

Medicine as an art demands constant evaluation, weighing new treatments against old practices, benefits against risks, successes against failures. On occasion, the evidence leads to different conclusions. Nowhere is this more evident than in the management of the cancer patient.

OPINIONS will present the views of specialists on a wide spectrum of controversial subjects. It is hoped that the frank expression of ideas will provide a framework within which our readers may form their own opinions.

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**LAETRILE—
 A DANGEROUS DRUG**

Laetrile, proclaimed as an “anti-cancer vitamin,” has neither anti-cancer nor vitamin activity. It is, rather, a cunning, money-making fraud that is not only unsafe for the laetrile consumer, but is actually a danger to us all.

Laetrile is frequently utilized as a cancer preventive because it is advertised (erroneously) as such. Unsuspecting laetrile-takers are lulled into a false sense of security, ignoring cancer’s warning signals often until it is too late. Laetrile is also propagandized untruthfully as a “cancer control.” In this subterfuge, the “early” cancer patient is lured into forsaking proven effective therapy for the myth of a painless “treatment” and precious

time is lost, while the disease advances to the point where conventional treatment can provide no cure. Finally, there is the terminally ill cancer patient who may plead for laetrile as a “last chance” drug, if only for a placebo effect. Under these circumstances, the human mind is tricked. The patient may feel better although the cancer continues to grow and is eventually fatal. It must be stressed that it is not possible to retain the illusion of effectiveness while openly declaring the drug to be a placebo. Stating clearly that a drug has no anti-disease activity but only psychological placebo benefits removes those benefits. Granting a dying person his or her last wishes may seem innocent and virtuous. However, in this case such compassion is ill-conceived. To legalize laetrile for the terminally ill patient, the government must deceive the public by implying that the drug has worth as an anti-cancer agent. It would also be impossible to restrict the allegedly effective drug only to the terminally ill; others would take it with the negative results described.

Compassion for a dying person’s last wishes cannot take precedence over the larger issue of concern for the public welfare. There is no virtue in aiding

a relatively few terminally ill patients by an action (legalization) that lures many others to needless death. Legalization simply propagates the illusion of laetrile's anti-cancer activity to the detriment of society. Governmental legalization of the drug leads its users into both a "laetrile cancer death" and unnecessary debt.

When Governor Carey of New York, who lost his wife to cancer, announced that he would veto any bill legalizing laetrile in New York, he said it was because he could not support any measure "that puts upon the family in a terminal-cancer case additional expense for something that has not been proved to be therapeutically effective and which has resulted in profits of enormous size that redound to the benefit of a few individuals." The Governor further stated, "I believe it's not only quackery, it may be fraud and, indeed, profiteering on a worthless drug." The Governor is correct. It is fraud.

Laetrile should not be legalized for cancer at any stage. Nor should it be employed in conjunction with orthodox treatment; it is simply worthless. One need not be a scientist or a cancer specialist to perceive that laetrile is a fraud, as the following review makes clear:

1. Every anti-cancer drug ever shown to work in humans was first proved to have an effect on some animal cancer—but not laetrile. Numerous case histories put forward by laetrile boosters to prove its clinical benefit have turned out to be either hearsay or subjective testimonials, without objective evidence of an actual anti-cancer effect. The cancer cases put forth to substantiate the claims of the laetrilists fall into three classes: patients without evidence of ever having had cancer (no pathology report); patients who received conventional

treatment capable of curing their cancer *prior* to receiving laetrile; and patients with cancer that progressed despite laetrile or who died of their cancer while on laetrile. The testimonials are clearly misrepresentations, with any positive results due solely to a placebo effect, and are not objective evidence of anti-cancer activity.

2. Laetrile's promoters claim it is freely available in 23 countries. Why then are the cancer statistics of those countries no better, and often worse, than figures in the United States, where laetrile has been banned?

3. Last year Mexico, mecca of American cancer victims seeking laetrile, canceled its approval of the substance because, the Mexican government stated, "no positive results were obtained in clinical research."

4. The laetrilists spread the vicious canard that the American medical "cancer establishment" opposes laetrile because of its vested economic greed. How does this accord with the fact that the Soviet Union, which has no private enterprise or profit motive, and whose cancer research is highly advanced, has declared laetrile ineffective? How does this claim correspond with the accomplishments of the American medical establishment in achieving so many advances (e.g., antibiotics or vaccines, such as that for polio) within the last 50 years that many foreigners come to America for treatment or to learn medicine? The record of the American medical establishment reveals a consistent effort to overcome disease. It is absurd to believe that an entire generation of physicians (250,000 Americans) are in a conspiracy to prevent the cure of disease.

5. The laetrilists claim that cancer is a deficiency disease induced by our modern methods of refining food, and

that laetrile is the deficient vitamin. Yet cancer has been with mankind since antiquity, long before the advent of modern food processing methods. Also, there is no evidence that cancer is a deficiency disease; indeed, there is evidence to the contrary. Neither is there evidence that laetrile is a vitamin. Every American nutritional society of scientific repute has stated that the vitamin claim for laetrile is fraudulent. In support of their position, the laetrilists maintain that in Hunzaland (a small kingdom in Pakistan) the natives eat apricot pits in quantity and are devoid of cancer. However, a Japanese medical expedition disproved this. They found cancer in comparable incidence, and in addition, a high infant mortality rate due to poor nutritional conditions!

