

The Formula of the Waste of Cholesterol Represents a New Hope for Re - RPG- HERB2 3+ Breast Cancer with Negative Waste of Cholesterol: Case Report

Lazo, R.^{1*}, Cabrera, G.², Jiménez, U.³, Rodríguez, M.⁴ & Lazo Alina, M.⁵

¹Specialist of Second Grade in Oncology, Auxiliary Professor of Oncology, Unit of Oncology of Pinar del Rio

²Specialist of Second Grade in Surgery, Auxiliary professor of Surgery, Hospital Abel Santamaria

³Specialist of First grade in Radiotherapy, Unit of Oncology of Pinar del Rio

⁴Lab Technician, Hospital III Congreso

⁵Student of Medicine, Facultad de Ciencias Médicas de Pinar del Rio, Cuba

***Correspondence to:** Dr. Roberto Lucio Lazo Carreras, Specialist of Second Grade in Oncology, Auxiliary Professor of Oncology, Unit of Oncology of Pinar del Rio. Email: carreraslazo@gmail.com

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Abstract

Introduction

The hormone - dependence of breast cancer has been established for over a century but new investigations in its knowledge have gone away introducing with the step of years. Estrogen and progesterone receptors have been standards for the guide of treatment, but recently waste of cholesterol has emerged as a new perspective for the guide of treatment. It has been known for a long time that 5% of patients that did not show estrogen and progesterone receptors in their tumors

have response to hormone-therapy. A new way of hormone-dependence is the formula of the waste of cholesterol, it is based on the levels of lipoproteins, LDL and HDL cholesterol, which can identify the endocrine balance.

Material and Methods

Based on our results with Stage III patients with negative expense of cholesterol that were not medicated with tamoxifen after chemotherapy and had 100% relapses before 5 years, we analyzed a RE- RPG - Her2 3+ patient with negative waste of cholesterol and proposed her to receive adjuvant treatment with tamoxifen after adjuvant chemotherapy.

The clinical history of the patient was transferred to a digital sheet where the main data of the clinical history are registered. In this digital sheet, when the levels of total cholesterol and hdl cholesterol are introduced, the results of the waste of cholesterol is automatically obtained, and different colors (green, brown and red) alert the medical Doctor or the patient on how the endocrine balance is in the follow-up of the patient.

Results

We observed that during the follow-up of the patient for ten years she had only one time the red color, which means that there is an endocrine misbalance that has to receive medical intervention. In this case atorvastatin was indicated and out of this measurement the patient was maintained in the endocrine balance. As a result of this study a patient with bad prognosis because of Stage IIIa with 9 lymph nodes infiltrated in the axillary clearance, an undifferentiated tumor, and because she was RE-, RPG - and Her 2 3+ could be free of disease for more than 10 years, with adjuvant tamoxifen treatment. Although one patient does not represent so much, the new discoveries regarding cancer presented in our investigations show a new hope for this type of breast cancer in order to avoid the relapse and it can easily be introduced in clinical trials.

Introduction

The formula of the waste of cholesterol was published [1], and there we could see a direct relation among cell differentiation and lymph node metastasis in breast cancer. On the other hand, [2] we could see that patients with negative waste of cholesterol that received hemotherapy+ tamoxifen had had a better free interval of disease than patients who received chemotherapy alone, a movement of the expense of cholesterol in patients with metastatic breast cancer could be tried [3]. In the case of patients with stage III, the percent of relapse before 5 years was 100% for patients that received chemotherapy alone, and 27% of relapse before 5 years for patients that received chemotherapy + tamoxifen. The stage II had 62% of relapse in the chemotherapy group and 16% of relapse for the group of chemotherapy + tamoxifen, and for stage I the group of chemotherapy alone had 64% of relapse before 5 years vs 8.6% of relapse in the group of chemotherapy + tamoxifen. It has been reported long time before that there is a 5% of estrogen receptor negative patients that have response to hormone therapy [4-6]. So, identifying these 5% of patients with the formula of waste of cholesterol could increase survival of breast cancer by 5% of the actual media of breast cancer over the world.

