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Subject: They Retracted the 2025 Paper That Proved Fenbendazole Cures Cancer

Case Studies of Fenbendazole and its Effects on Cancers

They Retracted the 2025 Paper That Proved Fenbendazole Cures Cancer

Here's Why That Tells You Everything.

WILLIAM F. SUPPLE, JR., PH.D.

MAR 20

by William F. Supple, Jr., Ph.D. aka Ben Fen

Fenbendazole Can Cure Cancer *presents Case Reports of people who have treated their own cancers along with other articles to help understand how fenbendazole works to treat cancer. Previous articles covering other cancers are in the Archives link.*

Big Cancer tipped its hand — and showed its true colors.

A medical journal just retracted one of the most significant papers ever published on fenbendazole as a cancer treatment. Three patients. Three different solid tumor metastatic cancers. All three in complete or near-complete remission. No adverse effects. Sustained over years.

That paper is now gone from the literature (it is available for download as a PDF but its content are not indexed or searchable on PubMed). And the reason given for pulling it is one of the most cynical acts of institutional overreach on record.

I want to tell you exactly what happened — and why it matters far more than the retraction itself. I took this retraction personally, not because I was an author, but because I supplied all the case report data that comprised the paper. One case is my mother-in-law, one has become a good friend and another is a stellar individual always ready to help others. They submitted their information faithfully to help others and that effort was stolen from them.

The Paper

Published in *Case Reports in Oncology* in May 2025, Makis et al. documented three patients with Stage IV cancers — breast, prostate, and melanoma — who achieved dramatic and durable remissions after incorporating fenbendazole into their treatment regimens. Two achieved complete remission. One near-complete remission. All three tolerated fenbendazole without any reported adverse effects. All three remained in remission through the entire follow-up period, ranging from 11 months to nearly three years (Makis et al., 2025).

The lead author was Dr. William Makis, an oncologist who has treated cancer patients with fenbendazole and other repurposed antiparasitic drugs. His paper passed peer review. It was accepted and published. It entered the medical literature.

And *then* it was retracted.

The "Reason" — and Why It Is Fabricated

The retraction was ordered by the journal's Editor, Dr. Maurie Markman, on the grounds that Dr. Makis had an undeclared financial interest — specifically, that at the time of submission he offered services related to the topic of the study, i.e., he treats cancer patients with fenbendazole. The retraction statement noted that "the author's response when contacted were found to be unsatisfactory" and concluded that "these concerns would have affected the interpretation of the work" (*Case Reports in Oncology*, 2026).

