



Assessment of the results:

Patient Name: Mr _____	Type of cancer: Gastric
Physician: Dr _____	Stage: IV

Risk of relapse:

CTC concentration

Measured: **isolated** _____ cells/ml, SD +/- 0.3cells

Cut off point <= 5cells/ml

Resistance markers:

MDR1: 65%

MRP: 40%

LRP: 2%

GST: 25%

Metastases/angiogenesis risk related markers

FUNCTION	CLINICAL RISK	MARKERS	RESULTS	OUTCOME
Migration-invasion	HIGH RISK	MMPs	45%	HIGH RISK
		KISS-1-r	normal	LOW RISK
		Nm23	normal	LOW RISK
Angiogenesis	HIGH RISK	VEGFr	60%	HIGH RISK
		FGFr	30%	HIGH RISK
		PDGFr	40%	HIGH RISK

Proliferation related markers:

MECHANISM	CLINICAL RISK	MARKERS	RESULTS	OUTCOME
Signal transduction pathways	HIGH PROLIFERATIVE SIGNAL	Ras/raf/MEK/Erk1-2	55%	HIGH RISK
		mTOR	10%	HIGH RISK
Growth factor receptors	HIGH PROLIFERATIVE SIGNAL	EGFr	55%	HIGH RISK
		TGF-β1/2	30%	HIGH RISK
		c-erb-B2	normal	LOW RISK
Hormone receptors	HORMONE INDEPENDENT	Estrogen Receptor	normal	LOW RISK
		Progesterone Receptor	normal	LOW RISK
		NC3R4-A	normal	LOW RISK
		NC3R4-B	normal	LOW RISK
Cell cycle rate	RAPID	P27	10%	LOW RISK
		P16	25%	HIGH RISK
		P53	30%	HIGH RISK

Resistance phenotype markers:

MARKERS	RESULTS	OUTCOME	PHENOTYPE
Dnmt1	normal	LOW RISK	NON RESISTANT
06-methyl-DNA-tran.	normal	LOW RISK	
HAT	normal	LOW RISK	
Histone deacetylase	normal	LOW RISK	

Therapeutic options

Conventional cytostatics:

Non cell cycle depended	S phase of cell cycle				Metaphases
Alkylating agents	Inhibitors of topoisomerase I	Inhibitors of topoisomerase II	antimetabolites	Inhibitors of tubulin polymerization	Spindle poisoning agents
<ul style="list-style-type: none"> ➤ Cisplatin ➤ Oxaliplatin ➤ Mitomycin 	<ul style="list-style-type: none"> ➤ CPT11 		<ul style="list-style-type: none"> ➤ Fudr 		<ul style="list-style-type: none"> ➤ Docetaxel

Targeted therapies

Moab (Monoclonal Antibodies)	SMW (Small Molecular Weight molecule)
<ul style="list-style-type: none"> ➤ Cetuximab as inhibitor of EGFr. ➤ Bevacizumab as inhibitor of neo-angiogenesis. ➤ Panitumumab as inhibitor of EGFr. 	

Biological/natural substances:

Class I (cytotoxic agents)	Class II (immuno-modulatory effect)	Class III (growth factors inhibitors)
<ul style="list-style-type: none"> ➤ Lycopene ➤ Super Artemisinin ➤ Amygdalin – (B17) ➤ Poly-MVA ➤ C-statin ➤ Ascorbic Acid ➤ DCA (dichloroacetate) ➤ Artecic 	<ul style="list-style-type: none"> ➤ Research Aloe Extract ➤ PME 	<ul style="list-style-type: none"> ➤ Paw – Paw ➤ Curcumin (turmeric)

It is recommended to use in a monthly base one agent from each class and the witch them after a month with the next potent agent from the same class in order to avoid secondary resistance.

Radiotherapy/Hyperthermia sensitivity:

Marker	Result (%)	Clinical outcome per marker	Clinical outcome
HSP90	-25	SENSITIVE	SENSITIVE
HSP72	-40	SENSITIVE	
HSP27	-30	SENSITIVE	

Follow-up options:

YES	✓
NO	

Time interval (when)

After 3 months	After 6 months	After 12 months
✓		

Test for follow-up

ONCOTRAILS							ONCOTRACE	ONCOCOUNT
Breast	Lung	Sarcoma	Colon	GI	Prostate	melanoma		
				✓				