Grade 3 Breast Cancer

NAME/	AGE/67	SEX/Female	AREA/Australia

Visit 1: 12/2/2007

Case History Discussion

- Breast Cancer Recurrence – Metastatic Invasive Ductal Carcinoma, Grade 3.
- 60 year old female with a 2nd breast cancer recurrence in right axilla lymph nodes visited my clinic for complementary cancer support treatment.
- Previous bouts of breast cancer (invasive ductal carcinoma) in 1991 and 2000, treated with right breast mastectomy, chemotherapy, radiotherapy and Tamoxifen.
- Histopathology results of the right axilla showed two of four lymph nodes and 2 large tumour masses contained metastatic invasive ductal carcinoma, grade 3, with extensive focal perineural infiltration.
- She had completed 2 cycles of chemotherapy (Dec 2006 & Jan 2007), with 2 more cycles to complete.
- After reviewing all her pathology results and recent blood tests, and considering she had a high grade metastatic carcinoma and recent chemotherapy, I recommended an extensive supplemental programme for her treatment.
- As part of that programme, extra immunotherapy was suggested, and that RBAC would be the optimal immunotherapy formula to add to her preventative programme.

Pathology

1. Histopathology Report of Right Axilla Lymph Nodes (5/12/2006):

Comment: Metastatic carcinoma is present in two of four definite recognisable lymph nodes and two large tumour masses with extensive involvement by tumour.

Diagnosis:

1) Lesion Right Axilla:

- Nodular foci of invasive ductal carcinoma of no special type with cribriforming micropapillary solid and mucinous areas, grade 3
- Largest focus measuring 25mm
- Extensive focal perineural infiltration noted
- Widespread infiltration of surrounding fibroconnective tissue is seen
- Focal lymphovascular invasion is evident
- Metastatic carcinoma in one of three definite smaller nodes

2) Right Axillary Apical Node:

- One lymph node with metastatic carcinoma

Supplementary Report for Breast Markers:

Oestrogen receptor – Positive

% positive nuclear staining – 70%

Intensity of nuclear staining – 3+ (strong)

Progesterone receptor – Negative

% positive nuclear staining – 0%

Her2 overexpression

Her2 (Dako A0485) – Equivocal

Membrane staining score – 2+ (>10% tumour cells show weak to moderate complete membrane staining)

2. Blood Pathology Results (16/1/2007)

a. FBC/Haematology:

- Red Cells: Hb 114 L (119-160), RCC 3.67 L (3.8-5.4), mild anaemia

- White Cells: NR

b. Leucocyte Surface Marker Characterisation of Peripheral Blood:

-WCC 4.7 (4.0-11.0), Lymphocytes 1.2 (1.5-4.0) -Natural Killer Cells (CD16) 12% 0.14 (0.04-0.40)

Essentially a normal study

Treatment Recommendations

1. Lifestyle & Dietary

- Diet and lifestyle were good. She had maintained good eating habits since the original diagnosis in 1991. She avoided dairy foods, wheat, coffee, soft drinks, alcohol, and sugar; eating only organic fruit, vegetables, chicken and meat.

2. Supplement Programme

Basics:

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

Primary Specifics/Immunotherapy:

1. RBAC – 1 sachet* twice daily

(*Note: 1 sachet contains 1g RBAC; patient's weight: 73kg's, therefore, equivalent to a daily dosage of 27mg/kg of RBAC, at 1 sachet twice daily)

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

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

4. Essential Fatty Acids – Fish Oil/EPO 1-2 capsules bd & Flaxseed Oil 1 tablespoon

5. Probiotics – Probiotic Formula 1 teaspoon bd

6. Beta 1,3/1,6 Glucan Shiitake Mushroom Complex – 2 teaspoons bd

Secondary Specifics:

- Vegetable Enzyme Formula 1g qid CoQ10 300mg daily Extra Vitamin A 20,000IU
- Extra Zinc 1 tablet bd Immune Herbs – Astragalus, etc Iron for anaemia
- Magnesium/B Vitamin Formula – 1 tablet bd Liver Formula 1 tablet bd
- Chaste Tree – 1 daily for breast/hormonal/oestrogen modulation

Visit 2 – 12/3/2007

Case History Discussion

- Patient was feeling well and had just completed her fourth and final chemotherapy cycle.
- Recent blood tests indicated that although there was a slight reduction in red and white cell parameters compared to January, her lymphocyte and NK cell counts remained stable and unchanged since the addition of RBAC, despite 2 further rounds of chemotherapy. Follow-up scans to be done in 2 weeks.

