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LETTER TO THE EDITOR

If Jules Verne had a stage IV lung cancer; a science-fiction solution of cancer

Sir,

In our short story we imagined that Jules Verne was living in the year 2006 and was 51 years old. He went to the hospital for chest pain, where, after serial investigations he was informed that he had a stage IV (T4N3M1) lung carcinoma. He also learned that the situation was hopeless and only 1 patient among 100 could be alive within 5 years. He realized that despite many advances in technology and aggressive therapeutic measures, medicine couldn't overcome cancer, especially "Lung Cancer". After entering the hospital repeated laboratory investigations and many futile invasive approaches and their complications were waiting for the patients. They were giving their last breaths away from home, away from rest and peace. Jules Verne thought that mankind doesn't deserve this and decided to solve this situation in a new story.

In the new story, *Captain Nemo*, 63, is commanding his starship *Nautilus II* in the year 2423 AD. He is 1919 Astronomic Units (AU) away from earth (one AU is 150 million kilometers and it is the distance between Sun and Earth). *Nautilus II* was 23 AU far from *General Gordion*, commander of the *Trojan* squadron and also the captain of *Sarissa*, flagship of the squadron. In this new adventure missions were progressing in three arms. The main objective was implanting the 1,500,000 inhabitants of *Sarissa* for colonization in 5 planets. The secondary objective was conducted by *Captain Nemo*, and consisted of mapping worm holes of the *Hattusas* Galaxy, neighbor of the *Andromeda* Galaxy. The last objective was a rescue operation of the planet *Tantalos*, which is a planet of *Asclepion*, one of the solar systems in the *Hattusas* Galaxy.

Nautilus II was specially designed for exploring deep space and worm holes. While on its way to the outskirts of *Hattusas*, *Captain Nemo* was called to the health bay for checking-up of his bio-chips and bio-sensors. *Captain Nemo* bore bio-chips in his vital organs such as eye, lung, kidney etc. and also had 3 pairs and 2 single (total 8) bio-sensors which were all implanted 3 years ago on *Sarissa*. The distributions of the sensors were as follows: 1 in cisterna chyli, 1 in subcarinal lymph pad, 3 pairs (right and left) in glomus caroticum, glomus jugulare and medulla oblongata. Bio-sensor was a tissue islet consisting of a nano-computer covered with T-cells and astrocytes, its diameter being approximately 20 microns. The mission of a bio-sensor was to count the abnormal cells, different proteins, circulating antigens (Ag), antibodies (Ab), Ag-Ab complexes and tumor markers. If the levels of these parameters exceeded the normal values, bio-sensors were sending signals to the receiver in the health bay. Bio-chips had some similarity with bio-sensors but their working principle was different. They were also a nano-computer covered with mast cells and neurons. Every bio-chip was programmed for measuring dimensions and scanning of the superficial and deeper layers of the implanted organ by neuro-cellular connections. In other words the body and the organ were under constant observation. It was a kind of cyto-scan, and when the calculated proportions became different than the previously loaded data, bio-chips put the whole system on alarm.

He went to the bay, and within 15 minutes checking was complete and the data were sent to the Dept. of Health in *Sarissa.* Then he went back to work. *Prof. Captaso* (Head of the Dept.) evaluated the data. The bio-chip in the left lung revealed a 2-cm tumor. The bio-sensor in the subcarinal location detected tumor invasion, other sensors in the medulla oblongata and glomus caroticum counted increased amount of tumor cells in the bloodstream. *Dr. Captaso* asked himself how the sensors and chips failed to detect such a progressive lung tumor earlier. He thought that maybe this was due to an interference of plasmic shock during traveling through a worm hole causing a temporary pause in chips and sensors. Anyhow they should solve *Captain Nemo*'s health problem. *Dr. Captaso* ordered a topotomo for *Captain Nemo* through the communication channel. *Captain Nemo* called back again to the health bay and a pill (*Captason*®) was given to him. This pill was a kind of radio-opaque, invented by *Dr. Captaso;* its volume was increasing more than 100 times after entering the circulation, filling the vascular and neural network. He then laid down on the table of topotomo. The imaging process finished in one minute .

and the data were sent back to *Sarissa* once again. *Dr. Captaso* investigated the topotomo either with vascular or neural windows. The machine reported that *Captain Nemo* had a stage IV (T1N2M1) lung cancer. He ordered his team to collect tumor cells from the patient. *Captain Nemo* called back to the health bay again where he was informed of the situation and was advised to take his regular sleeping time in his cabin. After sedation and while he was dreaming, a sterotactic cell obtainer (a kind of transthoracic biopsy) collected a number of tumor cells. The cells were analyzed and the genetic sequence was sent to *Sarissa*. The following working period a cluster of antibodies enforced with killer cells was produced in the laboratories of *Sarissa*. The vial was sent to *Nautilus II* by photon transfer system (faster than the molecular transport system). In the following working period, while he was having his scotch on the rocks and massage in the cabin, the vial was injected to *Captain Nemo*. Three weeks later the control topotomo revealed full recovery for which the crew of *Nautilus II* gave him a party and wished him another healthy 50 years.

Doctors, oncologists, engineers and scientists should discuss, think and work together for technological achievements in oncology. In the above presented story I tried to draw attention on different aspects of cancer.

I believe that science without imagination is next to nothing.

Correspondence to:

Melih Kaptanoglu, MD
Dept of Thoracic Surgery
Faculty of Medicine
Cumhuriet University
PK: 702
58141 - Sivas
Turkey
Tel: +90 346 2191300/2146
Fax: +90 346 2191284
E-mail: mkaptan@cumhuriyet.edu.tr