

## FIVE-YEAR SURVIVAL RATES OF MELANOMA PATIENTS TREATED BY DIET THERAPY AFTER THE MANNER OF GERSON: A RETROSPECTIVE REVIEW

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**Objective** • Compare 5-year melanoma survival rates to rates in medical literature.

**Design** • Retrospective.

**Setting** • Hospital in Tijuana, Mexico.

**Patients** • White adult patients (N=153) with superficial spreading and nodular melanoma, aged 25-72 years.

**Intervention** • Gerson's diet therapy: lactovegetarian; low sodium, fat and (temporarily) protein; high potassium, fluid, and nutrients (hourly raw vegetable/fruit juices). Metabolism increased by thyroid; calorie supply limited to 2600-3200 calories per day. Coffee enemas as needed for pain and appetite.

**Main Outcome Measure** • 5-year survival rates by stage at admission.

**Results** • Of 14 patients with stages I and II (localized) melanoma, 100% survived for 5 years, compared with 79% of 15,798 reported by Balch. Of 17 with stage IIIA (regionally metastasized) melanoma, 82% were alive at 5 years, in contrast to 39% of 103 from Fachklinik Hornheide. Of 33 with combined stages IIIA + IIIB (regionally metastasized) melanoma, 70% lived 5 years, compared with 41% of 134 from Fachklinik Hornheide. We propose a new stage division: IVA (distant lymph, skin, and subcutaneous tissue metastases), and IVB (visceral metastases). Of 18 with stage IVA melanoma, 39% were alive at 5 years, compared with only 6% of 194 from the Eastern Cooperative Oncology Group. Survival impact was not assessed for stage IVB. Male and female survival rates were identical for stages I-IIIIB, but stage IVA women had a strong survival advantage.

**Conclusions** • The 5-year survival rates reported here are con-

siderably higher than those reported elsewhere. Stage IIIA/B males had exceptionally high survival rates compared with those reported by other centers. (*Alternative Therapies in Health and Medicine*. 1995;1(4):29-37)

This article summarizes the clinical outcomes of melanoma patients treated with the nutrition-based cancer therapy proposed by the German physician Gerson<sup>1</sup> (who conducted research at the University of Munich in the 1930s) and contrasts them with rates reported in the literature. To our knowledge, this report is the most thorough retrospective analysis to date of the potential survival benefit of this, or any other, well-known alternative method of cancer management.

The genesis of this inquiry occurred during a landmark study by the US Congressional Office of Technology Assessment (OTA),<sup>2</sup> to which one of us (GH) was an advisor. In its report, OTA put forward a protocol for best-case reviews based on the premise that, no matter how many patients failed, as few as 10 or 12 cases with objective evidence of tumor response would be enough to propel an investigation by the National Cancer Institute (NCI). Because we had proposed the original best-case review protocol to OTA, we were eager to construct such a review. However, we found OTA's (and later NCI's) protocol to have a serious shortcoming when used retrospectively: its focus on tumor regression only. Adequate documentation of tumor regression is unlikely to be collected in most alternative medical practices.

We abandoned the best-case review for the more informative retrospective review. In contrast to the best-case review, the retrospective review describes all patients, including nonresponders, giving a more adequate impression of the outcomes of treatment.

Our efforts to complete a best-case review, however, were not without some rewards. Practitioners at Centro Hospitalario Internacional del Pacifico, SA (CHIPSA) in Playas de Tijuana, Baja California, Mexico suggested cases with different types of

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