

THE CONSOLIDATED STORY PUBLISHED AS ONE ENTRY FOR EASE OF USE ON MOBIL

77-98 minutes

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Do not contact me without reading the blog first

On July 22, 2020 I am updating each section, so please be sure to read each section again. I will try and note where significant changes have occurred



NOTICE: DUE AN OVERWHELMING EMAIL LOAD, IT HAS BECOME IMPOSSIBLE FOR ME TO ANSWER ALL EMAILS, TEXTS AND DIRECT MESSAGES ON SOCIAL MEDIA. I APOLOGIZE BUT I CAN NO LONGER ANSWER EVERY EMAIL OR OTHER COMMUNICATION.

PLEASE JOIN THE MYCANCERSTORYROCKS FACEBOO GROUP. IN ORDER GAIN ADMITTANCE YOU HAVE TO

ANSWER ALL QUESTIONS AND PROVIDE THE PASSWORD FROM THIS BLOG

AUGUST 2016



Attitude is Everything has always been my mantra. It seems that the more troublesome an event or challenge I've faced, my natural defense mechanism (that I attribute to my parents, siblings and friends) is to use positive thinking as the kick starter and humor as the mechanism to power through the adversity.

I found out I had small cell lung cancer two days before I was about to move to Zurich Switzerland to accept an assignment as partner in a large private equity firm there. The first two weeks were very rocky and then 180 degrees to the positive and the two ends of the spectrum are important to understand.

I will not name names to protect the guilty, but I initially had the biopsy done by a local medical group. That group, in an attempt to keep the business local, delayed telling me the results for one whole week so that I could meet with their cancer specialists. When I did meet with their specialist (and when I found out I had small cell lung cancer) the bedside manner, outlook and demeanor could not have been more negative. It was basically "what you have can't be cured".

I left that doctor's office at 2pm, with my head held high, and

immediately faxed the biopsy report to MD Anderson in Houston Tx. MD Anderson called me back at 4pm and asked if I could be there at 7:30 the next morning. Of course I said yes.....went home and packed a bag and drove to the airport.

Customer service leads to positive thinking.

MD Anderson people met me at 10:30pm IN THE HOTEL and checked me in, including doing my initial blood work, right there in the hotel. When I walked into the hospital the next morning, I was already checked in and they already had my initial blood work.

Contrast that with my local provider intentionally sitting on my biopsy results for a week in hopes of retaining my business.

Contrast my two first meetings:

The first thing the oncologist at MD Anderson said to me was "Joe, We've got this....you need to think positive."

Wow....is all I could think. Already being a student of the power of positive thinking, I was amazed at the contrast between a local provider somehow thinking it was in my best interest to tell me I was going to die versus the #1 cancer center in the world telling me "no problem, we got this Joe"

From that moment on I made three promises to myself (that I can now thankfully say are promises that I've kept):

First, I promised to be absolutely positive regardless of the short term challenges I faced, and

Second, I promised to let my prayer posse take over and believe in the power of prayer, and

Third, I promised to make at least one person in the hospital laugh every day.

That was an epiphany and a great start to an amazing adventure

with many lows, offset by incredible highs.

And as a businessman, I can say that many industries and businesses could learn a thing or two from the MD Anderson customer service business model. Think about it, how many businesses are there in the world where 100% of the customers fear for their lives and are in need of hope. And they've figured out a way to incorporate "hope" into a service offering. Truly amazing.

A rocky start Sept 2016



The initial plan was to start chemo and radiation simultaneously, both targeted at my left lung where a very large tumor the size of my fist was, along with cancerous lymph nodes nearby. At the end of the first week, I woke up in the middle of the night with excruciating pain in my left side and drove myself to the MD Anderson emergency center.

After a CT scan in the emergency room, the ER doc came into my room and said "I have some bad news.....you have pneumonia", to which I replied "Thank God, I thought you were going to tell me I had Cancer"

The real problem then became a cascading effect. The pneumonia was clouding the view of the people administering the very targeted

radiation and radiation was suspended until the pneumonia could clear up. There's only one serious problem with that as follows: The radiation regimen was cut in half in days and doubled in twice per day treatments. Sounds good except the radiation coming in at 6 different angles twice per day meant that my esophagus was being bombarded 12 times per day. My esophagus became fried bacon and nothing would go through it either way. I told people in the hospital this was good news because the chemo wouldn't make me throw up since nothing could go up or down. There's always a silver lining.

They wanted to put a feeding tube in me and I made a decision that dumbfounded them, but I knew it was right for me. The year before I got diagnosed I lost 25 lbs (from 225 to 200lbs). I decided that at 200lbs, I still had a whole lot of fat stores to live off of, and I was convinced the human body can withstand a lot more than we understand. So I went for 8 weeks without any nutrients in my body, keeping my body hydrated solely by IV fluids. My weight dropped to 115 lbs and I was a poster child for a WWII holocaust story. From there, they also radiated my brain prophylactically and even when my esophagus was healed enough for liquids to pass through, my taste buds had been altered so much by the chemo therapy that eating (and throwing up) were still an adventure for some time. A rocky start for sure. But I kept up the positive thinking and laughter.

The side benefit of being 5'10" and only 115 pounds is that my BMI was FINALLY in the green zone. LOL

After I lost all of my hair, I was taking a stroll through a Houston shopping mall and I'd noticed that in the middle of my bald head, there was one lonely long gray hair sticking out of the side of my head. For fun, I walked into a barber shop and told the barber "I need a haircut" Ha "Literally A hair....cut" He didn't charge me to clip my lone hair and we both got a good laugh out of it.

Subsequently, when I make regular trips back to Houston for my quarterly scans, I go see my friendly barbers and tell a few jokes

When 9 out of 10 Doctors Tell You You're Dead, You are Supposed to Lie Down - Jan 2017



A PET scan was scheduled to coincide with my last radiation. Up to that point, I dealt with the radiation oncologists for radiation and the thoracic (lung) oncologist for the chemo. My radiation oncologist just happened to be in line to be the number 2 guy in the entire organization. Great guy, who told me he had good news and bad news. The good news was that the chemo and radiation had done their job in my Left Lung (which was amazing considering the size of the tumor there). The bad news was that my PET lit up like a Christmas Tree from head to toe. The cancer had spread to my neck, my Right Lung, my stomach, my liver, my bladder, my pancreas and my tail bone. Dozens of tumors.

I know how to use Google. And I knew, for starters, that small cell lung cancer was bad news with very low success rates. And FURTHER, I knew exactly what it meant when SCLC metastasized that far afield in so many locations.

So he didn't have to tell me what it meant, I cited the statistics to him as he nodded approval with a grim face. The numbers are

simple. <1% survivability and a median/mean life expectancy of 3 months. He confirmed that my numbers were correct.

But unlike the local oncologist that said I was going to die before I even started, he then went on:

"Joe, we are not going to give up. There are some other things we want to try and I'd like you to go see your thoracic oncologist this afternoon to discuss them"

So I laughed and said, "You guys are good.....really good!!!!.....you have a way of telling me my odds are 0% and there is no hope....but then you somehow give me hope.....and I am prewired for hope, so I'm all good"

My thoracic oncologist told me he could put me in a clinical trial that "Would NOT save my life, but the best case scenario might extend my life by a year...or so"

A year (or so) sounds a lot better than 3 months, so I said "Let's go for it"

7/22/ 2020 UPDATE NOTE: My radiation oncologist mentioned above was none other than Dr. Stephen Hahn, who is now the Commissioner of the FDA. Truth is stranger than fiction



Strangest Call of My Life from a Veterinarian - Jan. 2017

The meaning of the Vet Med symbol couldn't fit my precarious situation more perfectly.....even though I am human. The staff of the Greek god Aesculapius, encircled by a sacred serpent, is held as a symbol of hope and triumph over illness. It represents the miraculous events that occur as nature defies the inevitable.

Could you define a better mantra/objective for my situation than this?

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As mentioned in the "About" section above, I am a big OSU fan and I bleed orange. To that end, I belong to an OSU message board where we get on-line and cuss/discuss OSU sports.

Two days after coming home from being told I've got 0% chance to survive, I read a post on the OSU sports board that simply said "If you have cancer or know someone who does, give me a shout"

I had known the author of that post (and his sons) for a very long time, so I picked up the phone and called him. He is a large animal veterinarian in Western Oklahoma. What he told me next should have stunned me, but I was fairly numb and not stun-able (new word that should be a word).

He told me a story of a scientist at Merck Animal Health (veterinary side of Merck) that had performed cancer research on mice by injecting different types of cancers into different mice body parts. And this scientist stumbled (trial and error) across a product in their canine product line that was batting 1.000 in killing these different cancers.

He told me that the scientist in question got diagnosed with 4th stage brain cancer and was told "no hope, 3 months to live". This person decided "what the heck" and started taking the canine medicine. Six weeks later, she was all clear.

I had just been told I've got no hope and 3 months to live, so it wasn't a hard decision for me to take the leap.



