

## Aggressive Surgical Cancer ASC Protocol to Cure Cancer

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### Introduction

In 1987, after my Fellowship in Cardio-Thoracic Surgery in the USA: THI (Cooley-1977), St Vincent Hospital (Kay-1978) - where I started dreaming about the Ideal Heart-Lung Machine IHLM which “can extend so much our therapeutic range” and “save millions of hearts, lungs and limbs”, I wrote the Blue Thesis on Controlled Hibernation and Transplantation CH & T which aimed at saving 60 million of lives yearly and at a new Era in Transplantation.

CH has many beneficial effects due to the much reduced metabolism of 1/15 at 10 °C with an O<sub>2</sub> Requirement O<sub>2</sub>R of 1,200 ml/hr (down from the usual massive amount of 17,000 ml/hr at 37 °C) which can be delivered at only 40 mm Hg perfusion pressure PP.

Moreover, Patients can be directed into an anabolic state with resulting strong immune defense, muscle built-up and healing capabilities.

The low temperature will also lower the metabolic rate and hence the growth rate of all proliferating and invading micro-organisms PIMOs including Cancer cells.

### Dreams to “cure any disease whatsoever”

In 1812 Le Gallois, a French research worker and a great visionary made the following prediction: “If one could substitute for the heart, a kind of injection of Artificial Blood AB, either naturally or artificially made, one would succeed in maintaining alive indefinitely any part of the body whatsoever”.

So we just have to find the AB and all diseases whatsoever including Cancer can be cured!!!

So for 2 centuries Research Workers have been trying directly or indirectly to find the Artificial Blood which has however always remained elusive till now.

In 1950s, Gibbon combined the peristaltic pump of DeBakey and his oxygenator to form the 1st Heart-Lung machine HLM and performed the first Open-Heart Surgery by establishing a cardio-pulmonary bypass CPB circuit or extracorporeal circuit- EC circuit.

In 1955, Connolly a visionary Surgeon thought that life of his inexorably dying cardiac patients could also be supported by this EC circuit using a bubble oxygenator, thus started to dream about the IHLM; the IHLM could also cure any disease too.

However his patients died very quickly from uncontrolled bleeding due to the use of Heparin at a perfusion pressure exceeding 100 mm Hg and he abandoned this idea some time afterwards.

In 1972, Galleti used instead a membrane oxygenator to reduce the bleeding problem; somehow soon afterwards he abandoned this system of extracorporeal membrane oxygenation ECMO.

In 1975, Bartlett took over the ECMO project and improved it to its present state to be the sole contestant to be the IHLM; however in 2016, for 7 million cardiac deaths, there have been 7,368 ECMO applications with only 2,932 survivors; ECMO is thus not the IHLM.

At the APSC 2017, ECHO the 4th generation of HLM challenged the ECMO as the 2nd competitor to be the IHLM. ECHO s made up of H<sub>2</sub> O<sub>2</sub> Artificial Lung System and a Diaphragm Pump.

The multiple advantages of the ECHO over the ECMO in addition to the fact that ECHO reached the Everest of Oxygenation in October 2013 making it the most powerful HLM, points to the conclusion that ECHO is the IHLM.

### Formulation of the Artificial Blood AB

Just by working in Hypothermia renders the ECHO complications-free with:

1. Bold Heparinisation
2. PP 40 mm Hg
3. TCA mode: 2 mins/58 mins---2 mins run/58 mins rest
4. O<sub>2</sub> Requirement of only 1,200 ml/hr to satisfied---plus adequate nutrients

These are very easy parameters.

### Everything becomes indeed so easy indeed at 10 °C that

A New Preserving Solution PS X40 has now been formulated to contain the requisite amount of O<sub>2</sub>, nutrients, vasodilators, Heparin etc and can be infused by Gravity only to mimic the perfusion conditions of the ECHO i.e. by a NO-Pump technique--Thus PS X40 is the AB.

Application ASC Protocol to Inoperable Cancer Patients

Such Patient will

- (1) have a very large intracranial, thoracic or abdominal mass
- (2) Be invaded by invisible Cancer Cells-including metastases.
- (3) Have experienced a great weight loss and will be evolving

inexorably to the Terminally-ill stage.

Let's Control Hibernate him to 10 °C with either the ECHO or the AB

1. With a PP of 40 mm Hg- Surgeons can very easily remove all visible Tumor Burdens. There will not be any Uncontrolled Bleeding. Tumor Removal procedure can be very easily done in one TCA period of 58 mins
2. There will be hypothermic reduction in the replication of Cancer cells,
3. Additionally there will be a strong immune defense from the Anabolic State of the Patient (due to reduced metabolism) which will help any Chemo-tt to clear-up all invisible cancer cells including metastases within 45-90 days.

The Patient will gain weight from the resulting Anabolic State. Within 1 ½ - 3 months, the Patient is put on CPB and brought to normal life and be totally cured of his cancer.

### **A Group of Patients neglected in Current Therapeutic Protocols**

There is a group of very important Patients VIP – the pregnant Patients which are also so vulnerable indeed, including the Fetus they are carrying.

Once a VIP has a Refractory Cancer needing Chemo-tt and Radio-tt, we have a very challenging situation with presently very poor prognosis for both the mother and the Fetus.

By Control Hibernating the VIP by the ECHO or the AB, life can be “Preserved literally Indefinitely “ and any needful procedure can be effected very easily.

### **There are 2 possible Strategies:**

#### **(A) A Caesarean Section has been decided:**

- (1) For the Mother- Apply the ASC Protocol
- (2) The Fetus is allowed to grow to gestational age GA 30 weeks then brought to normal life through CPB.

#### **(B) The Fetus is kept Intra-Uterine**

The Fetus is allowed growing to GA 30 weeks, and then delivered. Thereafter the ASC Protocol is applied to the Mother. In both Strategies, there will be 100% Survival Rate for both the Mother and the Fetus.

### **Conclusion**

For the past 60 years, Cancers have been treated through Improved-over-time Usual Advanced Cancer UAC Protocol satisfactorily resulting in 11 million Cancer Patients saved yearly.

However there are still 9 million Cancer Patients who are not responding to the above Medical Protocol and are dying yearly.

The Proposed ASC Protocol will possibly save the totality of these 9 million Cancer Patients through a new very aggressive Surgical Era which will be started hopefully in 2019 in the whole World.

To simplify matters, possibly only the Artificial Blood using a No-Pump Technique will be needed.

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