IVERMECTIN and FENBENDAZOLE Testimonial -48 year old Oklahoma woman with Stage 4 Lung Cancer and extensive bone and adrenal metastases has almost complete resolution after 6 weeks!



DR. WILLIAM MAKIS MD MAY 16. 2025 · PAID







New patient consultation	Yahoo/0 - DON 🏠
From: To: makisw79@yahoo.com	Tue, Feb 11 at 5:37 p.m. 🟠
	gnosed with lung adenocarcinoma on 1/22 , with a 3cm mass in my upper esions on my ribs. On 2/8 a surgery was performed to remove C5 because col to beat this cancer.
Sent from my iPhone	
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STORY:

• On Jan.22, 2025, 48 year old Oklahoma woman was diagnosed with Stage 4 Lung Cancer with extensive metastases to bones and adrenal glands.

- In early Feb.2025, she had surgery on her cervical spine because it was unstable from a metastasis.
- On April 1, 2025 we started:
- Ivermectin 1.5mg/kg/day
- Fenbendazole 1500mg/day

RESULTS (after 6 weeks):

Good news!		Yahoo/06 - TES	
From: To: William Makis		Thu, May 15 at 3:47 p.m.	
Dr. Makis,			
I received my diagnosis of ALK+ NSCLC in early Febraury. (48 years old)			
RADIOLOGY REPORT			
In Basket Actions			
PACS Images [Link Unavailable] Show images for PETCT F18 FDG (Fluoroideoxyglucose) without contrast			
Printable Result Report Imaging Result Report			
Study Result Narrative & Impression FULL RESULT			
Examination: 18F-FDG-PET/CT without contrast, 5/15/2025 7:18 AM			
Clinical History: Non-small cell lung cancer			
And a second a manual for the second s			
Indication: Restaging study for subsequent treatment strategy.			

I reached out to you in March and fully enacted your protocol on April 1st. Really incredible news from the doc this morning!! I just got my image results from my PET scan and brain MRI this morning and after only 6 weeks of your protocol with Lorlatinib my metastases are "melting away". The doc was pretty excited. My whole PET scan use to be lit up, but now it's almost nothing!

I'll summarize, but I've attached the report. No mets on spine. No mets on ribs and lumbar spine. No mets on pelvis. No mets on liver and adrenals. Truly I was a mess with metastases in all these places and they're all gone! The main lung tumor went from 3.5cm to 1.5cm. I couldn't be more thankful!

I will continue the course. Thank you for the protocol and all your help!!

Study Result

Narrative & Impression FULL RESULT:

Examination: 18F-FDG-PET/CT without contrast, 5/15/2025 7:18 AM

Clinical History: Non-small cell lung cancer

Indication: Restaging study for subsequent treatment strategy.

Companison: Outside PET/CT 03/03/2025

Chest:

A left upper lobe dominant lesion now measures 1.5 cm (SUV max 3.5), previously 3.1 cm (SUV max 12.3). Additional left upper lobe nodules are also smaller. For example, 8mm left upper lobe nodule was 1.7 cm. 1.1 cm left upper lobe nodule was 2.5 cm. These lesions were not as FDG avid as other foci of tumor involvement. There is a new 1.1 cm nodular opacity in the lateral aspect of left upper lobe (image 131) and 1.5 cm nodular opacity in the left upper lobe (image 113).

Previously present hypermetabolic mediastinal and hilar tymph nodes have decreased in size and are no longer hypermetabolic.

Aberrant origin of right subclavian artery is again noted.

The heart is normal in size. A small pericardial effusion has increased slightly.

IMPRESSION: Decrease in size and FDG uptake of left upper lobe primary tumor. Decrease in size of additional small left upper lobe nodular opacities and development of new left upper lobe nodular opacities which may represent intectious or lobe nodular opacities though metastases cannot be excluded.

Decrease in size and FDG uptake of intrathoracic and supractavicular lymph nodes

atisteral adveral metastases are no longer hypermetabolic. Decrease in FDG uptake of multiple bone metastases

ACTIONABLE ITEMS/RECOMMENDATIONS*: None.

"An Actionable Finding is a finding that may be unrelated to the original reason for imaging but potentially actionable, meaning further investigation may be necessary. The Actionable Findings Vigilance Unit (AFVU) assists medical meaning further investigation in a deliveral rediologic findings that are unexpected and notentially actionable.

Imaging Procedure Detail

PETCT F18 FDG (Fluorodeoxyglucose) without contrast (Order:

PET/CT May 15, 2025:

• LUL Primary lesion 1.5cm and SUVmax 3.5 from 3.1cm and SUVmax 12.3

- 5/15/2025

- LUL 8mm nodule was 1.7cm
- LUL 1.1cm nodule was 2.5cm
- decrease in size of additional lung nodular opacities
- decrease in size and FDG uptake of intrathoracic and supraclavicular lymph nodes
- bilateral adrenal metastases are no longer hypermetabolic
- decrease in FDG uptake in multiple bone metastases

My Take...

48 years old with a diagnosis of Stage 4 lung cancer and extensive metastases.

After only 6 weeks of high dose Ivermectin and Fenbendazole, most of the cancer is gone.

LUL Primary 3.1cm to 1.5cm = 89% volume shrinkage

LUL 2.5cm to 1.1cm = 92% shrinkage

LUL 1.7cm to 0.8cm = 90% shrinkage

Lung Cancer has among the most dramatic responses to the Ivermectin and Fenbendazole combination I have seen in the past year.

