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Method to prevent early relapses in cancer

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Most current cancer research aims to prevent cancer patients from dying from metastatic disease. To solve the problem upstream, i.e., to prevent relapses, with the unexpected observation of bimodal relapse patterns in breast and a number of other cancers. This was not consistent with the current cancer paradigm that has guided early detection and therapy for many years. Our multidisciplinary colleagues include surgeons, medical oncologists, anesthesiologists, biologists and physicists.

After much analysis including computer simulation and input from these medical and scientific specialists, we eventually came to the conclusion that surgery to remove the primary tumor produces systemic inflammation for about one week after the surgery. This systemic inflammation caused dormant single malignant cells and avascular micrometastases to exit from dormancy and result in relapses in the 3 years after surgery. Those relapses comprised the early peak. We have determined that in breast cancer 50 to 80% of relapses (increasing with tumor size and positive nodes) are in the early peak so an effective method to prevent these relapses would be extremely important. It was then determined in a retrospective study that the common inexpensive perioperative NSAID ketorolac can prevent the early relapses. A second retrospective study strongly confirmed this result but a small prospective study found no advantage. The Pangrahy, ovarian and colon papers are very recent and not mentioned in the video to be presented at this conference.

Biography

Michael Retsky has completed his PhD in Experimental Physics from University of Chicago 1974. He is currently working as a Staff at Harvard TH Chan School of Public Health. He has 3 patents pending on methods to prevent late relapses. His over 100 papers in Physics and Oncology have been cited over 2500 times.

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