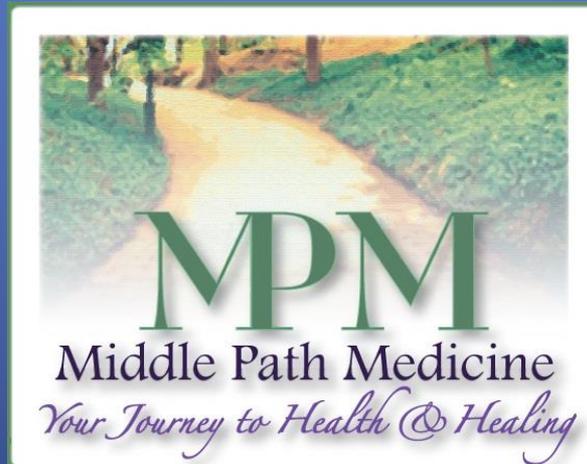


Colorectal Cancer

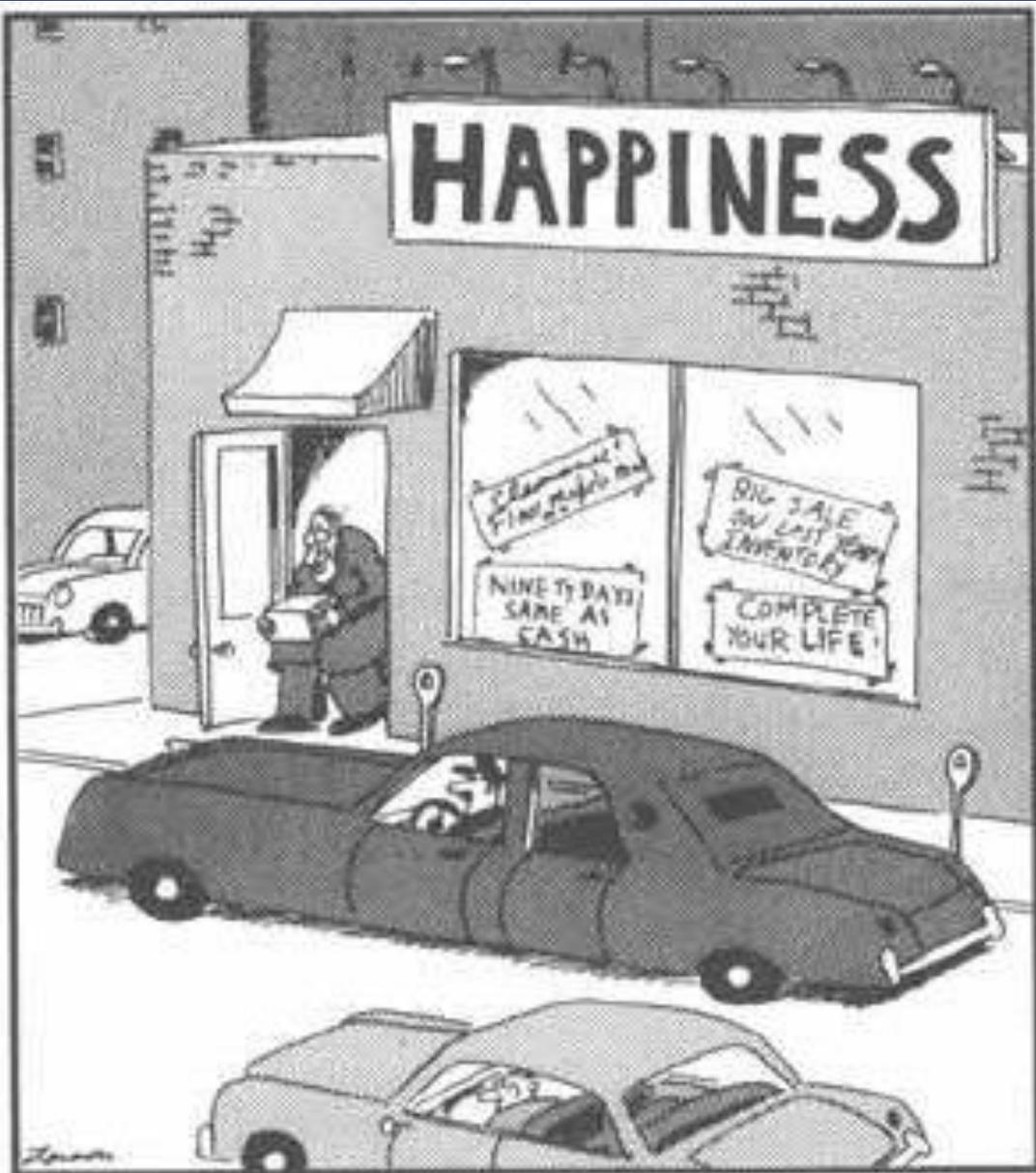
Gary E. Foresman, MD

March 2018



What Is Middle Path Medicine?

- **Gary E. Foresman, M.D.** : Board Certified Internal Medicine Physician, Board Diplomate Functional, Anti-Aging & Regenerative Medicine, Fellow Integrative Cancer Therapies, Founder and President of Middle Path Medicine
- **Jessica Joslyn, PA-C**: A graduate of Stanford University School of Medicine, Jessica is a Certified Physician Assistant, able to provide primary care, family medicine, as well as homeopathy.
- **Intravenous Nutrition Therapy** : A powerful form of therapy for healing, recovery, and rejuvenation. Crystal Silvera RN, master of the needle.
- **MPM Supplement Shop** : carries only the highest quality vitamins and supplements. Each product is specifically selected and approved by Emily Bourassa, with an assist from Dr. Foresman.
- Our website **www.MiddlePathMedicine.com** holds a vast wealth of knowledge, free to anyone who wants to better his or her own wellness.

