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## **PRINCIPLES OF MODULATED ELECTRO-HYPERTHERMIA (mEHT)**

### **PRESENTATION OF THE PHILIPPINE LAUNCHING EVENT OF ONCOTHERMIA 2024.06.01.**

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### **CITATION**

Szasz, A. (2024) Principles of Modulated Electro-Hyperthermia (mEHT)  
Presentation of the Philippine Launching Event of Oncothermia 2024.06.01.  
<https://youtu.be/uWPUCgKANcc>,  
<https://www.youtube.com/playlist?list=PLEaAiXVgvMsEazu16PMNSqcJjZKF1yB3Y>

Oncothermia Journal 35, July 2024: 9-20.  
[https://oncotherm.com/SzaszA\\_2024\\_Principles-of-mEHT\\_20240601](https://oncotherm.com/SzaszA_2024_Principles-of-mEHT_20240601)



PHILIPPINES LAUNCHING EVENT  
1ST JUNE 2024 | FAIRMONT MAKATI



MATE  
HUNGARIAN UNIVERSITY OF  
AGRICULTURE AND LIFE SCIENCES

## Principles of modulated electro-hyperthermia (mEHT)

**Brand name:**  
Oncothermia

**Presenter:**  
Andras Szasz  
Ph.D. Professor of Biophysics



### Hyperthermia in oncology was recognized in ancient medicine

Why are doctors skeptical nowadays?

Why is the method not used routinely?

What hinders practical applications?



**WHY?**

The heating is not controlled enough,  
the results are contingent.

**What is the reason?**

The blood flow tries to compensate for the warming

It is useful for complementary therapies

- radio [reoxygenation]
- chemo [drug delivery and reaction activity])

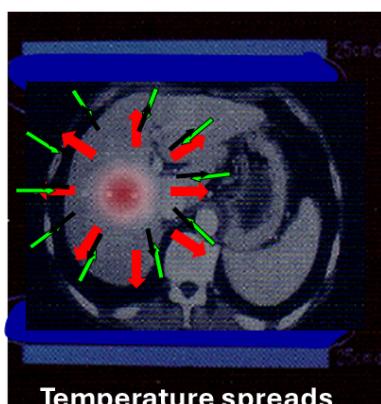
**BUT:**

→ It supplies extra nutrients for the tumor!

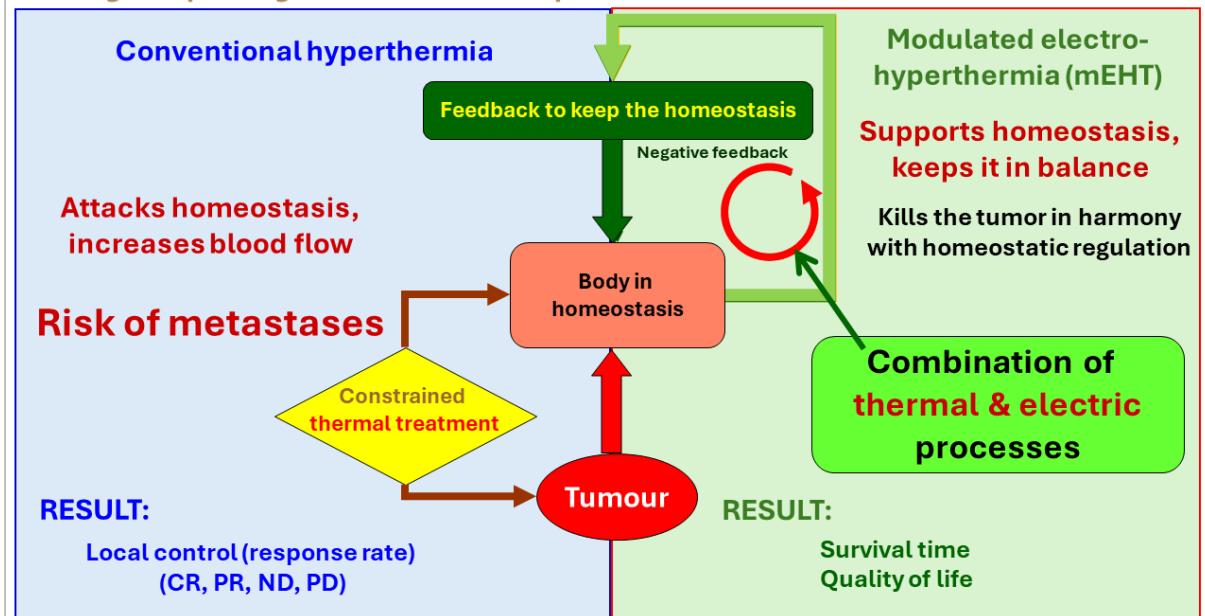
→ It risks the intensive dissemination, metastases

