“Blueprint to Beat Cancer” (Robb Owen) [#103]

Brad Power
June 26, 2024

“It was not what I expected. I just wanted to survive it. I never expected to be able to walk out of it, knowing exactly how I was able to beat this cancer.” – Robb Owen

“Once I started filling all this stuff out, it jumped off the page. It’s a synergistic mix of everything together. The two prescriptions they gave me had key components in this. It wasn't just all-natural. It really was an integrative mix between natural and conventional. I firmly believe that if you follow this path, the treatment can be reduced to three weeks versus a seven-week treatment plan.” – Robb Owen

“Half of my patents are up here behind me. I had to go through that same thing coming up with something novel. This is why it didn't stress me out in what I did. I've had battles before with all kinds of doctors before with my own health where I've often been correct. So, I've had enough training in my background to put my mind at ease to make decisions that are not considered typical.” – Robb Owen

Meeting Summary

"Engaged patients get better outcomes" is one of our core beliefs at the Cancer Patient Lab. But what does a very engaged patient look like? We encourage advanced cancer patients and caregivers to get very involved in educating themselves about their disease so that they can be copilots with their medical team in making complex testing and treatment decisions. Some patients and caregivers take it a step farther by leading their care decisions, sometimes disagreeing with the advice of their medical team, and carving their own path. If they are successful in controlling their disease, they are seen as "citizen scientist" role models by many.

Consider the story of Robb Owen. He's a mechanical engineer by education and profession. He is an artist, writer, and cancer patient “citizen scientist” activist by passion. He had never dabbled in the medical sciences until he got a diagnosis of stage 4a (metastatic) head and neck squamous cell carcinoma last October. He had heard of squamous cell carcinoma but knew very little about the disease. Two of his cousins had experienced head and neck cancers with one having a near identical incidence like his. He used his cousins as reference points in advance of his treatment, then dove in and learned everything he could about squamous cell carcinoma in a few months from extensive reading of the medical literature available. He realized during his treatment that he was progressing remarkably better than his reference points. He began to ask direct questions of his oncologist. The multiple oncologists and medical team’s typical responses were, “Sometimes we see this, and sometimes we don’t, and we don’t know why.” He didn’t like these answers, so he decided to solve this mystery on his own. He began studying the details of the blood markers the doctors used to track his progress, then studied his head and neck squamous cell carcinoma biochemistry.

He had implemented a strict regimen plan including vitamins, minerals, hyper-hydration, drugs, stress mitigation, and exercise based upon a typical regimen he had utilized for several years. Once he added the modified chemoradiotherapy program into his regimen, the tumor resolved in two weeks, and he ended chemoradiotherapy after three weeks, showing no evidence of disease (vs. the seven-week standard protocol).

During his chemoradiotherapy treatment, he began cross-referencing how each component from his personal treatment plan interacted with components of the immune system and head and neck squamous cell carcinoma. He realized that the synergistic benefits of this plan were the reason for his remarkable recovery.

Blueprint to Beat Cancer

For patients with no co-morbidities

Head and neck Squamous Cell Carcinoma	Stress Mitigation	Modified Mediterranean Super Food Diet	Selenium	Zinc	Magnesium	Exercise	Hyper-hydration	Vitamin C	Nicotine	Vitamin B12	Alprazolam	Dopamine	Prochlorperazine	Cool-air	Cisplatin	EBRT
EGFR Inhibitor	X	X	X	X				X							X	
TKI	X	X	X	X	X											
TGFβ1 Inhibitor	X	X	X	X				X								
VEGF Inhibitor	X											X	X			
FGFR Inhibitor	X	X	X							X						
JAK/STAT Inhibitor	X	X	X	X							X					
P13K/AKT Inhibitor	X	X	X	X	X						X					
NF-κB Inhibitor	X	X	X	X				X		X						
MAPK inhibitor	X	X	X	X							X					
cAMP Inhibitor	X	X		X					X							
Wnt Inhibitor	X	X	X	X	X				X							
PTEN	X	X	X	X	X	X	X	X	X							
Collagen I & III ↑	X	X		X	X	X	X	X	X	X						
Colagen V ↓	X	X						X								
ECM stabilizer	X	X	X	X	X	X	X	X		X						
Angiogenesis Inhibitor	X	X	X					X								
CD8+ ↑	X	X	X	X	X	X	X		X	X						
NK cell ↑	X	X	X	X	X	X	X	X		X		X				
Lymphocytes ↑	X	X	X	X	X	X	X	X	X	X						
Eosinophils ↑	X	X	X				X		X							
Fibroblasts ↑	X	X	X	X	X	X	X		X							
Fibroblast proliferation	X	X	X	X		X	X	X	X	X				X		
Interleukin 6↓	X	X	X		X					X	X					
Interleukin 2↑	X	X	X	X	X	X					X					
DR2 modulator	X	X	X	X	X				X			X	X			
Anti-nausea	X	X			X	X	X		X		X		X			
D1R	X	X	X			X			X			X				
PKA Activation	X	X			X											
Collagen ↑	X	X	X	X	X	X	X	X	X							
ECM Protein Expression	X	X	X		X				X					X		
Cell Volume Increase	X	X					X									
Flush toxins	X	X				X	X									
Increase Energy	X	X	X	X	X	X	X	X		X		X				
Damage DNA															X	X
DNA Repair	X	X	X	X	X	X		X		X						
Stress Mitigation	X	X		X	X	X	X	X	X	X	X	X	X	X		
Kidney support		X			X	X	X									
Glucose ↓	X	X		X	X		X	X		X						
TOTAL	35	35	26	23	21	17	16	15	15	12	7	6	4	3	2	1

For those with primary lung cancer mestastatic to head and neck, eliminate nicotine from inputs

Calcium intake was reduce to 40% RDA

He had battles with his oncologist over his proposed treatment regimen. His radiation oncologist had read a preliminary case study Robb had written about his plan and couldn’t dispute any of the findings, but did tell him, “You haven’t proven anything yet.” He then told him, ”You are risking your life by ending treatment now.” Robb responded, “I am risking my life more by remaining in the treatment because you are now treating a cancer-free healthy patient,” and stood his ground, ending the prescribed protocol. His primary care doctor told him, "You are putting out radical ideas," but did remark that, “This treatment plan may be a cure for this disease or at worst, a better way to treat it.”

A follow-up visit after the post treatment PET scan with his osteopathic doctor, Robb asked, “How often have you seen people respond to treatment like I had?” His doctor responded that he saw it often, but stated, “The only difference between those patients and you is that you stopped treatment so early. All patients previously either stopped portions of the treatment due

to its debilitating effects on their body or they were terminal and wanted to live out the rest of their lives as normally as possible. I’ve never seen a patient stop their treatment on their own accord with the success that you’ve had.” His team is the group that submitted Robb’s case study to Mayo Clinic for review.

