CELL SUPPRESSION THEORY

Synopsis

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A new theory of cancer — a new treatment approach

A cancer diagnosis can leave you feeling lost, overwhelmed, and desperate for answers. And no wonder — despite decades of research and billions spent, survival rates remain far from where they should be. Why? Because the **true origin of cancer has never been confirmed**. Multiple theories exist, each pointing in a different direction. If we are aiming at the wrong target, how can treatments be fully effective?

That is why new insight is urgently needed. And that need may finally have been met. After eight years of research, Mark Lintern uncovered overlooked patterns that point to a new explanation. His **Cell Suppression Theory** is the first capable of explaining all ten hallmarks of cancer — and many other features no established theory can. This breakthrough opens the door to **smarter strategies and a clearer way forward**.

This synopsis introduces Mark's theory, as detailed in his book ***The Cancer Resolution?***. Written in clear, accessible language, it translates the science into practical knowledge that **empowers patients to take greater control of their healing journey**. It also highlights additional treatment options that can already be used alongside standard care — giving both patients and professionals fresh evidence to guide better treatment decisions **today**.

For patients and professionals alike, it offers clarity, renewed hope, and an **evidence-based framework** that may **immediately enhance survival outcomes**.

It's time to see cancer differently. To take back control. And to change the story together.

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SYNOPSIS

The Cancer Resolution? – A new way to see and treat cancer

Most people are surprised to discover that cancer has more than one theory. In fact, there are at least nine different scientific explanations for how the disease begins, highlighting a critical point: the underlying cause of cancer remains unconfirmed, unproven and unknown. Yet the vast majority of patients — and even many oncologists — are never told this. Instead, almost all cancer treatment is built on a single dominant theory that is assumed to be correct: the *Somatic Mutation Theory* — the notion that cancer is caused by genetic mutations.

But here's the shocking truth: despite over sixty years of research, billions of dollars invested, and countless drugs developed, this theory has not delivered the results we desperately need. On average, new cancer drugs add just two months of extra life for patients with advanced disease.[1] For families hoping for a cure, that is devastatingly inadequate.

This gap between expectation and outcome has left patients confused, fearful, and searching. In the United States, up to 70% of cancer patients turn to complementary or alternative therapies.[2] In the UK, the figure is nearly half.[3] They are not doing this because they distrust science — they do it because they feel abandoned by it. With limited results from conventional treatments, people look for alternatives, but without a reliable guiding framework to help them navigate which approaches hold real potential and which are misleading, they often end up lost in a confusing world of conflicting claims that can reduce survival outcomes.

What if there was a way to cut through this confusion? What if there was a science-based framework that helped both patients and doctors identify the treatments most likely to work, based not on guesswork or hype, but on the actual accuracy of each cancer theory? That's what my work — and my book, ***The Cancer Resolution?*** — sets out to provide.

Why cancer theories matter

Theories aren't just academic. They shape treatment. Every cancer drug ever developed began as an idea rooted in a theory about what drives the disease.

- If cancer is caused by **genetic mutations**, then the logical treatment is to target those mutations with drugs.
- If cancer is caused by **faulty energy production** (as the Metabolic Theory suggests), then treatments focus on addressing metabolism.
- If cancer begins with **stem cells**, or with **disrupted tissue organisation**, then therapies are designed to target those mechanisms.

The problem is simple: **if the theory is wrong, the treatment is unlikely to succeed.** This is why, despite decades of effort and billions invested, the dominant

1 *doi:10.1001/jamaoto.2014.1570*

2 *https://www.cancertherapyadvisor.com/news/survey-most-cancer-patients-use-complementary-or-alternative-medicine/*

3 *doi: 10.7861/clinmedicine.13-2-126*

Somatic Mutation Theory (SMT) has failed to deliver a cure. It can only explain a small fraction of what cancer actually is. Scientists now agree there are 10 defining "hallmarks" of cancer — which are the consistent features that every solid tumour shares, such as uncontrolled growth, immune evasion, and resistance to cell death. These hallmarks are the measure of any theory — the more that can be explained the more accurate the theory is deemed to be. Of note: the established SMT struggles to explain more than two of these hallmarks, while proclaiming cancer a genetic disease as if this were already a proven fact. That's like trying to solve a jigsaw puzzle and declaring you've finished it, when most of the pieces are still missing.

