Sanctura

Dr James Laporta
Integrative Oncology | Mental Health
MBChB (UCT), DMH (CMSA), DipPEC (SA)
Practice Number: 014 000 046 1474

29th April 2025

Referring Physician: Dr. James Laporta
Institution: Sanctura Integrative Oncology
Date: 29 April 2025

RE: Mr. Jan-Marten Daling
DOB: 14 May 1983
Medical Aid: Discovery
Contact: 0825578133 | jmdaling@gmail.com

Dear Dr Davids,

I have had the great pleasure of seeing Mr Jan-Marten Daling. A stoic man with aggressive disease looking to improve quality of life and consider adjunctive treatments such as locoregional electrohyperthermia and IV Vitamin C / Curcumin support. Please see below clinical summary and specific mention of NSGCT Vs Thymic Ca differential for your consideration. Given the relative poor prognosis with Thymic Ca and the possibility of alternative diagnosis NSGCT which has a significantly better prognosis, our MDT at Sanctura has entertained the thought of BEP or even EP regime to treat this case. This may cover both tumors sufficiently. I look forward to your feedback regarding this. Hopefully the repeat IHC will be out by the end of today. Our supportive integrative treatment would remain the same for both Carbo/Pacli and BEP or EP; whichever is decided upon. I will also reach out to Dr Goldberg to collaborate on the integrative oncology support protocol.

CLINICAL REFERRAL SUMMARY – URGENT ONCOLOGICAL REVIEW REQUEST

Diagnosis:

- **Primary:** Malignant neoplasm of thymus (Primary Thymic Carcinoma, Stage IV with pulmonary and mediastinal metastases) – *ICD-10: C37*

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- **Alternative under strong consideration:** Non-seminomatous Germ Cell Tumor with choriocarcinoma elements – *ICD-10: C62.9*

Performance Status (ECOG): 2
BSA: 1.80 m² | **BMI:** 21.2 kg/m²

Presenting Features & Diagnostic Summary:

Mr. Daling is a 41-year-old previously well, highly motivated male presenting with progressive respiratory and constitutional symptoms. Initial imaging and biopsy confirm a necrotic anterior mediastinal mass (increased from 141 mm to 155 mm on CT 16/04/2025), with bilateral lung metastases, pleural and pericardial effusions.

Trucut lung biopsy confirmed metastatic carcinoma consistent with thymic carcinoma. However, beta-HCG levels are >220,000 IU/L and associated hormonal changes (↑testosterone, ↓DHEAS), cavitating pulmonary lesions, and hemorrhagic risk raise the differential of a mediastinal germ cell tumor with choriocarcinoma elements. There is no testicular primary on ultrasound. Pericardial biopsy showed organizing fibrinous pericarditis (non-malignant).

There is no evidence of CNS involvement on CT brain (27/03/2025); MRI pending. Tumor markers show mild GI 19.9 elevation (44 U/mL); CA 72.4 and CEA normal.

Comorbidities & Biochemical Concerns:

- **Anemia of inflammation and iron deficiency** (Hb 7–11 g/dL; serum iron 2.8 µmol/L; transferrin saturation 8%)
- **Hypoalbuminemia** (32 g/L) and **low prealbumin** (173 mg/L)
- **Severe systemic inflammation:** CRP 263 mg/L; IL-6 112 pg/mL, possible LRTI.
- **Elevated D-dimer** (4406 ng/mL), but no DVT seen on ultrasound
- **Deranged liver enzymes and ALP –** ?early parenchymal involvement
- **Mild chemotherapy-induced neuropathy** post 1st cycle

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Social and Psychosocial Context:

Mr. Daling is psychologically engaged, has a strong support system, and places a high emphasis on quality of life and integrative care. There was initial reluctance to pursue chemotherapy; however, he is now compliant and willing. He is a non-smoker, abstains from alcohol and caffeine, and follows a ketogenic regimen (recently adapted due to cachexia). He is currently 67.8 kg (baseline 72 kg).

Treatment to Date:

- **Chemotherapy:** First cycle of Paclitaxel 60 mg/m² + Carboplatin AUC 2 (Day 1 of 3-weekly regimen) administered on 22 April 2025. Regimen planned for weekly administration (Days 1, 8, 15) repeated every 21 days x6 cycles.
- **Fasting protocol:** 36–48 hrs pre-infusion
- **Oral antibiotics:** Doxycycline 100 mg BD x10 days
- **Adjuncts withdrawn:** Ivermectin & Mebendazole (to reduce hepatic load)

Adjunctive Support:

- mEHT (Modulated Electro-Hyperthermia) 3x/week
- IV Vitamin C (10 g) and IV Curcumin (300–600 mg) with amino acid & neuro-B complex infusions
- Oral support: high-dose biosomal curcumin, omega-3, milk thistle, Boswellia, probiotic, T3, DHEAS

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Outstanding Investigations & Requests:

- **Brain MRI with DWI**
- **Liver MRI with Primovist**
- **Repeat PET-CT** at 6–8 weeks
- **Molecular profiling:** PD-L1, MSI, TMB, HER2; Oncomine or NGS panel if indicated
- **IHC pathology review requested:** PLAP, OCT3/4, SALL4, CD30, Cytokeratins, EMA, CD5, c-Kit, β-HCG
- **Doppler ultrasonography** (peripheral and carotids) for DVT screening

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Referral Objectives:

1. **Second Opinion / Case review & Sanctura MDT discussion**

2. **Histological clarification** and confirmation of choriocarcinomatous elements vs thymic origin.

3. **Ongoing chemotherapy co-management —** weekly platinum-taxane vs BEP / etoposide-carboplatin alternatives.

4. **Access to immunotherapy/targeted therapy** if markers support (VEGF inhibition, PD-L1 positivity, HER2 expression).

5. **Consideration for enrolment into rare tumor / extragonadal germ cell tumor protocols.**

6. **Consideration SBRT problematic lesion / non-responsive lesion.**

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Please feel free to contact me directly regarding any queries or clinical coordination.

Warm regards,
Dr. James Laporta

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