During his chemoradiotherapy, he didn't experience the typical side effects of standard chemoradiotherapy -- he did not throw up or lose any functional ability, and he was able to eat normally without taste issues with a modified Mediterranean diet and minimal side effects from the radiation (EBRT). Robb wrote a 109-page technical case study about his experience that he has shared with Mayo Clinic, Ascension St. Vincent's Oncology and ENT tumor clinic, and oncologists and doctors around the globe. He has written a book about his problem-solving method that is currently in an editing phase. He is writing a patent for an oral and IV version of the treatment solution to be used prior to and concurrently with standard chemoradiotherapy protocols.

What does Robb believe caused his exceptional response?

- A combination of traditional medicine (chemotherapy, radiation, and steroids) with complementary therapies (nutrition, exercise, hydration, stress reduction, and supplements)
- An unusual ability to heal faster than typical patients from a strong immune system, specifically a more robust fibroblast system (fibroblasts are cells in the tumor microenvironment that secrete factors which influence cancer progression), due to a combination of genetics and his lifestyle and supplements
- The ability to handle anxiety and uncertainty in his chosen treatment based on previous experiences in fighting resistance to innovation
- A model derived from research literature of how each treatment component ((the standard therapies like radiation and chemotherapy, plus various supplements and superfoods, such as zinc) reacted with squamous cell carcinoma and with the immune system, then self-experimented with his cancer treatment; he used lymphocytes and the neutrophil to lymphocyte ratio to measure the strength of his immune system
- His intuition and listening to his body's cravings for specific foods during his treatment, which he believes helped his immune system fight his cancer

What can we learn from Robb’s story?

- **Advocate for yourself**: Patients and caregivers should be willing to challenge their doctors.
- **Consider holistic approaches**: incorporate nutrition, exercise, stress reduction, and supplements along with the standard treatments (e.g., chemotherapy and radiation)
- **Find a peer community**: Connect with others who have gone through similar experiences to get a sense of community and support.
- **Run experiments**: try things and measure it against an intermediate endpoint, e.g., the strength of your immune system
- **Strive to find your minimum viable dose vs. the maximum tolerated dose**: if you have a measure of your disease status (e.g., through a blood test), tune your treatment

to get the effect you want, and maybe you will need less treatment than the standard dose (usually the maximum tolerated dose), thereby avoiding toxic side effects

What can you do to learn more about integrative practices?

- Study Robb’s spreadsheet with his treatments and their methods of action
- See our conversations with others who have talked about integrative oncology: Mark Taylor, Bapcha Murthy, Nasha Winters, and Donald Abrams.
- Read the Society for Integrative Oncology guidelines here

What can you do to learn more about being a citizen scientist with your care?

- Read the research on citizen scientists by Eric von Hippel of MIT, such as “When Patients Become Innovators”
- See our conversations with others who have talked about their experience as empowered citizen scientists: “A Cancer Hacker Solves His Own Needs and Helps Others Access the Best, New, Personalized Tests and Treatments” (Mark Taylor), “How I Am Running Experiments on Myself to Control My Prostate Cancer – Using Bipolar Androgen Therapy” (Russ Hollyer), and "A Patient Uses Novel Testing Services to Guide His Treatment" (Brad Power).

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Meeting Notes

KEYWORDS

fibroblasts, treatment, cancer, research, lymphocytes, chemo, tumor, weeks, point, started, robb, question, oncologist, radiation, dopamine, supplements, work, patient, zinc, doctors

SPEAKERS

Robb Owen (73%), Bill Paseman (6%), Ari Akerstein (6%), Cindy Ness (5%), Brad Power (4%), Philip Tan (3%), Roger Royse (2%), Ellen Miller (1%)

SUMMARY

Robb Owen shared his personal experience with cancer treatment, emphasizing the importance of patient-led care and holistic approaches. He discussed natural treatment approaches, including lifestyle elements and supplements. The conversation highlighted the need for a comprehensive and personalized approach to cancer treatment, prioritizing the patient's voice and well-being. Connecting with others who have gone through similar experiences is valuable, as it can provide a sense of community and support.

OUTLINE

Cancer patient advocacy and personalized treatment experiences for squamous cell carcinoma.

- Robb Owen shares his experience as a "super patient" navigating cancer treatment.
- He had a persistent lesion and lump, despite taking supplements and seeing multiple doctors.
- His cancer diagnosis was delayed due to lack of investigation into unrelated skin lesions.
- His cancer treatment included radiation and chemotherapy, with unexpected results.
- He experienced no adverse reactions to chemo or radiation in the second week of treatment, despite steroid issues.
- By the end of two weeks, there were no palpable signs of a tumor left in his neck, per exam by his surgeon.

Cancer treatment using natural remedies and research.

- Robb Owen discovered he had fast wound healing.
- He found correlations between dietary supplements and his cancer treatment.
- He discussed his cancer treatment with his oncologist, but the oncologist was resistant to his suggestions and concerns.
- He experienced severe dehydration during radiation treatment and found that drinking water helped alleviate symptoms.
- He decided to stop chemotherapy after researching his own case.
- His primary care physician told him he wouldn't be treated as a cancer patient if he walked in looking the way he did with improved blood work.
- He had doubts about his treatment decisions.

- Mayo Clinic reviewed his medical history and diagnostics, but couldn't take him as a patient.

Alternative cancer treatment strategies and personal experiences.

- Robb Owen beat his cancer through a unique integrative approach to treating squamous cell carcinoma using natural and conventional methods.
- His theory: some people may have a more robust fibroblast system aiding cancer recovery.
- He believes his immune system is stronger due to lifestyle and supplements, which may have helped boost his cancer treatment.
- He discusses potential treatments for cancer, including the role of fibroblasts.
- He wonders whether the standard of care should change to respond to data points that deviate from traditional treatment methods.

Medical system pushback.

- Robb Owen faced pushback from the medical system in trying to incorporate dietary interventions into his treatment plan.
- He sought permission to share his research findings with doctors, who expressed liability concerns.
- Doctors may be more open-minded to alternative treatments in clinical trials or research settings.
- He handled his anxiety and uncertainty in his path because of his experience pushing back against standard approaches.
- He joined and created a support group for patients.

Modeling the pathways of his cancer treatment, for example, nicotine and dopamine effects.