Pathology

1. Blood Pathology Results (9/3/2007)

a. FBC/Haematology:

-Red Cells: Hb 110 L (119-160), RCC 3.61 L (3.8-5.4), mild anaemia

-White Cells: WCC 3.7 L (4.0-11.0), Neutrophils 1.8 L (2.0-7.5), slight neutropaenia

b. Leucocyte Surface Marker Characterisation of Peripheral Blood:

-WCC 3.7 L (4.0-11.0), Lymphocytes 1.1 (1.5-4.0) -Natural Killer Cells (CD16) 13% 0.14 (0.04-0.40)

Essentially a normal study

Treatment Recommendations

Lifestyle, Diet and Supplement Programme

Continue guidelines from visit 1 and maintain RBAC dosage at 1 sachet* twice daily.

Visit 3: 4/4/2007

Case History Discussion

- Patient remained well, her oncologist was pleased with results on recent review, particularly the way her immune parameters had held up through chemotherapy.

Treatment Recommendations

Lifestyle, Diet and Supplement Programme (supplement programme changes*)

Continue guidelines as per visit 1 incorporating the following changes:

- Increase RBAC dosage to 2 sachets* twice daily(*Note: 1 sachet contains 1g RBAC; patient's weight: 73kg's, therefore, equivalent to a daily dosage of 54mg/kg of RBAC, at 2 sachets twice daily)

Visit 4: 26/4/2007

Case History Discussion

- Patient had improved further, with energy levels and immunity the best they had been for some time. Recent scans were clear, cancer markers normal, with the oncologist very pleased with her results.

Pathology

1. Blood Pathology Results (5/4/2007)

a. FBC/Haematology:

-Red Cells: Hb 114 L (119-160), RCC 3.75 L (3.8-5.4), MCHC 305 L (310-360), RDW 59.8 H (35-50), anisocytosis, mild anaemia

-White Cells: NR WCC 4.9 (4.0-11.0), Neuts 3.0 (2.0-7.5), Lymphs 1.1 (1.0-4.0)

b. Leucocyte Surface Marker Characterisation of Peripheral Blood:

-WCC 4.9 (4.0-11.0), Lymphocytes 1.1 (1.5-4.0)

-Natural Killer Cells (CD16) 24% 0.26 (0.04-0.40)

Essentially a normal study

c. Tumour Markers:

-CA 15-3: 15 (4-32)

Treatment Recommendations

• Continue recommendations from visit 3

Visit 5, 6, 7, 8: 1/6/2007, 29/6/07, 31/7/07, 29/8/2007

Case History Discussion

- From April until the end of August 2007 patient continued to improve.
- Red and white blood cells stabilised and returned to normal by the end of May, and remained at optimal levels when reviewed at the end of August.
- Despite the excellent benefits she had received from RBAC, financial pressures were now affecting her greatly.
- Given she was feeling so well (and it was almost 6 months post chemotherapy), she decided to discontinue the RBAC in September primarily due to monetary constraints.

Pathology

1. Blood Pathology Results (3/5/2007)

a. FBC/Haematology:

-Red Cells: Hb 114 L (119-160), RCC 3.77 L (3.8-5.4), RDW 54.7 H (35-50), mild anaemia

-White Cells: NR WCC 3.6 L (4.0-11.0), Neuts 2.3 (2.0-7.5), Lymphs 0.9 L (1.0-4.0)

b. Leucocyte Surface Marker Characterisation of Peripheral Blood:

-WCC 3.6 L (4.0-11.0), Lymphocytes 0.9 L (1.5-4.0)

-Natural Killer Cells (CD16) 13% 0.12 (0.04-0.40)

Essentially a normal study

c. Tumour Markers:

-CA 15-3: 14 (4-32)

2. Blood Pathology Results (30/5/2007)

a. FBC/Haematology:

-Red Cells: NR except RDW 52.2 H (35-50), anisocytosis +

-White Cells: NR WCC 4.3 (4.0-11.0), Neuts 2.4 (2.0-7.5), Lymphs 1.2 (1.0-4.0)

b. Leucocyte Surface Marker Characterisation of Peripheral Blood:

-WCC 4.3 (4.0-11.0), Lymphocytes 1.2 (1.5-4.0)

-Natural Killer Cells (CD16) 17% 0.20 (0.04-0.40)

Essentially a normal study

c. Tumour Markers:

-CA 15-3: 15 (4-32), Carcino-embryonic Antigen (CEA): 2.0 (0-3), CA 125: 20 (0-35)

3. Blood Pathology Results (9/7/2007)

a. FBC/Haematology:

-Red Cells: NR

-White Cells: NR WCC 4.5 (4.0-11.0), Neuts 2.7 (2.0-7.5), Lymphs 1.2 (1.0-4.0)

b. Leucocyte Surface Marker Characterisation of Peripheral Blood:

-WCC 4.5 (4.0-11.0), Lymphocytes 1.2 (1.5-4.0)

-Natural Killer Cells (CD16) 17% 0.20 (0.04-0.40)

Essentially a normal study

4. Blood Pathology Results (20/8/2007)

a. FBC/Haematology:

- Red Cells: NR

- White Cells: NR WCC 4.0 (4.0-11.0), Neuts 2.2 (2.0-7.5), Lymphs 1.3 (1.0-4.0)

b. Leucocyte Surface Marker Characterisation of Peripheral Blood:

-WCC 4.0 (4.0-11.0), Lymphocytes 1.3 (1.5-4.0)

-Natural Killer Cells (CD16) 18% 0.21 (0.04-0.40)

Essentially a normal study

c. Tumour Markers: CA 15-3: 16 (4-32), CA 125: 20 (0-35)

Table 1: Summary of Effect of RBAC on Immune Parameters of Patient with Metastatic Breast Carcinoma

Parameter	16/1/07	9/3/07	5/4/07	3/5/07	30/5/07	9/7/07	20/8/07
RBAC Dosage* (sachets)	2	2	4	4	4	4	4
Chemotherapy	Yes	Yes	No	No	No	No	No
WCC (4.0-11.0)	4.7	3.7 L	4.9	3.6 L	4.3	4.5	4.0
Neutrophils (2.0-7.5)	2.9	1.8 L	3.0	2.3	2.4	2.7	2.2
Lymphocytes (1.0-4.0)	1.2	1.1	1.1	0.9 L	1.2	1.2	1.3
NK Cells %(0.04-0.40)	12% 0.14	13% 0.14	24% 0.26	13% 0.12	17% 0.20	17% 0.20	18%

*Note: 1 sachet contains 1g RBAC.

Patient's weight: 73kg's, therefore, equivalent to a daily dosage of 27mg/kg of RBAC at 1 sachet twice daily; OR equivalent to a daily dosage of 54mg/kg of RBAC at 2 sachets twice daily.

Visit 9-20: 12/10/2007 – 10/6/2009

Case History Discussion

- Over the past 18 months she has generally been well with few problems.
- In July 2008, she decided to have both ovaries removed (oophorectomy), due to stress about CA 125 levels, and fear from an iridologist who said that: 'she had another cancer on her right side and that her R ovary wasn't good'.

The table below summarises her immune parameters from September 2007 until June 2009, and the impact of discontinuing RBAC over that time.

Table 2: Summary of Effect of Discontinued Immunotherapy RBAC on Immune Parameters of Patient with Metastatic Breast Carcinoma

Parameter	25/9/07	1/11/07	18/1/08	12/2/08	23/1/09	1/6/09
WCC (4.0-11.0)	4.2	3.8 L	3.5 L	5.1	4.8	5.4
Neutrophils (2.0-7.5)	2.4	2.0	1.9 L		2.72	3.25
Lymphocytes (1.0-4.0)	1.2	1.2	1.0	1.7	1.3	1.52
NK Cells %(0.04-0.40)	12% 0.14	9% 0.11	10% 0.10	12% 0.20		12% 0.18

Case History Immunotherapy Discussion - 2007 to 2009

- This patient is currently very well and cancer free.
- It is interesting to compare the impact of RBAC on her immune parameters, particularly NK cell numbers, from 2007 until June 2009.
- It is very clear that the RBAC had a significantly beneficial effect on her NK cell numbers, even while undergoing chemotherapy. In fact, her NK cell numbers were able to be maintained equal to, or greater than, what she is currently able to achieve two years post chemotherapy.

