

DOI: 10.21767/2172-0479.100054

# The Occurrence of a High Number of Lung Cancer Metastases is Consonant with the Proposed Theory of “Erythrocyte Associated Necrosis Factor”

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## Abstract

In this journal, I argued that, concerning cancer necrosis itself, which was personally named as the “Erythrocyte Associated Necrosis Factor” (EANF), it “plays a significant role.” Accordingly, it is necessary to weigh repeatedly any evidence, which crops up or becomes recognized, in order to confirm or confute any such subsisting hypothesis. Elsewhere, it was hypothesized that EANF positively explains the anomalous lack of contralateral deposits in the cases of lung cancer. This emerged right from the experiences of the medical masters of yester years. In this context, another working hypothesis is being brought forward, namely, that when EANF production is low, the resulting metastases tend to be high in number. In conclusion, just as dangerous bleeding brought death in the days of yore, and the discovery of the Coagulation Factor brought relief, let EANF become the harbinger of the cure of cancer itself be it in the lung or elsewhere.

**Keywords:** Lung; Cancer; EANF; Low production; High metastasis

microenvironment. Accordingly, with the recent emergence of intravital video microscopy [5], which has gained acceptance in animal experiment [6], its employment in consenting cancer patients should ensure the replication of this force majeure.

Perhaps, supportive arguments are to be sought. In this respect, I would add here one such element, even if it is on the negative side! Therefore, let me recall the well-known superior situation of lung cancer next to the left heart from which it can be dispersed through the aorta potentially to every organ [7]. Meanwhile, what keeps happening? For one thing, factor such as “Soil Suitability” has long been known [8]. For another thing, there is also “Organ Selectivity” [9]. Therefore, let me hypothesize here that it is the newly identified EANF that is the controlling mechanism!

Note that its hand is at play when lung cancer fails surprisingly to spread to its own contralateral cohort [10]. Consequently, when EANF production is low, this is consonant with a high number of metastases in lung cancer. In all probability, this is in sharp contrast with the 1949 MD Thesis of Cambridge University [11], my 1963 paper [12] and that of Yesner [13], with regard to lung cancers wider than 10 cm, i.e., “bulky” lung cancers. Indeed, it is not mere chance that these spread neither to the contralateral lung nor to the extrathoracic organs.

In conclusion, just as bleeding was followed by death in the days of yore, but is now defeated due to the discovery of the Coagulation Factor [14], let there be hope that cancer itself will also be cured with the discovery of EANF whether in the so far specifically named lung cancer itself or in the other cancers themselves.

## Commentary

In the quest for what can be achieved through Translational Medicine, I proposed in this Journal [1] that the stem cells model stands to be exploitable on using my proposed “Erythrocyte Associated Necrosis Factor” (EANF) [2]. This Factor arose when experience with the special Mono-Block Formalin-Fixation method [3] was used in combination with the Swiss-Roll method [4] to examine cancer cells being carried along the 45 cm long thoracic duct at the moment of death. Indeed, I concluded thus:

Necrosis of the cancer cells was apparent in three cases, but it was clear that this had occurred in association with large aggregates of the malignant cells and that among such aggregated cells red blood corpuscles abounded.”

Now, the aim of cancer therapy is to kill the cancer cells, i.e., to cause the bodily necrosis of them. Therefore, it is EANF, i.e., the gift of Nature proper, that I propose to be used during life, even if it merely appeared locally in the duct’s

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