

THE ATAVISTIC CHEMOTHERAPY TRIAL

REJOICE MORTALS, CANCER HAS BEEN DEFEATED!



*I saw your suffering, but I was powerless.
So, I made you a promise and I kept it.*

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NCT02366884; U.S. National Institutes of Health

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A BRIEF HISTORY OF ATAVISTIC ONCOLOGY AND THERAPY

In January of 1982, I was a 22-year-old young medical student in Monterrey, Mexico; my mother was diagnosed with gallbladder cancer. Despite all surgeries, chemotherapy, and experimental treatments, she died nine months after her diagnosis on September 20, 1982. She was 50 at the time and had left behind 11 young children deeply hurt by her early departure.



The last few months before her death were challenging and painful to witness. I made her a silent promise; I would dedicate my life as a physician to find a cure for this cruel disease.

Upon my return to medical school, and with my university's president's help, I created my first cancer research laboratory. I was 23 and highly motivated to make a positive medical impact in the world.



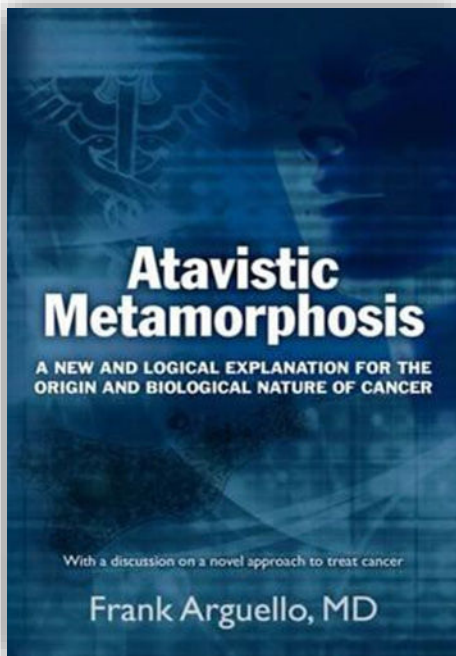
After graduating from medical school, I decided to come to the USA in 1986 to continue my cancer research and treatment work. First at the University of Connecticut Medical Center in Farmington, CT; soon after at the University of Rochester, School of Medicine & Dentistry in Rochester, NY; and later at the National Cancer Institute, National Institutes of Health, Frederick, MD.

But by 2010, I had inadvertently reached the same age my mother had died of cancer; 50. I was yet to fulfil my promise of finding a cure for cancer; nothing had changed despite my dedication to the cause. I realized I was trapped in the same obsolete and erroneous ideas about cancer and its treatment.

I reasoned, if cancer is going to become curable one day, it is not going to be with the same ideas and type of drugs we have been using unsuccessfully for the last 70 years. I recognized that I needed to get out of the box, so to speak. It was essential to ignore dominant but misleading ideas and doctrines about cancer's origin and nature.



That same year, 2010, I decided to abandon my previous research and extensive work on cancer, start anew, and find a better and more logical explanation of cancer's origin and true biological nature. Essential questions included: What is cancer? Why do humans, animals and plants develop cancers? I took a step back in history and delved into the original publications of the pioneers of pathology and cancer research in the 19th century. The works of Rudolph Virchow (1821-1902), Herbert Lumley Snow (1847-1930), and Sir Henry Trentham Butlin (1847-1912) gave me the answers I sought. I updated their ideas with modern knowledge in cell biology and cell evolution. I put them together in a book I titled: '[Atavistic Metamorphosis: A New and Logical Explanation on the Origin and Nature of Cancer](#)' published in 2011. The same year, we initiated a clinical trial, i.e. 'The Atavistic Chemotherapy Clinical Trial'. In 2015, the clinical trial was registered at NCT02366884; www.clinicaltrials.gov.



A new book titled "The Science and the Clinical Practice of Atavistic Oncology" is planned for publication this year, 2021.

