

TIPS AND PROTOCOLS FOR SUCCESSFUL NEOPLASENE TREATMENT

Dr. T. S. Fox

Note: Neoplasene and NeoplaseneX are only supplied to medical professionals and others who have a DEA number.

Neoplasene preferentially kills neoplastic cells by triggering apoptosis. The necrotic tissue can slough off if it is on the exterior of the patient. Necrosed cells internal to the patient must be scavenged by macrophages, dehydrated, recycled and/or processed by the liver and kidneys. The drug is also an emetic which makes nausea an issue. Nausea, liver and kidney load are compounded by adding unnecessary herbs, supplements “chemotherapy”, “irradiation” and nutraceuticals to the treatment protocol.

Do

1. Read and understand all the manufacturer’s information and general instructions on the websites: www.buckmountainbotanicals.net.
2. Follow the General protocols as published by the manufacturer. Any specific case may suggest a variation from the General protocols. Dr. Fox is available, by telephone or face to face, to provide specific recommendations to veterinarians and physicians. Pet owners are encouraged to direct their questions to their veterinarians.
3. Always treat patients orally as well as treatment by use of appropriate resection, injection, infusion or topical Neoplasene.
4. If the patient’s immune system is compromised, use IV vitamin C or Buck Mountain astragalus, it is concentrated and very effective.
5. If the liver enzymes are out of bounds use Buck Mountain milk thistle (the whole ground seed). Extracts and standardized milk thistle, available widely, are incomplete and very poorly bioavailable.
6. A good treatment diet, for dogs and cats, consists of: 50% cooked ground meat, 25% cooked white rice and 25% cooked chopped vegetables and/or fruit. This diet is nutritious, easy to digest and absorbs and masks the oral Neoplasene well. This diet is designed to avoid nausea, anorexia and to enable oral treatment.

Don't

1. Pet owners should not try to be their own doctors. Neoplasene is powerful and can be misused. Topical treatment, injection and infusion should be accomplished by a veterinarian.
2. If the patient's immune system is not compromised, mushrooms, astragalus, vitamin C or any other immune system stimulant should not be used.
3. If a dietary deficiency has not been identified supplements should be avoided.
4. Neoplasene is a powerful antimicrobial so other antibiotic, antifungal or antiviral agents are not necessary and should be avoided.
5. Antiinflammatories of ANY kind are contraindicated during Neoplasene treatment.
6. Don't use "chemotherapy", plant material, extracts, tinctures or any other chemical agent concurrent with Neoplasene. They have demonstrated only a feeble effect on abnormal tissue and load up and often overload the patient's detoxification function and they encourage diarrhea and nausea which may make required oral treatment impossible.
7. Do not feed raw food as the cell membrane (meat) or cell wall (vegetables) of raw food does not absorb the unpleasant tasting/emetic oral medication well. Nausea will result and probably anorexia.
8. Neoplasene treatment should not be compromised by simultaneously dealing with non-life threatening ailments such as: arthritis, diarrhea, minor pain, inflammation, etc., etc. Focus treatment on the neoplasm until it is under control, then deal with any less serious matter.

Don't email Dr. Fox, he views email as time inefficient and prone to errors of omission and commission. Call Dr. Fox if you wish to obtain his counsel and advice which will be freely given. If possible, call between 7:00 am and 7:00 pm Mountain Time seven days a week.

Frequently Asked Questions

1. Is treatment painful?
Surgery and advanced cancer are painful, Neoplasene treatment is not. At most, Neoplasene treatment protocols may result in nuisance discomfort however most patients tolerate treatment well and without analgesics. For unusual cases where pain is an issue analgesics are effective: Lidocaine prior to injection is helpful, Tramadol is helpful post topical treatment and post injection. Never use an antiinflammatory.

2. Is treatment expensive?

It is usually a small fraction as costly as surgery, irradiation and chemical therapy and as a bonus Neoplasene works.

3. Does Neoplasene treatment leave a scar?

Usually no or very little scarring occurs. If a tumor is widespread and has damaged large amounts of normal tissue some scarring will result. If Buck Mountain Wound Balm is liberally used post surgery and post Neoplasene treatment, very little or no scarring will occur.