- Rob Owen discussed the effects of nicotine on dopamine and other health outcomes.
- He explained how he researched the connection between zinc and squamous cell carcinoma, starting with cisplatin and epidermal growth factor receptors.
- He self-experimented with his cancer treatment, including researching and incorporating various supplements and superfoods into his diet.
- He used his intuition and listened to his body's cravings for specific foods during his treatment, which he believes helped his immune system fight cancer.

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TRANSCRIPT

Brad Power
This is the Cancer Patient Lab. I'd like to do a few housekeeping things before we get started. This is for informational purposes only. This is not medical advice. This is to give people information to take to their medical team.

The Cancer Patient Lab is a patient-led community of volunteers, and we would greatly appreciate any donations. We have a donation button on our website at cancerpatientlab.org.

I connected with Robb Owen through Bapcha Murthy. Robb had been in his cancer survivor group on Facebook. Robb immediately impressed me because he had looked at the guidance that he got for his cancer from his medical team and did the research. He's an engineer and a scientist. So he did his own research and decided that he wasn't so keen on what the standard treatment he was being recommended was. When he did some research, he came up with an alternative, bounced that off his medical team, and they weren't so keen on it. He went ahead anyway, and got an exceptional response. Robb will do a better job of elaborating on that story.

At the Cancer Patient Lab, we promote the notion that patients should be actively engaged in their care. We put Robb in the category of super patient, citizen scientist, or highly engaged patient. He is a role model for the rest of us in the way that he's navigated his care.

Robb Owen 2:26
I met with my doctor of osteopathy this morning. I'm now seven months NED (no evidence of disease), which is a very pleasant feeling. My journey started probably altogether maybe eight years ago when I noticed a lesion on my left temple and my right calf. Neither one of them bothered me, so I didn’t have a dermatologist or any of my doctors look at it. In January of 2023 I noticed a lump in my right cervical triangle. But it didn't bother me. I didn't feel ill, and didn't look ill, and I let it go. I was busy with an awful lot of other stuff. It did not resolve. At that point, I noticed though I did add zinc gluconate to my regimen of vitamin C, B12, and a multivitamin. I ate a relatively decent diet of 20 superfoods a week. I felt good, and my body had plenty of energy. I was doing multiple things and didn’t have the need to see my doctor. The tumor didn't resolve by May, and I decided I should discuss it with my primary physician on a televisit. He prescribed a round of antibiotics, and I took those, but the tumor did not resolve. I went back and saw him in person in June of last year. He had obvious concerns from his perspective but agreed with me to do another round of antibiotics and a penicillin shot. Two weeks later the tumor had not resolved, so I followed up with a chest X-ray and bloodwork. The chest X-ray was clear. I'm a smoker, so his concern was that I possibly had lung cancer that metastasized into my neck. The chest X-ray was clear, and the bloodwork had some markers that were leaning to suspect there was cancer, but it wasn't anything outrageous. Everything was in normal range.

In August 2023, I went in for a CT scan, and it revealed a 1.4 by 2.4 by 2.9-centimeter mass in my neck. I followed up with a biopsy in September, and on October 5 was diagnosed with stage 3a squamous cell carcinoma of the head and neck. They could not find a primary source. By

that time the lesion that was on my temple had resolved, roughly two months before my diagnosis, but I still had the lesion on my leg. I told the doctors about the lesion, but they did not investigate. They were certain that my cancer had either started in my lungs or in my throat. HPV testing was negative, but they wanted to do exploratory surgery just to go in there and see if they could find something in my throat or mouth. They asked me to go off my supplements a week before surgery, in late October. The tumor hadn't grown in 10 months. I went off my supplements of vitamin C, B12, zinc, and multivitamins. They did an MRI four days later, and the tumor had grown 21%. They performed surgery a few days later, removed my right tonsil and found no cancer. I started my supplement regimen again that evening after surgery. They followed up with another CT scan three weeks later, and the tumor had stopped growing again. I didn't think much of it because at the time, I knew next to nothing about squamous cell carcinoma. I knew it was skin cancer, and that was the extent of my knowledge. About three weeks before I started treatment, I modified my diet down to just exclusively superfoods, based upon Mediterranean-style foods. I limited myself to roughly 21 foods and upped my hydration considerably to the point where I was drinking on average .75 to 1 ounce of water per pound per day. I was very active, and still was not stressed about the situation.

That was the other key. I believe it was the biggest key, since the tumor never hurt, and I didn't have any side effects from it. I felt great. I looked great. I didn't look like I was ill, so I wasn't nervous about it. I'd had multiple surgeries before, so a tonsillectomy didn’t concern me, nor having a Port-A-Cath inserted. Since the tumor had grown, it was now considered stage 4a with unknown primary treated as stage 2. I started EBRT radiation on November 28, then started chemotherapy (cisplatin and steroids) the 29th and had a port placed in my left chest on the 30th. On the third day of treatment the tumor had felt like it shrunk slightly, maybe 4 mm. I had gotten used to touching the tumor every day for 11 months and was extremely familiar with any changes. So I discussed it with my radiation oncologist on the 30th. He literally looked at me like I had three heads and said, “That's highly unlikely.” I shut up after that because he's the expert, and I just put my head down and listened to him talk, deciding, “I'm going to do what he says.”

I went into the next week with no bad side effects. I'd had reference points: two of my cousins had had head and neck cancers. One of them was identical to mine, except he had his primaries in his tonsils. I picked their brains for what to expect from treatment. All the wonderful side effects and when you would hit the wall. I had spoken to nurse navigators and that was grim. My survival rate, I believe, was 27%, and life expectancy of a year or two. When I told my nurse navigator that my cousin was six years cancer free, she was surprised that he had lived that long. You can imagine that I was a little nervous. I went into treatment just wanting to survive, based on everything I'd read, and which hadn't been a lot, but I referenced as many sources that I could as to what to expect from treatment.

Going into the beginning of the second week of treatment, I felt great. I had no reactions to either chemo or radiation, but I did have some issues with the steroids. I discussed that with my doctor and told him about the lesion on my right calf, and that it had resolved completely. He agreed to reduce the steroids, but ignored my comment about the lesion resolving. I continued with treatment and everyone kept telling me that I’m going to the wall, two weeks into it or

maybe the beginning of the third week. I'm like, “All right.” I kept doing all my routines, drove myself to all my treatments, continued my regimen of supplements, diet, stress mitigation, and the exercise-release dopamine. My smoking caused the nicotine to release dopamine. It's a whole set of things that I ultimately found out. After the full second week of treatment, I was still not having any ill effects. I was starting to look younger too, which is an interesting thing. I'm in the middle of chemoradiotherapy, and I look healthier than when I started. At that point, I started getting into the beginning of the third week, December 12, was the end of two full weeks of treatment.

