

A New Era for Cancer Diagnosis and Treatment Based Upon Earlier, Asymptomatic, Detection

Detection of cancer before the presence of any symptoms or signs by means of a simple blood test was reported today. This milestone signals the beginning of a new molecular approach to cancer - one that need not wait for billions of cancer cells to form a lump which can be felt or X-rayed before cancer is diagnosed and treated. The test is called AMAS - it measures the amount of antimalignin antibody in the blood serum. The elevation in the concentration of this antibody is associated at high accuracy with the occurrence of cancer cells in the body regardless of the cell type or location. (AMAS review published by the National Cancer Institute, J. Cell Biochem.19:172-185,1994).

The patient reported today had been followed with AMAS tests every 2 months because he was at increased risk due to previous colon cancer. The AMAS concentration increased from normal values, through borderline to markedly elevated values. As a result, other tests were done to localize the cancer. Sigmoidoscopy did not show recurrent colon cancer. The prostatic specific antigen (PSA) was then found to be markedly elevated. Needle biopsy of the prostate gland revealed cancer. Hormonal treatment successfully reduced both the AMAS and the PSA to normal values. This method represents histopathologically confirmed asymptomatic cancer diagnosis and treatment by molecular means available now.

Two months ago, at the International Society of Preventive Oncology in Nice, France, Drs. Samuel and Elenore Bogoch reported on a study of 82 breast cancer patients who were followed with repeated AMAS tests after cancer surgery performed one to 30 years previously (Cancer Detection and Prevention 20:507-508,1996). 67 of these patients were asymptomatic and in remission: the AMAS test was normal in all 67. On the other hand, 15 of these patients had a persistence or recurrence of their cancer: the AMAS test was elevated in all 15. These 82 patients studied longitudinally were part of a larger blind study of AMAS in 1,175 cases of benign and malignant breast disorders, and 3,078 healthy normal controls. Cancer of the cervix of the uterus is one of the few situations where the cancer can actually be shown in humans via microscopic examination in the PAP smear to develop from the earliest premalignant stages to a frankly malignant state (transformation). In this situation also, AMAS is a very early marker: its concentration has been shown to increase markedly within days of the transformation. Because of these results, many physicians are using the AMAS Test in all types of cancer both to monitor remission after treatment, and to look for early signs of recurrence. Periodically repeated AMAS tests are now being used in high-risk individuals, such as those from families with a high cancer frequency, or with previous cancer, in smokers, or in people over 50 years of age. AMAS is Medicare approved. The American Cancer Society states that as many as 35% of all cancer deaths might be saved by early detection. If feeling a lump or observing an unusual shadow on a mammogram, followed by early treatment, can lead to the saving of 35%, then catching cancer even earlier should provide further improvement in survival.

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EARLY DETECTION OF PROSTATE CANCER WITH THE AMAS TEST

ANTIMALIGNIN ANTIBODY
ug/ml serum