In this 10th Anniversary of the publication of my first book, the Atavistic Chemotherapy Clinical Trial initiation, and the culmination of a promise kept by developing a cure for some, if not all cancer, I want to honor those who made this work possible. This work is dedicated to my mother's memory, whose suffering and death put me on the path to search for effective cancer treatment.

I want to offer, of course, my heartfelt gratitude to all the patients, alive or in Heaven, as well as to their families, for participating in this clinical trial. You have

helped in the development of a new and revolutionary approach to treat cancer effectively and humanely. A treatment that will change the way we understand and treat cancer globally. Millions of men, women and children will be saved as a result of your sacrifices.

To All Of You, Thank You!



Dr Frank Arguello

**LIST OF PATIENTS WHO HAVE
ACHIEVED LONG-TERM SURVIVAL
AND REMAIN IN COMPLETE
CLINICAL REMISSION LIST OF
PATIENTS WHO HAVE ACHIEVED
LONG-TERM SURVIVAL AND
REMAIN IN COMPLETE CLINICAL
REMISSION TO THIS DAY,
FOLLOWING THE USE OF ATAVISTIC
CHEMOTHERAPY FOR A VARIETY
OF OTHERWISE LETHAL CANCERS.
LIST ALSO INCLUDES TWO BRAIN
MENINGIOMAS AND MOST RECENT
ENROLLMENTS**



ALICE L. BRIERLEY



2013

DX: Stage IV Malignant Melanoma (metastases to lymph nodes and lungs).

She was diagnosed and underwent surgery at the Princess Margaret Hospital, University of Toronto. Toronto, Ontario. Canada.

She commenced on a twelve (12) month Atavistic Chemotherapy regimen in August 2013.

12 Vogue Crescent

Brampton, Ontario L6Z 4M8 Canada

Tel: (905) 846-9977 (Husband: John Brierley) alice59@me.com

BARBARA ANN HALL



2014

DX: Stage IV Malignant Melanoma (metastases to lungs and brain).

She was diagnosed and underwent partial brain surgery at the Vancouver General Hospital, Vancouver, British Columbia, Canada (2014)

She underwent a Thoracoscopy procedure to remove a solitary pulmonary nodule followed by a secondary metastatic spread soon after (2015) at the University Hospitals of Northern British Columbia, Canada

She commenced on an eight (8) month atavistic chemotherapy regimen in March 2014 for brain metastases.

She repeated another eight (8) months atavistic chemotherapy regimen in January 2016 due to secondary metastases in the brain and lung following the removal via thoracoscopy of a solitary nodule in the lung that turned out to be a dormant melanoma cancer.

