

Drs. Bruckner and DeJager, MZB Research Found., presented at SIOG Conference and published in Geriatric Oncology Journal

'Peripheral Blood Markers, Novel Survival of Pts with Pancreatic Cancer' and 'Novel Safety and Survival for Geriatric Pts with Resistant Cholangiocarcinoma'

NEW YORK, NY, UNITED STATES, November 10, 2022 /EINPresswire.com/ -- Integrated,

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For those with unmet needs,
doing something different
pays off”

Dr. Howard Bruckner

exceptionally safe, serial treatments in combination with direction offered by predictive blood tests (PBTs) largely allow aged or resistant advanced pancreatic (APC) or bile duct tumor patients full access to heretofore largely refused or declined treatment; the first to have produced and now reproduce and confirm a similar 2-3-fold increase in predictable chances of 2 or more survival years for the

old and young, often with and without resistant tumors. Safety creates multiple otherwise unavailable treatment options for > half of all patients with these difficult cancers and unmet needs.

For the first time, PBTs support findings of survival milestones. Both 12 favorable and especially noteworthy 3 unfavorable APC groups achieve ~ 17 months and ~ 12 months median survival times (MST), respectively. Ten favorable and 5 unfavorable advanced bile duct groups achieve MSTs of better than 2 years. APC groups also triple rates of ≥ 2-year survivors.

Work identified drugs that in selected combination, can be fully effective at ~ 1/3 of their standard dosages. Safety allows the design of multi-drug development platforms that repurpose and recombine approved drugs, reverse drug resistance, and improve immune function for rechallenge.

This can prevent still common, often unnecessary exclusion from investigation and use of promising available drugs. Treatments increase options for first, second-, and third-line therapy. PBTs can increase eligibility, complement other assessments of prognosis, and compare treatments.

This work expands on Bruckner's PLOS ONE (Published November 2) and similar benefits for patients with gynecological and gastric cancers. Findings for APC patients individually identify

separate therapeutic leads, multidisciplinary consolidation, radiation therapy, and 2nd line elective treatments for APC, and immunogenomic and anti-inflammatory therapy for APC and bile duct cancer patients.

Dr. Bruckner's similar work is the MZB Foundation's priorities, drug interaction, to reverse resistance and improve the safety of available drugs for patients with unmet needs. Prior similar work led to the approval of five widely used drug regimens.

Current and independent work finds these methods applicable to additional drugs already used and failed for resistant tumors; the combinations can be most effective at low concentrations compared to the high, often poorly tolerated, and sometimes antagonistic (self-inactivating) standard combinations.

For more information, contact Drs. Howard Bruckner, Robert De Jager, and Fred Bassali, visit bruckneroncology.com, or view the abstracts:

- <https://www.geriatriconcology.net/article/S1879-40682200258-2/pdf> by Howard Bruckner, Robert De Jager, Fred Bassali, Elisheva Dusowitz, and Azriel Hirschfeld

- <https://www.geriatriconcology.net/article/S1879-40682200259-4/pdf> by Robert De Jager, Howard Bruckner, Fred Bassali, Elisheva Dusowitz, and Azriel Hirschfeld

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