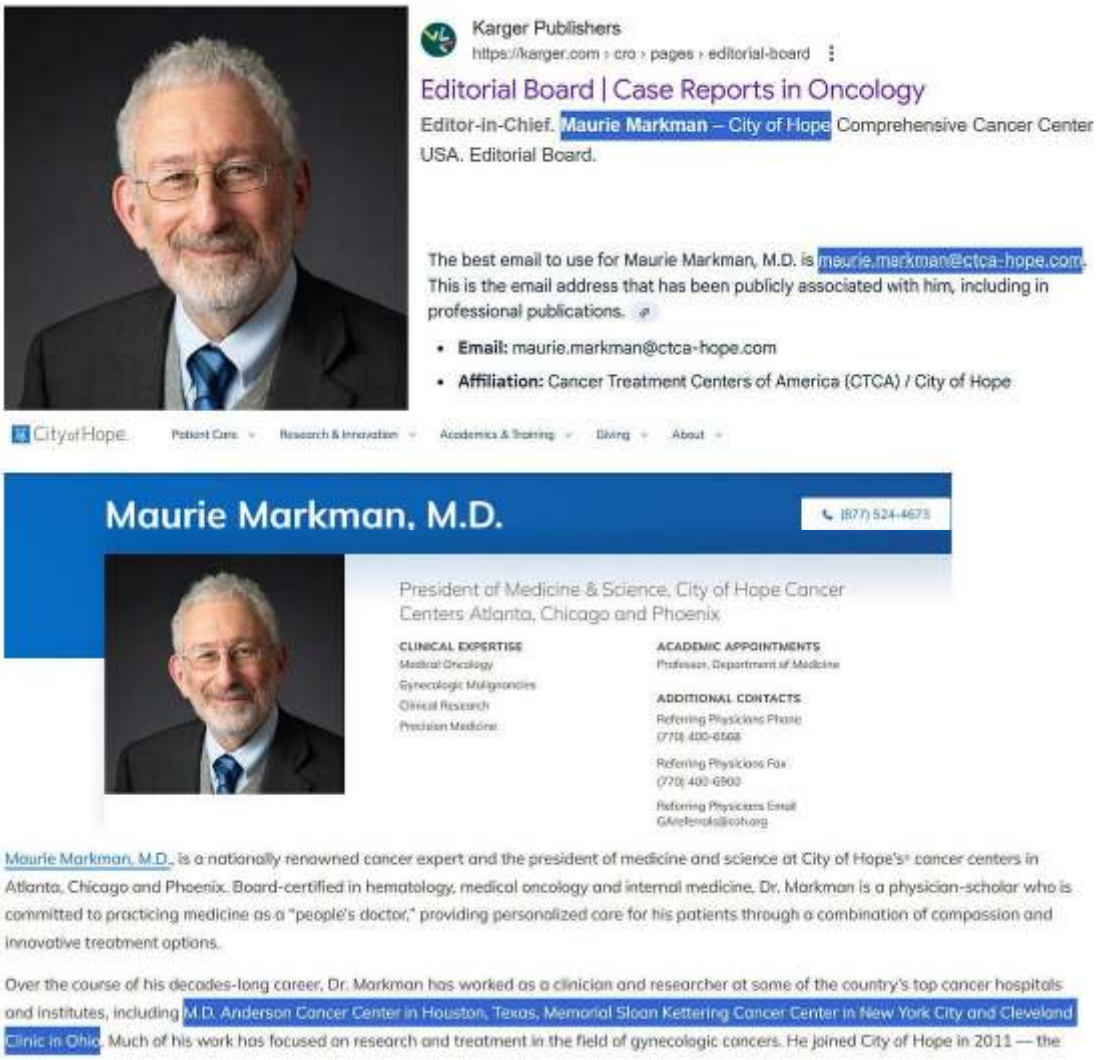
Read that again and let it sink in.

Fenbendazole is an off-patent, over-the-counter veterinary antiparasitic. It costs pennies per dose. No pharmaceutical company owns exclusive rights to it. No one profits handsomely from its use. As reviewed by Nguyen et al. (2024), fenbendazole's patent expired in the early 1990s, making it available as a generic drug accessible through animal supply stores and online platforms. The "financial interest" claimed against Dr. Makis — a physician helping patients with a drug that generates essentially no revenue — is not just weak. It is nonsensical.

Now let’s talk about who Dr. Markman actually is and who actually has a financial conflict of interest here.

The Real Conflict of Interest

Dr. Maurie Markman is the President of Medicine and Science at City of Hope Cancer Center. City of Hope is a multi-billion-dollar cancer treatment enterprise that generates its revenue from — you guessed it — cancer treatment. Expensive cancer treatment. Patented cancer treatment. Chemotherapy, immunotherapy, targeted biologics: treatments that cost hundreds of thousands of dollars per patient per year, that are frequently toxic, that often extend life by only weeks to months, and that leave behind a devastating legacy of cancer stem cells that drive relapse and metastasis.



Dr. Markman, in his role as Editor in Chief of *Case Reports in Oncology*, approved this paper for publication. It passed peer review. He read it. He accepted it. The science was sound. And then something changed.

What changed? The paper gained attention, lots of attention. It documented exactly what thousands of cancer patients around the world using fenbendazole already know: it works. It works remarkably well. And it cannot be monetized by Big Cancer institutions like City of Hope.

