

Breast Cancer-CAM Rx

NAME/	AGE/57	SEX/Female	AREA/Australia
Visit 1: 5/8/2011			
Case History Discussion			
<ul style="list-style-type: none">• Right Breast Cancer – Infiltrating Ductal Carcinoma, no specific type, Grade 1 to 2.• Patient visited my clinic in August 2011 for assistance with treatment for a recently diagnosed R Breast Cancer.• December 2010, she felt lymph pain under both arms (R & L axilla) and a R breast lump became evident.• Ultrasound performed on both breasts in March 2011, where a 4.3cm mass was confirmed in the R breast at 10-11 o'clock, plus 2 possibly metastatic lymph nodes in the R axilla.• Initial FNA of 4.3cm mass at 11 o'clock, R breast showed fat necrosis and focal mild atypia. However, 2 core biopsies performed confirmed infiltrating ductal carcinoma of no specific type, Grade 1 or 2.• Oestrogen and progesterone receptors were positive.• Mammogram performed June 2011 indicated malignant mass at 10 o'clock and malignant R axillary lymph node.• Patient had already started a number of natural medicines, but wanted professional advice about her cancer diagnosis and best treatment protocols to help resolve her situation.			
CAM Rx			
<ul style="list-style-type: none">• Patient wanted to avoid standard oncology treatment for very good reasons, more specifically, due to the death of her husband, which she blamed on medical negligence and pharmaceutical medication.• This trauma, plus some other personal tragedies since then no doubt had a significant influence on her cancer diagnosis.• She had suffered high level anxiety and depression for some years given the traumas endured.			
Medical History			
<ul style="list-style-type: none">• One kidney, with a long history of UTI's and reduced renal function (low GFR) for many years.• GFR was stable the past 5-6 years, stable readings between 54 to 73ml/min. Also suffered from multinodular goitre, Hashimotos Thyroiditis for at least 20yrs. However, over the years the goitre had reduced in size and her antibodies dropped significantly, with recent readings almost normal for all thyroid parameters, with only thyroglobulin antibodies elevated at 266.• Constipation a life-long ongoing issue.• Significant anxiety and depression issues, on Lorazepam 1mg and Citalopram (SSRI) 20mg.• Since breast cancer diagnosis taking Femara 2.5mg (Letrozole), but has refused standard oncology advice of R breast mastectomy, radiotherapy, followed with chemotherapy.• Did not want any standard therapy, and reluctantly agreed to the Femara as a compromise.			

CAM Approach

- On presentation, highly anxious but keen to do whatever she could to avoid standard oncology treatments of surgery, radiation and chemotherapy.
- Given her situation and history, I was very happy to be of assistance on the one condition that she have follow up testing and scans at some stage to check on progress. Pros and cons of Femara were discussed, with the decision left to the patient – interestingly, she did stop Femara after a few months due to side-effects, especially increased anxiety, flushes, sleep disturbance, pain, weight gain etc.

Pathology

Previous Pathology Results (12/1/2010)

Renal Function, Vitamin D, Thyroid Function

1. Ultrasound Both Breasts & FNA Right Breast (23/3/2011)

- In region of palpable lump (11 o'clock R Breast), extensive poorly defined irregular mass lesion
- Measures 4.3 cm diameter
- Poorly defined margins, radial appearance extending into surrounding tissues
- 2 lesions in R axilla almost certainly metastatic lymph nodes, each approx 8mm size
- FNA of mass at 11 o'clock taken

Comment: Neoplastic lesion R breast with abnormal axillary lymph nodes

2. FNA Cytology – R Breast (23/3/2011)

- Features are very suggestive of fat necrosis and much of the epithelium looks completely benign, some small areas are atypical. The atypia could be reactive.

