

CancerDecisions Newsletter Archives

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NEW YORK TIMES CRITICIZES WAR ON CANCER

There was a time when the *New York Times* could be counted on to invariably promote the US government's "war on cancer." In previous decades it touted every hopeful sign of progress and often conveyed the feeling that a cure was around the next corner.

Many readers will recall the celebrated May 1998 article, in which the *Times* announced two new drugs with this headline: "Hope in the Lab: A Cautious Awe Grooms Drugs That Eradicate Tumors in Mice." The article concerned two new agents, Endostatin and Angiostatin, developed by Harvard Professor Judah Folkman, MD. The article's author, veteran science writer Gina Kolata, quoted the director of the National Cancer Institute (NCI) as saying that Folkman's work was "the single most exciting thing on the horizon for the treatment of cancer."

James Pluda, MD, also of NCI, said, "People were almost overwhelmed" by Folkman's presentation. "The data were remarkable." The Nobel laureate James Watson, MD, famously told Kolata, "Judah is going to cure cancer in two years." But the millennium came and went without a cure. Angiostatin and endostatin have not lived up to expectations. A clinical trial in 40 patients at Dana-Farber Cancer Institute, Boston, came up empty handed. The investigators concluded that treatment with endostatin "did not result in significant tumor regression in patients with advanced neuroendocrine tumors" (Kulke 2006).

Not Going Well

Now, Ms. Kolata is making waves again, albeit in a much more sober tone. Her front-page article on April 24, 2009 marked a turning point, as she described for *Times* readers **a litany of failures in the war on cancer over the past few decades. The overall death rate for cancer, she revealed, when adjusted for the size and age of the population, dropped only 5 percent from 1950 to 2005. "In contrast," she wrote, "the death rate for heart disease dropped 64 percent in that time, and for flu and pneumonia, it fell 58 percent."**

"Still," she wrote, "the perception, fed by the medical profession and its marketers, and by popular sentiment, is that cancer can almost always be prevented. If that fails, it can usually be treated, even beaten." I too wrote about this gap between perception and reality in my first book, **The Cancer Industry**, which came out in 1980. At that time, I was frustrated by the uninformed attitudes towards the war on cancer that I found at America's "newspaper of record." I am certainly encouraged that, 30 years later, they are finally waking up to the fact that things are not going well in the war on cancer.

Kolata focuses on the treatment of metastatic cancers. "With breast cancer, for example, only 20 percent with metastatic disease — cancer that has spread outside

the breast, like to bones, brain, lungs or liver — live five years or more, barely changed since the war on cancer began" (Kolata 2009).

The situations with colon, lung and prostate cancer are no better, said Kolata: "With colorectal cancer, only 10 percent with metastatic disease survive five years. That number, too, has hardly changed over the past four decades. The number has long been about 30 percent for metastatic prostate cancer, and in the single digits for lung cancer." **These are the grim facts, despite \$105 billion spent by NCI on the war on cancer since its inception in December 1971.**

Where Does the President Stand?

As is well known, President Barack Obama lost his mother, Ann Soetoro, and his grandmother, Madelyn Dunham, to cancer. He is as well informed about the ravages of this disease as any president in modern times. He has spoken repeatedly about his desire to see cancer cured soon. He has also vowed that, as part of the economic stimulus package, he will increase federal funding for cancer research by a third for the next two years.

I also believe in generously funding cancer research. However, if the decades-long "war on cancer" has taught us anything it is that providing billions of dollars for research is not in itself a sufficient stimulus to real progress. What is far more important is the quality of the treatments being pursued. So far, NCI has focused its formidable resources on developing synthetic and patented pharmaceutical agents that can then be sold at astronomical prices. I am thinking here of the so-called 'targeted' drugs, such as bevacizumab (Avastin), which costs about \$100,000 per year per patient.

Obama should examine the manner in which promising drugs are selected for development. **As a rule, NCI works hand-in-glove with giant pharmaceutical companies (or their surrogates) to research and develop new products. This cozy relationship with big business has left behind some of the most promising treatments that do not fit the mold. These are primarily treatments of natural origin that are not patentable or otherwise profitable to Wall Street. It is a case of "patents over patients" (as I wrote in my *New York Times* op-ed piece two years ago). This over-emphasis on satisfying the needs of the stock market has fostered a greedy mentality in the cancer field as well. Sometimes, the purpose of performing research has become to generate profits, not to cure cancer in the most expeditious manner possible.**

Unless the Obama administration grasps that there is a fundamental problem beyond the lack of research funding it is unlikely to accomplish anything significant in the cancer field. The administration is still in its early days. But I wonder if he is hearing this message from his medical advisors, such as Ezekiel Emanuel, MD, brother of his chief of staff, who is a breast cancer oncologist and medical ethicist at NCI.

If I had some time alone with President Obama I would tell him that there are promising treatments for cancer awaiting development, but that have been neglected

because they are deemed insufficiently profitable to big companies. The President has stirred the entire world with his promises of change. When it comes to cancer, however, the White House needs to support and promote treatments based solely on their merits, without regard to the profits of Wall Street or the medical profession. That indeed will be change I can believe in.



--Ralph W. Moss, Ph.D.

References:

Gina Kolata's 2009 article can be found at:

<http://www.nytimes.com/2009/04/24/health/policy/24cancer.html?scp=1&sq=kolata%20cancer&st=cse>

Gina Kolata's 1998 article:

<http://www.nytimes.com/1998/05/03/us/hope-lab-special-report-cautious-awe-greets-drugs-that-eradicate-tumors-mice.html?scp=3&sq=Judah+Folkman+and+Gina+Kolata>

(Or see <http://www.nytimes.com>)

Kulke MH, Bergsland EK, Ryan DP, et al. Phase II study of recombinant human endostatin in patients with advanced neuroendocrine tumors. *J Clin Oncol.* 2006;24:3555-3561.

Ezekiel Emanuel's biography:

<http://www.bioethics.nih.gov/people/emanuel-bio.shtml>

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