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Treatment of metastatic or high-risk solid cancer patients by targeting immune system and/or tumor burden: Six cases report

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Recently we have reported on tumor growth and immune evasion as potential targets for a new strategy in advanced solid cancers. The history of six accordingly treated patients with different solid tumors is here summarized. All six patients were at high risk of relapse and likely with minimal residual disease following conventional therapy: radical prostatectomy (RP) and biochemical recurrence (BCR) (2 prostate cancers) or removal of distant metastases (1 colorectal and 1 breast cancer) or complete response (CR) of distant metastases to conventional therapy (1 breast cancer and 1 oesophageal-gastric junction cancer). Four of them, two after RP and BCR, one after removal of a single pulmonary metastases from breast cancer and the last one after CR to chemotherapy of peritoneal metastases and ascites from an oesophageal- gastric junction primary cancer regularly received cycles of a new schedule of immunotherapy (IT). A further one was a breast cancer with distant metastases in CR while receiving a different immunotherapy schedule with beta-interferon and interleukin-2 in addition to conventional hormone salvage therapy. So far, all five patients in addition to be alive are wellbeing and unexpectedly disease-free 188 and 68 months after BCR, 20 months after the removal of a single pulmonary metastases, 24 months after CR to chemotherapy of peritoneal metastases and ascites and 132 months after diagnosis of multiple bone metastases. The last patient with colorectal cancer and multiple synchronous liver metastases who underwent seven surgical interventions for metastatic disease although relapsed is wellbeing with low normal serum CEA value 88 months after primary surgery. These clinical and laboratory findings support the hypothesis that in these six patients our immune manipulation and/or the concomitant low tumor burden favored the clinical outcome.

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