Summary: Features suggestive of fat necrosis, with focal atypia

3. Ultrasound & Core Biopsy Right Breast (18/4/2011)

- No substantial change in overall appearance of areas of concern in upper and outer right breast
- 2 core biopsies done

4. Histopath - Core Biopsy Right Breast (18/4/2011)

- Sections of 2 cores show infiltrating ductal carcinoma of no specific type
- One core shows infiltrating fat & is associated with a fibromyoid tumour stroma
- Other core has a desmoplastic stromal reaction
- Moderate degree of tubule formation
- Nuclei mildly enlarged, but mitotic figures difficult to find
- Appearances therefore predict a grade 1, possibly 2 tumour using Nottingham modification of Bloom & Richardson
- Associated intermediate grade ductal carcinoma in situ with some luminal necrosis
- No vascular or perineural infiltration seen

Summary: Infiltrating ductal carcinoma of no specific type, predict grade 1 to 2

5. Oestrogen/Progesterone Receptors (18/4/2011)

Oestrogen Receptors: % of nuclei stained: 60%

- Predominant intensity of staining: High
- Positive

Progesterone Receptors: % of nuclei stained: 95%

- Predominant intensity of staining: High
- Positive

6. Bilateral Mammogram (3/6/2011)

- Malignant mass located at 10 o'clock in the right breast with associated microcalcifications corresponding to the known neoplasm.
- Malignant right axillary lymph node.
- No other speculated masses, or areas of architectural distortion or suspicious microcalcifications.

7. Blood Pathology (10/06/11)

General & Serum Chemistry

	9/11/09	7/9/10	30/5/11	9/6/11	10/6/11
eGFR	73L	59L	69L	65L	
ALT	18	17	50	273H	265H
ALKP	50	57	72	133H	130H
GGT	13	21	65H	238H	242H

Treatment Recommendations

1. Lifestyle & Dietary

- Diet and lifestyle were good. She follows a generally healthy diet, low in sugar and limited protein given the kidney issues. She also avoids processed foods, alcohol, coffee, junk food, with a predominantly plant based diet.

2. Supplement Programme

Her current nutrient programme was modified and improved given the diagnosis and implications. Her programme is as follows:

Basics:

- Multivitamin/mineral – 2 capsules daily
- Antioxidants – 2 capsules daily
- Vitamin C Powder – 3-5g bd

Primary Specifics/Immunotherapy:

1. RBAC – 3 sachets daily

(*Note: 1 sachet contains 1g RBAC; patient's weight: 70kg's, therefore, equivalent to a daily dosage of 42 mg/kg of RBAC, at 3 sachets daily)

2. Antioxidant Formula (Vitamins A & D, Selenium & Vitamin E Succinate, Zinc, Green Tea, Turmeric, Grape Seed, Quercetin) – 3 capsules bd

3. Bromelain/Tumeric Anti-inflammatory Formula) – 2 capsules bd

4. Essential Fatty Acids – Fish Oil & Flaxseed Oil 1 tablespoon

5. Probiotics – Probiotic Formula 1 teaspoon bd & 1 capsule bd

Secondary Specifics:

- Vegetable Enzyme Formula – 2 capsules qid
- CoQ10 – 300-600mg daily
- Iodine – 1 capsule daily
- Magnesium/B Vitamin Formula – 1 tablet bd
- Flaxseed Oil – for breast/hormonal/oestrogen modulation
- Vitamin D 10,000IU daily

Visit 2: 21/6/2012

Case History Discussion

- Patient returned for discussion about results of ultrasounds, mammograms and biopsies performed on both breasts in April, 2012.
- Results were excellent, showing a dramatic reversal of the previously diagnosed R breast infiltrating ductal carcinoma (no specific type, grade 1 or 2) present in both the R breast and R axillary metastasis.
- **Mammogram confirmed that the 'previously demonstrated spiculated mass in the right axilla on mammogram 3/6/2011 is no longer evident', but the large area of architectural distortion in the upper outer quadrant of right breast remains.**

Ultrasound and Mammogram Results

- Ultrasound of R breast demonstrated the mass at 11 o'clock had reduced from 4.3cm to 21mm, but architectural distortions still noted in this 11 o'clock position and also the 9 and 10 o'clock positions, which are all suspicious.
- Known right breast cancer at 10 o'clock, 3cm from nipple, measures 23mm on ultrasound.
- Residual malignant type calcifications on mammogram, yet there is confusion on this point whether the core biopsies were originally taken from the 10 or 11 o'clock position, as the large mass extended over an area from 9 to 11 o'clock, they are largely basing this on the mammogram study and previous biopsy (if it was at 10 o'clock) and assuming that 'cancer cannot revert to normal'.
- Ultrasound also confirmed that the previous right axilla mass demonstrated on mammogram 3/6/2011 is no longer evident. The left breast also contained a section in upper outer quadrant, of prominent glandular

tissue that was suspicious, so this was biopsied too.