6. *The New York Times* recently reported (June 26, 1977) that an inquiry into the background of the key laetrile-promoters revealed that they have frequently lied or misrepresented their credentials. Some have convictions for stock fraud or other brushes with the law. Some have posed as physicians or other professionals, but have never actually received the degree or the requisite schooling. All were demonstrated to be recipients of enormous profits from laetrile (one was estimated to take in \$150,000 to \$200,000 a month on laetrile sales). In view of their backgrounds, is it not reasonable to conclude that these laetrile leaders are capable of deliberate misrepresentations and falsifications of the facts about laetrile? Is it really reasonable to assume that these individuals are motivated by humanitarian concerns?

7. All drug manufacturers must meet lawfully defined standards that assure efficacy before they are allowed to sell their medicines. Why should an exception be made for laetrile? Is the laetrilist's "freedom-of-choice" claim

really a red herring to evade standards they are unable to meet? Are they simply incapable of meeting common scientific standards, and if so, why should their spurious claims be believed?

8. "Freedom of choice in cancer therapy" is the battle cry of the pro-laetrile forces. Does this make sense? In medical matters, the public already has *meaningful* freedom of choice. One chooses a personal physician, knowing that the "M.D." means a license from the state proving competence to practice medicine. So, too, in cancer therapy, a patient is free to choose (through his or her physician) any of 38 anti-cancer drugs licensed by the Food and Drug Administration as being of proved efficacy. In these circumstances, is not the laetrilist's "freedom-of-choice" demand really a request for license to defraud?

A clinical test will apparently be undertaken by the National Cancer Institute. The test will be conducted under appropriate "blind" conditions and under the careful scrutiny of a panel of both lay and scientific citizens that will assure all fair-minded individuals that a proper test was done. What then? A positive test will confound those who believe in and depend on animal data, but it will nevertheless be received happily by all, cancer being the universal threat that it is. Hopefully, a negative test will finally be accepted by society (if not the proponents of laetrile). The anticipated "hue and cry" by laetrilists may well continue to confuse many, and lead to inaction by the state legislatures that have legalized laetrile. This would result in a legal climate in which the laetrile quacks could continue to flourish. Following a negative result, a strong effort must be made to have the various state laws legalizing laetrile rescinded. Without such an effort, it is likely that these laws will remain on the books and laetrile quackery will con-

tinue to the demise of many.

The laetrile controversy is not a medical matter; scientific analysis long ago determined its fraudulent nature. The real issue is that of consumer protection. In my opinion, laetrile is the opening wedge of a new battle to do away with consumer protection laws. A bill deleting the need for proof of drug efficacy has been introduced into Congress on the strength of the laetrile movement. This movement includes right wing groups such as the John Birch Society, the Young Americans for Freedom, Women for Constitutional Government, Liberty Lobby, the American Party, the Libertarian Party, the White People's Party, and the Committee for Freedom of Choice in Cancer Therapy. The National Health Federation, a group with a vested economic interest in removing governmental restrictions on health foods, vitamins and so-called food additives, also supports the effort to destroy these consumer protection laws. *The New York Times* reports that the Libertarian Party desires the legalization of laetrile and "all manner of substances the personal, peaceful use of which the government currently prohibits." This would include such substances as heroin and cocaine.

In addition, *The New York Times* has reported that pro-laetrile literature has contained such wildly inflammatory charges as "attempts to ban the compound are due to a massive national conspiracy orchestrated by the 'Rockefeller-Jewish clique' backed by all of the major petroleum corporations." Some of the key pro-laetrile supporters even go so far as to admit that laetrile is useless but state that they are opposed to "big government" and to governmental "big brother tactics;" as noted by one, "the government shouldn't protect people from bad judgement." This philosophy, wrapping itself in the American flag and mouthing such phrases as the

American "right" to "freedom" of choice, neglects certain obvious facts. It does not take into account those who are defenseless before the lying blandishments of the unscrupulous and the cunning, as well as before honest but ignorant quacks. I believe that one responsibility of government is to protect the consumer from fraud.

The laetrile controversy cannot be dismissed lightly. It is not solely a question of cancer treatment. The larger issue is whether or not American society supports consumer protection laws. Laetrile is a dangerous drug because it threatens all consumer protection drug laws. It is for this reason that laetrile is a danger to all of us.

Without laws and an overseeing regulatory agency, how would physicians know what drugs are really effective for *any* disease? Can the guidance of literature from a non-regulated money-oriented pharmaceutical concern be trusted? Who would know without regulatory agency review? There is a joke about a "triple-blind" test which ends, "the patients didn't know what the drug was, the physicians didn't know, and I'm afraid that nobody knew." In a future without consumer protection laws requiring that drug efficacy be *demonstrated*—as opposed to simply being *claimed*—what physician will know which are the truly efficacious drugs to prescribe for a particular condition?

Although the overall threat of the laetrile forces is to effective drug treatment for all diseases, the present confrontation is on the battleground of cancer. The consumer protection regulations must be safeguarded for they are in the best interests of society. A special-interest group must not be allowed to manipulate the political process to override scientific knowledge and overrule common sense in the cancer field. ©