

NEW
HAVEN

Advocate

NEW HAVEN'S WEEKLY NEWSPAPER

THE ALTERNATIVE IN SOUTHERN CONNECTICUT

VOL. VI NO. 5 SEPTEMBER 17, 1980

58 PAGES

Amber
Has
Cancer

...and the "war" on the disease is making slow progress. Why?

By Jim Motavalli



Amber Calistro of Milford is four years old, and she is a victim of cancer. Amber has rhabdomyosarcoma of the head and neck, a fairly rare form of cancer with a not very encouraging cure rate.

Amber is new to the debilitating horror of cancer. In August of 1979, her mother, Patti, discovered a small lump on the girl's head, behind her right ear. Over a six-month period, Amber was taken to six different doctors in the New Haven area. They all told her not to worry, that the bump was nothing to worry about, a calcium deposit normal in children; it would disappear of its own accord.

But Amber's bump did not go away. It grew. In February, 1980, Amber fell and hit the bump on a fireplace edge. Within two weeks, the growth had almost doubled in size, and doctors finally acknowledged that Amber had cancer. What's more, suspicious cells were found in her spinal fluid—a sign that the cancer was developing metastases, spreading through her body. The prognosis was poor—Amber was given a 50-50 chance of surviving for a year, and only a 25 percent chance of remaining alive for five years. (Five-year survival post diagnosis is considered a "cure" by the cancer establishment.) Amber began a program of radiation treatment and chemotherapy. It was a therapeutic regimen with little chance of success.

Cancer treatment costs amount to \$20 billion a year, and that figure is expected to double by 1984.

According to American Cancer Society (ACS) figures, 765,000 Americans per year discover that they have malignant tumors. Every day, more than 1,000 people in the U.S. die of cancer, an average of one every 80 seconds.

As the figures indicate, modern medicine has not developed anything approaching a preventive cure for cancer. Despite the "war on cancer" launched confidently by then-President Nixon in 1971 (\$500 million in federal funds disbursed to the cancer establishment through the National Cancer Act), the rate of new cancer cases continues to climb and the "cure" rate makes only unspectacular (and widely-disputed) progress. There were 112,000 new cases of lung cancer in 1979—and 98,000 deaths. The National Cancer Institute (NCI) reports that the lung cancer "five-year survival" rate among females made only a three percent gain in the period between 1950-59 and 1970-73. The male survival rate gained only two percent in the period.

Nationally, NCI boasts a 41 percent cure rate for cancer victims (through the use of the traditional triumvirate—surgery, radiation, and chemotherapy). ACS, supposedly surveying the same data, comes up with a 33 percent rate. (Congressman Chris Dodd, D-2nd, pointed out this discrepancy and called into question the basis for the cancer establishment's claims in a recent

letter to NCI director Vincent DeVita. "I am forced to question whether it is appropriate to equate a relative survival rate with a cure rate," Dodd said.)

...

According to a 1974 study quoted in Samuel S. Epstein's landmark book *The Politics of Cancer*, Connecticut has the fifth highest male cancer mortality rate in the nation. The figures were compiled from data provided by the Department of Health Services' Tumor Registry, an information bank that has been compiling statistics on Connecticut cancer cases since 1941. (It's one of the oldest registries in the country.)

Jack Flannery, director of the state registry, is not very optimistic about the growth of cancer in Connecticut—overall, there's a three percent annual increase in new cases. He said that rates registered for specific cancers—of the stomach, rectum and colon—declined but others, like breast cancer in Connecticut women, have shown marked increases. Flannery noted that in such deadly cancers as acute leukemia, changes in the survival rate are measured in months, not years.

Facing statistics like these, Mike and Patti Calistro had little reason to be hopeful. Doctors told them that the radiation treatments would be directed towards Amber's spine, and that she would be left with a shortened trunk if she did manage to

See Cancer Page 6

The cancer business is a growth industry.

Cancer

(Continued from Page 1)

survive the disease. The treatments would make her weak and debilitated, she'd lose her appetite, and her hair would begin to fall out.

It was at this point that the Calistros began research into the cancer establishment, and they didn't like what they found.