Yet this is the theory that almost every oncologist subscribes to and forms the basis of the type of treatments you receive, simply because it is the one most heavily funded and most widely taught in medical school. In other words, by choosing the conventional treatment path — by following the advice of mainstream oncologists — a patient is unwittingly agreeing to be treated based on the parameters set forth by the SMT (the notion that cancer is a genetic disease), even though most of the puzzle pieces are missing.

The shortcomings of the dominant theory

The travesty appears to be that patients are advised to follow established treatments that assume cancer to be genetic, despite the evidence painting a troubling picture that depicts an incomplete understanding:

- **Mutations appear in healthy tissue without causing cancer.**[4]
- **Cancers can form without mutations at all.**[5] Here, two out of three brain cancers developed without detectable driver mutations.[6]
- **On average only 2 driver mutations are found**[7] — highlighting there are an insufficient number of mutations to explain how cancer forms.
- **The mutations found are random, not consistent.**[8] This randomness cannot explain the remarkable consistency of cancer across patients and cancer types.
- **Transferring cancerous DNA into healthy cells fails to generate cancer** — indicating that DNA mutations are not responsible.[9]
- **When cancerous cells are re-located into healthy tissue they revert to normal**[10] — despite these mutations being present.
- **Up to 80% of cancer studies cannot be reproduced**[11] — indicating the majority of studies supporting the SMT are incorrect.

This and more, indicates that genetic mutations are not driving the disease, but are symptoms of another cause. Despite all this, the SMT continues to

4 *doi: 10.1016/j.trecan.2019.07.007*

5 *doi.org/10.1371/journal.pbio.3003052*

6 *doi.org/10.1038/nature13061*

7 *doi.org/10.1073/pnas.1803155115*

8 *https://www.cancernetwork.com/view/heterogeneity-and-cancer*

9 *https://aacrjournals.org/cancerres/article/63/11/2733/510012/Mouse-Embryos-Cloned-from-Brain-Tumors1*

10 *doi.org/10.1016/j.pbiomolbio.2016.07.004*

11 *https://www.sciencenews.org/article/cancer-biology-studies-research-replication-reproducibility*

dominate medical practice. Not because it has succeeded in being proven correct, but because scientific funding overwhelmingly favours genetics. When 95% of cancer research money goes into one theory, consensus naturally follows. But consensus is not the same as truth or fact, as Michael Chrichton highlights:

> *'Historically, the claim of consensus has been the first refuge of* ***scoundrels****; it is a way to* ***avoid debate*** *by claiming that the matter is already settled...*
>
> *...Consensus is the business of* ***politics****. Science, on the contrary, requires* ***only one investigator who happens to be right, which means that he or she has results that are verifiable by reference to the real world****…Consensus is invoked only in situations where the science is* ***not solid enough****...*
>
> *...The greatest scientists in history are great precisely because they* ***broke with the consensus****. There is no such thing as consensus science. If it's consensus, it isn't science. If it's science, it isn't consensus. Period.'*
>
> ***Michael Chrichton*** *MD*

This matters because if we are aiming at the wrong target, we are unlikely to hit the disease where it counts — a reality reflected in the poor five-year survival outcomes we see for each cancer type at later stages of the disease:

Cancer Type	5-Year Survival Stage 3	5-Year Survival Stage 4
Breast	~87%	~27%
Prostate	>90%	~30%
Lung (Non-small cell)	~29%	~5%
Colorectal	~71%	~16%
Bladder	~46%	~5%
Melanoma	~63%	~20%
Non-Hodgkin Lymphoma	~65-75%	~30%
Pancreatic	~16%	~3%
Kidney	~53%	~12%
Endometrial	~45-60%	~17%
Leukemia (varies)	~40-60%	~10-15%
Liver	~15%	~5%
Thyroid	>90%	~50%
Cervical	~57%	~19%
Esophageal	~22-35%	~5%
Stomach	~25-30%	~6%
Oral cavity	~54%	~20%
Ovarian	~39%	~17%
Multiple myeloma	~40%	~15%
Brain/central nervous	~20%	~5%

