

## Stressful (Psychogenic) Cancer: Controlled Regression of Cancer

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### ABSTRACT

Stressful carcinogenesis is a stable pathological state of the organism which is formed under the influence of chronic psycho-emotional stress and is characterized by a combination of psychological (loss of the life purpose dominant), behavioral (passive coping strategies), psycho-emotional (anxiety-depressive disorders), autonomic (hypersympathicotonia state) and somatic changes in the body such as: chronic persistent inflammation, chronic oxidative stress and damage of DNA cells by reactive oxygen and nitrogen species, suppression and distortion of antitumor immunity, etc.). All mentioned above activate key links of carcinogenesis with the formation of malignant tumors of any histological type. We have proposed the clinical criteria and key pathophysiological links of stressful carcinogenesis. We present a clinical case of controlled stressful cancer regression and hope that our proposed systematic look at stressful carcinogenesis will allow managing the oncological process.

43 years old female with bronchioloalveolar carcinoma (BAC) of the left upper lobe lung with metastasis in the lower lobe left and right upper lobe. X-ray and computerized tomography (CT) showed pathological changes in the lungs. The diagnosis is histologically verified adenocarcinoma. The clinico-pathologic T4NxM1, stage IV, EGFR Exon 19 Deletion mutation detected. Surgical treatment, chemotherapy and radiotherapy were not performed. The patient received the proposed by us pathogenetically oriented therapy under dynamic observation. 6 months after the start of the treatment radiographs of the lungs did not show any tumor foci. After 1 year, the result PET/CT: lack of foci of pathological hyper metabolism in the lungs and other parts of the body.

**CT result:** Structural “frosted glass” type changes and knotted structures (fibrosis) in the upper and lower lobe of the left lung.

**Discussion:** The follow-up medical history of a patient (catamnesis) and her assessment 2 years after receiving of a cancer regression result justifies pathogenetically substantiated and effective therapeutic impacts to achieve controlled regression of non-resectable diffuse bronchioloalveolar carcinoma IV stage. It should be said that the cancer patient is very active and feels well, but still does not know her true diagnosis.

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