ChemoThermia Oncology Center
Treatment Protocol and Outcomes

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  - Internal Medicine and Medical Oncology

- Ayshe Slocum M.D.

- Abdul Kadir Slocum M.D.
Treatment Protocol

- Metabolically Supported Chemotherapy (MSCT)
- Hyperthermia
- Hyperbaric Oxygen Therapy
- Glycolysis Inhibitors (2-DG, DCA)
- Ketogenic Diet
- Supplements
Metabolically Supported Chemotherapy (MSCT)

- Insulin Potentiated Chemotherapy (IPT) = Insulin + Chemotherapy = higher intracellular drug doses + lower systemic doses + increased efficacy + increased level of safety (lower concentration of insulin receptors on normal cells relatively spares them from the intensity of the cytotoxic effects of chemotherapeutic drugs).

- Metabolically Supported Chemotherapy (MSCT) = Ketogenic Diet → 14 Hour Fast → 2-Deoxyglucose+DCA → Insulin → Chemotherapy
Treatment Outcomes

Publications
Complete Response of Locally Advanced (stage III) Rectal Cancer to Metabolically Supported Chemoradiotherapy with Hyperthermia

Ilykesci MS¹, Slocum A², Turkmen E³, Akdemir O⁴, Slocum AK⁵ and Berkarda FB⁶

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- Patient Name: N.Ş.
- Age: 81
- Gender: Female
- Diagnosis: Stage 3 Rectal Adenocarcinoma
- Protocol: MSCT (FOLFOX6) + Radiotherapy + Hyperthermia
- Treatment Outcome: Complete Response
Before Treatment

Figure 2: Whole body (18F)-florodeoxyglucose (FDG)-PET-CT showing the presence of a mass, spanning a 5.5 cm segment of the rectum associated with rectal wall thickening.
After Treatment

Figure 3: Follow-up PET-CT showing shrinkage of the primary tumor and decrease in rectal wall thickening.
Conclusion

This study, which is limited to one patient and discusses a 27-month follow-up period, demonstrates that the non-surgical treatment and achievement of complete clinical and pathological response may be possible by means of a combination of MSCT, RT and HT.
Long-Term Outcomes of the Treatment of Unresectable (Stage III- IV) Ductal Pancreatic Adenocarcinoma Using Metabolically Supported Chemotherapy (MSCT): A Retrospective Study

Mehmet Salih Iyikesici¹, Ayshe Slocum², Engin Turkmen³, Ovunc Akdemir⁴, Abdul Kadir Slocum⁵, Turgut Ipek⁶, Erhun Eyuboglu⁶, Ferhan Bulent Berkarda⁷
• Retrospective analysis of a prospectively maintained database

• All patients that applied to our clinic between July 2012 and December 2014 that were diagnosed with unresectable (stage III-IV) pancreatic adenocarcinoma
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Variable</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients</td>
<td>Total sum</td>
<td>33</td>
</tr>
<tr>
<td>Age (yrs)</td>
<td>Mean (±20, range: 41-81)</td>
<td>61</td>
</tr>
<tr>
<td>Sex</td>
<td>F</td>
<td>9 (27)</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>24 (73)</td>
</tr>
<tr>
<td>Disease / tumor location</td>
<td>Metastatic disease</td>
<td>27 (81)</td>
</tr>
<tr>
<td></td>
<td>Locally advanced disease</td>
<td>6 (19)</td>
</tr>
<tr>
<td>Treatment protocol</td>
<td>Gemcitabine</td>
<td>11 (33)</td>
</tr>
<tr>
<td></td>
<td>FOLFIRINOX</td>
<td>13 (39)</td>
</tr>
<tr>
<td></td>
<td>Gemcitabine followed by FOLFIRINOX</td>
<td>9 (27)</td>
</tr>
<tr>
<td>Survival status</td>
<td>Alive</td>
<td>18 (54)</td>
</tr>
<tr>
<td></td>
<td>Dead</td>
<td>15 (46)</td>
</tr>
<tr>
<td>Radical pancreatic surgery status (among alive)</td>
<td>Whipple procedure</td>
<td>3 (17)</td>
</tr>
<tr>
<td></td>
<td>Distal pancreatectomy</td>
<td>1 (5)</td>
</tr>
</tbody>
</table>
Table 3. Comparison of the treatment results of standard gemcitabine-based treatment, FOLFIRINOX and MSCT (metabolically supported chemotherapy).

<table>
<thead>
<tr>
<th></th>
<th>Gemcitabine (*)</th>
<th>FOLFIRINOX (**)</th>
<th>MSCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median survival rate</td>
<td>6.2 months</td>
<td>11.1 months</td>
<td>19.5 months</td>
</tr>
<tr>
<td>1-year survival rate</td>
<td>20%</td>
<td>48.40%</td>
<td>82.50%</td>
</tr>
</tbody>
</table>


CONCLUSION

This study demonstrates that a metabolically supported form of applying standard gemcitabine-based chemotherapy regimens and FOLFIRINOX may enhance the overall survival rates of unresectable (stage III-IV) pancreatic adenocarcinoma patients.

Treatment Outcomes

Case Presentations
N.K., 33 Y, F, BREAST CANCER
H.B., 48 Y, F, BREAST CANCER
Before Treatment – Axial View
H.B., 48 Y, F, BREAST CANCER
Before Treatment – Coronal View
H.B., 48 Y, F, BREAST CANCER
Before Treatment – Sagittal View
H.B., 48 Y, F, BREAST CANCER
After Treatment – Axial View
H.B., 48 Y, F, BREAST CANCER After Treatment – Cor. and Sag. View

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İ.D., 55 Y, M, NSCLC
Before Treatment - After Treatment
İ.D., 55 Y, M, NSCLC
Before Treatment  -  After Treatment

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H.A., 45 Y, F, GASTRIC CANCER
Before Treatment - After Treatment
H.A., 45 Y, F, GASTRIC CANCER

Before Treatment

After Treatment
S.U., 45 Y, F,
UTERINE CA + SOFT TISSUE SARCOMA

Before Treatment  -  After Treatment

ChemoThermia Oncology Center
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S.U., 45 Y, F,
UTE RINE CA + SOFT TISSUE SARCOMA
N.Ü., 70 Y, M, PANCREATIC CANCER
Before Treatment
N.Ü., 70 Y, M, PANCREATIC CANCER
After Treatment - 1
N.Ü., 70 Y, M, PANCREATIC CANCER
After Treatment - 2
THANK YOU FOR YOUR ATTENTION!