4. How long does oral treatment last?

Oral treatment at some level continues for the rest of the patient's life.

Those that don't treat orally or prematurely stop oral treatment are the same persons who think they can fix a leaky roof by mopping up the water on the floor.

5. Is neoplasene an: escharotic?

bloodroot? or
black salve?

No!

An escharotic is caustic with a pH on the basic side (i.e. greater than 7) and escharotics chemically burn flesh. Neoplasene has a pH of about 2 and triggers apoptosis. It does not cause caustic necrosis.

Bloodroot is the common name of an eastern United States wild poppy. To think of Neoplasene as bloodroot is to also think of morphine as a poppy, or to think of surgical steel as rock, or vanilla and tires as trees.

Black salve is a lay term that has been and continues to be used to refer to many lay concoctions of ingredients that may or may not be intended to treat cancer. The actual "black salves" are varied in their ingredients and exhibit a host of effects, desirable or not.

6. What is Neoplasene?

The active ingredients are plant derived alkaloids.

7. What do I do if kitty or fido won't eat the food with the oral Neoplasene in it but will eat other food that does not contain the medication?

Make sure you are following the protocol, which includes:

- a) no raw food
- b) no dry food

- c) no eating between meals/medicine time
- d) no drinking between meals
- e) mix the Neoplasene thoroughly with the cooked wet diet
- f) give ice cream or other dairy near the end of the meal
- g) use metoclopramide at 3x normal dose 30 minutes before feeding.

If this protocol is followed to the letter and problems still abound the patient is likely just finicky and has learned to hold out for a better fare, don't feed the patient anything for one or two days. Then you will have established who is boss and the food will be eaten.

8. The recommended diet (i.e. Do 6.) includes carbohydrates and dairy products. Aren't these foods cancer feeding and isn't dairy hard for pets to digest? Alleged problems with carbohydrates and dairy products pale in comparison to the threat of cancer. White rice and dairy enables the use of Neoplasene Oral which hugely overwhelms any negative effect of carbohydrates. Win the cancer battle with Neoplasene first then feed as you wish.

General Procedures Guide

by T.S. Fox, Ph.D.

This General Procedures document is intended to provide guidance to the veterinarian. These protocols are not detailed instructions for specific cases as patients vary as to size, previous care, tumor location, tumor size, degree of invasiveness, client willingness to comply, etc., etc. Dr. Fox will discuss any case and related appropriate specific protocol upon request.

Basic Strategy

Broadly neoplasm in your patient is more than a palpable, visible or otherwise detectable tumor. It is spread in colonies of many or a few diseased cells. Further these cells may be transported by the circulatory system. Eliminating the identifiable mass of diseased tissue usually leaves behind residual diseased tissue that continues to infect the patient and will likely resurface in adverse clinical signs.

The strategy is to eliminate the bulk of the diseased tissue by excision, conventional chemical therapy, irradiation, topical Neoplasene or injectable* NeoplaseneX. Then the patient is administered Neoplasene Oral for several months to eliminate the neoplasm remaining after the debulking treatment is completed.

For adjunct aftercare 5 to 11 mg/kg is usually sufficient (see the oral protocol section in this document).

With mast cell, melanoma, osteosarcoma, hemangiosarcoma, lymphoma or other pernicious widespread disease, primary oral care may be required (see the primary oral protocol section in this document).

Further, after debulking and adjunct oral care, since nothing has been done to eliminate the cause of the origin of the problem, prophylactic use of Neoplasene Oral at a reduced dose, continuously or at least periodically, for life is indicated.

*Do not inject directly into a blood vessel as anaphylaxis is an issue.

General Protocol for Topical Treatment

Cutaneous and subcutaneous lesions exhibit a varying skin involvement. In general the covering skin is diseased in proportion to the attachment of the lesion to the skin. 100% if an open lesion, 0% if loose under the skin and all degrees in between.

For lesions open or attached to the skin:

1. Clip off hair, if any, on and around the lesion. It is usually not necessary but may be helpful to prick around the affected area with a needle. Apply a sufficient amount of Neoplasene to cover the affected area so that you cannot see through the salve (i.e. about 1 to 2 mm). Leave the Compound on for twelve (**12**) hours. If cancer or a virus is present there will be a mild burning sensation upon application and a dark scab will begin to form. If there is no diseased tissue, there will be no significant effect.

