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RESEARCH ARTICLE

Pain management with Radiotherapy and ozone with high dose vitamin C therapy in a case of bone metastatis of breast cancer patient

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ABSTRACT

BACKGROUND: The treatment of bone metastasis of breast cancer was a hardly topic of cancer. Coping with pain of bone metastasis can sometimes be quite difficult especially present with multiple metastasis.

CASE: In our bone metastatic breast cancer patient, disease was progressed following chemotherapy (CT). Ozone therapy was applied to left schoulder and cervical region as a local injection with rectal insufflation. One day later ascorbic acid applicated via intravenously infusion. A complete palliation was obtained in pain and the analgesics were interrupted.

DISCUSSION: In our case, a full pain control was achieved with ozone and high dose vitamin C therapy initiated following the progression after CT.

KEYWORDS: Ozone therapy, high dose ascorbic acid, metastatic breast cancer

INTRODUCTION

Bone metastases and related pain are a common problem of cancer. The increased vascular permeability related edema most prominent cause of pain in bone metastases. Other causes of pain are irritation of the nerves due to the tumor (1). Radiotherapy, chemotherapy, and bisphosphonate

treatments can be using therapies for bone metastasis and related pain, although often not sufficient (2, 3). Vitamin C, or ascorbic acid (AA), significantly reduced edema, inflammation related pain in clinical studies (3-5). Vitamin C also increased survival of cancer patients (5-7).

The most common site of metastasis of breast cancer was bone. The primary therapy of bone metastasis of breast cancer were hormonotherapy (HT) and palliative radiotherapy (RT). If the pain is not treated, it decreases sleeping, appetite, quality of life and performance status of patients (8). Opioids usually using for bone metastasis related severe pain despite their side effects. Cancer-related pain can be often occurring because cancer related inflammation. neuropathy or pain mediators (9).

Palliative RT was most used therapy for pain in metastatic cancer (10). In rapidly growing tumors were become oxygen-starved .The hypoxia is an important factor in radioresistance (11). Medical ozone (5% Ozone and 95% oxygen mixture) (OO) therapy which increases oxygenation on body and organs can be used for treatment of inflammation and pain palliation (12).

OO therapy can also increase the sensitivity and decrease the side effects of RT by increasing the production of interleukin-2, interferon, tumor necrosis factor (13-16).

According to The World Organization (WHO) guidelines obtained a three stage pain management for pain of cancer. Interventional treatment planning of pain can be applicate resistance of pain available even analgesic (18).Interventional treatments management ioint injections, are radiofrequency ablation, nerve blocks or OO injections (18).

OO can also effective to reduce pain by decreasing to inflammation with anti-bacterial, anti-fungal and anti-viral effects (19, 20). Effectiveness of OO with or without other standard treatments shown in many studies (14, 21, 22).

Low catalase activity shown to in various cancer cell lines that contribute decreasing activity of cancer treatment agents (23). Catalase and hydrogen peroxide increased to superoxide production of cancer cells which increasing ascorbate related cyto-toxicity of cancer cells.

Pretreatment of labile iron, artemisin, ozone therapy, ketogenic diet, NADPH oxidase activation, perftoran which oxygen carrier and hyperthermia increased activity of ascorbic acid treatment (24-28); OO can increased to hydrogen peroxide and decreased to NF-kappaB which responsible for aggressive behavior and chemoresistance in many cancers, (29).

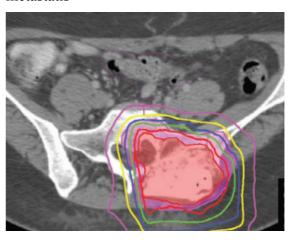
CASE REPORT

Our case is a 57-year-old female patient who diagnosed as multiple bone metastasis of breast cancer (Figure 1).

Her disease was progressed following chemotherapy (CT). ECOG (Eastern Cooperative Oncology Group) performance scoring was 4, Visual Analog Scoring (VAS) and Verbal Pain Scoring was 100%. FDG PET CT (Positron emission tomography with fluorine 18 (18F) fluorodeoxyglucose and computed tomography) images showed

multiple metastatic focus in the cervical, toracal vertebras and pelvis.