I went into a follow up with my surgeon that had performed the port-a-cath surgery, and he did an exam on my neck. At that time, there were no palpable signs of a tumor anymore. I felt great. He commented on that, and at this point, I'm thinking, “Something's unique about what’s happening”, and, “I wasn't expecting this.” I honestly expected to be in much worse shape. I started asking my oncologist why my tumor didn’t grow for 10 months and then exploded when I was taken off supplements. His response was, “Sometimes we see it, sometimes we don’t. And we don't know why.” “Okay.” Then I asked, “Why am I doing so well?”

After asking probably five different very direct questions as to what was happening with me and getting the exact same response, I decided I had to figure it out myself. I had looked at these people that were supposed to be the experts in their field, and at least expected them to know what they were doing and have the knowledge base to be able to assist me and answer these questions. I told a story to my chemo-oncologists about the unusual ability I have related to healing faster than typical patients, and it raised his eyebrows.

The first place I looked was what's the key to wound healing, and that's when I found fibroblast and dermal fibroblast. That started me down a rabbit hole, so to speak, of where my investigation started. During my second week of chemo, I had them reduce my steroids, and I found out that steroids are used in counteracting the fibroblasts. I believe that's why my body was reacting so negatively to the steroids, I had ‘energized’ my fibroblast through my diet, supplements, and hydration. From what I can tell, fibroblasts are the key to solid tumor cancers, one of the first cells that are summoned by the tumor. From the research I've been looking through, it seems like there's not a very good understanding on how to limit or keep the fibroblasts from differentiating into cancer associated fibroblasts.

I started there, and then started working through the limited number of inputs I was using. The supplements, my hydration, alprazolam, Prochlorperazine for nausea. I knew that I was not stressed. I knew I was doing activities that released dopamine. This was during the winter when I was doing this, and I always wear shorts and a ballcap, so the two areas where there was known cancer were exposed to cool air. I would expose them to cooler air when I went outside to smoke cigarettes.

I started researching all those components and how each component reacted with squamous cell carcinoma and how each component reacted with the immune system. That's when things started falling into place, where it started making sense about taking zinc, because it looks to be

an epidermal growth factor receptor inhibitor, a transforming growth factor beta one inhibitor, and a TKI (tyrosine kinase inhibitor).

I kept following that method, isolating each individual input that I had and researching and cross-referencing it to the cancer I had and how it works with my immune system. I went through and created a matrix of how each component affected each element to how the cancer is interacting in my body. Here I am two weeks in, and my tumor is gone. My bloodwork shows my lymphocytes at 1, which means I'm not fighting a disease or infection.

We go into the third week of treatment, and I started discussing all this with my oncologists and kept getting pushback. The Radiation Oncologist said, “We're just trying to kill your cancer on a cellular level.” I'm talking cellular level here. I'm talking about lymphocytes (a type of white blood cell that is part of the immune system), eosinophils (another kind of white blood cell) , fibroblasts, everything that's associated with cancer, and they were adamant that I stay in treatment.

I felt that was counterproductive since I was obviously healthy, with no signs of disease. So, I asked them to do a PET scan and CT scan, and they said, “No. That's not part of our protocol. We can't do that for you.” I was at their mercy still and had to acquiesce.

On the third cisplatin chemo treatment, I had them reduce my cisplatin and my steroids after a battle with the chemo-oncologist. The day after the chemo treatment, I woke up feeling odd. I'm like, “Oh, man. Yeah here it is. I'm hitting the wall. This is where it's all going to happen.” I sat down, ate my Greek yogurt and my two green apples, and then asked my wife to give me a bottle of water. I chugged a 17-ounce bottle of water, then asked for another and one drank it. I ultimately chugged six bottles of water. I sat there and waited to see how my body reacted. 25 minutes later, I was back to normal. I felt perfect. I got up and drove to my radiation treatment. I went for hydration treatment after radiation and had to leave early to take care of some family stuff. The rest of the day I didn't hydrate very well. I had a lot of activities going on. I thought I was okay after that morning. Around 10 o'clock that night, it hit me again, only worse. I struggled to get up my stairs to our bedroom. Once again, I asked my wife to bring me water. After I had chugged five bottles of water, sat there, and 25 minutes later I was back to normal and never had an issue after that.

I started bringing all this stuff up, everything that I kept learning. I kept referencing it with my doctors, and they didn't want to hear any of it. They kept saying, “Stay with the standard treatment. You've got seven weeks to do this. 35 doses of radiation, 7 doses of chemo. If you go off this, you will die.” It didn't make sense to me, so I compiled a 68-page, preliminary case study detailing why I thought I had healed so fast. I sent it to my oncologist. I’m not sure my chemo-oncologist even looked at it as we haven’t spoken since December 12, 2023. But the radiation oncologist reviewed it and couldn't dispute anything in my findings. But he did tell me I hadn't proven anything yet. And he was adamant that I stay with treatment. I wasn't so adamant about staying in treatment.

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I went to see my primary care physician; this would be December 27. I had my 21st dose of radiation that morning, and I knew I was not taking any more chemo. I knew in my mind I was not going to ever take another chemo treatment again. My chemo-oncologist didn't know it at the time, but I knew.

I went to see my primary physician, and when he walked into the exam room and saw me, he couldn't believe his eyes. I shared my data with him showing my blood work. I sent through everything that I had researched. I've known him for 25 years. We're friends. I asked him to be honest with me. If I were to walk into your office looking like I do right now and you are looking at this blood work, would you treat me as a cancer patient? And he said, “No.” He told me that off the record. But he said he would highly suggest I stick with the treatment. That's just the standard thing. That was what it took for me to say I was done with treatment. I went in the following day. I told my radiation oncologist that I was done. At that point, I got severe blowback. I was told that if the cancer comes roaring back, I'd be dead in a year, and that I'm risking my life by stopping treatment. I bluntly told him I believed that I was risking my life more by staying in their treatment.

My cousin had the exact same treatment, and he could only make four cisplatin treatments until he had to tap out. He finished off all his radiation. But he's a six-year survivor of this. He only got four cisplatin treatments. That got me thinking. I started asking these guys, “How often do you see people like me have success or thrive through treatment?” They said, “They see it quite a bit, and we don't know why.” That really stuck with me.

It's been over six months now after I finished with treatment. The doctors had planted enough seeds of doubt in my mind that I was nervous. “Had I made the right decision? Was the cancer going to come back and was I going to be dead by the end of this year?” This was a challenging time. I was nervous before I went in for my CT scan six weeks later. I had serious scanxiety. Everything was clear, and I had multiple physical exams, and I met with the radiation oncologist, and he was so thorough with his physical exam with me, I was wondering whether he was going to check my behind to see if there was a tumor somewhere. That put me a little bit more at ease, but I still was nervous about my decision. “Was I right? Was I wrong?”