CAUTION: This product will strongly react with diseased tissue. Expect some scarring. If the tumor is extensive and the Compound is spread widely a large wound will have to be managed. Therefore treat a small sized area – dime to quarter size on a cat - initially and continue treating a small area at a time.

2. On large tumors it may be effective to use NeoplaseneX with methyl sulfoxide (i.e. NeoX/ms) and inject* the tumor in addition to the topical treatment (see the Clinical Guide)**.
3. After 12 hours wash the treated area thoroughly. If the Compound has penetrated the skin, there will be a red ring around the area, and the tissues will be grayish white, plus a degree of swelling, indicating the medicine is working.
4. If only a small portion of the treated area is grayish white or red and swollen, then you can apply an additional amount of Neoplasene and repeat the process for another twelve (**12**) hour period. Clean the area with soap and water and rinse.

*Do not inject directly into a blood vessel as anaphylaxis is an issue.

**See available Clinical Guide for expanded detail on Neoplasene Compounds and their uses. To obtain a Clinical Guide go to www.buckmountainbotanicals.net.

DO NOT LET A HARD SCAB FORM. Keep it soft with **Buck Mountain Wound Balm**. Once or twice a day, clean around the edges of the affected area with **3% hydrogen peroxide** to keep the area clean, cover liberally with fresh Balm. In two to ten days the necrotic tissue will slough off. Examine to determine if the tumor is still in part present. If so, repeat the procedure.

DO NOT FORCE THE NECROTIC TISSUE OFF. Let it detach without any help other than gentle cleaning with a **3% hydrogen peroxide** soaked cotton swab. If the tumor, or part thereof, detaches in 2 to 5 days there likely is no more tumor present in the detached area. If it takes 6 or more days to detach there likely is more tumor present and a repeat application is indicated.

AVOID THE USE OF ANTI-INFLAMMATORY DRUGS unless a secondary crisis develops. These drugs shut down the efficacy of Neoplasene.

5. Expect a wound to manage. Its size will be in proportion to the extent of the tumor and the amount of Neoplasene applied. Scarring may be minimized by use of **Buck Mountain Wound Balm** to keep the wound moist and encourage healing.
6. If the **Neoplasene** dries out, add distilled water to moisten. **Buck Mountain Neoplasene** is acidic. It is best to use wood or plastic utensils to handle the Compound. I however handle it with my fingers without difficulty.
7. When you feel you are done a repeat light treatment may be helpful to assure complete necrosis of diseased tissue.

Internal Tumors – including subcutaneous lesions not attached to the skin.

Many internal tumors have been successfully treated by injection* and primary oral administration. Clinical procedures for injecting tumors are varied and clinical information is available in this document, in the Clinical Guide and by consulting Buck Mountain Botanicals.

Oral Administration

Oral administration of **Buck Mountain Neoplasene Oral** is increasingly employed. Many practitioners are successfully treating with low daily doses (2 → 4 mg. /kg.) with food or drink to keep concentration of active principles low. I recommend a higher dose, usually 11 mg./kg., to as much as (10 → 25 mg. /kg.) for serious situations requiring primary oral care.

General Procedure for Fibrosarcoma

This protocol may vary depending upon case specifics.

These tumors are like an octopus, with a body and tentacles.

Debulk the body of the tumor by excision or topical Neoplasene. After the body of the tumor is removed (i.e. excised or sloughed) cease any oral treatment.

If topical Neoplasene is used to debulk the tumor begin Oral Adjunct care immediately. When the tumor sloughs stop the oral treatment.

After three days (72 hours) has elapsed since the last oral dose, inject* NeoplaseneX in and around where tentacles are noted or suspected.

If the tumor(s) is/are surgically removed, take no margin(s) and while under anesthesia inject the areas where you know or suspect that tentacles invade adjacent tissue. Apply Neoplasene topical salve to the void and leave in place for up to 8 hours, clean it off thoroughly, close the wound if possible and leave in a Penrose. Keep the wound open and draining with Wound Balm. After 3 days commence Adjunct Oral care.

