

IVERMECTIN and FENBENDAZOLE Testimonial - 57 year old California woman with Stage 4 Breast Cancer goes from progressing metastases to "CANCER FREE" in 3 months!



DR. WILLIAM MAKIS MD

APR 11, 2025 · PAID



218



54



28

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Appointment

Yahoo/0 - DON... ☆



From: [REDACTED]

To: makisw79@yahoo.com



Fri, Aug 9, 2024 at 8:32 a.m. ☆

Dr. Makis~

My name is [REDACTED]. I was diagnosed with stage IV metastatic breast cancer in April 2023. I started chemo and immunotherapy May 2023, ended chemo August 2023, ended immunotherapy April 2024. I have 3 clear PET scans in a row. July 9 oncology visit labwork CMP and CBC were perfect.

In June 2024 I was prescribed cephalexin for a dental implant to prevent infection. I believe there may have been drug induced liver injury or that the drug causes my cancer to return.

On July 10, I noticed yellowing in my eyes, and the following days turned jaundice with discolored urine. For over a week I called several times to my oncologist office to report symptoms, but they said my liver enzymes were perfect on July 9. Finally I called and said the oncologist needs to examine me. They had me come in for repeat blood work and my liver enzymes and bilirubin were high. They sent me to the ER and said there may be a bile duct blockage.

CT scan confirmed blockage from a stricture and large lymph nodes surrounding the bile duct. I was sent to have an ERCP and EUV. They put 2 stents 2 separate bile ducts and performed biopsy. Pathology results showed breast cancer.

I had a PET scan August 8 which showed malignancy throughout lymph nodes. I have attached the results. I am scheduled to start chemo again Tuesday, August 13.

I have read research on the use of ivermectin to help with cancer. I would like to schedule an appointment with you to discuss this and anything you think might help.

DOB: [REDACTED] Age: 57 years Gender: Female Attending MD: [REDACTED]

PET

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
[REDACTED]	8/8/2024 [REDACTED]	PET CT Body Imaging - FDG	[REDACTED] S	57 years

Reason for Exam

(PET CT Body Imaging - FDG) Compare to most recent scans;Breast cancer, Metastatic carcinoma, Secondary malignancy of retroperitoneal lymph nodes; Other (must specify details)

Report

EXAMINATION: PET CT Body Imaging - FDG

COMPARISON: PET/CT examination 4/18/2024

HISTORY: Metastatic breast cancer.

* Head and neck: Hypermetabolic borderline enlarged and small left-sided supraclavicular and base of neck lymph nodes consistent with metastatic disease.

* Thorax: Hypermetabolic bilateral axillary lymph nodes are present. Left-sided subpectoral hypermetabolic lymph nodes are present. No abnormal radiotracer uptake within the mediastinum and lungs. Tiny focus of hypermetabolic uptake in the right internal mammary chain. Calcified granulomas are seen within the lungs and right hilar lymph nodes. Trace right pleural fluid.

IMPRESSION:

1. Development of multifocal abnormal hypermetabolic activity consistent with metastatic disease progression. New hypermetabolic bilateral axillary and left-sided supraclavicular lymph nodes are present.
2. Post interventional findings within the abdomen. There is multifocal abnormal hypermetabolic uptake within the abdomen involving retroperitoneal and upper abdominal lymph nodes, porta hepatis region, and the central liver consistent with metastatic disease.

PET Scan Results

Yahoo/06 - TES... ☆

From: [REDACTED]

To: William Makis

Print

Link

Thu, Mar 20 at 2:48 p.m.

☆

Attached please find my most recent PET scan results. I sent a copy to you via [REDACTED] Health a few weeks ago. I am not sure if you received it.

I started your Ivermectin and Fenbendazole protocol in December, 2024, along with targeted therapy Enhertu. I now have "no evidence of disease "!

I have scaled back to half the dose daily of each ivermectin and fenbendazole. Is this what I should do now? Or stay on full dosage protocol, and if so, how much longer?

I would like to discuss going off treatment, whether you recommend it, and then what would my protocol be going forward?

