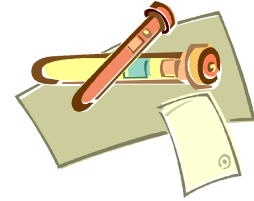


OPTIONS CENTER HEALTH TOPIC



WHAT IS THE AMAS TEST?

According to the American Cancer Society, almost 563,000 people in the USA will die of malignancy. The results from a national survey indicate that Americans are not making optimal use of tests (such as the AMAS) for the early detection of cancer (American Assn for Cancer Research).

The accuracy of the first general blood test for cancer has been independently confirmed (Thornthwaite, J.T. *Cancer Letters* 148:39-48, 2000). The Antimalignin Antibody in Serum (AMAS®) Test was shown in this blind prospective study to be 97% sensitive in predicting which small breast masses or lesions on mammography would be found to be malignant on subsequent biopsy; other tumor markers were only 0 to 16% sensitive.

Antimalignin antibody was discovered by Drs. Samuel and Elenore Bogoch of Boston, and shown in extensive controlled studies to be elevated in concentration in cancer regardless of the cell type. Thus the test is a general marker of malignant transformation; it is highly specific for malignancy, but not for the cell type affected. The AMAS® test was developed to routinely and quantitatively measure the concentration of this antibody (for references see www.oncolabinc.com).

The AMAS® Test is being used in the U.S. and abroad as an aid for the early detection of cancer. Since the test indicates whether active cancer cells are present in the body but does not tell their location, it is used together with other clinical procedures and tests which suggest where the lesion is located but do not alone determine whether the pathology is benign or malignant. Used with other tests, less than 1% of cancers revealed by the AMAS® Test remain unlocated.

For example, AMAS is used with the PSA (which alone has up to 70% false positives), CA125 (alone 95% negative for stage 1 ovarian carcinoma), and CAT scans (which alone have 98% false positives for lung cancer), according to AMAS. AMAS and PSA concentrations rising together appear to indicate a change from 'dormant' to active cancer and can help to distinguish the small percent of prostate cancer cases which may be of greater danger and may require more active treatment.

In patients who have recently, or in past years, had cancer treated, the AMAS® Test is also being used to monitor for remission or recurrence. As shown in a study of 8,090 patients and controls, this use for monitoring is as accurate as that for early detection (Bogoch and Bogoch, submitted for publication).

The AMAS® Test is helpful for individuals who have never had cancer but are at higher risk than the general population. Such as when they are from families with a high frequency of cancer, have had exposure to carcinogenic agents [such as smoking], or are over 50 years of age. In individuals where the family history indicates an earlier onset of cancer, AMAS testing can be done routinely in the 30s or 40s.

- ✓ Free AMAS Test kits available at Options Center.
- ✓ To order your own kit, go to www.oncolabinc.com and email them info@oncolabinc.com requesting a kit.