Can Your Immune System Be Trained to Fight Your Cancer? Transcript

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Introduction to Doctor Contreras

Hello. And welcome to the Cancer Breakthrough Summit. Today it is my pleasure to be joined by Doctor Contreras. Doctor Contreras serves as director, president and chairman of the board of Races of Hope hospital and is internationally recognized.

Was integrated approach to cancer care, combining conventional oncology with evidence based therapies while addressing the emotional and spiritual needs of each patient.

He earned his medical degree from the Autonomous University of Mexico in Toluca, and completed a surgical oncology specialization at the University of Vienna in Austria, graduating from honors with decades of clinical experience.

His work bridges science, compassion and innovation. Doctor Contreras is the author of 15 books on integrative cancer therapy, including the Art and Science of Undermining Cancer 50 Critical Cancer Answers the Hope of Living Cancer Free and Beating Cancer, and he has influenced patients and physicians worldwide.

A respected international voice in oncology. Doctor Contreras has presented at major medical conferences, including the World Conference on Price. Cancer, is active in the Cancer Control Society and has advised governmental and medical organizations in the United States, Japan, and Europe.

Doctor Contreras. Thank you. And welcome. Thank you very much. It is my honor to be with you, and I thank you for the invitation. Well thank you. And I had the pleasure to be to be with you at oh, as is of hope a few days ago.

Well. Thank you. I had the pleasure to visit, actually, with a group of patients by this for Hope.

Oasis of Hope and the Impact Protocol

A few months ago, at the end of the Key Integrative Cancer Conference. It is really, I have to say, it is really a no assist. And it’s a wonderful mix of a technical advance and a place of peace and serenity.

And I am delighted to have the opportunity to let more people did, more people, the opportunity to let them know about this, this hospital. Because I think what you are doing is absolutely wonderful.

And while we were there, you told us about a new protocols that is called the Impact protocol immune personalized autologous cell therapy. This sounds a little bit mysterious and at the same time very, very intriguing.

Can you tell us more about this impact protocol? Yes. Well, we have been working for the immune system of our patients since the beginning of my father’s work.

And the more research has been done on the immune system, the more our therapists have evolved in the work of Doctor Steinman on dendritic cells have really revolutionized the treatment of cancer.

And so we develop a from the patient’s Blood and anti-tumor task force dedicated to attack that patients tumors. That’s why it’s called personalized because it doesn’t work for anybody else is specific for that patient.

So the information of the tumor from the patient is obtained. We extract the antigens of the tumor. We then retrain the immune system specifically against that tumor.

And in a nutshell that is what the impact protocol is. And we’ve seen just wonderful results with with our cancer patients. So it is the patient cells, cancer cells which are actually collected, activated and kind of transformed to to

induce this personal anti-tumor response.

Right. Exactly, exactly. So we obtain the malignant cells in several ways. The main one is through the blood tumor circulating cells that all patients have.

But when we can do the surgery in Mexico, we can obtain it from directly from tumor tissue or do biopsies. And that's one way to obtain the antigens. Another one is if the patient's already had a biopsy or a surgery and they have paraffin blocks with the tumors, well, then we can sate those cells and obtain the antigens from the tumor to activate the dendritic cells from the the the cells so that they can present this antigen to the natural killer cells.

And those are the ones that are going to attack the tumor. And the hope is really already an aspect. So people who have cancer can actually come to your clinic and get the tumor removed and at the same time get this procedure done.

Right? Correct? Correct. So we can use tissue from surgeries done elsewhere. But if the patient can come to us, the advantage would be that from from fresh tissue we can also develop what are called TILs tumor infiltrating lymphocytes.

And these are natural killer cells that have already been able to break all of the barriers that tumors form against our own immune system. And so these cells already have the experience on how to get into the tumor.

So those cells can be expanded and a vaccine can be then developed specifically with this tumor infiltrating lymphocytes. And so that's the most powerful anti-tumor vaccine available.

And for people who are not I mean, we are concerned with cancer, but not really that knowledgeable in the treatment of cancer and more specifically in immunotherapy, how that differs from conventional cancer immunotherapy.

Well, the the conventional immunotherapy. And I'm very happy that finally, after so many years of knowing that the immune system is so important, the first anti-tumor therapy, modern anti-tumor therapy, immunologically speaking, was developed in 2011.

And they're checkpoint inhibitors. And the checkpoint inhibitors I think they're very important.

How Personalized Immunotherapy Works

They reduce the amount of T regulating cells so they free the immune system to work. But also checkpoint inhibitors help re-energize the immune system because the immune system is fighting against a tumor that they can't see and they develop fatigue.

And this fatigue is very beneficial to to malignancies. So the checkpoint inhibitors also address fatigue. But our therapy is very specific to activate natural killer cells to kill the tumor.

So we have a protocol as well within the impact system to combine checkpoint inhibitors with our therapy. And so the checkpoint inhibitors is like removing your foot from the brake pedal.

And our therapies like putting your foot on the accelerator. And so there is a synergistic effect with these two therapies. But they work in completely different ways.

