WHY YOU SHOULDN'T SETTLE FOR STANDARD CANCER TREATMENT

part I

by Alex Rolland

These days, even a brief review of current scientific research on cancer sends a very strong message to cancer patients:

Do not just settle for standard treatment. There is always more that you can do, often within our medical system, to reduce the side effects of your treatment while enhancing survival time and chances for remission.

And don't wait for your doctor to tell you about these options.

Often due to funding limitations and a high patient load, even our most prominent cancer specialists are not aware of the most current innovations in cancer treatment or are restricted from recommending them due to budgetary constraints.

The good news is that often you are able to access these advancements simply by request. But you have to know they exist and you have to insist on them. And, in order to do that, you have to know your stuff.

My team and I at Cancer Treatment Options and Management (CTOAM) are committed to ensuring you have all the support and information you need to get the most effective treatment for your form of cancer.

This article is part I of a two-part article that will review all aspects of standard cancer care and provide you with detailed information on enhanced treatment and diagnostic options at every stage of cancer treatment, including prevention.

After reading this article you'll know more about cancer diagnosis and treatment in general and some specific steps you can take to ensure that you are doing all the right things to beat cancer.

Current Standard Protocol for The Diagnosis of Cancer:

In most cases, a confirmation of cancer is based on tests that involve measurements of blood proteins and imaging of potential tumor masses. The initial detection of cancer involves blood tests that identify tumor-associated proteins such as the prostate specific antigen (PSA) for prostate cancer or the carbohydrate antigen 125 (CA-125) for ovarian cancer.

If your blood tests are positive for these proteins the standard next step will be to have some form of imaging performed such as Ultrasound, MRI or CT. These tests identify changes in the tissue density of a questionable mass. If the questionable mass is located in an accessible area then a tissue biopsy can confirm the presence of cancer. However if the mass is not easily accessible, subsequent imaging is performed and the suspected mass is measured for growth over time; **a process often referred to as the "wait and see method."**

A Sad but True Side Note:

Believe it or not, we have had clients come to CTOAM who have been diagnosed with cancer but have been told:

"It's not very big at this point, let's just wait and see where it's at in another 3 months."

And in another case, a client was treated with the standard protocol for breast cancer and, not feeling confident in the care she received, paid for an advanced form of cancer imaging called PET-CT (more on that later) which revealed an additional tumor in her lymph node. Upon returning to her oncologist with the image showing the tumor and requesting for further treatment she was met with this response: **"It's not going to make a difference to your overall survival rate anyway, we'll just leave it in."** (Thankfully this woman did not just accept this prophecy, sought private treatment, and is doing well today.)

While not every oncologist takes this approach to treatment, these cases are not rare. They are more common than you might like to imagine.

Back to standard diagnosis and treatment:

Upon confirmation of cancer, your physician will turn to their book of protocols and prescribe a treatment plan that typically involves surgical removal of the tumor, chemotherapy and/or radiation therapy.

While these approaches are fairly standard and therefore may generate a feeling of confidence in the patient that they are being treated with the best that our scientific and medical community has to offer, it is important to note that in many cases physicians are prescribing standard treatment protocols that were established over 10 years ago and that do not take into consideration your genetics or the unique set of circumstances that led to the development of your cancer.

This leads to a 'one treatment fits all' approach that often leads to a much lower success (survival) rate than is attainable, often with just some small changes to the standard protocol and a more individualized approach to cancer treatment.

It is now clear that there are solid scientific advances in all areas of cancer diagnosis and treatment that can greatly improve your chances of long-term survival and lower your chances of disease recurrence.

That's why we urge all of our friends, family and patients:

Before you go ahead with any diagnostic or treatment procedures, it is essential that you consider and implement the following steps. Do not leave your cancer care entirely in the hands of the medical system. Do appreciate the skill and best intentions of your treatment team while also respecting that they are limited in funding and time and thus not able to offer you, let alone keep abreast of, the many advances that could greatly enhance your life expectancy.

To clarify this point, the following is a brief exploration of advancements in the areas of cancer detection and tumor testing that are not consistently offered as part of standard cancer care but that *will make a difference to your chances for survival.* In our next article (Part II) we will explore advancements in surgery, chemotherapy and radiation that have been proven to enhance life-expectancy over that of standard treatment.

Current Advancements in Cancer Detection:

It is important to note that **upon receiving a diagnosis of cancer, there is a key window of opportunity** during which you can greatly improve your chances for recovery by incorporating significant new advances in detection and tumor testing.

Imaging: Make Sure You Get a PET-CT

The problem with the 'wait and see' method of cancer diagnosis is that some tumors grow very fast, and **with few exceptions, by the time the tumor has grown to a detectable size, micro-metastasis to other regions of the body is already well established.**

The most important factor in treatment outcome is detecting the cancer as early as possible and before the primary tumor has metastasized. In order for physicians to accurately determine an effective treatment protocol, they first need to be able to differentiate between tumorigenic and non-tumorigenic tissue. However, standard imaging tests (Ultrasound, CT, MRI) do not determine whether the suspected mass is actually a tumor or whether it is a benign growth, cyst, calcium deposit or some marbles swallowed during a childhood dare.