The framework patients need

So what can we do instead? This is where my work introduces something new: **a simple, science-based framework that patients and oncologists can use to navigate cancer treatments with greater clarity.** The principle is straightforward: **the accuracy of a theory determines the potential effectiveness of its treatments.** The more hallmarks of cancer a theory can explain, the more likely it is to reflect the true origin of the disease — and therefore the more likely that treatments derived from it will succeed. This turns **cancer theory** into a **practical tool**. Instead of blindly following the dominant view, patients and doctors can assess which theories hold up against the evidence and which do not. From there, they can make more informed decisions about which treatment strategies deserve attention.

In defence of standard care, many will rightly say that following evidence-based medicine is the safest path — and in principle, I agree. The problem is that most of this "evidence" comes through the narrow lens of the SMT. When almost all funding, research, and drug development is tied to a single interpretation of cancer, the resulting evidence cannot help but be biased. That's not truly objective evidence-based medicine — it's evidence constrained by one assumption. But what if that assumption is wrong? If the SMT fails to explain cancer in full, then the treatments built upon it are also limited. A more balanced approach would be to weigh the evidence across ***all*** credible theories, using it to identify which explanations best fit the disease and, in turn, which treatment strategies are most likely to succeed. That is the essence of a genuine evidence-based framework.

The theories worth considering

When measured against the 10 hallmarks of cancer, three theories stand out above the genetic model:

- **The Metabolic Theory** — which sees cancer as a disease of broken energy production. It explains at least seven hallmarks.
- **The Cancer Stem Cell Theory** — which highlights the role of specialised immortal cells that resist treatment and are responsible for unlimited tumour growth. At least five hallmarks are accounted for.
- **The Tissue Organisation Field Theory** — which shows how disruption in the cell's environment can trigger disease. Again, five hallmarks appear to be explained.

These theories open new doors to additional treatment options. They suggest that cancer is not primarily a genetic disease at all, but something more complex — and potentially more treatable, if we approach it differently. Incidentally, treatments associated with the SMT damage the terrain, can stimulate cancer stem cells driving resistance, and damage mitochondria — effectively disrupting the very mechanisms that all of the above theories claim are driving the disease. This is not to say that standard treatments don't have a part to play, they do, rather it's that our approach to treatment needs to be re-considered due to the nuance that's clearly involved — surgery, and damaging radio- and chemo-therapies should not be the only options available.

A new paradigm: the Cell Suppression Theory

Building on this, my own research has led to what I call the **Cell Suppression Theory (CST)** — a new paradigm that could redefine how we see cancer. I argue that while the above three theories have identified key mechanisms driving cancer, they are unable to fully explain the process because they all suffer from the same fundamental flaw in reasoning, and that is this: these theories, including the SMT, assume that cancer results from *cell malfunction* — damage to different components of the cell allegedly drives cancer. Instead of treating cancer as a disease of malfunctioning cells, the CST proposes that cancer is the result of *suppressed cells,* cells that have been hijacked by a foreign entity — a complete paradigm shift.

In simple terms, our cells are not broken or rogue. They are doing exactly what they were designed to do — but under the wrong kind of influence. Evidence shows that pathogens, especially fungal pathogens, can invade cells, hijack their machinery, and suppress their natural defences.

- They can **trigger the Warburg effect**, the abnormal energy shift seen in all cancers.
- They can **block apoptosis**, the self-destruct mechanism that normally prevents damaged cells from growing.
- They can **promote inflammation, cell growth, angiogenesis, and immune evasion** — all central features of cancer.

How the CST explains the missing pieces of the cancer puzzle

The Metabolic Theory explains at least 7 of the 10 hallmarks for a very good reason. The Warburg effect it describes, is a consistent feature of all solid cancers and is pivotal to the process. It explains how cancer cells abnormally favour the backup energy pathway of 'glycolysis' instead of creating energy via the primary energy pathway of 'OXPHOS'. Glycolysis creates energy by fermenting glucose without the need for oxygen, where as OXPHOS combines glucose with oxygen – the latter is a more efficient energy-creating process. The reason proposed for this energy shift in cancer? Mitochondria that create energy via OXPHOS, have malfunctioned, this forces the cell to rely on the separate backup energy pathway of glycolysis.

