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Method proposed to prevent early (and maybe late) relapses in breast and other cancers

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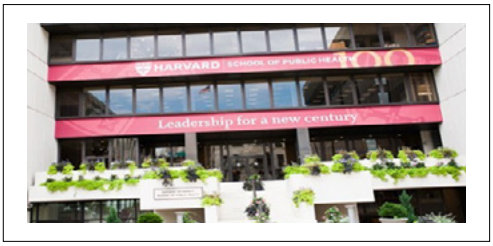
Abstract

My colleagues and I have been studying a bimodal relapse pattern in breast cancer. This project started in 1993 when data from Italy and UK showed an unexpected bimodal relapse pattern in breast cancer. It seemed that 50 to 80% of all relapses in patients treated only with surgery occurred in an early wave of relapses in the first three years post-surgery. We have proposed a reasonable explanation over the years. It appears that the surgery to remove a primary tumor causes systemic inflammation for a week. During that time, dormant single malignant cells and avascular deposits escape from dormancy and appear as relapses within three years. The multi-national authors of these reports include medical oncologists, surgeons, anesthesiologists, physicists and other scientists from several fields. A potential solution seems to exist based on our analysis, data, and retrospective studies. That therapy is the common inexpensive analgesic ketorolac administered as iv at the time of surgery and perhaps as oral drug for a few days after surgery. We edited a book in 2017 that was published by Springer-Nature (1) and a number of papers including one recently published (2). Other reports support this and suggest mechanisms (3-5). We now show data that predicts this is a process that applies to many solid and other cancers. Based on data from lung cancer, inflammation level on the first day post-surgery predicts outcome. We propose that this disruptive innovation will result in a paradigm shift in oncology. In a recent development we are now working on a method to prevent late relapses as well. This would suggest that persons who are at risk of late relapse and going to have planned surgery for health or cosmetic reasons should have perioperative ketorolac just as if the surgery was for cancer.

Biography

Michael Retsky received PhD in experimental physics from University of Chicago in 1974. He was working at Hewlett-Packard in Colorado Springs in 1982 when a friend started an informal cancer research project since his wife was being treated for cancer. Over the next few years, Retsky became much more interested in cancer research than physics research. His first paper in oncology (Speer et al Cancer Research 1984) predicted that tumor growth included periods of dormancy. He eventually made a career change ending up on staff of Judah Folkman at Harvard. He was diagnosed with Stage IIIc colon cancer in 1994 and based on his research, decided on low-dose, long-term chemotherapy instead of maximum tolerated chemotherapy. He remains disease free. This became the first use of metronomic chemotherapy for early stage cancer.



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