

# Medscape

## Doc Loses License Over 'Poor' Cancer Care, but Fights Back

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A Canadian physician has been stripped of his license to practice medicine for providing questionable care to his cancer patients, according to [a decision](#) reached by the College of Physicians and Surgeons of Ontario (CPSO).

The move comes after an 8-year investigation into cancer care provided by Akbar Nauman Khan, MD.

As well as the order to immediately revoke his certificate of registration, the Ontario Physicians and Surgeons Discipline Tribunal also ordered that his practice, the Medicor Cancer Centre in Toronto, be shut down.

In additionally, Khan is required to pay CPSO costs of \$197,030.

The tribunal concluded that Khan "is incompetent and failed to maintain the standard of practice of the profession in his care and treatment of 12 cancer patients."

The ruling added that Khan's behavior and poor care "were not an isolated incident or single lapse in judgment: they were repetitive and occurred over a span of years."



Findings of misconduct are laid out in a 271-page report, much of which focuses on Khan's use of a particular combination of chemotherapy with a uroprotectant. However, the report also details improper use of complementary and alternative medicine (CAM) in patients with cancer, and reports of payments claimed for palliative care that was not delivered.

## Doctor Fights Backs

Khan has denied all of the allegations filed against him, and has taken action against the CPSO. He has essentially been given the green light to proceed with criminal charges against CPSO.

"The allegations and guilty findings are false and based on evidence that the CPSO fabricated," Khan told *Medscape Medical News*. "I have contested all their allegations from Day one and will be filing an appeal against the license revocation in court."

Last month, Khan successfully filed private criminal charges against the CPSO, as well as CPSO lawyer Morgana Kellythorne and CPSO investigator Lisa Mueller, for fabrication of evidence and obstructing justice.

"Another court has agreed that my evidence against the College constitutes *prima facie* evidence of fabricating evidence and obstructing justice," Khan said. "We have charged the entire organization, their lawyer, and their investigator with these criminal acts, and the judge has allowed us to move forward with a private criminal prosecution. This is a landmark decision since I have never seen it done before in the history of our province."

Khan contends that the long list of complaints filed in the ruling are not from his patients. "They are from doctors who are either jealous of my achievements in the field of metabolic cancer therapy, or they do not believe in the science of what I am doing," he told *Medscape Medical News*. "In almost 30 years of clinical practice, I have only had one legitimate patient complaint — that was initially dismissed, then appealed, and I received a verbal caution — and one vexatious patient complaint that was dismissed. The other multitude of complaints are from doctors."

## 8-Year Investigation

According to the report, the investigation found that Khan had used therapies on vulnerable patients that were not sufficiently supported by evidence and science, and that he did not provide appropriate information so the patients could give informed consent.

He also misled colleagues, the report noted, as well as taking thousands of dollars of public health care money to which he was not entitled. For instance, he billed Ontario

Health Insurance Plan (OHIP) for palliative care when he was not providing it and when patients had declined palliative care.

The report also emphasized "the degree of his departure from standards of evidence-based medicine," in that Khan treated his patients with therapy that could not be reasonably expected to remedy their ailments and was not supported by evidence and science.

It also maintained that Khan failed to cooperate with a CPSO investigation and that "he continues to obstruct this investigation by withholding the charts of 19 pediatric patients."

### Patients with Advanced Cancer

Khan, who trained in family medicine and palliative care, opened the Medicor Cancer Centres in 2006.

Initially he provided conventional medical care to his patients, many of whom were patients with advanced cancer who required palliative care. As time went on, his practice expanded to using an integrative approach that combined CAM with conventional medical care.

The reports notes that Khan began offering two medicines that are not conventionally used in patients with cancer. He started using dichloroacetate (DCA), which is typically used to treat metabolic disorders in children, as an alternative way of treating cancer. He also started offering patients with cancer a low-dose regimen of naltrexone (LDN), which is commonly used in addiction care, and in the treatment of autoimmune diseases, fibromyalgia, and chronic fatigue syndrome.

Then in June 2013, Khan began offering a two-medication cancer regimen comprised of the conventional chemotherapy agent, carboplatin, along with a uroprotectant known as mesna (Mesnex), which aims to prevent platin-drug-induced cystitis. Both of these drugs are standard approved agents commonly used in cancer care. They are both approved in Canada.

However, the Tribunal maintains that Khan's use of the combination of these two agents together was problematic. This combination is referred to as "side-effect-free chemotherapy" (SEF) or by its trademark name of SAFE chemotherapy.

The report noted that Khan continued to use this therapy even "when the level of evidence and science for SEF chemotherapy was brought into question by several other physicians, [and] the College." It also suggests that Khan himself understood that the evidence for this therapy was lacking, as demonstrated by his repeated requests for scientific support from the developer of SEF chemotherapy.

"By treating patients with SEF chemotherapy, Dr Khan failed to maintain the standard of practice of the profession," the Tribunal concluded.

The report also noted several other irregularities. One example noted in the report was a patient who was inappropriately treated with magnolia bark extract and low-dose naltrexone for acute leukemia, even after an oncologist said she did not have the disease. In another case, Khan failed to maintain the standard of practice of the profession when he used DCA to treat a pediatric patient with medulloblastoma.