During this time, I'd also reached out to Mayo Clinic, and explained to them what I experienced and what I had done. They asked me to send all my medical history and diagnostics to them. I wanted to work with them. I wanted to, hopefully, be in person to work with their doctors to see what's going on. They reviewed all my records and diagnostics, then responded to me that they couldn't take me as a patient. I asked why they couldn’t take me, and they said, “You don't have cancer.”

Robb Owen 22:23
I chuckled and said they had a good point. They did ask me to send my case study after my PET scan confirmed no evidence of disease. I did the PET scan 6 weeks later with no evidence of disease. I met with my radiation oncologist, and he finally broke down and told me I look great.

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I went back to work at the end of December 2023 after taking time off to manage my treatment. Every single one of my coworkers said that I look younger than when I started treatment. They couldn't believe it. They were surprised about my recovery.

Most of the people I work with have PhDs and master’s degrees in chemistry, Chemical Engineering. They all chipped in to help me do my research. I had a whole group of people working through what we were doing. Once I got the NED after the PET scan, I dove deeper into my case study. It ended up being about 109 pages and very detailed. I sent it to Ascension St. Vincent's ENT tumor clinic, as they had done my surgery and had been working with me the whole time reviewing my preliminary work. They thought enough of the research that they forwarded it to the Mayo Clinic ENT tumor clinic for Dr. Moore and Dr. Price to review, and hopefully they are looking at it.

So here I am now, I’ve written a book about how and what I’ve found that is currently in editing. I’ve got a second book that I'm almost finished with that will be edited by late July.

I've done more research since the study was sent to Mayo and amazingly all the dots are connecting with the regimen that I took. I found research that was either in vitro, in vivo, or clinical that backs up every single component of my treatment and how it all works synergistically to resolve this cancer in two weeks.

I am trying to find people that are in a position of knowledge and expertise that can review my work and consider clinical trials with integrative treatment centers to learn more from people like me to see what battles I've gone through and how I have navigated this disease differently.

I've gotten pushback from local doctors, but I've also gotten praise. My primary physician has read my report and he said, “If this isn't the cure for this cancer, it's most definitely a better way to treat it.” My Doctor of Osteopathy has made similar comments.

It's an odd position, I have this information, and now I'm to the point where, “How do I disperse it? How do I get it out to help the most people that I can?” That's the reason I joined the cancer supporter and survivor group that Bapcha runs (on Facebook). He and I have become close since then. We butted heads a couple times initially, but he's read my case study. He understands the premise, and the logic makes sense. Everything follows through.

That's my story. It was not what I expected. I just wanted to survive it, and I never did expect to be able to walk out of it, knowing exactly how I was able to beat this cancer.

Ellen Miller 26:28
Robb, thanks for sharing your story, and thanks to the Cancer Patient Lab for putting these kinds of events on. I'm new to the lab. I'm not a scientist, but I was a former journalist, so I'm used to looking things up and reviewing things.

“Blueprint to Beat Cancer” (Robb Owen) [#103]

Have you heard of the book called Radical Remission?

The author Kelly Turner keeps collecting stories and asking, “What are people doing?” You could give a story to her.

Robb Owen 27:17
I've heard of the book. I've not read it yet. Multiple people have mentioned it, like yourself, and this is on my agenda to follow up with that. Most likely I will get the book to read just to see what similarities there are between other patients and myself.

Bill Paseman 27:40
How's your relative doing, the one that basically was able to toss this thing off, and he was supposed to be dead also?

Robb Owen 27:51
He’s doing great. He's six years cancer free. We are very similar in our diet, and our activities, do a lot of outdoors things. He grows most of his own foods, low stress, stress mitigation, and hydration. I believe that's a similarity. The one real variable here that I haven't approached as much as I thought I probably should, or I would like to in the future, is fibroblasts. (Fibroblasts are found in the tumor microenvironment of solid cancers. They are a key player in cancer development and can promote the growth of tumors by remodeling the extracellular matrix or secreting cytokines – such as interferon, interleukin, and other growth factors.) Our family seems to have an unusual ability to heal faster than normal. My theory is that there's a certain portion of the population that has what I would say would be a more robust fibroblast system. That may have played a role in the success with cancer. My father had colon cancer in 1996, went through chemo and survived until he passed in 2020. He also had a squamous cell, but it was stage 2, so Mohs surgery (a surgical procedure that removes skin cancer in several steps) took care of it. My mother had a melanoma, but it was stage 0. My cousin with sinus head and neck cancer is a 35-year survivor. There is an inkling in my mind that there may be a portion of the population that has more robust fibroblasts that aids in this recovery so quickly, since fibroblasts are so important to cancer in general.

Bill Paseman 29:27
Do these guys have any kids?

Robb Owen 29:30
Yes. The cousin with the cancer similar to mine does, but the cousin with the sinus H&N (head and neck) became sterile after treatment.

Bill Paseman 29:37
If you've got any other kids in the life lineage, you might want to consider getting a baseline measurement before they get cancer.

All the stuff you've talked about is great. But what's kind of cool about your case is that you do go on and have a split study. That is, we've got you, and we've got this other guy, your cousin, with other parents, that seems to do another thing, and there's a variation in treatment between the two of you. This is really going out there, so try to take the intent more than the actual statement, the stuff that you guys wind up doing, is “different, but probably doesn't matter” stuff. This is the same. It may wind up being the key thing to start looking at. It may be that it's just genetics that might end up being a key element of this thing. Its DNA and staying the hell away from doctors. Those are the two key elements.

Philip Tan 30:40
Robb, thanks for sharing your story. It's very inspiring.

I want to first summarize your treatment. It sounds like you went through a standard of care treatment for this radiation and cisplatin and steroids, combined with your lifestyle and supplements, which is really a small number of supplements, hydration, and a superfoods diet, which you had done previously.

My question is, or a comment as well, in addition to fibroblasts, your immune system is superior for fighting cancer. That's also important for healing, as you mentioned, so have you had that examined? There's one simple measurement you could look at from the standard blood test: the neutrophil to lymphocyte ratio. You mentioned lymphocytes already.

