

# **Low Dose Naltrexone (LDN) Cancer Case Presentation**

LDN Research Trust Conference

[www.ldnresearchtrust.org](http://www.ldnresearchtrust.org)

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Research Trust

# Disclosure

The presenter is the Medical Director of Medicor Cancer Centres Inc. where LDN is prescribed and dispensed. This clinic is owned by a family member of the presenter.

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# Medicor Cancer Centres



[www.medicorcancer.com](http://www.medicorcancer.com)

Founded in 2006

# Mechanism of Action

- Use of “low dose” naltrexone causes brief opiate receptor blocking
- Feedback mechanism results in increased production of endogenous opiates (including OGF and other endorphins) to compensate
- LDN effect is quickly lost (few hours), resulting in an endorphin boost (including OGF)
- OGF regulates growth, kills cancer cells

# Case 1

- 59 year old female with localized small breast cancer ~3cm diameter
- New lump appeared Dec 2012, biopsy positive
- ER+, PR+, HER2-
- Started nutritional and natural therapies
- Refused standard of care (surgery +/- chemo and radiation)

# Case 1

- started dichloroacetate therapy (metabolic therapy + apoptosis inducer) Oct 2013
- Tumour 3.2 x 2.2 x 3.1cm before therapy

# Case 1

- By Dec 2013, slight growth was noted
- Tumour 3.5 x 3.2 x 2.4cm after therapy

**Service Date:** 16-Dec-2013

**INDICATION:**

ULTRASOUND BILATERAL BREAST AND AXILLA

**CLINICAL:** Known right breast cancer. Assess response to therapy. Compared with previous.

**FINDINGS:**

In the upper outer right breast there is 35 x 32 x 24mm heterogeneous predominantly hypoechoic solid mass with irregular infiltrating margins and posterior acoustic shadowing. No dominant vascularity.

# Case 1

- DCA stopped
- Patient looking at other therapies, delay 3mo.
- Taking oral natural supplements from naturopath, vit D, MCP, vit C
- Started LDN Mar 2013, natural meds cont.
- LDN 2mg at bedtime, increased gradually to 4mg at bedtime
- No side effects noted at all



# Case 1

- New breast ultrasound in 1 month
- No new metastases
- Tumour shrinkage:

# Case 1

APR 2014

## Findings

On the right-hand side at roughly the 11:00 radian we identify a 2.6 x 2.2 x 1.6 cm solid spiculated mass demonstrating acoustic shadowing and having sonographic findings in keeping with malignancy. This has been previously demonstrated on at least 2 other ultrasound and mammography and, accounting for differences in technique does not appear to change significantly in size based on the reports provided. No other cyst or solid mass lesion was identified within the right breast.

Scans through the left breast reveal an 11 x 11 x 5 mm simple appearing cyst at the 2:30 radian roughly 3.8 cm from the nipple and 15 mm deep to the skin. No other significant cyst or solid mass lesion was identified. There is no finding worrisome for malignancy on the left.

# Case 1

- Remained on LDN
- Eventually agreed to breast lumpectomy
- Performed Oct 2014
- No new metastases, clinically well
- Circulating tumour cell count = 0 (less than 10 live cancer cells per 1ml of whole blood)
- Continuing LDN as “adjuvant” therapy (declined chemo, anti-estrogen therapy)



## Case 2

- 59 year old female, arm melanoma diagnosed in May 2011
- Wide excision with skin graft
- 7 mm thickness (translates to 50% survival by 5 years after diagnosis)
- Offered interferon, refused
- Hx hypothyroid, hypertension, cervical HPV, hysterectomy