Do not inject in excess of 0.2 ml./kg. in a cat. Do not inject more than 0.1 ml./kg. in the lower leg of a canine. Otherwise use NeoplaseneX in an amount approximate to 0.1 ml./kg. The NeoplaseneX may be extended with lactated ringer solution to make it easier to spread out in the target area.

Repeat the injection one or two times a week apart as indicated by resolution or lack thereof.

Resume Oral Adjunct Treatment three days after the last injection and continue as indicated.

After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

*Do not inject directly into a blood vessel as anaphylaxis is an issue.

General Procedure for Oral Lesion

This protocol may vary depending upon case specifics.

Many lesions present orally. There are two approaches that are used most successfully. If the tumor is not wide spread and/or invasive it can be treated topically with success. There is negligible systemic effect with the topical approach and inflammation and/or edema is usually less than that associated with the injectable NeoX/ms.

The injectable NeoX/ms is useful for widespread or invasive disease where a systemic effect is desirable. The injectable is about one-fifth the strength of the topical. Thus the response, except for edema and inflammation, is usually not as dramatic as that present with use of the topical Neoplasene.

Anesthetize the patient and maintain on Isoflorane for, hopefully, one hour:

Use cotton dams to keep the medication on the lesion. Coat the tumor with Neoplasene thick enough so you can't see through it, and leave the Neoplasene in place for the duration of the anesthesia, then clean it off. The tumor or a large part of the tumor will slough off in 2 to 7 days. Repeat the procedure after one week if significant tumor remains and begin oral administration three days after the last injection, if any, or immediately if there is no injection. Or alternatively:

Inject* NeoX/ms, as evenly as you can, throughout the tumor. Use multiple, 0.25 ml. injectable doses of NeoX/ms. Do not exceed 1 ml. of NeoplaseneX on a 10 pound cat. Use 2 to 5 ml. NeoplaseneX on most dogs depending on their size and the tumor size and type. To spread the medication conveniently the dose may be extended with lactated ringers solution. There is a strong systemic effect from the NeoX/ms. Any diseased tissue, anywhere in the patient, will be attacked and swell even if it is not injected. Therefore execute the treatment early a.m. and observe the patient the remainder of the day to identify other sites where treatment may be necessary. Repeat the procedure every four to seven days until the tumor is gone, or substantially gone.

Three days (72 hours) after the last injection put the patient on Neoplasene Oral according to the Adjunct Oral Protocol. After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

*DO NOT inject directly into a blood vessel as anaphylaxis is an issue.

General Procedure for Mammary Tumor

This protocol may vary depending upon case specifics.

1. Use the Neoplasene topical if the lesion(s) is/are tight to the skin. When the tumor sloughs go to step 2.a). Alternatively excise any tumor(s) that is/are easy to resect – take no margin(s).
2. If the remaining void(s) appear clean and while under anesthesia:
 - a) use enough NeoplaseneX and irrigate the wound. Drain off the NeoplaseneX.
 - b) inject, avoid injecting into a blood vessel, one (1) cc of NeoplaseneX per 30 lbs. weight. Extend with a like amount of lactated ringers – do not inject more than 1cc into a 10 pound cat.
 - c) break the injectable dose into 0.250 ml. to 0.50 ml. injectible doses and inject in and around the area where suspect diseased tissue may remain.
 - d) close the wound but leave in a Penrose.
 - e) go to step 3 or

If you know the void(s) is/are not clean:

- f) apply Neoplasene salve to the void, leave it in place for at least one hour but not to exceed four hours.
 - g) thoroughly clean the salve away and repeat step 2a, b, c and d, and then go to step 3.
3. Start the oral treatment per the Adjunct Oral procedure seventy-two hours after any injection.
 - a) use 9 to 11 mg./kg. PO b.i.d.
 - b) flush the wound with 2 cc of NeoplaseneX s.i.d. for 1 or 2 days (not longer) let the fluids drain out.
 - c) use Wound Balm externally as may be necessary (b.i.d. or t.i.d.) to keep the wound open and draining.

After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

General Protocol for Mast Cell, Melanoma and other large or invasive tumors

This protocol may vary depending upon case specifics.

Inject* NeoplaseneX/ms in and around the lesion, if there are multiple lesions inject the largest lesion.