→ Further uncertainty:  
the thermal homeostasis is subject-dependent

**What to do? How to get out of the trap?**



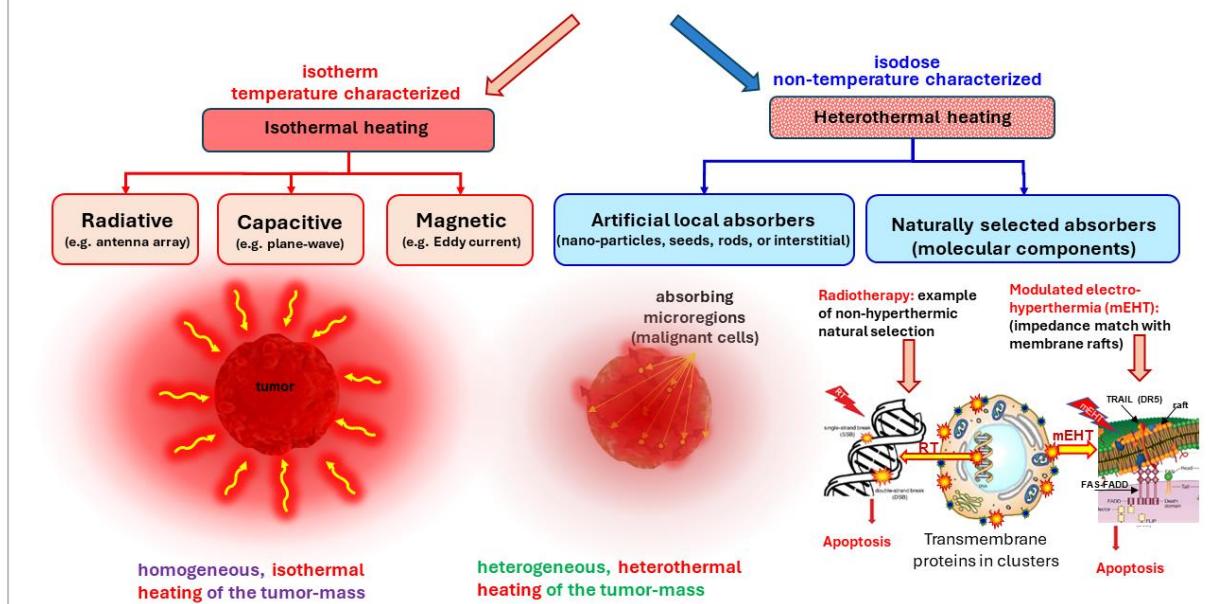
### Change of paradigm in thermal therapies



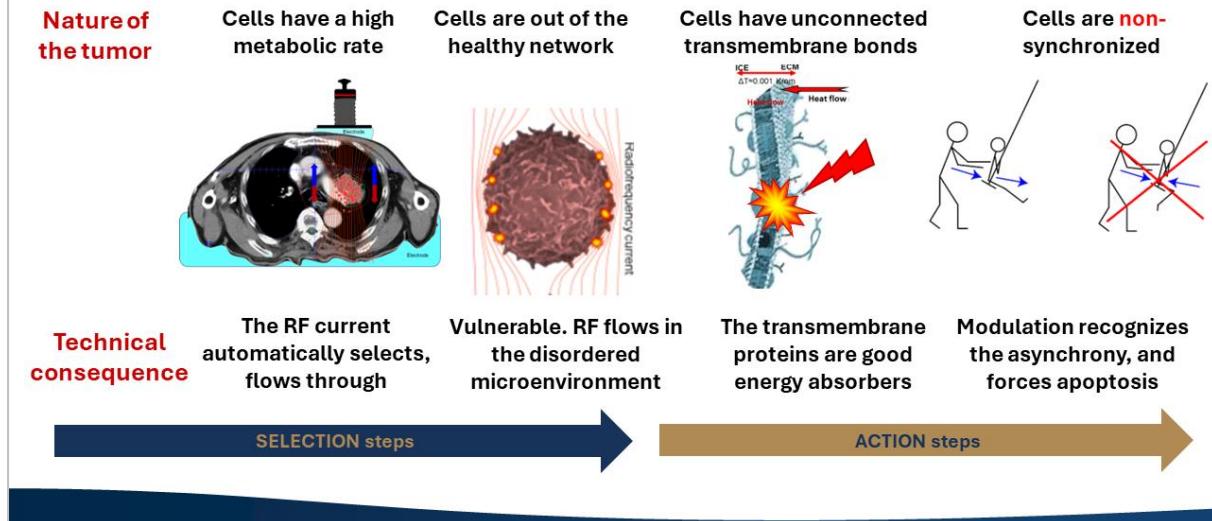
## How to do it?

