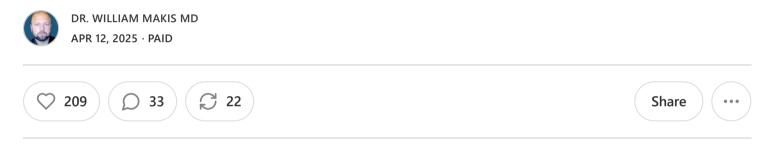
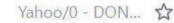
IVERMECTIN, FENBENDAZOLE and MEBENDAZOLE Testimonial - 40s year old woman, International Athlete, was diagnosed with 11cm Cholangiocarcinoma (inoperable). Had a dramatic response after 5 months!





My wife's Cholangiocarcinoma diagnosis





Mon, Oct 14, 2024 at 5:31 p.m. 🗘



Hi Dr Makis,

I hope this email finds you well and that it is the correct wmail for you.

Today my wife had an appointment with the liver consultant who advised us that my wife has Cholangiocarcinoma. He advised that the tumour is 11cm in length and is situated in the middle of the liver, surgeons have advised surgical removal is impossible. They are wanting to do a biopsy for tissue sample urgently and we have another mri/ct scan on 21st Oct for chest, abdomen and pelvis to check for any metastases.

Basically they had palliative care nurse from in the room and while he advised they may offer chemotherapy, that would only be for palliative reasons and not in the hope to shrink the tumor to a size that it could be removed.

We have children at home, with the youngest being years old. I have looked at all the work you have done and I have completely lost any faith in the team here in

I have been trying my best to get everything your protocol advises however it is very difficult in the uk and this is very time sensitive now.

If there is any help or advise you can offer it would be greatly appreciated.

My wife has not been covid vaccinated either.

I hope to hear back from you soon.

Kind regards and God bless,







Payment should be with you forthwith.

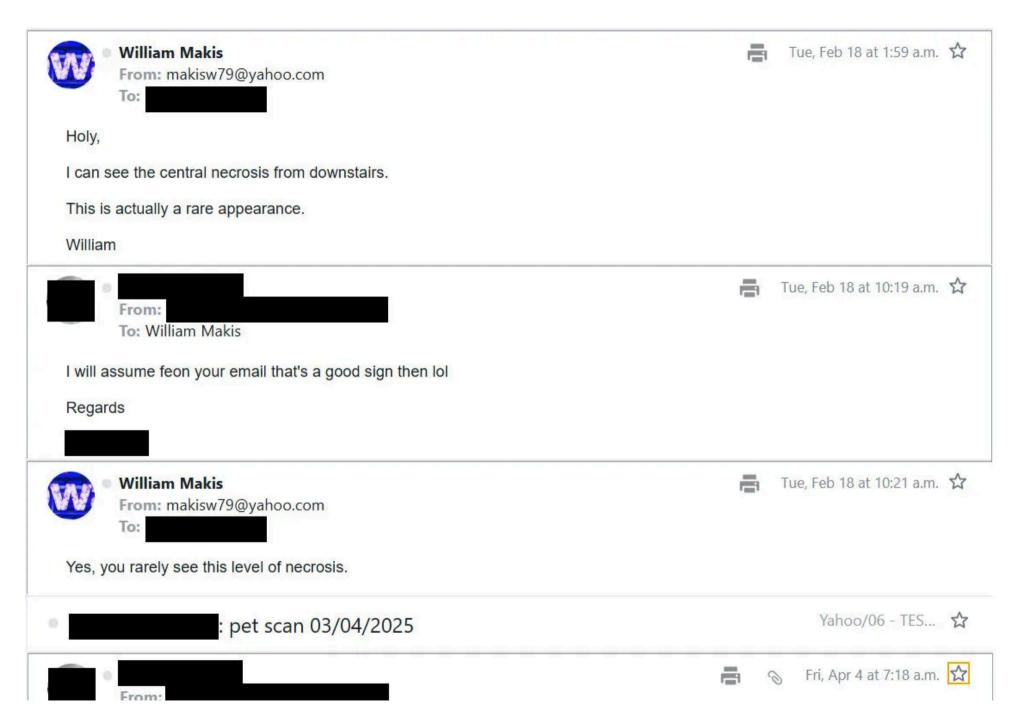
We would be keen to get started as soon as possible. My wife's diagnosis is cholangiocarcinoma - 11cm diameter tumour. The multidisciplinary team here are pushing for biopsy and to start chemo urgently even though they have advised my wife's diagnosis is terminal and chemo is only for palliative reasons. I don't know why they are so keen to complete a biopsy or start chemo when that is not going to change their prognosis to anything more positive.

