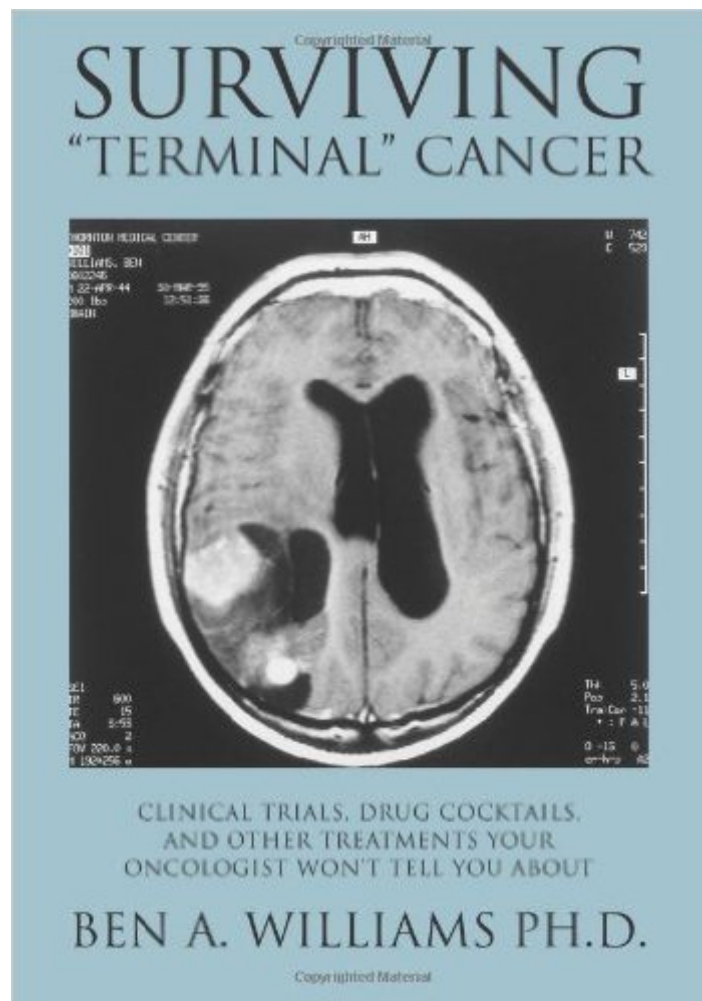


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# Surviving "Terminal" Cancer: Clinical Trials, Drug Cocktails, And Other Treatments Your Oncologist Won't Tell You About



## Synopsis

An account of dealing with glioblastoma brain cancer, along with the information needed to survive it

## Book Information

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## Customer Reviews

A terminal cancer diagnosis is a shove through the looking glass into a terrifying alternate reality of imminent death, where medical science has no answers and clinical trials and alternative medicine offer fleeting glimpses of real or perceived hope. This is the experience of millions of people every year, who find they suddenly must trust doctors they have never met to make the best choices for them according to principals of science and the Hippocratic Oath. Seven years ago, Ben Williams heard perhaps the worst of all such diagnoses, Glioblastoma Multiforme. This fast-moving brain cancer carries a devastating prognosis where survival is measured in weeks and where approved treatments add only a few weeks more. In his battle with this ferocious disease, he left the established path to fight on his own terms, mixing conventional, experimental, and alternative medicine. His eventual recovery, and the lessons he learned, are the basis for this book. 'Surviving Terminal Cancer' is written in three sections. Section I is a narrative of the onset, diagnosis, treatment, and eventual remission of the author's own terminal disease. This section includes the bizarre initial symptoms of his brain tumor, and the emotional upheaval of the diagnosis and devastating prognosis. During the treatment course, Williams must struggle with a medical system that denies him obvious treatments; he confronts his doctors and travels to Mexico to obtain the drugs they refuse to prescribe. His treatment plan is a drug cocktail synthesized from his research

into clinical trials and other published experimentation. A brain tumor proves intriguing subject matter, as fascinating as it is horrifying, and this creates a charged backdrop for the section's already interesting storyline.

This book tells a dramatic story of a battle for survival against a dread disease, and also offers a useful guide for cancer patients determined to try to beat the odds. On top of that, the author delivers a scathing critique of the conventional approach to treatment of life-threatening illness in the US. The book starts off with the author's story: a psychology professor at the University of California, Williams was diagnosed with an aggressive and incurable brain tumor (glioblastoma). Refusing to accept his imminent demise, he launched an unconventional (but nonetheless science-based) fight for survival. Searching the biomedical literature, he was surprised to uncover many studies describing relatively nontoxic compounds -- some of them drugs approved for other purposes - which seemed to show at least modest tumor-fighting effects (based on preliminary data, often involving animal models). By traveling to Mexico and other means, Williams was able to put together a cocktail of such compounds that he took on top of the conventional treatments (which normally achieve at most a minor and transient effect with glioblastoma). MRIs showed the tumor at first shrinking and then disappearing completely, and Williams has had no recurrence in more than five years. The book describes Williams' cocktail, which may be of use to other patients with similar brain tumors. Of equal value, however, is the general approach described in the book, which could be adapted to fight other kinds of cancer as well. The basic idea seems almost obvious: when conventional treatments are unlikely to succeed, combine everything that is reasonably nontoxic and seems (based on however preliminary data) to have a decent chance of some efficacy.

The Gold Standard treatment for Glioblastoma Multiforme (GBM) brain tumors is a combination of surgery, radiation and the chemotherapy temozolomide (Temodar / Temodal). Untreated, GBM uniformly kills its victims within four months. For 10% of all patients treated with radiation, that survival expectation increases to two years. At four years, 3% of the original group will still be alive. Add Temodar and surgery to that radiation, and 27% of those treated can expect to survive to two years. At four years, 12% of those treated with the Gold Standard combination will still be alive. University study press releases cheer the dramatic increase in survival rates for patients receiving Tamodar along with radiation and surgery. From 10% to 27% for two years and from 3% to 12% for four years are big jumps. While the numbers do represent a significant increase, the fact remains that at four years, 88% of those receiving the Gold Standard treatment for Glioblastoma

Multiforme tumors will be dead. In 1995, before Temodar was anywhere near the marketplace, Dr. Ben Williams discovered that he had a large Glioblastoma Multiforme tumor. Williams looked at the survival rates for those receiving the recommended treatment and did not like the odds. A research scientist and academic, Williams scoured every resource to create a state-of-the-art Glioblastoma Multiforme protocol. He received all of the standard treatment, which he supplemented with six other anti-cancer, pro-immune agents (and aspirin for the side effects).

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