The game-changing paradigm I put forward with the CST recognises the significance of the Warburg effect and the need to target cancer metabolism (energy pathways), but proposes a fundamental difference – that the Warburg effect occurs not because mitochondria have malfunctioned, but as a result of the mitochondria attempting to combat the fungal pathogen. In this context, mitochondria intentionally suppress OXPHOS to repurpose the oxygen they would otherwise use for energy creation, to combat the fungal invader. This anti-infection strategy is well documented in the medical literature, and accounts for why cancer cells continue to absorb high amounts of oxygen despite their mitochondria allegedly being incapable of using it to create energy. It's no coincidence that fungi and bacteria are found inside all cancerous tumours.

The main proponent of the *Metabolic Theory*, Professor Thomas Seyfried, acknowledges that intracellular pathogens exist within tumours, even stating that

they can drive the Warburg effect. On the *Finding Genius Podcast* at around 15 minutes in, he states:

*"...these microbes are facilitators of **fermentation metabolism**…".*

Fermentation metabolism in this context refers to the Warburg effect in cancer. This subtle shift in thinking brings everything together, explaining key features of cancer that, up until now, have remained a mystery. As a result the CST is the first theory capable of explaining all 10 hallmarks. It doesn't discard the metabolic, stem cell, or tissue theories — it incorporates them, showing how they all fit into a bigger picture, and that includes the SMT.

And here's the hopeful part: **many of the treatments that could address this mechanism already exist.** Anti-fungal and anti-parasitic drugs, metabolic therapies, and immune-supportive strategies are already available, some showing surprising effectiveness in studies. What the CST offers is the scientific explanation for why they work — and a roadmap for using them more effectively.

Why this matters for patients

For patients, this changes everything. It means cancer is not an unfathomable mystery. It means there are rational, evidence-based ways to make better choices. And it means that, even if a cure remains elusive, survival and quality of life can be improved by targeting the right mechanisms. Patients no longer have to choose blindly between mainstream protocols, untested alternatives, or confusing blends of both. With the framework the CST provides, they can evaluate options more confidently, working with their oncologist instead of feeling powerless.

This is why *The Cancer Resolution?* was written — to bring this knowledge out of the laboratory and into the hands of those who need it most. While *The Cancer Resolution?* can aid oncologists make more informed treatment decisions, it has been specifically written with cancer patients in mind. The science is translated into simple patient friendly terms — enabling the general public to gain an understanding of cancer like never before, and in a manner that is clear, concise and easy to digest.

Why This Matters for Oncologists

For oncologists, the CST is not a threat **but an opportunity**. It does not reject conventional treatments. Surgery, for example, remains one of the most effective interventions. Even chemotherapy can have value in certain contexts, and lower doses. Rather, the CST challenges oncologists in a positive way, encouraging them to consider that if outcomes remain poor, the theory driving those treatments may be incomplete.

By recognising cancer as a suppression-driven disease, oncologists gain a new rationale for revisiting therapies that have been overlooked or dismissed. This includes re-evaluating anti-fungal drugs, metabolic strategies, and combination approaches that could enhance existing protocols. It is also a call to scientists and pharmaceutical companies that fund them, to create novel anti-fungal drugs that not only combat cancer with greater efficacy, but can also address the rising health threat of anti-fungal drug resistance that is already a silent pandemic of its own. Far from undermining medical practice, the CST strengthens it — by aligning

treatment with the actual biology of cancer.

A shared mission

Cancer is not just a patient's battle. Oncologists, researchers, families — we are all in this together. But for too long, progress has been stalled by narrow thinking. The Cell Suppression Theory opens a new path. It offers patients hope, and it offers doctors a framework grounded in science that deserves serious consideration.

