

Important: In observance of HIPAA and the sacred trust between care giver and patient, absolutely no patient names or identifying information is to be disclosed. Patient privacy is to be preserved. If you attach any medical records, pathology, surgical or laboratory reports, all names are to be removed.

Date	August 08, 2018
Clinician Name & Credentials	Komazec, Ana HBSc DHMHS RNCP/ROHP CFMP MSc (c)
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Describe Your Patient (Please SUMMARIZE and use economy of words. You will have 15 minutes to present)

Age, Gender & Ethnicity	47yo Female, Married, Croatian Ethnicity , Occupation: Taxi owner/driver
Body Type	Slim (lack in musculature) , 173 cm, 64kg, BMI: 21.4 (July 6 2018 BIA Test); Pulse:66 O2sa:99%
Values <i>What is most important to this patient? (Quality of Life, Decision Making, Side Effects?)</i>	To reduce recurrence, To improve and implement a nutrition and lifestyle plan, Improving quality of life. She comes with an overall positive outlook of her recent diagnosis. She is aware of the worst case scenario, and her high risk for recurrence. She is also aware of how her current lack of nutrition is imperative to be modified as primary foundational platform.
Stress Resilience	Work mild stress. Adequate and content support from husband and friends. Positive mindset.
Other	Multiple dental bridges, Hg fillings removed in past. Hx Smoking. Currently 3 cigs per day (with desire to quit) Negates traumas, health history clean. Mild synovitis of 2nd MTP joint 2017,
Primary Diagnosis & Date <i>(ex. Breast Cancer L, T3 N1 M0, BRCA1 positive, grade 3, Ki67 > 45%)</i>	April 2018: Stage II Colon Cancer , MSS stable , T3, Positive LVI, Negative PNI, Margins clear, 0 out of 31 lymph nodes, high risk features: LVI, larger tumor with some obstructive symptoms at presentation
Secondary Diagnosis <i>(ex. Diabetes Type 2, Obesity)</i>	Chronic Rhinitis over 20 years, Allergies (hayfever)

Patient Status

<input type="checkbox"/> New Diagnosis <input type="checkbox"/> Recurrence <input checked="" type="checkbox"/> In Treatment <input checked="" type="checkbox"/> In Recovery <input type="checkbox"/> In Remission <input checked="" type="checkbox"/> At Risk	
Concomitant and/or Complicating Factors <i>(ex: poorly controlled diabetes, insomnia, poor support system)</i>	Resected Stage II Colon Cancer, Status post resection Intolerance to adjuvant chemo Capecitabine and Oxaliplatin (had 2 cycles neuropathy)--> Capecitabine induced colitis.
Adverse Effects of Cancer or Cancer Treatments <i>(ex. anxiety-depression, diarrhea, peripheral neuropathy)</i>	Neuropathy (oxaliplatin sensitivity) Anticipatory nausea with intake of Capecitabine, Capecitabine induced colitis, Cold sensitivity, Metallic taste , Short term memory, GERD
Relevant Laboratory, Pathology & Medical Reports <i>(attach a PDF with patient identifying information removed or summarize)</i>	Hospital oncology lab work most recent July 9th 2018 without CEA marker. Overall: Liver enzymes ALT 60 U/L, AST 38H U/L, LD 596 U/L (higher normal), WBC 3.9 L X10(9)L, RDW 20.2%,

Brief Summary of Recent History

January 2018: Sudden abdominal pain LLQ radiated to RLQ, CT scan narrowing inflammation at descending colon proximal to sigmoid colon junction, Treated as diverticulitis with antibiotics (Abx). Blood in stool thereafter Abx. Colonoscopy February 2018: adenocarcinoma multiple biopsies from circumferential mass at 40 cm. No evidence of Metastasis. April pathology report revealed low grade adenocarcinoma 6cm. Large vessel invasion and obstructive symptoms as high risk features. CT scan showed renal hepatic cysts incompletely assessed. Preoperative CEA 3.
Past medical history non significant no prior surgeries, no previous complaints.No family history of cancer. No alcohol intake. History of smoking, quit 10 years ago 30 pack /year, now consumes 3 cigarettes per day .

Brief Summary of Additional Relevant Health, Medical, Psycho-Social and/or Family History

Childhood Birth Jaundice. Hx of multiple antibiotics, Hx of Anemia, Hx of chronic rhinitis since her 20's allergic hayfevers, Mother left her at 6 months, brought up by grandparents (paternal) , Father death at her age of 20 in car accident, Grief unresolved (her view she could not change the outcome). Her outlook: what is point of suffering if you can not change something ,usually issues ignored. Good marriage, supportive husband, content with her life thus far. Lovely woman to work with.