Okay. So you are speaking of accelerating and that maybe I mean a little bit of feels and frightening for people who are being diagnosed with cancer, but how this is really targeting cancer cells and destroying them.

So our system has very specific cells that attack only cancer cells or viruses at most. Those are the natural killer cells, what are called the CD force and the CD eight.

And the immune system shields themselves with what are called T regulating cells. So they gather T regulating cells, and obviously they regulate the immune system.

And thus the immune system is there with the guns to attack. But they don't they can't see the the tumor because they have this shield with T regulating cells.

So one of the the ways to do that is first to present the antigen to the natural killer cells. And that's what the dendritic cells do. And now they have a target.

But if they're covered with T regulating cells they're not going to be as effective. So one there's two ways to reduce two regulating cells. One was very low dosages of chemotherapy cyclophosphamide.

And this is a very low dose that has no side effects whatsoever and specifically reduces to regulating cells. And also the checkpoint inhibitors will reduce T regulating cells.

So the aim is to reduce the regulation that the tumors have set against the immune system, and to activate the immune system to attack the tumors directly.

And so it's all of these elements that makes this impact protocol very, very effective. So for how long have you been using it and what do you see in real life with real patients.

So we started using the cell vaccines about 15 years ago. And our results overall significantly have improved, especially in the most common type of tumors breast cancer, ovarian cancer, lung cancer, colon cancer, prostate cancer.

That's where the results are the best. That also the improvement in primary tumors of the brain is dramatic. We didn't have any results before with our therapies.

And now I can tell you that about 25% of the patients respond very well to this impact protocol. So it's been blessing to many, many patients. Yeah, especially for the brain because so, so few things actually cause the blood brain barrier in a beneficial way.

This is really important. So is it for every kind of patient. Or are there some patients who you would consider not being good candidates for the for this protocol, the vaccine can virtually be prepared for any type of patient.

But of course patients that are in very poor condition have a low possibility of response, especially if they have liver failure. That's one of the things where the immune system cannot be reactivated when there is significant liver dysfunction.

But for instance, there's limitations to many therapies radiation, chemotherapy, alternative therapies when a patient is in dire condition. But for the cell vaccine, as long as we can obtain blood and tumor circulating cells, we can actually prepare that.

So we have some patients that come there in very poor condition to receive high dose vitamin C or high dose vitamin B17, and then the only therapy that can be developed for them is the dendritic cell.

But obviously when a patient is in such dire conditions, then the results are quite poor.

Patient Selection and Treatment Approach

So if we take that out when the patients contact us, we're very candid in letting them know what the possibilities are and who's really a good candidate or not.

And OSes of hope people, staff when they come, I mean, they come to that. Or as for a stay as a generally a few weeks and that's part of a full treatment, a full program.

Right. Which is pretty lies. It's part of what can you tell me more about what the entire treatment entails? So we have two sides or two elements of the treatment, the very personalized impact protocol.

And then we have a therapy that addresses the metabolic impact that cancer has on our bodies. And this is a therapy that is very common to all tumors, because it's based on the fact that all tumors require a tremendous amount of sugar, for instance.

That's a metabolic impact, regardless of whether it's summer of the breast or the colon or the summer or the pancreas, they all require a lot of sugar.

So part of the therapy is addressing that all tumors are hypoxic. And so part of the therapy addresses that with with ozone therapy all tumors are acidic.

All tumor environments are a city. So there's a part of the therapy that addresses that. And then all tumors have a very poor metabolism. And so we need to address all of those elements.

And when we make the combination of the two elements of therapy, the metabolic part and the immune part, the results have been very, very effective. And then also in the middle we have anti-tumor agents.

For instance, vitamin C in very high dosages converts itself to chemotherapy. It acts very similar to chemotherapy without any of the side effects. Vitamin B 17, which is very well known as a mild anti-tumor agent that has also been very, very effective.

And whenever necessary, because we're integrative, if we feel that any of the conventional therapies, chemo or radiation or surgery, we also have that available.

So we are going to pull all sides depending on the patient's needs. And according to our experience, we are going we're open to anything that that will help the patients.

But based on two philosophical principles. First, we're never going to give any therapy that that we are cells wouldn't take. So when we design a therapy, that's the first question that we ask are we would we take that therapy yes or no?

And if no, we don't offer it. And the second one is that we're not going to do anything that will not improve the quality of life of a patient. And so when you think about these two things, the therapies that you develop are more effective, more dignified, more humane, and the results are better generally for what is the average length of of a patient that is of hope?

The first time a patient comes as usually between 16 and 20 days, that's the average and subsequent visits. The patients will spend between 7 and 10 days, depending on their needs, and a patient that is completely stable or has no evidence of disease after the therapy.

And they come for some of those protocols may be as low as 3 to 5 days. You speak of revocation, so it's something that has to be done on a regular basis for very, very good question.

Very good question. Yes. The cells that we expand in the laboratory have a lifespan, and the lifespan is between 4 and 6 months. So generally we do a booster vaccination at three months.

