Prostate Cancer – PSA from 814 to 0,1 on metronomic protocol

08-11-10

A British dentist, born 1940, developed flu-like symptoms in July, 2008, with strong pain in the arms, shoulders and legs afterwards.

He had his total PSA measured in August, 2008, in Spain where he lives – it was 814,3.

A biopsy from the prostate showed aggressive cancer with a Gleason score of 8.

A bone scan in October, 2008, revealed no metastases. Treatment with Zoladex or Casodex was suggested, but he did not understand the philosophy behind these treatments and chose instead to come to Humlegaarden on 19th December, 2008.

He stayed here for 3½ weeks. We immediately started him on the metronomic KEES protocol with cyclofosfamide, Ketoconazole, etoposide, estramustine and prednisone, all low dose and metronomic. Avodart (a 5-alfa reductase inhibitor) and the mistletoe compound, Helixor A in an increasing dose, were also given to the patient, and he was treated with local hyperthermia a.m. Oncotherm and whole body hyperthermia a.m. Heckel as well.

On 23.12.2008 we found a complex-bound PSA of 598, and ultrasound on 29.12.2008 showed 3 lymph node conglomerates around lower abdominal part of aorta and in both sides of pelvis close to the walls. Also asymmetry and 3,8 x 1,9 cm big, heterogeneous changes of the prostate, mostly in the right side.

The patient responded well to the therapy with a PSA reduction to 249 as early as on 30th December, 2008.

After his return to Spain, the PSA was reduced to 26 (on 20.01.2009), and in mid-February we modified the KEES protocol to a lower dosage.

On 28th May, 2009, the PSA has been reduced to 0,1, and the enlarged lymph glands were normalized.

After this result the patient paused with the KEES protocol until Mid-January 2010, but continued low-dose intermittent mistletoe injections. His PSA was now 8,6, and we started prednisone 10 mg daily, cyclophosphamide 50 mg daily in even weeks, and

dutasteride (Avodart) 0,5 mg daily.

The 16th March the PSA had risen to 25,9, and we added Ketoconazole 200 mg two times daily and prostasol (Quercetin Plus) to the treatment.

In the middle of June the PSA had gone up to 78,5, and we now added estracyt (=estramustin-phosphate) 140 mg daily in uneven weeks to the treatment. 27.7.10 the PSA had fallen to 4,8 and we continued with this program.

On the 19th October 2010, the PSA had fallen to 0,12, and the patient is doing very well, and walks his dog 1 hour every evening.

Conclusion: After the initial KEES-protocol which brought total PSA from 814 to 0,1, the patient paused for 7 ½ months. The patient then experienced a gradual PSA rise on a few elements of the protocol, but when we added estracyt in a very small dose to the treatment, **the PSA goes down to 0,12**. The patient never was operated or radiated and never had medical castration with GnRH analogs, GnRH antagonists or anti-androgens.

Again we can say:

SMALL IS BEAUTIFUL

or

LESS IS MORE