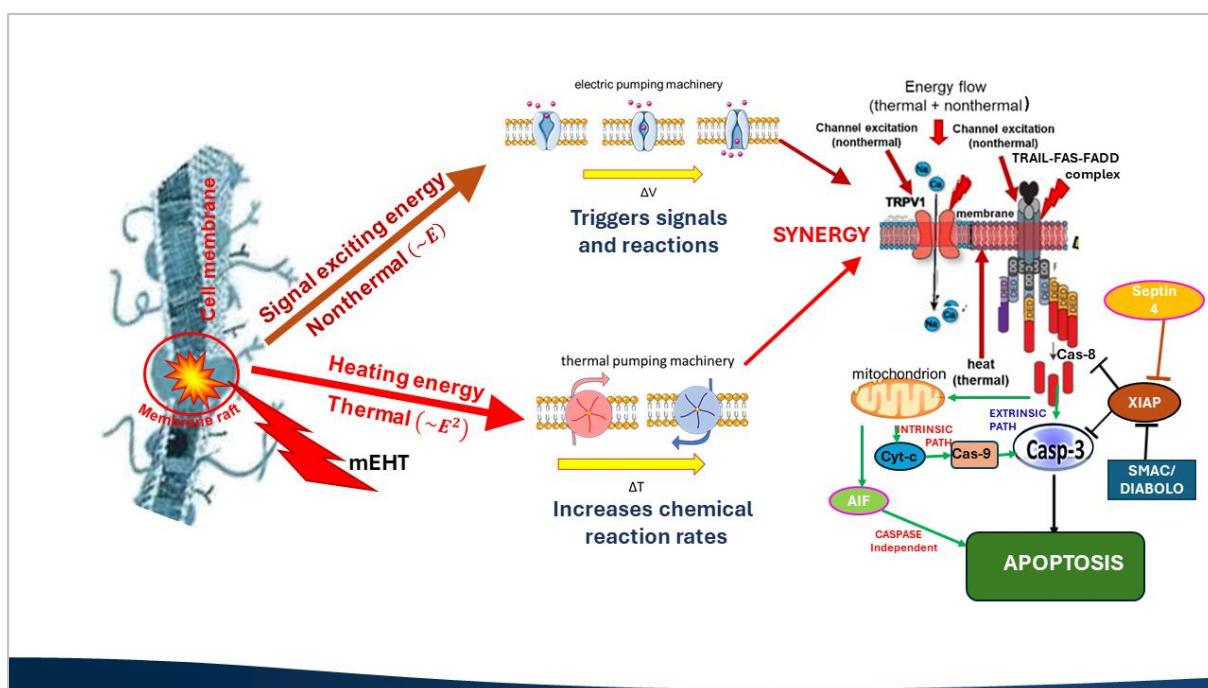
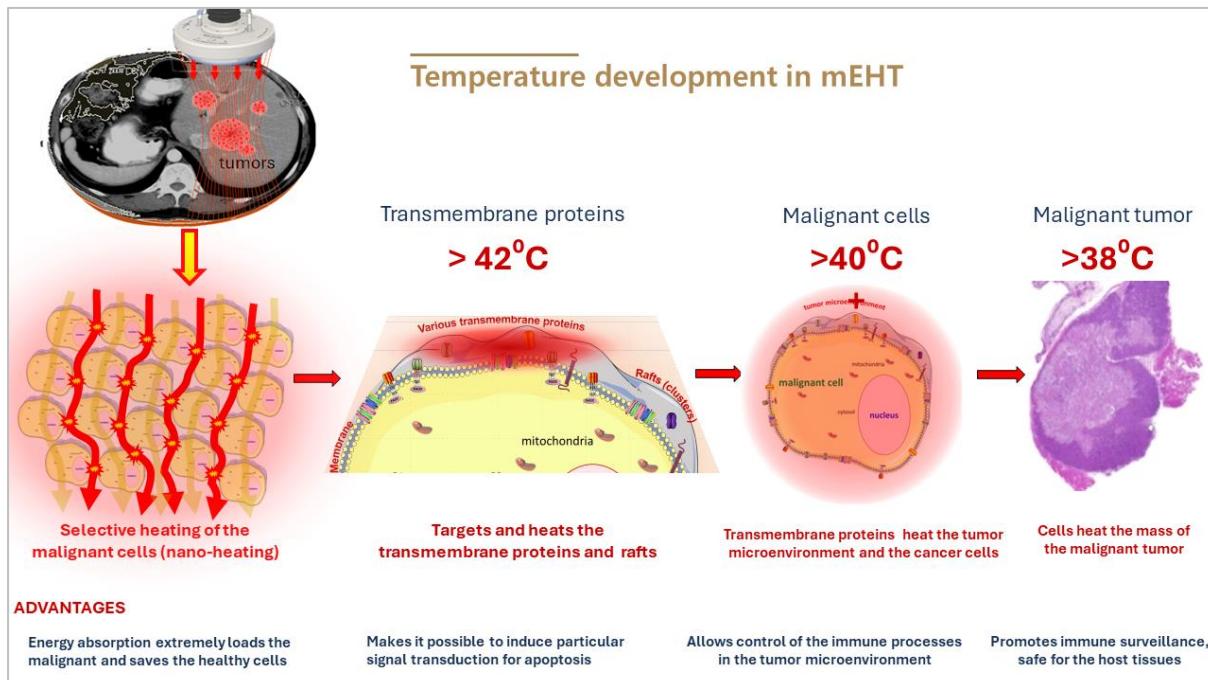
**The trick is technical!**