For convenience it can be ordered here if you choose. The Viral Nature of this has caused a shortage of Panacur, so you might want to order the Safeguard brand

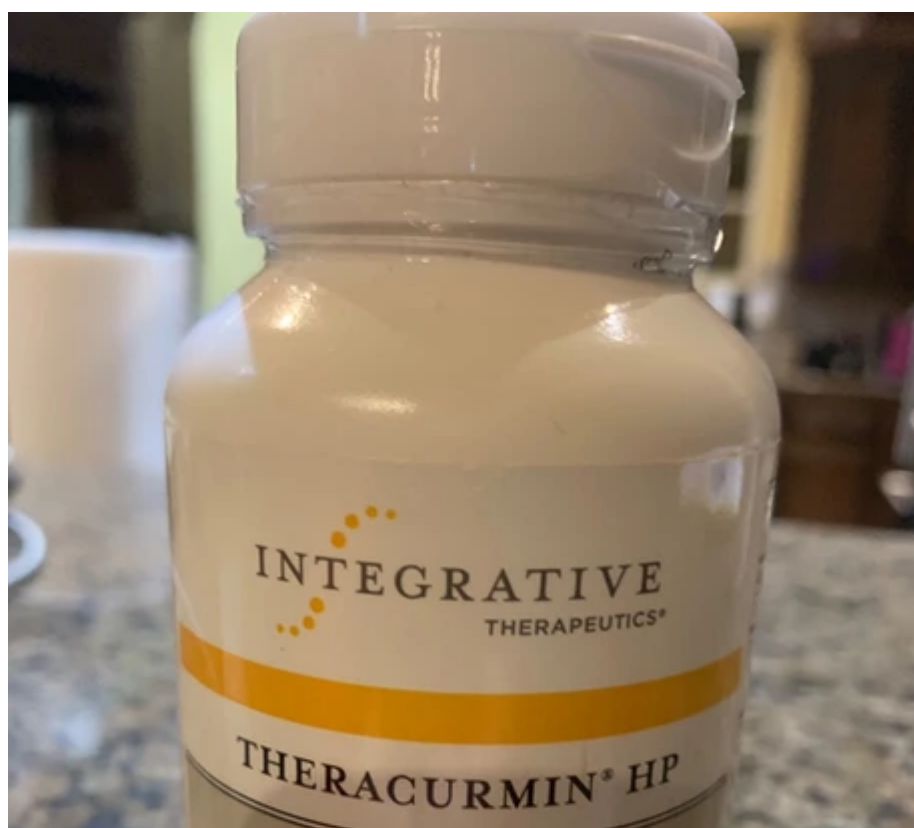
For the alternate brand SafeGuard, click here (same product, same company)

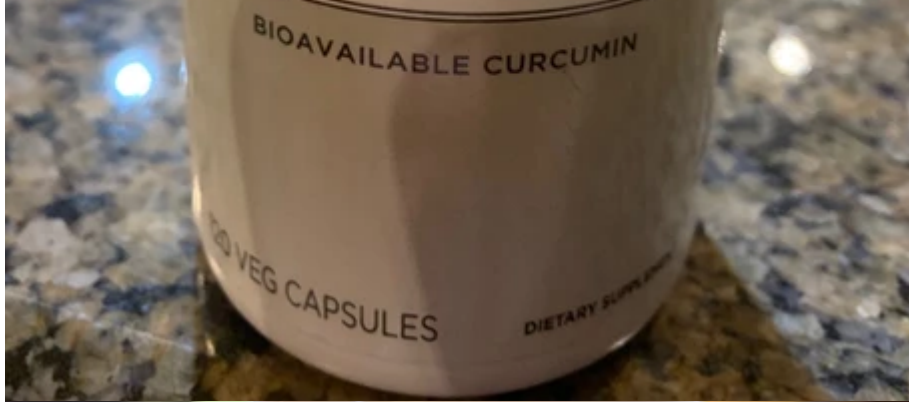
For the brand I started with Panacur C, click here (same product, same company)

My Cure Regimen and the period of the unknown Mar. 2017

I mentioned earlier that I am a voracious researcher on various alternative methods and I came to a conclusion in January 2017 that, in addition to the new canine drug experiment, that I also would begin a regimen that would include the following:

- **Bio-Available Curcumin (600mg per day, 2 pills per day 7 days a week). A product called Theracurmin HP by Integrative Therapeutics is bioavailable., and**
- **CBD oil (1-2 droppers-ful [equal to 25mg per day] under the tongue, 7 days a week)**





For Convenience, you can order this here, but of course if you choose to search the internet for the cheapest source that would be good

NOTE: July 22, 2020 updated:

I have eliminated Vitamin E as a required part of the protocol as there are simply too many instances (eg, blood thinners) where it needs to be eliminated, and it is the least important of the items

So the period of unknown started in the 3rd week of January 2017 and included the above three items every day (7 days per week) and the canine medicine (1 GRAM PER DAY FOR 3 CONSECUTIVE DAYS) per week. Take 4 days off and repeat each week. Each gram of Panacur C has approximately 222 mg of fenbendazole, in case you are trying a different branded product.

[2019 edit: There is a new section at the end of the blog dedicated to more detailed discussion of dosages. Please read it thoroughly]

July 2020 update: I now believe that 7 days per week is now prudent for virtually everyone and there is no longer believed to be a need to take 4 days off per week

It really doesn't matter what time of the day or with/without food. Many people take this regimen concurrent with chemo, immunotherapy and radiation. Most people asks me if I altered my diet. My answer is "I probably should have, but I didn't"

NOTE 1: Because cancer is notorious for reoccurrences, I plan on taking this regimen the rest of my life. Why not?

NOTE 2: Many people ask whether it can be taken while on chemo, radiation and/or immunotherapy. I say yes to all three. Why not? My recommendation is to do just that.

NOTE 3: About 80% of the people who have followed my lead have been transparent with their oncologists. And of those about 80% of the oncologists have been supportive.

I chose not to tell mine until I was "all clear" for 3 quarters (9 months), but that is a personal decision.

Many people ask how to take the tasteless dry powder. I simply toss it in my mouth and chase it with water as it will not dissolve in liquids. However, if that doesn't work for you, mix it in yogurt or a smoothie

[2019 Edit: There is evidence that FZ (because it is not water soluble) will not uptake into your blood stream unless taken with food or fats. I recommend now to take it with a meal.]

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DISCLAIMER:

I am not a doctor. I am not a scientist. I am not prescribing any medicine. I am not recommending any medication, over the counter or not. I am not recommending any other supplements.

All I am doing is telling my own unique story, hence the URL for this site www.mycancerstory.rocks

I am giving testimony to what I did and what my story is, and I refuse to be punished solely for telling my story in hopes that someday the medical and big pharma players will pay attention to alternatives out there.

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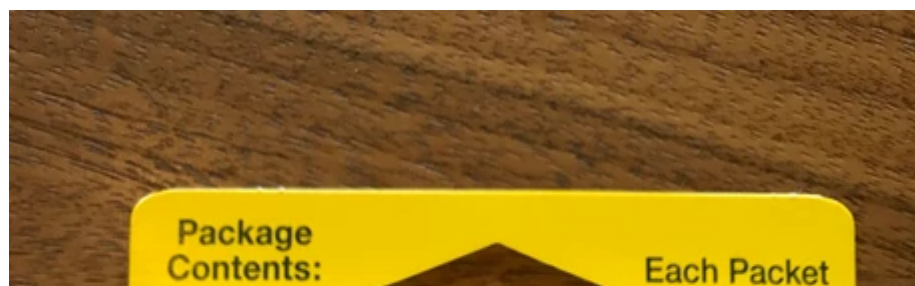
The canine medicine that I took was available over the counter from numerous pet medicine on-line sites. It is branded as Panacur C and the drug name is Fenbendazole. It is the one gram size for small dogs per the picture below. The dosage is one 1-gram packet per day for 3 consecutive days, then 4 days off.....to be repeated every week.

Some people choose to take 7 days a week for the first 6 weeks to "kick-off" their regimen.

Many people buy other brands and other product forms (e.g., pills or liquids) made for larger animals. IMPORTANT. The 1 gram packets above equate to 222mg of Fenbendazole per packet, such that a 3 day (one week) supply equals 1 box of 3 packets. If you are using a liquid, with say 100mg per ml of liquid, then the proper adjusted dosage would be 2.2 mls, or about half a teaspoon.

DISCLAIMER AGAIN: I am not a doctor or a scientist. This dosage was passed to me by someone who was involved in the research. I believe the reason for taking 4 days off is such that the anthelmintic drug does not harm the liver or kidneys.

The Johns Hopkins toxicity study that I have seen shows that 500mg per day is well tolerated, but if there is one area you should consult your physician is this.





Raising eyebrows at MD Anderson May 2017

I GOT TO MEET MY GRANDSON WHEN I WAS TOLD IT WOULD BE IMPOSSIBLE!!!!!!!!!!!!





The schedule I am on is to go in to Houston quarterly. I have a PET scan done on Monday and then meet with my thoracic oncologist on Tuesday. In my regular quarterly PET scan in the first week of May, 2017, my Tuesday meeting was my first sign that the positive thinking, the prayer posse, the humor, the supplements and, yes, the canine dewormer all combined "might just" be working.

My oncologist was literally stupefied. My PET was "all clear". No residual or recurrent tumor is demonstrated. No apparent metastasis.

"Are you kidding me?" 3 months earlier, In January, my PET lit up like a Christmas tree. There was cancer in my body from head to toe. And it was a terrifyingly dangerous metastasis that leaves virtually 100% of its victims dead within 3 months. Here I was 3 months later and the PET scan was completely dark.....void of any light.....anywhere.

All I could think of at that moment was that I was told I would never get to meet my grandchildren. I got to meet Luke my first grandchild 2.5 weeks earlier.....and now the prospects of him actually knowing his grandad just went way up.

I didn't tell my oncologist about my alternative treatment path for a simple reason. Even though the clinical trial I was on was admitted by my doctors to be only a "possible short term extension of life of maybe a year or so", I still didn't want to get kicked off the trial.

