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Mr. Perry Chapdelaine
The Rheumatoid Disease Foundation
Franklin TN

Dear Perry:

I have seen letters asking if we should confine ourselves to RA. I should like for you to expose our doctors to what I think to be near panacean treatment of both breast and prostate cancer.

Here is my story. First on prostate cancer, in 1941 C. Huggins then as I recall at the University of Chicago reported that prostate cancer was androgen dependent, that androgens made by the man fostered prostate cancer and that any means of repressing a man from producing androgens would be helpful in treating prostate cancer. As the tests produce androgens the first thought was to castrate the man. Then there was the idea to give the man estrogen in hopes that this female sex hormone would inhibit the man from producing androgens.

Enclosed is the first page of a paper by J.H. Waxman et al of the oncology department of St. Bartholomew's Hospital in London. Here they say that up until now none of the treatments that have been tried for prostate cancer have been any better than no treatment. We have 22,000 prostate cancer deaths a year and the number goes up all the time.

Professor F. Labrie of Laval University Hospital in Quebec City seems to have come up with a panacean treatment of prostate cancer, so here is his teaching. He goes back to Huggins and said that Huggins was right in 1941 when he said that if androgen production were blocked then prostate cancer could be cured. Labrie says that up until two years ago no-one ever took the trouble to obtain complete androgen blockage. He says that the adrenals produce far more androgen than the tests so what good comes of castrating a man. He also teaches that when partial androgen blockage is obtained as in castration, then the cancer changes from being androgen dependent to being androgen independent and then the man is doomed.

Labrie says that complete androgen blockage can be obtained by the use of two rather new drugs together. They are buserelin and flutamine. Both these drugs he says are without harmful side effects and both I do believe are illegal in the USA. Treatment of prostate cancer with castration, estrogen, or no treatment at all of patients with bone metastases results in a 50% death rate at the end of two years. Labrie's complete androgen blockage with these two drugs has resulted in a two year death rate of zero or a two year survival of 100%.

Dr. Gus Prosch has just sent to Laval Medical Center a far advanced prostate cancer patient and seen the miracle happen. In the case of prostate cancer, as both drugs which Labrie uses are illegal in the USA, the answer is to do what

Letter to Mr. Perry Chapdelaine

Dr. Prosch has just done which is to send prostate cancer patients to Laval Medical Center.

Labrie suggests that breast cancer can respond to total hormone blockage just as well as in prostate cancer. He is in the urology department so he is not involved in breast cancer.

There are legal drugs in the USA that block the female sex hormones that cause breast cancer. In the case of breast cancer the history has been the same as with prostate cancer. Following the lead of Huggins in about 1960 oncologist began treating breast cancer by the surgical removal of the overies. The rational in doing this was that the overies produce estrogen and estrogen causes breast cancer. Again as in prostate cancer, the adrenals produce more estrogen than the overies so the question should be asked as to what good it will do to remove the overies and not the adrenals. So remove the adrenals it was also and the combined removal of both the overies and the adrenals helped some patients but not many. Also the surgical removal of the adrenals carried a death risk of about 10%. So by 1968 the feeling was that almost no benefit had derived from removal of the overies and the overies and the adrenals. In 1968 saw the introduction of chemotherapy as being the utopian cure for breast cancer. Now after 18 years of chemotherapy in treating breast cancer the word is that it has been useless in post-menopausal women and only slightly beneficial if any with pre-menopausal woman.

In the mid 1970s many oncologists gave up on chemotherapy and went back to Huggins and the blocking of estrogen with the drug tamoxifen. Tamoxifen acts like the surgical removal of the overies. For the past ten years we have seen wide spread usage of tamoxifen. The May 1896 issue of Clinical Oncology Alert came out and said that the surgical removal of the overies, chemotherapy, and tamoxifen have been failures in treating breast cancer and it is time for a new approach. About three weeks ago Mrs. Helen Nauts of Cancer Research Institute went to a meeting at Memorial Sloan-Kettering Hospital for a review of the treatment of breast cancer. There she got the same negative report that was in Clinical Oncology Alert.

