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**From:** William Makis from "COVID Intel" <makisw@substack.com>  
**Sent:** Wednesday, April 8, 2026 4:03 PM  
**To:** other-stuffs@hotmail.com  
**Subject:** IVERMECTIN and MEBENDAZOLE Testimonial - 71 year old COLORADO Woman with GLIOBLASTOMA reports after 6 months: no g...

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# **IVERMECTIN and MEBENDAZOLE Testimonial - 71 year old COLORADO Woman with GLIOBLASTOMA reports after 6 months: no growth, no recurrence! No chemo needed!!**

WILLIAM MAKIS

APR 8 · PAID



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[Redacted]



To: [Redacted]

Mon 1/19/2026 9:23 AM

Cc: [Redacted]

Good morning, [Redacted]

Attached please find my most recent reports of my labs (1/12/2026), MRI 1/5/2026), and oncology appointment (1/13/2026).

I had been on Temodar 180 mg bid for 5 days/month since June, 2025, and tolerated that well. I never had any untoward effects from that protocol. I still have never had any neuro symptoms related to the brain cancer, and of course am happy about that. I occasionally feel a little dizzy, especially if I'm in a large space with lots of people.

My oncologist spoke with a colleague at the University of [Redacted] Medical Center oncology department to discuss his opinion on whether there was benefit to continuing the Temodar treatment. I was initially told in June that this would be reassessed to see if treatment would be continued for 12 months. Both MD's concurred that there is no indication at this point to continue the chemotherapy. My next MRI will be on March 3, 2026.

Please advise as to whether I should change anything in my [Redacted] protocol.

Sending wishes for continued success with the growth of your wonderful cancer coaching work in 2026. Thank you.

[Redacted]

## Progress Notes

MD at 1/13/2026 11:01 AM

**CHIEF COMPLAINT:** GBM.

**HISTORY OF PRESENT ILLNESS:** The patient is a very pleasant 71 year old-year-old female whose oncologic history is as follows:

### Oncology History

**GLIOBLASTOMA MULTIFORME, BRAIN, UNSPECIFIED SITE**

4/22/2025

**Initial Diagnosis**

**GLIOBLASTOMA MULTIFORME, BRAIN, UNSPECIFIED SITE**

### MR Brain WWO 1/5/2026 5:32 PM

#### Impression

1. Right frontal tumor resection changes are again seen. Compared to September 25, 2025, there is mildly increased nonenhancing signal along the inferior margin of the resection cavity, potentially treatment-related. No associated elevated perfusion, enhancement or mass effect is seen. Recommend continued attention on follow-up to exclude tumor.
2. No new distant site of disease is seen.
3. No evidence of an acute infarct, hydrocephalus or intracranial mass effect.

Signed By: MD 1/6/2026 9:07 AM

### ASSESSMENT AND PLAN:

1. GBM, MGMT methylated, status-post GTR (April '25), s/p concurrent chemoradiation with Temodar (completed late June 2025), s/p 6 cycles adjuvant Temodar (completed Dec '25).
2. Heterozygous FVL mutation, no history clots
3. Mild fatigue 2/2 treatment

I met with [REDACTED] today for follow-up. Here with husband [REDACTED]. Patient completed her 6 cycles of adjuvant Temodar (200 mg/M2) and overall tolerated that well. Labs look okay/stable. Recent restaging brain MRI looked good; vague area noted but possible from tx effect (reviewed with Dr. [REDACTED] in rad onc). Will get another MRI in 2mos. Reviewed I would not recommend any further temodar

### KEY POINTS:

71 year old COLORADO Woman with Glioblastoma

In July 2025 she started:

Ivermectin 1.5mg/kg/day

Mebendazole 1500mg/day

Results after 6 months: No tumor growth, no recurrence.

# NEW FLORIDA CANCER CLINIC COMING SOON!!

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