So my doctor scratched his head and said "We don't quite know what to make of this as you are the only patient on the clinical trial with this kind of response."

I left his office absolutely sure it wasn't the clinical trial drug.



The clinical trial ended in September 2017 and, therefore, I couldn't possibly be kicked off of it :)

So when my PET scan in September also turned up "all clear" (meaning I had most likely been all clear for 6 months), I decided it was time to "come clean" with my trusted oncologist (who I like and trust very much by the way).

But before disclosing everything to him, I decided I need to do a little "set up" first.

After he very excitedly told me the continued good news of being "all clear" for a second consecutive quarter, I asked him a "very loaded" question. I asked, "Doc, what is really going on here? Can you disclose to me how I am doing versus all of the other patients on the clinical trial with the exact same condition"?

His answer was what I already suspected. He said, "Joe we can't explain it, but you are kind of a sole data outlier right now" Meaning with hundreds of like kind patients, I was the only one with a cure. I knew then my other alternative regimen was largely responsible, but I decided to come clean anyway.

I said, "Doc, I'm glad you told me that about my results within the trial, because I have something to share with you". I proceeded to tell him all about the canine dewormer as I watched his jaw drop :) His next words I'll never forget (and remember for context he and I had become good friends by this time). He said, "you little shit, I knew there was something up with you.....and....I've had some weird days here at MD Anderson, but this one probably tops them all"

His next sentence almost floored me. He said, "You know, we've known for decades that these anthelmintic class of drugs (meaning to destroy parasites in the intestines) could have possible efficacy against cancer, and in fact in the 80's and 90's there was a drug called Levamisole that was used on colon cancer and it is an anthelmintic drug".

I said, "Doc, if you have known for decades why hasn't more work been done on it?" His answer was honest. He said, "probably because of money...all of these drugs are far off-patent and nobody is going to spend a gazillion dollars to repurpose them for cancer.....only to have generic competition the next day."

I knew he was right.

And he knew I was onto something incredible for me and my story.

January and April 2018

So the PET scan in January 2018 was also "all clear" On Tuesday April 25, 2018, My MD Anderson thoracic oncologist entered the room and said the following, "I am going to have to ask you to leave this hospital, because we only treat patients with cancer here at MD Anderson". My PET was once again "all clear", which made the 4th consecutive quarter.....one whole year. And that followed a grim diagnosis and a grim outlook of no hope, no cure, nothing else we

can do and simply "I'm sorry" He told me that I am the data outlier....of all time. I asked him....point blank...."Do you believe my alternative regimen was effective in my success thus far?" He smiled and said, "Let me say it this way.....I'll meet you half way and say it had an impact and that is all I'm going to say" So now I am fielding way too many calls daily as my story has spread from Europe to N America to Asia. The purpose of this blog is such that someone can read from start to finish what I endured, what I did differently and probably why I am still vertical on the right side of the grass, when I am supposed to be dead. If after reading this someone STILL needs to talk to me, I will make myself available. My theory is simple. For some reason I was spared. God isn't done with me yet. And I think one of the reasons is to help others.

WHEN YOU ARE TOLD YOU HAVE TERMINAL CANCER, THE RANGE OF EMOTIONS AND RANGE OR IRRATIONALITY CAN OVERWHELM YOU. I AM HERE TO SAY....."TAKE A DEEP BREATH.....BELIEVE.....YOU'VE GOT THIS.....AND THEN CARRY ON.THERE IS ALWAYS:



Where do I go from here?

I am only one man with limited resources. But I want to make change happen when it comes to unique and alternative cancer therapies. So I am working on two things simultaneously as follows:

1. I am telling my story to as many people as possible. I am not prescribing medicine and I am not qualified to give advice on

medical treatments. BUT.....I am qualified to tell my story to as many people as possible. Hopefully, as people begin trying what worked for me ,they will stay in touch and in the coming months I hope to be able to share other amazing success stories. [Hint: I already know of people other than me with success, but I won't include their stories here until (i) they have made it to 4 quarters of success and (ii) they approve of their story being told. My hope is to have an off market miniature clinical trial made up of people who were in my shoes. I can tell you I'm on the way.

2. I believe some serious change needs to occur in our drug regulatory system. For example, Fenbendazole is a decades old "off patent" formulation, meaning it is a generic that anyone can make and sell. But it is unique in that:

(i) it has already gone through human clinical trials (decades ago) as an anthelmintic (de-wormer), meaning all of the clinical trial work related to toxicity have already been done and it has, for many years, been deemed "safe for human consumption.

(ii) It's original clinical approval was for intestinal parasites and not cancer.

(iii) In order to repurpose the drug as an anti-cancer protocol would require all new and very expensive clinical trials.

(iv) No company is going to spend millions of dollars in the required regulatory work to repurpose the drug for cancer WITHOUT any proprietary protection from competition. It would be suicidal to do the heavy lifting in approval costs, only to have a generic manufacturer ride those coattails and compete the next day (And the synthesis of the fenbendazole molecule is very easy and cheap to do)





I firmly believe this is a situation where either (a) the pathway to the repurposing of the drug needs to be cheapened and shortened OR (b) The US Patent laws in combination with the FDA approval should give the party doing the heavy lifting of costs (to achieve the repurposing) some form of propriety protection such that those heavy lifting costs can be recouped.

This is only common sense.

I may be a one man effort, but I want to change that and I will work to get the word out to make that happen.



PHARMACY

A Pharmacy Recommendation

As you have read below in my section regarding my regimen, I truly believe there are a few key supplements that contributed to my amazing story. But with all of them, obtaining the right ones with the right purity levels and concentrations is not easy. Let me save you some time and money. A member of my prayer posse is a very trusted pharmacist that can get you **1. the right high purity CBD oils**. Of course, he will not sell you the Panacur C, but that is cheap and readily available from a number of on-line sources. If you are interested in supplementing the fenbendazole with the right

complimentary supplements, **contact mcadoorandy@gmail.com** and tell him Joe sent you

Note: I am not doing this blog to make money in any commercial way. Everything in the regimen can be sourced by yourself easily on line. I provide Randy McAdoo's contact info as a means of convenience.

Can't Believe My Eyes- What is Wrong With our System



Goldman Sachs asks in biotech research report: 'Is curing patients a sustainable business model?'

Tae Kim | [@firstadopter](#)

Published 3:15 PM ET Wed, 11 April 2018

Updated 7:20 PM ET Wed, 11 April 2018



I had lunch today with a long-time friend Dr. David Albert M.D., the Founder and Chief Medical Officer of AliveCor, an amazing tech company in the cardiology space in the Silicon Valley. David and I go way back, as I was the first seed investor in his company Data Critical, which we ultimately took public and then sold out to GE

Medical. David then became chief scientist for GE Medical before leaving there to found AliveCor. I wouldn't do justice to the AliveCor story, but it is a very cool company you will be hearing a lot about in the future. The subject matter of my cancer story came up and I questioned the notion that the industry of medicine (20% of our GDP) would ever allow a cheap and efficient cure to ever occur.

At that moment Dr. Albert pulled up his smart phone and sent me the above article. The headline of Goldman Sachs questioning whether curing disease was a sustainable business model made me literally SCREAM in the restaurant. The audacity of the question itself is SO utterly repugnant.... I don't know where to begin. Yes, Goldman Sachs, if we come up with a cheap, efficient cure for cancer, there will be billions of savings.....meaning billions of revenue contractions.....meaning hundreds of thousands of personnel that need outplacement to new careers....and billions of buildings purposed for research that also would need repurposing. Yes, Goldman Sachs, that would be bad for the business of cancer research and treatment.....your so called "Sustainable Business Model".

What the headline should've postulated is "In a dream world, wouldn't it be great if we could put some of our industrial medical complex OUT OF BUSINESS? Shouldn't that be the GOAL?" Instead, we literally have one of Wall Street's largest firms postulating about how terrible the business world would be if we cured disease? REALLY? If this doesn't raise the hair on the back of your neck and cause you to be even MORE suspicious of motivations in medicine, then nothing will wake you or shake you. Dr. Albert agrees with me. He has spent his life inventing cardiology technologies to save lives and cure diseases, business model be damned. And he is as incensed by the Goldman Sachs headline as I am..



Some Success Stories other than me - June 2018

My story began to spread like wildfire about in August of 2017. Over the last 11 months, approximately 25 people with varying kinds and stages of cancer have started the regimen outlined here on this blog.

I am now happy to be able to report some other success stories other than me.

1. As I mentioned in the original post, I was the first person in the history of MD Anderson to have small cell lung cancer metastasized throughout my entire body (neck, lungs, stomach, liver, pancreas and bones) and live to tell the tale. 12 weeks ago, another patient, identical to me in small cell metastasis and also a patient at MD Anderson, started the regimen. Last week, she called me from Houston and said she just received her PET results and it was great news. Unfortunately she had complications from liver disease that I suspect had more to do with her immune system and immunotherapy and not related to cancer

2. I have TWO cases of 4th stage Pancreatic cancer, each given 3 months to live. In each case, their tumors haven't disappeared but they have shrunk almost to non-existence and they are living a normal lifestyle, which is unheard of. One of these cases predates me and my story by several years (and proves that there is an underground that knows about this stuff before me). The other case is a referral by me and she is in TX and just called me 3 weeks ago in tears, as all of her cancer had receded materially. 3. A man had

prostrate cancer that had already metastasized widely to his lungs, stomach and liver. He emailed me last week that his doctors are in amazement that his tumors have all shrunk considerably. He was only taking the fenbebdazole and supplement protocol. 4. A lady had metastasized colo-rectal cancer (metastasized to her bladder and liver). She was on oral chemo. Without telling me OR her doctor, she suspended her oral chemo when she started on this protocol. Last month, her PET showed that virtually all of the tumors had shrunk considerably. Her oncologist was very proud of his oral chemo until she told him she stopped taking it 8 weeks earlier. She then told him what she WAS taking and he was amazed. 5. A stranger from SE U.S. who heard of me through the grapevine had non-small cell lung cancer (a completely different disease than mine) that was considered very late stage. He called me two weeks ago to tell me his amazing results of "all clear". 6. A man had metastasized melanoma (metastasized to his bones). After 10 weeks, he tells me his doctors are very pleased with his progress and they can't seem to find any evidences of the metastasis any longer.

