ISSN: 2456-3765

Review Article

KenKyu Open Access

Diabetes, Obesity & Metabolic Disorders Open Access

Methotrexate Cancer Therapy and Tumor Factor

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Received: December 03, 2020; **Accepted:** December 08, 2020; **Published:** December 14, 2020

Citation: Kazuo Maeda (2020) Methotrexate Cancer Therapy and Tumor Factor. *Diab Obes Metab Disor OA, 6(6): 1-2.*

Abstract

Primary choriocarcinoma focus was uterus, while metastases were lung, and various organs, finally brain causing death. As it was systemic disease, primarily systemic amethopterin (methotrexate, MTX) therapy was applied on whole body, without local therapy with hysterectomy or radiotherapy. Repeated massive MTX infusion resulted necrosis of primary focus and metastases of choriocarcinoma, where human chorionic gonadotropin (HCG) was lost in the blood & urine in its complete remission. Is MTX effective to other common human cancers until complete remission that is full necrosis of cancer cells without damage of organs & tissues?

Keywords: Choriocarcinoma, Primary Systemic Methotrexate, Complete Remission, Human Chorionic Gonadotropin, General Human Cancer

Methods and Results

MTX must be effective to common cancer, namely, MTX chemical structure is close to folic acid, thus cancer cell absorbs MTX instead of folic acid, while MTX does not contribute cancer growth, where cancer cells were necrotic with low metabolic effect, thus, MTX is applied human cancer of which application as shown by NIH; MTX was used alone or with other drugs to cancers as follows as metabolic hazard therapy; for example, acute lymphoblastic leukemia of central nervous system, brest cancer , lung cancer, T-cell lymphoma, non-Hodgkin lymphoma, advanced osteosarcoma. MTX was administered before hysterectomy in our cases, which were reported in PubMed. MTX also studied in the treatment of other cancer, head & neck cancer, lung cancer, breast & skin cancer, lymphoma, leukemia, most gynecological cancer, where human cancer was treated by MTX other than trophoblastic malignancy in PubMed and NIH reports. Gynecologic cancer is visually observed, i.e. uterine cervical cancer is observed in situ with colposcopy, where tumor tissue sampling is performed to check the effect of MTX, after 0.45mg/kg/day in 2 to 3 days a week, for many weeks, studying its histology. Complete remission of choriocarcinoma was confirmed by negative HCG in the serum & urine, thus a reliable tumor marker is hoped even in MTX treatment of common cancer.

Discussion

Tumor Factor in Cancer Treatment

Cancer patients are lucky by the introduction of drug treatment, as they does not lose the physiologic function of uterus or other organs by surgery, for example mammary or ovarian cancer. Also, there is no pain in drug therapy, only disturbed by side effect on digestive mucosa, liver or kidney function, rarely hair fall. Side effects can be prevented or treated with anti-leucopenia drugs including folic acid, bone marrow blood infusion etc. Tumor factor was high HCG in choriocarcinoma, and other malignant tumor activity may be parallel to other tumor level, thus, own tumor factor should be found in its drug therapy. The effect of MTX was shown by HCG level, which was high before treatment and negative at complete remission, namely, the state of HCG doctor & patient are satisfied by reduced and disappeared HCG, as it is the sign of complete remission of choriocarcinoma. As the state of necrosis of common cancer must be shown by the tumor factor, i.e. the tumor factor level must be shown in doctor and patient. A young lady experienced normal uterine pregnancy after complete remission of choriocarcinoma, namely, female function recovered by the complete remission of choriocarcinoma thus, pharm- cortical complete remission is very important in cancer therapy, namely, recovery to normal physiology from malignancy is shown by zero level of hCG in choriocarci- noma[1].

Tumor Factor in the Prevention of Choriocarcinoma

Postmolar choriocarcinoma was prevented by the completely negative urinary pregnancy test, which detected urinary hCG produced by continuous trophoblastic tissue remainedin endometrium after hydatidiform mole, thus the author treated the remained trophoblastic tissue after hydatidform mole with more than 300mg MTX, then there was no choriocarcinoma in MTX therapy group, while there was significantly more choriocarcinoma in the control group of no MTX therapy. Postmolar choriocarcinoma was prevented by negative HCG detected in continuous trophoblastic diseases treated with MTX [2].

Conclusion

Common cancer will be treated by MTX, as massive MTX resulted complete remission of choriocarcinoma. Thus, any gynecologic cancer will be treated by repeated massive MTX. Only problem is tumor factor in every malignancy, i.e. it was HCG in choriocarcinoma and normal pregnancy, and negative HCG was the sign of choriocarcinoma prevention.

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