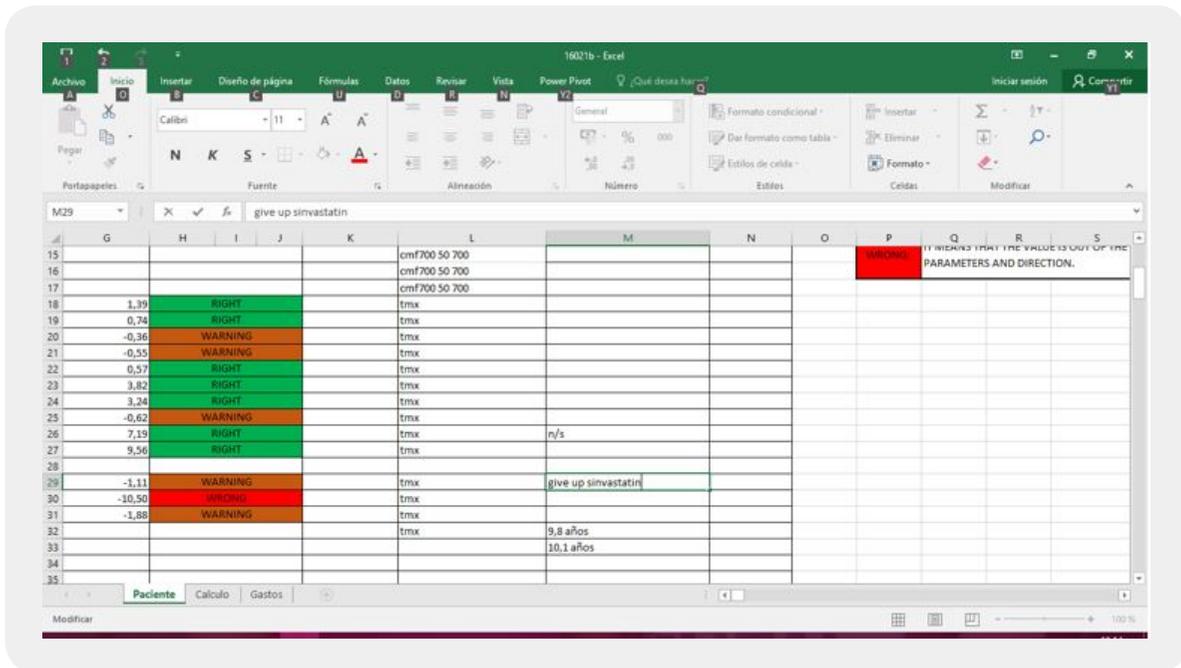
In the last revision of the American Joint Committee on the System of Classification of Cancer (AJCC) [7], all stages III of the disease are considered locally advanced. According to the data of the SEER of the years 1973-1998, the relative rates of survival after 3-5 years for women with breast cancer stage III are of 70% and 55% respectively, while the mean time of survival is about 4.9 years [8].

Case Description

The clinical history 16021 of the III Congreso Hospital was reviewed. She was a patient of white race, 56 years old. She had an interval menarche menopause 28 years old. She was operated on June 3rd, 2009, of total mastectomy + axillary clearance. Biopsy report informed poorly differentiated infiltrated ductal carcinoma. The axillary clearance informed that out of 19 lymph nodes analyzed 9 were metastatic. She was classified as pT2N2 Mo. Stage IIIA. Immune-histochemical informed RE negative, Rpg negative and expression of HER2 3+. Before starting chemotherapy treatment cholesterol test was performed and the result was total cholesterol 4,6mmol/Ls and HDL cholesterol 0,83mmol/L; the formula of the waste of cholesterol was applied and the result was a waste of cholesterol -0,85 times the normal waste of cholesterol according to her age. So she was classified as negative waste of cholesterol Graphic 1. Twenty-eight days after operation she started chemotherapy with AC 4cycles and CMF 5 cycles together with radiotherapy 50 Gy in the lymph nodes regions and radiotherapy to chest wall + infraclavicular region, supraclavicular area and the axillary bed. Because we had had preliminary results that patients with negative waste of cholesterol that received chemotherapy and did not receive tamoxifen afterwards had 100% of relapses before 5 years, we proposed to the patient to receive tamoxifen treatment for 10 years and she accepted it. Patient did not receive Herceptin treatment because at that time it was not available in the institution. The follow-up of the patient can be seen in the digital sheet that can be seen in Graphic 2 and Graphic 3.