If you are a patient, this book will help you take control of your treatment journey with clarity and confidence. If you are an oncologist, it will provide insights that could expand your clinical toolkit and improve outcomes for those in your care.

It is time to rethink cancer. It is time to bring light to areas science has overlooked. And it is time to work together — patients and professionals alike — to finally turn the tide against this disease.

Conclusion

The Cancer Resolution? is more than a book. It is a call to action, a framework for clarity, and a bridge between patients seeking hope and doctors seeking better answers. By exposing the shortcomings of outdated theories, introducing the unifying power of the Cell Suppression Theory, and empowering readers with a simple but profound roadmap, this work has the potential to change how we see cancer — and how we fight it.

It is time to move beyond confusion. **It is time for a new resolution**.

Here follows some significant cancer/fungal correlations worthy of note:

Cancer characteristics	**Link to fungal infection**
The Warburg-effect occurs	The Warburg effect is an anti-infection response
Apoptosis fails	Fungi suppress apoptosis
Unregulated cell proliferation	Fungal infection triggers cell proliferation
Succinic Acid production via mSLP	Fungal infection triggers Succinic Acid production via mSLP
TLR 2 activation	Fungal infection activates TLR 2
NfkB activation	Fungal infection activates NFkB
PI3K/ATK/mTOR activation (growth pathways)	Fungal infection activates PI3K/ATK/mTOR
MAPK activation (growth pathways)	Fungal infection activates MAPK
E-cadherin is downregulated	Fungi downregulate E-cadherin to increase cell invasion
CDH1, APC, HER2, p53, BRAC1 cancer related genes	All of these genes facilitate intracellular infection when mutated
CYP1B1 activated just in tumours	CYP1B1 forms part of an anti-fungal response
Nagalase production is a marker of tumour development & suppresses macrophage immune cells	Fungi produce Nagalase to suppress macrophages via downregulation of Macrophage Activation Factor
M2 Macrophage phenotype (cell repair) is dominant	Fungal pathogens instigate an M2 Macrophage phenotype to evade immune elimination
Th1 response is suppressed (anti-infection response)	Fungal pathogens suppress the Th1 response to evade immune detection
Th2 response is upregulated	Fungal pathogens encourage the Th2 cell repair response to increase survival
PD-L1 upregulation aids immune evasion	Fungal pathogens upregulate PD-L1 to evade immune detection
MMP-9 is upregulated – associated with metastasis	Fungal pathogens upregulate MMP-9 to facilitate infection
Galectin-3 is upregulated – enabling metastasis	Galectin-3 is an anti-fungal protein triggered to eliminate fungi
Lipid droplet accumulation	Lipid droplet accumulation occurs during infection
Drug considerations – Anti-fungals	Anti-fungal drugs show efficacy against a broad range of cancers

Drug considerations – Metformin, Lovastatin, Mebendazole, Ivermectin, Doxycycline	Many off-label drugs are also highly anti-fungal as well as capable of modulating cancer metabolism
Terminally diagnosed pancreatic cancer patient case study	Cured/resectable tumour after using Itraconazole – an anti-fungal drug
Aykut et al 2019 – pancreatic cancer study	Malassezia fungi were found to drive tumour growth • Anti-fungal therapy reduced tumour by 40% and stopped it from growing. • Re-introduction of Malassezia fungi re-established tumour growth
The Mayo Clinic admits fungal infection and cancer appear one and the same – Dr Vikram MD	Fungal infections appear to create 'palpable masses' that mimic cancer – they appear impossible to tell apart

** Evidence presented within the book The Cancer Resolution?*

If you'd like to know how this groundbreaking insight can help you make sense of cancer and improve your survival outcome, click the links below:

MULTI-AWARD-WINNING BOOK – The Cancer Resolution?:
An evidence-based **survival guide** for **cancer patients** and their **oncologists.** Offering revolutionary insight and a roadmap for making better informed treatment decisions.