If we analyse her NK cell % counts in more depth the results are even more enlightening:

1. During chemotherapy, on a dosage of 2 RBAC sachets daily (2 g RBAC, or equivalent to a daily dosage of 27mg/kg of RBAC), she averaged 12.5% NK cell count of total lymphocytes.

2. After completing chemotherapy, she continued for the next 6 months on a dosage of 2 RBAC sachets twice daily (4 g RBAC, or equivalent to a daily dosage of 54mg/kg of RBAC), she averaged 17.8% NK cell count of total lymphocytes. This equates to an average 42.4% relative increase in NK cell numbers for the 6 months post chemotherapy, compared to her NK cell count with chemotherapy.

3. Since discontinuing RBAC her NK cell count has averaged 11% of total lymphocytes. Interestingly, this reflects a 13.6% relative reduction in NK cells numbers compared to when undergoing chemotherapy on a dosage of 1 RBAC sachet twice daily (27mg/kg of RBAC), and a startling 61.8% relative reduction in NK cell numbers when consuming RBAC at a dosage of 2 sachets twice daily (54mg/kg of RBAC).

Visit 21-42: 17/9/2009 – 28/2/2013

Case History Discussion

- After reviewing these graphical results and the many benefits that RBAC has in improving immune function and reducing the risk of recurrence, she re-started taking RBAC again in September 2009, and has continued with the formula since.
- Patient continues to visit me every 2 months as part of her prevention programme.
- Over the past 2½ years she has remained well in general.
- The only major thing she has had done was a L breast mastectomy in April 2009 – after weighing up the pros and cons of keeping or removing the breast, she decided given the double recurrence on the R hand side, that it was best she have it removed for prophylactic purposes.
- Dec 2012 – it is now 6½ years since her 2nd recurrence, so given the very poor prognosis this patient had with recurrent high grade metastatic breast carcinoma, the results highlight the powerful beneficial effects that primary immunotherapy can achieve.

Treatment Recommendations

1. Lifestyle & Dietary

- Diet and lifestyle were always good. She has maintained good eating habits since the original diagnosis in 1991. She continued avoiding dairy foods, wheat, coffee, soft drinks, alcohol, and sugar; eating only organic fruit, vegetables, chicken and meat.

2. Supplement Programme

- Nutrient programme from 2009 until 2013 has largely remained unchanged, except for a couple of formula changes, dosage reductions, and stopping of a few remedies, namely Chaste Tree, Immune Herbs, Zinc and Iron. Her programme consists of the following key nutrients:

Basics:

- Multivitamin/mineral - 2 capsules daily
- Antioxidants - 2 capsules daily
- Vitamin C - 2 capsules bd

Primary Specifics/Immunotherapy:

1. RBAC – 1 sachet* twice daily

(*Note: 1 sachet contains 1g RBAC; patient's weight: 73kg's, therefore, equivalent to a daily dosage of 27mg/kg of RBAC, at 1 sachet twice daily)

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

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

4. Essential Fatty Acids – Fish Oil 6mls bd & Flaxseed Oil 1 tablespoon

5. Probiotics – Probiotic Formula 1 teaspoon bd

6. Beta 1,3/1,6 Glucan Shiitake Mushroom Complex – 2 teaspoons bd

Secondary Specifics:

- Vegetable Enzyme Formula 1g qid
- CoQ10 300mg daily
- Extra Vitamin A 10,000IU daily
- Extra Vitamin D 2,000IU daily
- Magnesium/B Vitamin Formula – 1 tablet bd
- Liver formula 1 tablet bd for breast/hormonal/oestrogen modulation

Pathology

- From 2009 until the present day, only general pathology monitoring is done, namely FBC/Haematology, Biochemistry, Vitamin D, CRP with occasional TFT, Glucose, Iron studies, and so on.
- I suggested she discontinue doing Lymphoid Subsets as we need no further proof that immunotherapy works.
- I discouraged testing things like tumour markers (CA 125, CA 15-3, CEA) as these are highly unreliable.
- Specialist visits 6 monthly, he basically has a chat about how she is feeling, checks her blood tests, and palpates lymph nodes, with little testing ever done nowadays, given it is now over 6yrs since her recurrence.