The "big three" of cancer research are the National Cancer Institute, the American Cancer Society, and Memorial Sloan-Kettering Cancer Center (MSKCC) in New York. ACS is the U.S.'s single largest private fund-raising organization. According to Ralph Moss in *The Cancer Syndrome*, ACS took in nearly \$140 million in 1978. ACS has its 1913 roots as a philanthropic enterprise of John D. Rockefeller and Morgans and Rockfellers have remained its principal benefactors. The big money set the tone for the organization. The Rockfellers' enormous holdings in oil, chemicals and pharmaceuticals, and their control, through tax-exempt foundations, of millions of dollars in medical research funds helped insure that anti-cancer therapies would develop along "correct" lines. Peter Barry Chomka, in an *East-West Journal* article entitled "Who Profits From Cancer? Probing the Medical-Pharmaceutical Complex," notes that "from very early on, medical schools and research hospitals and their doctors have been major benefactors of foundation gifts. Since 1910, foundations have invested over \$1 billion in medical schools alone. Currently, nearly half of all medical school faculty members derive at least a portion of their incomes from foundation research grants."

It's hard to bite the hand that feeds you. As Moss puts it, "The days are gone when a cancer specialist would think of opposing the leadership of his field by businessmen, bankers and advertising men. The society (ACS) has tens of millions of dollars to distribute to those who favor its growing power, and many powerful connections to disconcert those who oppose it."

NCI is the lead government agency involved in cancer research, charged with administering the millions granted under the National Cancer Act. When NCI was set up in 1937, Epstein writes, "scientific interests in cancer largely focused on problems of treatment, with little concern for prevention." Although considerable research was being conducted in the United States and elsewhere on chemical carcinogenesis, this was largely viewed as basic science, with little relevance to the prevention of human cancer. Even today, NCI retains this bias against preventive therapies for cancer. It's not surprising. One NCI board member is a consultant to Abbott Labs, the Flavor and Extract Manufacturers' Association, and Procter and Gamble, another does work for Eli Lilly, the pharmaceutical company.

Sloan Kettering is a little different. The two men for whom this huge research hospital was named, Alfred Sloan and Charles Kettering, were president and vice-president of General Motors (Kettering was a large GM shareholder, Sloan was also a director of Du Pont). Another early director was a large-scale cancer miner.

The current MSKCC "board of overseers" is composed of men with Squibb, Union Carbide, Worthington Biochemical and countless oil company connections. And there are three Rockfellers installed, James, Lawrence, and William.

The connections must be set against the backdrop of a growing body of knowledge linking environmental pollution with increasing cancer incidence. Epstein puts it bluntly: "Cancer is caused mainly by exposure to chemical or physical agents in the environment. . . . Just as germs cause infection, so do certain chemical and physical agents, carcinogens, cause cancer." Why is Connecticut so high on the list of cancer rates? Epstein points to the demonstrable fact that cancer rates are connected with concentrations of industries—particularly petrochemical manufacturers—and Connecticut is a state with a large concentration of heavy industries.

On August 6th, the U.S. Department of Health and Human Services issued a report that, according to the *New York Times*, "found that virtually every American was exposed at low levels to some type of cancer-causing agent." Asbestos, which causes malignant tumors of the chest lining and adds greatly to the incidence of cancer of the larynx and gastrointestinal tract, "is so widely used that the entire population is exposed at some level." Two-and-a-half million workers have daily occupational exposure to asbestos. Benzene, used widely



With their daughter's chances for survival pegged at 50 percent for one year, Patti and Mike Calistro began a search for alternative cancer therapies. (Virginia Musdell photo) Right, Amber lost her hair in the course of radiation therapy for her cancer.

in petroleum products, in plastics, detergents and some pesticides, is one of the more potent carcinogens, and the government report said approximately 20 million Americans receive low level exposure to it. A forthcoming complement to the report will cover 100 known carcinogens, the *Times* noted.

The Calistros put Amber through three weeks of radiation therapy, and then removed her from the treatment. She had indeed gotten sick, and her hair was falling out.

Amber's original tumor had been surgically removed, but a second lump began to develop near the original site. Cancer cells were found to have migrated to her brain. There were no signs of improvement. And the Calistros became convinced that any hope for Amber's future lay outside the cancer establishment.

The American Cancer Society maintains lists of "unproven methods" and "advocates of unorthodox therapies" that effectively brand any researcher trying to buck the system as a "quack" or "snake oil salesman," according to Moss. Doctors appearing on the lists find it difficult if not impossible to obtain research grants, and



Moss asserts many careers have been ruined by this medical equivalent of McCarthy-era blacklisting.

The ACS' unproven methods list includes everything from laetrile to chaparral tea and the Zen macrobiotic diet. Undoubtedly many of the therapies are ineffective against cancer, but some promising discoveries have been dead-ended because they appear on the blacklist.

Through friends familiar with the treat-

ment, the Calistros came across the immunological methods of one Dr. Lawrence Burton, a Ph.D. from Great Neck, N.Y., who operates a clinic in the Bahamas. Despite powerful evidence that his theories are valid, Dr. Burton remains on the ACS blacklist, and has been consistently denied research grants and vital access to the medical journals.