However, a sizeable proportion of the allegations against Khan were related to the use of SEF chemotherapy.

### SEF Chemotherapy Used in California

SEF chemotherapy was developed by Kenneth Matsumura, MD, and colleagues at the ALIN Foundation, a 501c3 organization founded in 1962 with the goal of developing lifesaving medical treatments for heart attack, cancer, diabetes, infectious diseases, and liver failure.

Matsumura, ALIN's CEO, is a well-known scientist and researcher, having invented the bio-artificial liver and the artificial pancreas, in collaboration with Johnson & Johnson and NASA. His bio-artificial liver has been acclaimed for being one of the Top 10 Most Important Inventions of the 21st Century in Medicine and Science, and it was honored by TIME Magazine as an Invention of the Year in 2001. He is also a member of the American Medical Association, California Medical Association, and the American Association for the Advancement of Science.

Matsumura told *Medscape Medical News* that he and colleagues use SEF chemotherapy in patients with cancer at the Berkeley Institute International, Berkeley, California. He explained that mesna is FDA approved in the US and is used mostly used with the chemotherapy agent ifosfamide. "Therefore, my use of it with another chemo agent would be considered within FDA approval as an off-label use," he commented. "We are the ones who discovered that combining mesna with carboplatin achieves so much, and as it's been in use for 17 years now. It is hardly experimental."

He pointed out that whereas treatment with ordinary chemotherapy achieves responses in 3%–50% of cases, SEF chemotherapy has achieved close to a 90% response rate, with very low side effects observed in most patients.

"The reason why this dose-intense carboplatin chemotherapy is so superior, despite having little to no side effects, is because we don't rely only on chemical killing by chemo agents," said Matsumura. "Mesna is used to keep white blood neutrophil cells alive, which are usually wiped out by chemotherapy. By keeping them alive, we allow these neutrophils to augment killing of cancer cells that are simply injured."

With ordinary chemotherapy, neutrophil cells are wiped out, so the injured cancer cells are not eliminated and instead recover, he continued. "With our therapy, the neutrophil cells are kept alive, and will go on to lyse these injured cancer cells. So instead of only killing 60% of cancer cells, each one of our treatments will kill perhaps 95%, maybe even more."

Many patients are able to go into complete remission, even with stage IV disease, he said. He added that his team's longest surviving patient had breast cancer with liver metastasis that that failed treatment with three conventional chemotherapy protocols. "Her liver was cleared after only four SEF chemo treatments given weekly, and she has now been free of cancer for 15 years," Matsumura said.

This treatment received a blast of publicity in 2018, when actor William Hurt described his experience with SEF chemotherapy on an ABC News report. Hurt talked about how he had been diagnosed with terminal prostate cancer in 2012 and decided to undergo treatment with SEF chemotherapy. He lived for nearly a decade in remission but died in March from disease recurrence.

#### Lack of Data

One of the issues raised by the Tribunal was the lack of any published studies or data, other than a few case reports, to demonstrate the efficacy of SEF chemotherapy.

"Dr Khan confirmed that since 1992, when Dr Matsumura began working on SEF chemotherapy, none of his findings have ever been published, nor is there any information available on any patients he treated since his first four patients in 1992," the Tribunal noted in their report.

In an interview with *Medscape Medical News*, Khan reiterated that there is no published trial data, although noting that Matsumura conducted a small study of consecutive patients several years ago. "Since their responses were so much better than standard chemo, the chance that this was a random occurrence is virtually zero," he said. "Therefore, statistically speaking, a trial is not needed."

But the main issue, Khan emphasized, is the high cost of doing a clinical trial and attracting funding. Since the therapy uses a common and relatively inexpensive generic drug, it is far less attractive than a new branded agent. "If it was a new patented chemo, then the owner of the patent would fund the trial," he said. "But that said, the best data on the SEF chemo is on our Medicor website as we have all of the data from 600 treatments of consecutive patients. There's no cherry-picking and no hiding unfavorable data."

The Medicor website has data presented for 102 patients and over 600 cycles of SEF chemotherapy, compiled over a period of more than 4 years. Almost all these patients had stage IV terminal disease.

Of this group, 76 cases could be evaluated for response; 62 patients had a partial response, 4 had a complete response and 1 had stable disease (with prior growth). The 26 patients who could not be evaluated either did not receive sufficient therapy to make a proper analysis of response, didn't get all of the necessary testing done, had mixed results that were impossible to interpret, or had just recently started therapy, according to the notes on the Medicor website.

#### Current Status

Although both carboplatin and mesna are approved in Canada, and can be used in combination off-label, Khan reports that he is no longer permitted to administer SEF chemotherapy to his patients.

"It is 100% legal to administer this therapy in Canada and the US, but I was stopped because the College was determined to stop us at all costs," he said. "They used a false 'expert' opinion report from an oncologist combined with a fabricated complaint from two pediatric oncologists to say that I was harming patients. This was used to justify stopping me from administering the therapy."

The Medicor clinic remains open at this time, but the website notes that SEF chemotherapy is no longer available.

*Roxanne Nelson is a registered nurse and an award-winning medical writer who has written for many major news outlets and is a regular contributor to Medscape.*

#### Original Article:

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