General

- 1.a) Do not exceed 0.2 cc/kg. in a cat!
 - b) Do not inject* more than 0.1 cc./kg.in the lower leg of a canine.
 - c) Otherwise use NeoX/ms in an amount approximate to 20% of the lesion but at least 0.1 cc./kg. volume but not to exceed about 0.2 cc./kg. as it is usually not necessary to use a greater amount.
 - d) The NeoX/ms may be extended with lactated ringers to make it easier to spread out in a grid in and around the lesion.
2. The drug will be spread widely by the circulatory system and attack neoplasm wherever it encounters diseased tissue.
 - a) There will be localized inflammation and sometimes lesions erupting where the presence of neoplasm was not known.
 - b) The injected lesion and any others may be then treated with Neoplasene according to the usual topical protocol.
 - c) You may elect to inject one or a few more times on very large lesions.
3. Oral aftercare should be started at 7 to 11 mg/kg. according to the Oral Aftercare protocol.
 - a) Avoid oral administration within 48 hours (before and after injection) to avoid short term anorexia.
 - b) After 4 to 8 months of oral treatment with no signs of continued disease the oral dose may be reduced to 4 to 6 mg/kg. for life.

After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

*Do not inject directly into a blood vessel as anaphylaxis is an issue.

General Procedure for Infusion

This protocol may vary depending upon case specifics.

Many neoplastic growths present in the nares, bladder, prostate, colon and auditory meatus. These can be addressed topically with Neoplasene with some difficulty or the orifice may be infused with the liquid form of the medication NeoplaseneX/ss. If the topical Neoplasene is used, such as in the nares the treatment is usually just once for up to eight hours, but may be repeated as required.

If the circumstances require liquid infusion of NeoplaseneX/ss, three variables come into play. The concentration of the drug, the duration and the frequency of treatment can all be varied. The intent is to precipitate apoptosis as rapidly as possible without creating an unnecessary uncomfortable situation for the patient or a collateral crisis.

Bladder infusion

Transitional cell carcinoma are routinely treated with success by installing a catheter, and infusing the bladder with medication equivalent to a normal void volume, adjusted to reflect the portion of the bladder taken up by tumor. Holding it in for an appropriate residence time, letting the patient then void naturally and repeating the procedure at an appropriate time interval.

The size and aggressiveness of any tumor are variable so any specific protocol may need to be varied to fit the situation as presented. However, the following is general and nominal: for a tumor taking up not more than 25% of the bladder, infuse with NeoplaseneX with sterile saline (NeoX/ss) starting at 1/10 and increasing the concentration to 1/2 after seven to ten infusions 4 days apart with a residence time of 2 hours is a reasonable plan. Monitor your success, or lack thereof, with periodic ultrasounds (every 4 treatments) and change the concentration, residence time and frequency to keep the tumor shrinking.

Simultaneously the patient should be on the Adjunct Oral care protocol at 11 mg/kg. After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

The nares, auditory meatus and the colon may similarly be topically treated with NeoX/ss infusion as well as concurrent Adjunct Oral treatment.

General Procedure for Insulinoma and other Endocrine System Tumors

This protocol may vary depending upon case specifics.

Oral treatment at 5 to 11 mg/kg. b.i.d. until controlled.

This procedure has also been successful in tumor induced Cushings Disease.

After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

General Procedure for Osteosarcoma

This protocol may vary depending on the extent of the diseased bone.

Excellent results have been obtained from using the Primary Care Protocol adjusted to b.i.d. – see below in this document. The neoplasm is slowly eliminated, just faster than it is formed, allowing for reossification. Take reference radiographs at the start of treatment, begin oral treatment at 11 mg/kg. b.i.d. according to the Primary Oral Protocol for about 7 to 10 days then increase the dose to 22 mg/kg. for the remainder of the month (e.g. an additional 20 days). After the initial 30 days of treatment, take another radiograph and compare to the pretreatment condition. If the lesion has advanced, increase the dose to 27 mg/kg. If it has remained essentially the same or you see some sloughing of diseased bone (i.e. lysis) - the radiograph will appear fuzzy around the surface of the bone as if it is out of focus - keep the dose at 22 mg/kg. This condition will usually allow reossification.

If the lesion has decreased in size and there is a lot of sloughing, decrease the dose as the tissue is reducing too fast and reossification will be inhibited.