## Electromagnetic techniques of loco-regional hyperthermia



## The tool: modulated electro-hyperthermia (mEHT, oncothermia ®)





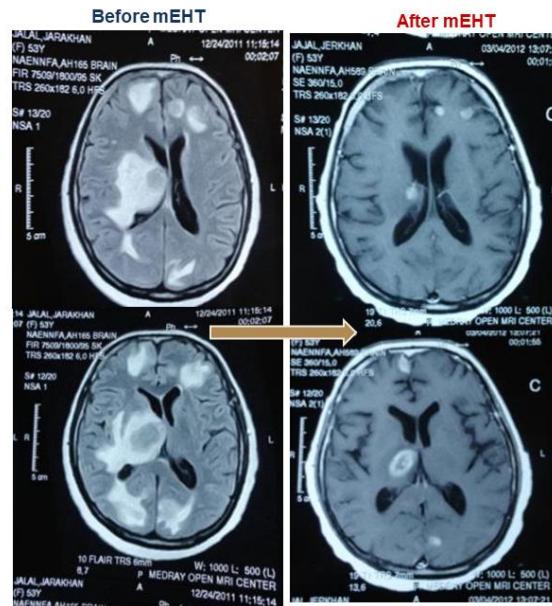
## Brain metastasis from breast cancer

**Investigator:**  
Dr. Marwan Akasheh

**Institute:**  
Dar Alshefa' Tumors  
Treatment Center,  
Amman, Jordan,

**Patient:**  
female 53 y.

### mEHT Monotherapy



## Mammary carcinoma

**Investigator:**  
Prof.Dr.A.Herzog

**Institute:**  
Fachklinik Dr.Herzog, Nidda,  
(Bad Salzhausen), Germany

**Patient:**  
60 y, female, (H.S.)

**Diagnosis:**  
Mammary carcinoma, (March 2007)

**Treatment:**  
(started December 2008) Chemotherapy  
Vinorelbine + Mitomycine C, accompanied by  
several sessions of oncothermia;

**Result:** complete remission (CR)

Before oncothermia therapy; 12. December, 2008



After oncothermia therapy, 20. March 2009



## Esophagus carcinoma

**Investigator:**

Prof.D.Gronemeyer & Dr.H.Sahinbas

**Department:**

Department of Radiology and Microtherapy,  
University of Witten-Herdecke, Bochum, Germany

**Patient:**

M, 46 y, male

**Diagnosis:**

Esophagus-Ca.