7. I just got a text from a friend on the E. Coast and attached to the text was a copy of his PET scan showing he was cancer free (colon cancer) after 10 weeks on the regimen.

So it appears that this regimen is somewhat cancer agnostic, which to me means it is effecting cancer at the basic cellular level. I am not a scientist but I have a scientific theory that I have been researching. I'm pretty sure I have a good idea of the "why".

HOWEVER, THERE ARE ALSO PEOPLE I KNOW WHO HAVE HAD LITTLE, IF ANY RESULTS. SO WE KNOW IT IS NOT A CURE-ALL PANACEA. BUT I REMAIN STEADFAST THAT THE SIDE EFFECTS AND RISKS ARE EXTREMELY LOW OR NON EXISTENT WITH THE PROPER DOSAGESAND.....THERE

IS UPSIDE POTENTIAL, SO THE QUESTION BECOMES.....WHY NOT?

July 22, 2020 Updated: See below for more details, but now THREE MAJOR research institutes are auditing success stories and it will result in a published study about the success stories



July 2018 Good News!!!!

For the 5th consecutive quarter after being told there was nothing else they could do for me, I am once again "ALL CLEAR". I still don't believe I am out of the woods (I'm standing at the edge of them I am sure) as small cell lung cancer is notorious for reoccurring, even after several years. And why I will stay on the regimen outlined in this blog for the rest of my life. Thanks again to my prayer posse.....and now an entire legion of people all over the world who have started following the story. I didn't set this up for notoriety. I set it up so that others can choose for themselves if the regimen is worth trying. I am proud of that and know that there are scores of people in every continent in the world who now have a glimmer of hope.





August 2018 Scientific Report

A man who is taking the protocol from this blog sent me the attached article which corroborates my own previous knowledge and research as to "Why fenbendazole appears to be cancer agnostic in its efficacy. He sent this to an old college friend who is a cancer cell biologist at a major University. The report AND the major University PhD scientist's response are as follows:

Please click the following link and print the report. Even if you are not a scientist, you will understand enough to be better educated as to what, why and how this works and why it is cancer agnostic

<https://www.nature.com/articles/s41598-018-30158-6>

Click the Link above

=====PhD response=====

"Basically, it follows pretty much the same line of investigation that we originally had when the summer started. In fact, we actually just started two different experiments this past Thursday and Friday with FZ. a. A hallmark of metastatic cancer is the lost ability to maintain appropriate cell-cell contacts. On Thursday we started an experiment on the establishment of cell-cell contacts to see if FZ has any effects on formation of contacts. If anything looks promising, we will move to trying similar experiments with several types of cancer cell lines. b. The second experiment is cooking over

the weekend where we are looking at cell growth and the effect of FZ on proliferation. Interestingly, our discussion on follow-up experiments follow the same line of thought as the paper. The microtubule effect can be very confounding because any effect on the cytoskeleton will have secondary and tertiary effects elsewhere. For example, autophagy relies upon moving "cellular cargo" along microtubules and so no MT, no cargo movement, and crappy autophagy. So not surprising that the paper reports other effects -- they almost all rely upon cargo movement of some sort.

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That research report basically says that the cancer cell is being attacked from 3 different angles, the micro tubules required to sustain life and proliferate, the increase in the cancer killer gene P53 AND the negative effect on cell glucose metabolism, which is a requirement for cancer cells to thrive.

And I don't have worms

The stories are now coming in too fast to chronicle all of them here but JUST in the past week, people having success with Ovarian, Breast, Colo-Rectal, Melanoma, Lung, Pancreatic and Liver Cancer have reported remarkable results....and as the above attached research suggests, this regimen SEEMS TO BE cancer agnostic.

October 1, 2018

I just received the following email from the lead scientist on the linked research from above. Now a new mystery to solve. It seems he worked in the exact same group I went to at MD Anderson (years ago) and he says they were researching athelmintics, and specifically Fenbendazole, for cancer way back then. Things that make you go Hmmm

o SubjectResponse to your comment on our work published in
Scientific Reports

o Message

Hi Joe,

Thanks for sharing your remarkable story with us. It is indeed a source of greatest joy for any researcher when his/her work is able to contribute in alleviating someone's suffering to the slightest extent.

Our earlier work in 2002 on Mebendazole (an anthelmintic drug for pinworm infection approved for use in humans) revealed its potential application as an anti-cancer agent while I was working at the department of Thoracic Surgery in MD Anderson Cancer Center.

(1,2) In our present report and our previous work (3), we provided sufficient pre-clinical data on the anti-cancer effect of fenbendazole (FZ) using mouse models. It is very encouraging for us to know its significant effect on a patient diagnosed with metastatic lung cancer. For how long did you take fenbendazole? Did you experience any side effects? Are you still taking FZ or any other drug? We strongly believe that anthelmintic drugs can effectively inhibit the tumor cell growth which has a long safety track record. In our preclinical studies we have shown that it is as effective as cisplatin and related chemotherapeutic drugs with least toxicity to the host. Please keep in touch and let us know if you have any new information. Thank you once again for your efforts in bringing awareness about the anti-cancer effect of FZ through your blog.

Wishing you a long disease free healthy life!

Regards

Tapas Mukhopadhyay

October 17, 2018

Some days I wonder why I field dozens of calls and emails per day. I honestly work anywhere from 50-80 hours a week in my real job, but always try and find time to talk to everyone that reaches out.

Granted, I am sure a few voice mails and emails slip through the cracks. If you are one of those people, please reach out again and inform me that I missed you the first time around.

Why am I wondering today why I am doing this? An email today came in from someone (i) questioning the truth of my story, (ii) demanding introduction to my doctors at MD Anderson for their purpose of "auditing" my story (essentially calling me a liar) and (iii) accusing me of giving their loved one "false hope".

A real kick in the gut to me. I pride myself in honesty and integrity. I pride myself in giving legions of people hope (and I don't believe there is such a thing as false hope when facing certain death). And I am proud of the dozen other people who have found success through the networking of my crazy story.

But I will reiterate the disclaimer throughout this blog. If someone doesn't believe my story, I fully understand as I probably wouldn't believe it either if I didn't actually live it. I am not a doctor nor am I a scientist. I am only telling my story here in hopes of others at least being more informed. Should they choose to follow my lead, I am pleased as I don't think there is any downside risk and I completely believe there is at least some upside return. Should they choose to believe it is complete BS, I am ok with that too as it is their life, their body and their story, which I fully admit may be different than me or the other dozen people who have been helped by this.

However, I refuse to spend my precious time trying to convert someone who doesn't believe me and accuses me of being

dishonest in telling my story. Anyone who knows me would tell you how funny that really is as I err on the side of caution and conservatism in life.

Rant over. Ha Ha

October 23, 2018

I get some pretty exciting text messages. Here are a few:

1. This week, we received word of another ovarian cancer cure. Completely gone without surgery. We also have a breast cancer lady who has been getting progressively worse for 3 years. Tried to get her on Panacur a year ago. After her last chemo, she was told the cancer had spread to her liver, lymph nodes, and bones. So now she was ready to try Panacur(why do people wait until NOTHING else works). Anyway, after first 10 week treatment, the cancer in her bones was gone but the liver cancer had grown. She was disappointed(I was elated). It took some encouragement but we got her to go on a daily treatment instead of 3 days on and 4 days off. 6 weeks later the liver cancer is 80% shrunk. We are getting there.

2. Another one to add. My friend Glenn had to have an abdominal ultrasound as a followup to surgery he'd had for kidney stones. To his shock, a good-sized solid mass was seen in his prostate. The radiologist told him it was very worrisome, looked like cancer, and he was scheduled for a needle biopsy of the mass, three weeks out. When his wife called me very distressed, saying he was frantic with fear and worry, I sent her a link to Joe's blog and a copy and paste of some of the posts from here (of course with lots of protests that I'm not a doctor, that I can't vouch for this, etc. I feel like such a crazy person when I tell people about this, but how can you know of this and NOT share it when someone has a scary diagnosis?) He

started the Panacur protocol the same day. Three weeks later he went in for his needle biopsy. No mass could be found. They took some random cells from all over his prostate and no abnormal cells were detected. Now, he didn't have a cancer diagnosis, and who knows what the story was. But I'll tell you this--he gives full credit to the fenbendazole, and continues to spread the news to everyone he knows.