At least each month review the status and adjust as indicated.

This protocol keeps the disease in check and provides for continued use of the bone. The very least result is much more quality time between the patient and those that care. The very best is holding the lesion(s) in check until the patient expires of old age.

If there is soft tissue involvement or if the bone is so far gone that it cannot be saved by the oral protocol, topical and injectible treatment may be employed.

If the patient can get along without the bone (e.g. mandible, scapula, toe, etc.) all the neoplasm can be eliminated by injection and/or topical treatment. Then long term oral aftercare is indicated.

DO NOT use any anti-inflammatory drugs and DO NOT use any analgesics for the first 60 to 90 days. Thereafter only use enough Tramadol to reduce serious pain. The patient needs to convalesce.

The reason for no analgesics is that it is difficult to determine if apparent increased lysis indicates an advance of the disease or if it is a breakdown of diseased bone as a result of treatment that had appeared normal on an earlier radiograph. A decrease in clinical signs is the best indicator of progress during the early months of treatment. For example, the patient may put more weight on an affected limb, or start using it again, indicating an improvement in condition.

Anti-inflammatories of any kind, including aspirin, licorice, prednisone, NSAIDS, etc. shut down, or at least markedly decrease the efficacy of Neoplasene.

After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

General Procedure for Lymphoma

This protocol may vary depending upon case specifics.

If the patient is eating well and has only a few enlarged lymph nodes the success rate is greater than 50%. If the patient is anorexic and most all nodes are enlarged success is improbable.

1. Use no anti-inflammatories for 3 days prior to treatment and while under treatment.
 - a) intravenous is administered 2 to 3 times 4 days apart at 22 mg/kg. of NeoX/ss.
 - b) dilute in 200 to 300 cc saline.
 - c) drip in using a blood transfusion unit over 2 hours.
 - d) anaphylaxis is an issue so have benadryl handy and don't leave the patient unattended.
 - e) repeat every four days until nodes decrease or three times maximum.

2. Four days after the last I.V. inject* the largest lymph node with NeoX/ms as follows:
 - a) avoid I.V. injection*
 - b) spread it in and around the lesion.
 - c) For one to three nodes swollen use:

| | |
|--------------------|--------------|
| Dogs 20 to 40 lbs. | 1.5 to 2 ml. |
| 40 to 60 lbs. | 1.5 to 3 ml. |
| 60 to 90 lbs. | 2 to 4 ml. |
 - d) Extend the NeoX/ms, with a like quantity of lactated ringers. Divide the mixture into 0.2 to 0.25 ml. injectable* doses and inject evenly in and around the largest node(s) (i.e. usually just one node).
 - e) It (they) will swell up dramatically. If it (they) don't, the immune system is likely very compromised and that issue should be addressed. The node(s) likely will rupture and drain. You may elect to open one or more to let it (them) drain. The open lesion should be cleaned and Wound Balm applied generously q.i.d.

*DO NOT inject directly into a blood vessel as anaphylaxis is an issue.

A week later do the then largest node that has not previously been injected. Cease injecting nodes when they all shrink substantially or after three node injections whichever is sooner.

3. You may elect to use the topical treatment on draining nodes. If so, follow the published protocol (i.e.):
 - a) clean up the lesion.
 - b) apply generously Neoplasene for 12 to 24 hours.
 - c) clean it up and resume wound balm.

Three to seven days after the last injection oral treatment should be started. Neoplasene, the topical salve, should be administered orally for patients over about 90 pounds weight. Neoplasene 300 and Neoplasene 75 can conveniently be administered to smaller patients.

Use the Primary Oral Protocol. After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

General Procedure for Oral Adjunct or Oral Aftercare

Varying from this protocol may lead to anorexia.

Mix up to 11 mg/kg. with cooked ground meat (50%) steamed white rice (25%) and cooked chopped vegetables (25%) b.i.d. Metoclopramide HCl is seldom required at this dose level unless the patient is already anorexic or at least finicky. For dogs I prefer to place the dose* in a capsule and wrap with meat b.i.d. Alternatively the dose may be thoroughly mixed with the meal. Avoid raw or dry food.

The patient should have its feeding schedule altered!