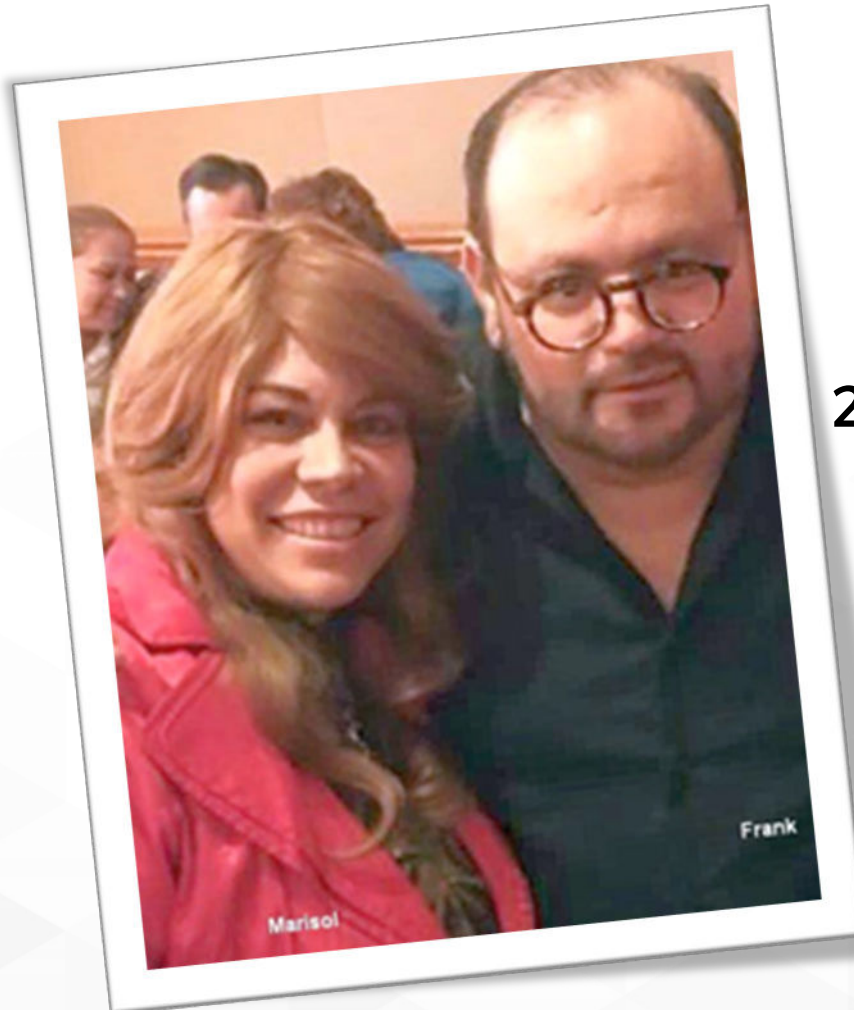
7664 Fir Road

Telkwa, British Columbia V0J2X1 Canada Tel: (250) 846-9202 (Husband: Kelly Hall)

barbhall88@gmail.com



MARISOL RAMIREZ SUAREZ



2017

DX: Endometroid Carcinoma of the Ovary (Stage 1C2).

She underwent resection surgery at a private hospital. Pathology, by Dr Jose de J. Curiel Valdez. Ciud. De Mexico. Mexico

She commenced on a three (3) month atavistic chemotherapy regimen in September 2017.

Cancún, Quintana Roo. México 011-52-(553) 055-3480

marisolmarazul@hotmail.com

LOURDES CORTEZ ARGUELLO (NIECE)



2018

DX: Stage III, Adrenal Cortical Carcinoma, Oncocytic Type.

She underwent resection surgery at IMSS in Ciud. Juárez Chih. Mexico. Pathology at the University of Michigan, Dept. Pathology. Ann Arbor, Michigan. USA

She commenced on a (4) month atavistic chemotherapy regimen in January 2018.

Ciudad Juárez, Chihuahua. México

Tel: 011-52-(656) 338-2516 (Spanish Speaker) bluelulu10@yahoo.com

BENJAMIN WALTER



2019

DX: Anaplastic Astrocytoma (Grade III).

He was diagnosed and had partial surgery at Foothills Medical Center, University of Calgary. Calgary, Alberta. Canada.

He commenced on an eight (8) month atavistic chemotherapy regimen in March 2019.

West Bench Hutterite Colony Box 70

Eastend, SK S0N 0T0. Canada

(306) 295-7745 (Brother: Josh) j_s_walter@hotmail.com



MATTHEW KLEINSASSER



2019

DX: Recurrent Grade II Astrocytoma.

He was diagnosed and underwent resection surgery at Foothills Medical Center, University of Calgary. Calgary, Alberta. Canada.

He commenced on an (8) month atavistic chemotherapy regimen in March 2019.

Fire-Sand Lake Hutterite Colony

P.O. Box 278

Valmaire, SK S0N 2T0. Canada

Tel: (306) 298-2068. Ext. 403 (Wife: Hilda)

Fax: (306) 298-2032

joek@bigbendfarming.com (father-in-law: Joe)

JUDITH WALDNER



2019

DX: Glioblastoma Multiforme, IDH Mutant, with gemistocytic and giant cell features (Grade IV).

