Surgeon Battling Own Cancer Develops New Treatment

NASHVILLE, Tenn., Sept. 21 /PRNewswire/ -- The bump on his left ear looked innocent enough. At 33 and just two years out of surgical specialty training, craniofacial and maxillofacial surgeon Dr. Stephen Cantrell was consumed with teaching and practicing in a busy university hospital. Then came the biopsy results: the little nuisance was in fact malignant melanoma. Life changed overnight.

After the first round of surgical procedures, Cantrell enrolled in a clinical trial testing a cancer vaccine. The melanoma recurred anyway, and more surgery followed. Interferon was next but to no avail. A year later the cancer changed into a much more aggressive form and began shooting new tumors around his neck and chest with alarming speed. Doctors then advised that his condition would deteriorate rapidly and he probably had about six weeks left to live. "They told me to find a nice beach somewhere and enjoy a few sunsets," Cantrell remembered. "I said no. I worked with some great surgeons, and they were willing to get me on the table the next day whenever a new metastasis popped up."

The surgeries to fight the new metastases were frequent. "Those were dark days," he continued. "I was getting my neck or chest sliced open sometimes every two or three weeks. At one point I had to stick a large needle in my own neck twice a day to drain the fluid buildup." It still wasn't enough.

In July 2000 he underwent yet another selective neck dissection, but two weeks later there were new tumors deeper in the neck. "I had access to some of the most prominent doctors in the field," Cantrell explained, "but there really wasn't anything else they could offer. At that point, nothing works."

Realizing he was out of treatment options, he knew he would have to step into the unknown to fight any further.

He went back to the medical literature, searching for any reasonable thing that was too new to have been fully tested or perhaps had been overlooked. There was nothing. Finally, he took an educated guess that a combination of lovastatin and interferon might have a shot at working.

He was criticized sharply by most of his doctors; they urged him to quit making his own treatment decisions and go with the standard drugs, even though they held no real potential. Instead Cantrell decided that his only hope was to do something he would never ask of anyone else: experiment on himself with a completely untested treatment. "At that point there was nothing to lose," he explained. "As it stood I was going to be dead very soon, so any potential at all made it a risk worth taking." He continued keeping careful notes and became the guinea pig for the new technique.

Not even he was prepared for what happened next. After four weeks of the new combination, scans showed no remaining evidence of cancer. The radiologist assumed that the neck metastases had been surgically removed; their disappearance with a simple drug regimen was unthinkable. "I don't know what you did," he said, "but you're clean."

That was nine years and two weeks ago, and there has been no evidence of cancer since. (Cantrell continues to take low maintenance doses of both medicines.) Others soon began to seek him out and request the same regimen.

Similar results were seen in additional patients battling melanoma and pancreatic cancer. Patients with mesothelioma and colon cancer have also seen very beneficial responses.

Ultimately Cantrell decided that the treatment had to be offered on a wider scale. Leaving his surgical career, he devoted his full-time work to developing the interferon/lovastatin treatment. "Oncologists are out there working their hearts out," he said, "but in most cases the best tools they have just aren't enough. We're still pumping most cancer patients full of near-lethal toxins, while we search for something better."

For selected patients, he decided he might have something better. He now has opened NeoPlas Innovation in Nashville to offer the combination "off-label" treatment on an outpatient basis. Cantrell said, "It's not for everyone. We screen patients carefully to make sure they're not skipping another treatment they should be using." He added, "So far the results have been very exciting, and expansion of the work definitely is warranted."

Eventually he hopes to implement formal clinical trials with the new technique, but he emphasized that bringing help to individual patients will always be the first priority.

"I give thanks every day for being alive," Cantrell said. "And every time we can share that with someone else, that's a pretty good day."

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