It is Burton's contention that certain elements in the blood are vital components in the proper functioning of the body's cancer-destroying natural immune system. When the balance of these elements is disturbed, Dr. Burton contends, the immune system is weakened and cancer cells can multiply.

Burton developed this theory in research conducted at St. Vincent's Hospital in the early '60s. The work received early establishment backing (Sloan Kettering even sent a senior scientist to assist in the research.) The support changed to a roadblock when it became apparent that Burton's work was leading away from the cancer establishment's well-worn paths. Grants were cancelled and publishing doors slammed.

As Gary Null and Leonard Steinman explained in a *Penthouse* article on the new therapy, "the vendetta against Dr. Burton is an example of how the cancer establishment employs its formidable power—to the detriment of all cancer victims—against legitimate scientific researchers who will not knuckle under to ironfisted, monolithic control over the cancer field wielded by powerful vested interests."

What Burton had done was develop a therapy based on daily injections of four protein elements found in the blood: 1) a tumor antibody capable of destroying certain cancer cells; 2) a protein that activates the tumor antibody; 3) a "blocking" protein to inhibit the tumor antibody; and 4) a "deblocking" protein that neutralizes the blocking protein and encourages the attack on the antibody and tumor cells.

The 143 patients at Dr. Burton's Immunology Researching Centre in Freeport, Grand Bahamas (where he moved after increasing frustration in the U.S.) receive daily blood tests. The two-c.c. samples are analyzed by computer, and a balanced injection of the four elements is prepared.

Amber Calistro has been a patient at Burton's clinic for more than three months, and is responding well to the treatment. According to her mother, the lump, which had been rock-hard, has now softened (This

See *Cancer* Page 8

More Cancer Reading

The Cancer Syndrome, by Ralph W. Moss. Grove Press, 1980. A highly political, readable overview of the cancer establishment and alternative therapies by a former public affairs officer at Sloan-Kettering. \$12.95.
Natural Sources: Bill's (Laetrile) Medical Sources, by Bill Laetrile, Zor. Celestial Arts, 1978. A layperson's guide to laetrile, the laetrile-related diet, and their role in cancer therapy. \$12.95.
The Patchwork Mouse, by Joseph Hixon. Anchor Press-Doubleday, 1978. An examination of a famous cancer establishment scandal—the prestigious doctor involved admitted falsifying the results of important skin graft tests by

coloring mice with a felt-tip pen.
The Politics of Cancer, by Dr. Samuel Epstein. Anchor Press-Doubleday, 1979. Exhaustive and definitive study of the environmental causes of cancer—and the story of why the cancer establishment does nothing about it. \$12.95.
Choices: Rivaling Alternatives in Cancer Treatment, by Marion Morris and Eve Potts. Avon Books, 1980. An exhaustive handbook for the cancer patient and his/her relatives, which generally follows the line of conventional cancer treatment, but teaches patients to be self-assertive, ask questions and to insist on complete answers in their dealings with the medical establishment. \$12.95.

(Continued from page 6)

is interpreted as a sign that the cancer cells are dying.)

According to the *Penthouse* article, 44.5 percent of the 273 patients Burton has had in the Bahamas, many of them considered terminal cases, have showed containment or regression of their cancers.

Arla Amara, a Clinton antique dealer, heard about Dr. Burton's work during her father's illness from brain cancer. "He was given up for dead," she says. "I told he had maybe four months to live." Amara took her father to the Bahamas while he was recuperating from a coma that left him unable to walk or speak. His tumor had grown to the size of a tangerine.

Amara's father lived for seven more months in the Bahamas, and then succumbed to the combination of a lung infection and a diabetic seizure. Amara is convinced that her father did not die of his cancer—she said an autopsy shows the tumor to have been in remission at the time of his death.

Since her father's death, Amara and her husband have become Dr. Burton's assistants, helping run the Bahamian clinic and "pulling" blood for the testing program. "I really believe he's achieved a breakthrough in the treatment of cancer," she said. Amara noted that a patient undergoing Burton's therapy "is not made even more sick by the treatment itself. They actually feel better."

Ironically, Burton is on the verge of achieving one form of cancer establishment recognition, but it's not for his direct patient treatment. Burton's serum has been proven to be adaptable for a highly-accurate cancer detection test. Reached by telephone at his clinic in the Bahamas, Burton confirmed that he had signed a deal with Meripath, a highly-respected medical testing lab based in New Jersey, to market the blood test before the first of the year. The new system could revolutionize cancer testing—it is evidently able to pinpoint not only existing malignancies but also developing malignancies.

