#### A BROAD-SPECTRUM INTEGRATIVE DESIGN FOR CANCER PREVENTION AND THERAPY

### Keith I. Block, M.D.

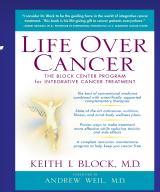
Medical & Scientific Director Block Center for Integrative Cancer Treatment

Editor-in-Chief of *Integrative Cancer Therapies* Published by Sage Science Press

Member, Editorial Board, Physician Data Query Cancer Integrative, Alternative and Complementary National Cancer Institute

### DISCLOSURES

- Medical Director,
   Block Center for Integrative Cancer Treatment
- Editor-In-Chief, Integrative Cancer Therapies
- Author,
   Life Over Cancer



- Formulate supplement lines
- Advisory Boards
  - Nerium Biotech
  - Phoenix Biotech



Sage Publications Peer-reviewed, Indexed Medline

www.ICT.Sage.com

www.BlockMD.com

### Block Center for Integrative Cancer Treatment "Life Over Cancer" Training Program









### A Broad-Spectrum Integrative Design for Cancer Prevention and Treatment

Keith I. Block<sup>1\*</sup>, Charlotte Gyllenhaal<sup>1</sup>, Leroy Lowe<sup>2\*</sup>, Amedeo Amedei<sup>3</sup>, Ruhul Amin<sup>4</sup>, Amr Amin<sup>5</sup> and 174 other members of the Halifax Project Research Team<sup>\*\*</sup>



- 1. Block Center for Integrative Cancer Treatment, Skokie IL, USA
  - 2. Getting To Know Cancer, Truro, Nova Scotia, Canada
    - 3. University of Florence, Florence, Italy
    - 4. Emory University, Atlanta, GA, USA
    - 5. United Arab Emirates University, Ail Ain, UAR