Other Relevant Information

Such as Chinese or Ayurvedic diagnosis, Naturopathic/Homeopathic Information, etc. (ex. *Liver Qi Stagnation, Dysbiosis*)

Unconfirmed dysbiosis due to history of use of antibiotics, most recent use of fluorobionoles (aware of its toxicity), (GI MAP, GPL OAT)

Brief Summary of Relevant Past Oncology or Medical Treatments

(ex. *surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy*)

May 2018 to begin: 4 cycles of Capecitabine and Oxaliplatin
Rx June 29 2018 ER discharged with Dx capecitabine induced colitis, nonneutropenic with symptoms of nausea, vomiting, fever, abdominal pain, abnormal adenopathy on ultrasound: Ciprofloxacin (fluoroquinolone) 500 mg p.o BID until July1 2018. Flagyl 500 mg po BID until July 1 2018. Pantoprazole 40 mg , Ranitidine 150 mg BID for 5 days, Imodium 2 mg QID for diarrhea.

Summary of Recent and Current Treatments

Medical Oncology Care (*surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy*)

April 10, 2018: Left hemicolectomy
May 2018: Adjuvant chemotherapy with Capecitabine and Oxaliplatin 4 cycles (tolerated to completion only 2 cycles)

Integrative Oncology Care (*nutraceutical, botanical, phytochemical, acupuncture, energy medicine, other*)

None to report from diagnosis until our initial consult.

Your 2 Core Questions (stated clearly and succinctly)

1. The initial health plan below forms the foundation, what would be in priority (additional) nutraceuticals recommended by your expertise? (thus far patient is compliant and determined to improve QOL)
2. With this highrisk for CRC reoccurrence case, what would be suggested blood biomarkers list for not active tumor environment? (In Canada we have trouble getting robust blood work through Universal care, unless specialist requested which we can wait months for)

Attached Medical Records for Reference (with patient identifying information removed)

Recent July 9 2018 Lab, Pathology April 2018

PROPOSED TREATMENT PLAN Your case will not be reviewed without a completed proposed treatment plan

Nutriceutical, Phytochemical and Botanical Supplements (name of supplement, dosing)

Foundation Nutrition Supplements:

DFH OmegaAvail 2Tdaily with meal; Solray Liposomal Vit D3/K2 (PE) 8 000 IU per day divided (monitor/adjust serum 25 OH Vit D every 3 months), GALT Fortifier 2c TID (PE), Hypozymase 2 c TID before meal (PE digestives enzymes), Methyl B 12 Liposomal (after 2 months of opening up drainage pathways, working on nutrient uptake, pH balance, enzyme and colon health, and hydration, reassess and see if methylation restoration is to proceed by using correct absorbable formula methyl/adnenosyl/hydroxy); Probiotics (starting with Ultimate Flora critical care by Renew Life 1 c BID meal, then will move to Klaire Labs broad spectrum and rotate every 4 months, Sacc Boul if GI MAP results call for normalization of flora); Lymph 2 (PE 30 drops TID); Nat Colon 2c at night (PE)

Targeted Supplements:

Formulated Herbals: Viriditas Herbs : Hepato Pure Formula (Taraxum off. radix, Silybum ma., Bupleurum spp, Chionanthus virginicus, Glycerrhiza gl., Berberis vul., Schizandra ch., Androgaphis Pann.) 1 tspn TID for 30 day= 500 ml ; Deep Immune Activation Formula (Astragalus mem., Bupleurum spp., Ganoderma luc., Agaricus Bla., Ganoderma applanatum, Lentinus edodes, Glycerrhiza gla., Eleutherococcuss senti., Inonotus ob., Grifola frondosa, Trametes vers., Ascorbic acid, Phellinus ignarius) 1 tspn TID for 30 day= 500 ml

JHS Coriouls versicolor, 3 g/day ; Melatonin ilposomal (PE) adjust to goal depending on stage dx, 10 g,
Heart Song Millieu (Body Mind heart Tonic, Homeopathic tonifier , PE) ; Bio A Curcumin 3.5 g per day

Functional Foods and/or Therapeutic Shake

Renew Food Plan with Pescatarian focus increasing fibre to 35g per day (adjust to sx as increasing g) Protein start 60 g per day
Therapeutic Shake: Sunwarrior Protein (25g p), Hepatagest Powder (Liver detox 1 and 2 Physica Energetics PE) 1scoop, Vita LF 1 scoop (Greens Physica energetics PE), L Glutamine 1 scoop (10 g), 14 strains of mushrooms (harmonic arts 2 tbspn), 3 tbspn Hemp seed, Probiotics, MCT oil 2 teaspoon, Maqui berry 1 tspn (harmonic arts) ,Flaxseed 2 tbspn (ground fresh), 1/2 avocado, 1c blueberries, coconut water/ almond milk.

