

Protocol Selection Form

Patient

Louise Stoten

Location

Cape Town

Condition

mBRCA

Treatment Start Date

Monday, September 1, 2025

Treatment Duration (weeks)

12

Select Treatment Protocols

Please select the IV Treatment Protocol

Dropdown	Schedule	Comment
Paclitaxel & Curcumin IV	Weekly	Add 1 full amp MgSO4, slow infusion.
Laporta-Simms Protocol	Weekly	Friday: 50mg Curcumin, 5mg AKA-Bosvene 1 amp Lymphomyosot

IV Treatment Comment

Optional:
Curcumin + Boswellia add on Laporta-Simms:

Please select a Photobiomodulation Protocol

Transcranial 810nm +680nm Photobiomodulation

Multicolour Intravenous Photobiomodulation

Photobiomodulation Treatment schedule

Once a Week

Photobiomodulation Treatment Comment

Green 20min, Yellow 20min.
Only for next 4 weeks.
Can include Sodium Bicarbonate at correct dilution nebulised.

Hyperthermia Schedule

Schedule	Duration	Probe Position	Probe Size
Monday / Wednesday / Friday	90 minutes	Chest	30cm
Tuesday / Thursday / Saturday	90 minutes	Pelvic	30cm

Hyperthermia Protocols

Step Up Protocol

Step Down Protocol

Hyperthermia Caution

Port on Chest

Hyperthermia Treatment Comment

Ensure Eribulin infusion whilst CHEST mEHT running

PDT Protocol

Transthoracic PDT

PDT Protocol Comment

Transthoracic + Full body PDT

Week 1 & 3 - then review.

Start ASAP

PDT can be done with Fe infusion as well.

Suggestion: ICG Monday,

Ferrinject 500mg (Patient refused this requires further discussion (09th September 2025),

ICG Wednesday again.

Happy to continue with curcumin / Boswellia drips post PDT session. 45min bed + transthoracic laser if available - if not first week - bed

H2 Inhalation Option

1 hour twice daily

H2 Weekly Schedule

5 Day Intensive

Chemotherapy required

Yes

Chemotherapy Comment

Eribulin 0.7mg/m² D1 & D8 of 21 day cycle (3 weeks).

This is 50% of the dosage.

Add: Bevacuzimab 2.5mg/kg weekly at Sanctura for 6 weeks only. (We havent confirmed when we start this as at 09th September 2025)

Zoledronic Acid 4mg infusion - Monthly

Calcium gluconate 1/2 amp IV added to drip start of week with zoledronic acid given end of week.

Please given Neupagen 1/2 dose prophylactically D4; and D12.

Possible additional PIK3CA inhibitor
POssible enHertu

Select an Immunotherapy Protocol

Immunotherapy: Check-point inhibitor therapy and vaccine referral

Immunotherapy CKi Referral Options

Dendritic-Cell Vaccine

Immunotherapy Comment

Defer for now:
Possible check point inhibitor therapy.
DCT Banking with biopsy please, may proceed DCT

Please select Dietary Options

Low Carb Mediterranean

Please select Essential Supplements

Dropdown	Quantity	Measure	Time of Day
Sanctura Isolate Protocol			

Essential Supplements Comments

VitD3/K2 15,000 daily
Boswellia 7 drops nocte
MSB oil 4 nocte
Ivermectin 37.5mg twice weekly
Azithromycin 250mg po daily for 14 days of 21 day cycle.

(Bactrim single strength at night twice a week)

Recormin 20,000 IU twice weekly, s/c.
Continue anti-coagulation full dose.

No LDN
No Fenbendazole.
No statin

Weekend (S/S): Covacort 10mg + CoQ10 400mg + Cordyceps 2 + Ginsenox in morning

Select Imaging Scans Required

CT-Guided Biopsy

MRI Brain

PET-CT

Select Histology-Related Tests

HER2

Ki67

ONCOMINE Extended with HRR panel

PDL-1

TMB

General Comments

edit 2025-09-01 - Name Correction

1st September 2025
Neupagen as needed. prophylactically 1/2 dose.
See previous results - timing of days
