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How to Evaluate Various Cancer Treatments, and which one is Right for YOU

Breast Cancer Options

New Paltz, New York

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Making Decisions about Treatment is Difficult

- All decisions are based on insufficient information
- Most medical care is based on a conventional medicine model or paradigm
- Insurance reimbursement mainly for conventional treatment
- This model is supported by almost all conventional doctors and related organizations, governmental agencies, the mainstream media and the public

Making Decisions about Treatment is Difficult-2

- Patients receive pressure to carry out certain treatments from their doctors, family, friends and the media
- Doctors are often seen as omnipotent figures: Do you think you know more than the doctor?
- Alternative views are often ridiculed
- Fear frequently motivates decisions
- An objective evaluation considering all factors often may conclude that a treatment decision is not in the best interest of the patient

Making Decisions about Treatment is Difficult-3

- Patient needs to be empowered & become aware of the forces influencing decisions
- Patient needs to do own research & not be intimidated by doctors, family, media
- Patient needs to learn to ask the right questions and evaluate the answers
- Other medical problems and use of prescription drugs may complicate decisions

Diagnosis of Breast Cancer

- Palpable lump felt by patient or by examiner
- Lump or calcification seen on mammogram
- Ultrasound better at distinguishing cancers than mammogram, except for calcification
- MRIs are being used increasingly
- Biopsy (Fine Needle, Core, Removal of lump)
- Thermography-Physiologic not anatomical
- Early detection—Not prevention

Further Diagnostic Procedures

- Sentinel lymph nodes during surgery
- Various CT scans to determine if metastases present (CT scans, PET-CT scans, Bone Scans, others)
- PET = Positive Emission Tomography & involves injecting radioactive sugar that concentrates in cancer
- Important to realize that radiation from scans is **NOT** innocuous. Radiation values are:
 - CT Scan = 100 chest x-rays
 - PET Scan = 500 chest x-rays
 - PET-CT Scan = 600 chest x-rays

Testing Cancers for Sensitivity to Various Chemotherapy Treatments

- Fresh Surgical Specimens (like bacteria-antibiotic sensitivity); Moss likes these tests
 - <http://weisenthalcancer.com/Home.html> (Dr. Weisenthal)
 - <http://www.rational-t.com/> (Dr. Nagourney)
- Specimens from paraffin-fixed slides
 - <http://www.oncotypedx.com> (insurance covers)
 - <http://www.carislifesciences.com/> (insurance sometimes covers)

Oncotype Testing: What is it For?

- Increasingly done by oncologists
- Should Stage I or II, estrogen positive, axillary node negative patients get chemotherapy?
- > 50% of diagnosed breast cancer patients fall into above category
- Small percentage of patients benefit from chemotherapy, but don't know which ones
- Oncotype helps with this decision

Oncotype Testing: How is it Done?

- Paraffin slides of a breast cancer tumors are sent to a specialized lab (Oncotype Dx)
- Comes from specimens stored in the hospital where surgery was done
- Analyze cells for activity of 21 different genes in the cancer cells
- Determine how likely distant mets in 10 years
- Recurrence Score from 1 to 100; 1 = Least likely; 100 =Most likely

Interpretation of Recurrence Score Numbers

- Full range is 0 to 100
- < 18: Low risk of recurrence; chemotherapy not recommended
- Score between 18 and 31: Intermediate risk; unclear if “benefits of chemotherapy” outweigh the risks
- > 32: High risk of recurrence; “benefits of chemotherapy” likely to outweigh the risks

OncotypeDX Validation

- Clinically validated in 13 studies
- Involved 4,000 breast cancer patients
- Changes oncologist's decision 37% of time while reinforces decisions 63% of time
- Validation studies being done on more advanced breast cancer patients and other patients as well
- Only test with this much validation
- Considered cutting edge mainstream

May Reduce Use of Chemotherapy

- Change in course of treatment after Oncotype testing done
- Of 37%, changed, 4% added chemo and 33% did not use chemotherapy after planning to do so



Benefits of Chemotherapy with High Recurrence Score

- High recurrence score: with chemo the percentage of women at 10-years **WITHOUT** distant metastases was 88% compared to 60% with no chemotherapy
- Low recurrence score: 96 to 97% without distant mets with or without chemo
- Intermediate: 91% with chemo & 89% with chemo (not significant)

How Do Doctors Determine How to Treat Breast Cancer

- Breast cancers are classified based on size of tumor, mets to local lymph nodes or elsewhere
- Conventional cancer doctor organizations & Govt Agencies have guidelines
- Surgeons, radiotherapists & oncologists follow these guidelines
- Developed from studies involving only conventional medicine