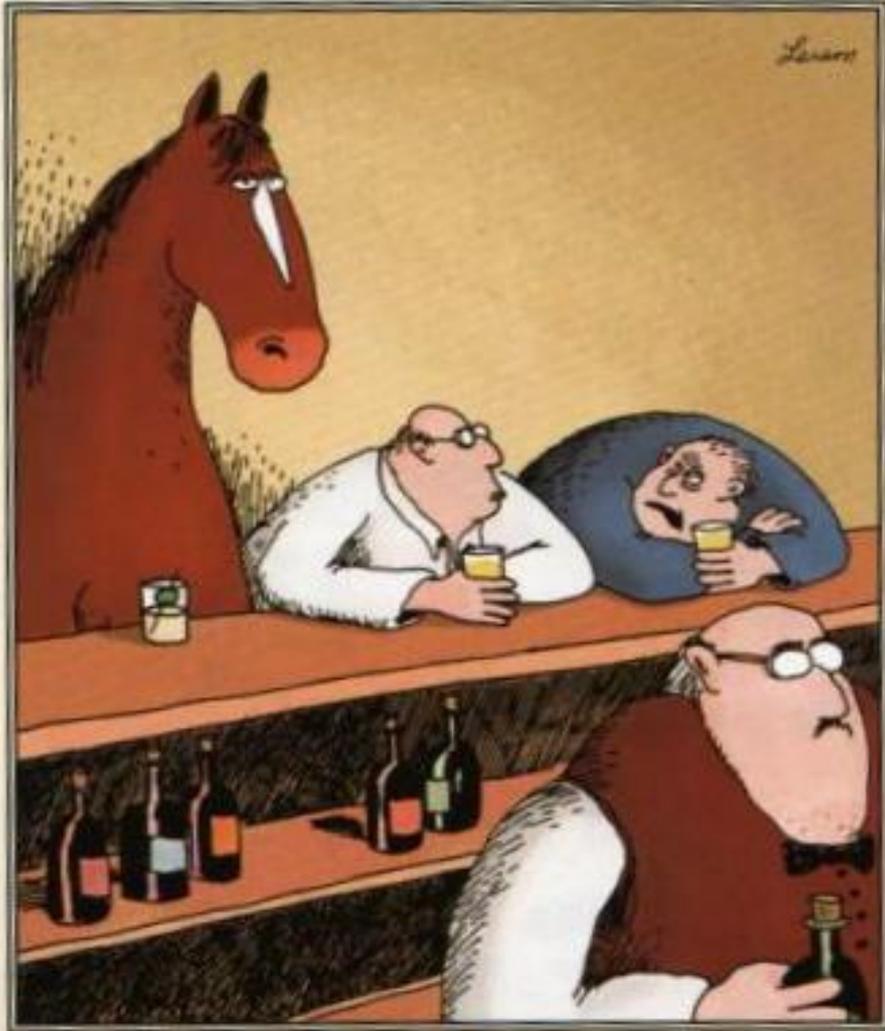


His few friends had told him he could never buy it, but Mr. Crawley surmised that they just didn't know where the store was.

Neutral Self-Inquiry

- Our Symptoms and Signs are our teachers.
- Western Medicine excels at treating symptoms and signs. When medicines (poisons) suppress symptoms, this usually ends inquiry, and thus the lessons from our teachers are lost.
- The underlying problem is left untreated, leading to new symptoms in your body's cry for attention, and the poisons lead to new and unique discomforts and diseases.
- We need help in our inquiry process in order to become our own best healers!
- The **Cancer Education Series Part I "So What is Cancer"** delves into what cancer teaches us.