In fact, there are many documented cases where a patient was scheduled to begin chemotherapy and radiation treatment for cancer but when the patient insisted on more detailed testing (PET-CT) than standard care provided it was discovered that **they didn't even have the disease and would have undergone intense treatment and great personal stress for an illness they didn't even have.**

Positron emission tomography computed tomography **(PET-CT)** technology is considered complementary and even superior to other imaging modalities because it **shows biological activity within organs and clearly detects cancer in the earliest stages.** With PET-CT, patients ingest a radioactive glucose solution. Since cancer cells utilize glucose for their rapid growth, they uptake a significant amount of the solution and glow when imaged. PET-CT can also help delineate varied metabolic rates between cells, indicating the stage and aggressiveness of the cancer. In other words, it is a much more precise tool for identifying the exact size, location, and aggressiveness of tumor cells anywhere in the body.

Biopsy

A biopsy is a surgical procedure where a small section of the detected mass is removed and tested to identify whether it is cancerous or not. In most cases once the doctor has confirmed that the mass is cancerous the biopsy samples are usually discarded.

This demonstrates a very limited perspective on cancer: 'You either have it or you don't, that's all we need

to know.' It does not take into consideration what is now known about cancer and therefore results in the loss of critical diagnostic information that could be used to create a personalized treatment plan.

It is now known that **cancer is an illness that stems from a combination of genetic, environmental and life-style components that are unique to each individual.** As such, understanding the genetic and situational causes of your specific cancer can, and often does, lead to a unique treatment protocol with much greater rates of success than standard treatment.

For example, in one case that we managed two years ago **our research showed that the best treatment available at that time for our male client's lung cancer was actually a drug that was typically used to treat breast cancer.** You see, the genes that the breast cancer drug acted on just happened to be the same genes involved in our client's lung cancer.

Without the tumor sample for testing we wouldn't have been able to see that the breast cancer drug showed the most effectiveness against this patient's cancer cells. And, in this case, had the patient continued with the standard treatment for lung cancer it is highly likely that he would have had much less success with treatment and therefore a shorter period of post-diagnosis survival.

Chemoresistance/Chemosensitivity Assays

These tests are the latest tool to determine the specific chemotherapeutic agents or combinations of chemotherapy drugs that will be most effective on a specific patient's tumor.

In this assay, patient-derived **tumor samples are exposed to various chemotherapy drugs at physiologically achievable concentrations.** This ensures that the chemotherapy drugs your doctor administers are the most effective for your particular cancer.

Studies show that cancer patients administered the chemotherapy drugs determined by these tests to be the best fit for their cancer, **not only responded more favourably to the treatment but also experience lessened side effects.**

Keep in mind that these tests cannot be conducted if you don't have a tumor sample to test. So, if you're having a biopsy, make sure you insist that the doctor save your tumor sample for you to have tested. **You need to make sure you're taking the right drug for you as that will ensure that you have a greater likelihood of complete recovery and, as stated above, you'll experience less side-effects** overall when you're taking the right drug in the right dose for your cancer.

So, Here's Your New Cancer Diagnosis and Treatment Checklist So Far (We will provide you with a complete list in Part II in the next edition of Encompass Magazine).

Ensure you tick every box and you'll know you've done your best to be cancer free.

One

1. Get a PET-CT. In a study conducted by BC Cancer Agency and later publicized by the Vancouver Sun in 2011 the data showed that in 87% of patients studied, once a patient had a PET-CT the initial diagnosis and treatment protocol was altered.[2] This means that the vast majority of the time the initial plan for treatment was inaccurate and without the advanced diagnostics of PET-CT the doctor would never have been able to make the necessary changes for their patient's long-term survival!

   Remember also that there are documented reports of numerous instances where patients were slated to begin chemotherapy and radiation treatment but, upon choosing to get a PET-CT were informed that they didn't even have cancer!! So, given these statistics, even if you have to pay for it yourself, it is worth every penny to get a PET-CT before, during and after your treatment.[3]

Two

2. Remember, if you're going to the trouble of having a biopsy, make it count! Ensure that you insist that the doctor save your tumor sample for you to have tested. You need to make sure you're taking the right drug for you as that will ensure that you have a greater likelihood of complete recovery and, as stated above, you'll experience less side-effects overall when you're taking the right drug in the right dose for your cancer.

So, the long and the short of it is: There is always something you can do, within peer-reviewed medical science, at any stage in cancer diagnosis and treatment to enhance your chances for increased survival and faster recovery. Don't just settle for standard treatments and don't wait for your doctor to inform you of the latest advancements.

Remember, asking for changes to the standard treatment protocol or insisting on certain treatments is not a criticism of your treatment team. It is an acceptance of the reality of our financially taxed system and overworked medical staff that they often don't know about the most current options or can't offer them to you because they are not recommended due to cost. You deserve the best treatment regardless of these limitations and, in our experience, no one would agree more than your medical team.

If you or someone you know has cancer and you want to ensure you're doing all you can, visit our website: www.ctoam.com, email: contact@ctoam.com or give us a call @ 778-999-5463.

[1] With the exception of women who have a known genetic mutation predisposing them to breast or ovarian cancer.

[2] http://blogs.vancouversun.com/2010/10/09/politics-economics-and-hypocrisy-of-petct-scans-in-cancer-care/

[3] A PET-CT scan typically costs $2,800 - $3,500 depending on the facility. Please note, our clients benefit from reduced rates that we have negotiated with certain PET-CT clinics to reduce your financial burden.