\*Co-corresponding authors

\*\* Full author list on last slide

Seminars in Cancer Biology 2015

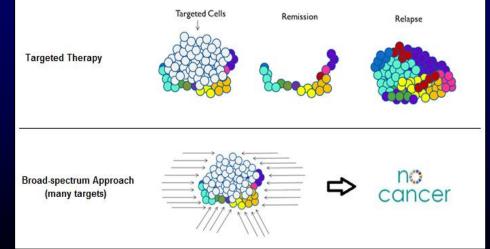


#### **Full author list**

Keith I. Block, Charlotte Gyllenhaal, Leroy Lowe, Amedeo Amedei, A.R.M. Ruhul Amin, Amr Amin, Katia Aguilano, Jack Arbiser, Alexandra Arreola, Alla Arzumanyan, S. Salman Ashraf, Asfar S. Azmi, Fabian Benencia, Dipita Bhakta, Alan Bilsland, Anupam Bishayee, Stacy W. Blain, Penny B. Block, Chandra S. Boosani, Thomas E. Carey, Amancio Carnero, Marianeve Carotenuto, Stephanie C. Casey, Mrinmay Chakrabarti, Rupesh Chaturvedi, Georgia Zhuo Chen, Helen Chen, Sophie Chen, Yi Charlie Chen, Beom K. Choi, Maria Rosa Ciriolo, Helen M. Coley, Andrew R. Collins, Marisa Connell, Sarah Crawford, Colleen Curran, Charlotta Dabrosin, Giovanna Damia, Santanu Dasgupta, Vinay S. Dass, Ralph J. DeBerardinis, William K. Decker, Punita Dhawan, Anna Mae E. Dieh, Jin-Tang Dong, Q. Ping Dou, Janice E. Drew, Eyad Elkord, Bassel El-Rayes, Mark A. Feitelson, Dean W. Felsher, Lynnette R Ferguson, Carmela Fimognari, Gary L. Firestone, Christian Frezza, Hiromasa Fujii, Mark M. Fuster, Daniele Generali, Alexandros G. Georgakilas, Frank Gieseler, Michael Gilbertson, Michelle F. Green, Brendan Grue, Gunjan Guha, Dorota Halicka, William G. Helferich, Petr Heneberg, Patricia Hentosh, Matthew D. Hirschey, Lorne J. Hofseth, Randall F. Holcombe, Kanya Honoki, Hsue-Yin Hsu, Gloria S. Huang, Lasse D. Jensen, Wen G. Jiang, Lee W. Jones, Phillip A. Karpowicz, W Nicol Keith, Sid P. Kerkar, Gazala N. Khan, Mahin Khatami, Young H. Ko, Omer Kucuk, Rob J. Kulathina, Nagi B. Kumar, H.M.C. Shantha Kumara, Byoung S. Kwon, Anne Le, Michael A. Lea, Ho-Young Lee, Terry Lichtor, Liang-Tzung Lin, Jason W. Locasale, Bal L. Lokeshwar, Valter D. Longo, Costas A. Lyssiotis, Karen L. MacKenzie, Meenakshi Malhotra, Maria Marino, Maria L. Martinez-Chantar, Ander Matheu, Christopher Maxwell, Eoin McDonnell, Alan K. Meeker, Mahya Mehrmohamadi, Kapil Mehta, Gregory A. Michelotti, Ramzi M. Mohammad, Sulma I. Mohammed, D. James Morre, Irfana Mugbil, Vinayak Muralidhar, Michael P. Murphy, Ganji Purnachandra Nagaraju, Rita Nahta, Elena Niccolai, Somaira Nowsheen, Carolina Panis, Francesco Pantano, Virginia R. Parslow, Graham Pawelec, Peter L. Pedersen, Brad Poore, Deepak Poudyal, Satya Prakash, Mark Prince, Lizzia Raffaghello, Jeffrey C. Rathmell, W. Kimryn Rathmell, Swapan K. Ray, Jörg Reichrath, Sarallah Rezazadeh, Domenico Ribatti, Luigi Ricciardiello, R. Brooks Robey, Francis Rodier, H.P. Vasantha Rupasinghe, Gian Luigi Russo, Elizabeth P. Ryan, Abbas K. Samadi, Isidro Sanchez-Garcia Andrew J. Sanders, Daniele Santini, Malancha Sarkar, Tetsuro Sasada, Neeraj K. Saxena, Rodney E Shackelford, Dipali Sharma, Dong M. Shin, David Sidransky, Markus David Siegelin, Emanuela Signori, Neetu Singh, Sharanya Sivanand, Daniel Sliva, Carl Smythe, Carmela Spagnuolo, Diana M. Stafforini, John Stagg, Pochi R. Subbarayan, Tabetha Sundin, Wamidh H. Talib, Sarah K. Thompson, Phuoc T. Tran, Hendrik Ungefroren, Matthew G. Vander Heiden, Vasundara Venkateswaran, Panagiotis J. Vlachostergios, Zongwei Wang, Kathryn E. Wellen, Richard L. Whelan, Eddy S. Pand, Allasyle Panto, Sujdan Hang, Pashažsve Anderseth Pedjok, Xin Yin, Jiyue Zhu, Massimo 7ollo.

# Summary

- Targeted cancer therapies eliminate cancer cells bearing specific molecular "targets," and can produce cancer remission. However, they are expensive, can have severe side effects and can rapidly become ineffective. In most tumors, populations of cells exist that do not bear these targets so they keep growing, resulting in cancer relapse.
- Our team performed a comprehensive literature review that accounts for targets and approaches to address the hallmarks of cancer. Based on this review, we propose the development of broad-spectrum therapies that can attack many targets to destroy multiple types of therapy-resistant cells, reducing the risk of relapse. These therapeutic mixtures should consist of low-toxicity, low-cost compounds to improve outcomes and reduce costs to health systems.

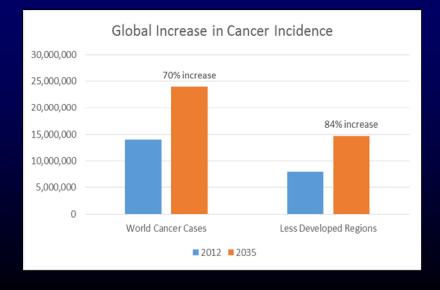


8

# Why is this research important?

- Targeted therapies are important treatments but problematic:
  - High cost (often over \$100,000 to treat one patient)
  - Short relapse-free period
  - Costs burden health systems and individual patients
- Increases in cancer incidence are projected:
  - 70% globally in next 20 years
  - 84% in developing regions

A broad-spectrum therapeutic strategy may offer a viable addition or alternative to conventional care.



