Acta Scientific MEDICAL SCIENCES (ISSN: 2582-0931)

Volume 7 Issue 12 December 2023

Case Report

Complete Remission in Stage IV Pancreatic Cancer: A Case of Exceptional Response

Carlo Pastore*

Oncologist, Head of Oncology Department, Sanatrix Clinic, Rome, Italy

***Corresponding Author:** Carlo Pastore, Oncologist, Head of Oncology Department, Sanatrix Clinic, Rome, Italy.

DOI: 10.31080/ASMS.2023.07.1708

Received: November 02, 2023

Published: November 07, 2023

Abstract

This article describes the clinical case of a 60-year-old Patient who is currently in complete remission of metastatic pancreatic adenocarcinoma of the pancreas almost ten years after diagnosis. The Patient had a disease recurrence at the end of post-surgical adjuvant chemotherapy and was subsequently treated with a combination of chemotherapy, phytotherapy, hyperthermia. To date, he performs periodic radiological diagnostic checks that attest to the absence of macroscopically evident disease.

Keywords: Pancreatic Adenocarcinoma; Chemotherapy; Radiotherapy; Phytotherapy

Introduction

Adenocarcinomas of the pancreas not amenable to surgical treatment have a very poor 5-year survival [1]. In contrast, for Patients undergoing resective duodenocephalopancreasectomy surgery, the recurrence rate in the first two years is very high. For a disease with such a high recurrence and lethality rate, the efforts of the world scientific community are enormous and aimed at finding a treatment paradigm that is more effective. The Patient whose singular and extraordinary clinical course I report has been in complete remission of a metastasized pancreatic adenocarcinoma in the liver for 9 years immediately after the end of his adjuvant chemotherapy

Materials and Methods

Patient PL at age 60 years was diagnosed by CT-guided biopsy of a cephalopancreatic mass of adenocarcinoma of the pancreas. Complete staging by total body CT with contrast medium and total body PET with 18-fluorodeoxyglucose defined the disease as operable having no distant repeats and locoregional vascular infiltration. Postoperative histologic examination classified the disease as T3N1Mx as there was involvement of two locoregional lymph nodes. At this point, the patient received adjuvant chemotherapy for six months with gemcitabine monotherapy [2,3].

Gemcitabine monotherapy did not have the desired effect, and the disease relapsed hepatically with multiple dissemination. This resulted in an elevation of total bilirubin and a general alteration of other liver parameters. All this, accompanied by a worsening of the general condition, allowed the use of FOLFOX therapy [4]. At the time of the start of the new chemotherapy, I set up for the Patient an adjuvant treatment in deep capacitive radiofrequency hyperthermia at the abdominal level [5-7] and a treatment in phytotherapy. Specifically, I scheduled two cycles of ten sessions on alternate days of oncologic hyperthermia interspersed with a two-week break and also oral therapy with melatonin 20 mg capsules before bedtime, curcumin 500 mg bis in die, alpha glucans from medicinal mushrooms, lactroferrin 200 mg twice a day and quercetin 200 mg three times a day [8-10]. PET CT follow-up at three months after the start of treatment demonstrated a halving of lesions and that at six months only two residual lesions.

Stereotactic radiotherapy treatment (five applications daily) and an additional course of ten sessions of deep capacitive

radiofrequency hyperthermia were performed on the remaining lesions [11-13].

Subsequently, the Patient had a recheck CT scan sixty days after the completion of the latter treatment with complete response.

Undertook appropriate oncologic follow-up program, to date, nine years after disease onset, complete remission of disease persists

Discussion and Conclusions

Pancreatic neoplasms unfortunately have a dismal prognosis after the diagnosis of metastatic disease. Even surgery in what we can consider early stages unfortunately often does not result in complete cure. Definitely worthy of note and of being reported to the scientific community is the case of this Patient who presents a complete remission of disease years after the determination of the presence of metastatic disease at the liver level. The integrated therapeutic approach combining chemotherapy, phytotherapy, hyperthermia deserves in my opinion further investigation.