Biopsy Results

- FNA of the R axilla node was clear, no malignant cells seen.
- Core biopsies of the R breast lesions (9 & 11 o'clock) and the left breast suspicious area (6 o'clock) were all clear. No evidence of in-situ or invasive carcinoma present.
- Their comment is interesting, stating that 'While the features seen in this material may represent therapy effect, and architectural features diagnostic for atypical ductal hyperplasia or in-situ carcinoma are not present; the degree of nuclear atypia seen focally is considered disquieting.'
- Basically, what they are having trouble coming to terms with is the reversal of the previous malignant areas, and a lack of belief in what they are seeing under the microscope, as it is not in their scientific paradigm to accept that malignant cells can reverse.

Treatment Approach

- Despite all the encouraging results from the pathology, the specialist still believed she had breast cancer, and said it is still present in the 10 o'clock position without any confirmative biopsy testing to prove the claim, yet he had no comment on the reversals in the other areas.
- Patient was quite excited about the results until the specialist discussion, so wanted my opinion of pathology results.
- In brief, I confirmed the results were outstanding and that patient no longer have breast cancer except for possibly the area at 10 o'clock in the right breast, which should have been biopsied.
- Overall, I re-iterated that the prognosis had dramatically improved and to continue the programme until further testing next year.
- Other main issue for the patient was anxiety and depression, extra support for this was added to the programme.
- Other area of major concern was financial, as she was finding it very difficult to afford the medicines and take them every day. So, a reduced programme was structured around key remedies, to reduce anxiety further, she was instructed to take the supplements 3 days on, 1 day off.

Pathology

Blood Pathology (26/3/2012)

1. Bilateral Mammogram & Breast Ultrasound (3/4/2012)

Mammogram:

Comparison with previous mammogram (3/6/2011)

- In both breasts, approx 25-50% scattered densities
- Right breast, large area of architectural distortion in upper outer quadrant. Area extends over 5cm & extends from 9 o'clock to 11 o'clock
- Residual clustered malignant type microcalcifications which are pleomorphic with some linear and branching type at 10 o'clock. Microcalcifications extend approx 2.5cm
- No discrete mass

- Previously demonstrated spiculated mass in the right axilla on mammogram 3/6/2011 is no longer evident
- Left breast, no mass or architectural distortion seen
- A few scattered faint punctuate microcalcifications noted. No suspicious microcalcifications seen

Bilateral Breast Ultrasound

Right Breast:

- 10 o'clock, 3cm from nipple, hypoechoic irregular area with architectural distortion. Area measures 23mm
- 11 o'clock, 3cm from nipple, further area of hypoechoic distortion noted, measuring 21mm
- 9 o'clock, 3cm from nipple, third irregular hypoechoic lesion noted, measuring 11mm
- 12 o'clock, 3cm from nipple, hypoechoic lesion measuring up to 4mm noted, in keeping with a small cyst
- Right axilla, there is a single right axillary lymph node which demonstrates a mild eccentric cortical thickening, no right axillary adenopathy

Left Breast:

- 2-3 o'clock, 3cm from nipple, prominent glandular tissue noted, with no suspicious mass lesions
- 6 o'clock, 3cm from nipple, area of marked shadowing thought most likely due to Cooper's ligament on real time scanning. However, underlying subtle area of possible architectural distortion which is indeterminate in nature
- Rest of left breast is normal & no left axillary adenopathy

Conclusion:

1. Known right breast cancer at 10 o'clock, 3cm from nipple, measures 23mm on ultrasound. There are residual malignant type calcifications on mammogram. Further areas of architectural distortions are noted in right breast 11 o'clock, 3cm from nipple, measuring 21mm as well as 9 o'clock, 3cm from nipple, measuring 11mm, which are suspicious. On mammogram, area of architectural distortion involves right upper outer quadrant, extends over 5cm. Ultrasound core biopsy of the 9 o'clock and 11 o'clock lesions will be performed.
2. Previous right axilla mass demonstrated on mammogram 3/6/2011 is no longer evident. A single right axillary lymph node with slightly eccentric is noted and fine needle aspiration biopsy will be performed.
3. In left breast, in region of interest in the upper outer quadrant, prominent glandular tissue is noted without evidence of an underlying suspicious lesion. However, there is an area of marked shadowing with possible architectural distortion in the left breast at 6 o'clock, 3cm from the nipple, which is indeterminate, and ultrasound guided core biopsy will be performed.