The financial conflict of interest here is not Dr. Makis's. It is Dr. Markman's. The institutions that retracted a paper proving that a cheap, off-patent drug cures

cancer are the same institutions that profit enormously from ensuring that patients remain dependent on expensive, patent-protected treatments.

The irony of the name “City of Hope” is almost too rich to bear.

The Hypocrisy Is Breathtaking

Let us apply Dr. Markman’s financial conflict-of-interest standard consistently. If we were to scrutinize every paper published in oncology journals by researchers employed by pharmaceutical companies, by cancer centers compensated for clinical trial enrollment, by investigators receiving speaking fees and consulting payments from drug manufacturers — no paper would survive. The entire edifice of modern oncology research is saturated with financial conflicts of interest that make Dr. Makis’s alleged infraction look like a parking ticket.

Here is what is true: because Dr. Makis uses a cheap, off-patent drug with no commercial value, his paper is the only paper that would genuinely pass a rigorous financial conflict-of-interest standard. The retraction inverts reality. It punishes this one researcher in the field who has no financial incentive to lie.

If there is an Editor that would be interested in publishing this impeccably-researched, peer-reviewed ground-breaking article please reach out to either myself or Pierrick Martinez.

The Cancer Stem Cell Problem — and Why This Matters

There is a scientific dimension to this story that receives almost no attention in mainstream oncology, but which I detail at length in my book *Cancer is a Parasite*.

Conventional cancer treatments — the chemotherapy and radiation administered at places like Cancer Centers — are extraordinarily effective at killing the bulk of a tumor. What they are not effective at killing, and what they may actually stimulate and expand, are cancer stem cells: the treatment-resistant, highly plastic cells that survive conventional therapy and seed recurrence and metastasis (Tu et al., 2024).

Fenbendazole kills cancer stem cells. This has been documented in multiple peer-reviewed studies. In a 2025 publication in Molecules, Lei et al. demonstrated that fenbendazole dose-dependently inhibited proliferation and triggered apoptosis in both conventional cervical cancer cells and cervical cancer stem cells — including the CD133+CD44+ stem cell population that drives therapy resistance and metastasis (Lei et al., 2025). The mechanism involved enforcing G2/M blockade through modulation of cyclin B1, cdc25C, Wee1, and CDK1 — a multi-target disruption of the cell cycle machinery in the very cells that survive standard treatment.

As also documented in the Makis et al. case series itself, benzimidazoles including fenbendazole have been shown to affect cancer stem cells (Makis et al., 2025). The broader anticancer mechanisms of fenbendazole — p53 activation, GLUT1 inhibition, hexokinase suppression, glucose uptake reduction, microtubule disruption, and proteasomal impairment — are comprehensively reviewed in Nguyen et al. (2024).

In other words: the treatments that institutions like Cancer Centers administer create the very cells that kill patients, and fenbendazole eliminates those cells. Dr. Markman's institution is not a passive bystander in this story. It is an active participant in a treatment model that fenbendazole threatens to render obsolete.

This Playbook Is Not New

What Dr. Markman has done is not novel. It follows a well-documented playbook of suppression that I trace back at least to 1976 in *Cancer is a Parasite*. The tools are familiar: delegitimization, deception, procedural pretext, journal pressure, manufactured conflicts of interest. The goal is always the same — to prevent cheap, unpatentable treatments from gaining clinical traction.

But this time, I believe they have made a grave strategic error.

They tipped their hand. They retracted the most definitive published case series ever demonstrating that fenbendazole produced complete remission across three types of metastatic solid tumors. They did this in full view of a public that is increasingly literate about antiparasitic drugs, increasingly skeptical of Big

Pharma, and increasingly motivated to seek alternatives. And, perhaps most importantly, in a political environment that may not let them get away with it any longer.

The 590 documented case reports of fenbendazole, ivermectin, and mebendazole in cancer— compiled by OneDayMD.com as of March 2026 — do not disappear because a journal editor under pressure pulled one paper. The science does not disappear. The patients who are alive today because of fenbendazole do not disappear.