**Therapies:**

Surgery: +

Chemotherapy: Multiple CxT

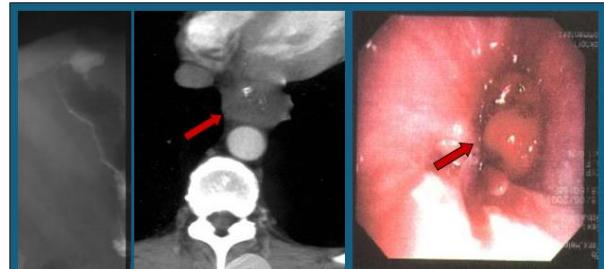
Radiotherapy: (50 Gy) from

Relapse: Anastomose, Full block of food-passage  
in esophagus,

Oncothermia: monotherapy

Result: Complete remission (CR) Free-food  
passage

Follow-up: Censored



after 6x oncothermia

after 12x oncothermia

## Stomach Carcinoma, WHO IV

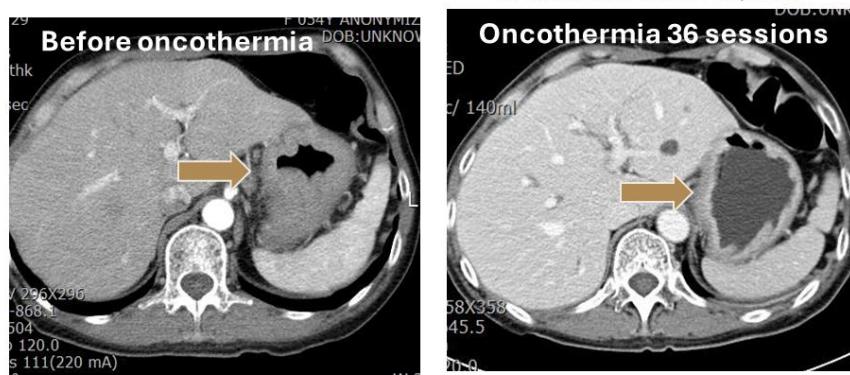
Investigator: Prof.Dr. Taesing Jeung

Institute: Department of Radiation Oncology, Kosin University, College of Medicine & Kosin University Gospel Hospital.

Patient: (54y/F)

Published: 31<sup>st</sup> ICHO Oct. Budapest; 2012

Stomach Ca in Jan/2012  
No chemoTx, oncothermia monotherapy  
HT 36 times: Mar/2012~Sept/2012



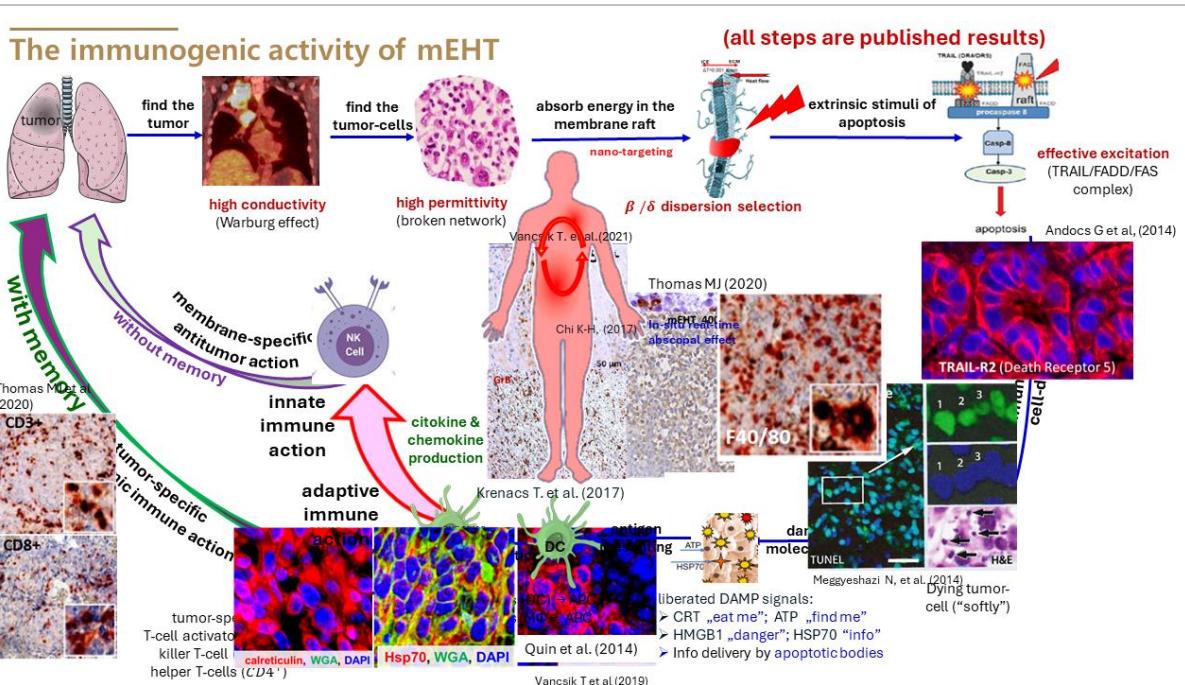
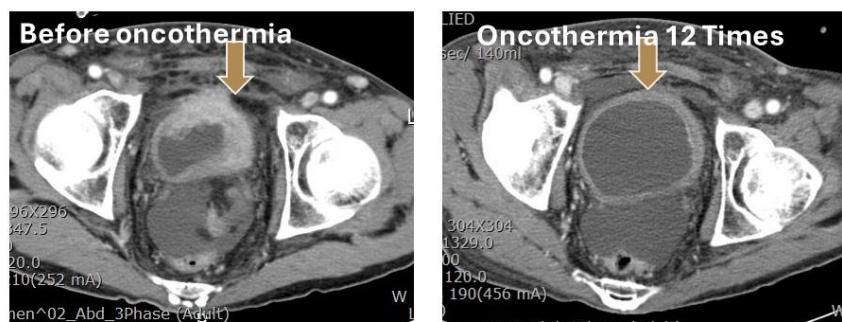
## Pancreatic Ca and Metastatic Bladder Cancer (49y/M)