And depending on the results then we as the patients come again in three months or in six months in patients that are completely tumor free.

Treatment Duration and Booster Schedule

We do the vaccination once a year for five years as a preventive measure, and then we graduate the patients. Okay, so you said you have done that for about 15 years.

Can you share some some outcomes, some stories about some some patients. Yes of course. Yesterday I saw a patient that is originally from Slovenia but now lives in America, a very young lady, 41 years old, that came to us with breast cancer in metastasis, virtually to all of her bone structure, all of the bones after three months, including the impact therapy, virtually tumor free.

So the results can be very, very dramatic. But I believe that this lady also had a miracle. Okay, because we're good, but not that good. Usually it takes about six months to to bring a patient with so much tumor activity to virtually be tumor free statistic wise in breast cancer are improved significantly.

We were having about a 40% five year survival rate in stage four. Cancer now is about 75%. So the vaccine has made a tremendous impact on our outcomes over the years.

And I am sure I mean shows that unfortunately, like with any therapy, it's not 100% good results. In your view, when the therapy doesn't work, what is the reason in this year something that patients should, I mean, could do differently and to get a better outcome?

We have been working now for two years in understanding the recent precisely of your question, why is it that some patients do not respond? And we've been studying the literature, and it's very clear that patients that have immune system fatigue are the ones that are not going to respond.

There are means and ways to determine that, but they're not practical and they're only for research purposes. They're very expensive. We are now developing a protocol in our laboratory to diagnose, in a practical way, immune system fatigue, because we can then evaluate if the patient is ready for the vaccine therapy.

Patient Outcomes and Survival Improvements

Although let me let me give you a caveat. All of the cells that are expanded in the laboratory for the vaccines are fresh and are not fatigued, no matter how fatigued the when we obtain the blood, no matter how fatigued the immune system of the patient is, all of those cells are completely new, but they have a life span.

And so we believe that by the beginning of the year, we're going to have a very reliable diagnosis procedure to determine whether the patient has fatigue or not.

And then we can prime that patient, make the necessary changes to convert that patient from a poor candidate to a good candidate. And the next thing that we're working on is on T cells.

The big advantage of cells cells are very similar to ourselves okay. The the ones that we prepare their natural killer cells that have the specific antigen to attack the tumor.

But the main difference is that they manipulate the genetic structure so that they can regenerate themselves. That's the beauty of cells. That's why you only need usually one treatment, sometimes two.

But they're terribly expensive. It's about $500,000 in America per application. We believe that when we prepare our cells, they're going to be about $50,000.

And again, it's we have all the experience in preparing them, and we are working diligently in saving money to buy the equipment, which is very sophisticated and very expensive, so that we can prepare our natural killer cells with this Car-T or with this technology so that they can regenerate themselves.

And then the patients need no review. Now that would be awesome. Absolutely. For people to feel that there is is a risk of cancer coming back and recurrence.

And because it is making people's life, it's kind of clouds that size of a head. Right? Yeah. And it's, it's not easy to live with this anxiety that cancer may come back.

Why Some Patients Do Not Respond

So it can. Absolutely. This fear can actually create an environment as it is bad for the or to for the immune system. You're absolutely right. That's why we make tremendous efforts here at the Oasis of Hope to provide our patients with emotional and spiritual support, precisely to counteract the anxiety, and that believe also very strongly that that's one of the reasons why our results are better than in many other hospitals, because we address those issues that nobody is addressing, and they're very, very important.

So looking ahead, what had seen personalized immunotherapy, do you believe we have the greatest impact on cancer treatment over the next decade? I'm encouraged and at the same time a little bit discouraged because even though all of these techniques were developed in America at the Rockefeller University, what they're trying to do is convert the vaccine into a drug.

So they want to prepare a dendritic cell vaccine for breast cancer overall. And that's not going to work because every cancer has a completely different genetic profile for every patient.

So if you prepare a vaccine for all breast cancers is not going to work. That's why it has to be individualized or personalized. And so there is no interest in continuing development of personalized therapies because they're expensive and they're not a money making machine, unfortunately.

Yeah. And it's not the way of thinking of conventional medicine, which is all about mass market. Unfortunately, that is true.

Future of Personalized Cancer Immunotherapy

But the more information comes out and more doctors work on immune therapies based on the really cell vaccines, and the more the public understands and learns about them, I think there's going to be tremendous pressure to the establishment to make these available, not only in clinical trials.

That's the only way that you can get Excel vaccines in America through a clinical trial. And there are very few. Yeah. Well thank you doctor. This was absolutely awesome.

And I think it was going to be a lot of very valuable information for everybody who is listening to us today. For people who are interested in learning more about this, of hope.

How do they join you? How do they get more information? Please visit us at. Oasis of Hope. Oasis of Hope. Com or you can call us at 1-800-730-9014 (866) 730-9014.

And as it is a beautiful place located in Tijuana, Mexico, just close to the border and easy to access, I can help that because I was there just a few months ago.

Thank you. So thank you so much. And speak to you soon again, I hope. Yes. Thank you Sylvie. Good to talk to you. God bless.