

THEY'RE MINE, AND I'M KEEPING THEM

or,

How Cryoablation Saved Me from Breast Cancer and a Mastectomy

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Introduction

On February 25th, 2003, doctors in Portland, Oregon, diagnosed Laura Ross-Paul with Stage I, *in situ ductal carcinoma* of the left breast. Breast cancer. Testing revealed three tumors and her surgeon advised a mastectomy as her only treatment alternative.

Through desire and love, Laura became the first American woman to receive cryoablation, (freezing a tumor), for breast cancer *and avoid a mastectomy*.

Not only did Laura's cryoablation allow her to keep her breast, it also might have helped to cure her cancer. Doctors have used cryoablation for more than fifteen years to treat prostate cancer, (it has also proven effective for treating liver and lung cancer). During that time, cryoablation treatment for prostate cancer has sometimes resulted in an "immune effect".

Cancer survives due to its ability to camouflage itself from the immune system. After a tumor freezes and dies, the body absorbs the dead tissue, unmasking the cancer's protein structure. Once exposed, the immune system sometimes recognizes cancer as a "foreign body". This triggers a complex reaction resulting in the death of tumors throughout the body. This is the "immune effect".

Unfortunately, the immune effect does not occur every time following cryoablation. Researchers believe this is explained because those patients lack sufficient cytokines, a necessary element of the immune effect. A challenge for researchers now is to explore the effectiveness of a "cytokine boost vaccination" or some other method which might combine with cryoablation to universally induce the immune effect.

There is great hope this potential cure is not far over the horizon; no more than ten years away. This cure will possible work wherever cryoablation can destroy a tumor; not just for breast, prostate, lung, liver, or skin cancer where it has already proven itself. The possibility a complex brain tumor might be cured entirely by freezing only a small portion in a safe area and then allowing the body to safely heal the rest is indeed a breathtaking vista to contemplate.

Laura received her cryoablation in Detroit, Michigan, at the Karmanos Breast Cancer Institute, one of the most progressive and comprehensive breast cancer centers in the world.

Dr. Michael D. Henderson, the Institute's Chief Medical Officer, led the treatment team. Dr. David Lee Bouwman acted as surgeon, performing the sentinel node surgery.

Dr. Peter Littrup, world-renowned cryoablation expert, inventor of advanced cryoablation

equipment and breast immersion ultrasound, set medical history by performing Laura's cryoablation. Dr. Tara Washington, a radiation oncologist, provided follow-up radiology treatment consultation based on the new conditions and opportunities afforded by cryoablation.

Part One of this book tells the story of Laura's healing journey. It was not a simple journey; it was a difficult odyssey. Part Two offers advice regarding obtaining breast cancer cryoablation and advice on other matters particular to follow-up treatment.

If you, a friend, or loved one is contemplating an alternative to mastectomy, this book should prove helpful in evaluating cryoablation as a treatment option.

As Laura's husband and narrator of this book, I am grateful to write a tale of triumph over cancer. It is far better to wave a victory banner than write an elegant obituary. And victory it was, as after cryoablation, Laura received a standard course of radiation as if she'd experienced a lumpectomy followed by five years of hormone therapy.

This treatment left Laura active and healthy, exercising daily, while pursuing her successful painting career. To the date of this writing, now more than seven years after diagnosis, Laura continues to thrive with two breasts and no cancer.

Despite victory this experience left Laura and I depressed about breast cancer in general and mastectomies in particular; considering the unfilled promise cryoablation offers women to avoid a mastectomy.

Years ago the lumpectomy was considered risky and unproven, a fate breast cryoablation now endures as concerns about safety and effectiveness delay cryoablation's adoption. However, the past twenty years has seen the lumpectomy plus radiation safely replace many mastectomies.

Experiments have now proven cryoablation safe, effective, less painful and traumatic to the patient and much less expensive. The typical cryoablation is performed with only a local anesthetic and the patient is treated in a day surgery setting. Little if any pain occurs during or after the procedure and the patient typically returns home following surgery.

Yet breast cryoablation is still considered an experimental treatment by insurance companies, which greatly impairs its availability. We believe cryoablation will eventually take its place as a recognized treatment for breast cancer. The possibility of hastening the day when insurance coverage allows hundreds of thousands of women a year to keep their breasts while potentially gaining cancer immunity left Laura and I determined to help Dr. Littrup spread the word about cryoablation, hence this book.

