



## Controversial cancer test finds a supporter

Blood analysis discloses telltale antibodies, but critics say it's unreliable and unnecessary

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Posted Tuesday, April 17, 2007

When Marie McCaffrey was writing the first article for her personal Web site on alternative medicine, she decided to do a little "method journalism."

The article was on alternative ways to screen for cancer, including the anti-malignin antibody serum test, which measures the amount of cancer-fighting antibodies in the blood.

Her father had died of brain cancer, but that wasn't why McCaffrey decided to get the test -- more commonly referred to as the AMAS test -- in the spring of 2000.

"It was just for fun, and I figured the only way I could write about it was to take the test," said McCaffrey, who lives in Landenberg, Pa.

Results showed McCaffrey had a high level of cancer-fighting antibodies in her blood, an indicator that her body may have been fighting early-stage cancer. She immediately went on an alternative cancer treatment therapy, which involved taking a natural dietary supplement to boost her immune system. A subsequent test revealed that her antibody counts had dipped to a healthy level.

"What if it was six months or nine months down the road that I found out I had cancer, and it was more advanced?" said McCaffrey, who has continued to take the test almost every year. "We have blood tests for everything else, so why not a blood test for cancer?"

The anti-malignin antibody serum test has been offered by Oncolab Inc. in Boston for 30 years. The Food and Drug Administration gave the company permission to market the test as a way to screen people who are susceptible to cancer and to monitor patients for recurrence of cancer after treatment.

Oncolab doesn't advise people to use the AMAS test in place of diagnostic tools such as a mammogram or prostate-specific antigens test. Nor does the test specify which type of cancer a patient may have -- only whether the individual appears to be fighting early-stage cancer.

Sam Bogoch, a biochemist and doctor, founded Oncolab and created the test. His son, Dr. S. Winston Bogoch, spoke about the antibody-based technology at last month's Delaware Conference on Alternative Medicine, organized by McCaffrey.

"This is a test that every general practitioner should know about," she said.

Some doctors and researchers who do know about the test say people are wasting time and money if they take it because it isn't reliable enough in signaling whether a patient has cancer.

"It isn't sensitive enough to be a test for high-risk people, and it isn't specific enough to use as a screening test," said Dr. S. Mitchell Harman, who has published a study criticizing the test. "If you're going to do a mammogram, why do this?"

### **'You need to educate yourself'**

Antibodies are the proteins made by the body's immune system cells that recognize and attack specific foreign invaders by binding to the specific molecules. High counts of antibodies produced naturally by the body may signal that cancer cells have begun.

Someone who wants to take the AMAS test first orders a collection kit that includes special tubes for collecting the blood, instructions for handling and shipping the serum and test literature.

Once the kit arrives, the person goes to a clinical laboratory to have his blood drawn. There's no need to fast for several hours -- which other blood tests require -- because food won't affect the results.

The blood sample is placed in a centrifuge, which separates red blood cells from the serum. The patient then picks up the serum from the lab and ships it overnight in dry ice to Oncolab in Boston.

Once it arrives, the company runs four tests to measure the person's antibody counts.

The body "is constantly making antibodies to just about everything. You'll have antibodies to things you'll never see. Your body is cranking these things out, and it's set up to respond to a very wide range of threats and allergies because your immune system thinks it might hurt you," the younger Bogoch said.

The AMAS test looks for antibodies that are specific to cancer. A baseline level is 40 to 80 micrograms per milliliter of blood, whereas an elevated level is 135 or greater. An elevated level indicates a high chance someone has early-stage cancer.

McCaffrey, a vice president of investments at a brokerage firm, had a count of 141 when she first took the test.

"I consider myself very fortunate, first to know about this test," she said. "You need to educate yourself before it happens. I had a plan of action within minutes because I'd been researching it at the time."

### **95 percent accuracy claimed**

In its three decades of operation, Oncolab has tested only about 50,000 people. Bogoch said many doctors, who could be instrumental in recommending the AMAS screening test, haven't even heard of it. Others simply don't see a valid reason to offer it.

"I'd have that conversation all the time," he said. "They'd say it's not worth the risk in scaring the patient."

But Bogoch believes the advent of diagnostic tests will increase the use of the AMAS test.

"If you take our test, you'd still have to follow up with a biopsy and a variety of techniques," he added.

Oncolab claims the test is 95 percent accurate, meaning one of every 20 tests will reveal a false positive or a false negative. But that is insufficient for some doctors.

"It's a valid concept," Harman said of the AMAS test. "But the problem is that the antibody response to cancer is very variable.

"You can have people who have cancer who don't have the antibodies that you're looking for, and you can have a high antibody count and not have cancer," said Harman, director and president of the Kronos Longevity Research Institute who headed a study of the AMAS test on women undergoing a biopsy for breast cancer.

Bogoch acknowledges that the test "is not for everybody." Still, he said there have been studies showing the strength of the AMAS test, and he said Oncolab plans to spread the word about it. The company also plans to make shipping and handling of the test more convenient for patients.

"The only reason our test is seen as alterative is that it isn't mainstream yet," he said.

## **ABOUT THE AMAS TEST**

The anti-malignin antibody serum, -- or AMAS -- test is run by Oncolab Inc. in Boston. It measures the amount of cancer-fighting antibodies in the blood. The test was approved for use by the Food and Drug Administration in 1977 as a way to screen people who are susceptible to cancer or to monitor patients for the possible recurrence of cancer after treatment.

The test doesn't specify which type of cancer a patient may have -- only whether the patient has early-stage cancer. The makers of the test claim it is 95 percent accurate, but some doctors believe the AMAS test isn't accurate enough to be reliable and shouldn't be used in place of or even in addition to traditional cancer screening methods.

The AMAS test costs \$165, plus the cost of drawing the blood, separating the serum and shipping it in dry ice by FedEx overnight delivery. Medicare reimburses for the test, as do some private insurance companies.

For details, call (800) 922-8378 or visit [www.oncolabinc.com](http://www.oncolabinc.com).

You also can visit [www.altmedangel.com](http://www.altmedangel.com) for more information on Marie McCaffrey's experience with the AMAS test.

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