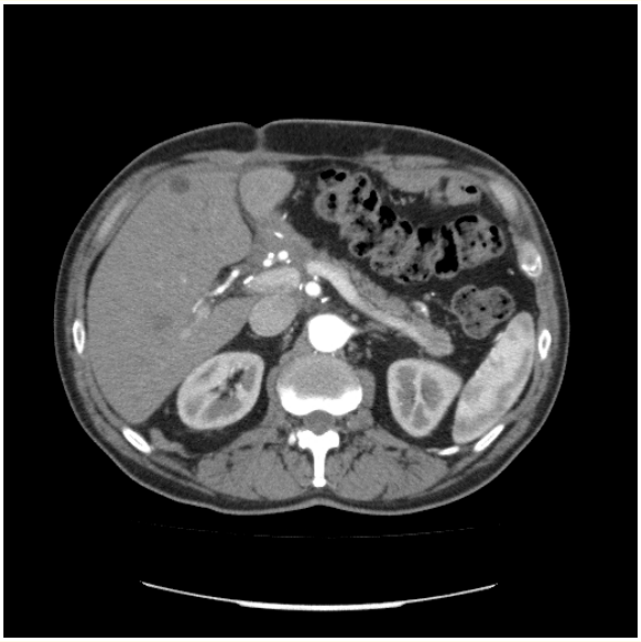

Figure 1

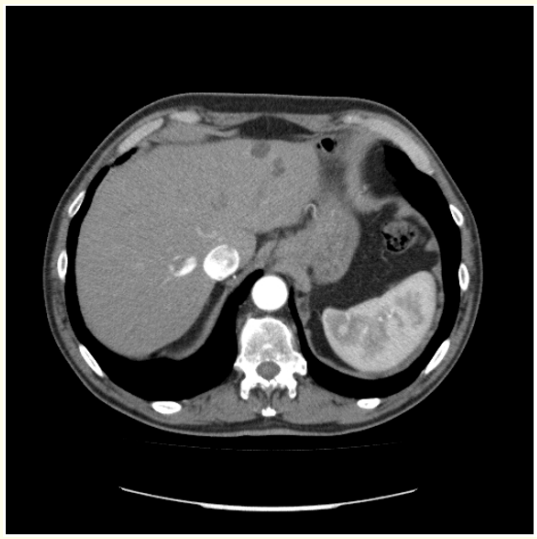

Figure 2

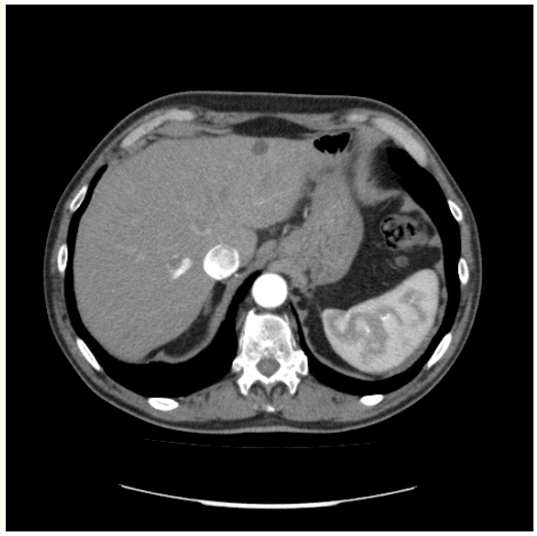

Figure 3

TC scan slices before treatment in metastatic disease.