Laura, Dr. Littrup and I hope our efforts will make a difference for women in the future who might someday say with confidence, “They’re mine and I’m keeping them”.

Foreword by Dr. Littrup

The search for miracles is a very personal journey, while the fulfillment of a dream is in the eye of the beholder. May we all dare to dream so that we preserve the chance that it can come true.

It is important in a work like this to distinguish between the scientific and factual content and the emotional and spiritual content. As a doctor exposed each day to patients newly diagnosed with cancer, I find that an almost universal response of these patients is to go through the emotional stages of denial, anger, bargaining, depression, and finally acceptance. For each patient, treatment choices should lead to an eventual peace of mind by delicately navigating the balance between quality and quantity of life. As physicians, I believe we are there to provide them with honest, compassionate options that empower them to guide their own journey.

Laura and her husband Alex were no exception to this phenomenon, and their efforts to find a miraculous cure to Laura's breast cancer are quite typical. Fervent belief in miraculous cures may help some patients through their initial stages of denial, anger, and bargaining, while staving off the relentless onslaught of depression from the word "cancer." Some may call this "magical thinking," yet, who am I to deny anyone the hope that a miracle might indeed provide them a chance to beat the odds?

In my own life, I survived a torn aorta through the intervention of a good friend who was a physician, and who recognized my symptoms and rushed me to the hospital. I was perhaps less than a

minute from dying when just the right surgeons began just the right surgery. If I had been anywhere else at any other time, I am sure I would have died. Was that a miracle? Perhaps my surgical intervention was more straightforward than the ill-defined miracle healing that Laura hoped for as she describes in this book. But I am certain a miracle occurred for me, since my second chance at life had worse odds than most cancer patients.

It is in that spirit that I have joined them in writing this book. I have chosen not to judge or condemn any of their efforts at spiritual healing. Instead, I am glad that at the end of their quest for a miraculous healing, they came to Karmanos Cancer Institute and we provided Laura with a fully informed decision to pursue a newer application of a long-established cancer treatment in the form of cryoablation. There are probably many conservative pundits in the medical community who would say that breast cancer cryoablation is an unproven treatment that is equivalent to the false hopes given by psychic surgeons for a purely spiritual healing. I draw a careful but firm line between the sublime and the ridiculous. Simply because we don't have long-term breast cryoablation outcomes using rapidly advancing cryotechnology does *not* allow those skeptics the right to neglect or dismiss years of established research with cryobiology and the crucial temperature profiles needed to kill *any* tissue.

Such ill-conceived criticisms against the potential of breast cryoablation are highly suspect of self-serving attempts to preserve the status quo of breast cancer treatments. Similar to prostate cryoablation only gaining full acceptance when urologists were able to embrace it as "their" procedure, breast cryoablation may suffer similar delays in acceptance. However, medical politics are *not* the fault of breast cancer patients and they should *not* be held captive to paternalistic viewpoints that would ban cryoablation until one medical specialty could claim cryoablation as their own. Unfortunately, until broad-based cryoablation training programs are available that emphasize experienced physicians performing cryoablation, patients will most likely have to pay for it themselves. Under these delicate circumstances, we must all seek honest, cost-effective solutions to overcome a transition period that may plague many areas of image-guided therapy.

The greatest area of concern I have for this book relates to patients who can't afford a plane ticket, let alone a long car ride and hotel in another city, to get what they believe is the best health care for them. This raises much larger questions about equal access to affordable, state-of-the-art health care, which is beyond the scope of any book on breast cancer treatment options. However, I want to make it clear that my desire to develop a cost-effective procedure and cryotechnology were also a byproduct of watching the exorbitant billing ordeal the Paul's experienced in seeking cryoablation. Those who may dismiss this book as a clever marketing ploy are doing a disservice to medical progress for a viable cancer treatment option.

I certainly don't espouse cryoablation for all breast cancer patients since this is a private decision that should be tailored toward each patient's peace of mind. Likewise, I don't want any patient to feel they made the wrong choice if they have already been treated, or are about to engage in treatment they have carefully considered and accepted. Hopefully, any positive attention we generate from this book will emphasize affordable cryoablation options for all breast cancer patients.

I sincerely believe this book presents, for the first time, a genuine opportunity to help change the focus of breast cancer treatments toward more earnest attempts at complete breast conservation. In combination with other therapies, cryoablation may thus become a solid piece of the puzzle that ultimately offers a durable, cosmetically pleasing cure for breast cancer in the future. I am grateful to all who have dared to help me pursue this dream.