

Humlegaarden



Metronomic Case-Story - Breast Cancer

A Swedish woman 46 years of age is operated in July 2005 for a small cancer tumor of 11 mm size in her right breast with sector resection, not mastectomy. No metastases to the axillary glands, not hormone sensitive.

After the operation she receives the traditional prophylactic treatment with chemotherapy (FEC) and thereafter prophylactic radiation treatment of the right thorax, which was ended in March 2006.

However the prophylactic measures did not work, as she developed a swelling in her right armpit already in July 2007.

This is removed in August 2007 and 19 metastatic glands are found in the right armpit together with metastatic glands above the clavicle and on the right side of the neck.

Chemotherapy with Taxotere and Carboplatin is started in September 2007, but after 5 treatment cycles this therapy is stopped because local recurrence is found in the skin on the right breast-region.

A new chemotherapy with Xeloda and the angiogenesis inhibitor Avastin is started in January 2008, but stopped after 3-4 cycles because of bad life quality with pain and paresthesia in the feet. Progressive disease was found after the treatment, so the treatment had no effect. In May 2008 a new treatment was started with Paxene (a Taxol compound) once per week, and this was supplemented with Sutent-tbl.s in June.

During this treatment the patient experienced frequent periods with neutropenia (making the Paxene schedule difficult), and at the end of October 2008 the Paxene treatment was stopped. A pleural carcinosis was suspected at this time.

Sutent tbl.s was continued until primo January 2009, where progression was found.

The patient consulted Humlegaarden for the first time in November 2008, where we advised a low dose metronomic protocol because of the many side effects.

This advice was followed on the 12th of January 2009, where the patient was started on 50 mg cyclofosfamide daily together with metrotrexate 2,5 mg (2 tbl.s daily two times per week), and the patient has tolerated this treatment very fine, and for the first time during her many treatments she experiences a significant improvement in the skin metastases. The wounds are healed and the pain disappeared. The swelling on the right side of the neck disappeared. The patient is feeling much better, when we saw her on the 13th of March in Humlegaarden.

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Conclusion:

After an ineffective prophylactic treatment with chemotherapy and radiation with many side effects the patient receives 3 different chemo combinations full of side effects and without any effect at all on the cancer. First when the patient receives metronomic low dose chemotherapy without side-effects she experiences a significant response.

Everybody should know that the metronomic low dose chemotherapy is a true alternative to MTD (maximal tolerable dose) chemotherapy, and should always be considered in case of:

1. Elderly patients who often tolerate MTD-chemotherapy badly.
2. Cancer forms, which traditionally are bad responders to MTD-chemotherapy (like prostate cancer).
3. Cancer patients who have many side-effects from their MTD chemo, and where the tumor-response has been insignificant.
4. Cancer patient who have tried several MTD-chemos without success.