She was diagnosed and underwent partial surgery at the Foothills Medical Center, University of Calgary, Calgary, Alberta, Canada.

She commenced on an Eight (8) month atavistic chemotherapy regimen in June 2019.

Baker Hutterite Colony

Foremost, Alberta T0K 0X0, Canada

Tel: (587) 787-2440. Ext. 205 (Husband: Kenneth) hogs@bakercolony.com

BARBARA HOFER



2019

DX: Recurrent Cancer of the Genitourinary Organs.

She was diagnosed and underwent two surgeries at the Billings Clinic, Billings, Montana. USA

She commenced on a Four (4) month atavistic chemotherapy regimen in September 2019.

Hidden Lake Hutterite Colony

100 Welsh Road

Cut Bank, MT 59427. USA

Tel: (406) 336-3695 (Husband: Jake) swine.hl@colonymt.com



SOLOMON HOFER



2019

DX: Diffuse B-Cell, EBV-Associated Lymphoma of the Brain.

He received a diagnosis by needle biopsy at the Saskatoon Cancer Center, Saskatoon, Saskatchewan, Canada

He commenced on a three (3) month atavistic chemotherapy regimen in December 2019.

Hodgeville Hutterite Colony

P.O. Box 368

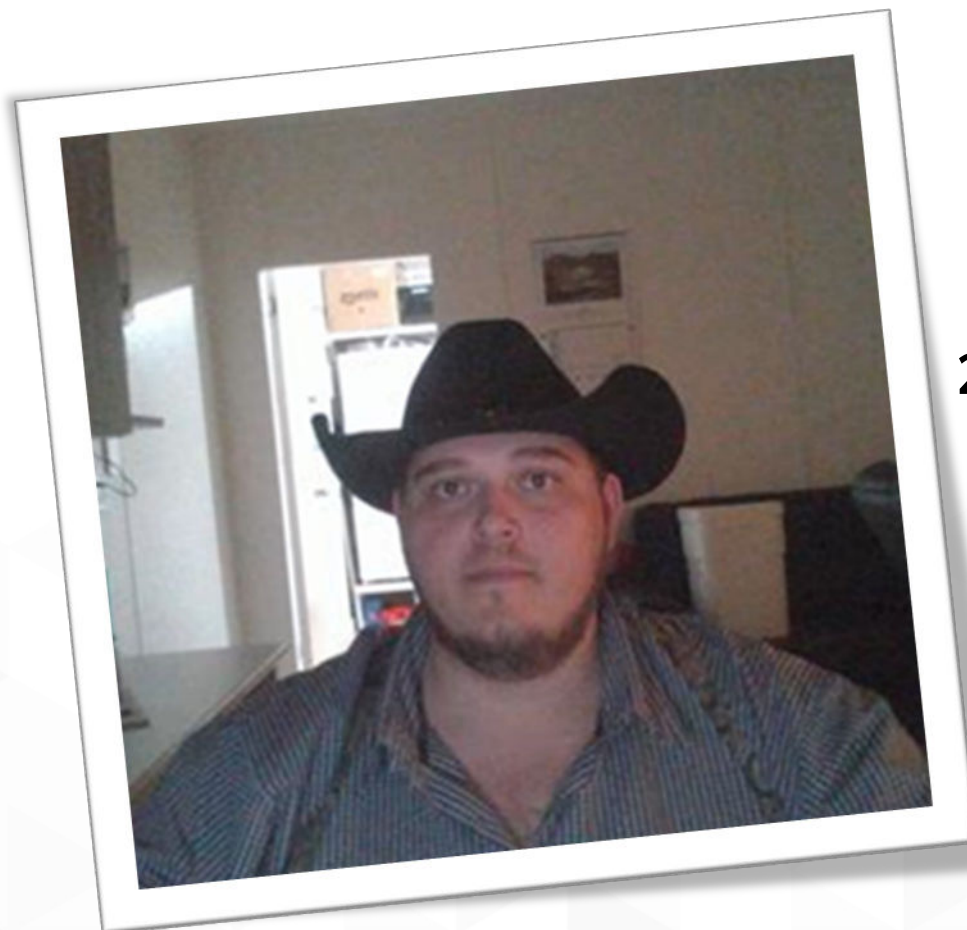
Hodgeville, SK S0H 2B0, Canada Tel: (306) 750-2412 (Wife: Miriam)

