Table 1: Clinical trials of insulin-potentiation therapy for cancer

Source: CAM Cancer Collaboration. Insulin-potentiation therapy. Insulin potentiation therapy | CAM Cancer, October 2025.

Study ID	Study Design	Population Characteristics	Intervention Comparator	Outcomes Measured	Main Results	Comments
Damyanov 2012	Observational, 2 groups	16 patients with castration-resistant prostate cancer, post bilateral castration and androgen blockade	Low-dose chemotherapy with insulin + LHRH agonist (Goserelin) Group A: Epirubicin, Vinblastine, Cyclophosphamide Group B: Docetaxel NA; comparison between Group A and Group B	PSA response, disease progression, survival, QoL Toxicity	**Risk of bias** High risk of bias due to small sample size, lack of control group, and potential selection bias **Main outcome measures** After 6 IPT applications (n=16) - Partial response: 50% - Stable disease: 25% - Progressive disease: 25% After 10 IPT applications (9 patients): - Complete response: 33% - Partial response: 11% - Stable disease: 22% - Progressive disease: 33% Median survival: 11.7 months Quality of life improved in all patients	Very preliminary results from small observational study. No protocol After 6 IPT sessions, 44% of participants discontinued due to "social" (primarily financial) reasons. Median survival is lower than with standard docetaxel. Authors state that no significant AEs occurred, but 5 (31%) of 16 patients required blood transfusions. No conflict of interest declarations
Lasalvia 2004	RCT	30 women with metastatic breast cancer (M1), resistant to FAC chemotherapy and hormone therapy, ECOG PS ≤ 2, aged ≤ 74 years	**Group 1**: Insulin + Methotrexate **Group 2**: Methotrexate alone **Group 3**: Insulin alone	Tumor response (RECIST) criteria (stable disease vs progressive disease); change in tumor size; toxicity (WHO criteria)	**Risk of bias** Overall moderate to high: High performance bias (no blinding), unclear selection and reporting bias; low attrition and detection bias. **Main outcome measures** Disease progression: Group 1 (Insulin + Methotrexate): 9 stable disease, 1 progressive disease Group 2 (Methotrexate): 3 stable, 7 progressive Group 3 (Insulin): 2 stable, 8 progressive Tumor size increase: Significant difference ($P < 0.001$) between Group 1 and Groups 2 & 3 Group 1 = 13.51% ± 3.01; Group 2 = 20.21% ± 2.27; Group 3 = 21.04% ± 2.17 Toxicity: Minimal, mostly Grade 0–1; lower in Group 1 than Group 2	Preliminary results only. Small sample size (10 per group) limits statistical power and generalizability No protocol No conflict of interest declarations