Regards

STORY:

- 40s year old UK woman, International Athlete (runner) was diagnosed with a 11cm Intrahepatic Cholangiocarcinoma, inoperable.
- Was offered palliative chemo only.
- In late October 2024, started the Makis Ivermectin Protocol:
- Ivermectin 1mg/kg/day increasing to 2mg/kg/day
- Fenbendazole 888mg/day, switching to Mebendazole 1500mg/day
- Oncologist started Gemcitabine, Cisplatin, Durvalumab

RESULTS:



To: William Makis

I have not stopped crying or shaking and I feel like I'm going to be sick. I cannot express how lucky we are to have found you. Thank you Dr makis, you are a credit to mankind. I've attached the pet scan report so you can see the positive progress yourself

From both myself and my wife, God bless you and your family and keep fighting the fight

You have given my year old her mother.

All our love

Date of examination: 03-Apr-2025

REPORT

NM Whole body FDG PET CT: (reported 03-Apr-2025)

Clinical Indication:

Cholangiocarcinoma, 11 cm tumour diagnosed in October 2024no tumour growth between October and January 2025but central extensive necrosis on PET-CT January 2025

Current treatment immunotherapy and chemotherapy

? Any hepatic or other metastatic disease ahead of Fridays immunotherapy

Findings:

The large central cholangio carcinoma is significantly smaller than on the previous study

It remains centrally necrotic with current peripheral metabolic activity SUVmax 7.6

V thickness of the metabolically active rim of the tumour has reduced from 2.7-1.7 cms

Although the tube is still measures 10 cm transversely this include now a much smaller less avid element within the left lobe and essentially the tumour measures 8 cms

The apparent node anterior to the intrahepatic cava as reported on the recent CT measures 2.7 cm with activity to activity SUVmax 11 although it is difficult to confidently differentiate this nodule from the primary cholangiocarcinoma

It is significantly smaller than on the previous PET-CT from January 2025

The kidneys adrenals and spleen are normal there are no metabolically active para-aortic or pelvic nodes FDG activity in the left para-aortic region infrarenal appears on careful screw need to be ureteric activity rather than nodal

There are no abnormal bone lesion

Interpretation

There has been a significant response to therapy with global reduction in size of the primary cholangiocarcinoma

The apparent node adjacent to the intrahepatic cava which is difficult to differentiate from the primary tumour is also smaller and less avid

My Take...

Mainstream Oncology has NO ANSWERS for Cholangiocarcinoma.

For most people, I don't have to explain how amazing this result is.

I believe this is where my work is cracking the foundations of mainstream Oncology.

Cholangiocarcinoma. Pancreatic Cancer. Ovarian Cancer. "incurable".

The results of Ivermectin, Fenbendazole and Mebendazole with these "incurable cancers" are so dramatic, they leave Oncologists with 30 years experience shaken up and speechless.

This is where the breakthrough will happen.

At some point, there will be an Oncologist at a big Cancer Centre who will want to make a name for himself or herself. They will embrace Ivermectin/Fenben/Meben for use in one of these "incurable cancers" and will treat their adoption of repurposed drugs as something they "just discovered".

Big pharma is going to put up a big fight but I don't think they can stop this.