9

# Background

Due to genetic heterogeneity, most tumors contain some cells that lack targets of targeted therapy drugs (e.g., VEGF). Even with a cell kill of 90%, remaining cells can still flourish

Targeted therapy Resistant cells



Susceptible cells with targets are killed Resistant cells lacking targets keep growing

How can we systematically and effectively target multiple cancer cell growth pathways with low-cost, low-toxicity compounds?

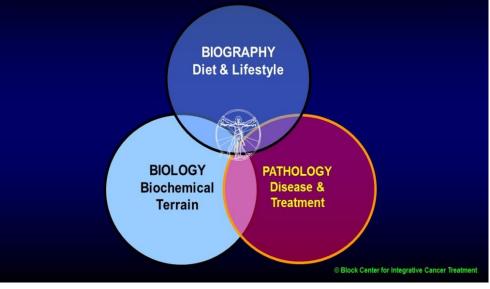
# Various models suggest and support broad-spectrum approaches

- Integrative medicine model
- Cancer genome landscape model
- Hallmarks of cancer model

# Integrative design

- The broad-spectrum concept is <u>based on an</u> integrative cancer therapy clinical model.
- Integrative cancer therapy:
  - diet
  - physical activity
  - behavioral strategies
  - circadian
  - Natural, off-label, overseas agents to modulate biochemical, metab, molec. terrain
  - Chronomodulated, immune, infusional Rx
  - innovative approaches to conventional, integrative, responsible alternative Rx ...
- The Life Over Cancer approach incorporates a <u>systematic</u>, <u>broad spectrum</u>, <u>individualized</u> with comprehensive clinical, nutritional, physical, biobehavioral and circadian assessments resulting in individualized and innovative Rx.
- Where possible we implement 16 assessment profiles and 16 intervention modules.
- Integrative therapy deliberately addresses multiple targets through multiple therapies to improve patients' outcomes and life quality.

