

## Cancer treatment guidelines limit use of unorthodox cures, hinder medical progress

**The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion and analysis.**

Vince DeVita served as the head of the National Cancer Institute from 1980 to 1988. He went on to serve as the physician-in-chief of the Memorial Sloan Kettering Cancer Center, in New York, and then ran the Yale Cancer Center, in New Haven. For the past half century, he has been at the forefront of the fight against one of the world's most feared diseases, and in "The Death of Cancer" he has written an extraordinary chronicle. His interest is in how the various factions and constituencies involved in that effort work together—and his conclusions are deeply unsettling.

Clinical progress against a disease as wily and dimly understood as cancer, DeVita argues, happens when doctors have the freedom to try unorthodox things—and he worries that we have lost sight of that fact. By way of example, he tells the story of a friend of his, Lee, who was diagnosed with advanced prostate cancer at the age of sixty. According to the practice guidelines, the best option for Lee was androgen-deprivation therapy, or A.D.T., which slows down the cancer cells by denying them testosterone. That's what Lee's doctor recommended. DeVita understood why: there are strong incentives—like the threat of malpractice suits—for doctors to adhere to treatment protocols. But DeVita judged that Lee's cancer was so aggressive that A.D.T. would buy him only a short reprieve. The guidelines limited Lee's treatment options at a moment when he needed maximum flexibility.

**Read full, original post:** [Tough Medicine](#)