1/22/81

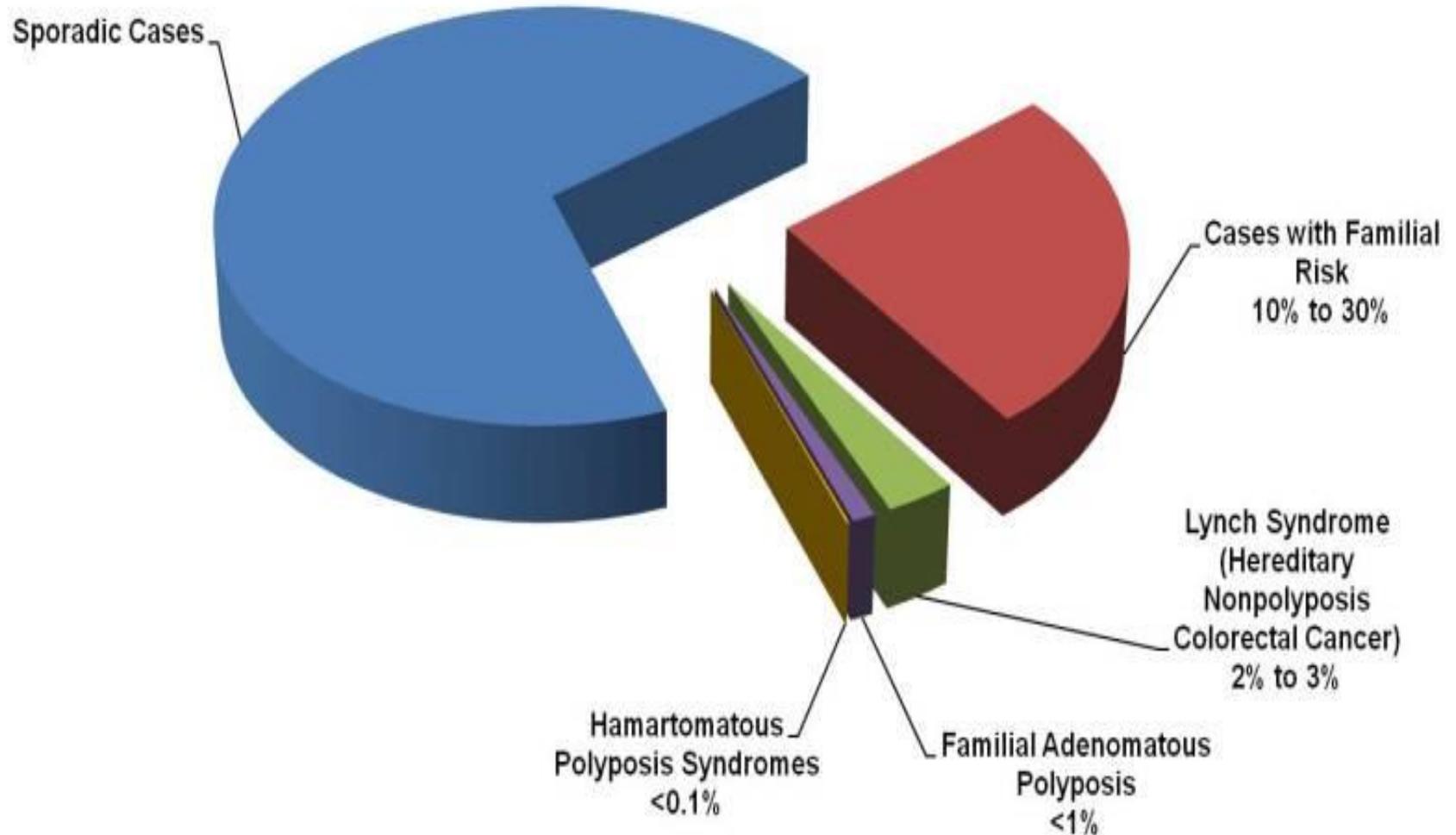


“Sure—but can you make him drink?”

CRC: Incidence and Mortality

- Colorectal cancer (CRC) is the third most common malignant neoplasm worldwide and the second leading cause of cancer deaths in the United States. It is estimated that there will be 140,250 new cases diagnosed in the United States in 2018 and 50,630 deaths due to this disease. From 2005 to 2014, CRC **incidence declined by 3.8% per year** for colon cancer and by 3.5% per year for rectal cancer among adults aged 55 years and older. However, in adults younger than 55 years, CRC incidence rates have been increasing by 1.4% per year for colon cancer and by 2.4% per year for rectal cancer. From 2006 to 2015, **mortality from CRC declined by 2.9% per year** among adults aged 55 years and older but increased by 1% per year among adults younger than 55 years

Colon Cancer Cases Arising in Various Family Risk Settings



8/24/82



Inevitably, their affair ended: Howard worried excessively about what the pack would think, and Agnes simply ate the flowers.

CRC: Screening/ Prevention

- **Colonoscopy** every 10 years after age 50, earlier as indicated. More frequent surveillance when polyps are found. **Leads to an estimated 60-70% reduction in incidence and mortality**, the lack of randomized trials remain a concern. European trials indicate a far superior rate of detection and logarithmically less risk. The need for coecal intubation, slow withdrawal time, appropriate decontamination time for the scope.
- The removal of noncancerous polyps, the usual precursors to cancer, makes colonoscopy the only screening procedure that actually prevents cancer! I discourage any other form of preventative screening.

CRC: Screening/ Prevention

- **Virtual Colonoscopy:** As of now, if the person refuses normal colonoscopy, they can chose CTC (Computed Tomographic Colonoscopy) which requires the same prep (this may change in the future). CTC can identify up to 90% of lesions larger than 10 mm, which all get referred for true colonoscopy. Another 10% of people get referred for evaluation of incidental findings from the abdominal CT, which has as many potential drawbacks as positives.

CRC: Screening/ Prevention

- If the person refuses the above two options then consider immunochemical fecal occult blood screening (FIT) or FIT combined with genetic analysis such as Cologuard. These tests **will not find what you are looking for!** Which is precancerous polyps, but will find 80-90% of cancers when positive results get followed with a colonoscopy. This might or might not affect outcomes.