Robb Owen 31:46
All the relative ratios are within line with typical limits, and, yes, I had looked at how all those interacted. My absolute counts are all in line. That is a possibility. But I believe, going through my research, a good deal of the components I was adding to it helped boost or not boost. It helped support my lymphocytes, the NK cells, eosinophils (one of several white blood cells that support your immune system), everything along those lines. Zinc, vitamin C, and B12 were the biggest ones and how they reacted with SCC (squamous cell carcinoma) and the immune system. You're 100% correct: there could be a chance that I was just blessed with a better immune system. But I honestly do believe that I controlled that with the inputs that I put in.

Philip Tan 32:47
I agree with that too. It's supported by your inputs and your lifestyle. But in line with the previous speaker, there's probably something about your genetics as well supporting your immune system. If we can analyze your immune system, or might get into the details of why this is happening.

Robb Owen 33:14
I agree, and that’s something interesting with fibroblasts. They are part of the stem cell niche. They are currently being used as therapy for other diseases. That is something that I'm hoping to eventually get lined up with somebody that can aid me in helping do that research. Because if you think statistically, I'm not the only person in the world that would probably have this. There has got to be a certain amount of population that does, and if that can be utilized to aid in

cancer treatments, as some sort of synthesizing the fibroblasts and using them as stem cell treatment, so to speak, for other cancer patients who have similar results, that would be remarkable.

Bill Paseman 34:00
But you are still smoking.

Robb Owen 34:01
Of course. That was part of my treatment.

Bill Paseman 34:05
You don't want to live with that. I mean, it turns out so therefore probably your advice to people to start smoking and stop the key MERS virus.

Robb Owen 34:10
The big part of the smoking was the dopamine release between the exercise and other activities. Being in nature and whatnot, the dopamine release is a pretty big deal. It's a VEGF inhibitor. It boosts NK cells. It modulates dopamine receptor 2 and allows dopamine receptor 1 to do some serious work on the squamous cell.

Roger Royse 34:42
Is your cousin a smoker?

Robb Owen 34:46
He was not, but he was getting dopamine release. I suspect it was from exercise. He's a nature guy. He's outside all the time and that type of activity will do similar things with dopamine release.

Ari Akerstein 35:01
I was going to ask a similar question about the genetics piece, whether you've done any whole exome, or even what we know about the relationship between various genetic components and wound healing and all those elements that you were talking about. I want to ask that, but it sounds like it's still an open question. But I think that would be fascinating.

The question I wanted to ask then is related to the standard of care and the pushback that you are experiencing from the medical system. It’s an amazing story, so thank you for sharing it. But I would love it if you could delve into your main thesis: that if you were to rewind time, go back and start it again, and not do your dietary interventions that you had talked about, that your outcome would have been different and less positive than what you saw. We'll never know. It sounds compelling. You have a case study that's being studied by Mayo, and it’s amazing. Hat off to you for digging in and going so deep on zinc and the other elements that might be supportive of the NK cells and all those other pieces.

What was the nature of the pushback?

Do you think it was more the medical system trying to cover their butts? Was it more like, “Hey. We're in uncharted territory?” You stopped mid-treatment, and so for that reason, we just don't really know. It's kind of the fear of the unknown. Like, it may be that yours works, but you're also deviating from the system.

How much of it was that the standard of care itself ought to change and be able to respond to data points that may be apparent from the way they're typically going about it? Do you fault them? Do you like what changes?

I would like to see what the nature of the pushback was.

Robb Owen 37:24
Just to give you the reference points: my treatment is supposed to be seven weeks, and then 35 doses of radiation. I stopped after three doses of chemo and 21 doses of radiation. I mentioned before, but what I didn't tell you, is that I asked my Doctor of Osteopathy the same question about how often he saw patients behave or react as well as I did during a treatment. He said he saw it quite a bit. But he said, “The only thing different between you and every other patient is that you stopped your treatment early on your own accord, because everyone else that has stopped their treatment either had to do it because the treatment was debilitating, or they were at the end of life and wanted to live it out in peace”. That stuck with me.

I started thinking about how many of these other healthy patients went through a full regimen of treatment, and probably ended up in worse shape than if they wouldn’t have. My push right now is to get other patients to learn as much about their cancer as I did, so they can have these discussions with their oncologists. Bring the information in if you have a good oncologist that will have an open dialogue with you. You make decisions based on real time data, and that's what I based mine upon – real time data. Once I saw my lymphocytes and my WBC’s (white blood counts) being pushed to low levels, I was not comfortable. That's why I stopped my radiation. I probably could have stopped it after 15 doses and been comfortable.

This is where I'm heading with this: to empower people. I've started my own small group called “The Blueprint to Beat Cancer.” I've been helping people learn about their cancers and overlay this blueprint onto their type of cancer. We've worked with a malignant granulosa cell tumor person who is now cancer free and does not have to do chemo or radiation.

Ari Akerstein 39:32
What was the clinical endpoint you were looking at? Was it the white blood count? Was it a scan?

Robb Owen 39:44
It was my white blood cells and my lymphocytes. I was more worried about those. I dropped to .5 on my lymphocytes absolute, and I'm like, “No. I'm not continuing.” Because of the fear of pushing into other diseases like lymphopenia, other possible cancers. At that point in time, I

started feeling some issues with my throat. From the radiation to my jaw and to my neck, I still have pain in my neck from the radiation. I have not recovered from it. Just knowing how I felt and how I looked at it, I just knew it was time to quit.

Ari Akerstein 40:42
Do you see that as part of the standard of care? The downside of some of the things that you were doing seem negligible: drinking more water, avocado, zinc supplement, superfoods.

Is the push to fold some of those lifestyle elements into the standard of care itself?

Robb Owen 41:13
Yes, absolutely.

I've got a spreadsheet. I haven't filled out the matrix completely on how all these components work together and what growth factors and pathways they work with. I'm going to share this with you.

Bill Paseman 41:58
In terms of pushback from the doctors, it sounds to me like you were involved in standard of care treatment for your entire thing. It's their job to do what the book says. In general, it's a little bit like talking to an auto mechanic when you get a leak, and you want to go on and go through it a particular way, and not the way that's shown in the manual. They'll get upset. On the other hand, if you're talking to guys that are doing clinical trials or impure research, they tend to be a bit more open-minded as to alternative ways to solve this problem.

Robb Owen 42:37
I agree. I believe from their perspective there is more liability, and it was unknown territory.

Bill Paseman 42:45
They can have their license taken away if you get sick, and they do something that's not in the book.

Robb Owen 42:51
Exactly. I signed off on documentation releasing them of liability to end my treatment early, and I had no problem doing that because I was comfortable with my decision, but, like I said, afterwards with all the seeds of doubt that were planted, I second guessed myself for a long time. The more research I’ve done, I don't second guess myself at all. I believe everything that I've found.

