Lung Cancer

NAME/A.G.	**AGE/**unknown	**SEX/**Male	**AREA/**Germany

28/07/2005: Medical evaluation: strong suspicion of a bronchial carcinoma located centrally in the left main bronchus, space occupying size of 3.5 x 3 cm.

08/09/2005: **Started RBAC (Rice Bran Arabinoxylan Compound) treatment,** 3g daily for one month, continued with 1g daily thereafter.

08/09/2006: First cycle of chemotherapy with Taxol and Cisplatin.

16/09/2005: Histopathology results: undifferentiated non-small cell carcinoma, G3 (high grade), suspicion of a bronchial carcinoma located centrally on the left main bronchus.

16/09/2006: Initiated thirteen cycles of induction chemotherapy with Paclitaxel and Cisplatin II radiochemotherapy.

28/09/2005: Diagnosis: Bronchial carcinoma left side (NSCLC), T4 (invasive), NO (no lymph nodes), MO (no distant metastasis).

29/11/2005: ESPATÜ-study, neoadjuvant induction chemotherapy, radiochemotherapy with Paclitaxel and Cisplatin II.

21/12/2005: Initial neoadjuvant radiochemotherapy proceeded without complications. Later will require definitive radiochemotherapy up to 71Gy (ESPATÜ study with 88 participants). Rehabilitation therapy to start in February, 2006 (previous skull-MRI). Prophylactic whole-skull radiation.

14/06/2006: Diagnosis of central infarction (after radiation) in lower lobe, left side. Non-small cell bronchial carcinoma in left lung, ED 08/05 (T4, NO, MO). COPD Therapy: transthoracic swaged left thoracic.
Radiochemotherapy until 02/2006.

19/09/2006: Thoracic CT with contrast agent. Technique of investigation: lateral topogram, spiral CT. Result: still 2 x 1.5 cm sized, smooth, circumscribed liquid mass, left dorsolateral, situated in the apical segment of the lower lobe. Most likely a shrinking scar, necrotic remains of tumor or shrinking abscess cavity.
The original large tumor in the left, central lung is almost imperceptible after chemotherapy and radiation.

10/11/2006: Imaging- FDG-PET/CT native and contrast agent from 02.11.06. Question of recurrence. Evaluation: No evidence of vital tumor manifestation. The morphologically detectable lung lesions are most likely post-radiogenic or post-inflammatory induced.

End of 2007: Only 2 out of 88 participants from the ESPATÜ study are still alive.

02/2008: Patient is free of pain and continues with 250mg RBAC daily.

01/2012: The patient is still well and the sole survivor of the study.