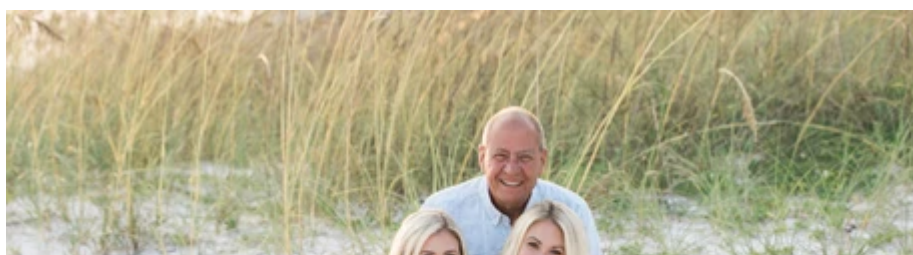
3. A gentleman called my wife on Monday. He had stage 4 lung cancer and had just finished a 10 week Panacur. His Petscan was negative. He was so excited

4. Got report of stage 4 ovarian with ascites winning the battle

5. I posted Joes story. I didn't ask Joe, I probably should have, but if this medicine could save one life it was worth it to me. I wouldn't bother Joe, and I would field as many questions as I could and try to learn as much as I could about what Joe took. Well, I've talked to hundreds of people about Panacur-C. Today I got a call from a guy who I talked to five weeks ago. He had a type of lung cancer where they were going to remove 1/3 of one of his lungs. He started on the panacur-C, Did not tell his doctor. He went in for the preop for his lung surgery. After praying about the surgery he wanted to have another scan before his surgery. His surgery was scheduled for October 3 he had his scan done and today the nurse from his doctors office called. Long story short, in tears he informed me that he is 100% cancer free.

October 30, 2018. 6th Quarter PET Scan All Clear

Let's celebrate with some pics from the beach.





November 29, 2018

In the past two weeks, I have received word from 4 more success stories ranging from Pancreatic cancer (2nd stage) to non small cell lung cancer that had metastasized to multiple organs to another success story with colo-rectal cancer to a crazy success with an

inoperable large tumor wrapped around the esophagus and stomach.

I made a very large mistake by not keeping great details of all of the success stories. My data would probably qualify for an anecdotal limited clinical trial, if not for efficacy, but at least for safety/toxicity. I will endeavor in the future to start keeping better records.

If you are a patient experiencing either positive or negative results, could you please email me a summary of the results.

As of today, this blog has been read by thousands in 60 countries. Here is a list of the countries:

1Argentina

2Australia

3Austria

4Belgium

5Brazil;

6Canada

7Chile

8China

9Columbia

10Croatia

11Czech Republic

12Denmark

13Finland

14Finland

15France

16Germany

- 17Greenland
- 18Guatemala
- 19Hungary
- 20Iceland
- 21Ireland
- 22Isreal
- 23Italy
- 24Japan
- 25Jordan
- 26Kenya
- 27Kuwait
- 28Malaysia
- 29Mexico
- 30Netherlands
- 31New Zealand
- 32Nigeria
- 33Norway
- 34Pakistan
- 35Panama
- 36Peru
- 37Phillipines
- 38Portugal
- 39Romania
- 40Russia
- 41Saudi Arabia

42Singapore

43Slovenia

44South Africa

45South Korea

46Spain

47Sweden

48Switzerland

49Taiwan

50Thailand

51Togo

52Turkey

53Ukraine

54United Arab Emirates

55United Kingdom

56United States

57Vatican City

58Viet Nam

59Zimbabwe

Monday December 3, 2018

This update is not about me. It is for Shane, Scott and Steven Sturgeon and their Mom.

Above I told the story about a veterinarian who I talked to to tell me of what would ultimately become my very unlikely story. I never mentioned his name because I wasn't sure I was authorized to, given that he was a licensed veterinarian and shouldn't be

prescribing medicine to humanoids.

Dr. David Sturgeon literally saved my life. And as witnessed by this blog, he has saved countless other lives. There isn't enough gratitude in this world for me to express the sadness that Dr. Sturgeon passed away recently (non cancer related). And I think there is no BETTER way to go out, then to know that he had such an amazing impact on so many lives.....and will continue to have that impact posthumously. Only an OSU veterinarian can save human lives after he is gone :)

To the boys and to their Mom, there are scores of people who will be forever grateful and beholden. But that doesn't surprise you. You already knew how special he was to so many and you don't need this blog to remind you.

=====

December 4, 2018

I am traveling this week with limited ability to post, but I wanted to share with everyone two things that I will go into much greater detail on next week.

First, On my last PET on October 30 2018, there was a reason to do a follow up scan today in Houston. All is clear, which means my NEXT scan in February 2019 will make it two years since I was supposed to be 6 feet under.

Second, the number of success stories are coming in such that I am having a difficult time keeping up with all of them. But today, I got a call from a lady that made my year and she makes the FIFTH success story with late stage (go home and die) pancreatic cancer. In her case it was both that far gone on both the pancreas and the liver. She called me today to tell me I saved her life.

=====

December 11, 2018

Look forward but never wait

Hope is necessary, but it is not sufficient. You also need a strategy.

The most frustrating phone calls or emails that I receive all relate to someone saying "Oh boy, I wish we had listened to you months ago. We were not certain about it back then and now it is probably too late.

Of all of the people who have taken the leap of faith (over 60 that I know about), 3 have passed away. In all three cases, the people passed away within 3 weeks of starting the regimen. That tells me they were simply too far gone by the time they started. As it takes from 8-16 weeks to show results, I get frustrated when people let months pass before getting serious about it.

Once again, I believe the minuscule risk is far outweighed by the upside return potential, so the real risk is deciding to do nothing or delay by months.

All of our lives can be summarized by one sentence:

"It didn't go as planned....and that is OK"

And part of that isn't just that you (or your loved one) got cancer. It also includes curing yourself, sometimes in unusual and unorthodox ways.

And much of my mantra and this blog is about positive thinking and **hope**. I truly believe hope is absolutely necessary.

"But Hope is not sufficient as we also need a strategy and hope

alone is not a strategy.

My strategy was and is very simple. I wanted to throw everything but the kitchen sink at my problem. I didn't care whether I was already scheduled for chemo or radiation or brain radiation or immunotherapy. To me those were part of an already failed strategy. It didn't go as planned. I found Fenbendazole from a veterinarian supply house and now not only am I cancer free for 2 years, but I also am sure to NOT have worms. *Disclaimer: I do chase cars and bark at people that knock at my door. And if you invite me over to your house, I promise I won't drag my butt on your carpet :)*

Saturday, January 19th, 2019

Happy New Year to Everyone!!!!!!!!!!

I just returned from being out of the country since mid December. I tried very hard to answer all phone calls and emails while I was away, and I even had a chance to meet several patients in Switzerland, Germany and the UK while I was traveling on business.

But THE BEST NEWS is that success stories continue to come in. Success stories #34 to #38 were reported to me in the last 4 weeks. And the stories continue to report that the research linked above proves that the regimen appears to continue to be cancer agnostic. Recent success stories (last 10) include colo-rectal, non small cell lung, small cell lung (like me), metastasized melanoma, liver, and esophageal.

I have been asked a gazillion times whether it could work on blood borne cancers such as Leukemia, and I have been anxious for someone to try. I am proud to say that a leukemia success story has been reported in, which gives me hope that other blood based

cancers have possibilities. I knew it was working on solid tumor masses in all different locations inclusive of tissue and bones, now I think there is hope for blood as well.

My continued #1 Frustration? People that call me and tell me they wished they hadn't waited until it was too late. Some people are reluctant to try something so far afield from traditional chemo and radiation until they are told to hire hospice. The downside risk is minimal, if any, so people playing the waiting game with such a deadly disease is frustrating.

Friday January 25th

Today I was written a letter by one of the 39 success stories, which I find quite disturbing.

He had joined a Facebook group site called Lung Cancer Survivors and Support Group, run by a guy named Mark Peitzmeier and a lady named Kelly Miller. Their group has 8,800 members (compared to 100,000 here)

First off, I have looked at the multitude of cancer support group facebook pages and two things jump out. The first part I kind of understand and I kind of don't. They will not allow linking any other sites or information and they forbid the members talking to each other via Direct Messaging. They forbid talking about anything other than traditional chemo, radiation and immunotherapy. I can see they need to keep site noise and BS marketing down to a minimum. Second, they feel a need to police quacks and crazies from giving people false hope. I get that. However, their gestapo control prevents the very knowledge dissemination and interchange that SHOULD occur knowing that mainstream medicine has no incentive to reduce the \$500 billion/yr business of cancer.

If you want to join such a group, join one of the groups that are

INTENDED to search for answers, not those who are trying to stifle and control information and ignore the failures of traditional chemo and radiation. Avoid any site that doesn't allow the exchange of new ideas and forbids site followers to interact in the exchange of ideas.

Now to the reason for this post and why I am naming the administrators of that particular site by name publicly (I would be happy to talk to them one-on-one by phone AND I would be happy to fly to meet them face-to-face (on my nickel), if they would agree to meet with me.

Mark Peitzmeier told one of our 39 success stories today the following about this blog and about me personally, which I find very offensive, false and obviously a malicious lie:

1. That this blog is giving people false hope in something that chemo already does (false as proven by clinical research), and that the regimen is dangerous and has killed people (crazy "over the top" false as clinical research proves it is safe, non-toxic and without any serious side effects).

2. That this blog is a fraud. Since I work this completely pro-bono and have zero financial gain possibility (in fact it is negative because the 20 hours a week I spend here negatively effects my business), I am curious to find out a) what research he has done here, if any and b) what due diligence he has performed either here or on me, or c) under truth serum, did he just make something up to suit his agenda.

And here is where it gets very good and juicy:

3. That Joe Tippens is dead (I'm a pretty efficient writer for a dead guy), and

4. That my family hid the results of my autopsy because the

autopsy showed that I died of cancer, proving I was a fraud (after all, how can someone be in total remission when they die of cancer, Ha Ha)

Again, I would love it if this dude had the guts to talk to me on the phone. It might be an eye opener for him to talk to a dead guy whose family hid his autopsy for clandestine reasons. Ha!