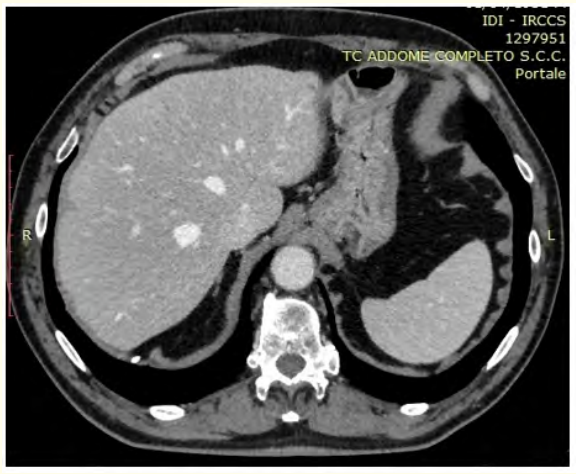

Figure 4

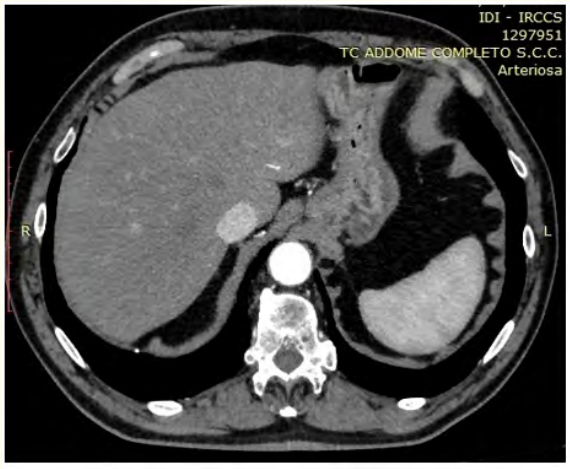

Figure 5

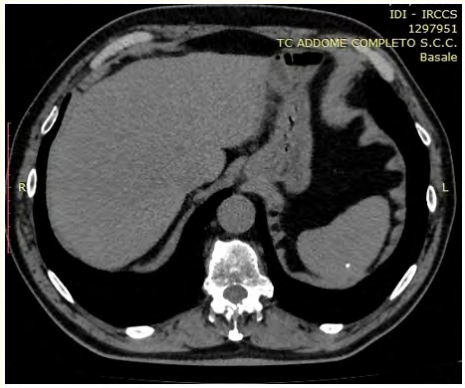

Figure 6

TC scan slices in September 2023 with complete remission disease.

Bibliography

1. Cai J., *et al*. "Advances in the epidemiology of pancreatic cancer: Trends, risk factors, screening, and prognosis". *Cancer Letter* 520 (2021): 1-11.

2. Springfeld C., *et al*. "Chemotherapy for pancreatic cancer". *Presse Medicine* 48 (2019): e159-e174.

3. Neoptolemos JP., *et al*. "Comparison of adjuvant gemcitabine and capecitabine with gemcitabine monotherapy in patients with resected pancreatic cancer (ESPAC-4): a multicentre, open-label, randomised, phase 3 trial". *Lancet* 389.10073 (2017): 1011-1024.

4. Kobayashi S., *et al*. "FOLFOX regimen after failure of fluorouracil and leucovorin plus nanoliposomal-irinotecan therapy for advanced pancreatic cancer: a retrospective observational study". *BMC Cancer* 23.1 (2023): 177.

5. Massimo Bonucci., *et al*. "Integrated Cancer Treatment in the Course of Metastatic Pancreatic Cancer: Complete Resolution in 2 Cases". *Integrative Cancer Therapies* 17.3 (2018): 994-999.

6. Herold Z., *et al*. "Evidence based tools to improve efficiency of currently administered oncotherapies for tumors of the hepatopancreatobiliary system". *World Journal of Gastrointestinal Oncology* 13.9 (2021): 1109-1120.

7. Petenyi FG., *et al*. "Modulated Electro-Hyperthermic (mEHT) Treatment in the Therapy of Inoperable Pancreatic Cancer Patients-A Single-Center Case-Control Study". *Diseases* 9.4 (2021): 81.

8. Carlo Pastore., *et al*. "A Phase-2 Study of High-dose Melatonin in Association with Active Hexose-correlated Compound (NK-Life) in Advanced Cancer Patients with Persistent Lymphocytopenia". *Acta Scientific Medical Sciences* 6.10 (2022): 51-53.

9. Carlo Pastore. "Treatment of Platelet Deficiency in a Cohort of Patients by a Combination of Melatonin and 5-Methoxytryptamine". *Acta ScientificMedical Sciences* 5.7 (2021): 66-67.

10. Kim A., *et al*. "Natural Products for Pancreatic Cancer Treatment: From Traditional Medicine to Modern Drug Discovery". *Nutrients* 13.11 (2021): 3801.

11. Burkoň P., *et al*. "Stereotactic Body Radiotherapy (SBRT) of Pancreatic Cancer-A Critical Review and Practical Consideration". *Biomedicines* 10.10 (2022): 2480.

12. Myrehaug S., *et al*. "Stereotactic body radiotherapy for pancreatic cancer: recent progress and future directions". *Expert Review of Anticancer Therapy* 16.5 (2016): 523-530.

13. Carlo Pastore and Valeria Giannini. "Oncological Hyperthermia and Quality of Life". *Acta Scientific Medical Sciences* 6.12 (2022): 29-32.