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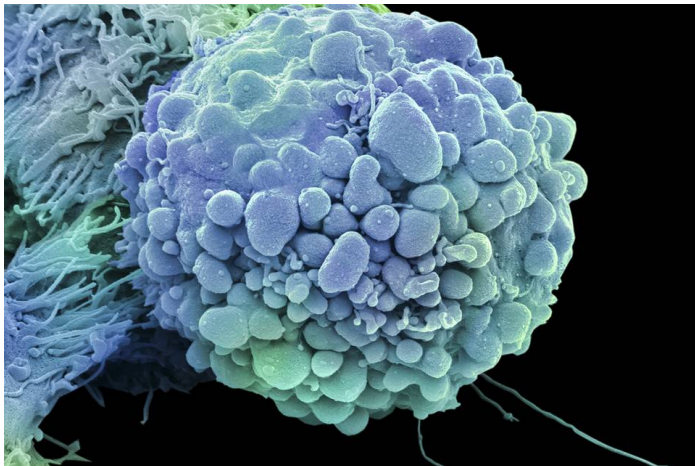
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Watch the Hype: Cancer Treatment Still Has Far to Go

Two decades' achievements are modest



A brain cancer cell. Given that 600,000 Americans die of cancer every year, the achievements in its treatment seem numerically small. *PHOTO: GETTY IMAGES*

By **MELVIN KONNER**

March 17, 2016 12:24 p.m. ET

Cancer is our most feared bodily assault. It is the “crab” (in Greek) that an ancient physician saw in a breast tumor, although it seems more formidable—a giant B-movie alien monster looming over us all.

Scientifically, it is runaway cell growth, and it took the lives of my wife, age 51, in 1996; a graduate student of mine in her 30s last year; a 19-year-old friend of one of my students last month; and millions more. It threatened 91-year-old former President Jimmy Carter, although he is now pronounced free of it.

The brilliant human effort against this scourge is no science fiction. But some see a certain amount of hype in our claims of success. A January 2016 research letter in *JAMA Oncology* found widespread use of superlatives in media coverage, often in stories about unapproved drugs.

When my wife died, the children were 18, 14 and 9. We had lost an eight-year battle

despite the best knowledge and care in the world. It was 1996. The knowledge we have now is far better; the care, not so much.

Yes, there are exciting frontiers: genetics, immune therapy, sparing normal cells, cutting off tumors' blood supply. The trouble is that these were the frontiers over 20 years ago, when I sought any news to help my wife.

The promise then and now: Cancer treatment will soon be different from “slash, burn and poison”—surgery, radiation and chemotherapy—the main approaches since 1900.

Aren't there new treatments? Yes, three notably, since the mid-1990s.

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Advances, yes, but not nearly enough.

Gleevec targets an abnormal enzyme in one type of leukemia. Genetics identified the enzyme, and deaths were cut by more than half, to fewer than a thousand a year in the U.S.

Herceptin blocks a growth receptor on breast tumors, which is wonderful for women who have the receptor—15% or 20% of patients. A 2014 study showed an improvement in 10-year survival to 84% from 75%. It saves several thousand American women a year.

The third, Yervoy, fights advanced melanoma by aiding immune cells that attack it. Oncologists cheered the results. Five-year survival is less than 5% without the drug, 20-something with it. The treatment is nasty, but it may cure some patients.

Keytruda, another immune drug, may be a fourth. In early studies it markedly shrank tumors in the same disease. It may have helped President Carter, whose skin cancer had

spread to other parts of his body.

I love the science. I echo the cheering. I'm excited about the newest advance: Take out a patient's immune-system T cells, genetically modify them to fight cancer better and put them back in. It clearly helps some patients.

But given that 600,000 Americans die of cancer every year, the achievements in treatment seem numerically small—in comparison, heart-disease deaths have dropped by half since 1980. The biggest recent advance? The human papillomavirus vaccine, which if fully adopted can prevent most cervical cancers. New tests to detect the breast-cancer gene now offer a pre-emptive option: double mastectomy. But campaigns for early detection of prostate and breast cancers have become controversial, because we don't know if the earliest tumors pose a threat.

Of course, “slash, burn and poison” work better than in the past. But when President Richard Nixon declared war on cancer, some of us expected more. Now President Barack Obama has announced a cancer “moon shot.” I hope that this time we'll reach the moon.

Meanwhile, if you want to see mind over matter, watch Mr. Carter's August news conference revealing his brain cancer. He said, smiling, “I'd like the last Guinea worm to die before I do,” putting Africans with a less deadly but very painful disease ahead of himself.

Cancer is hard to fight because it is so much like life. We need to do better, and we will. But it doesn't help patients or their families when we fail to distinguish hope from hype.

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