#### INTEGRATIVE THERAPY: A BROAD-SPECTRUM APPROACH













# The LIFE OVER CANCER Program for INTEGRATIVE CANCER TREATMENT

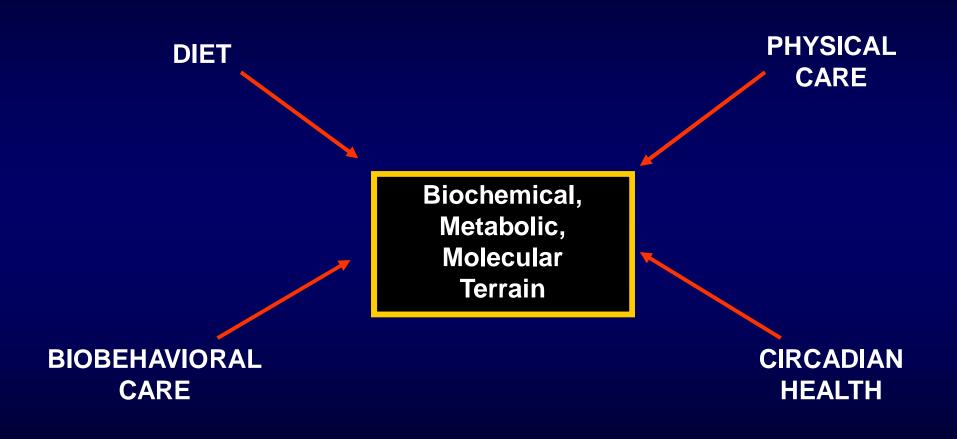
**BIOGRAPHY** Diet & Lifestyle

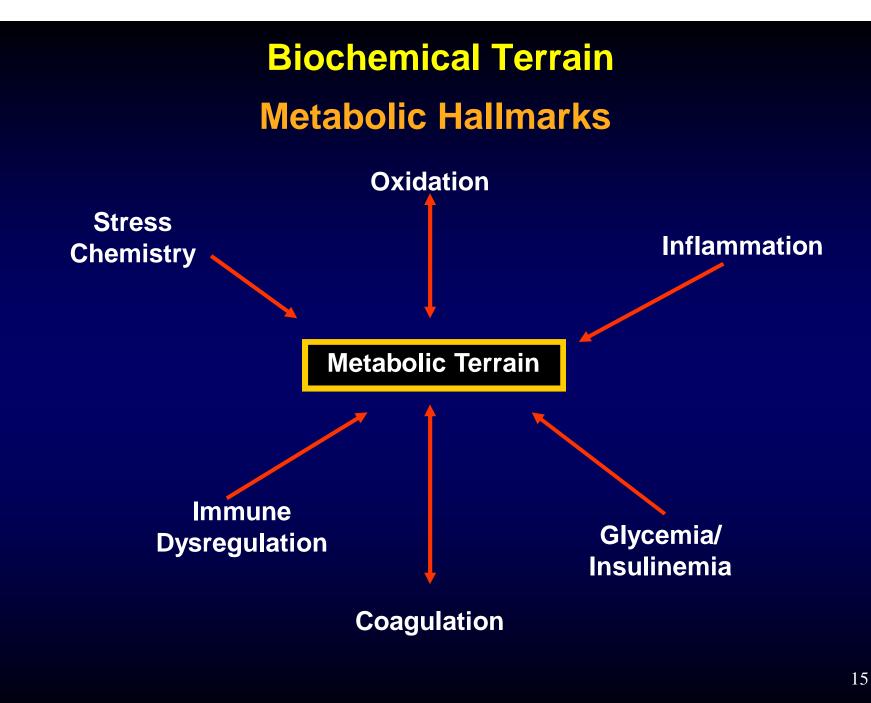
BIOLOGY Biochemical, Metabolic & Molecular Terrain

PATHOLOGY Disease & Treatment

© Block Center for Integrative Cancer Treatment

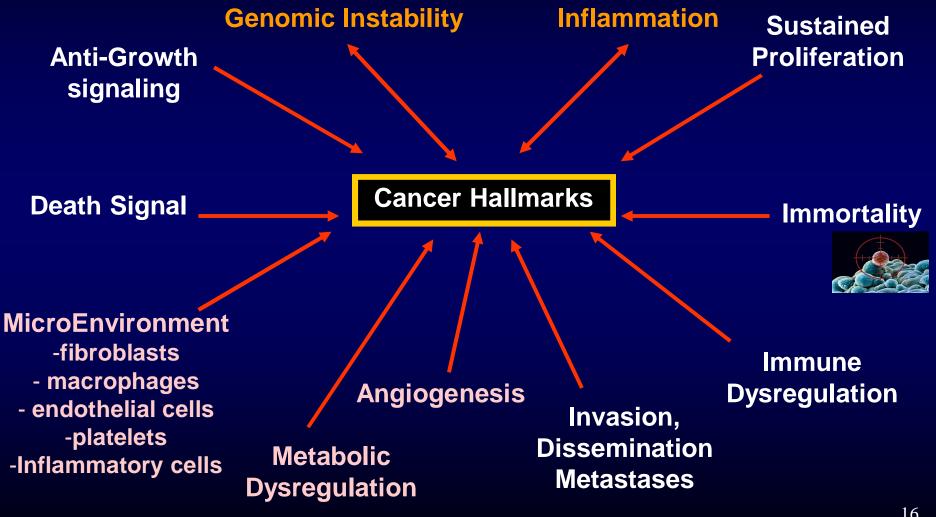
#### **Diet & Life Style Interventions**





### **Tumor Growth Progression Pathways**

#### **Molecular & Metabolic Hallmarks**



© Block Center for Integrative Cancer Treatment

# The Cancer Genome Landscape

138 "driver genes" propel tumorigenesis ("hills"). Whereas "passenger" mutations ("valleys") do not confer growth advantage vs normal cells.



Most tumors contain 2-8 driver genes. More may be acquired by genetic instability. Eliminate multiple driver gene clones to control cancer.