**Investigator:** Prof.Dr.Taesung Jeung

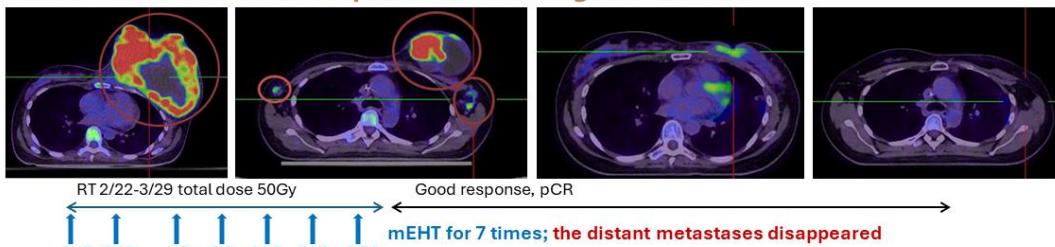
**Institute:** Department of Radiotion Oncology, Kosin University, College of Medicine & Kosin University Gospel Hospital.

**Oncothermia applied as monotherapy**

**Published:** 31<sup>st</sup> ICHO Oct. Budapest; 2012



### Marked local and distant response (immunogenic action)



Chi M-S. et.al. (2021) Marked local and distant response of heavily treated breast cancer with cardiac metastases treated by combined low dose radiotherapy, low dose immunotherapy and hyperthermia, Ther Radiol Oncol 2021;5:17.

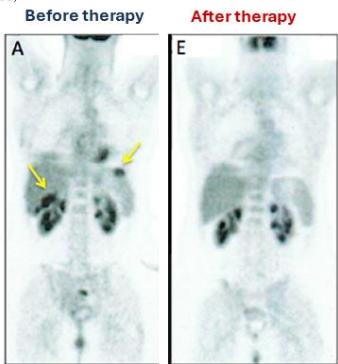


Whole body (18F)-FDG-PET-CT scan showing a 77 mm x 55 mm primary tumor in the left breast (arrow 1), multiple widespread liver masses (arrow 2), and an upper left nodular abdominal lesion (arrow 3). The metastases are so widespread, the use of arrows is nearly insufficient.