And neither does the clinical trial data. At the 2025 ASCO Annual Meeting, Bitar et al. reported Phase I/II results (NCT05318469) combining ivermectin with the checkpoint inhibitor balstilimab in metastatic triple-negative breast cancer: a 37.5% clinical benefit rate in heavily pretreated patients, with no dose-limiting toxicities (Bitar et al., 2025). Antiparasitic drugs are entering the clinical trial pipeline whether Big Cancer likes it or not. Notably, this trial was previously run out of City of Hope before transferring to Cedars-Sinai — an additional irony worth noting in a future post.

The Population-Level Evidence that Antiparasitics Appear to Also Prevent Cancer That They Also Cannot Explain

According to publicly available WHO data, the 123 nations that conduct mass drug administration (MDA) programs — administering antiparasitic drugs including benzimidazoles to their populations at scale — have approximately half the cancer incidence of wealthy nations that do not have such programs. Billions of doses of antiparasitic drugs are administered annually under these government-run programs. The safety record is unassailable (Supple, 2026).

This is not a fringe claim. It is WHO-documented population-level data. And it is data that the current cancer research apparatus has no interest in exploring, because exploring it leads directly to fenbendazole.

What Must Happen Now

The safety question for antiparasitics in cancer has already been answered — by billions of administrations of doses each year across 123 countries. This is not a new drug. The concept of using antiparasitic agents against cancer is not new

either: the Soviets apparently understood it in the 1930s, other researchers rediscovered it in 1976, and the world is rediscovering it again today.

What is needed now is a committed, government-directed, independent, stooge-free research program into antiparasitics as cancer treatments — a moon-shot type effort to eradicate deaths from most forms of cancer within the next few years. We already have the drugs. We know why they work: Cancer is a Parasite. These drugs have been inadvertently safety tested for many years during their primary use as antiparasitics. We just need to go the last mile: optimize the administration, bioavailability, dosing, manufacture and distribution of these drugs. It would be useful to know if there are ***any*** circumstances where fenbendazole is unlikely to be effective. Cancer patients given up for dead after traditional treatments failed are saving their own lives now with fenbendazole and other repurposed drugs. Let's help them out, and others yet to be affected, with fairly researched answers and useful solutions.

This program should be housed within the Department of Health and Human Services and must be conducted without the corrupting influence of the pharmaceutical industry and the institutional cancer establishment. The standard cancer research apparatus cannot be trusted to conduct this work. The retraction of the *Case Reports in Oncology* paper proves it. They will kill the baby in the cradle, as they have done before. They showed us exactly who they are.

Secretary Kennedy and the Department of Health and Human Services now have an opportunity — and an obligation — to act. The MAHA mandate is precisely this: to pursue health solutions that actually serve the American people, not the financial interests of entrenched institutions.

The evidence is in. The safety is established. Three cancer patients are alive and thriving today who might not be otherwise. And the editor who tried to erase them from the medical record has a multi-billion-dollar conflict of interest that dwarfs anything he accused Dr. Makis of.

It is time to act.

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Book Notes

Cancer is a Parasite is the #1 book in many Amazon categories like breast, lung and prostate cancer! The book is not in Barnes and Noble stores, which is obviously a huge disappointment. Some experts and others familiar with the business say that this is not unusual in that BN ceased being a primary bookstore long ago now focusing on calendars, gifts and stationary. Amazon is the place where books are sold. If you buy it on Amazon, please post your reactions and review on Amazon - a few words is all it takes. I think you can post comments on Amazon even if you obtained the book elsewhere. I would also ask that you comment here as well and as always, ask any questions that arise.