Prolactin is a second female sex hormone that fosters breast cancer. This is a fact that has escaped American oncologists. A legal drug in the USA, bromocriptine, at a very low dose gives complete blockage of prolactin. In 1980 the role of prolactin in breast cancer and the fact that bromocriptine will block it was understood at the oncology unit at La Timone University in France. In 1980 they had a most hopeless breast cancer patient with breast cancer spread to the brain. They gave her bromocriptine, 7.5 mg. a day and in three months time she was well and free from all signs of cancer. When she had been in remission for 18

months her doctor, F. Grisoli published a report on this case in The Lancet in Oct. 1981. In this report this French doctor stated that he had found bromocriptine to be effective in treating bone metastases in breast cancer. While he reported great success in prolactin blockage in one dramatic case, I suggest that he was failing to consider the need for total hormone blockage in that he did not attempt to block estrogen at the same time.

Digitalis has been used for 200 years in treating congestive heart disease. It has a structure much like estrogen and might be called an analogue of estrogen. In Sweden in 1982 a big study was reported in The New England Journal of Medicine on digitalis and breast cancer. In a large cohort of women maintained on digitalis for congestive heart disease there were just as many new cases of breast cancer as among women not taking digitalis, however there were almost no cases among the patients taking digitalis where the cancer spread and killed the patient. The result was that there were 9.6 times as many cases of spreading breast cancer among women NOT taking digitalis. Also it was reported that the micrographic structure of breast cancer was greatly different in women taking digitalis and that digitalis rendered breast cancer much less aggressive. My conclusion was that every breast cancer patient should be maintained on digitalis as if she had congestive heart disease.

With this background a breast cancer patient came to my attention in 1982. She had a recurrence in the surgical scare as so often happens. She was on tamoxifen which was doing no good. I directed her to Nevin Aiken M.D. She was maintained on tamoxifen, bromocriptine, and digitalis and in six months time she was free from cancer as she is today.

Early this year I heard from a Sam Monumenie in La Canada CA. His 42 year old wife had had both breasts removed about five years ago for breast cancer. She had been on chemotherapy which had done NO good and then her doctor had changed from chemotherapy to tamoxifen which was likewise doing no good. She had several bone metastases and plural effusions in both lungs. I suggested that she be treated with tamoxifen, bromocriptine, and digitalis. Her doctor responded to that by saying that this was all pure quackery. The husband kept at her doctor and got him to call Dr. Aiken about his patient. Then her doctor called Dr. Grisoli at La Timone University in France. That woman with hopeless breast cancer treated with bromocriptine in 1980 is alive and well today. Sam's wife was kept on tamoxifen and bromocriptine was added to her treatment and in less than a month she was home doing house work. Digitalis has been added to her treatment. A bone scan has shown that her bone metastases are healing.

Letter to Mr. Perry Chapdelaine

Mrs. Munumenie's doctor seems to have learned nothing from this case. He says that he has no knowledge as to why she is now well and would most likely not so treat another patient.

My friend David Steenblock D.O. of El Toro CA. will treat all breast cancer patients referred to him in this manner. I want very much to see more breast cancer patients treated in this way in what may be called total female sex hormone blockage.

Aminoglutethamide is a legal drug in the USA that is far more effective in blocking estrogen than tamoxifen, however tamoxifen is now so widely used that it is easy to get doctors to use it. For total female hormone blockage the best combination may be aminoglutethamide, bromocriptine, and digitalis. We have seen a good start with the combination of tamoxifen, bromocriptine, and digitalis.

As you may know Dr. Prosch will not treat cancer. It could be that many of our doctors will think as Dr. Prosch does, however they can refer prostate cancer patients to Laval Medical Center and breast cancer patients to Dr. Steenblock.

We have the case at Laval University where Professor Labrie in the urology department has made a fine case for total androgen blockage in treating prostate cancer and he now has several hundred cases to support his concept and he is suggesting that breast cancer should be treated in like manner, yet the breast cancer unit at his hospital will have no part of it.

I do so hope that you will get this out to our doctor group.

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