Iyikesici MS, Slocum AK, Slocum A, Berkarda FB, Kalamian M, Seydel Fried TN; (2017) Efficacy of Metabolically Supported Chemotherapy Combined with Ketogenic Diet, Hyperthermia, and Hyperbaric Oxygen Therapy for Stage IV Triple-Negative Breast Cancer; Cureus 9(7): e1445. DOI 10.7759/cureus.1445

### Ovarian cancer with liver and spleen metastasis

Ranieri G et al.; (2017) Bevacizumab-Based Chemotherapy Combined with Regional Deep Capacitive Hyperthermia in Metastatic Cancer Patients: A Pilot Study; Int. J. Mol. Sci. 18: 1458;



A 56-year-old female affected by ovarian cancer with liver and spleen metastasis, already treated with 12 cycles of Bevacizumab-based chemotherapy and 24 hyperthermia sessions

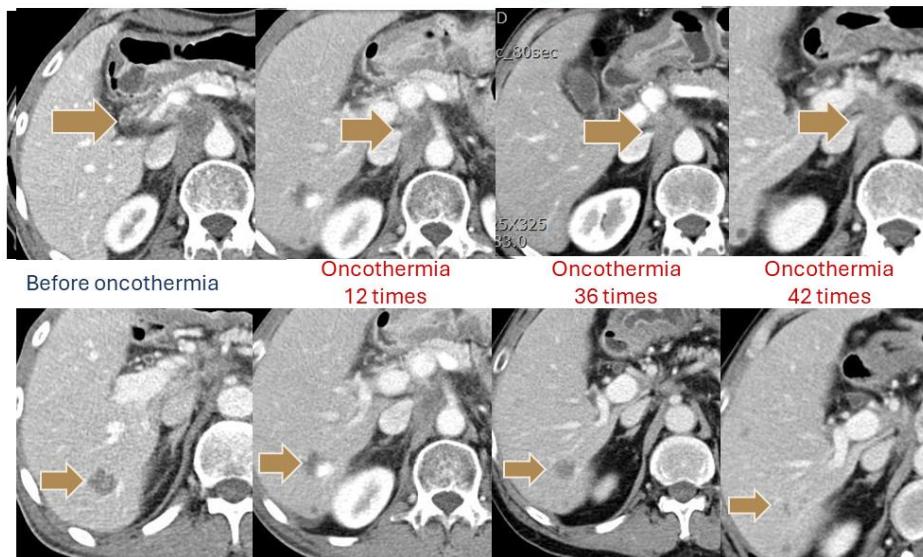
### Metastatic esophageal cancer

Chi K-W et al.; (2018) Tumor-directed immunotherapy: combined radiotherapy and oncotherapy, Conference of International Clinical Hyperthermia Society, Budapest, published in Oncotherapy Journal, 2019.



### Pancreatic cancer and liver metastasis

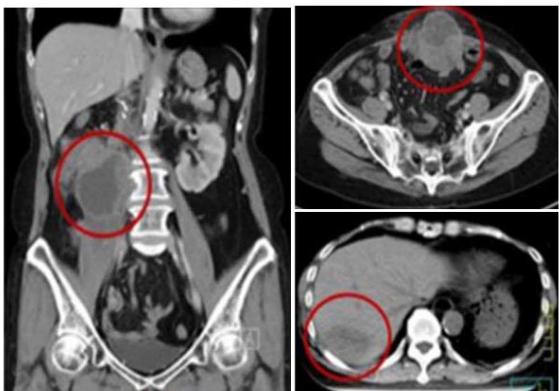
Investigator: Prof.Dr. Taesung Jeung | Institute: Department of Radiation Oncology, Kosin University,  
Patient: male 58 y | Therapy: **Oncothermia monotherapy**, 42 times



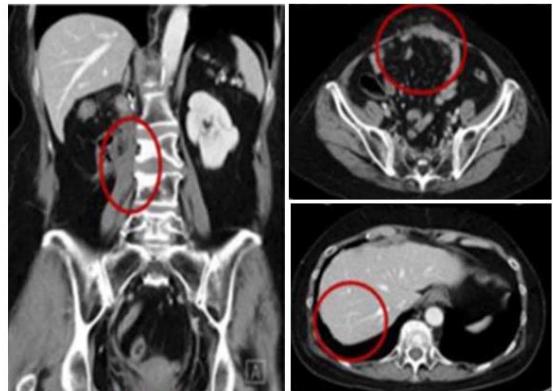
### Metastatic urothelial carcinoma with abscopal tumor effect on liver metastases

Chi et al. (2020) Putative abscopal effect in three patients treated by combined radiotherapy and modulated electrohyperthermia, Frontiers in Oncology, 10:254