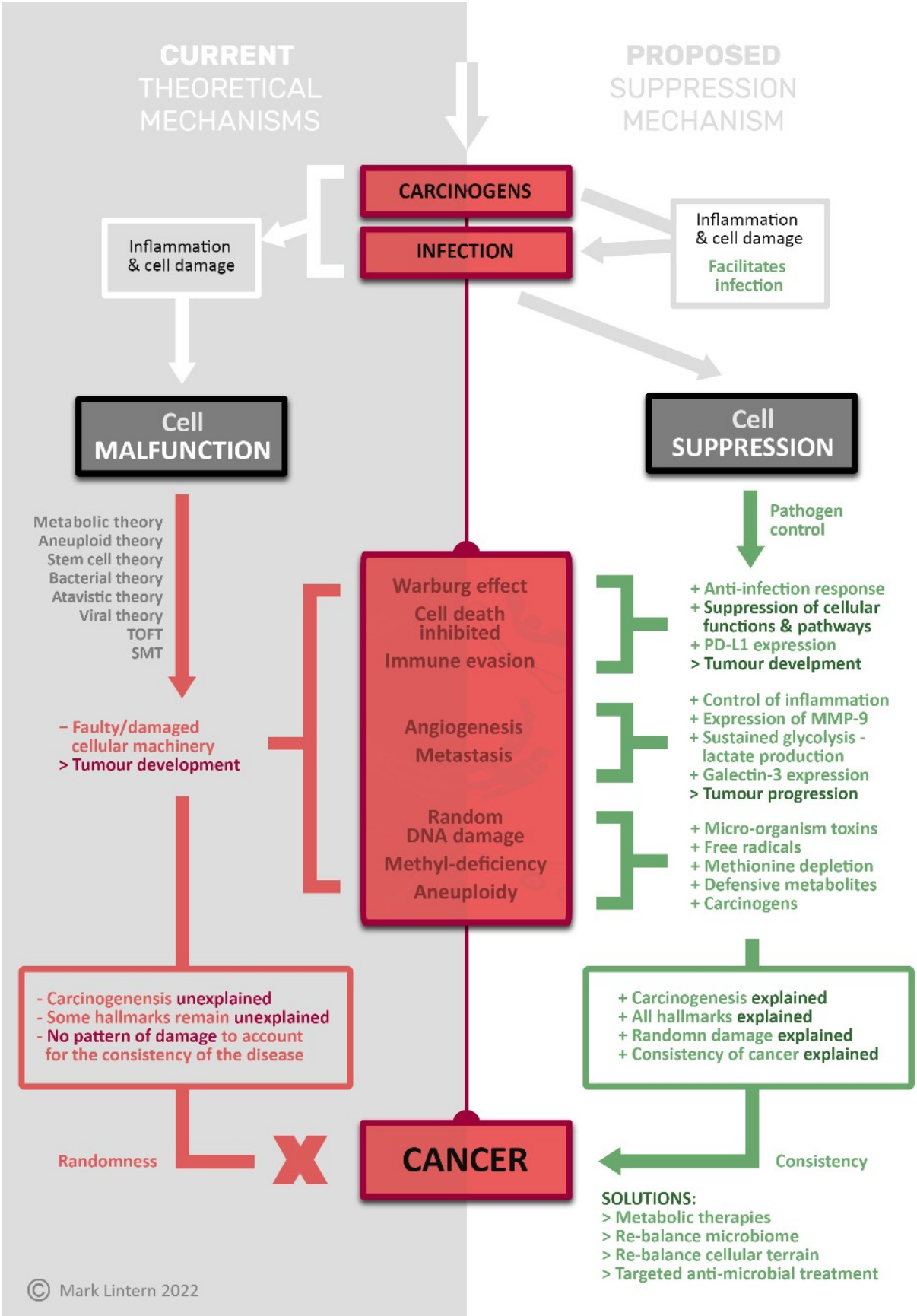
WEBSITE:
Official home of the **Cell Suppression Theory** – browse resources, podcasts, my 3 infamous cancer presentations, and learn more about why and how I developed this revolutionary view of the disease.

PODCASTS:
Check out my featured podcasts to gain instant insight into key concepts of my theory and book, and how both can help you **enhance your survival prospects**.