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Name:	I. C.	Inscription Date	Born Date	Operation Date.	Operation Type.	RE. CERB-2	ki67	Type of Waste			
Histology	Differentiation	T N M	Axilary Clear.	Weight	I M M o I M E	Inf. Vasc.		Positive	Negative		
cdi	pd	t2n3	de19/9met		imm28	si	re-rpg-cerb3+		x		
Med. App.	Evol. Days	Age	Total Cholest.	HDL Cholest.	Index	Cholest. Waste		Radiotherapy		Chemo - Horm - Therapy	Evolution Findings
						Value	Status				
01/07/2009	28	56	4,6	0,83	5,54	-1,56	WARNING			a90e900	
22/07/2009	49	56								a90e900	
12/08/2009	70	56								a90e900	
02/09/2009	91	56								a90e900	
23/09/2009	112	56								cmf700 50 700	
24/09/2009	113	56						rtcapc		cmf700 50 700	
02/10/2009	121	56								cmf700 50 700	
04/11/2009	154	56								cmf700 50 700	
20/11/2009	170	56								cmf700 50 700	
16/12/2009	196	56								cmf700 50 700	
06/01/2010	217	56								cmf700 50 700	
17/02/2010	259	56	4,5	0,99	4,55	1,39	RIGHT			tmx	
08/09/2010	462	57	4,7	0,96	4,90	0,74	RIGHT			tmx	
17/11/2010	532	57	5	0,95	5,26	-0,36	WARNING			tmx	
12/01/2011	588	57	4,8	0,9	5,33	-0,55	WARNING			tmx	

Graphic 1: Digital sheet where we write the clinical history of the patient. Here we can see the days after operation. We introduce the ciphers of total cholesterol and hdl cholesterol and the results of total cholesterol, hdl cholesterol index and the waste of cholesterol automatically appear.



Graphic 3: Here we can see the last day of the medical room; in this case the evolution time after operation is more than ten years.

Conclusions

-10 years after starting tamoxifen treatment, the patient is still free of disease with an excellent quality of life, and she had never had adverse reactions to tamoxifen treatment. It is important to know that the monitoring performed with cholesterols and the waste of cholesterol always have been maintained with a positive waste of cholesterol for the ten years of follow-up, only one measure of cholesterol was informed as -10,5 times lower than the normal waste of cholesterol and it can be seen in graphic number 3. It can be seen in a red color, and because of that result we started treatment with simvastatin added to tamoxifen and that way the waste of cholesterol was reestablished to normal numbers, it can be seen in graphic number 1. Generally, patients with negative waste of cholesterol relapses when the waste of cholesterol is lower than the initial measure of the waste of cholesterol.

-As we could see in the review of our results, 100% of patients with negative waste of cholesterol with a stage III that did not received tamoxifen after chemotherapy relapse before 5 years. In this patient, ten years after the treatment with tamoxifen the patient is free of disease. Because this is only a patient her2 3+, estrogen receptor negative, our results suggest that clinical trials are mandatory for the use of tamoxifen in patient her2 3+ with negative waste of cholesterol. From the pathophysiological point of view, we publish recently the work "The discovery of correlation observed among the cell elasticity and endocrine elasticity in breast cancer constitutes a revolution for knowledge and treatment of cancer", where we can see the connection to the endocrine elasticity and cells elasticity in the negative waste of cholesterol. The second action of chemotherapy is to increase ACTH and decrease TSH, so that in the case of undifferentiated cells

with negative waste of cholesterol chemotherapy increases indifferiating cells and relapse comes early. Otherwise, if we apply tamoxifen afterwards, it increases HDL cholesterol and the metabolic balance comes again to the positive waste of cholesterol, trying to find the metabolic balance. As a final conclusion, we could identify a lot of patients Re negative that have response to hormone-therapy with the formula of the waste of cholesterol, thus increasing the survival in patients affected by breast cancer.

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