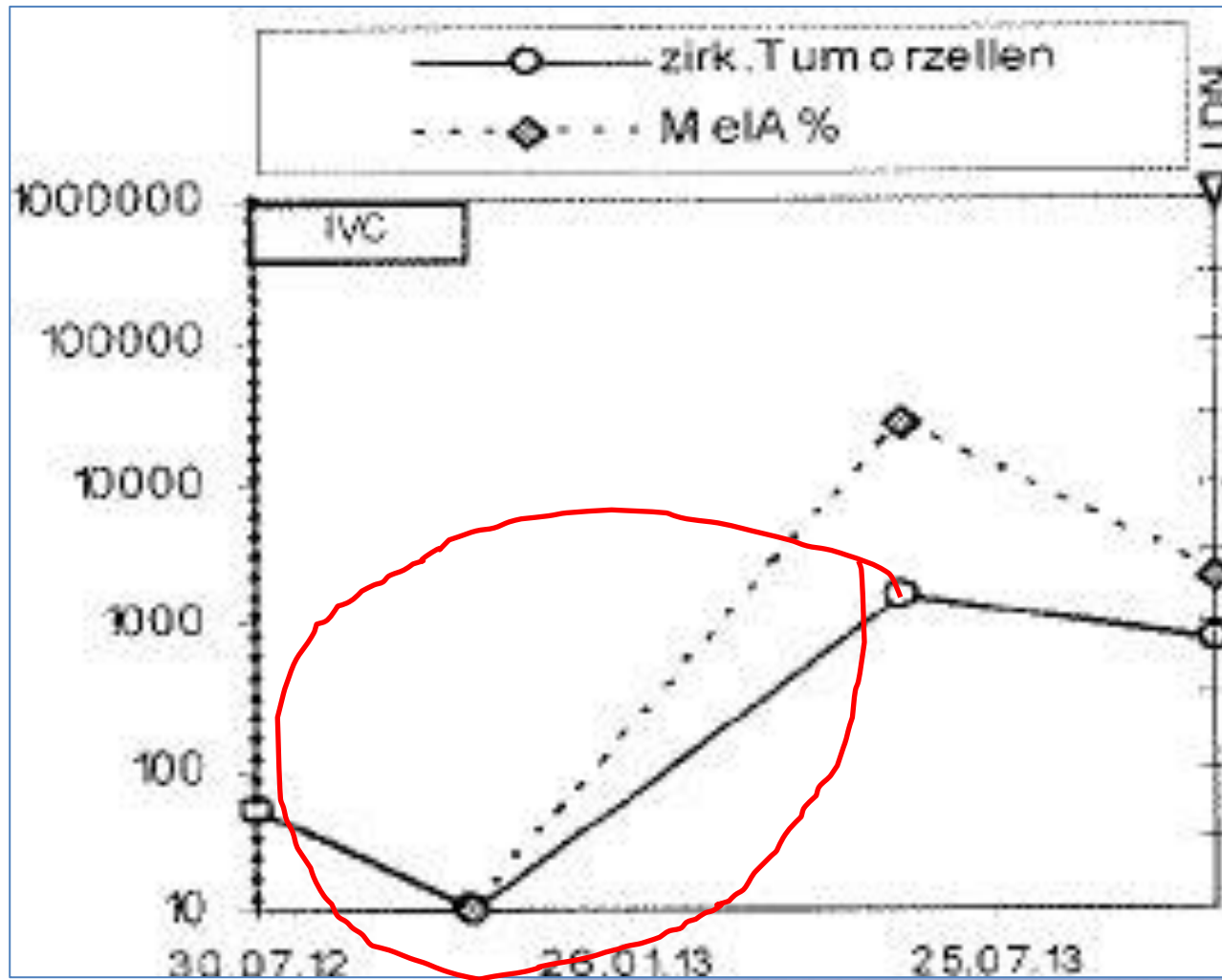
## Case 2

- Started prevention strategy with naturopathic doctor
- Calcium, vit D (7000IU/d), omega 3 oils, flax oil, probiotic, Essiac, AHCC, resveratrol/green tea, curcumin, FWGE, IVC