“Blueprint to Beat Cancer” (Robb Owen) [#103]

Blueprint to Beat Cancer

For patients with no comorbidities

Blueprint to Beat Cancer

For patients with no co-morbidities

Head and neck Squamous Cell Carcinoma	Stress Mitigation	Modified Mediterranean Super Food Diet	Selenium	Zinc	Magnesium	Exercise	Hyper-hydration	Vitamin C	Nicotine	Vitamin B12	Alprazolam	Dopamine	Prochlorperazine	Cool-air	Cisplatin	EBRT
EGFR Inhibitor	X	X	X	X				X							X	
TKI	X	X	X	X	X											
TGFβ1 Inhibitor	X	X	X	X				X								
VEGF Inhibitor	X											X	X			
FGFR Inhibitor	X	X	X							X						
JAK/STAT Inhibitor	X	X	X	X							X					
P13K/AKT Inhibitor	X	X	X	X	X						X					
NF-κB inhibitor	X	X	X	X				X		X						
MAPK inhibitor	X	X	X	X							X					
cAMP Inhibitor	X	X		X					X							
Wnt Inhibitor	X	X	X	X	X				X							
PTEN	X	X	X	X	X	X	X	X	X							
Collagen I & III ↑	X	X		X	X	X	X	X	X	X						
Colagen V ↓	X	X						X								
ECM stabilizer	X	X	X	X	X	X	X	X		X						
Angiogenesis Inhibitor	X	X	X					X								
CD8+ ↑	X	X	X	X	X	X	X		X	X						
NK cell ↑	X	X	X	X	X	X	X	X		X		X				
Lymphocytes ↑	X	X	X	X	X	X	X	X	X	X						
Eosinophils ↑	X	X	X				X		X							
Fibroblasts ↑	X	X	X	X	X	X	X		X							
Fibroblast proliferation	X	X	X	X		X	X	X	X	X				X		
Interleukin 6↓	X	X	X		X					X	X					
Interleukin 2↑	X	X	X	X	X	X					X					
DR2 modulator	X	X	X	X	X				X			X	X			
Anti-nausea	X	X			X	X	X		X		X		X			
D1R	X	X	X			X			X			X				
PKA Activation	X	X			X											
Collagen ↑	X	X	X	X	X	X	X	X	X							
ECM Protein Expression	X	X	X		X				X					X		
Cell Volume Increase	X	X					X									
Flush toxins	X	X				X	X									
Increase Energy	X	X	X	X	X	X	X	X		X		X				
Damage DNA															X	X
DNA Repair	X	X	X	X	X	X		X		X						
Stress Mitigation	X	X		X	X	X	X	X	X	X	X	X	X	X		
Kidney support		X			X	X	X									
Glucose ↓	X	X		X	X		X	X		X						
TOTAL	35	35	26	23	21	17	16	15	15	12	7	6	4	3	2	1

For those with primary lung cancer mestastatic to head and neck, eliminate nicotine from inputs

Calcium intake was reduce to 40% RDA

Same table with larger font size:

Head and neck Squamous Cell Carcinoma	Stress Mitigation	Modified Mediterranean Super Food Diet	Selenium	Zinc	Magnesium	Exercise	Hyper-hydration	Vitamin C	Nicotine	Vitamin B12	Alprazolam	Dopamine	Prochlorperazine	Cool-air	Cisplatin	EBRT
EGFR Inhibitor	X	X	X	X				X							X	
TKI	X	X	X	X	X											
TGFβ1 Inhibitor	X	X	X	X				X								
VEGF Inhibitor	X											X	X			

“Blueprint to Beat Cancer” (Robb Owen) [#103]

FGFR Inhibitor	X	X	X							X						
JAK/ STAT Inhibitor	X	X	X	X							X					
P13K/ AKT Inhibitor	X	X	X	X	X						X					
NF-κB inhibitor	X	X	X	X				X		X						
MAPK inhibitor	X	X	X	X							X					
cAMP Inhibitor	X	X		X					X							
Wnt Inhibitor	X	X	X	X	X				X							
PTEN	X	X	X	X	X	X	X	X	X							
Collagen I & III ↑	X	X		X	X	X	X	X	X	X						
Colagen V ↓	X	X						X								
ECM stabilizer	X	X	X	X	X	X	X	X		X						
Angiogen esis Inhibitor	X	X	X					X								
CD8+ ↑	X	X	X	X	X	X	X		X	X						
NK cell ↑	X	X	X	X	X	X	X	X		X		X				
Lymphoc ytes ↑	X	X	X	X	X	X	X	X	X	X						
Eosinophi ls ↑	X	X	X				X		X							
Fibroblast s ↑	X	X	X	X	X	X	X		X							

“Blueprint to Beat Cancer” (Robb Owen) [#103]

Fibroblast proliferation	X	X	X	X		X	X	X	X	X				X		
Interleukin 6↓	X	X	X		X					X	X					
Interleukin 2↑	X	X	X	X	X	X					X					
DR2 modulator	X	X	X	X	X				X			X	X			
Anti-nausea	X	X			X	X	X		X		X		X			
D1R	X	X	X			X			X			X				
PKA Activation	X	X			X											
Collagen ↑	X	X	X	X	X	X	X	X	X							
ECM Protein Expression	X	X	X		X				X					X		
Cell Volume Increase	X	X					X									
Flush toxins	X	X				X	X									
Increase Energy	X	X	X	X	X	X	X	X		X		X				
Damage DNA															X	X
DNA Repair	X	X	X	X	X	X		X		X						
Stress Mitigation	X	X		X	X	X	X	X	X	X	X	X	X	X		
Kidney support		X			X	X	X									

Glucose ↓	X	X		X	X		X	X		X						
TOTAL	35	35	26	23	21	17	16	15	15	12	7	6	4	3	2	1

These are all the things. There's zinc gluconate, vitamin C, B12, magnesium. I take multivitamins as well, and I have not filled this out completely. You can see the beginnings of what I've put in there: the alprazolam, prochlorperazine, dopamine, stress mitigation. I must finish populating it. That's what is all on this board behind me that I need to translate over. So, we start populating everything here. It shows how everything fits together, hydration boosts, collagen. Collagen is a part of your fibroblasts, and it's used for ECM stability. The vitamin C is a stabilizer for the extracellular matrix. It's also an angiogenesis inhibitor. This is all from research I’ve studied, in vitro, in vivo, and clinical things that I've been able to research. This one interferes with interleukin 6 and boosts interleukin 2. There's so much as far as pathway inhibitors, zinc and alprazolam or jak stat inhibitors or P13k and AKT inhibitors, MAPK and cAMP inhibitors.

