



Female patient with inoperable pancreatic cancer plays badminton two years later!

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The present disease of this female patient started July, 2008, with pain in the upper part of her abdomen radiating into the back. In September, 2008, a pancreatic cancer was found, and the surgeons believed it to be operable. The operation took place on the 29th October, 2008, but during the operation it was found that the tumor had grown into the root of mesocolon transversum (the horizontal part of the colon) and furthermore, some hard lymph nodes were found. The operation was therefore stopped. A biopsy showed adenocarcinoma.

Few days after the operation, the patient developed a lung embolia and was put under treatment with anticoagulation (INNOHEP) which she still takes.

In the middle of November, 2008, fluid was found in her abdomen (ascites) and two liters were taken out. Also a little fluid in her right pleura was found.

Chemotherapy with Gemzar was started on 24.11.2008, but progression was found in February, 2009, and the chemotherapy was switched over to 2nd line treatment with Oxaliplatin and Xeloda.

The patient had too many side effects of Oxaliplatin and therefore this treatment was stopped in the middle of May, 2009. She continued taking Xeloda until the middle of July, 2009, however. A new CT scan now showed progression with severe jaundice and intrahepatic cholestasis (bile accumulation), and the Xeloda treatment was therefore stopped as well.

On the 13th August, 2009, a self-expanding Wall stent was inserted into choledochus (the big bile duct) with good effect on the jaundice.

No further treatment options were offered to the patient neither in the hospital nor in the second opinion committee of the Danish health authorities.

The patient stayed in Humlegaarden from 27.08.09 till 17.09.09 and was immediately started upon low dose metronomic chemotherapy with cyclophosphamide, 50 mg daily, together with Celebrex 200 mg bid. In addition to this, treatment with enzyme therapy and alpha-lipoic acid was commenced together with injections of the mistletoe compound Helixor M and various homeopathic remedies as injection. Along with these treatments, local hyperthermia, biophotons, exercise and other strengthening therapies were initiated.

The specific tumor marker for pancreatic cancer, CA-19-9, was elevated at the time of the arrival of the patient, but started falling quickly.

After returning to her home, she has followed our program meticulously, and when we recently spoke to her on 16th March 2010, she told us that she plays badminton 1½ hours every week.

In February, 2010, her tumor marker was in the normal range.

At our latest contact with the patient on July 9th 2010, she had just returned from a week's fine vacation in Vienna.

CONCLUSION:

An advanced inoperable pancreatic cancer patient playing badminton almost 2 years later is not frequently seen in modern oncology.