## Case 2

- Continued natural treatment while monitoring circulating tumour cell counts (CTC)
- Initial fall of CTC from 50 to 0 cells per 1ml of blood, with natural therapies only
- By Jun 2013, CTC increased to 1500
- Early warning of impending recurrence

# Case 2

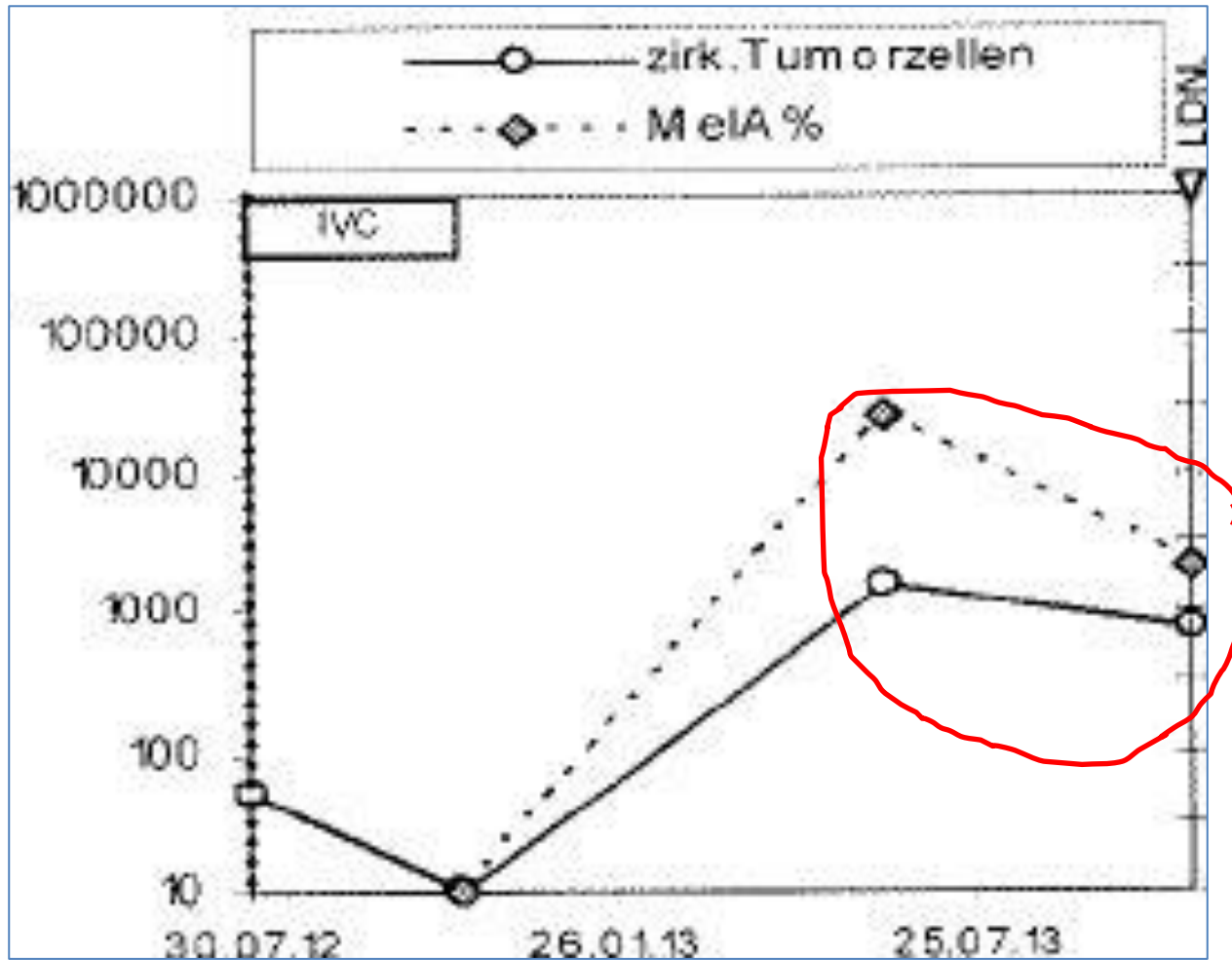




## Case 2

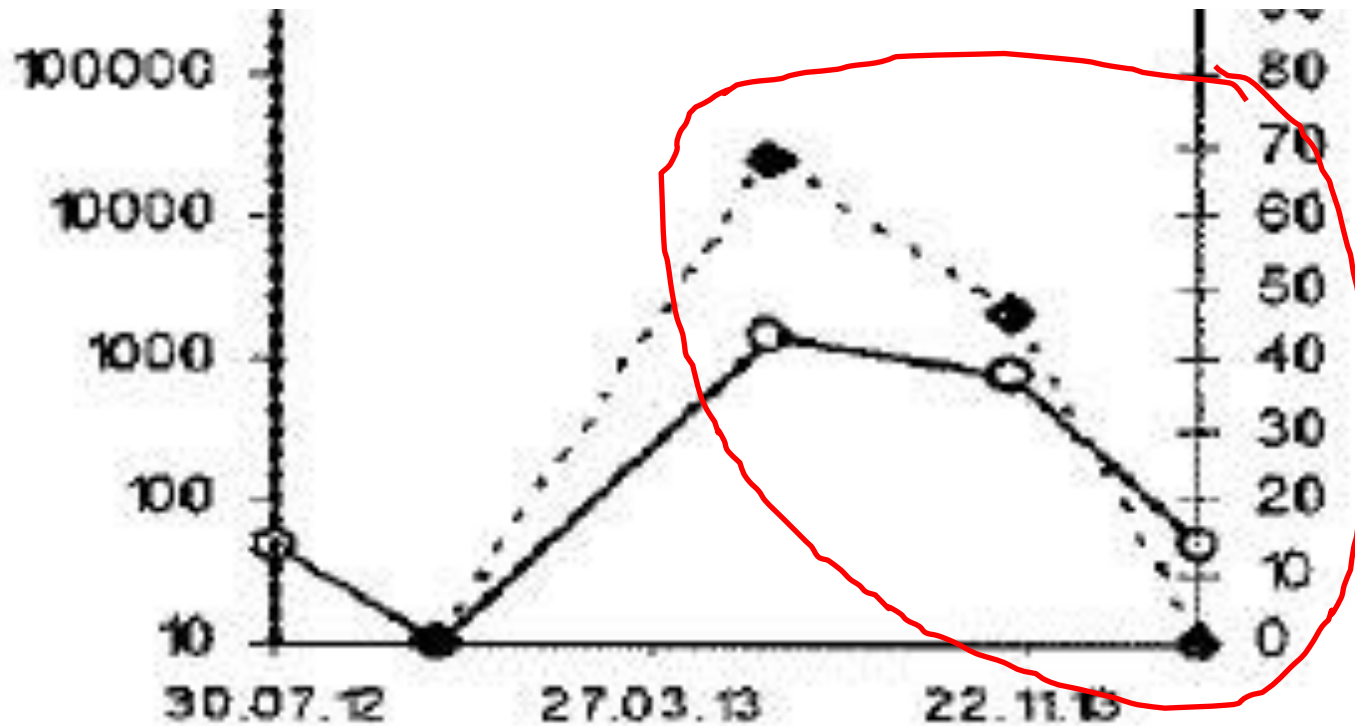
- Started a course of LDN
- By Nov 2013 CTC fell to  $\frac{1}{2}$  (750 cancer cells/ml of blood)

