

March 2000

Using Arthritis Drugs To Treat Cancer

Most oncologists continue to overlook the value of COX-2-inhibiting drugs in the treatment of cancer. COX-2 (cyclooxygenase-2) is an enzyme that many types of cancer cells use to propagate and metastasize. This includes cancers of the colon, pancreas, breast, prostate, bladder, lung, head and neck, to name a few.

Several years ago, The Life Extension Foundation reported that European doctors were using COX-2-inhibiting drugs as an adjuvant cancer therapy. A protocol for using COX-2-inhibiting drugs was published so that Foundation members could provide their oncologist with guidelines for using COX-2-inhibitors (such as Lodine or Celebrex) to treat cancer.

New findings continue to show that COX-2 inhibitors suppress cancer cell growth. The December 1999 issue of the British Journal of Cancer showed that a COX-2-inhibiting drug significantly reduced the metastasis of colon cancer cells to the lungs of mice. The scientists concluded that COX-2-inhibitors may be a novel class of therapeutic agents to prevent colon cancer metastasis (which is how colon cancer kills).

A study published in the January 2000 issue of Carcinogenesis shows that human colorectal cancer cells can be made more sensitive to butyrate (a European cancer therapy) when the butyrate is combined with a COX-2-inhibiting drug. Butyrate helps to induce the differentiation and death (apoptosis) of colorectal tumor cells, but is not readily available in the United States. The doctors conducting this study stated that dietary modification (using therapies such as butyrate) along with COX-2-inhibiting drugs could be considered in the treatment of colon cancer.

In the January 1, 2000 issue of the Journal of Immunology, COX-2 inhibition in human lung cancer cells led to marked immune cell infiltration of the tumor and reduced tumor growth. COX-2 inhibition was accompanied by a significant decrease in the immunosuppressive cytokine IL-10 and a restoration of the more beneficial IL-12. The doctors conducting this study concluded that COX-2 inhibition suppresses tumor activity by restoring the balance of IL-10 and IL-12 in vivo.

Many types of cancer cells produce excess amounts of COX-2 and use this as biologic fuel to stimulate their rapid division. The theory behind cancer patients using COX-2-inhibitors is to deny the COX-2 enzyme to cancer cells. In a study published in Nature Medicine (1999;5:1348-1349), doctors found that blocking the COX-2 enzyme interferes with the formation of new blood vessels (angiogenesis). Since tumors require large amounts of blood to sustain their growth and to establish metastatic colonies, inhibiting the formation of new blood vessels is a desirable effect and COX-2-inhibitors appear to do just that. The doctors who conducted this study pointed out that new blood vessel growth is necessary for wound and ulcer healing and expressed concern that COX-2-inhibitors could produce gastric ulcer complications in some people. This is why it is so important for cancer patients to work closely with their oncologist if they plan to combine a COX-2-inhibiting drug with chemotherapy regimens. The rationale for using a COX-2-inhibitor with other cancer therapies is to increase the chances of a cure by attacking the tumor at multiple points in its division cycle.

One of the most exciting new therapies to treat cancer is the combined use of a COX-2-inhibiting drug along with a "statin" drug. The "statin" class of drugs are used to lower cholesterol, but they also suppress the propagation of certain cancer cells. When used together, these two drugs (a statin and COX-2-inhibitor) may provide the necessary one-two punch needed to control or eradicate the malignancy.

In order to help those with cancer to convince their doctors to prescribe these drugs, we have provided an updated letter that cancer patients can present to their oncologist for consideration. This letter provides a scientific basis for an oncologist to prescribe these potentially life-saving drugs to cancer patients now! To access this updated letter, [click here](#).

In each issue of Life Extension magazine, we endeavor to enlighten the reader to crucial information that they would not have learned about anywhere else. We know that some members find this information technically challenging. To resolve this problem, The Life Extension Foundation expects to open a medical clinic in the United States in the year 2000. Once the clinic is established, Foundation members will gain access scientifically validated therapies without having to travel to other countries.

CANCER UPDATE

The Life Extension Foundation has published an extensive array of updated cancer treatment protocols based on findings from the scientific literature and the clinical experience of practicing oncologists. The following updated cancer protocols are now available:

1. Pancreatic Cancer
2. Breast Cancer
3. Cancer Adjuvant Therapy
4. Cancer Chemotherapy
5. Cancer Radiation Therapy
6. Cancer Surgery
7. Leukemia, Lymphoma, Hodgkin's Disease
8. Prostate Cancer: Overview
9. Prostate Cancer: Adjuvant Therapy
10. Prostate Cancer: Early-Stage
11. Prostate Cancer: Late-Stage
12. Prostate Cancer: Chemotherapy
13. Prostate Cancer: PSA Parameters and Heredity
14. Prostate Enlargement: Benign Prostate Hypertrophy

Cancer (Adjuvant) Treatment Abstracts

[Back to the Magazine Forum](#)

All Contents Copyright © 1995-2009 Life Extension Foundation All rights reserved.

LifeExtension[®]

These statements have not been evaluated by the FDA. These products are not intended to diagnose, treat, cure or prevent any disease. The information provided on this site is for informational purposes only and is not intended as a substitute for advice from your physician or other health care professional or any information contained on or in any product label or packaging. You should not use the information on this site for diagnosis or treatment of any health problem or for prescription of any medication or other treatment. You should consult with a healthcare professional before starting any diet, exercise or supplementation program, before taking any medication, or if you have or suspect you might have a health problem. You should not stop taking any medication without first consulting your physician.