Care Oncology Clinic
76 Harley Street, London W1G 7HH **e:** info@careoncologyclinic.com **t:** + 44 (0)20 3855 5939

12 March 2024

Mr Jialin Yang
Flat 48
Cornwell House
13 Ron Leighton Way
London
E6 1EQ

(Via email: zakkyang@hotmail.com)

Dear Mr Yang

Please find below a summary of our recent consultation.

Re: **Mr Jialin Yang** **Dob 06/03/1985**

Diagnosis: **Metastatic Moderately-Differentiated Sigmoid Adenocarcinoma with liver involvement - diagnosed Jan 2024 (no primary surgical option)**

Treatment History :
Oct 2023 - CT TAP performed to investigate weight loss - unremarkable aside from likely haemangioma in segment 4b of liver.
Dec 2023 - MRI liver demonstrated multiple (7) liver lesions, consistent with metastatic disease of unknown primary.
Jan 2024 - Liver biopsy demonstrates moderately-differentiated adenocarcinoma.
Feb 2024 - PET/CT demonstrated likely primary lesion in the sigmoid colon. Proceeded to endoscopic biopsy which demonstrated very small sigmoid primary lesion (with multiple polyps).
Mar 2024 - Commenced first line treatment with FOLFIRI.

Medications : **5-FU, Folinic Acid, Irinotecan. Supplements including Garlic Oil, Vit K2, DHA-500, Omega 3 PUFAs, Vitamin B1, Alpha-Lipoic Acid, Apple Cider, Berberine, Vitamin D, Turmeric, Green Tea, Wild Algae, Astaxanthin, Turkey Tail, Quercetin, Resveratrol, Milk Thistle, Garcinia Cambogia (advised to stop alongside Berberine & Metformin), Selenium, Modified Citrus Pectin.**

Allergies : **None known**

Performance Status : **ECOG PS 0** **EQ-VAS 95** **EQ-5D 0** **Weight 57kg** **BMI 17.59**

Serology: **2/Mar/2024 - HB 110 PLT 223 WBC 4.34 N 2.52 L 1.24 RDW 12.8% Na 137 K 4.6 Ur 3.9 Cr 72 eGFR >90 Bili 4 ALP 51 ALT 8 GGT 30 TP 65 Alb 46**

Outcome from Consultation: Patient unable to connect to video consultation today, so his consent form will be completed at another time, prior to any prescription being completed.

I have recently had the pleasure of meeting you, on behalf of the Care Oncology Clinic. You were interested to find out more about our metabolic treatment and how it may be able to help with regards to the above diagnosis.

After reviewing the medical history, we proceeded to discuss the principles behind our method of treatment. I explained that as the malignant process progresses, cancer cells are often subjected to environments with a lower oxygen tension than are found within most healthy tissues. As a result, in order to support continuous growth and proliferation in challenging hypoxic environments, cancer cells are found to alter their metabolism in comparison to that of normal cells.

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The medicines that we use interfere with a number of proteins or signalling pathways, which have the ability to impact upon cancer cells' access to and usage of energy sources, with the effect of killing these cells, restricting multiplication, or reprogramming them to behave like healthy cells. In addition, there is evidence that these medicines can increase cancer cells' sensitivity to chemotherapy, radiotherapy and where appropriate, hormone therapy and immunotherapy. By using the medicines in combination, we may be able to target multiple biological pathways, thus creating a synergistic effect and potentially offering greater benefit than the addition of one adjunct therapeutic agent on its own.

The metabolic treatment involves four drugs: Metformin, Atorvastatin, Doxycycline and Mebendazole; currently used to treat various medical conditions ranging from diabetes and atherosclerosis, to infection and infestation. There is considerable literature spanning in vitro studies, ex vivo human tissue studies, case reports, clinical studies and epidemiological studies which supports their use in the context of cancer. You are aware there is no large randomised controlled study of our exact protocol.

The protocol is prescribed as follows:

Metformin Modified Release (M/R) 500mg once daily for two weeks, followed by 500mg twice daily thereafter - with close monitoring of appetite, weight and gastrointestinal toxicities. Advised to stop Berberine (until our first review), and to stop Garcinia Cambogia (permanently).

Atorvastatin 20mg once daily at night - with close monitoring of liver serology.

Mebendazole 100mg once daily for a month, followed by Doxycycline 100mg once daily for a month, continuing to alternate between Mebendazole and Doxycycline on a monthly basis thereafter.

Your most recent blood results are within acceptable limits to proceed with treatment at the aforementioned doses. For your safety, all medicines and dosing will be reviewed at an initial 8-week follow up appointment.

We discussed the side effect profile associated with these drugs which focuses primarily on the gastrointestinal tract: nausea, abdominal discomfort, reduced appetite, diarrhoea, flatulence. Muscle pain/fatigue can be particularly associated with statins as well as rhabdomyolysis in very rare cases. Lactic acidosis is a rare side effect of Metformin in patients with renal impairment. We advise patients to stop Metformin prior to and immediately after surgery, CT or MRI scans with contrast and any acute infections or episodes when they become dehydrated or at risk of tissue hypoxia. However, our experience is that the vast majority of patients adjust to the medicines quickly and if side effects do occur, these are mostly mild and tolerable.

You were satisfied with the scientific rationale and will consider giving written consent to proceed. Further written information about the medications, their mode of action and potential side effects will be provided directly after this appointment.

Ahead of your first follow-up appointment in approximately 8 weeks, it is important that we receive a set of interval blood results for full blood count, liver function and renal profile. These should be from bloods collected 4-6 weeks after commencing the protocol. The results will be reviewed and discussed at your appointment, during which any necessary adjustments may be made to your protocol dosing. Thereafter, we review patients on a 12 week schedule (along with further interval blood results, clinic letters and reports from re-staging scans or other relevant investigations) and consider ongoing treatment refinements as may be appropriate.

I have encouraged you to get in touch with us should you have any questions or in case you should need any further assistance during the period leading up to your next appointment.

You may share this letter directly with your GP and/or oncologist should you wish.

Yours sincerely,

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Dr Padman Vamadevan
Care Oncology Clinic Doctor

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Addendum: Additional clinical service – COC Plus

COC Plus is our new, additional service designed to measure and track fundamental parameters, which if optimised, may improve cancer outcomes. COC Plus evaluates these specific parameters, both via specialist blood biomarker tests and an in-depth questionnaire, enabling provision of actionable insights to our patients based on their personalised scores.

COC doctors carefully review the COC Plus data and make individualised, evidence-based recommendations to help drive improvements. This can include advice around diet and nutrition, stress, sleep, exercise, as well as the recommendation or prescription of a specific set of supplements with an excellent evidence-base in the cancer setting.

In addition, the COC Plus blood test data enables our clinical team to objectively assess the degree of metabolic control which may be being exercised by your current COC Protocol and to further refine the dosing of COC Protocol medications as necessary.

For more information about adding COC Plus to your current COC service, please email info@careoncologyclinic.com, or call +44 (0) 20 3855 5939.