“Now go to sleep, Kevin—or once again I’ll have to knock three times and summon the Floating Head of Death.”

CRC: Lifestyle/Prevention

- The overall 5-year survival rate is 64% for colon cancer and 67% for rectal cancer. About 4.4% of Americans are expected to develop CRC within their lifetimes. The risk of CRC begins to increase after the age of 40 years and rises sharply at ages 50 to 55 years; the risk doubles with each succeeding decade, and continues to rise exponentially.

CRC: Lifestyle/Prevention

- **Foundations of Health!**
- **Avoid Excess Alcohol** defined as >4 drinks/day. 45g alcohol increases relative risk (RR) by 40%
- **Avoid Smoking** increases RR by 15-20%
- **Treat Obesity** (BMI >29) increases RR by 45%
- **Regular Exercise**, the equivalent of the half hour, 1.5 mile walk per day decreases RR by 24%
- **Aspirin** 162mg daily with food, decreases CRC risk 33-40%! Due to the high risk of GI bleeding and mild risk of hemorrhagic strokes, risk stratification to those with family history and persisting markers of inflammation must be selected.

CRC: Lifestyle/Prevention

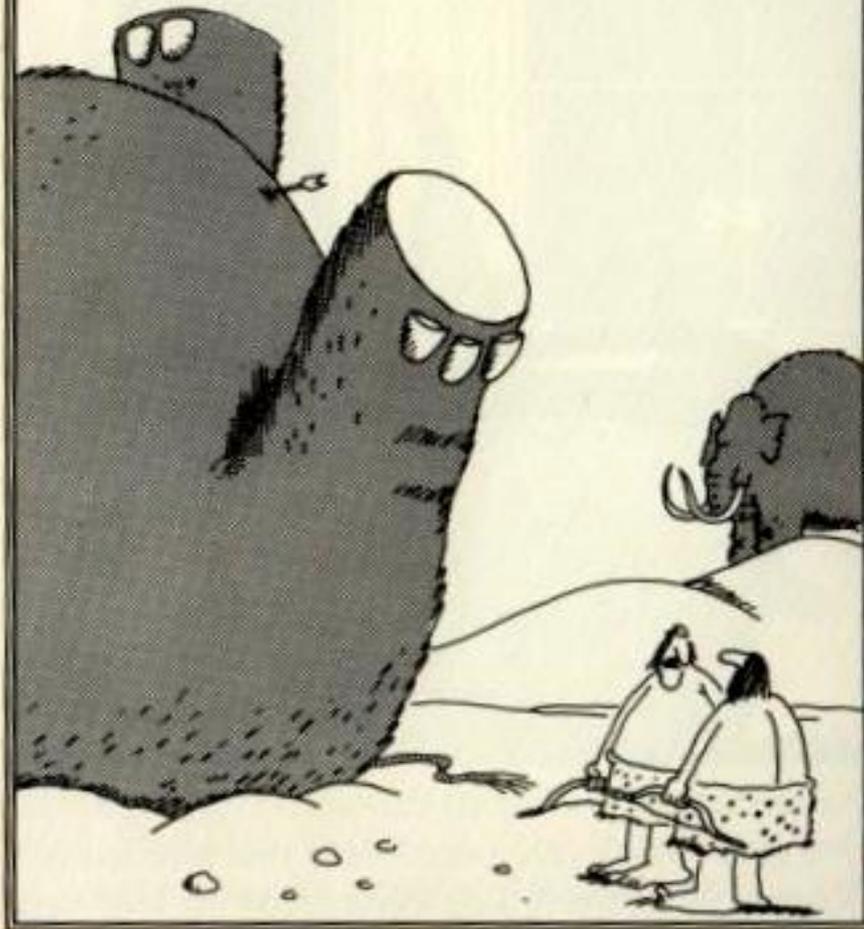
- Processed meats **only** tease out as the meats which do increase the risk of CRC. As with fruits and vegetables, variety. As with protein sources, a variety of organic, grass-fed, free-range etc. meats, dairy and eggs remain an invaluable dietary resource for human health.
- Of course, if one cooks a steak “well-done” this should be charged as a criminal offense at any level you can think of.