And Mr. Peitzmeier or any of his followers, you are doing a disservice and will be mightily embarrassed when updates on Fenben and Meben research start hitting the press over the next 36 months. There are many leading institutions around the globe with full time research on all of the anthelmintic category of parasite drugs, but a guy like you wants to hide behind your keyboard and play God with people's lives. Good luck with that.

He also mentioned to my contact that what I am promoting is an unregulated over the counter regimen. He is right in that I am telling my story. He is wrong in saying I am promoting anything. Multiple times in this blog I EMPHASIZE: I am not a doctor nor am I a scientist. I am not qualified to do anything OTHER THAN tell my story.

What he misses is.....I **am** qualified to tell my unique story that led me to be the sole data outlier in 45 years at MD Anderson in Houston, TX. And now that I have 40 other success stories in all different kinds of cancers, I am qualified to tell that story as well.

If he chooses to leave his head in the sand, then I feel for the 8,800 people he is leading.

And if he chooses to be a man and email me and apologize, then I will edit this post and remove any reference to him or his site. Or even better yet, I will publicly give him credit and thank him.

Rant Over. Ha

Saturday January 26th

A friend of my brother Doug, who is also an OSU alum, just called me. He didn't want me to use his last name, but his first name is Rick.

10 months ago, Rick had 4th stage metastasized melanoma that had metastasized to his liver and lungs. His doctors wanted to put him on auto-immune boosters, but frankly told him he only had 6 or so months to live. After the first episode/treatment of the immune booster, Rick decided to stay on only the Fenben protocol. Rick is a very strong christian and, after praying about it, decided to forgo all other traditional medicine and rely on the Fenben protocol.

Today, he found out he is Cancer free, and we know it was the Fenben protocol, inclusive of CBD/Curcumin/E, that did the trick because he wasn't taking anything else. So when widely metastasized Melanoma just disappears, the feeling I got inside is just indescribable.

Congrats to Rick, who forever shall be nicknamed by me as #40

Wednesday February 6th

I apologize I have been absent here. Success stories #41 through #45 are in, but I simply have been buried with work and travel.

Additionally, I am trying to hire help with the management of this blog. It is overwhelming me to respond to hundreds of emails and phone calls daily.....and I have a real job.

Please forgive me until I get caught up on my other work and travel and I will get the site updated.....BUT please know that it is all good news out there, so if you are considering starting the protocol, carry on.

I also will update this with a FAQ section hopefully in the next few

days

Friday February 22

Many people have asked me to do a FAQ section and I agree that will be helpful. I will work on it next week and hopefully post it by the end of next week.

Other than the FAQ section, we will not post anymore to the blog until we have a more complete data-base to report. please be patient with us as this is a daunting task and will take some time. And we do this in our spare time. I apologize!

There is a new facebook page for any and all discussion regarding this blog

www.facebook/groups/mycancerstoryrocks

WARNING: As social media can be good and bad, it is necessary that I have volunteer moderators of the FB page. We will endeavor to a) keep crazies, MLM marketers and off-topic people out of the closed group, b) limit membership to cancer patients and caregivers, c) keep the discussions limited to the use of this protocol (we will not become a broad "alternatives" discussion group.

To that end, you will be required to give the password from below (proving that you have actually read this blog) and answer 3 simple questions to gain admittance

Friday March 8, 2019

I apologize for my absence, but the last two weeks have been insanely busy for me, inclusive of my regular 3 month checkup and scans at MD Anderson in Houston earlier this week.

For the 9th consecutive Quarter (27 months), I am "All Clear and

Cancer Free". I probably will never consider myself cured and why I will take this regimen for the rest of my life.

The Indian research paper linked above (that hardly anyone takes the time to download and read which is a real shame) tells me that the regimen is not only cancer agnostic, but also an effective prophylactic regimen. Since Small Cell Lung Cancer (and most all cancers) is notorious for reoccurrence, I plan on never giving the cancer cells an opportunity to reoccur into metastasis ever again.

In summary, the research has one FINAL summary statement that all non-scientists can understand:

Altogether, our findings show microtubule disruption, p53 stabilization and interference with glucose metabolism as collective underlying mechanisms of FZ induced preferential elimination of cancer cells.....

We are still working on the data base, so bear with us and be patient.

April 12, 2019

The quest for non traditional means of curing cancer is a global one.

A German videographer/researcher/documentary producer stehan Stephan Stahl has just released a 2 hour and 23 minute documentary covering a large variety of methods, stories and successes.

I highly recommend watching the entire 2.4 hours of the documentary. Stephan Stahl apologizes for his English as German is his native language and he simply didn't have the budget to hire a native English narrator.

You will see in the movie many other things familiar to you including

the Care Oncology/Jane McLelland repurposed drugs as well as others.

I HIGHLY RECOMMEND watching the entire movie

The discussion of repurposed drugs begins at the 1hr mark

He covers my story at approximately the 1h07min40sec mark of the movie. Enjoy

Be sure and click on the English version

If you haven't already, go join the facebook page of the same name as this blog and join in the lively discussion.

Facebook Page Link and Password:

I highly recommend you join the facebook page discussion by the same name at the following link:

www.facebook.com/groups/mycancerstoryrocks/

Important: You will be asked to answer 3 simple questions and provide the Password.

Password: Slice

Important:

The Facebook Page is set up as a Closed Group, such that people feel free sharing confidential information. As Such, it is limited to ONLY patients and care-givers (defined as direct care-givers, spouses and family).

If you are only curious intellectually and looking for basic information, please rely on this blog, and do not be offended if the moderators there do not admit you to the group.

PLEASE be careful and not join any other groups that both don't police the content OR police who is allowed to enter the group. For safety sake, please go to the Facebook page titled "mycancerstoryrocks" You MUST ANSWER THE ENTRY QUESTIONS AND GIVE THE PASSWORD AT THE END OF THE BLOG.

Two other facebook pages do NOT police and administer the comments and we have noticed significant misinformation and absolute bad information that could effect peoples lives.

[wwwFacebook.com/Groups/Mycancerstoryrocks](https://www.Facebook.com/Groups/Mycancerstoryrocks)

Password for admittance: Slice

Thursday May 2nd, 2019

CBD

I have had many people ask gazillions of questions surrounding the confusion around my recommendation to take 25mg of CBD per day. Let me attempt to clear things up a bit, at least from my perspective.

First, I am not recommending CBD for pain or discomfort or nausea. I am recommending it as a "separate fight against cancer cells"

Second, while I am not (as part of my regimen) recommending THC or RSO, I am not opposed to the use of THC. In fact, a 1:1 ratio of CBD to THC might be very beneficial to some people as the CBD offsets the hallucinogenic effects of THC to some extent. I chose not to actively recommend THC for two reasons: (i) there are just so many people in the masses that either don't approve of it or don't understand it or simply can't get it, and (ii) contrary to many

ardent and fervent THC evangelicals, I "personally" believe the right full spectrum CBD is equally as potent in negatively impacting cancer cells and I believe recent research bears this out.

Many people get confused about the term Cannabis. Cannabis is the genus and Sativa, Indica and Ruderalis are the species. Many people are confused thinking Marijuana is Cannabis and Hemp is something entirely different (Hemp is Cannabis too). Typical Marijuana plants are Cannabis plants bred for high THC levels. What is referred to as hemp today is Cannabis strains bred for very minimal levels of THC. Both plants produce broad spectrum CBD (Cannabidiol), which has no psychotropic effects by itself. Generally speaking, CBD oils have less than .3% THC in them. The term HEMP has morphed into simply any Cannabis plant that is very low in THC and not produced as a psychotropic drug.

The reason high purity, broad spectrum CBD producers synthesize low THC hemp is simple. The extraction methods become more complex if elimination of THC is required as a tertiary step.

Cannabidiol (CBD) is a different and major constituent of the Cannabis species. There are 113 different cannabinoids isolated from cannabis, including

non-psychotropic: CBG, CBC, CBD, CBE, CBL, CBT

psychotropic: THC and iso-THC.

A full spectrum CBD sans THC oil would be one that contains a broad spectrum of 6 cannabinoids that are non-psychotropic.

I recommend a high-purity level broad spectrum CBD oil that picks up as many of the cannabinoids as possible.

People always ask, which brand? which CBD oil? That is almost impossible to answer as all processors are different. What you need to endeavor to achieve is 25mg per day of broad spectrum CBD.

Some products are low purity with as little as 3mg of CBD per ml. dropper (requiring 8-9 droppers full per day). Others have high purity and 25mg per ml. dropper (requiring only 1 dropper per day).

I have purchased high purity THC as well, and if you are so inclined, I would recommend working your way (slowly) up to a 1:1 ratio of CBD:THC such that the psychotropic effects of the THC are minimized. HOWEVER, I want it to be perfectly clear that I personally believe the right broad spectrum CBD alone will work within my regimen.

I personally buy my CBD from the Randy the pharmacist linked above. He gets his from a high tech laboratory that only sells to pharmacists.

PODCAST MAY 15, 2019

The co-founders of the podcasts at Wellness-Speaks were gracious enough to interview me and the link is below for those interested enough in listening to it. It is over one hour in length, but it is chock full of valuable information.

