

4th World Congress on

Cancer Science & Therapy

October 20-22, 2014 DoubleTree by Hilton Hotel Chicago-North Shore Conference Center, USA

High prevalence of human papillomavirus type 16 (HPV-16) in breast cancer with chrysotile asbestos in more than 90% of over 500 mammograms of human breast cancer indicated potential involvement of HPV-16 in other cancers and found them in adenocarcinoma of the esophagus, stomach, colon & prostate gland but not in the pancreas: future treatment & prevention of HPV-16 infected cancers should include safe effective treatment or prevention of HPV-16 & asbestos with average vitamin D3 400 I.U.

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Our latest study with over 500 cases of published breast cancer mammogram analysis indicated in more than 90% Human Breast Cancers had HPV-16 & Chrysotile Asbestos with a relatively smooth outline. Less than 5% had HPV-18 & Tremolite Asbestos, in which the outline of tumor was sawtooth-like, zigzag and irregular. Because of this high incident of involvement of HPV-16 in breast cancer, the author investigated which cancers of other organs may have HPV-16 infection with Chrysotile asbestos. The following cancer tissues were found to have HPV-16 infection with Chrysotile Asbestos: 1) Adenocarcinoma of tongue; 2) Adenocarcinoma of Esophagus (Squamous Cell Carcinoma did not have any one of HPV-16, -18, & -33); 3) Adenocarcinoma of Lung (Small Cell Carcinoma, Squamous Cell Carcinoma, and Large Cell Carcinoma did not have HPV-16, -18 & -33); 4) Adenocarcinoma of Stomach (but Scirrhus Carcinoma of Stomach and Signet Ring Cell Carcinoma of Stomach did not have HPV-16, -18 & -33); 5) Adenocarcinoma of Colon; 6) Adenocarcinoma of Prostate Gland, but Adenocarcinoma of Pancreas did not have HPV-16, -18 or -33, but had Coxsackie Virus B. HPV-18 or HPV-33 were not found in other types of cancers of the same organs but all kinds of cancer examined had Chrysotile Asbestos with less than 5% of Breast Cancers. Thus safe & effective treatment or prevention of these cancers should also control HPV-16 & Asbestos along with a few beneficial optimal doses of mutually compatible supplements including Vitamin D₃, average 400 I.U. for average adult cancer patients.

Biography

Yoshiaki Omura received both Oncology Residency Training and a Doctor of Science Degree through research on Pharmaco-Electro Physiology of Single Cardiac Cells *in vivo* and *in vitro* from Columbia University. He has published over 250 articles and 7 books. He is Executive Editor of Integrative Oncology & Editorial Board Member of *Journal of Clinical Trials in Cardiology*, etc. Using his new diagnostic method, which received U.S. patent, he can non-invasively and rapidly measure many neurotransmitters, other chemicals, asbestos, viruses, and bacteria. He developed a non-invasive, quick diagnostic methods of malignancies, as well as a method of evaluating the effects of any treatment.

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