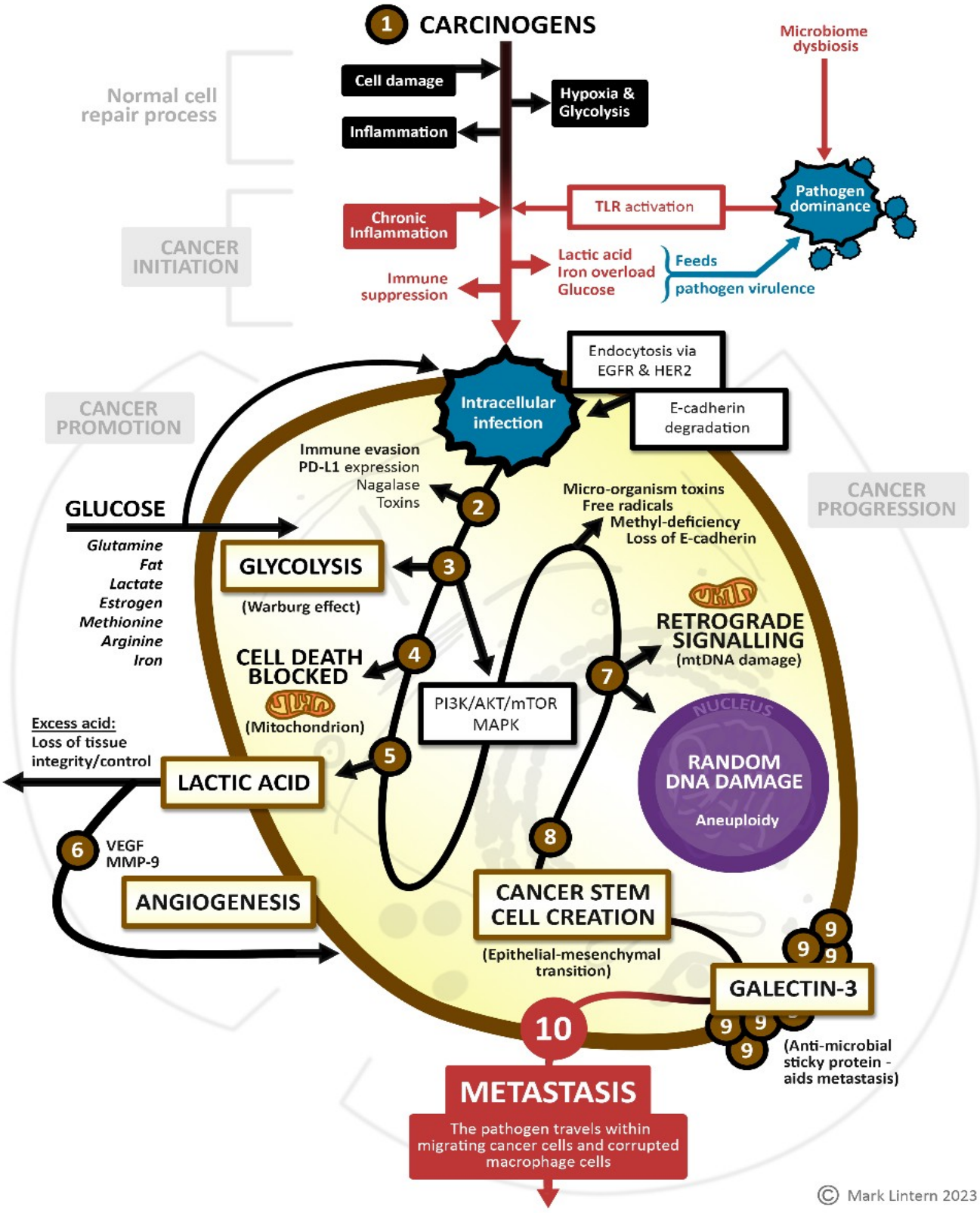
FACEBOOK GROUP:
A community for discussing how the CST can benefit you.

SUBSTACK:
New cutting-edge articles **challenging conventional thinking**, written by me through the lens of the Cell Suppression Theory.

