and radiation are. But you will never see this definition used with chemotherapy and radiation because orthodox medicine likes to hide behind bogus statistics, just like the B companies above.

It would be very logical for cancer researchers to use a valid definition of "cure rate," like the one I just mentioned, and do a double-blind study between patients who took the complete orthodox treatment plan and a second group who refused all treatments (Note: This would technically not be a double-blind study, but it would yield valuable data.) The results of such a study would **never** be widely publicized, because orthodox medicine would look very bad.

### Cancer Surgery

In the history of medicine, cancer surgery will go down as one of the most damaging treatments ever perpetuated on an innocent general public. While it is true that if a person's cancer has not metastasized, surgery can kill all of the cancer cells, there are several problems with mindlessly using cancer surgery.

**First**, by the time cancer is diagnosed, unless it is benign, it has probably already spread outside of its original area and thus cancer surgery does not kill all of the cancer cells.

Let me give a simple metaphor. Suppose you have thousands of flies on your 10 acre farm. Suppose that most of them are around the horse corral where there is lots of horse manure. Suppose one day you take all of the horse manure (which contains many maggots) and put it in plastic bags (i.e. surgery) and ship it to a landfill. Will this cure your fly problem? Not at all. Since all of the flies have not been killed, it will not take long for the remaining flies to breed and replace all of the flies and maggots killed by the plastic bags.

**Second**, if the cancer has not spread, the patient has so long to live in most cases, that the cancer can easily be treated by any number of noninvasive alternative methods. Virtually all of the top 100 alternative treatments are extremely effective if the patient has over a year to live. Thus, even if the cancer is contained, surgery can be a poor choice.

**Third**, surgery severs numerous blood arteries, thus blocking them forever. This means the circulatory system is forever damaged with numerous blocked arteries and other arteries have had their blood supply cut off.

**Fourth**, in a similar manner, surgery does the same thing to the lymph system. The lymph system is a critical part of the immunity system, as is the circulatory system, and arbitrarily blocking numerous lymph vessels permanently is not a good thing for the immunity system.

Considering all of the permanent damage done by surgery, it is extremely rare when surgery is a cancer patient's best option.

... Now go back to your three answers at the beginning of this chapter. How did you do?