

How to Prevent Cancer Deaths

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Here's some motivation to take better care of yourself in 2023. Cancer is the second leading cause of death in the U.S., and on track to become the leading cause of death very soon. Advertisements from medical centers and advocacy organizations promote population screening as an important strategy for reducing the risk of death from cancer. The theory is that finding cancer early when it is most treatable can reduce the risk of death. This is not true for most types of cancer and for most screening tests.

Population screening is currently recommended by the US Preventive Services Task Force (USPSTF) for only four types of cancer – breast, cervical, colorectal, and lung cancers. Of these, only one screening test has been shown to lower the risk of dying of cancer – PAP tests for early detection of cervical cancer.¹

Mammograms increase diagnoses, but the risk of harm outweighs the chance of benefit, and for most woman, mammograms do not reduce the risk of dying of breast cancer.^{2 3 4}

We finally have definitive data from a randomized controlled trial for colonoscopy. The conclusion: colonoscopy does not reduce the risk of colorectal cancer (finding and snipping out polyps does not make a difference) and it does not reduce the risk of dying of colon cancer either.⁵ Sigmoidoscopy is less harmful, but the data are not clear as to whether this screening tool reduces the risk of death from colon cancer. One study did show that flexible sigmoidoscopy slightly reduced *all-cause mortality* by three deaths per 1000 persons screened.⁶

Lung cancer screening has limited usefulness. The USPSTF updated its recommendations in 2021, stating that annual screening for lung cancer has a “moderate net benefit” in persons at high risk of lung cancer based on age, smoking history and years since quitting smoking.⁷ Once detected, survival rates for lung cancer patients are dismal. For non-small lung cancer, relative survival rate at five years is 26%, and for small cell lung cancer the survival rate is 7%.⁸

Population screening for prostate cancer is not recommended since the risk of harm due to overtreatment far outweighs the chance of benefit,⁹ although many if not most doctors order PSA tests anyway.

But there is even more sobering data about the limitations of screening programs. Screening only leads to the diagnosis of about 14% of all cancers in the U.S.¹⁰ Most of the time, cancer is diagnosed after a person has developed symptoms, and by that time the cancer is often advanced and hard to treat. These diagnoses account for 70% of all cancer-related deaths.

The bottom line: If you want to avoid premature death from cancer, the only viable option is to focus on the causes of cancer and eliminate as many of them as possible.

Here's the list:

- If you smoke, stop.
- Alcohol is a treat. There are no health benefits resulting from alcohol consumption, and the alcohol industry has done a masterful job of hiding the risks associated with regular alcohol consumption, which include cancer.
- A plant-based diet is most protective.
- Ditch the dairy. Dairy foods contain estrogen and estrogen metabolites, and many female cancers are due, in part to higher-than-normal estrogen levels. Consuming dairy also increases IGF-1, levels a known risk factor for all types of cancer.
- Lose weight. Fat cells are metabolically active and produce inflammatory cells and hormones that are converted to estrogen in the bloodstream.
- Stop taking oral contraceptives and hormone replacement therapy. Both increase cancer risk.
- Exercise – good for all aspects of health, including lowering cancer risk.
- Pay attention to your life! Stress, isolation, depression, and unhappiness contribute to increased risk of all diseases, including cancer.

¹ Su SY, Huang JH, Ho CC, Liaw YP. "Evidence for cervical cancer mortality with screening program in Taiwan, 1981-2010: age-eriod-cohort model." *BMC Public Health* 2013 Jan:13

² Olsen O; Gotzsche PC "Cochrane review on screening for breast cancer with mammography." *Lancet* 2001 Oct 20;358(9290):1340-2

³ Welch G, Passow H. "Quantifying the Benefits and Harms of Screening Mammography." *JAMA Intern Med* 2014 Mar;174(3):448-54

⁴ Miller A, Wall C, Baines C. "Twenty five year follow-up for breast cancer incidence and mortality of the Canadian National Breast Screening Study: randomised screening trial." *BMJ* 2014;348:g366

⁵ Bretthauer M, Loberg M, Wieszcry P et al. "Effect of Colonoscopy Screening on Risks of Colorectal Cancer and Related Death." *NEJM* <https://www.nejm.org/doi/full/10.1056/NEJMoa2208375>

⁶ Swartz AW, Eberth JM, Josey MJ, Strayer SM. "Reanalysis of All-cause Mortality in the U.S. Preventive Services Task Force 2016 Evidence Report on Colorectal Cancer Screening." *Ann Intern Med* 2017 Oct;167(8):602-603

⁷ USPSTF. "Screening for Lung Cancer. US Preventive Services Task Force Recommendation Statement." *JAMA* 2021 Mar;325(10):962-970

⁸ <https://www.cancer.org/cancer/lung-cancer/detection-diagnosis-staging/survival-rates.html>

⁹ Turini G, Gjelsvik A, Renzulli J. "The State of Prescreening Discussions About Prostate-specific Antigen Testing Following Implementation of the 2012 United States Preventive Services Task Force Statement." *Urology* 2017 Jun;104:122-130

¹⁰ <https://cancerdetection.norc.org/>