CRC: Lifestyle/Prevention

- Nutrition treats people not diseases.
- Eat the rainbow.
- The potential role of fermented foods and probiotics.
- The potential role of dietary fiber and supplemental fibers (beyond psyllium).
- The potential role of dietary spices.

7/21/86

Larson

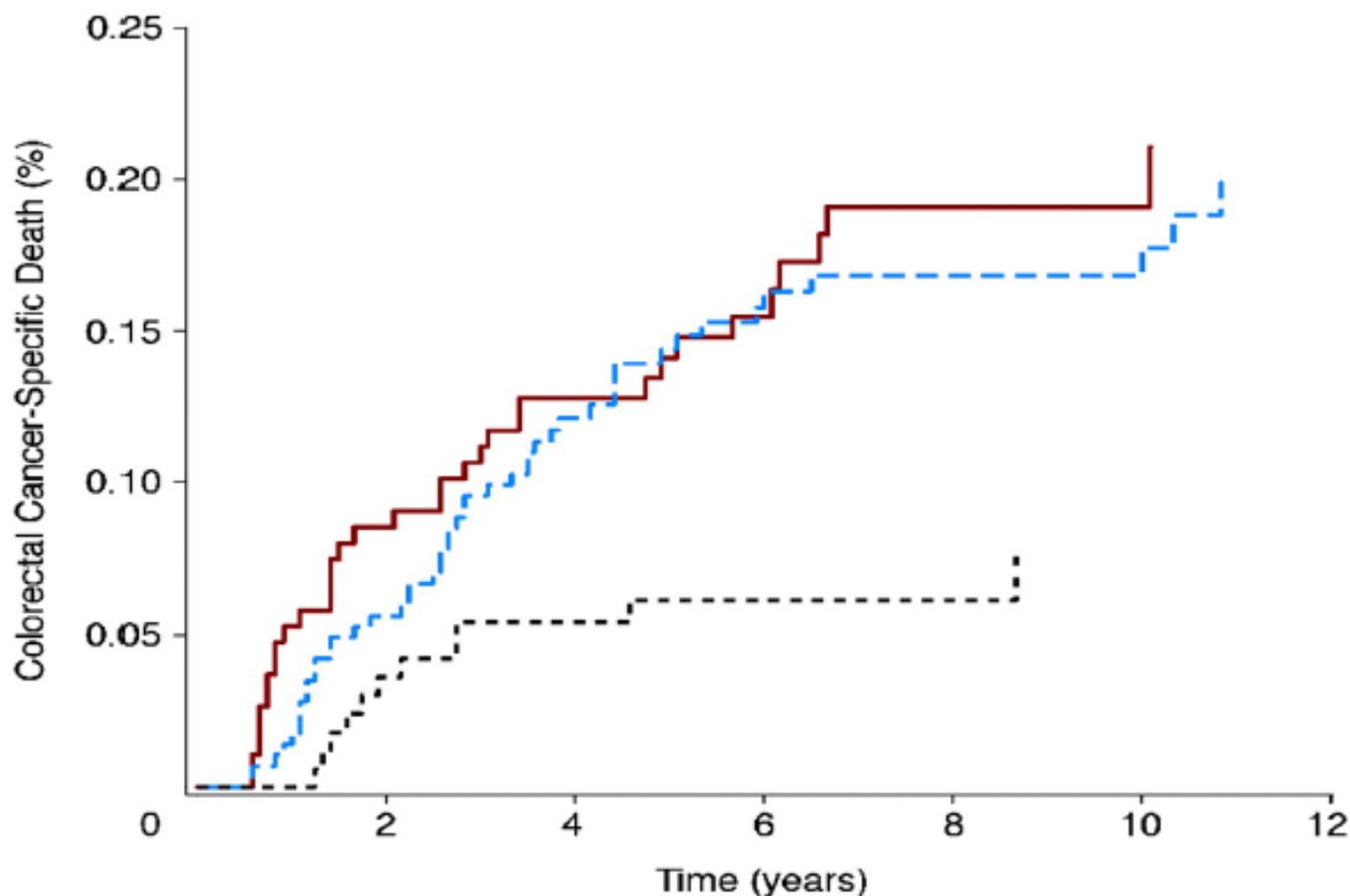


“We should write that spot down.”

