

## Editorial

# Evidence Based Medicine – Accurately Diagnosing Cancer

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Does someone have cancer? – This really isn't a yes-no question.

For decades we have been running screening tests looking for cancer, allowing physicians to make an *educated guess* as to whether we think you do or don't have cancer. If we think the patient might have cancer, then we run more tests to find out. Alternatively, if we think the patient probably doesn't have cancer, we wait –so too does the patient and their family. The entire concept of using screening tests is archaic and anything but comfortable if you're the patient.

The acceptance of screening tests is primarily based on the use of qualitative tests – tests that we look at, or blood tests. Is there something on the stool guaiac? Is it blood, iron, too much pepto bismol? Is the PSA elevated? Is it prostate cancer, prostatitis, BPH, too much exercise? In keeping with October - Breast Cancer Awareness month – the question becomes, just what is that questionable area on the mammogram – is it calcium, dense tissue, inflammation, cancer or nothing?

The process of developing cancer is not an overnight, yes - no phenomena; although that is how we've been treating it [1]. Cancer is the result of the interaction between the genetics of a cell – which

is unique for each individual – and the cellular environment. That cellular environment is similarly unique and is the result of the air you breathe, the food you eat, the oxidative stress your body is experiencing at the moment, is there infection, et cetera [2].

Rather than using a qualitative screening approach, with the associated problems with sensitivity (we missed your disease) and specificity (we told you there was a problem when there wasn't), and the resulting personal, psychological, physical, financial, family, work costs – if we're really interested in informed decision making, we should be focusing less on screening and more on actually measuring what's happening in the body.

It turns out that the changes which happen in the body leading to the development of both cancer and coronary artery disease, can now be measured by looking at changes in metabolism and regional blood flow [3].

By being able to measure what's actually happening, we can tell someone where on the *health-spectrum* he or she actually is [1,2]. We can measure whether their treatment is working – saving time, money and lives – thus providing true patient-specific, patient-guided treatment. By actually measuring what's happening in each individual, we can do better than guess – we can make a truly informed decision and so can the patient.

## References

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