Disclaimer: I am not a doctor and I am only qualified to tell my unique story. I am not prescribing anything

Please click below

June 25, 2019

This is the first chance I've had in over a month to give any kind of update. First, I went through a sale and purchase of homes in Oklahoma City and a move for the first time in 12 years. Then, an extended business trip to Germany and Switzerland. This morning, I am sitting by the lake Ägerisee in the village Oberägeri just outside of Zug, CH. I have a couple of hours of downtime, so I thought it might be helpful to recap some of the more interesting top

20 success stories other than myself:

1. Ewing Sarcoma with Mets to the brain and spine (too many tumors to count). Started the protocol after having to stop chemo due to blood clots. Started with a jumpstart of 9 straight days, then pulsed 3 on and 4 off for 14 weeks. Recent scan was an all clear NED ("no evidence of disease").
2. Esophageal with Mets to the Liver. Started with a double dose 7 days a week for 3 weeks and then the recommended 222mg dose 7 days a week for 9 weeks, then all clear NED
3. TWO different patients with 4th Stage Melanoma with wide METS throughout the body. In one case, 8 months on the protocol and another case 7 months to all clear NED. In both cases the previous PET scans showed dozens of lesions head to toe.
4. Triple Negative Breast Cancer with Mets to Lungs, Lymph nodes and brain. After 10 weeks on the protocol, Brain MRI is 100% clear and other Mets significantly shrunk.
5. Adenocarcinoma Lung. After 14 weeks, cancer free NED
6. Two Prostate cancers, one with with Mets to bones. After 4 months on the protocol, cancer free NED (this one is close to home and a relative). The other with Mets to the Stomach and Liver. After 3 months on the Protocol, NED
7. Another Small Cell Lung Cancer (also close to home from where I grew up) with wide Mets now NED
8. Adrenocortical carcinoma with Mets to the Liver. Sent home to hire hospice and started the Protocol. After 14 weeks, NED
9. SEVEN cases of 4th stage Pancreatic Cancer with the following results (all 7 given a very short life expectancy):
 - a. In 5 of the cases reported to me, the protocol has reduced the tumors and held them "at bay" (without total elimination) such that

the patients are living a normal lifestyle long after they were expected to die.

b. In 2 cases I find almost beyond belief, total remission NED. In one case after 7 months on the protocol and in another, after 4 months.

10. THREE cases of 4th stage Colo-Rectal cancer, two NED after 4 months and one with 90% reduction after 3 months.

Thursday, June 27-

Dosage and the Liver

I think it is time to discuss and deal with the growing concern that 222mg of Fenbendazole could seriously damage the liver. This concern seems to take on a life of its own as non-scientists try to decipher anything and everything they seem to find on the internet. Once again, I am not a doctor and I am not a scientist. BUT, I have done about as much research as any non-scientist could possibly perform and this is what I believe to be the truth:

1. First of all, the original research that concluded Fenbendazole could possibly cause liver problems was, in my opinion, a bogus study and conclusion. Why? Because the dosages in mice and birds used to come to that conclusion were approximately 100x in equivalency.

It is funny to me, in the internet rumor mill, how one tiny piece of information can be blown into full-on panic and concern.

2. There is subsequent research on Fenbendazole (see below) and the Johns Hopkins human clinical trials ongoing on the sister drug Mebendazole. In both cases, MUCH HIGHER doses than I am recommending were shown to be safe taken long term. I will be interested to see the different trial results, but in one trial, they are

dosing 500mg, 3x a day for a total of 1,500mg per day. In my non-scientist mind, they wouldn't even attempt 1,500mg per day if they didn't believe that might be at the edge of the margin of safety. Nevertheless, compared to 222mg/day, it is "my opinion" that the safety should be clear to even a non-scientist. I have read that the scientists at JHU believe 300mg per day long term is safe.

Research on goats, quail and rats

Comparative studies on the effect of fenbendazole on the liver and liver microsomal enzymes in goats, quail and rats.

Department of Physiology and Pharmacology, School of Veterinary Medicine, Tuskegee University, AL 36088.

Abstract

To compare the effect of fenbendazole on the liver and liver microsomal mono-oxygenases of goats, quail and rats, an oral dose of 25 mg/kg was administered to the animals daily for 9 consecutive days. On the tenth day, blood samples and livers were collected from both the control and the treated animals for preparation of serum and microsomes respectively. Determination of the activities of sorbitol dehydrogenase (SDH, alanine aminotransferase (ALT) and aspartate aminotransferase (AST) in the serum samples showed that there was no significant increase in the activities of these enzymes in the treated animals as compared to their corresponding controls, suggesting no liver damage. Similarly, no significant difference in the amount of microsomal cytochrome P-450 was found between the control and the treated animals of the same species. Compared to their respective controls, the activities of microsomal benzphetamine N-demethylase and aniline hydroxylase were almost unchanged in

the treated goats and rats. **The results indicate that fenbendazole is not liver toxic to goats, quail or rats at a dose rate of 25 mg/kg.**

In a 150 lb human, this would equate to 1,700mg per day versus the 222mg per day per my protocol (a 120 lb woman would equate to 1,350mg vs 222mg recommended here.)

3. Malignancy in the liver is a wholly different subject matter than effects of Fenben on liver function, and the two should not be confused. Many people are having success with tumors in the liver without effecting the liver enzymes.

4. Of course anyone with a preexisting condition in the liver should be careful and have their blood checked more often than most.

MOST IMPORTANTLY:

5. As hundreds of people have now taken this drug for extended periods of time, we have learned ***a lot*** that I can now pass on.

A. "Many people, to my surprise and without my knowledge, have chosen to self dose at much higher levels than I originally recommended, not only in mg/day but also in number of consecutive days. I love it that people can be so brave and bold as to experiment with their own bodies, but it shows you that when people are given "no hope" by traditional methods, their risk tolerance somehow takes a huge leap of faith. And these people that self dosed at much higher levels have shown amazing results, while not reporting any additional or unusual side effects"

B. Most people are now jumpstarting the process with 7 days a week for the first 2-4 weeks, while a few people have jumpstarted with 7 days a week long term. None of those people have reported any new or unusual or added side-effects.

C. Many people are self administering at higher than 222mg per

day, and to my knowledge, none of those people have reported any new or unusual or added side effects.

D. There have been a few people report elevated liver enzymes, so everyone needs to decide for themselves their dosage increases over the original recommendation, and everyone needs to decide for themselves the level of increased blood work for peace of mind.

With my usual disclaimer of "I am not a scientist or doctor", I believe it is time for me to state the following:

Many people have successfully jumpstarted for 3 weeks at 7 days a week, and many people have successfully increased the daily intake from 222mg to 2x, 3x and 4d that level. While I am not recommending any specific "higher dosage", I think the evidence from many people indicates each individual should make their own decision on higher dosages and consider what is best for them. At the end of the day, I believe it is what each individual can tolerate, but I believe most people can probably tolerate more than 222mg 3 days a week.

July 22,2020 Update

I now recommend people take the regimen 7 days a week and not 3 on and 4 off. Please keep an eye on your liver enzymes and only go back to 3 days a week if necessary

Sunday September 8, 2019

I am very sorry for the delay in updating the blog since the end of June. We have had an incredibly busy summer between international travel for my business as well as a full home remodeling project.

Research Study Project Update

As I promised earlier and have almost been "a broken record" that we would start a major project of auditing all of the use cases that we know about thus far. The major research foundation was forced to wait until the available scientists freed up for the project, as well as awaiting funding. I am very happy to report that they have identified the scientists that will lead the project and I am even happier to report that a local wealthy businessman has agreed to fund the project in its entirety. So, while delayed, the project is being planned and will start very soon. So IF YOU KNOW OF EITHER A SUCCESS OR A FAILURE that you think needs to be included in the study, please email us and let us know their name and contact information.

Update on Prophylactic Dosages and Timing

Many people ask about dosage and timing for people wanting to consider the protocol as a preventative/prophylactic medicine. I have two different recommendations depending on whether someone is in remission from a previous cancer or whether they are someone who has never had cancer.

Remission:

I am in remission and I believe I should take FZ 3 days a week (4 off) for the rest of my life. All cancer types have a tendency to reoccur, so I choose to be vigilant and take the regimen weekly for the rest of my life. I take the other supplements 7 days a week and FZ 3 days a week.

Never had cancer:

I believe as a pure preventative for someone who has never had cancer, the protocol (FZ 3 days a week and all other items 7 days a week) should be taken weekly for 10 week spans with 10 week rest periods on an alternating basis.

July 22, 2020 update:

I now recommend previous cancer patients now in remission continue taking 7 days per week. No reason not to

Password for the facebook page: Slice

A word of caution for Facebook pages and alternative purveyors of this information. There are many copy cats out there that do not police the information or the participants properly. PLEASE only go to the facebook page that is titled "mycancerstoryrocks"

And for the sanctity of achieving scientific data credibility, please report all success stories to me

OCTOBER 25, 2019 ATTENTION: IMPORTANT ANNOUNCEMENT

I have been alluding to this for some time, but it is finally here. The very impressive research foundation OMRF www.omrf.org has agreed to help all of us with clinical review of the FZ protocol from our participants on the www.mycancerstory.rocks blog, the www.facebook.com/groups/mycancerstoryrocks Facebook group page as well as from hundreds from my personal email correspondence. I also intend to notify similar groups run by Tamera Fields in case she decides to participate.

Please be aware, however, that in order to have integrity of data and processes, OMRF will not proactively reach out to patients, but rather patients will be required to contact OMRF. To aid in this, all of us need to reach out to our known worthy cases and remind them that if we would like them to be included in the study (and we would greatly appreciate their participation), they need to contact OMRF

at:

Matt Slief

Matt-slief@omrf.org

405-271-7221 a dedicated line just for this project

Also, it is very important to remind everyone that participation will require:

1. A signed consent to participate
2. Signed releases for medical records from all appropriate providers, including all medical, path, imaging, medications etc. This will be an authorization to use or share protected health information for research purposes.