CRC: Treatment

- **Stage I** : tumor limited within colon wall, surgery should be curative.
- **Stage II** : tumor extending past the colonic wall, but no lymph node involvement, surgery and natural therapies, 5FU chemotherapy improves survival 2% at 5 years.
- **Stage III** : any tumor with positive lymph nodes requires surgery plus adjuvant therapy. Combination chemotherapy improves overall survival by 4-6% at 3 years.
- **Stage IV** : metastasis at diagnosis, surgery as needed for symptom relief , with systemic therapy key.
- Radiation therapy plays no role in treatment of adenocarcinomas of colon origin, but can play a role in squamous cancers of rectal origin.

Exercise (18 met-hrs) Reduces Colorectal Mortality



No. at risk:	<u>2 Years</u>	<u>5 Years</u>	<u>10 Years</u>
— < 3 MET-hours/week	172	128	41
- - - 3-18 MET-hours/week	267	188	93
- - - > 18 MET-hours/week	159	130	46

CRC: Treatment

- Please again refer to Part I of our series for General Treatment Principles.
- **High Dose Intravenous Vitamin C (HDIVC)** has decades of experience, biologically plausible mechanisms of action and safety (always screen first with G6PD level)
- Building from 25g to 50g and then to 75g twice weekly the pro-oxidant effect within cancer cells combined with an antioxidant effect in normal cells makes perfect sense, whether as a primary treatment or used as a way to improve the efficacy of chemotherapy.
- Combine with oral alpha lipoic acid and oral “Activated Quercetin” to improve cellular delivery of C to the cancer and prevent efflux of C from the cancer cell.

CRC: Treatment

- **Immunotherapy** began with mistletoe, also known as Viscum Album Extract (**VAE**)
- VAE provides immunostimulant, anti-angiogenesis and dozens of other activities.
- Primarily given series M subq trice weekly under the care of your integrative oncology team.