Figure 1: Radiation planning of Left sacrum metastatis



The palliative RT was planned with CT simulation, fraction of 250 cGy with dynamic IMRT once a day and five days a week to 4-7.cervical vertebras and left sacrum regions. But after 5 fraction of RT, the pain became more severe even using analgesics. Ozone therapy was applied to left schoulder and cervical region as a local injection with rectal insufflation at deep as 0,5 cm 20mcg/ml, 2ml/dose, only two dose, be-weekly with RT. Two days later 3,5g ascorbic acid applicated via intravenous with infusion of 500ml of saline serum. A complete palliation was obtained in pain and the analgesics were interrupted.

A new VAS and VPS were 0%. The patient's performance improved from ECOG 4 to ECOG 3 after OO and ascorbic acid with RT.

DISCUSSION

In multiple bone metastasis of breast cancer, generally, a 50-75% response was reported with radiotherapy (30). OO therapy can be used for treatment of inflammation, ischemic illnesses and pain palliation because it increases oxygenation on thissues (12). Injecting of OO into a painful spot showed more faster effects than other way of OO application. This is also called chemical acupuncture (31). In our metastatic breast cancer case, disease was progressed after

- CT. Injection of OO treatment was applied for resistant pain despite RT, due to multiple bone metastasis. Furthermore the patient's performance improved from ECOG 4 to ECOG 3 after RT and OO with ascorbic acid.
- OO, high dose ascorbic acid with RT can help to reduce cancer related pain and other side effects and improve to overall quality of life. There is a great need for multicenter studies for OO, high dose ascorbic acid with RT treatment and pain management of bone metastasis of breast and other cancers with severe pain.

REFERENCES

- 1.Roodman GD. Mechanisms of bone metastasis. N Engl J Med. 2004;350(16):1655-1664.
- 2. Sabino MA, Mantyh PW. Patho physiology of bone cancer pain. J Support Oncol. 2005;3(1):15-24.
- 3.Besse JL, Gadeyne S, Galand-Desmé S, Lerat JL, Moyen B. Effect of vitamin C on prevention of complex regional pain syndrome type I in foot and ankle surgery. Foot Ankle Surg. 2009;15(4):179-182.
- 4.Jensen NH. Reduced pain from osteoarthritis in hip joint or knee joint during treatment with calcium ascorbate: a randomized, placebo-controlled crossover trial in general practice [in Danish]. Ugeskr Laeger. 2003;165(25):2563-2566.
- 5.Kiziltan HS, Bayir AG, Demirtas M, Meral I, Taspinar O, et al.: Ascorbic-acid treatment for progressive bone metastases after radiotherapy: a pilot study. ATHM 2014;20:16–20.
- 6.Hoffer LJ, Levine M, Assouline S, Melnychuk D, Padayatty SJ, Rosadiuk K, et al. Phase I clinical trial of i.v. ascorbic acid in advanced malignancy. Ann Oncol 2008;19(11):1969–7410.
- 7. Günes-Bayir A, Kiziltan HS. Palliative vitamin C application in patients with radiotherapy-resistant bone metastases: a retrospective study. Nutr Cancer. 2015;67(6):921–5.
- 8. Pergolizzi JV, Gharibo C, Ho KY. Treatment considerations for cancer pain: a global perspective. Pain Pract 2015;15(8): 778-792.
- 9.Schmidt BL. The Neurobiology of Cancer Pain. Neuroscientist 2014;20(5): 546-562.
- 10.Hoegler D. Radiotherapy for palliation of symptoms in incurable cancer. Curr Probl Cancer 1997;21(3): 129-183.
- 11. Subarsky P, Hill RP. The hypoxic tumour microenvironment and metastatic progression. Clin Exp Metastasis 2003;20(3): 237-250.