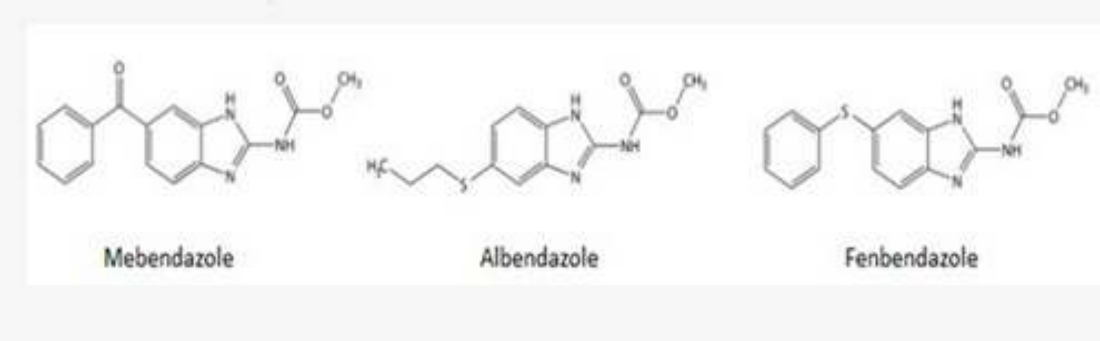
We are truly at a moment in time where a legitimate cure for cancer is about to enter the mainstream. The stars are aligned and the time is ripe for a real cure like fenbendazole. The ball is now in the court of the revamped Health and Human Services public health infrastructure. It is my hope that the shackles impeding progress from entrenched interests have been loosened enough to find the political will and courage to act in humanity's best interests. It is truly a great time to be alive!

Here is the link to the book at Amazon *Cancer is a Parasite*

Items Included in All Posts

Fenbendazole vs. Mebendazole vs. Albendazole vs. Flubendazole: The benzimidazoles are very similar chemically and they have very similar mechanisms of action with respect to disrupting microtubule function, specifically defined as *binding to the colchicine-sensitive site of the beta subunit of helminithic (parasite) tubulin thereby disrupting binding of that beta unit with the alpha unit of tubulin which blocks intracellular transport and*

glucose absorption (Guerini et al., 2019). If someone asks you how fenbendazole kills the cancer cells, the answer is in italics in the previous sentence.



The class of drugs known as benzimidazoles includes fenbendazole, mebendazole, albendazole and flubendazole. Mebendazole is the form that is approved for human use while fenbendazole is approved for veterinary use. The main difference is the cost. Mebendazole is expensive ~$555 per 100 mg pill, while fenbendazole is inexpensive ~48 cents per 222 mg free powder dose (Williams, 2019). As you may recall, albendazole is the form used to treat intestinal parasites in India and these cost 2 cents per pill. *FYI, to illustrate how Americans are screwed by Big Pharma, two pills of mebendazole cost just $4 in the UK, 27 cents per 100 mg pill in India and $555 per 100 mg pill in the US.*

While most of the pre-clinical research uses mebendazole, probably because it is the FDA-approved-for-humans form of fenbendazole, virtually all of the self-treating clinical reports involve the use of fenbendazole. Because the pre-clinical cancer studies use mebendazole (ironically the human form of fenbendazole) and humans self-treat their cancers with fenbendazole (the animal form of mebendazole) it is very reasonable to assume that mebendazole and fenbendazole are functional equivalents with respect to cancer. It would be helpful if future pre-clinical and clinical investigations simply used fenbendazole as a practical matter. For the purposes of this *Substack*, fenbendazole, mebendazole and albendazole are used interchangably.

Where to get fenbendazole

In our experience and the experiences of those that write in, it appears that the three readily available brands of fenbendazole (Panacur-C, FenBen Labs, Happy Healing Labs) are equally effective. Panacur-C can be obtained locally in pet stores, while they all can be obtained from Amazon. The article on Questions & Answers discusses the brands of fenbendazole in detail and shows photos of the various brands referenced.

If you would like to report your experiences with fenbendazole you can do so privately by email myfenbendazole@proton.me or more publicly in the *Comments* section in any of the articles. Also, if you know of people who've tried fenbendazole, and it didn't work, we'd be especially interested in hearing from you now. Understanding the conditions and factors that enhance or impede the success of fenbendazole in treating cancer are valuable.

Disclaimer:

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If you know someone who could benefit from this post from Fenbendazole Can Cure Cancer*, please share it with them.*

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