2. Ultrasound Breast Biopsy (3/4/2012)

- Left Breast, 6 o'clock, 3cm from nipple
- Right Breast, 9 o'clock, 3cm from nipple
- Left Breast, 11 o'clock, 3cm from nipple
- 2 FNAB also made into tiny right axillary lymph node

3. Cytopath Report Fine Needle Aspiration Right Axilla (3/4/2012)

- A few small fragments of fibrous stroma and glandular debris on a background of blood.

- No malignant cells seen in this material

Diagnosis: FNA Axilla – Small stromal fragments, glandular debris & blood

4. Histopath Report Right & Left Breast Biopsies (3/4/2012)

- 2 x 18g cores of each site

1. 6 o'clock Left Breast – shows patchy increase in dense fibrous stroma with hypocellular hyalinised appearance. A few benign breast lobules are present. No evidence of in-situ or invasive carcinoma in sample.

2. 9 o'clock Right Breast, 2 cores – shows patchy increase in dense fibrous stroma with hypocellular hyalinised appearance. A few benign breast lobules present. No evidence of in-situ or invasive carcinoma in this sample.

3. 11 o'clock Right Breast, 2 cores – shows patchy increase in dense fibrous stroma with hypocellular hyalinised appearance. In addition, focally within one core, there is an area with a complex architecture, containing slightly dilated epithelial structures with apical luminal secretion, and irregular islands with an appearance suggestive of adenosis. In this area, epithelial cells have an increased nuclear-to-cytoplasmic ratio and prominent nucleoli. A little foamy cytoplasmic change is noted. A single core intraluminal calcification is present. Immunohistochemical staining for p63 and calponin confirms the presence of myoepithelial cells surrounding the epithelial structures.

Comment: While the features seen in this material may represent therapy effect, and architectural features diagnostic for atypical ductal hyperplasia or in-situ carcinoma are not present; the degree of nuclear atypia seen focally is considered disquieting. Further investigation of this area (eg. excision biopsy) may be prudent for definitive histologic assessment.

Diagnosis:

1. Biopsy Left Breast 6 o'clock - Increase in Dense Fibrous Stroma
2. Biopsies Right Breast 9 o'clock - Increase in Dense Fibrous Stroma
3. Biopsies Right Breast 11 o'clock – Focal Cytologic Atypia. See Comment

Treatment Recommendations

1. Lifestyle & Dietary

- Diet and lifestyle were good. She continued following her healthy plant based diet, low in sugar and limited protein given the kidney issues.

2. Supplement Programme

- Her nutrient programme was modified slightly and improved given the diagnosis and implications. Her programme is as follows:

Basics:

- Multivitamin/mineral – 2 capsules daily
- Antioxidants – 2 capsules daily
- Vitamin C Powder – 1-2g bd

Primary Specifics/Immunotherapy:

1. RBAC – 1 or 2 sachets daily
2. Antioxidant Formula (Vitamins A & D, Selenium & Vitamin E Succinate, Zinc, Green Tea, Turmeric, Grape Seed, Quercetin) – 1-2 capsules bd
3. Bromelain/Tumeric Anti-Inflammatory Formula – 1-2 capsules bd
4. Essential Fatty Acids – Fish Oil & Flaxseed Oil 1 tablespoon
5. Probiotics – Probiotic Formula 1 teaspoon daily
6. Beta 1,3/1,6 Glucan Shiitake Mushroom Complex – ½-1 teaspoon bd

Secondary Specifics:

- Vegetable Enzyme Formula – 2 capsules qid
- CoQ10 – 300mg daily
- Iodine – 1 capsule daily
- Magnesium/B Vitamin Formula – 1 tablet bd
- Flaxseed Oil – for breast/hormonal/oestrogen modulation
- Vitamin D – 10,000IU daily
- Extra anxiety support added as Lorazepam not controlling adequately

Update 2013

- This patient remains well, except for anxiety and depression, and will repeat ultrasounds and mammograms later this year.