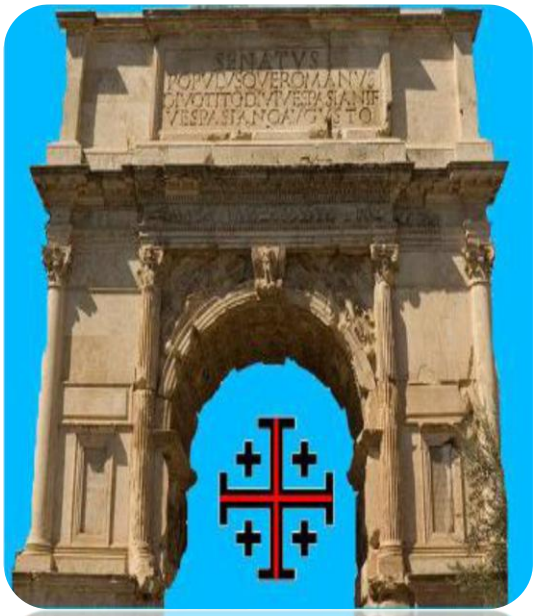
Scientific evidence on the actual results of oncological protocols



THE FAILURE OF CANCER PREVENTION AND TREATMENT MEASURES IS DOCUMENTED BY THESE OFFICIAL DATA.

Breast cancer is the leading cause of death for women worldwide.

In both sexes, cancer is the second leading cause of death.

Theoretical data from 2018 :

8.7 million dead and 17.5 million sick.

Actual data (for lack of cancer registry in 2/3 of the world population) :

About double the theoretical

Quotidiano sanità scienza e farmaci

- **in a 7-year follow-up it is documented that 33% of neoplastic patients die from heart disease caused by medical cancer treatment and 51% from tumor progression**

Report No. 02/16 (2002) of the Istituto Superiore di Sanità "Occupational exposure to antiblastic chemotherapies".

considered short and/or long-term damage caused by occupational exposure to antiblastic chemotherapy (CA) . "Precisely because of their cytotoxic and immunosuppressive properties - the Report states - antiblastics can paradoxically cause secondary tumors. In fact, not only are they able to trigger the transformation of normal cells into malignant cells, but they tend to reduce endogenous defenses against the onset of neoplasms". And again: "While for patients such toxic effects are considered 'acceptable' in view of the possible (palliative) therapeutic benefits, they should never affect doctors, pharmacists, nurses and other possible operators. On the other hand, since the 1970s, numerous studies have shown that they are dangerous for healthcare professionals". "Some of the toxic effects affecting patients have also been observed in healthcare workers and in particular in nurses on cancer wards (...) eye, skin and respiratory disorders caused by blistering chemotherapy; allergic reactions from platinum compounds (...). Possible cancers caused by carcinogenic chemotherapies; effects on the reproductive system, increase in miscarriages and congenital malformations. The damage is also transmissible to the reproductive system of the children of health workers".

The integrated survival response of cancer cells to chemical-physical stress is based on:

- **Constitutive Mutability**: inherent in the neoplastic phenotype, it selects and retains continuous advantages through mutations.
- **Adaptive Mutability**: it is induced by chemo-radiotherapeutic stress with an exponential increase in the probability of survival at each attack.
- Biomolecular mechanisms of action of Adaptive Mutability: it leads to genetic instability in tumor cells in response to therapy induced stress.

1. Under-regulation of the mismatch repair genes with INCREASED MUTATIONS
2. promotes homologous recombination (HR) by activating DNA repair mechanisms
3. increases polymerases by selecting Persisters with maintenance of genomic integrity

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

The contribution of cytotoxic chemotherapy to 5-year survival in adult 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.

- **quotidianosanita.it 21 February 2018: Tumors and chemotherapy:**

Heart attack risk for one in three patients: - 33% die from heart disease and 51% from the disease for which it was really a cure, i.e. cancer.

- **Michael Wallington ,et Al -Lancet Oncology : 2016 Sep;17(9):1203-16**

"30-day mortality after systemic anticancer treatment for breast and lung cancer in England: a population-based, observational study."

- Karagiannis GS et al . Sci Transl Med. 2017 Jul 5;9(397).. doi: 10.1126/scitranslmed.aan0026.

"Neoadjuvant chemotherapy induces breast cancer metastasis through a TMEM-mediated mechanism

- Sun Y et al. Nat Med. 2012 Sep;18(9):1359-68.

" Treatment-induced damage to the tumor microenvironment promotes prostate cancer therapy resistance through WNT16B."

- Johnson LM et al, Cancer Biol Ther. 2013 Feb;14(2):90-1.

"Treatment-induced secretion of WNT16B promotes tumor growth and acquired resistance to chemotherapy: implications for potential use of inhibitors in cancer treatment.

- Naci H, Davis C, BMJ. 2019 Sep 18;366:l522.

Design characteristics, risk of bias, and reporting of randomised controlled trials supporting approvals of cancer drugs by European Medicines Agency, 2014-16: cross sectional analysis.

- Davis C, Naci H, BMJ. 2017 Oct 4;359:j4530.

Availability of evidence of benefits on overall survival and quality of life of cancer drugs approved by European Medicines Agency: retrospective cohort study of drug approvals 2009-13.

- ANSA 27/09/19

Tumors and new drugs, unjustified cost, reduced added value for patients, even in survival

- Delgado-López PD, et.Al. Clin Transl Oncol. 2016 Nov;18(11):1062-1071.

"Survival in glioblastoma: a review on the impact of treatment modalities."