Hydration: 2.5 L of filtered H2O with Spectralyte 20 drops per 1 oz H2O (ionic trace minerals, electrolytes PE)

Dietary Guidelines

Reduce exposure to copper in suppx

Bone marrow (organic sourced local farm Leapple) bone broth adding Astragauls, Shitake mushrooms, sea vegetables (remineralization, collagen, glutamine)

DGL if GERD persists

If pt decides to return to adjuvant chemo; oxaliplatin (for neuropathy), Suggest IV Ca/Mg before and after infusion, Acetyl L carnitine 1500-2000 mg/d, Increase l- glutamine to 20 -30 g/d,

Lifestyle Guidelines

She has been living an active lifestyle, prior to diagnosis, continues to go to gym 3-4 x per week, 45 minutes per session. Suggested to incorporate yoga, meditative exercises, swimming, and use of available sauna to detox to tolerance. Prior to use of sauna she was advised to use tailored supplement program to improve detoxification and support the pathways of elimination.

Recommended Diagnostics

Gi MAP (based on results after the foundational work above, anti microbial program will be applied to reduce toxic vir/bac/par/fung load)
GPL OAT (nutrient def, mitochondrial, neurotransmitter profile, krebs cycle, not priority as GI MAP)

Referrals to specialists

Chiropractor , NSA technique (CNS focus); TCM trained Accupuncturist; Local ND for IV vit C (1x per week), test G6PD

Other Notes (please do not include additional notes in your email – notate them here within the case study)

Dr.Chilkov, We have a self motivated individual who is keen to reduce her chances for recurrence, and has deep desire to improve her lifestyle, we have a platform where we can practice preventative measures and monitor over the years while working on the pieces of systems biology primary causes, starting with gut flora and GALT. Would you be kind to help me with what lab parametes to look for over the years that would help us monitor her progress with regards to tumor resurgence. Respectfully ,Ana.



Colorectal Cancer. Female age 47 Croatian (toxic exposures???)

Low Grade Invasive Adenocarcinoma pT3N0

Resection

And 2 of 4 rounds of CT

CHEMOTOXICITY RELATED COLITIS D/C CAPECETABINE (THYMIDILATE SYNTHASE?) AND D/C OXALIPLATIN

Moderate Risk of Recurrence. (large tumor mass, low grade, no + nodes)

Naturopathic Oncology

Victoria BC. Neil McKinney ND. Vital Victoria Naturopathic Clinic (888) 722-6401

Toronto Akbar Khan ND. Medicor Cancer Centre. 1.888.622.6644

Lynch Syndrome ruled out (Mismatch Repair) Genetic analysis??

Hereditary nonpolyposis colorectal cancer (HNPCC) or Lynch syndrome is an autosomal dominant genetic condition that has a high risk of colon cancer as well as other cancers including endometrial cancer (second most common), ovary, stomach, small intestine, hepatobiliary tract, upper urinary tract, brain, and skin. Usually CA dx under 50yo.

Any additional tumor analysis?

Expression of Sialyl Lewis Antigens (Cimetidine v effective)

Additions to Your Treatment Plan

***Baby aspirin daily**

***Cimetidine (OTC Tagamet) daily 800mg daily (many studies on CRC and Cimetidine)**

***COX 2 Inhibition** (ASA, Omega 3 FA, Curcumin, Tocotrienols, Boswellia)

(Simvastatin-lipophilic- associated with lowered risk of CRC)

Natural Statin also impacts CRC control **Red Yeast Rice. 4 caps at bedtime**

Tocotrienols. 250 mg bid

Pure Honokiol 500mg bid and at Bedtime

Broccoprotect 1 bid. (sulphoraphane)

Boswellia AKBA (Tx related Colitis, CRC)