Despite articles in *Penthouse*, a whole chapter devoted to his work in the *Mass* book, and a 60 Minutes segment, Burton is convinced that the publicity won't help his cause. "It won't mean a thing. This is a ripple on a lake, and there's a big wind going to blow the other way."

The "big wind" Burton was referring to is

A Guide to Cancer Therapies

Marion Morra is the Communications Director of the Comprehensive Cancer Center in New Haven; her sister, Eve Potts, has been trained as a medical writer. Combining their knowledge and skills the two middle-aged women have recently completed *Choices*, a mammoth handbook on realistic alternatives in cancer treatment. The book's style—a straightforward question and answer format—reflects its intention: you, as a cancer patient, are a consumer and therefore entitled to probe the medical establishment with the same energy, curiosity and concern which you might use buying a new car. "Ask, ask, ask and ask again," write Morra and Potts, "and don't be put off by medical jargon or a doctor who doesn't want to talk."

If you don't know how to ask, *Choices*, posing thousands of questions related to all aspects of cancer, will help you articulate your anxieties. "If (cancer) is a morbid subject, yes," admits Morra, "but the book is intended to inspire, not depress; to encourage people not to feel

helpless, impotent, not to get on a treadmill leaving everything up to the doctor, but to get in there and become a part of the whole thing and so, exercise some control over their illness."

"It really is unbelievable," says Potts, "but the very same people who can be so forceful in their daily lives end up in a hospital, helpless and phant. We (society) have made doctors into deities."

Morra and Potts were inspired to write their book three years ago when they realized that their good friend, a victim of lung cancer, spent anxious days uninformed about symptoms she developed.

"Now, maybe her doctor did in fact explain things to her," said Potts, "but even when a doctor does tell you things you don't always listen very well or remember everything. A cancer patient is, understandably, very scared."

The need for a comprehensive body of readable information (there are reams of cancer information directed at the medical profession) was confirmed by the

eagerness with which the Avon publishing company immediately bought *Choices* after Potts and Morra submitted a table of contents and one chapter. "A telephone information service," says Morra, "is one way in which to get answers to your questions concerning cancer, but using the telephone is different from having a concrete book in your hand. Then too, some people are very verbal, but others aren't and it's easier for them to read than to talk."

Choices is intended not only for the cancer patient but for families of the patient as well, for those who don't get to go to the doctor and ask about their concerns but who nevertheless live with cancer day after day.

Morra and Potts maintain they tried to be objective throughout their book, believing that people have the right to gain access to all information on cancer including information about treatments and methods not approved by the established medical profession. Thus their book includes a chapter with the names and addresses of all places that offer help to cancer patients. What the authors don't include are statistics. "If you're going to be in the 20 percent category of those who live, or in the category of those who die—that's the way it is," says Potts. "But we weren't focusing on that. Given the life you have, what you can do with it was our orientation."

"I think finding out the causes of cancer is very important, preventing it even more important," says Morra. "But you also have to deal with the thousands of people who already have it. We sense people wanting to live, to take advantage of the time they have left to live—and we wrote the book to help these people."

It's a book which contains, as Potts phrases it, "everything you hoped you'd never have to know." But given the fact that cancer is a reality about which people do need to know, *Choices* is invaluable.

Susan Buchsbaum

Eve Potts and Marion Morra, authors of *Choices*. (Virginia Blaisdell photo)



Living With Cancer

Jewish Family Service of New Haven is offering a support group for family members of cancer patients this fall. If someone in your family is being treated for cancer and you would like to meet with other people to give and receive support, and to talk about the stresses associated with living with this illness, please call the Jewish Family Service at 777-6641. The group will hold its first meeting Thursday, October 16th at 7:30 p.m.

interferon, a naturally-occurring substance in cells that some believe acts to destroy virus and cancer growth. Producing interferon in any quantity has proven difficult. According to an article in *Omni* magazine, a millionth of an ounce would sell for \$1,500—or \$22 billion per pound.

Drug companies are investing millions in interferon development—it represents a marketable product. Results from interferon testing on humans is so far inconclusive, but one Swedish oncologist reports impressive findings on osteosarcoma (bone cancer) patients. ACS is solidly behind interferon testing—the largest grant in its history, \$2 million, was awarded in 1978 to buy interferon for clinical testing.

Not all cancer therapies involve physical treatment. Dr. Bernard Siegel, a New Haven surgeon, conducts a once-weekly therapy group for what he calls "exceptional patients," cancer victims trying to effect a cure through an improvement in mental attitude.

