



## Hyperthermia and metronomic chemotherapy in colon cancer

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The patient is a Swedish district nurse, born 1952, who in 2006 underwent surgery for what was anticipated as ovarian cancer. Treatment after the operation with chemotherapy carboplatin and taxol.

In October 2007, a cancerous tumor was removed from the lower part of the colon. The previous microscopy of the ovarian cancer was examined again, and was now considered to be a metastasis from the patient's colon cancer. In December 2007 she starts chemotherapy with Campto / FLV, and the patient receives 12 treatments until May 2008. Beginning of November 2009 a large recurrence in the vaginal top is found, and the patient now has five weeks of radiotherapy with concomitant Xeloda treatment. In April 2010, a new recurrence on the left side of pelvis is removed, and she furthermore starts anticoagulation treatment with Fragmin due to 2 thromboses in the right lung.

Mid-June 2010 she starts chemotherapy with oxaliplatin and Xeloda, and receives 6 treatments until mid-December 2010. The tumor marker CEA is now normal at 2,2. A CT scan on 30. March 2011 shows a small lung metastasis and a large liver metastasis, and an expansiveness outside the liver capsule, which is a probable recurrence with suspected peritoneal carcinosis.

She comes to Humlegaarden from 10. May to 1. June 2011 and starts treatment with low-dose metronomic chemotherapy with Xeloda 500 mg morning and evening, along with the mistletoe compound Helixor M in increasing dosage. In addition, LDN 4.5 mg daily, and the diabetes drug metformin 500 mg x 2, together with various homeopathic medications. She undergoes whole-body hyperthermia once, and local hyperthermia a.m. Oncotherm every other day. After returning home, she has continued her treatments. She has been here for whole-body hyperthermia once per month: in July, August, September and October, reaching temperatures around 40 degrees Celcius.

The latest CT scan on 14 / 9 showed that both the lung and the liver metastasis had disappeared and that the expansiveness on the liver was stable. The patient is fine and goes for a walk lasting 45 to 60 minutes every day. The metronomic chemotherapy with Xeloda is prescribed and controlled by her Swedish doctors.

Conclusion: The combination of hyperthermia, whole-body as well as local, mistletoe injections (Helixor M, 100 mg, every other day) and low-dose metronomic chemotherapy is an interesting combination that should be taken seriously within oncology.

Professor of Oncology, Dr. Hans-Otto Klein, Cologne, has for many years used this combination of hyperthermia and low dose metronomic chemotherapy combined with various natural remedies. We refer to his lecture in Cologne on Saturday 24 September 2011 at the Hyperthermia Congress in Cologne.

Further clinical studies are highly desirable.