

Does Breast Cancer Exhibit the “Erythrocyte Associated Necrosis Factor” Already Hypothesize with Lung Cancer?

Wilson IB Onuigbo*

**Department of Pathology, Medical Foundation and Clinic, Enugu 400001, Nigeria.*

Received April 24, 2018; Accepted June 01, 2018; Published August 10, 2018

ABSTRACT

Premise of the study: A recent review on insights from 50 years of autopsies concerning the metastatic progression of breast cancer did not mention the thoracic duct. This should be corrected.

Methods: As regards lung cancer, this duct has been hypothesized to manifest the “Erythrocyte Associated Necrosis Factor” which was recently deemed to be a Natural necrotizing element. Therefore, its presence in the breast should be sought.

Results: It may well be that the expected breakthrough would indeed be faster in breast cancer than in lung cancer.

Conclusion: The “Erythrocyte Associated Necrosis Factor” has been proposed for research with lung cancer with some success. Accordingly, the breast stands to be used in future researches.

Keywords: Breast, Cancer, Autopsies, Thoracic duct, Lung, Translational research, Erythrocyte associated necrosis factor, Target therapy, Cancer cure

HYPOTHESIS

According to workers at some centers in Australia [1], there is need to better understand the natural history of breast cancer. However, although their detailed examination of 177 autopsies performed on women who died of breast cancer obtained a wealth of data, these did not include the thoracic duct. Duct of this type was used personally to study lung cancer with my Mono-Block Formalin-Fixation Method [2]. The major result was as follows: “Necrosis of the cancer cells was apparent in 3 cases, but it was clear that this had occurred in association with large aggregates of the malignant cells and that among such aggregated cells red blood corpuscles abounded” [3]. When this was published in Medical Hypothesis [4], I named the intrinsic mechanism as the “Erythrocyte Associated Necrosis Factor.” Since then, other hypotheses were published in keeping with the need for supporting the theory on the Factor [5-11].

Simply stated, breast cancer patients, who are historically required to consent [12], should be cannulated [13]. Next, on using the intravital video microscope [14], the expected necrotizing phenomenon will come to light as in the lung cancer patients. Perhaps, it may well be that the expected breakthrough may even be faster in breast cancer. Thereafter, the pharmaceutical industry will come in [15,16]. Then, the long awaited winning of the “War on Cancer” will materialize [17], seeing that the dollar has been flowing satisfactorily from Government sources [18]!

REFERENCES

1. Cummings MC, Simpson PT, Reid LE, Jayanthan J, Skerman J, et al. (2014) Metastatic progression of breast cancer: Insights from 50 years of autopsies. *J Pathol* 232: 23-31.
2. Onuigbo WIB (1963) A mono-block formalin-fixation method for investigating cancer metastasis. *Z Krebs* 65: 209-210.
3. Onuigbo WIB (1967) The carriage of cancer cells by the thoracic duct. *Br J Cancer* 21: 496-500.
4. Onuigbo WIB (2013) Nature’s necrosis factor when associated with erythrocytes may not only explain the surprises in lung cancer metastasis but also suggest target therapy. *Med Hypotheses* 80: 698-700.

Corresponding author: Wilson IB Onuigbo, Department of Pathology, Medical Foundation and Clinic, Enugu 400001, Nigeria, Email: wilson.onuigbo@gmail.com

Citation: Onuigbo WIB. (2018) Does Breast Cancer Exhibit the “Erythrocyte Associated Necrosis Factor” Already Hypothesize with Lung Cancer? *J Genet Cell Biol*, 1(1): 7-8.

Copyright: ©2018 Onuigbo WIB. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

5. Onuigbo WIB (2014) Is there a natural translational system suitable for the target therapy of lung cancer? *Trans Med* 4: 2.
6. Onuigbo WIB (2015) The superior vena cava syndrome: A Review of the history and the present prospects of target therapy. *Pulm Resp Med* 5: 1000244.
7. Onuigbo WIB (2016) The occurrence of a high number of lung cancer metastases is consonant with the proposed theory of “Erythrocyte Associated Necrosis Factor”. *Trans Med* 7: 2.
8. Onuigbo WIB (2016) Nature’s intrinsic “Erythrocyte Associated Necrosis Factor” (EANF) can explain cancer regression. *Res Chron Health Sci* 2: 266-268.
9. Onuigbo WIB (2016) Does the “Erythrocyte Associated Necrosis Factor” explain the scarcity of metastases in the spleen? *Trans Med* 6: 177.
10. Onuigbo WIB (2016) Nature’s intrinsic “Erythrocyte Associated Necrosis Factor. (EANF) explains the anomalous lack of metastases in “bulky” lung cancers. *Arch Cancer Res*.
11. Onuigbo WIB (2017) The relative fewness of renal metastases in lung cancer is probably explicable with the “Erythrocyte Associated Necrosis Factor” which may be an oncobiomarker. *J Oncobiomarkers* 3: 3.
12. Onuigbo WIB (2014) Historical origins of informed consent in cancer surgery. *J Forensic Res* 5: 246-247.
13. Mittleider D, Dykes TA, Cicuto KP, Amberson SM, Leusner CR (2008) Retrograde cannulation of the thoracic duct and embolization of the cisterna chyli in treatment of chylous ascities. *J Vasc Interv Radiol* 19: 285-290.
14. Chambers AF, MacDonald IC, Schmidt EE, Koop S, Morris VL, et al. (1995) Steps in tumor metastasis: New concepts from intravital video microscopy. *Cancer Metastasis Rev* 14: 279-302.
15. Curt GA (1996) Cancer drug development: New targets for cancer treatment. *Oncologist* 1: II-III.
16. Coleman MP (2013) War on cancer and the influence of the medical-industrial complex. *J Cancer Policy* 1: e31-e34.
17. Chabner BA, Roberts TG (2005) Chemotherapy and the war on cancer. *Nature Rev Cancer* 5: 65-72.
18. Woolf SH (2008) The meaning of translational research and why it matters. *J Am Med Assoc* 299: 211-213.