

IVERMECTIN and FENBENDAZOLE Testimonial - 77 year old woman with Stage 4 Anorectal Neuroendocrine Small Cell Cancer Carcinoma with liver and bone metastases becomes Cancer Free after 5 months!



DR. WILLIAM MAKIS MD

APR 01, 2025 · PAID



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● CONSULTATION

Yahoo/0 - DON... ☆



From: [Redacted]

To: makisw79@yahoo.com



Mon, Oct 14, 2024 at 7:35 p.m. ☆

I just listened to your interview with SGT Report and was very impressed. My daughter in law has been following you and sent me your protocol for alternative cancer treatment. I was diagnosed with cancer last week, code 159.8, and in pain. I had an earlier uterine prolapse and doctors thought it was from a fissure and prolapse

I had an mri which showed cancer and waiting to get booked for biopsy and pet scan. I will get traditional treatment but want to utilize alternative treatment with Ivermectin and Fenbensadole (spelling off).

I would like a consultation with you to advise Now Ivermectin etc. I am in pain and do not want to wait.

I am 77 years old, in excellent health, no meds nor surgeries ever.

Please get back to me by phone or email.

[Redacted] phd
[Redacted]

On Friday, October 25, 2024, 04:36:32 p.m. MDT, [REDACTED] > wrote:

Good afternoon Dr Makis

The Pet scan showed some spots on bone and liver. Because of this metastasis, it seems I can never be cured and having to be watched regularly. Is traditional treatment worth it. Another question do you feel alternative protocol will eliminate cancer? And if so , will I need to continue using protocol.

Just feeling very helpless and somewhat hopeless.

[REDACTED]



● **William Makis**

From: makisw79@yahoo.com

To: [REDACTED]



Sat, Oct 26, 2024 at 1:08 p.m. ☆

Don't lose hope, many people are getting cured of Stage 4 Cancer.

The intent of the Protocol is curative.

William



● [REDACTED]

From: [REDACTED]
To: makisw79@yahoo.com

Cc: [REDACTED]



Thu, Nov 14, 2024 at 1:15 p.m. ☆

Good afternoon Dr. Makis,

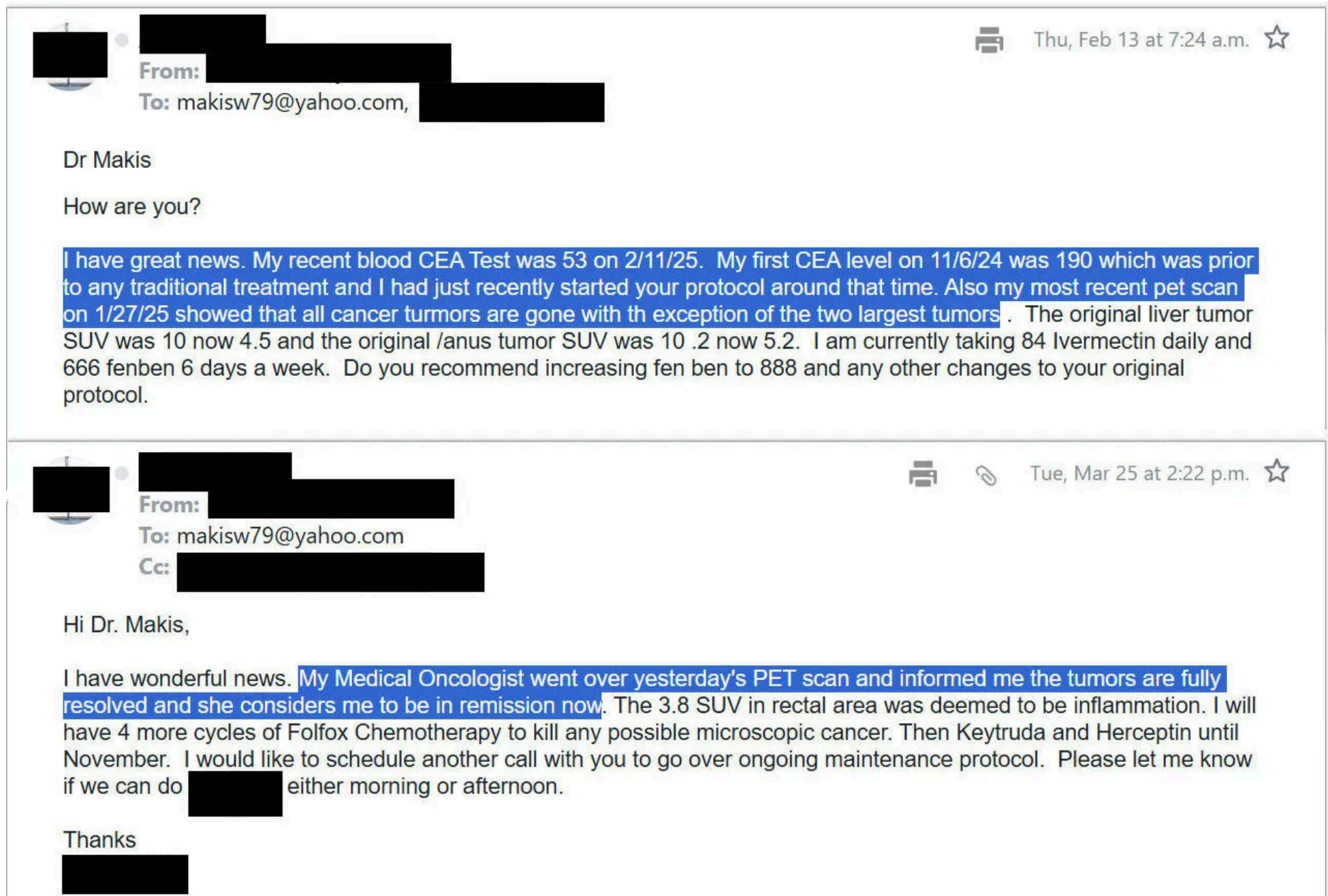
I wanted to follow up with you from the initial consultation my daughter in law and I had with you last month on October