Websites for Breast Cancer Classification-Conventional

- <http://www.cancer.gov/cancertopics/wyntk/breast/page7>
- [http://breastcancer.about.com/od/diagnosis/a/diagnosis ov.htm](http://breastcancer.about.com/od/diagnosis/a/diagnosis_ov.htm)
- <http://www.cancer.org>
- Nothing about lifestyle, diet, exercise, supplements, sleep, etc... in these guidelines

Conventional Cancer Therapies

- Surgery
- Radiation Therapy
- Chemotherapy
- Hormonal or anti-hormonal therapies (like Tamoxifen, Arimidex or Lupron)
- Monoclonal antibodies inhibit one of the steps of the cancer process (like Herceptin or Avastin); Newest drugs (there are many)

Focus of Conventional Cancer Treatment

- Destroy cancer cells at all costs
- No emphasis on lifestyle, good nutrition
- Patients often told to avoid all nutritional supplements, as they might interfere with conventional treatment
- Measure progress by tumor shrinkage—
Not a good measure of progress

Drawbacks of Radiation and Chemotherapy (4 Negative Factors)

- Carcinogenic
- Mutagenic
 - More mutations increase cancer aggressiveness
 - Recurrent cancers harder to treat
- Immune suppressive (damage protective cells)
- Cause significant adverse side effects, both short term and long term

What Questions a Patient or Support Person Should Ask?

- Likelihood survival time will be increased
- Likelihood quality of life will be improved
- Risks associated with the treatment:
 - Morbidity
 - Mortality
 - Secondary cancers
- Ask questions for both conventional & integrative therapies

Example: What is Radiation Therapy for Breast Cancer Supposed to Do?

- Given to tumor bed & regional lymph nodes
- Supposed to destroy microscopic tumor cells that may have escaped surgery
- Supposed to have a beneficial effect on tumor environment
- Can reduce the risk of **local recurrence** by 50 to 66% when delivered at correct dose

Radiation and the Treatment of Breast Cancer

A Cancer Decisions® Report (Ralph Moss)

- Reduces risk of a recurrence in the same breast
- Does NOT reduce regional recurrence or distant metastases
- No impact on overall survival with increased deaths from causes other than breast cancer.
- Harmful effects (e.g. heart damage, lymphedema) may occur later
- See: www.cancerdecisions.com for report

Question all Treatments: Conventional & Integrative

- Explore risks and benefits with regard to any type of surgery (lumpectomy vs. mastectomy)
- Benefits of risks of anti-hormonal therapy---including tamoxifen and/or aromatase inhibitors, like Femara, Aromasin, Arimidex
- Explore risks and benefits of chemotherapy in your particular case
- Explore risks and benefits of all integrative therapies being considered
- Internet is a valuable resource

Goals of Integrative Treatment of Cancer Patients

- Selective agents that inhibit or kill cancer cells, but do not harm normal cells
- Treatments that strengthen rather than weaken the body and the body's defenses against cancer

Integrative Cancer Therapies May Include-1

- Dietary suggestions-cornerstone-organic food (reduced toxins-increased nutrients-phytonutrients as information)-Quillin-Raw, Live Food Organic diet
- Avoid poor quality food and toxic exposures (See my website: Avoid & To Do List)
- Lifestyle changes-Exercise-Stress Management-Sunlight Exposure-Sleep
- Oral nutritional supplements

Integrative Cancer Therapies May Include-2

- Detoxification-Use of Phosphatidyl choline
Bowel cleansing, Liver, Skin, Saunas
- Injectable treatments-C drips, B17
- Energy treatments-Homeopathy,
Acupuncture
- Attempt to deal with attitude, stress and
spiritual elements
- Help with decisions relating to conventional
treatment

Patients Should Make Decisions

- Patients, not doctors, should make decisions
- Decisions are individualized and must consider untold number of variables
 - Nature of the disease
 - Available conventional and alternative treatments and likelihood of success based on information available
 - Orientation of patient
 - Scope of practice of practitioner
 - Supports, both financial and personal
 - Many others

More Attention to Prevention

- World Health Organization says 70% of cancers preventable with changes in lifestyle and diet (probably conservative)
- No emphasis by cancer establishment in preventing cancer
- Emphasis is on early detection followed by invasive and dangerous treatments
- Motivated primarily by profits
- Non-profit organizations (like ACS) heavily influenced by industry dollars

Helpful Websites for Integrative Breast Cancer Therapies

- www.breastcanceroptions.org
- <http://www.breastcancerchoices.org/>
- <http://www.annieappleseedproject.org/>
- <http://www.schachtercenter.com/>
- <http://search.mercola.com/search>
- <http://www.naturalnews.com/>
- <http://cancerdecisions.com/>