

# Open Letter to Cancer Professionals

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**M**ethotrexate ranks among the oldest and most effective anticancer agents.<sup>[1]</sup> It works by inhibiting folic acid metabolism, and, in this way, inhibiting DNA replication and cell division. However, methotrexate has serious side effects and, inevitably, becomes useless as cancer cells learn to resist it.<sup>[2]</sup> Dietary depletion of folic acid is an obvious way to accomplish the benefits of methotrexate with fewer side effects, and no risk of cancer cell resistance.<sup>[3-5]</sup> However, folic acid depletion has never been tested and is not recommended for terminal cancer patients who wish to continue to fight for a cure. Why is that? We might suspect a conflict of interest.

Cancer care is big business. According to the, 2017, National Cancer Institute statistics, 1,735,350 Americans were diagnosed with cancer, 609,640 died of it, and \$147.3 billion was spent fighting it.<sup>[6]</sup> Cancer charity is big business. According to Internal Revenue Service Forms 990, Part VII, chief executive officer income for 2016 was \$820,777 at the American Cancer Society and \$1,087,144 at St. Jude’s Children’s Hospital. Chief clinical officer income was \$1,026,193 at the Dana Farber Institute in 2015. Cancer research is big business. The budget for the National Cancer Institute was \$5 billion in 2016, larger than any of the other 25 National Health Institutes. However, for all this cancer business, there is little progress. More money is spent now, and more people are employed in fighting cancer now than 10 years ago, but more people are diagnosed with cancer and die from it now than 10 years ago. Perhaps cancer professionals are not giving their all to the fight.

Dietary depletion of folic acid is not the only simple maneuver with curative potential. Dietary depletion of thiamin will stop

DNA synthesis. Dietary depletion of even one essential amino acid will stop protein synthesis. Dietary depletion of carbohydrates will impose a metabolic disadvantage on hypoxic cancer cells relative to well-oxygenated normal cells. Each of these maneuvers can be tried alone and in various combinations and sequences with and without standard chemotherapy. Moreover, each of them can be reversed with nutritional supplements. You can’t help but wonder why such simple, obvious treatments have been ignored. You can’t help but suspect a conflict of interest: The simple maneuvers might actually work, and that would put the cancer professionals out of business.

It’s time for a renaissance. Cancer professionals need to care more about curing cancer than advancing their careers. They can find inspiration for this in their patients, and in the work of researchers from the bygone era, for example, Jenner, Semmelweis, Koch, Pasteur, Ehrlich, Roux, Behring, Yersin, Carroll, Lazear, Salk, Sabin, Frei, and Holland, *et al.* Let’s be eager to risk failure fighting long odds for even a chance at success. Let’s infuse patients with realistic hope. Moreover, let’s stop calling patients “terminal” until after they’ve fought their last battle.

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