I wanted to follow up with you from the initial consultation my daughter in law and I had with you last month on October 23rd. I have since had a PET scan a few weeks ago and Biopsy in the liver last week. The Diagnosis is Metastatic Poorly Differentiated Neuroendocrine Carcinoma with Small Cell Features. Tumors in anarectal region and liver with some small tumors on several bones.

I have since met with the Radiation Oncologist this week to discuss radiation treatments for tumor shrinkage and palliative relief in the anal area. Furthermore, I had my second meeting today with my medical Oncologist and the plan is to begin chemotherapy sometime next week. Thankfully, she is aware of your protocol and fully supports its usage. For chemotherapy, she offered two options based on my concern regarding hair loss.

Option 1 is comprised of Carboplatin+Etoposide+Atezolizumab for small cell cancer. I was told this option will have full hair loss.

Option B is comprised of Pembrolizumab(pembro) plus mFOLFOX7 or FOLFIRI for metastatic colorectal cancer.



Scan Date - 1/27/2025

EXAM: FDG PET/CT SKULL BASE TO MID THIGH

CLINICAL INFORMATION: Malignant neoplasm of rectum.

COMPARISON: PET/CT 10/22/2024

IMPRESSION:

1. Decreased, mostly resolved uptake of the rectum.
2. Resolved perirectal lymph nodes.
3. Decreased, mostly resolved abnormal uptake of the liver.
4. New patchy groundglass opacity in the posterior right upper lobe with mild uptake, and a stable 5 mm right lower lobe nodule. Continued surveillance is warranted.
5. New diffuse skeletal uptake, likely secondary to treatment.
6. Interval increased size and new diffuse abnormal uptake of the spleen, may be secondary to extra medullary hematopoiesis.

Scan Date - 3/24/2025

Examination: PET Scan Skull Base to the Mid Thighs March 24, 2025.

History: Malignant neoplasm of overlapping sites of rectum, anus and anal canal, C218.

Comparison: January 27, 2025. October 22, 2024.

Abdomen and pelvis: No hypermetabolic hepatic metastases. No hypermetabolic retroperitoneal lymph nodes.

Splenic uptake with SUV max calculation of 3.8. Previously, this measured 5.1.

Mild rectal uptake, image 200, with SUV max calculation of 3.8. Previous SUV max of 5.2.

Skeletal: Hematopoietic marrow changes are again demonstrated, with diffuse FDG uptake noted within the axial and appendicular spine.

IMPRESSION:

1. Further decreased in rectal uptake. No progressive findings within the chest, abdomen, pelvis.
2. Extensive hematopoietic marrow uptake likely representing sequelae of chemotherapy. This finding is similar prior examination.
3. Previously demonstrated ground glass opacities appear decreased. No progressive thoracic findings.

Carcinoembryonic Ag [Mass/volume] in Serum or Pla History

| Date | Result | Reference Range |
|----------|--------------|-----------------|
| 1/14/25 | 64.5 ng/mL H | 0 - 5 ng/mL |
| 12/31/24 | 95.2 ng/mL H | 0 - 5 ng/mL |

11/6/24

190.2 ng/mL

H

0 - 5 ng/mL

My Take...

I believe this is my first Stage 4 Neuroendocrine Cancer Testimonial.

This was an incredible response to combination treatment, as we went from Stage 4 Anorectal cancer with liver and bone metastases to a negative PET scan in approximately 5 months.

Hi mouritsmjoensen@gmail.com

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