



Excellent response in a breast cancer patient with lung metastases

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The patient is a Danish woman, born in 1955, who in July 2008 had the right breast removed because of breast cancer. The breast was inflamed - a so called inflammatory breast cancer.

The tumor was hormone receptor negative but 3 + for Her-2 Neu, thus Herceptin sensitive. It was an invasive ductal carcinoma grade II, with metastases in 11 out of 19 lymph nodes in the armpit. Hereafter the patient received 4 x adjuvant treatment with Taxotere and Herceptin. Then 24 radiation treatments from mid November 2008. In January 2009 again two treatments with Taxotere and Herceptin. At the end of January 2009 the patient developed febrile neutropenia - fever with a low white blood cell count because of chemotherapy, and now multiple lesions in both lungs were found. The treatment was changed to Vinorelbine and Herceptin from mid-February 2009, but the patient suffered severe side effects, and treatment was stopped. The patient then received various supplements and high dose vitamin C iv, but on 04/13/2009 an X-ray of the lungs showed significant growth in the lung metastases, and in addition also skin metastases around the scar, and enlarged lymph nodes on the neck.

The patient is then staying at Humlegaarden from 14.04 - 05.05.2009 and starts low-dose chemotherapy with metronomic cyclophosphamide 50 mg daily and with the angiogenesis inhibitor Celebrex 200 mg x 2 daily. Furthermore, with the mistletoe compound Iscador M and various homeopathic remedies for the lungs, and also LDN - low dose naltrexone 4.5 mg daily, with noscapine 6 x 25 mg daily. Also with melatonin, only 10 mg daily and later 20 mg daily.

In addition, we treated with local hyperthermia on the lungs.

Her tumor marker CA 15-3 was 50 upon arrival. In June 09 we supplemented with methotrexate 5 mg x 2, 2 times per week due to a minor growth in the skin metastases.

Methotrexate was stopped at Christmas 09, when the patient buys a device with which she can burn skin metastases away.

At our latest contact with the patient mid June 2010 - 14 months after starting treatment at Humlegaarden - she is fine apart from some dizziness. She walks around 7 km most days, and an X-ray of the lungs in June 10 showed significant shrinkage in the lung metastases and no new metastases. An MRI of the brain also in June 2010 showed normal conditions. Her tumor marker CA 15-3 has now fallen to 15, ie. within the normal range.