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Abstract Title: Thermo-Hormone-Therapy in localized prostate cancer: a long-term observation study.

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Introduction: Prostate cancer (PCa) is the most frequent cancer of men with approximately 58.600 new cases per year. The most important risk factor is age. Before age 50 clinically evident PCa are extremely rare and in most cases hereditary. More than 90 % appear after the age of 60 and older, when the hormonal situation changes and most men have low testosterone.

Methods: We treated 248 prostate cancer patients with our Thermo-Hormone- Protocol over several years at our "Biomedical Prostate Center". All patients had meticulous after care. All patients had their prostate cancer verified by biopsy. The clinical stages were between T1 - T3. All patients with verified metastases were excluded. None of the patients underwent surgery or radiotherapy. All had denied surgery or radiotherapy by their signature and opted for our Thermo-Hormone-Protocol.

Hyperthermia was integrated in this protocol because with hyperthermia we can selectively destroy cancer issues within the prostate. Hyperthermia induces apoptosis for instance by stimulating the p53 and caspase 3 activity. Furthermore it preserves the healthy tissue of the prostate and keeps it functional, While cancer tissue gets destroyed and can be eliminated by the activated immune system.

Since Prostate cancer is a hormone dependent cancer, we put our patients on a 3-6 months lasting hormone blockade to inhibit proliferation of aberrant cancer cells through steroid hormones.

Results: We evaluated all cases and could show, that we had long-term complete remissions with excellent life quality. More than 70 % of our patients were still cancer free after 5 years, 30% had an early relapse inside the prostate and could be treated with any conventional therapy or again with our treatment.

Conclusion: Thermo-Hormone-Therapy is a gentle none invasive treatment, which selectively can eliminate cancer tissue from the prostate. Through a concomitant androgen blockade (AB) this process can be positively supported. The AB is terminated latest after six months and followed by a specific hormone modulation. This treatment approach therefore is acceptable treatment alternative to conventional approach. If these results could be verified in randomised studies, this could lead to a paradigm change in the treatment of localized PCa.