Siegel was trained in psychotherapy by Carl Simonton, a Fort Worth-based physician who believes that there exist "cancer-prone personalities," people with poor self-images who in effect "will themselves to get cancer." According to *Psychology Today*, Simonton has evolved a therapy based on "imaging," picturing one's radiation or chemotherapy as an invading army killing weakened cancer cells. He claims a high rate of success with even terminal cases, has written a book (with his wife), and opened a high-grossing counseling center.

Siegel says the therapy adds a new dimension to medicine. "Doctors are trained as mechanics," he says, "It's the patients themselves who heal." He pointed to cases of apparently spontaneous remission as signs of a change in mental outlook. "They want to get well." Siegel says the therapy gets the patients involved in his or her own treatment, helping overcome a feeling of powerlessness.

The mental approach is not without its

(Continued on next page)

Cancer

(Continued from previous page)

critics. Jimmie Holland, a Sloan-Kettering psychiatrist, calls it a "cruel hoax" that blames the victims for their own disease.

No discussion of alternative forms of cancer treatment would be complete without a look at laetrile, a highly-controversial substance—also known as amygdalin or vitamin B-17—that's extracted from apricot pits.

Laetrile has long been on the ACS "unproven methods" list, but the number of its defenders continues to grow. Laetrile therapy is based on enzyme balance. Devotees believe that cancer cells are normally kept in check by pancreatic enzymes, and that when these enzymes are in short supply the cancer cells multiply.

Dr. Harold Manner, chairman of the Biology Department at Loyola University, is

one of laetrile's staunchest "above-ground" defenders. In a recent *Mother Earth News* interview, Manner described clinical tests with "C-3H" mice (bred to develop breast cancer) in which laetrile was able to eliminate tumors completely in 90 percent of the animals tested. Manner believes that laetrile treatment—when combined with a high-protein "laetrile diet"—can yield dramatic results for cancer patients.

Manner is highly critical of the cancer establishment for ignoring such impressive findings. He says the "legitimate" cancer organizations "continually develop new chemotherapeutic drugs that don't seem to do anything but kill the body they're used on. I'd think they might be willing—especially considering the results we've gotten—to take one percent of their donations and give it to nutrition research to see if that approach can do any good. But they won't, they won't open themselves up at all."

The cancer establishment continues to dismiss laetrile, despite tests on humans (including one by NCI) that show a

Immunotherapy Network

Advocates of Dr. Burton's immunotherapy in Connecticut last week announced the formation of a "Burton Information Network" to make the results of the scientist's work available to the general public. Bert Garshof, director of Quinnipiac College's Adult Degree Program and a visitor to the Bahamas clinic, said the plan is to mail out brochures on the therapy and elicit support for H.R. 7936, a bill designed

specifically to exempt Burton from FDA regulation and allow him to perform his research in the United States. The network's address is P.O. 3170, New Haven, CT 06515.

Burton himself, able to treat only 143 patients out of the thousands who apply, wistfully describes his efforts as "a spit in the ocean."

significant improvement in a majority of cases.

...

Nearly all of the billions spent annually by the cancer establishment is directed at finding a cure for cancer, not towards preventing it from occurring in the first place. It's hardly surprising. The American

Cancer Society, the National Cancer Institute, and Sloan-Kettering (the Pentagon of the war on cancer) are, in many cases, overseen by the same people who continue daily to pollute our environment with carcinogens. Yet industry groups (with cancer establishment doctors as consultants) blithely deny all charges that they are part of the

Living With Cancer

Jewish Family Service of New Haven is offering a support group for family members of cancer patients this fall. If someone in your family is being treated for cancer and you would like to meet with other people to give and receive support, and to talk about the stresses associated with living with this illness, please call the Jewish Family Service at 777-6641. The group will hold its first meeting Thursday, October 16th at 7:30 p.m.

interferon, a naturally-occurring substance in cells that some believe acts to destroy virus and cancer growth. Producing interferon in any quantity has proven difficult. According to an article in *Omni* magazine, a millionth of an ounce would sell for \$1,500—or \$22 billion per pound.

Drug companies are investing millions in interferon development—it represents a marketable product. Results from interferon testing on humans is so far inconclusive, but one Swedish oncologist reports impressive findings on osteosarcoma (bone cancer) patients. ACS is solidly behind interferon testing—the largest grant in its history, \$2 million, was awarded in 1978 to buy interferon for clinical testing.