- 12.Maffei RM, Maffei LM. Ozone therapy in the treatment of some strictly neurologic pathology. Int J Ozone Ther 2013;12(1): 16-24.
- 13.Bocci V, Luzzi E, Corradeschi F, Silvestri S. Studies on the biological effects of ozone, VI: production of transforming growth factor 1 by human blood after ozone treatment. J Biol Regul Homeost Agents 1994;8(4): 108-112.
- 14.Kızıltan HŞ, Bayir AG, Yucesan G, Eris AH, İdin K, et al. Medical ozone and radiotherapy in a peritoneal, Erlich-ascites, tumor-cell model. Altern Ther Health Med 2015;21(2): 24-29.
- 15.Karlic H, Kucera H, Metka M, Schönbauer M, Söregi G. Effect of ozone and ionizing radiation on an in vitro model—a pilot study of 4 gynecologic tumors[in German]. Strahlenther Onkol 1987;163(1): 37-42.
- 16.Sweet F, Kao MS, Lee SC, Hagar WL, Sweet WE. Ozone selectively inhibits growth of human cancer cells. Science. 1980;209(4459): 931-933.
- 17. World Health Organization. Cancer Pain Relief with a Guide to Opioid Availability. (2nd edn), Geneva, Switzerland. 1996
- 18.Meuser T, Pietruck C, Radbruch L, Stute P, Lehmann KA, et al. Symptoms during cancer pain treatment following WHO-guidelines: a longitudinal follow-up study of symptom prevalence, severity and etiology. Pain 2001;93(3): 247-257.
- 19.Elvis AM, Ekta JS. Ozone therapy: a clinical review. J Nat Sci Biol Med 2011;2(1): 66-70.
- 20.Bocci V. The clinical application of ozone therapy. In: Ozone B. A., (Ed.), A New Medical Drug. Amsterdam, The Netherlands: Springer. 2005;pp. 97-226.
- 21. Kiziltan HS, Gunes-Bayir A, Eris AH, Basibuyuk M, Mayadagli A et al. Successfull Pain Management with Radiotherapy and Ozone Therapy in a Case of Metastatic, Chemotherapy Resistant Sino-Nasal Mucosal Malignant Melanoma. MOJ Clinical & Medical Case Reports. 2017;6 (4):00165. DOI: 10.15406/mojcr.2017.06.00165
- 22.De Monte A, Gori C. Major ozonated autohaemotherapy in the treatment of limb ulcers not responding to conventional therapy. International Journal of Ozone Therapy 2011;10(2): 85-98.
- 23.McCarty MF, Barroso-Aranda J, Contreras F. A two-phase strategy for treatment of oxidant-dependent cancers. Med Hypotheses 2007;69(3):489–9610.
- 24. Verrax J, Calderon PB. Pharmacologic concentrations of ascorbate are achieved by parenteral administration and exhibit antitumoral effects. Free Radic Biol Med 2009; 47(1):32–4010.
- 25. Allen BG, Bhatia SK, Buatti JM, Brandt KE,

- Lindholm KE, Button AM, et al. Ketogenic diets enhance oxidative stress and radio-chemo-therapy responses in lung cancer xenografts. Clin Cancer Res 2013;19(14):3905–1310.
- 26.Maevsky E, Ivanitsky G, Bogdanova L, Axenova O, Karmen N, Zhiburt E, et al. Clinical results of perftoran application: present and future. Artif Cells Blood Substit Immobil Biotechnol 2005; 33(1):37–4610.
- 27.Moriyama-Gonda N, Igawa M, Shiina H, Urakami S, Shigeno K, Terashima M. Modulation of heat-induced cell death in PC-3 prostate cancer cells by the antioxidant inhibitor diethyldithiocarbamate. BJU Int 2002; 90(3):317–2510.
- 28.Li JJ, Oberley LW. Overexpression of manganese-containing superoxide dismutase confers resistance to the cytotoxicity of tumor necrosis factor alpha and/or hyperthermia. Cancer Res (1997) 57(10):1991–8 [PubMed]
- 29.Brar SS, Kennedy TP, Quinn M, Hoidal JR. Redox signaling of NF-kappaB by membrane NAD(P)H oxidases in normal and malignant cells. Protoplasma (2003) 221(1–2):117–2710.1007/s00709-002-0059-y [PubMed] [Cross Ref]
- 30.Falivene S1, Pezzulla D2, Di Franco R1, Giugliano FM3, Esposito E4,5, Scoglio C2, Amato B6, Borzillo V1, D'Aiuto M7, Muto P1. Painful bone metastasis in elderly treated with radiation therapy: Single- or multiple-fraction regimen? A multicentre retrospective observational analysis. Aging Clin Exp Res. 2017;29(1):143-147.
- 31. Siemsen CH (1995) Ozon-Anwendung bei akuten und chronischen Gelenker-krankungen [Ozone use in acute and chronic joint diseases] In: Beck EG, Viebahn-Hänsler R, editors. Ozon- Handbuch: Grundlagen, Prävention, Therapie [Ozone handbook: basics, prevention, therapy] Landsberg: Ecome pp. V-9.2.1-9.2.14. German.