

Cancer Cured For Good

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By Bill Sardi and Timothy Hubbell October 2008

It works 100% of the time to eradicate cancer completely, and cancer does not recur even years later. That is how researchers describe the most convincing cancer cure ever announced.

The weekly injection of just 100 billionths of a gram of a harmless glyco-protein (a naturally-produced molecule with a sugar component and a protein component) activates the human immune system and cures cancer for good, according to human studies among breast cancer and colon cancer patients, producing complete remissions lasting 4 and 7 years respectively. This glyco-protein cure is totally without side effect but currently goes unused by cancer doctors.

Normal Gc protein (also called Vitamin-D binding protein), an abundant glyco-protein found in human blood serum, becomes the molecular switch to activate macrophages when it is converted to its active form, called Gc macrophage activating factor (Gc-MAF). Gc protein is normally activated by conversion to Gc-MAF with the help of the B and T cells (bone marrow-made and thymus gland-made white blood cells). But, as researchers explain it themselves, cancer cells secrete an enzyme known as alpha-Nacetylgalactosaminidase (also called Nagalase) that completely blocks conversion of Gc protein to Gc-MAF, preventing tumor-cell killing by the macrophages. This is the way cancer cells escape detection and destruction, by disengaging the human immune system.

This also leaves cancer patients prone to infections and many then succumb to pneumonia or other infections. The once-weekly injection of minute amounts of Gc-MAF, just 100 nanograms (billionths of a gram), activates macrophages and allows the immune system to pursue cancer cells with vigor, sufficient to produce total long-term cures in humans.

Nobuto Yamamoto, director of the Division of Cancer Immunology and Molecular Biology, Socrates Institute for Therapeutic Immunology, Philadelphia, Pennsylvania, says this is "probably the most potent macrophage activating factor ever discovered."

Once a sufficient number of activated macrophages are produced, another Gc-MAF injection is not needed for a week because macrophages have a half-life of about six days. After 16-22 weekly doses of Gc-MAF the amount of Nagalase enzyme fell to levels found in healthy people, which serves as evidence tumors have been completely eliminated. The treatment was fool-proof - - it worked in 100% of 16 breast cancer patients and there were no recurrent tumors over a period of 4 years, says a report in the January 15 issue of the International Journal of Cancer. [International Journal 2008 January 15; 122(2):461-7]

In another startling follow-up report by Dr. Yamamoto and colleagues, published in the upcoming July issue of Cancer Immunology Immunotherapy, Gc-MAF therapy totally abolished tumors in 8 colon cancer patients who had already undergone surgery but still exhibited circulating cancer cells (metastases). After 32-50 weekly injections, "all said researchers, an effect that lasted 7 colorectal cancer patients exhibited healthy control levels of the serum Nagalase activity, indicating eradication of metastatic tumor cells," years with no indication of cancer recurrence either by enzyme activity or CT scans, said researchers. [Cancer Immunology, Immunotherapy Volume 57, Number 7 / July 2008] Published in an early online edition of this journal, this confirming report has received no attention by the new media so far, despite its striking importance.

Gc-MAF treatment for cancer has been agonizingly slow to develop. Dr. Yamamoto first described this immuno-therapy in 1993. [The Journal of Immunology, 1993 151 (5); 2794-2802]

In a similar animal experiment published in 2003, researchers in Germany, Japan and the United

States collaborated to successfully demonstrate that after they had injected macrophage activating factor (Gc-MAF) into tumor-bearing mice, it totally eradicated tumors. [Neoplasia 2003 January; 5(1): 32–40]

In 1997 Dr. Yamamoto injected GcMAF protein into tumor-bearing mice, with the same startling results. A single enzyme injection doubled the survival of these mice and just four enzyme injections increased survival by 6-fold. [Cancer Research 1997 Jun 1; 57(11):2187-92]

In 1996 Dr. Yamamoto reported that all 52 cancer patients he had studied carried elevated blood plasma levels of the immune inactivating alpha-Nacetylgalactosaminidase enzyme (Nagalase), whereas healthy humans had very low levels of this enzyme. [Cancer Research 1996 Jun 15; 56(12):2827-31]

In the early 1990s, Dr. Yamamoto first described how the human immune system is disengaged by enzymes secreted from cancer cells, even filing a patent on the proposed therapy. [US Patent 5326749, July 1994; Cancer Research 1996 June 15; 56: 2827-31]

Activated Gc protein has been used in humans at much higher doses without side effect. This Gc macrophage activating factor (Gc-MAF) has been shown to be effective against a variety of cancers including breast, prostate, stomach, liver, lung, uterus, ovary, brain, skin, head/neck cancer, and leukemia.

Although GcMAF is also called Vitamin-D binding protein, the activation of macrophages does not require Vitamin D. It cannot be said the Gc-MAF cancer cure has gone unheralded. Reuters News covered this developing story in January. But the news story still did not receive top billing nor did it fully elucidate the importance of the discovery, actually made years ago, that the human body is capable of abolishing cancer once its immune system is properly activated.

GcMAF is a naturally made molecule and is not patentable, though its manufacturing process is patent protected. There is no evidence of any current effort to commercialize this therapy or put it into practice. Should such an effective treatment for cancer come into common practice, the income stream from health-insurance plans for every oncology office and cancer center in the world Would likely be reduced to the point of financial insolvency and hundreds of thousands of jobs would be eliminated.

The National Cancer Institute estimates cancer care in the U.S. costs ~\$72 billion annually (2004). Furthermore, about \$55 billion of cancer drugs are used annually, none which have not significantly improved survival rates throughout the history of their use.

If a typical cancer patient had to undergo 30 GcMAF injections at a cost of \$150 per injection, that would cost ~\$4500, not counting doctor's office visits and follow-up testing. For comparison, gene-targeted cancer drugs range from \$13,000 to \$100,000 in cost per year and produce only marginal improvements in survival (weeks to months). [Targeted Oncology 2007 April, 2 (2); 113-19]

Up to this point, the National Cancer Institute is totally silent on this discovery and there is no evidence the cancer care industry plans to quickly mobilize to use this otherwise harmless treatment.

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