Not all cancer therapies involve physical treatment. Dr. Bernard Siegel, a New Haven surgeon, conducts a once-weekly therapy group for what he calls "exceptional patients," cancer victims trying to effect a cure through an improvement in mental attitude.

Siegel was trained in psychotherapy by Carl Simonton, a Fort Worth-based physician who believes that there exist "cancer-prone personalities," people with poor self-images who in effect "will themselves to get cancer." According to *Psychology Today*, Simonton has evolved a therapy based on "imaging," picturing one's radiation or chemotherapy as an invading army killing weakened cancer cells. He claims a high rate of success with even terminal cases, has written a book (with his wife), and opened a high-grossing counseling center.

Siegel says the therapy adds a new dimension to medicine. "Doctors are trained as mechanics," he says, "It's the patients themselves who heal." He pointed to cases of apparently spontaneous remission as signs of a change in mental outlook. "They want to get well." Siegel says the therapy gets the patients involved in his or her own treatment, helping overcome a feeling of powerlessness.

The mental approach is not without its

(Continued on next page)

(Continued from page 6)

is interpreted as a sign that the cancer cells are dying.)

According to the *Penthouse* article, 44.5 percent of the 273 patients Burton has had in the Bahamas, many of them considered terminal cases, have showed containment or regression of their cancers.

Arla Amara, a Clinton antique dealer, heard about Dr. Burton's work during her father's illness from brain cancer. "He was given up for dead," she says. "I told he had maybe four months to live." Amara took her father to the Bahamas while he was recuperating from a coma that left him unable to walk or speak. His tumor had grown to the size of a tangerine.

Amara's father lived for seven more months in the Bahamas, and then succumbed to the combination of a lung infection and a diabetic seizure. Amara is convinced that her father did not die of his cancer—she said an autopsy shows the tumor to have been in remission at the time of his death.

Since her father's death, Amara and her husband have become Dr. Burton's assistants, helping run the Bahamian clinic and "pulling" blood for the testing program. "I really believe he's achieved a breakthrough in the treatment of cancer," she said. Amara noted that a patient undergoing Burton's therapy "is not made even more sick by the treatment itself. They actually feel better."

Ironically, Burton is on the verge of achieving one form of cancer establishment recognition, but it's not for his direct patient treatment. Burton's serum has been proven to be adaptable for a highly-accurate cancer detection test. Reached by telephone at his clinic in the Bahamas, Burton confirmed that he had signed a deal with Meripath, a highly-respected medical testing lab based in New Jersey, to market the blood test before the first of the year. The new system could revolutionize cancer testing—it is evidently able to pinpoint not only existing malignancies but also developing malignancies.

Despite articles in *Penthouse*, a whole chapter devoted to his work in the *Moss* book, and a 60 Minutes segment, Burton is convinced that the publicity won't help his cause. "It won't mean a thing. This is a ripple on a lake, and there's a big wind going to blow the other way."

The "big wind" Burton was referring to is

A Guide to Cancer Therapies

Marion Morra is the Communications Director of the Comprehensive Cancer Center in New Haven; her sister, Eve Potts, has been trained as a medical writer. Combining their knowledge and skills the two middle-aged women have recently completed *Choices*, a mammoth handbook on realistic alternatives in cancer treatment. The book's style—a straightforward question and answer format—reflects its intention: you, as a cancer patient, are a consumer and therefore entitled to probe the medical establishment with the same energy, curiosity and concern which you might use buying a new car. "Ask, ask, ask and ask again," write Morra and Potts, "and don't be put off by medical jargon or a doctor who doesn't want to talk."

If you don't know how to ask, *Choices*, posing thousands of questions related to all aspects of cancer, will help you articulate your anxieties. "It (cancer) is a morbid subject, yes," admits Morra, "but the book is intended to inspire, not depress; to encourage people not to feel

helpless, impotent, not to get on a treadmill leaving everything up to the doctor, but to get in there and become a part of the whole thing and so, exercise some control over their illness."

"It really is unbelievable," says Potts, "but the very same people who can be so forceful in their daily lives end up in a hospital, helpless and phant. We (society) have made doctors into deities."

Morra and Potts were inspired to write their book three years ago when they realized that their good friend, a victim of lung cancer, spent anxious days uninformed about symptoms she developed.

"Now, maybe her doctor did in fact explain things to her," said Potts, "but even when a doctor does tell you things you don't always listen very well or remember everything. A cancer patient is, understandably, very scared."