Curcumevail 2 bid 2 grams Curcumin twice daily

EGCG 1 gram twice daily

Omegavail TG 1000 2 2x/day. 2g day

Berberine 1000 mg bid

Oil of Oregano 1 bid

Allergy Research Group Super Artemesinin one week one one week off. 2/2x/dY

L-Glutamine 5 g bid (colitis)

Impaired Detoxification

Detox Anti Ox 2 bid

N Acetyl Cysteine 900mg 1 bid

Milk Thistle 3 grams daily



BEDTIME

Red Yeast Rice 4 caps (1200mg) (CRC)
Melatonin 10-20 mg (CRC)

Important Probiotics

Lactobacillus Reuteri
Lactobacillus acidophilus
Bifido bacterium longum
Streptococcus thermophilus
Lactobacillus salivarius
Pediococcus pentosceus

Prebiotics:

Saccharomyces boulardii
PaleoFiber 1-2 heaping teaspoons

******Hx of C Difficile: BIO-K live probiotic 1 container daily**

CUSTOM HERBAL TONIC

Tumor Control, Immune Modulation, Inflammation Control

Digestive Support

2 teaspoons daily with food or shake

Shake Well

Dilute in warm water or ginger tea

480 ml 240ml

60	30 Astragalus and Ganoderma Formula
30	15 Minor Bupleurum Formula
40	20 Polygonatum Solomon's Seal
60	30 Salvia Milthiorrhiza Dan Shen
70	35 Heydotis-Oldenlandia Bai Hua She She Cao (Ursolic Acid)
60	30 Scutellaria baicalensis Huang Qin
60	30 Cameila sinensis Cha Ye (Green Tea)
40	20 Magnolia Bark Hou Po (Ursolic Acid)
40	20 Fu Ling Pi. Poria cocos
10	5 Tangerine Peel Chen Pi
10	5 Licorice root Gan cao



IV THERAPIES

IVC to be cytotoxic and exert control needs to be high dose 2-3x week x 8-12 weeks

Consider

IV or sub Q mistletoe
IV Artesunate
IV Curcumin
Oral Cimetidine
Low Dose Naltrexone. 4.5mg hs
TCH CBD (available in Canada?)

Biomarkers

Get a baseline and watch trend

CBC. Watch NLR. (CURRENT 1.0. POSITIVE PROGNOSIS)
CMP
CEA
CA-19.19
hsCRP
LDH
GGPT
LFT
Serum Cu. *If Cu and Cp are not in lower quartile of nl consider oral Cu Chelation Rx*
Serum Zn. *Cu:Zn 1:1*
Ceruloplasmin
Ferritin
Serum Fe, IBC % Sat
D Dimer
Fibrinogen
Hgb A1c
IGF-1

GENOMICS

Check her Methylation and Detoxification SNPS

Stool, Digestive and Microbiome Analysis. (must have high butyrate in gut for cancer resistance)

Intermittent Fasting 13+ hours no calories. (dinner>>>next breakfast)

OutSmart Cancer Diet-Modified Paleo-Keto, no red meat, very little animal protein, pescatarian, vegan is best

Low Carb, Low Sugar, Low Starch, Anti-Inflammatory, Gluten Free (Dairy free?)
Healthy Fats and Oils
Rainbow of colors: vegetables that grow above ground,



Limit fruit to 1 cup berries daily 60 grams+ protein daily

LIFESTYLE

Exercise: Minimum 30 min+ moderate exercise daily (Sweat)

Sleep 7-9 hours nightly

Meditation, Prayer, Visualization

Skin Dry Brushing to stimulate lymphatic drainage

CYTOTOXIC SEASONAL HERBAL THERAPY PLUS IV THERAPY

Combine protocol below concurrently with IV Vit C or IV Artesunate. (a cytotoxic therapy)

10-14 days once every three months

(every solstice and equinox is a simple way to remember)

CytoToxic Compound- for 10 days only once per season

1/2 teaspoon 3x/day diluted in warm water or tea with food or shake

(Suspend regular tonic during this time)

40 ml Polygonatum (Solomon's seal) root

20 ml Taxus brevifolia (Yew) tips

20 ml Catharanthus (Madagascar Periwinkle) Leaf

40 Phyto Cyto (Asimina triloba, Taxus brevifolia, Catharanthus rosea, Viscum album, Phytolacca americana, Podophyllum pelatum)

PLUS

ARG Super Artemesinin 3 caps twice daily for 10 days once per season

If possible also add Hyperbaric Oxygen Therapy during this cycle