Thank you,

←

CEA

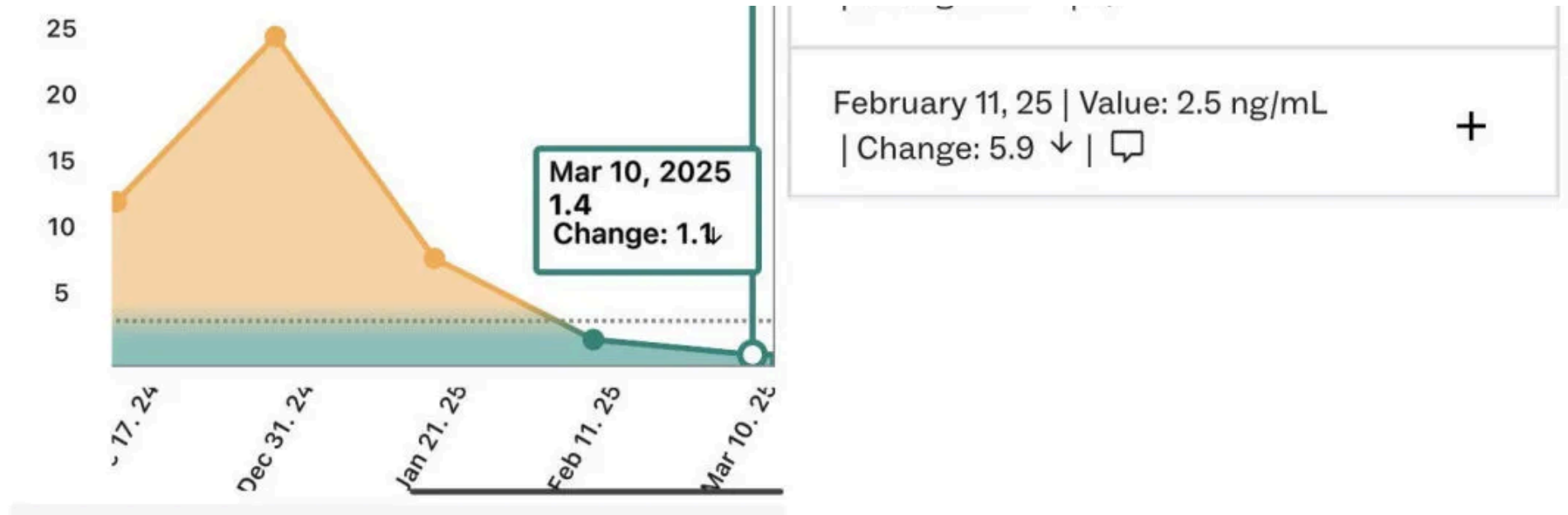
Historical Trendline

Normal Reference Range: 0 - 3 ● Outside Normal ● Norm

30

March 10, 25 | Value: 1.4 ng/mL
| Change: 1.1 ↓ |

+



● Re: Follow-up # [REDACTED]: PET Scan: No Evidence of Disease

Yahoo/06 - TES... ☆



From: [REDACTED]

To: William Makis



Sat, Apr 5 at 8:57 a.m. ☆

I started your protocol of 1 mg/1 kg/day of ivermectin on December 15, 2024, so I was taking 45mg/day.

I started fenbendazole on 12/20/2024, 444 mg/day split into 2 doses, 6 days per week.

I also took 10,000 iu of vitamin D3, and 50 mg of zinc daily.

The first week of March I started taking half the doses of ivermectin and fenbendazole, to save money, and because I read or heard you in an interview say to take for 3 months, and am just waiting to hear on a recommendation from you. So, since March 2025, I have been taking 24 mg of ivermectin daily, and 222 of fenbendazole 6 days per week. My CEA taken March 31 was exactly the same as 3 weeks prior, smack in the middle of normal range.

I am still on Enhertu every 3 weeks. Should I stay on this targeted treatment, or do you think your protocol is enough? My oncologist says I will probably need to stay on Enhertu for the rest of my life as long as I can tolerate it. When he stopped Perjeta/Herceptin injections last May or June, the cancer came back the next month everywhere. Then that treatment didn't work for all of the cancer, so he started Enhertu in December, 2025, which, along with your protocol, is working.

My oncologist is very open to me staying on ivermectin, actually told me to keep taking it, knows it helps chemo work better, and said, "absolutely" when I asked him if he would take it if he had cancer.

Thank you for all you do! You and your family are always in my prayers!

[REDACTED]

DOB: [REDACTED]

Age: 57 years

Gender: Female

Attending MD: [REDACTED]

PET

Accession	Exam Date/Time	Exam	Ordering Physician	Patient Age at Exam
[REDACTED]	2/25/2025 [REDACTED]	PET CT Body Imaging - FDG	[REDACTED] S	57 years

Reason for Exam
(PET CT Body Imaging - FDG) Known Metastatic Breast Cancer, Evaluate TX Response;Breast cancer, Metastases to the liver, Secondary malignancy of retroperitoneal lymph nodes; 2 - Treatmen[See chart for more]

Report
EXAMINATION: PET CT Body Imaging - FDG

COMPARISON: PET CT Body Imaging - FDG 2024-Dec-12

HISTORY: Metastatic breast cancer

- * Head and neck: Normal physiologic activity.
- * Thorax: Interval resolution of previously noted enlarged and hypermetabolic lymph nodes within the right axilla. Postsurgical changes are noted involving the breasts bilaterally. No discrete hypermetabolic pulmonary nodules are identified. No hypermetabolic lymphadenopathy.
- * Abdomen and pelvis: Normal physiologic activity. Interval removal of previously noted biliary stent. No abnormal hypermetabolic lymphadenopathy.

IMPRESSION:

IMPRESSION:

1. Interval resolution of previously noted enlarged and hypermetabolic lymph nodes within the right axilla.
2. No evidence of metabolically active metastatic disease.

My Take...

This is a stunning outcome!

Stage 4 Breast Cancer patient with metastatic lymph nodes in the thorax and abdomen.

In August 2024, PET/CT showed progressive metastases.

Started Ivermectin 45mg/day and Fenbendazole 444mg/day in mid December, 2024.

On Feb.25, 2025, PET/CT showed no evidence of disease.

That's less than 3 months.

When a tumor is very responsive to Ivermectin and Fenbendazole, the results can be jaw dropping.

From the patient:

“My oncologist is very open to me staying on ivermectin, actually told me to keep taking it, knows it helps chemo work better, and said, “absolutely” when I asked him if he would take it if he had cancer.”

“Thank you for all you do! You and your family are always in my prayers!”

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