



The Effect of Mistletoe Extract (Iscador) in a Patient with Lung Adenocarcinoma; A Case Report.

Dr. M. Dorchin^{1,3}, Dr. Sh. Shahmohammadi², Dr. Y. Vakiloroyaya², Dr. H. Soleymani²

1. Oncology Department, Dezful University of Medical Sciences, Dezful, Iran
2. Pharmacology Department, Avicenna Medical Consulting. Tehran, Iran
3. Researcher & Presenter

Corresponding Author: Dr. M. Dorchin, Oncology Department, Dezful University of Medical Sciences, Dezful, Iran, Researcher & Presenter

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Review:

Simple Summary

Small cell lung carcinoma (SCLC), is a high-grade neuroendocrine carcinoma defined by its aggressiveness, poor differentiation, and somber prognosis. This review highlights current pathological concepts including classification, immunohistochemistry features, and differential diagnosis. Additionally, we summarize the current knowledge of the immune tumor microenvironment, tumor heterogeneity, and genetic variations of SCLC. Recent comprehensive genomic research has improved our understanding of the diverse biological processes that occur in this tumor type, suggesting that a new era of molecular-driven treatment decisions is finally foreseeable for SCLC patients.

Lung carcinoma has consistently remained the leading cause of cancer-related death worldwide [1,2]. Currently, in the United States, it ranks as the second most frequent type of new cancer case, both in males and females, accounting for more than 228,800 new cases in 2020 and 12.7% of all new cancer cases [3,4]. Small cell lung carcinoma (SCLC) is a very aggressive, poorly differentiated, and high-grade neuroendocrine carcinoma representing approximately 13% of all lung carcinomas. Most commonly seen in heavy smokers as an advanced stage disease, it clinically presents with early metastatic spread and good responsiveness to initial therapy, and in most patients, it is consistently followed by relapse with a chemo resistant disease [5].

Case Report:

Here, we present the case of a 62-year-old man with small cell lung cancer (SCLC) who received concurrent chemoradiotherapy and Mistletoe extract (ISCADOR).

The patient was diagnosed as having SCLC with an endobronchial mass in the right main bronchus from 2 years ago. Following concurrent chemoradiotherapy, a mass remaining in the left lobe of the lung and project a mass between 5th and 6th ribs that was treated with ISCADOR [Q] 0 & 1 & 2. Clinical and paraclinical data indicate that the patient has remained in partial response for 6 months with Palliative Radiation therapy treatment. This patient maybe a rare case of partial response in SCLC treated with ISCADOR.

Currently, patients with small cell lung cancer (SCLC) are treated with chemotherapy with or without thoracic radiotherapy. Radiation therapy is generally accepted as an essential component of SCLC. However, the local failure rate after chemotherapy and radiotherapy remains high, ranging from 30% to 70%. [6] More effective means are needed to decrease the local recurrence rate.



Initial diagnostic investigation [2018]

*** In the case of our patient; The difference was that the chemotherapy and radiotherapy treatments were repeated several times, but the recurrence of the disease caused the patient to become weaker and cachexia.

Iscador versus no treatment

One non-randomized study compared 81 Iscador treated breast cancer patients with 30 patients who received an insufficient treatment (< 4 Iscador) packages within 5 years) which was assigned as "no treatment" [7]. Response rates were 74% and 46% respectively, which can be translated into a HR = 0.39 (CI: 0.20 to 0.77; p = 0.0068).

Based on the above study; I decided to treat my patient with Iscador (because my oncologist colleagues at the clinic tumor were frustrated with continuing treatment) and so after the patient and family agreed; We started treatment.

Therefore, the patient was tired of treatment and did not want to continue treatment. The treatment team recommended the Iscador injection drug and the patient and the patient's family welcomed our offer.

We treated the patient subcutaneously (in the arm area) for one day from July 11, 2020 and one day in between.

And we periodically visit and follow up close with clinical examinations and, if necessary, tests and graphics.



After 3 months treatment with Iscador

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We were able to demonstrate that adjuvant treatment with Iscador was associated with a significant overall enhancement of survival rates.

Considering that lung tests are performed to determine the response rate to Iscador treatment; It was not valuable in our patient, who had advanced lung cancer, so we cited the goat patient's statement and monitored the patient's clinical signs.

Discussion:

In this case, we investigated the effect of Iscador on the survival rates of this patient. We were able to demonstrate that adjuvant or single treatment with Iscador was associated with a significant overall enhancement of survival rates.

In particular, the benefit of Iscador with palliative radiotherapy to survival was clearly seen in study.

We also identified the design of the study as a source of variation among the studies on the survival of cancer patients using a meta-regression approach.

Reference

1. Bray F., Ferlay J., Soerjomataram I., Siegel R.L., Torre L.A., Jemal A. "Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries". *CA Cancer J.Clin.* 2018;68:394–424. doi: 10.3322/caac.21492. [PubMed] [CrossRef] [Google Scholar]
2. "International Agency for Research on Cancer" (WHO) [(accessed on 11 December 2020)]; Available online: <https://gco.iarc.fr/today/home>.
3. "American Cancer Society Key Statistics for Small Cell Lung Cancer". [(accessed on 11 December 2020)]; Available online: <https://www.cancer.org/cancer/lung-cancer/about/key-statistics.html>.
4. "National Health Institute Surveillance, Edipemiology, and End Results Program" (SEER) [(accessed on 11 December 2020)]; Available online: <https://seer.cancer.gov/statfacts/html/lungb.html>.
5. Gibbons D.L., Byers L.A., Kurie J.M. "Smoking, p53 mutation, and lung cancer". *Mol. Cancer Res.* 2014;12:3–13. doi: 10.1158/1541-7786.MCR-13-0539. [PMC free article] [PubMed] [CrossRef] [Google Scholar]
6. Passlick B. "Can surgery improve local control in small cell lung cancer? *Lung Cancer*" 2001;33:147S–51S. [CrossRef] [Google Scholar]
7. Leroi R. "Malignomtherapie mit neuen Iscador- Präparaten". *Krebsgeschehen.* 1975;7:136– 238. [Google Scholar]

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