CRC: Treatment

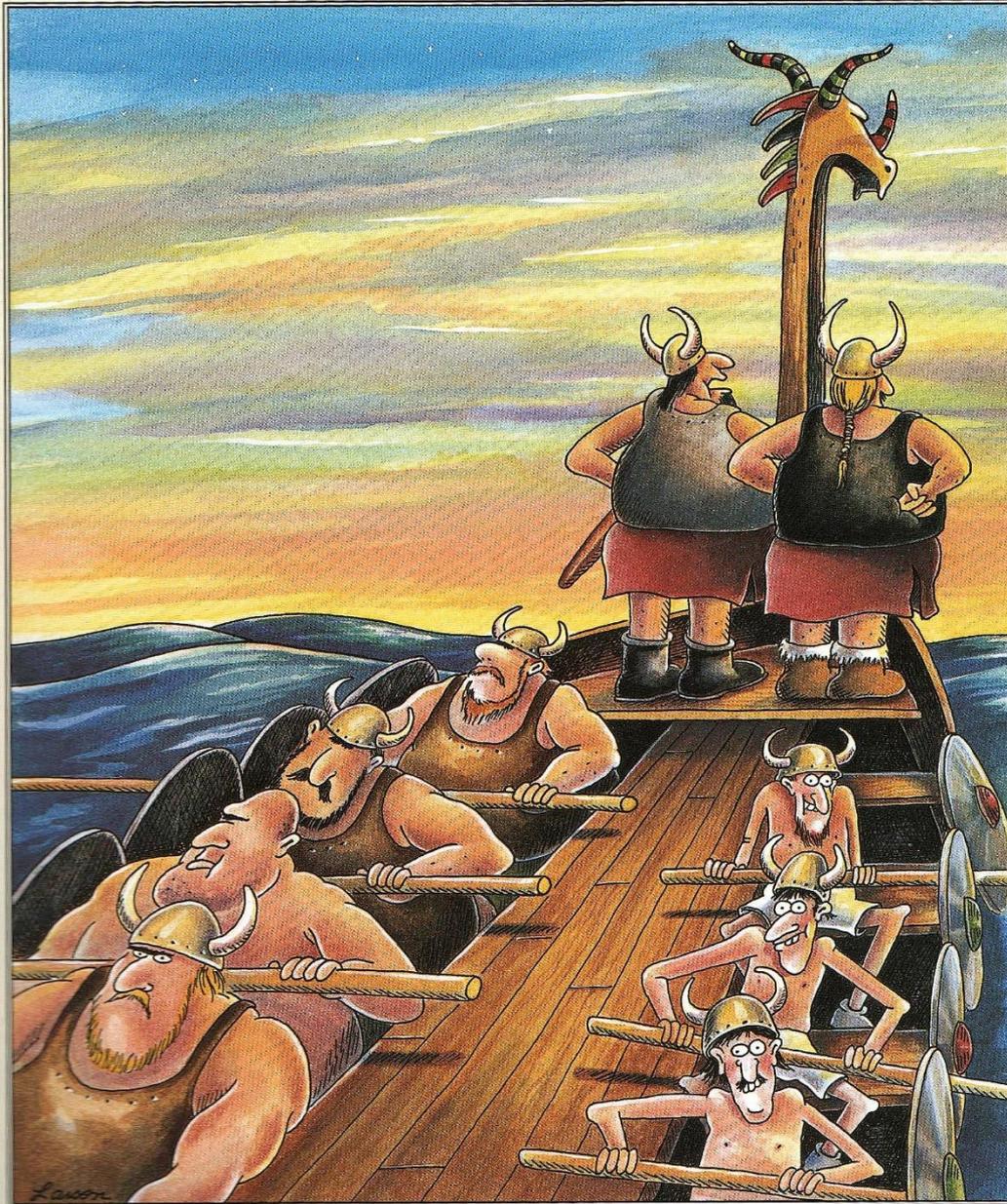
- **Pectasol C** (Modified Citrus Pectin-MCP) provides pro-apoptotic, anti-inflammatory, and anti-metastasis properties. Monitor galectin 3.
- **Curcumin** (Meriva Turmeric), **honokiol** (HonoPure), and **systemic enzymes** (Vitalzym XE) dosed as needed to control all inflammatory mediators such as hsCRP and fibrinogen.
- **Metatrol PRO**: fermented wheat germ extract, the latest version of what was formerly called Ave or Avemar. Documented proof for treating CRC.
- Dozens of other approaches based on laboratory findings, and clinical response.

Conclusion

- Western medical advances in chemotherapy have done nothing about CRC survival. Science documents and repeatedly confirms this fact.
- In the meanwhile integrative oncology approaches offer the only reasonable approach to those with residual disease postoperatively.
- As usual preventive lifestyle measures and widespread colonoscopy screening will have the primary role in improving CRC mortality.

References

- **PubMed:** <https://www.ncbi.nlm.nih.gov/pubmed>
Create an account, this is where we do research, not Google.
- Look for the colon cancer PDQ series for treatment: PMID:26389297, where you will also find links for genetics and prevention in the PDQ format
- Farkas E., Fermented wheat germ extract in the supportive therapy of colorectal cancer, Orv Hetil. 2005 Sep 11;146(37):1925-31. Linked on the Metatrol PRO site.



"I've got it, too, Omar ... a strange feeling like we've just been going in circles."