solomon1065@hotmail.com

solmim40@gmail.com



PETER GROSS



2020

DX: Recurrent Falx Meningioma (Grade I).

He was diagnosed and underwent resection surgery at Foothills Medical Center, University of Calgary. Calgary, Alberta. Canada.

He commenced on a six (6) month atavistic chemotherapy regimen in May 2020.

New Dale Hutterite Colony RR# 1

Milo, Alberta T0L 1L0. Canada

Tel: (403) 599-2116, Ext. 121 (Wife: Brenda) pete92gross@gmail.com

RANDY WILLIAM MAENDEL



2020

DX: Anaplastic Oligodendroglioma, IDH R13H- mutant and 1p/19q-codeleted (Grade III).

He was diagnosed and underwent resection surgery at the University of Manitoba, Max Rady College of Medicine. Winnipeg, Manitoba. Canada.

He commenced on an eight (8) month atavistic chemotherapy regimen in March 2020.

Pine Creek Hutterite Colony Austin, MB R0H 0C0, Canada Tel: (204) 856-9662 (Wife: Leah)

randypinecreek@gmail.com

JOE WALDNER



2020

DX: Anaplastic Oligodendroglioma (Grade III) With metastases intracerebral.

He was diagnosed and underwent two resection surgeries at the Mayo Clinic. Rochester, MN. USA

He commenced on a six (6) month atavistic chemotherapy regimen in September 2020, finishing in April 2021. Documented response in two previous MRIs of the head at the Mayo Clinic.

Silver Lake Hutterite Colony 17354 430TH Ave

Clark, South Dakota 57225 USA Tel: (605) 233-1443 (Wife: Marian) joejrwl971@gmail.com

JOLEEN P. WOLLMAN



2020

DX: Endocervical Adenocarcinoma.

She was diagnosed and underwent surgery at Sanford Medical Center, University of South Dakota. Sioux Falls, South Dakota. USA

She commenced on a four (4) month atavistic chemotherapy regimen in October 2020.

Grassland Hutterite Colony 11865 – 370th Avenue

Westport, South Dakota 57481 USA

Tel: (605) 597-7472 (Husband: Cameron)

graniteshop2018@gmail.com



ROSA D. DECKER



2020

DX: Tuberculum Sellae Meningioma (Grade I).

She received a Radiological diagnosis at Rockyview General Hospital, Neuroophthalmology Clinic. The University of Calgary. Calgary, Alberta. Canada.

She commenced on a two (2) month atavistic chemotherapy regimen in October 2020.

River Bend Hutterite Colony

Box 37 Mossleigh, Alberta T0L 1P0. Canada

Tel: (403) 534-4144 Ext. 128 (Daughter: Lora) mgr@riverbgravel.ca

GILDARDO GUTIÉRREZ ZAMORA



2020

DX: Colorectal Adenocarcinoma (Stage IIIB).

He underwent resection surgery in a private hospital, Pathology, by Dr Claudia C. Rosales Rodriguez. Celaya, Gto. Mexico

He commenced on a three (3) month atavistic chemotherapy regimen in November 2020.

Celaya, Guanajuato. México

Tel: 011-52-(461) 123-2813

gilgutza5@gmail.com

KARLA KLEINSASSER



2021

DX: Stage IV - Low-Grade Endometrial Stroma Sarcoma (metastases to pelvic area and lungs).