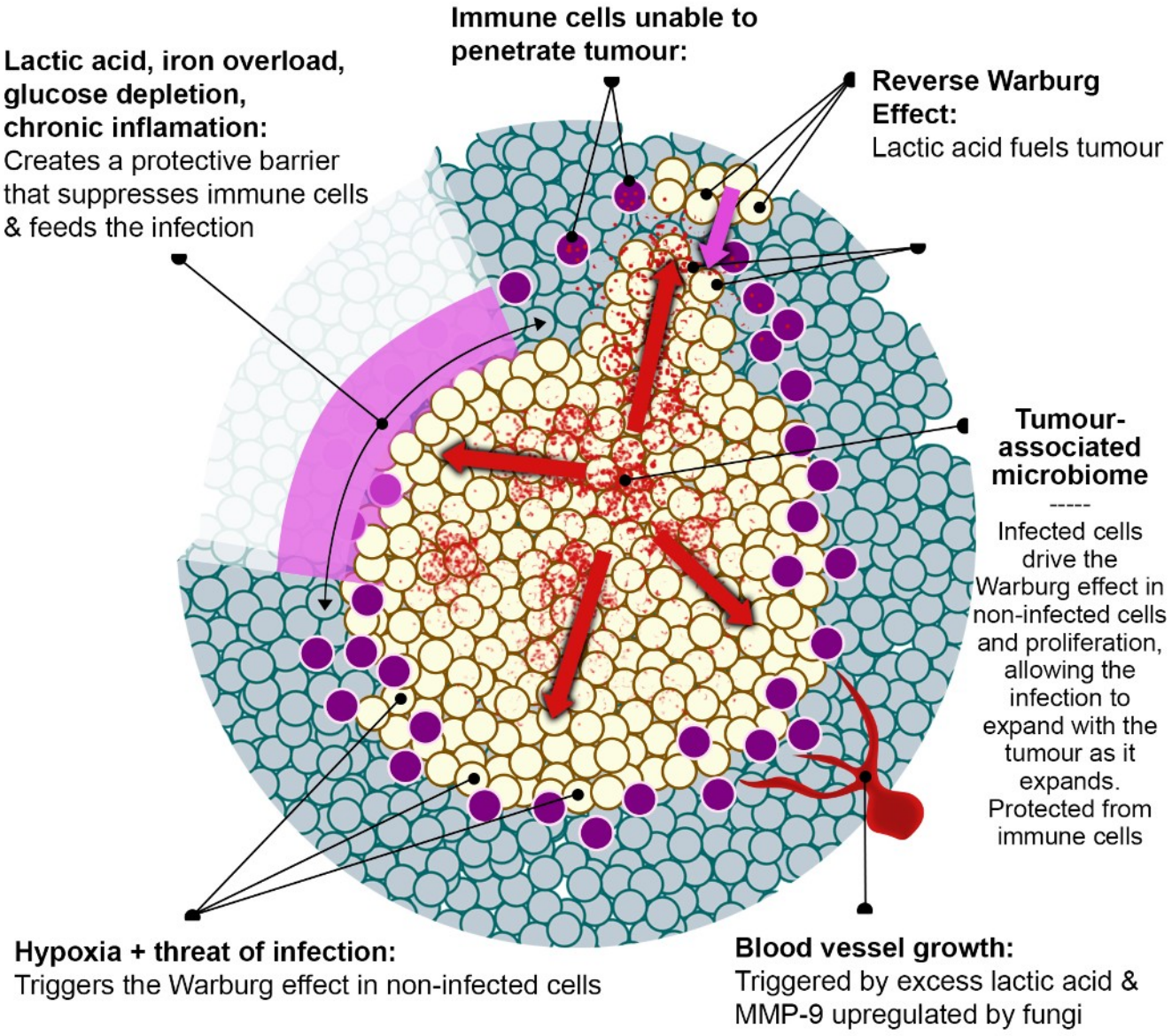
GRAPHICAL ABSTRACT – Cell Malfunction vs Cell Suppression paradigm:



GRAPHICAL ABSTRACT – Carcinogenesis explained via fungal infection:



TUMOUR COMPOSITION



GRAPHICAL ABSTRACT – Hallmarks redefined:

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