### Cancer pathways and promoters

Driver gene pathways (Voglstein)
Notch
DNA damage
STAT
TGF-β
МАРК
RAS
РІЗК
Cell cycle/apoptosis

Vogelstein et al, Science 2013; 339:1546-58. Block, Life Over Cancer, Bantam, 2009

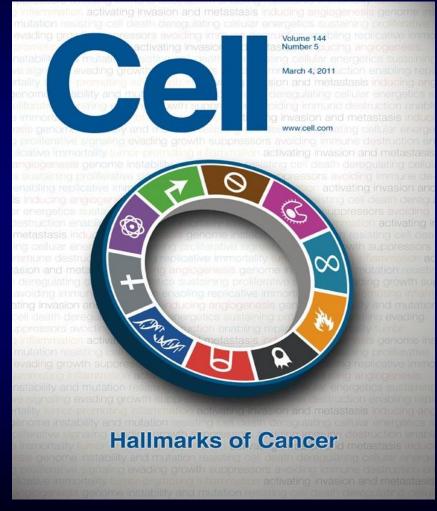
Terrain factors and pathways of progression (Block, 1990-1998)
Inflammation
Oxidation
Glycemia
Blood coagulation
Stress chemistry
Immune evasion
Apoptosis
Treatment resistance
Proliferation
Angiogenesis
Metastasis
Impaired cellular communication
Dedifferentiation
Immortality

# The Hallmarks of Cancer

Article published in the journal Cell in January 2000

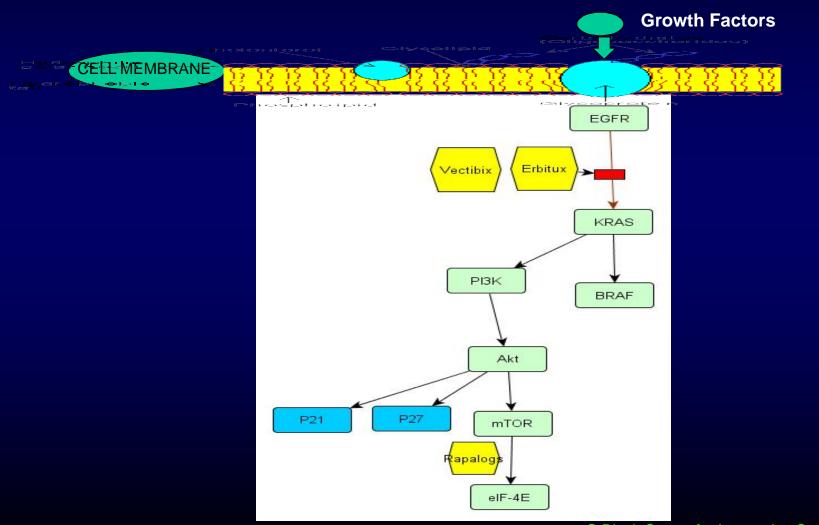
Complexity of cancer can be reduced to a small number of underlying principles.

All cancers share 6 common traits or "hallmarks" that govern the transformation of normal cells to cancer (malignant or tumor) cells.



#### The broad-spectrum strategy

A broad-spectrum approach combines multiple non-toxic phytochemicals and other agents to attack many targets simultaneously, suppressing growth of multiple genetically diverse cells in a tumor while reducing resistance to therapy.



© Block Center for Integrative Cancer Treatment

# Methods: The Halifax Project



- Focus was on the 11 Cancer hallmarks: Characteristics which are critical to all cancer cells and are crucial to their growth.
- We recruited 180 researchers for an initiative called the "Halifax Project."
- Goal: a broad-spectrum strategy that addresses all 11 hallmarks.
- 11 teams produced extensive reviews of the hallmarks, published in a special issue of *Seminars in Cancer Biology.*

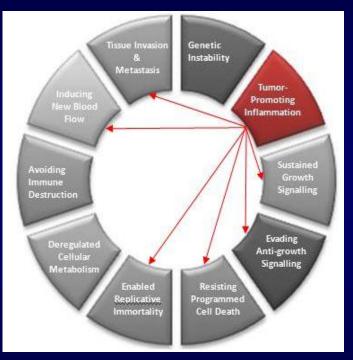
#### Capstone, DrBlock@BlockMedical.com

Each team had expertise in a specific
hallmark. They were directed to choose the
most relevant priority targets and low cost,
low risk therapeutic approaches
(phytochemicals or drugs) for that specific
hallmark.

