

Humlegaarden



Malignant melanoma – reduced by 50%

A malignant melanoma is in 1999 removed from the left shoulder of a 30 year-old Danish man, born in 1969. From September, 2008, the patient begins to suffer from pain in his right kidney, and in October, 2008, blood appears in his urine.

A CT scan on 23.12.2008 reveals a large tumour process in his upper right kidney pole (6,4 x 5,7 x 6 cm) and multiple metastases in all lung segments in both lungs. A kidney biopsy made on 09.01.09 is a little difficult to interpret, and not until 26.01.09 it becomes evident that the malignant melanoma has reappeared.

On 05.02.09, a PET-CT scan shows multiple lung and bone metastases as well as several PET-positive processes under the skin in his right armpit, the upper part of his left arm, his right heel and hip region (apart from the large process in his right kidney). On 23.01.09, a CT scan of the brain shows no brain metastases. The patient is now referred to PEG-Introna (= Interferon-) and II-2 (Interleukin-) treatment in Odense.

A new CT scan of his brain made on 03.03.09 reveals that – during the long waiting time – two brain metastases have appeared. MR scan made on 16.03.09 confirms that the patient has two brain metastases as well as widespread metastases in mediastinum. The patient cannot be treated in Odense until he has had radiation treatment for his brain metastases, and on 02.04.09 he gets stereotactic radiation treatment for these metastases at Rigshospitalet in Copenhagen.

In the meantime the long waiting time makes the patient lose his patience as 3 months have passed since the large process in his right kidney was detected.

He arrives at Humlegaarden on 23.03.09, and the same day we start treating him with a standard 5/28 dose of Temozolomide. Parallel to that, a treatment is initiated with Celebrex, the angiogenesis inhibitor, and Helixor P, the mistletoe remedy, in an increasing dose. In addition, we start giving the patient enzyme and Iperoxo treatments, local hyperthermia and other local treatments.

Finally, on 13.05.09 (4½ months after the large tumour in his kidney was found), the Oncology Dept. in Odense is prepared to meet with the patient in order to discuss the treatment of his multiple lesions. A CT scan made shortly before did show, however that during his treatment at Humlegaarden, his lesions have been reduced by 50%, and the Oncology Dept. chooses not to initiate the above treatment.

The patient's brain metastases have become smaller, and the patient is doing very well.

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The above case story clearly indicates that the waiting time in the public health system is too long – and, in the above case, the patient has waited for a treatment that offers a 7% chance for complete remission and a 20% chance for a minor response.

The question could be raised why a treatment with Temozolomide – which is a well-documented treatment for malignant melanoma – was not initiated as soon as the diagnosis was made on 26.01.09. During the waiting time the patient gets brain metastases, and the tumour in his kidney grows to double size.