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PROGESTERONE RECEPTOR MODULATION PROVIDE A SAFE CONVENIENT METHOD FOR PALLIATION OF ADVANCED CANCERS OF ALL TYPES

Statement of problem: The progesterone induced blocking factor (PIBF) is a unique intracytoplasmic protein present only in rapidly proliferating cells. PIBF helps both the fetal/placental unit and malignant tumors escape immune surveillance by natural killer (NK) cells and cytotoxic T-lymphocytes. Progesterone up-regulates and mifepristone (a progesterone receptor modulator) down-regulates PIBF. Because mifepristone is an abortifacient, most governmental agencies have restricted its off-label use. Compassionate use IND's granted by the FDA has allowed mifepristone treatment on an individual case basis for a variety of advanced cancers not responding to conventional therapy, and significant palliation has been provided to patients with a variety of different cancers based on improved longevity and quality of life.

Methodology and theoretical orientation: The FDA granted an IND to evaluate single agent oral mifepristone 300mg for stage IIIB or IV non-small cell lung cancer that has progressed despite a minimum of at least 2 chemotherapy or immunotherapy regimens. The response of the first two cases treated is listed below.

Findings: A male and female, both age 68 failed multiple standard chemotherapy regimens for their stage IV lung cancer. The female progressed despite also receiving immunotherapy with nivolumab (PD-L1 marker present). The male (who had seizures related to brain metastases) has had no more seizures with brain lesions gone and 75% shrinkage of lung lesions. He is ECOG zero and states he feels so good it is hard to believe he has cancer after 16 months of mifepristone. The female has shown more energy and no further metastases after 6 months of therapy (ECOG-1 related to COPD).

Conclusions: Palliative care specialists should unite and petition governmental agencies to lift the ban for off-label use of mifepristone at least to patients with advanced cancer. Mifepristone is very well tolerated and has fewer side effects than anti-PD-L1 drugs.

Biography

Jerome Check is a Professor of Obstetrics and Gynecology at Cooper Medical School of Rowan University and is the Division Head of Reproductive Endocrinology & Infertility at Cooper Hospital, Camden, NJ. He is also board certified in internal medicine and medical endocrinology. His Ph.D. is in reproductive biology. He has published over 750 peer-reviewed scientific articles that include reproductive and medical endocrinology, immunology, molecular biology, internal medicine, and cancer research. His work involving palliative care includes novel treatments for pain, chronic disease, and prevention of metastases of cancer.

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