

Il “rapporto MORGAN”

Le vere possibilità della Chemioterapia, chirurgia, radioterapia, farmaci biologici, tratte da una revisione della letteratura e dai dati del NCI, smentiscono gli interessati ottimismo di certi imbonitori dell'informazione asservita.

Le statistiche scientifiche pubblicate da M.A. Richards, D Stockson e AA (BMJ 2000;320:895 –898) in uno studio condotto in Inghilterra e nel Galles su 782.902 pazienti neoplastici, con una varietà di 47 diverse forme tumorali, riportano 541.976 decessi a cinque anni dalla diagnosi. Gli autori, documentano pertanto una sopravvivenza del 29% a cinque anni.

Percentuale quasi totalmente ottenuta dalla chirurgia e solo per il 2,5% ottenuto dalla chemio (Morgan et al, 2004 Dec;16(8):549-60).

Metà di questo 2,5% di sopravvissuti a 5 anni con chemio, nel lungo termine, muore per tumore, come documentato da Lopez e AA. nello studio clinico “Long-term results...Experience at the 20 th...” GacMed Mex [1998 mar. Apr,134(2):145-5]:(Lopez et al, Gac Med Mex. 1998 Mar-Apr;134(2):145-51.

La chirurgia ottiene pertanto il 26,5% di sopravvivenza a 5 anni.

Recentemente diverse istituzioni sanitarie hanno proclamato alla stampa “*la terapia oncologica sta facendo passi di grandi rilievo, gli anticorpi monoclonali...*” E' sufficiente collegarsi al portale del National Cancer Institute o agli atti dei recenti congressi dell'American Society of Clinical Oncology, per comprendere le ragioni della delusione seguita alle grandi aspettative indotte dagli anticorpi monoclonali e dai c.d. “farmaci intelligenti” impropriamente definiti biologici, che incrementano l'aspettativa di vita da poche settimane a qualche mese, malgrado gli elevatissimi costi e una tossicità a volte rilevante.

Per documentare scientificamente i drammatici e occultati limiti della chemio basta consultare le statistiche per patologia neoplastica della nota rivista scientifica Clinical Oncology, recensita su www.pubmed.gov :

Clin Oncol (R Coll Radiol). 2004 Dec;16(8):549-60.

[The contribution of cytotoxic chemotherapy to 5-year survival in adult malignancies.](#)

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Abstract

AIMS:

The debate on the funding and availability of cytotoxic drugs raises questions about the contribution of curative or adjuvant cytotoxic chemotherapy to survival in adult cancer patients.

MATERIALS AND METHODS:

We undertook a literature search for randomised clinical trials reporting a 5- year survival benefit attributable solely to cytotoxic chemotherapy in adult malignancies.

The total number of newly diagnosed cancer patients for 22 major adult malignancies was determined from cancer registry data in Australia and from the Surveillance Epidemiology and End Results data in the USA for 1998. For each malignancy, the absolute number to benefit was the product of (a) the total number of persons with that malignancy; (b) the proportion or subgroup(s) of that malignancy showing a benefit; and (c) the percentage increase in 5-year survival due solely to cytotoxic chemotherapy. The overall contribution was the sum total of the absolute numbers showing a 5-year survival benefit expressed as a percentage of the total number for the 22 malignancies.

RESULTS:

The overall contribution of curative and adjuvant cytotoxic chemotherapy to 5-year survival in adults was estimated to be 2.3% in Australia and 2.1% in the USA.

CONCLUSION:

As the 5-year relative survival rate for cancer in Australia is now over 60%, it is clear that cytotoxic chemotherapy only makes a minor contribution to cancer survival. To justify the continued funding and availability of drugs used in cytotoxic chemotherapy, a rigorous evaluation of the cost-effectiveness and impact on quality of life is urgently required.

Table 1 – Impact of cytotoxic chemotherapy on 5-year survival in Australian adults

Malignancy	ICD-9	Number of cancers in people aged >20 years*	Absolute number of 5-year survivors due to chemotherapy†	Percentage 5-year survivors due to chemotherapy‡
Head and neck	140–149, 160, 161	2486	63	2.5
Oesophagus	150	1003	54	4.8
Stomach	151	1904	13	0.7
Colon	153	7243	128	1.8
Rectum	154	4036	218	5.4
Pancreas	157	1728	–	–
Lung	162	7792	118	1.5
Soft tissue sarcoma	171	665	–	–
Melanoma of skin	172	7811	–	–
Breast	174	10 661	164	1.5
Uterus	179 + 182	1399	–	–
Cervix	180	867	104	12
Ovary	183	1207	105	8.7
Prostate	185	9869	–	–
Testis	186	529	221	41.8
Bladder	188	2802	–	–
Kidney	189	2176	–	–
Brain	191	1116	55	4.9
Unknown primary site	195–199	3161	–	–
Non-Hodgkin's lymphoma	200 + 202	3145	331	10.5
Hodgkin's disease	201	341	122	35.8
Multiple myeloma	203	1023	–	–
Total		72903§	1690	2.3%

*Numbers from Ref. [21].

†Absolute numbers (see text).

‡% for individual malignancy.

§Total for Australia 1998 = 80 864 people.

Table 2 – Impact of cytotoxic chemotherapy on 5-year survival in American adults

Malignancy	ICD-9	Number of cancers in people aged > 20 years*	Absolute number of 5-year survivors due to chemotherapy†	Percentage 5-year survivors due to chemotherapy‡
Head and neck	140–149, 160, 161	5139	97	1.9
Oesophagus	150	1521	82	4.9
Stomach	151	3001	20	0.7
Colon	153	13936	146	1.0
Rectum	154	5533	189	3.4
Pancreas	157	3567	–	–
Lung	162	20741	410	2.0
Soft tissue sarcoma	171	858	–	–
Melanoma	172	8646	–	–
Breast	174	31133	446	1.4
Uterus	179–182	4611	–	–
Cervix	180	1825	219	12
Ovary	183	3032	269	8.9
Prostate	185	23242	–	–
Testis	186	989	373	37.7
Bladder	188	6667	–	–
Kidney	189	3722	–	–
Brain	191	1824	68	3.7
Unknown primary site	195–199	6200	–	–
Non-Hodgkin's lymphoma	200 + 202	6217	653	10.5
Hodgkin's disease	201	846	341	40.3
Multiple myeloma	203	1721	–	–
Total		154971	3306	2.1%

*Numbers from Ref. [22].

†Absolute numbers (see text).

‡% for individual malignancy.