The need for a comprehensive body of readable information (there are reams of cancer information directed at the medical profession) was confirmed by the

eagerness with which the Avon publishing company immediately bought *Choices* after Potts and Morra submitted a table of contents and one chapter. "A telephone information service," says Morra, "is one way in which to get answers to your questions concerning cancer, but using the telephone is different from having a concrete book in your hand. Then too, some people are very verbal, but others aren't and it's easier for them to read than to talk."

Choices is intended not only for the cancer patient but for families of the patient as well, for those who don't get to go to the doctor and ask about their concerns but who nevertheless live with cancer day after day.

Morra and Potts maintain they tried to be objective throughout their book, believing that people have the right to gain access to all information on cancer including information about treatments and methods not approved by the established medical profession. Thus their book includes a chapter with the names and addresses of all places that offer help to cancer patients. What the authors don't include are statistics. "If you're going to be in the 20 percent category of those who live, or in the category of those who die—that's the way it is," says Potts. "But we weren't focusing on that. Given the life you have, what you can do with it was our orientation."

"I think finding out the causes of cancer is very important, preventing it even more important," says Morra. "But you also have to deal with the thousands of people who already have it. We sense people wanting to live, to take advantage of the time they have left to live—and we wrote the book to help these people."

It's a book which contains, as Potts phrases it, "everything you hoped you'd never have to know." But given the fact that cancer is a reality about which people do need to know, *Choices* is invaluable.

Susan Buchsbaum

Eve Potts and Marion Morra, authors of *Choices*. (Virginia Blaisdell photo)



Death to the "Kill" Concept

If there is a war on cancer, then the Yale Cancer Center should be something of a fortress, an outpost deep in green territory, besieged by malignant cells, where the brave doctors fight back, here cutting away a tumor, there sapping it with electrons from the high-voltage 33-million-volt linear accelerator.

And if the American Cancer Society engaged tanks, Dr. Alan Sartorelli would be a brigadier general. As chairman of Yale's department of pharmacology and toxicology, he is the chief of development therapeutics for the Cancer Center. Sartorelli has won his share of victories in the long struggle.

But the military metaphor seems to have worn its spurs in describing cancer research. The well-lit corridors of the cancer center don't feel like a combat zone, and Dr. Sartorelli, striding about in a white coat, doesn't look a bit like a brigadier general. With a pleasant, somewhat bashful smile, Sartorelli is anything but bellicose.

There is another, more subtle way in which the military metaphor no longer seems appropriate. The traditional approach to cancer therapy calls for a crude arsenal—radiation, cytotoxic drugs and surgery—that can kill regular cells as well

as cancer cells. Dr. Sartorelli is now exploring new approaches, where the aim is not so much to kill cancer cells, as to outwit them.

"I think we must search for non-cell toxic forms of therapy," says Dr. Sartorelli. "The idea we must get away from is the kill concept."

Dr. Sartorelli describes three basic approaches in his current research:

- Solid tumor therapy is based on the principle that if you have to kill, at least do it discreetly. In solid tumors of the breast or lung, the blood supply is arterial to the tumor, the inside the tumor are hypoxic cells, cut off from blood supply and deficient in oxygen. These hypoxic cells are generally resistant to radiation. Dr. Sartorelli is attempting to design drugs that will specifically kill hypoxic cells.

- Biochemical differentiation. The idea here is quite simple. Dr. Sartorelli is trying to understand the biochemical difference between a cancer and a non-cancer cell, and then design drugs that will convert a cancer cell into a non- or less cancerous cell. This is a matter of coaxing or cajoling the cancer, rather than killing it outright.



Doing Surgery at the Yale cancer lab. (Virginia Blasecki photo)

- Anti-metastatic therapy attempts to contain cancer in its earliest stages. Dr. Sartorelli is trying to develop an "aspirin type drug" that would effect the surface membrane of cancer cells, prevent the cancer from spreading, and thereby make surgery effective in a greater number of cases.

This research is a departure from the traditional approaches to cancer therapy and speaks for some of the changes in the cancer establishment. Of course, Dr. Sartorelli still picks an eyebrow in disdain at the mere mention of healing, and he says he has never so much as heard of Dr. Lawrence Burton. But Sartorelli's own efforts make the establishment seem long

than monolithic, open to new approaches. "Although a single cure is beyond our present knowledge," Dr. Jack Cole, director of the Cancer Center, has said, "Yale will continue to make substantial contributions to the multi-front effort against cancer."

So ten years after Nixon's famous declaration, there is no longer a war against cancer but a multi-front offensive. Gone are the arrogant hopes that mark the early effort. The doctors at the Yale Cancer Center don't expect a total victory; they would happily settle for substantial progress.