- No food or drink except at medicine time (i.e. b.i.d. or t.i.d.)!
- Feed a meaty food. Avoid dry or raw food as the cell membrane (meat) or cell wall (vegetables) of raw food does not absorb the unpleasant tasting/emetic oral medication well.
- Mix the dose of Neoplasene Oral with the food thoroughly.
- Use a scoop or two of ice cream 2/3^{rds} through the meal.
- After the patient has eaten let it drink all the water it wants. This will dilute the medication and reduce the emetic effect. The oral treatment should be continued for four to eight months.

If the patient refuses to eat a shot of B-12 once and/or 10 to 50 mg. of Reglan (i.e. metoclopramide HCl) prior to each meal is indicated. The Reglan dose is varied according to weight and is much higher (i.e. 3x) than the usual dosage.

Some pets are “finicky” because they have learned to influence their owners to feed them what the pet wants. Don’t allow this, cancer is terminal, don’t feed a “finicky” pet for a day or two and they will eat whatever is placed in front of them.

See note on nausea and anorexia in this document.

After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

*so long as it’s less than 11 mg/kg

General Procedure for Primary Oral Treatment

Varying from this protocol may lead to anorexia.

Neoplasene/Neoplasene Oral 300/Neoplasene Oral 75

1. Adjust the patient feeding to conform to the medicine schedule with NO! snacks or liquids between meals. Feed a cooked ground meaty food plus cooked white rice and cooked chopped vegetables and/or cooked fruit (i.e. avoid a raw or dry diet)*.
2. Draw the dose into a syringe and mix the dose with the food*. Avoid the use of capsules; instead mix the dose THOROUGHLY with the food. Two-thirds through the meal give some ice cream or cottage cheese or yogurt.
3. Avoid dry or raw food as the cell membrane (meat) or cell wall (vegetables) of raw food does not absorb the unpleasant tasting/emetic oral medication well.
4. For doses above 11 mg./kg. pretreat with Reglan, a/k/a/ metoclopramide HCl, prior to each feeding at 3 times the normal dose.
5. After! the patient has eaten and for the next one-half hour, give all the water or other liquid the patient will drink.

Week one:

Use 11 mg./kg. b.i.d. or t.i.d. depending on the case specifics.

week two: pretreat with Reglan (i.e. metoclopramide HCl) increase the dose of Neoplasene to 22 mg./kg. t.i.d. mixed with a meaty meal*.

Week three and thereafter for several months until resolved same as week two but use 22 to 27 mg./kg. as necessary.

After ten to twelve months of oral treatment and apparent resolution of the problem the oral dose may be reduced to about 5 mg./kg. for life.

*1/2 cooked ground meat; 1/4 cooked white rice, 1/4 cooked chopped vegetables or fruit (but cooked)!

Note on Nausea and Anorexia

Oral Neoplasene is an emetic. Nausea and possible resultant anorexia are sometimes difficult to manage particularly at high doses required for osteosarcoma, lymphoma and widespread systemic disease. Several steps can be taken to minimize nausea and avoid anorexia: 1) no raw food, 2) no dry food, 3) no snacks or treats or 4) drinking between meal/medicine times, 5) mix the dose thoroughly with the cooked wet food, 6) give ice cream, cottage cheese or other dairy with the meal, 7) feed 50% cooked ground meat, 25% cooked white rice and 25% cooked chopped fruit and vegetables, 8) use three times the normal metoclopramide dose 30 minutes before meal/medicine time and consider the following if trouble persists.

In general, the concentration of neoplasene in the patient will asymptotically approach

$$c = tdf \quad \text{in about 10 days.}$$

Where:

- t = detoxification time in days [i.e. about three days]
- d = dose in milligrams per kilogram
- f = frequency in doses per day.

The dose can be decreased if the daily frequency is increased without effecting the patient's systemic concentration of medication.

For example: if the patient is on 22 mg./kg. b.i.d. and nausea is a problem the effective concentration can be maintained by decreasing the dose to 15 mg./kg. and increasing the daily administration to t.i.d. In terms of milligrams per pound 10 mg./lb. b.i.d. is equivalent to 6.7 mg./lb. t.i.d., which is a lot less upsetting to the stomach than 10 mg./lb.