#### Before therapy



#### After therapy

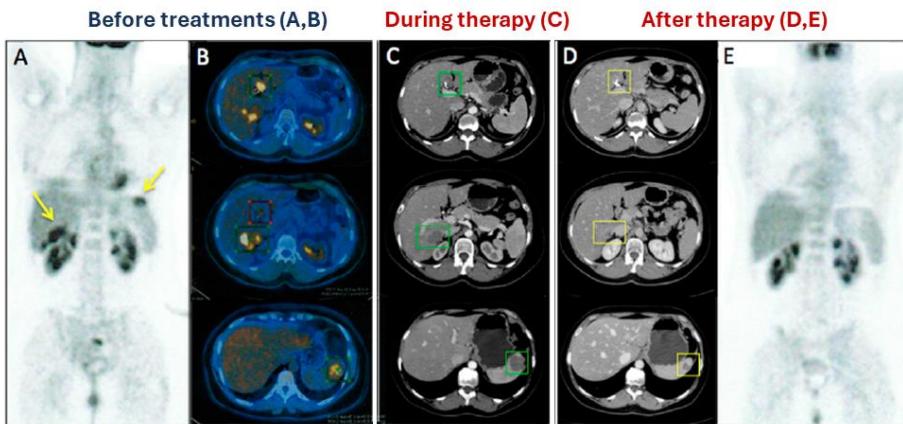


RT to abdomen mass 40Gy

+ 6 x Oncothermia

## Abscopal effect

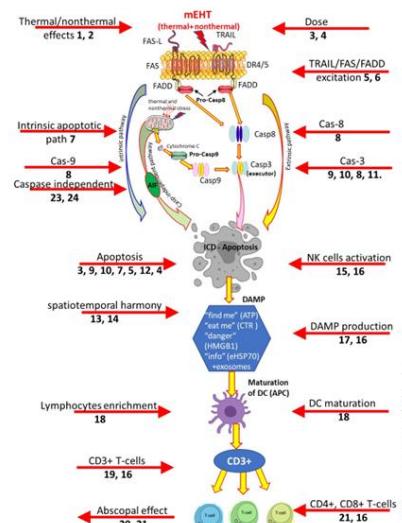
Ovarian cancer → liver + spleen metastasis  
(Bevacizumab + mEHT)



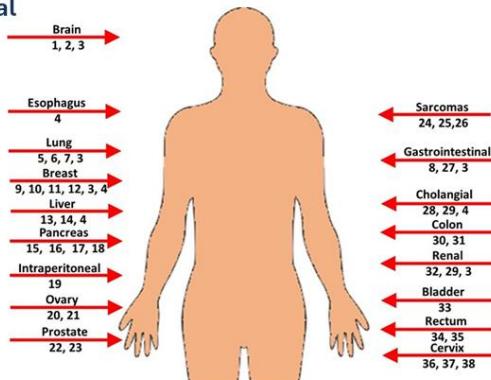
Ranieri G et al.; (2017) Int. J. Mol. Sci. 18: 1458; doi:10.3390/ijms18071458

## Publications

### Basic molecular, preclinical



### Clinical



Some preclinical experiments with mEHT method. The numbers refer on the references: 1.= [42], 2.= [237], 3.= [238], 4.= [94], 5.= [202], 6.= [198], 7.= [239], 8.= [65], 9.= [207], 10.= [203], 11.= [240], 12.= [64], 13.= [207], 14.= [206], 15.= [204], 16.= [32], 17.= [205], 18.= [66], 19.= [241], 20.= [200], 21.= [33], 23.= [205].

The clinical studies with mEHT. It contains various level of evidences including case reports and phase II/III trials. The Oncotherm PubList numbers denoting on the references.  
1.= [243], 2.= [244], 3.= [245], 4.= [246], 5.= [247], 6.= [248], 7.= [249], 8.= [250], 9.= [251], 10.= [252], 11.= [253], 12.= [254], 13.= [255], 14.= [256], 15.= [257], 16.= [258], 17.= [259], 18.= [260], 19.= [261], 20.= [262], 21.= [263], 22.= [264], 23.= [265], 24.= [266], 25.= [267], 26.= [268], 27.= [269], 28.= [270], 29.= [254], 30.= [271], 31.= [272], 32.= [273], 33.= [274], 34.= [275], 35.= [276], 36.= [277], 37.= [278], 38.= [20].



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## Thanks for your kind attention

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