



SMALL IS BEAUTIFUL

On the latest ESMO conference in Milano 8.10 – 12.10 2010 the Belgian angiogenesis researcher Peter Carmeliet gave an excellent lecture about the recent findings in this area. He told that you actually can overdo angiogenesis treatment and thereby creating hypoxia (too little oxygen) in the tumor which lead to tumor cells escaping from the primary tumor and creating invasive metastases.

It therefore can be discussed if the doses we are using today in the low dose metronomic chemotherapy could be reduced further to avoid resistance to our treatments.

Illustrating this we can report a recent case story from Humlegaarden:

A Danish man, born 1951 was diagnosed with prostate cancer in August 2007. PSA 650, Gleason score 8. Bone metastases in both hips.

He was treated with the anti-androgen Casodex 150 mg daily for one year, and after an initial drop in the PSA value to around 20 it went up again gradually to 400. After one year the treatment was supplemented with Zoladex injections every 3rd month, which was not particular effective, so the Casodex treatment was stopped. PSA however rose to 6-700, and in April 2009 he had subcapsular orchiectomy (removal of the testes) and the Zoladex treatment was stopped. The patient now was given 8 series of Taxotere from 1.5.09 until 2.10.09.

PSA was reduced from 700 to 13, but it gradually rose to 434 in March 2010.

He then entered a randomized study with Sutent tablets which he received from 23.3 until 13.7.10. At the beginning of June he received radiation against the right hip, and PSA was measured to 1200 on 9th July. The patient was hospitalized 24.8.10 because of strong pain in the left side of the pelvis radiating to the left femur, and pronounced osteoblastic bone metastases were found.

The patient had developed thrombocytopenia (low amounts of platelets) during the Sutent treatment with a nadir value of 18 at the end of August.

Mid September the PSA was 4.321! and thrombocytes 25, LDH 1016 and alkaline fosfatase 870.

Humlegaarden



The patient arrived at Humlegaarden September 19th for one weeks stay, and because of the low platelet count we started the patient very cautiously on Estracyt (Estramustine phosphate) tablets of 140 mg every other day, prednisone 10 mg daily, ketoconazole 200 mg 2 times daily and finasteride 5 mg daily. Also with stibium met. pr. D6 i.v. and later s.c. which is a homeopathic remedy to stimulate the platelet count. Also with the mistletoe compound Helixor A in increasing dosage and with Metformin 500 mg 2 times daily as a cancer remedy.

What happened is that on October 18th one month after the start of this therapy the platelet count is normalized (134) and the PSA count has fallen from 4.321 to 914!!!

CONCLUSION:

On a very low dose metronomic regimen we see a quick and dramatic response in a castration resistant prostate cancer patient, who also has received treatment with Taxotere and the angiogenesis inhibitor Sutent.