



## The Anomaly of Solitary Cerebral Metastasis in Lung Cancer is Explicable with the “Erythrocyte Associated Necrosis Factor”

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**Received:** October 16, 2018; **Published:** November 22, 2018

### Abstract

A medical master of yester years hypothesized that autopsies help in tracing the footsteps of cancer cells in the human body. Moreover, a modern authority hypothesized that any anomalous finding is likely to point to an area worthy of research. Now, lung cancer is so supremely situated as to scatter itself throughout the body. However, anomalous colonizations are striking. Indeed, up to ten were delineated. Already, some have been explained in terms of the existence of an “Erythrocyte Associated Necrosis Factor”. Accordingly, the present hypothesis seeks to use this Factor to explain the anomaly that solitary cerebral metastasis occurs so frequently. It is concluded that this recurring Factor is likely to be useful when identified in the translational laboratories. It is hoped that the resulting thoroughfare will expose the grand ground work as regards not only target therapy but also cancer cure.

**Keywords:** History; Pathology; Cancer; Metastasis; Patterns; Brain; Anomaly; Factor; Target Therapy; Cancer Cure

### Hypothesis

In 1889, the great German Pathologist, Julius Cohnheim [1], considered that the findings at autopsy “are all in a manner experiments instituted by nature, which we need only rightly interpret to get a clear idea of the causes, laws of growth, and significance of the tumour”. By 1926, Nicholson [2] was expansive as follows: “We pathologists can dispense largely with experiments, since nature has done them for us upon a much grander scale than is possible for the boldest experimentalist”. Indeed, I did expatiate on these themes elsewhere [3].

Here, it is necessary to add another hypothesis. It depends on the 1955 Harveian Oration of Melville Arnott [4]. Note his argument: “Scientific principle requires us to be ever watchful for the unexpected and anomalous; for these may imply imperfections in our concepts and are often a stimulus to discovery”.

In 2000, I proposed a single explanatory hypothesis concerning ten anomalous patterns of lung cancer spread [5]. One of them dealt with single brain deposit. In this context, Stern [6] analyzed up to 87 cases with special reference to solitary cerebral metastases. On the surgical side, Magilligan and associates were able to re-

port 25 years experience of these solitary brain manifestations [7]. Actually, whole body scan may even disclose but a solitary brain deposit [8]. No wonder that this phenomenon enabled neurosurgeons to record many long survivors [9].

Such positive trends point to the need to understand the underlying mechanism. Earlier, I had researched on the fate of the circulating cancer cells [10]. Lately, this was narrowed down to the fate of these cells in the thoracic duct [11,12]. Therefrom, my conclusion was that there is an underlying “Erythrocyte Associated Necrosis Factor (EANF)” [13].

Since the weight of a hypothesis depends on confirmatory evidences, these were sought. For instance, lung cancer scarcely shows deposits in the other lung; this is because EANF is derived from lung tissue and therefore performs best therein [14]. Other weighty examples are to be found with reference to lymph node distribution [15], the adrenals [16], spleen [17] bulky cancer [18] and kidney [19]. Therefore, it is argued here that the brain itself must be part and parcel of these striking phenomena. Indeed, one may go as far as to add that, had EANF been more successful, not even a solitary metastasis would be seen! Actually, such a total success is what I had presented with special reference to cancer regression [20].

## Conclusion

In the final analysis, it is conjectured that the thoracic ducts of lung cancer patients should be expertly cannulated in order that intravital videomicroscopy could be used to retrieve the required two subsets of both lively and necrotic cancer cells. It is upon both of them that translational research should be done [21]. Thereafter, hope would rest on drug designing and development [22]. I am persuaded that mankind will go sooner than later from target therapy to cancer cure.

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Volume 2 Issue 9 December 2018

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