21

#### Methods: the cross-validation team

•



Targetsandapproaches(phytochemicals or drugs) were chosento deactivate growth pathways related toeach hallmark.

But since an approach or target might also activate pathways in another hallmark, it could at least theoretically stimulate cancer cells or increase growth.

A 12th team was set up to research every target and approach to locate cancer-stimulating effects on targets in <u>all</u> other hallmarks. We called the team the cross-validation team.

# Results

- 74 high-priority cancer targets for a broad-spectrum approach were selected: VEGF, NFκβ, PI3K/Akt, telomerase, e-cadherin, etc.
- 60 treatment approaches were selected: curcumin, EGCG from green tea, resveratrol, selenium, melatonin, some drug therapies, etc..
- Only 3.9% of targets and 1.1% of approaches had contrary cancer-stimulating effects on other hallmarks.
- Over 65% of targets and 60% of approaches complemented other hallmarks by reinforcing anticancer activities of their targets.

	Complement ary (+)	Contrary (-)	None known (0)	Controversi al (+/-)
Targets	66.7%	3.9%	21.7%	7.6%
Approaches	62.1%	1.1%	34.1%	2.8%

### Implications

- <u>This large international project reached agreement among diverse scientists</u> at a wide variety of institutions <u>on the potential utility of a broad-spectrum</u> <u>approach to cancer prevention and therapy.</u>
- Extensive literature reviews resulted in lists of high-priority targets and lowtoxicity, low-cost approaches agreed on by teams of researchers.
- <u>Cross-validation of the impacts of targets and approaches on other</u> <u>hallmarks uncovered very few contrary interactions that would interfere with</u> <u>anticancer activity.</u>
- <u>To target multiple cancer growth pathways</u> a single medication can only be accomplished with <u>a combination of low-toxicity</u>, strategically chosen phytochemicals and other <u>well tolerated compounds</u>.
- Research into multi-component, non-toxic, low cost, broad-spectrum therapeutic agents should be vigorously pursued.

### Hallmark: Genomic Instability

In cancer cells, DNA and chromosomes are prone to mutation and aberration. Although normal cells can repair insults to DNA, cancer cells may lack this ability, allowing genetic errors to increase and multiply. The accumulation of genetic errors allows cancer cells to proliferate, invade and evolve to more aggressive forms over time.

#### <u>Targets:</u>

Prevent DNA damage Enhance DNA repair Target deficient DNA repair Impair centrosome clustering Inhibit telomerase activity

#### Approaches:

Carotenoids Selenium B-vitamins Isothiocyanates Vitamin D Resveratrol PARP inhibitors EGCG

### Hallmark: Evading antigrowth signaling

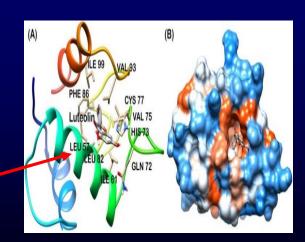
Through loss of tumor suppressor or activation of genes that override signals to stop growth, cancer cells ignore normal signals to enter apoptosis or senescense. Reactivating mutated tumor suppressors or driving normal death signals is a promising therapy.

#### Targets:

Activate Rb Activate p53 Activate PTEN Enhance HIPPO Activate GDF15\* Activate ARID1A Inhibit Notch Inhibit IGF1R

#### Approaches: EGCG Luteolin Curcumin Porfyrin Genistein Resveratrol Withaferin Diguelin

Luteolin



### Hallmark: Tumor-promoting inflammation

25% of cancers are linked to chronic inflammation, which plays critical roles in various phases of tumorigenesis, including angiogenesis and metastasis. Numerous procarcinogenic products of inflammatory processes can be distinguished as targets for treatment approaches.

Targets: Inhibit COX2 Inhibit NFκB Inhibit MIF Inhibit TNFα Inhibit iNOS Inhibit Akt Inhibit CXC chemokines

Approaches:

Curcumin Resveratrol EGCG Lycopene Anthocyanins Genistein