Matt Slief will get you those forms once you contact them.

Please Note: This is NOT a clinical trial, but a retrospective review of each of our unique cases. You will not be asked to take any medicine or change what you are already doing.

I will personally go through my own notes and remind individual people to contact Matt Slief at OMRF, but I am most certain that I will inadvertently miss some. Please reach out to any known cases you think would be pertinent to this all-important study. You are part of this effort and I believe you will be proud.

NOVEMBER 26, 2019

VERY IMPORTANT

A MEXICAN website called Shop4Lufe.com is offering Fenbendazole Capsules for human consumption in capsule form. They are using my name in their web marketing and advertising.

A. They are violating many laws.

B. Their product is NOT being manufactured in an approved GMP manufacturing facility, which means it may not be safe for consumption.

C. They claim pharmacy grade, but they are based in MEXICO and there is no way to tell.

Order at your own caution knowing I do not advise using the product. At least the Vetmed products are made by GMP facilities.

I have sent them a cease and desist to stop using my name.

December 1, 2019

Several weeks ago, a Korean TV producer asked if he could send a crew to my house to interview me. Reluctantly, I said yes. I welcomed them into my home, took them to lunch and took them to dinner before putting them back to the airport. Now I find out that the entire TV show was nothing but a hit piece to discredit me. It took me several days to translate the show, and there are over 20 lies, misrepresentations, mis-reading of medical data I shared with them and it is CLEAR that someone in Korea wants the viral nature of this story there in Korea to be shut down. Further, someone from Korea is screen-shotting this PRIVATE group's posts and spreading them around the world. So I am instructing the admin and moderators of this group to delete any and all Korean posts and, unfortunately, remove Koreans from this group. This is NOT DONE DUE TO THE Terrible TV BROADCAST, **but because Koreans in the group ignored the agreement to keep all information confidential and began blasting the closed, private group's information across the web by screen-shot'ing information.** It is unfortunate that the Korean people are the ones that will suffer, but I refuse to expose people in this group from malicious behavior. . I don't have time to do a proper rebuttal. If it were in an English

speaking country, I most definitely would. These people (the Korean TV network) are dispicable human beings.

January 15, 2020 ALL CLEAR AGAIN

I Just returned from Houston and, once again, My PET scan was NED (No Evidence of Disease). I am confident in now going to only every 6 months.

July 22, 2020 Update:

Much to report and I apologize for the delay in updating. On a personal note, in spite of Covid 19 pandemic, I have never been busier in my work life than now. At the age of (almost) 63, I am starting new businesses in Europe and the US utilizing phone, email and Zoom/Facetime. I'm flunking retirement and loving every minute of it.

Project to chronicle success cases and more:

As noted previously, the Oklahoma Medical Research Foundation is in the process of auditing and building a data base of key success cases. But it gets more exciting.

Stanford University:

A leading oncologist/scientist at Stanford reached out to OMRF to join the effort as they believe there is certainly something here. Why? They have seen first hand success with the protocol. They are now engaged looking at both successes and failures in concert with OMRF

Emory University:

Dr. Vikus Sukhatme, formerly Chief Medical Officer and Dean of Harvard Medical School and currently Chief Medical Officer and

Dean of Emory Medical School, along with his wife Vidula, reached out to me due to my success story. Why? Dr. Sukhatme and his wife are firm believers in previously FDA approved drugs being repurposed for cancer. They have identified over 200 existing drugs that are being screened in various cocktails for such purpose. And along the way, they uncovered my story and reached out to join the effort. And now all of the work on this is being coordinated with and between Stanford, Emory and OMRF.

I can't tell you how proud I am, as for the last 3 years, it has been me (a non MD, non PhD) hoping that people with credibility would listen.

We have their ears people and it is exciting to see where this takes us.

As you know, even auditing success cases is, in the eyes of mainstream medicine, only anecdotal evidence. Up until now it has been primarily my word against anyone out there challenging me (and there have been MANY unscrupulous attempts on my integrity).

Now, I can see a pathway to a real clinical trial that will be the non-anecdotal evidence that is necessary to change the most skeptical in the scientific community.

My Meeting yesterday (July 21, 2020) with MD Anderson Oncologist

So my last PET was Monday the 20th, 2020 (because of my extended remission I have gone to 6 months interval from the previous 3 months). And now for the 40th month, I am NED. I am not sure how many people realize what that really means coming from wide metastasis small cell lung cancer, where the life expectance is < 12 months and the long term survivability

is literally 0%. But the response to 2 of my questions yesterday are VERY illuminating, particularly for skeptics about my protocol.

My former oncologist at MD Anderson moved to a different "cancer type" within MD Anderson. My new oncologist started the meeting by telling me "The reason I was assigned to you is simple....I am the lead within MDA on small cell lung cancer...and I have enormous passion for it".

I asked him two questions and I think the answers are important for anyone reading this:

Q1: Now that I am 40 months in remission, how long do I need to go before I'm considered out of the woods?

A1: Nobody can answer that question for a very important reason. In the history of wide metastasis SCLC, there are only a handful of people that have made it as far as you, so opining on how long before you are out of the woods would be impossible. There is no data like yours.

Note on Second Question: As some of you might have noticed, I have had numerous people blatantly call my story BS for one simple reason.....I took the protocol concurrently with and parallel to an immunotherapy (Keytruda) clinical trial, and their reasoning was that there was no way I could ascertain whether it was my protocol or the Keytruda that did the trick. Hard to argue with them other than the fact that I have done a mountain of research and KNOW in my heart that, while Keytruda has been fairly successful with other cancer types (notably Non Small Cell Lung), it has been a well kept secret

that it is not as successful with SCLC.

So Q2: What has been the true success of Keytruda with SCLC?

A2: It helps about 15% of the patients, but by help that doesn't mean NED remission. Those 15% are seeing an extension of life, but not total remission.

So you be the judge, is my unheard of 40 months of remission due to Keytruda only? I don't think so.

BUT.....I believe that future knowledge will say that immunotherapy and the protocol might be a "magic bullet" for many types of cancer.

And now you know why I give daily recommendations as follows:

Due to the low downside risk of the protocol, I recommend taking it concurrently with and parallel to any and all traditional medical protocols. There might just be complimentary co-effect that is still unknown.

Disgustingly, I have actually had multiple oncologists make the following statement to me and/or followers:

"I don't want my patients to take the protocol because if it works we won't know which one caused the success"

Are you kidding me? My answer immediately shuts them up: "If someone achieves success, why do you care which one, or a combination thereof, worked? Do you think your successful patient gives a shit?"

And finally, please tell people to re-read the blog for the very important updates on protocol items and dosages embedded throughout.

Good luck

November 18, 2020

As the Facebook group by the same name now has over 20,000 members and some of the discussion turns to marketing of alternative products, the administrators and moderators are forced to police the site.

This week I warned the group about purchasing Fenbendazole from anyone other than a major pharmaceutical company.

Fenbendazole is a class I controlled drug not approved for human consumption. Yes, we all are guilty of purchasing it as a veterinary product and repurposing it for our own personal use. And I am ok with that as I know the Panacur and Safeguard brands made by Merck follow cGMP practices and certification, meaning they are held to the highest standards of quality control.

The problem I have with these other entrepreneurial companies is they are marketing and branding it as a "supplement", not an FDA non-approved drug. Furthermore, I have repeatedly asked them to provide me with their manufacturer's cGMP certification and they have failed to do so.

If they ever do, I will let everyone know. In the mean time please stick with only the Panacur and Safeguard brands.

June 10, 2021

First, I apologize profusely for the gap in reporting. All is well in the Tippens family and I continue to be NED. The painstaking task of auditing success stories is much slower than I prefer, but I am

proud there is actual traction finally happening in the scientific and clinical communities.

Without boring you with the details, the following paper was recently issued by Stanford University and University of Washington. The significance? All clinicians, scientists AND patients come from the project we started at the Oklahoma Medical Research Foundation to begin auditing success stories. To the thousands (millions actually) that have followed this with interest, I'm here to say that the "cat has left the barn".....and I am extremely proud. Please read

https://www.scitechnol.com/peer-review/fenbendazole-enhancing-antitumor-effect-a-case-series-2Kms.php?article_id=14307&fbclid=IwAR0tYpTZb4fp2_AO8e_WGWM5mcqv-RNfl-5SID9OWDcRiwHyHmQBKsjeSKk

Also: My continued research never ends. I am hopeful to be able to upgrade the protocol very soon with changes that I believe might be "game changers."

SEPTEMBER 3, 2021

FIRST, the promised update to the protocol has been delayed for a very good reason. The Company has taken advice from multiple thought leaders in cancer and have decided to altar their products slightly. I believe these changes will be game changers and should be able to be announced by the first week of October

SECOND, DUE AN OVERWHELMING EMAIL LOAD, IT HAS BECOME IMPOSSIBLE FOR ME TO ANSWER ALL EMAILS, TEXTS AND DIRECT MESSAGES ON SOCIAL MEDIA. I APOLOGIZE BUT I CAN NO LONGER ANSWER EVERY EMAIL OR OTHER COMMUNICATION.

PLEASE JOIN THE MYCANCERSTORYROCKS FACEBOOK GROUP. IN ORDER GAIN ADMITTANCE YOU HAVE TO ANSWER ALL QUESTIONS AND PROVIDE THE PASSWORD FROM THIS BLOG

Password For the Facebook Admittance: Slice