# Case 2



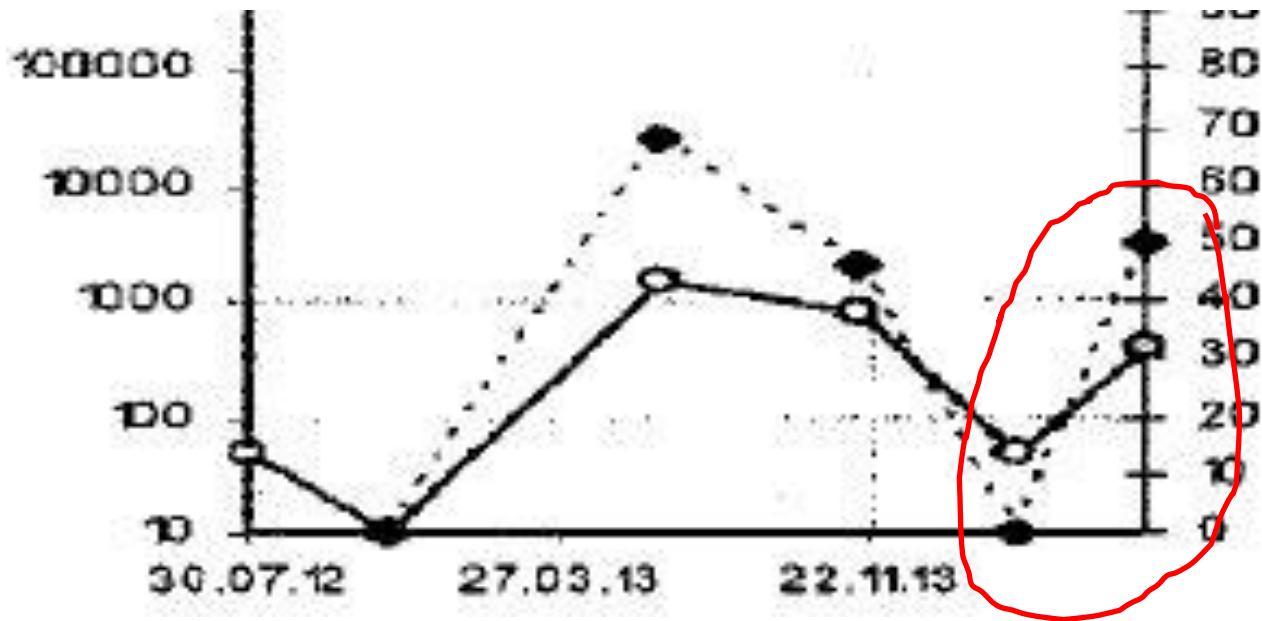
# Case 2

- By Mar 2014 CTC fell to 0 cells/ml



## Case 2

- Stopped LDN (thought she was cured?)
- In 3 months, CTC up to 400 cells/ml



## Case 2

- Re-started LDN
- CTC fell again in 4 months from 400 to 150 cells/ml
- Continuing on LDN indefinitely, with ongoing monitoring of CTC and symptoms

Questions?

# Case 3

- 67 year old female
- Thyroid mass 2005, FNA biopsy inconclusive
- Hemithyroidectomy, benign pathology
- Pathology second opinion: thyroid cancer
- Radio-iodine, recurrence after therapy
- Neck node dissection
- Excision of mediastinal tumour

# Case 3

- Repeated radio-iodine
- Developed lung, liver and bone metastases
- Radiotherapy to pelvic metastases
- Pathologic hip fracture, radiation to hip, no surgery



# Case 3

- Initial trial of DCA
- Patient was taking morphine for pains
- Pains resolved, morphine stopped
- Tumour marker thyroglobulin (TG) increased sharply from 1551 to 2373 in 6 weeks
- unclear if this was due to rapid response to DCA, or new growth, pt. got some neuropathy
- DCA stopped as a precaution

# Case 3

- TG began to fall after DCA stopped
- Immediately started LDN, HonoPure<sup>®</sup>, vit D
- Gradual consistent fall of TG from 2373 to mid 500 range over 10 months
- Patient feels well despite stage 4 disease
- Latest TG: Oct 2014 = 521 (normal < 45)
- No new problems, diarrhea from HonoPure
- To have new scans now

Questions?



THE END