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TOPIC:

ECSCs : Embryonic Cancer Stem Cells, The Secrets & Missing Link to RFCR Relapse Free Complete Remissions

INTRODUCTIONS :

The major challenge in cancer healing remains in the late detections & frequent relapses.

Nothing is guaranteed in cancer except the relapses & stronger resistance to future further therapy. Relapses are master minded by hidden eCSCs Embryonic Cancer Stem Cells with Pleuripotent stemness markers NANOG OCT4 SOX2, very often it is completely resistant to all chemotherapy, targeted TKI Thyrosine Kinase Inhibitors & MOAB monoclonal antibodies despite newer drugs being approved rapidly rampantly.

METHODS :

Often the establishment of cancer growth, metastasis & recurrence are induced & regulated by these eCSCs Embryonic Cancer Stem Cells hence liquid biopsy via blood sampling with advance FACS is able to isolate & identify such embryonic throphoblastic cells, expansional genomic studies with chemo & natural plant extracts sensitivities test & reporting provide new insights into strangulating the growth of eCSC leading to many RFCR Relapse Free Complete Remissions.

There is always partial remission or incomplete healing especially in the orthodox harsh conventional methods of surgery, high dose chemotherapy & radiation routinely protocolled in hospital setting. Patient often die before the cancer is completely healed. Often they get sicker after more treatment of repeating surgery, chemo & Radiations options. Multiple such protocol leading to ignorance & delay of better options of immunotherapy & Smart NK cells therapy.

Multiple future relapses of cancers at the initial loci of the tumour surgery margins is commonly seen, the fastest area of growth in integrative oncology is in the field of embryonic cancer stem cells. Cancers cell are occult, not being obvious and antigenic enough, cancer cells smartly evade the immune surveillance with hidden occult TSA Tumour Specific Antigens (Often Uniquely Available inside your own Tumour Masses) & cancer associated antigen being deeply disgusted as self, they often are equipped with many check point molecule stopping the immune recognition of cancer associated antigens, leading to failure of innate immunity of antigenic presentations, hence the defectiveness of long term development of adaptive immunity (failure of development of immune cross-talking, the life long cancer rejections immunity). Isolations of such embryonic cancer stem cells with expansional genomic study can yield to personalised precision medicines : the development of ASODN antisense oligoneucleotide therapy, ATA autologous tumour antigens autologously via RGCC lab, for the purpose of re-educating human body (the patient immunity) to reject the hidden embryonic cancer stem cells.

RESULTS :

Many recent breakthroughs in immunotherapy involving ICBs immune checkpoints blockades via IPILIMUMAB NIVOLUMAB PEMBROLIZUMAB BEVACIZUMAB, concurrently with cell based therapeutics such as CAR-T cells leading to many cases of RFCR Relapse Free Complete Remissions. The best case is seen in "Patient No:1 Emily Whitehead, a great successful case of RFCR Relapse Free Complete Remissions", a case from failure of all conventional treatment

shown new ways of cancer healing : the cancer vaccinations approach. If we can ever recruit and ally with our own immune system, the healing process is cascaded once and for all, healing the subject permanently with cancer immunogenic cell death leading to the development of patients own internal life-long cancer rejection immunity. Immune senescent must be dealt with, adding in NK Cells replenishment autologously would improve the patient chance of developing "lifelong cancer rejections immunity" by a radical paradigm shift of FOCUS BACK INTO CANCER VACCINATIONS THERAPEUTICS.

CONCLUSIONS :

Providing five fold therapeutic options to improve the RFCR Relapse Free Complete Remissions :

1. **Immune stimulation & enhancement of APC via GM CSF sargramostim**
2. **Low dose ICBs immune checkpoints blockades IPILIMUMAB NIVOLUMAB PEMBROLIZUMAB BEVACIZUMAB**
3. **LDRT : Low Dose Radiations Therapy 20 – 40 gy per tumour field causing "In-Situ Live tumour vaccines" converting the OCCULT into an OBVIOUS Antigens**
4. **Hyperthermia : Local, Regional Hyperthermia / photonic energy therapy & Systemic Fever induced via TLR4 (LBS) Coley's Vaccines, Interleukin 2, IL12, IL15, FRWBH fever range whole body hyperthermia. All these would orchestrate the cross talking of the already stimulated innate immune system to develop the memory of life long cancer rejections immunity**
5. **Cellular therapy : NK CELLS replenishment to facilitate antigen presenting process, improve MHC markers presentations, clearance of ambiguous non-self / foreign cancer cells leading to digested cancer fragments inducing MHC II presentations to form memory adaptive immunity to cancers.**

Abscopal effects is very commonly seen, if we embrace the boldness to pursue it without inhibitions of lower doses smarter targeted localised manipulations of tumour bed via smart LDRT or smart arterial chemo embolization without overly damage the host or causing too much TCD Tolerogenic Cell Death.

Oncologist must admit the current complete failure states of RFCR achievement, many patients healing opportunities are exterminated due to over-ambitioned & harsh treatment options orthodoxically offered. Ignorance of immunology in oncology is futile outdating the conventional hospital rigid protocols.

Recent post pandemic spike protein mRNA related injuries, inducing many hyper-progression of cancer relapses, command an urgent radical shift of paradigm in chemo-toxicology approach of cancer management, shifting it back to cancer vaccination approach with whole-body, whole-human integrative immuno-oncology approach to successfully cure cancers.

TAKE HOME MESSAGES :

Recruitment of human immune system to recognise cancers permanently, to reject cancer completely in-vivo, once and for all, is the key to RFCR relapse free complete remissions.

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