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Part 1

“You must be your own doctor!” ©

Circulating Tumor Cells (CTC)?

Has Your Team Discussed CTC with You?

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BLUF: Circulating Tumor Cells (CTC) are cancer cells from the primary tumor that escaped into the bloodstream to circulate around the body. As a result, these cells can serve as seeds for new areas of cancer to grow in other organs. This is known as metastasis¹.

My research continues as I absorb the plethora of information in, *The Cancer Revolution*, (what I now call the Cancer Bible) specifically chapters five and six that contain extremely valuable information on CTC's, tests to ID CTC's in your blood/body and recommended treatments.

Circulating tumor cells were first found in the blood under the microscope nearly 150 years ago² (it was actually 1863³) Stop right there! It is 2026 so the application of critical thinking and elementary math tells me that in 150 years little effort has been forth on this discovery to benefit cancer patients. Be that as it may, here is the information in the article.

“Significance of the Discovery

- This discovery laid the foundation for modern oncology, emphasizing that cancer originates from normal cells that undergo changes leading to uncontrolled growth.

¹ <https://jamanetwork.com/journals/jamaoncology/fullarticle/2293946>

² <https://jamanetwork.com/journals/jamaoncology/fullarticle/2293946>

³ <https://duckduckgo.com/?q=Cancer+tumor+cells+were+discovered&atb=v507-1&ia=web>

Discovery of Cancer Tumor Cells

Key Milestone in Cancer Research

Year: 1863

Scientist: Rudolf Virchow

Contribution: Virchow was the first to identify cancer tumor cells under the microscope. He established a crucial link between cancer and abnormal cells that arise from normal tissue. <https://brukerspatialbiology.com/blog/five-key-milestones-in-the-history-of-research-in-cancer-biology/>

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- Virchow's work helped shift the understanding of cancer from a mystical or divine affliction to a disease rooted in cellular abnormalities.

Impact on Cancer Research

- Virchow's findings prompted further research into the cellular and molecular mechanisms of cancer.
- His approach to studying tissues post-surgery allowed pathologists to determine whether cancer had been completely removed, enhancing surgical outcomes.

This milestone remains a cornerstone in the field of cancer research, influencing how cancer is diagnosed and treated today.”

I do not agree with the last sentence. It was a milestone in cancer research, back then, but I challenge this part of the statement, “influencing how cancer is diagnosed and treated today”. Let us ask a simple question, “Why has 150 friggin years gone by and top oncologists don’t even discuss it, don’t test for it nor try to use the information from 1800s to prevent metastasizing.

You may think that is a little harsh, but the article in the JAMA continues with this paragraph, “The Challenge of Finding CTCs

Research and clinical applications for CTCs have grown over the **past couple of decades**⁴. When CTCs are present in the blood, their concentration is very low: as few as 1 CTC per 1 billion red blood cells. A new technique developed in the last few years allows for CTCs to be bound by surface receptors on the cancer cell to

⁴ JAMA Oncol

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antibodies attached to magnetic nanoparticles that can then be separated, counted, and studied further.” So, from 1863 to about 2006 (**past couple of decades**) not much was done with this breakthrough science. This article was published in the JAMA in 2015. It was only in the “last few years” that “new techniques” were developed. What about the last 120 years? I will make a bold statement here, “If the billions (by some account the total is a trillion) of dollars that have gone into “cancer research” why only recently has this “milestone” been brought to the attention in of all places the JAMA?

The article continues, **“Why Is It Important to Find and Measure CTCs?”**

“Detection of CTCs can help doctors decide which patients are most likely to benefit from additional cancer treatments. The presence of CTCs at concentrations above specific levels using a specific test called Cellsearch (Janssen Diagnostics LLC) is associated with poorer outcomes in patients with colon, breast, and prostate cancer.

“The concentration of CTCs in blood may change over the course of treatment. This may serve as a marker of how well a patient is responding to treatment, in addition to (or instead of) using imaging techniques. A **declining** CTC count during treatment means the treatment is working well, while a rising CTC count may lead to a decision to change to a different treatment.”

“Measuring CTCs may also provide a liquid biopsy, a way to sample tumor cells without needing to perform a more invasive needle biopsy. This may be especially useful for cancers that are harder to reach and sample safely.”

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When the spots on Karen’s lungs were too small to sample, to determine if they were malignant or not, the procedure of evaluation CTC, should have been used. IT WAS NOT!

Once again regarding Karen’s oncology “team” and treatment plan, identifying CTC’s WERE NEVER MENTIONED, tested for and if the tests had been positive, would have been treated.

Karen should have been tested at least annually for CTC as a preventive measure because of her thyroid cancer, despite her thyroidectomy pre-1990. Her cancer did eventually metastasize to her lungs, vocal cord and brain, and played a major role in her death. Karen’s “premier” oncologists Drs. Wartofski and Veytesman failed Karen.

Karen was miserable punishing her body with more chemo and pills. These “Drs” felt good about themselves as they prescribed more pills and went home at the end of the day feeling good about their effort. While Karen went home to another daily regime of nasty oral medicine, one so distasteful, Karen had to take it with apple sauce. Her “world-renowned” cancer team, what I now know now, was a FAILURE.

“Too greedy to care!”

Peter

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