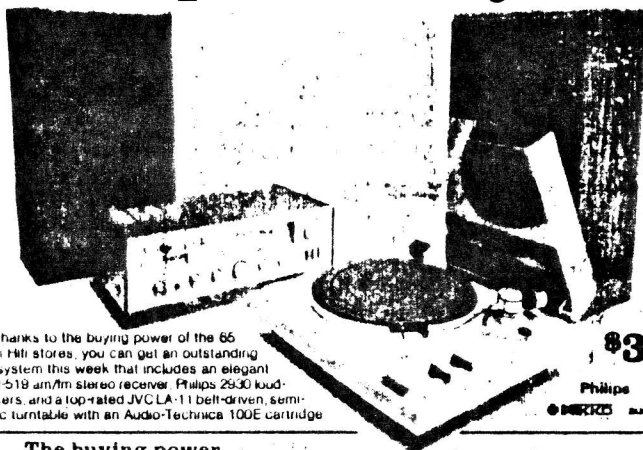
Joe Langport

cause, rather than the cure, of the disease. Mobil Oil spends \$3 million annually on "grass-roots lobbying," and Monsanto pours more than \$5 million into TV and radio spots declaring the benefits of chemicals. But if present trends continue, one in four Americans will soon be contracting cancer. And many more children like Amber Cabatlo will be dying.

"Cancer Dialogue 80: A Multi-Dimensional Approach," is the title of an international symposium of physicians, scientists and researchers that will take place at the Grand Hyatt Hotel in New York City Oct. 16-19. Dr. Burton will be among the speakers, as will Vitamin C advocate Linus Pauling, mental therapy expert Lawrence LeShun, and many others. The symposium is co-sponsored by the Omega Institute, American College of Preventive Medicine and the American Holistic Medical Association. For information call 212-949-1434.

The American Cancer Society, the National Cancer Institute, and Sloan-Kettering are, in many cases, overseen by the same people who continue daily to pollute our environment with carcinogens.

What makes Tech Hifi the best place to buy stereo.



Thanks to the buying power of the 65 Tech Hifi stores, you can get an outstanding \$399 system this week that includes an elegant Nakhi NH-519 AM/FM stereo receiver, Philips 2930 loudspeakers, and a top-rated JVC LA-11 belt-driven, semi-automatic turntable with an Audio-Technica 100E cartridge.

\$399

Philips JVC

• SHERO • audio technica

The buying power of the 65 Tech Hifi stores.

The reason why no store has better prices than Tech Hifi is that no dealer buys quality components in such huge volume as the 65 Tech Hifi stores.

You'll find our prices are as good as anybody's, and often better on some brands.

You might expect to pay extra at Tech Hifi for all the extra things we offer. But you won't.

At Tech Hifi we back what you buy.

When you make any big investment like quality hifi, make sure you're getting sound guarantees.

Tech Hifi gives you guarantees most stores don't. And we'll give them to you in writing, right on your sales slip.

Our guarantees include a 7-day moneyback guarantee (no questions asked), 30-day price guarantee, 60-day defective exchange, 3-month full-credit swap (for any reason), and a 1-year loudspeaker trial.

Our guarantees are backed by our own regional Service Centers. If the equipment you buy from us

Shop & Compare

RECEIVERS:

| | |
|--------------------------------------|-------|
| Sound Tech 12 watts/channel | \$89 |
| TDC 1500 with T-Lock Tuning | \$119 |
| Technics SA-80 15 watts/channel | \$99 |
| SAE R3C 30 watts/channel | \$109 |
| Hitachi 2010 18 watts/channel | \$145 |
| Kenwood (new model) 28 watts/channel | \$199 |
| Marantz (new model) 38 watts/channel | \$229 |

TURNTABLES:

| | |
|---|-------|
| Garrard multi-play w/base, dustcover, cartridge | \$59 |
| Collaro single multi-play w/cartridge | \$39 |
| Marantz semi-auto, belt-drive | \$99 |
| Dual 1257 belt-drive, multi-play | \$119 |
| Hitachi HT324 belt-drive, semi-auto | \$99 |

SPEAKERS:

| | |
|--------------------------------|-------|
| Advent Utility 2-way (each) | \$99 |
| EPI 110 (each) | \$99 |
| KLH Classic 1 (each) | \$109 |
| Kenwood LS200 2-way (each) | \$60 |
| TDC 2-way (each) | \$48 |
| Infinity RSE new design (each) | \$149 |

TAPE DECKS:

| | |
|--|-------|
| Hitachi slimline Dolby® metal cassette | \$109 |
| Marantz Dolby® cassette | \$129 |
| JVC Dolby® metal compatible | \$169 |