She was Diagnosed and underwent two surgeries at the Mayo Clinic. Rochester, Minnesota. USA

She commenced on a (6) month atavistic chemotherapy in January 2021, finishing in July 2021. Confirmed response with C.T. of thorax and abdomen, Mayo Clinic after two months of treatment on March 5, 2021.

Evergreen Hutterite Colony 35691 156th Street

Faulkton, South Dakota 57438 USA Tel: (605) 380-8760 (Husband: Josh)
joshkleinevr@gmail.com

HELEN M. WALTER

[CLICK HERE TO WATCH
ONE PAIR OF HANDS](#)

2021

DX: High-Grade Glioma.

She got her radiological diagnosis at Foothills Medical Center, University of Calgary, Canada. The patient refused a needle biopsy.

She commenced on a six to eight (6 - 8) month atavistic chemotherapy on February 18, 2021.

Livingstone Colony Box 129

Lundbreck, AB T0K-1H0. Canada Tel: (403) 627-9743 (Father: Martin)

Fax: 403 3628 2203

SOME OF THE PIONEER PATIENTS OF ATAVISTIC CHEMOTHERAPY

Below Are The Portrait Images Of Some Of The Pioneer Patients Of Atavistic Chemotherapy. I, And All Surviving Patients, Are In Debt Of Gratitude For Your Sacrifices, And Those Of Their Family Members. You Made This Treatment Possible. You Will Never Be Forgotten For As Long As This Treatment Continue Being Used And Saving Lives.

There Were Two Fundamental Steps Or Learning Phases That Were Essential To Reach This Point, In Which We Can Eradicate Most Cancers With Or Without Surgery. Debulking Surgeries Are Always Welcome If It Is An Emergency, Not Incapacitating Or Desfiguring To The Patient.

- 1) The first phase was to determine which FDA-approved drugs met the therapeutic principles of atavistic chemotherapy described in our book. Which are their effective doses when employed in cancer? What are the most effective synergistic combinations? What is the best timing for use? And is there any formulations to achieve the maximum bioactivity of the drugs being employed?
- 2) Perhaps the most critical and painful learning phase in cancer treatment with atavistic chemotherapy was discovering that patients treated in the past with traditional chemotherapy (particularly with drugs with the ability to damage the DNA) or radiation, have generated as a result of that, extraordinarily aggressive and resistant cancers. Unfortunately, it took years for us to recognize this problem. Some recent publications started to warn us about that:

[Chemotherapy may spread cancer and trigger more aggressive tumors, warn scientists](#)

[Shock study: Chemotherapy can backfire, make cancer worse by triggering tumor growth](#)

[Study Uncovers Previously Unrecognized Effect of Chemotherapy](#)



Most of the patients enrolled in the first five years of initiating the atavistic chemotherapy trial were cancer patients in terminal states and whom had been heavily treated in the past. Not having a group of non-previously- treated patients to compare with, we thought that the transient response or failure to respond to atavistic chemotherapy in the previously-treated patients was due to failure of the atavistic treatment.

When in reality, the resistance to atavistic chemotherapy of cancers previously treated with traditional chemotherapy or radiation was due to the fact that those cancers had already generated strong mechanisms of resistance to any kind of drugs (multidrug resistance). Once we started to see complete and stable regressions of cancers in patients never treated before with traditional anticancer methods, we recognize the problem. Since late 2018, we stopped enrolling patients who had been previously treated with traditional chemotherapy or radiation. Since then, all patients treated have responded beautifully. One patient with localized recurrence was re-treated with three additional months of atavistic chemotherapy.

Almost invariably, previously-treated patients undergoing atavistic therapy failures (limited responses or progression of their disease) were allowed to explore other therapeutic options elsewhere. We continue our efforts to find methods to overcome the drug resistance generated by traditional chemotherapy or radiation.

And So Together They Built A Life They Loved