Once I started filling all this stuff out, it jumped off the page. It’s a synergistic mix of everything together. The two prescriptions they gave me had key components in this. It wasn't just all-natural. It really was an integrative mix between natural and conventional. I firmly believe that if you follow this path, treatment can be reduced to three weeks versus a seven-week treatment plan. Studying is to be done on it, but you can most likely eliminate your squamous cell with just the natural and prescription components.

Bill Paseman 45:35
You haven’t shown nicotine in there anywhere.

Robb Owen 45:37
The nicotine was referenced with the dopamine portion.

Bill Paseman 45:42
Where's the dopamine?

Robb Owen 45:45
Column H.

Bill Paseman 45:51
Ah. Got it. Okay.

Robb Owen 45:57
This isn’t fully complete yet.

Bill Paseman 46:00
First off, this is absolutely wonderful. Again, in my mind what makes you really great is that you have a cousin. What would be kind of cool is to go on and see which of these things he does exactly. Does he do all of these things too? Or is it a subset or superset?

Robb Owen 46:20
I don't know whether he had the alprazolam and prochlorperazine during his treatment. I do know that he did the supplements and did the exercise to release dopamine. He handled his stress mitigation, and he hydrated.

Bill Paseman 46:36
In general, nicotine has other effects besides a dopamine effect. So it might be a spreadsheet, you want to keep private or something. But if you're looking at these interactions, looking at nicotine, besides the dopamine stuff, is something you might want to go out and put in. My father was a big smoker. He thought it was good for him. He felt that way up to the point he died of lung cancer. If you're looking at all the inputs and outputs and the effects, one thing you might do is again, look at the other effects that nicotine has, which may wind up having a protective effect in terms of stuff that you've got, so it'd be cool to enter it.

Robb Owen 47:18
Exactly. I agree. My father was a smoker and never had lung cancer. But he did get colon cancer and skin cancer. That's another thing that's crossed my mind. There's something about our fibroblasts that are robust enough to inhibit lung cancer from that type of carcinogen.

Cindy Ness 47:54
It’s very impressive to see how you took charge, Robb, of your situation.

I'm interested in not only what you did, technically, but in the psychological process, because you're an outlier, both in terms of your outcome, but also in your ability to handle the anxiety of going against the system, and their purported perfect knowledge and so forth.

How do you understand how you handle your own anxiety? Or if you had anxiety, just not knowing?

Because when you started out, you didn't know what was going to work. So there's a real element of courage there. If you can speak to how you sort of dealt with the uncertainty of all this. If you could pinpoint it would have made you think otherwise, in terms of your own path here of, “Oh. This isn't working?” What would you have had to have seen to say, “Boy. I better double back.”

I'm also interested in the matrix that you use, like why you picked the areas that you did, how you came to decide. It's these 20 areas or these 30 areas.

And the last thing has to do with dopamine. How if at all, were you measuring your dopamine reaction?

Robb Owen 49:48
I've got several PhD chemists that I work with trying to work out how much dosage of dopamine was released a day. We're working backwards on that. I'm hoping to have an answer at some point in time. I just knew I was dumping dopamine in my system. That's why I went down that direction.

As far as what was driving all my research: I looked at cisplatin. It's one of the first things I looked up after I did the fibroblast. I wanted to see what its mechanism of action was, what it was targeting. It was targeting epidermal growth factor receptors (EGFR). It was doing DNA damage. That's really the only thing it was doing. I started referencing all these components with epidermal growth factor receptor. Then once I started getting into the research, I started seeing all these other keys pop up. I probably read 3000-4000 pages of literature through all of this. I started seeing all these methods of action. I knew what none of these were six months ago. I still am not 100% sure of them. Now I have a good feeling about it.

That's what drove me down that path. I looked at cisplatin, looking at what it targeted, and then I started backtracking everything and cross-referencing each element. Then I started looking at studies directly with zinc and squamous cells. They have an in vivo study where it halted squamous cell carcinoma tumors in mice, and they suggested clinical studies be performed. I kept further cross-referencing and got into this. Everything just started revealing itself. All this information is on the National Institutes of Health, everything that I've been referencing.

That's really how it led me down the path. I looked at fibroblasts. I learned everything I could about fibroblasts and differentiation in tumor cells: how they affect the ECM, the collagen. I went back through and researched water, how it upregulates lymphocytes, the eosinophils, fibroblast, and increases collagen. It increases the cell volume. I kept going down each one of these paths, cross-referencing everything to get to the point where I'm at here.

Cindy Ness 52:26
How did you deal with what would be healthy doubts?

So many studies that are done with mice don't cash out when it goes to humans. How did you justify that? I'm not questioning obviously. I'm just wondering how you stayed on the path,

Robb Owen 52:59
Because my tumor had not grown for 10 months. They took me off my supplements, and it blew up by 21% in four days. When I went back, triangulating exactly, and my supplement mix was so tiny, with such a small number of variables, it was able to abate. You're right: it's a leap of

faith, tying that together. But I'm confident this was directly related to the zinc. That is why we had the growth. That's the steps I made. I do this a lot.

You'd asked about pushing to the mental side of it, and how I was able to manage. I never felt bad the whole time, and I just had this inner peace. I've listened to my body, which I know may sound crazy, but I listened intuitively to how my body was reacting. I had cravings for certain superfoods throughout my treatment. After I did my retrospective analysis, reverse engineered it, it was interesting to see how those specific pieces of food were directly related to helping my body fight what would support or help my immune system. So, it was very intuitive.

A lot of my patents, half of my patents, are up here behind me. I had to go through that same thing coming up with something novel. This is why it didn't stress me out in what I did. I've had battles before with all kinds of doctors before with my own health where I've often been correct. So, I've had enough training in my background to put my mind at ease to make decisions that are not considered typical.

Cindy Ness 54:42
It's quite impressive. You should be a case study just in terms of mentally, because patients are scared and don't have the ability to do what you did. They must be in the position of trusting someone other than themselves, and that's a complicated thing.

Are you familiar with the work of Jane McClelland?

Robb Owen 55:07
Absolutely. I've read her book. I am not in agreement with a large portion of it. But I understood, and I liked her persistence.

Cindy Ness 55:19
I think she would say it was the metro map with a different path. Thank you very much.

Roger Royse 55:29
Thank you for being here with the Cancer Patient Lab.

Robb Owen 55:43
Absolutely. I appreciate all the questions. If anyone has any questions I was unable to answer during this, please reach out to me. I'd be more than glad to discuss this further outside of this room. I'm on Facebook. I have a small group called Blueprint to Beat Cancer. If you're interested in reaching out to me, I would love to continue this discussion.