

Jan René and Cancer...

In 2014, I was diagnosed with cancer – multiple myeloma – which is blood disease cancer, that starts in the bone marrow.. It cannot be cured, but death can be postponed and symptoms can be alleviated. It should be taken very seriously!



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In Denmark, I have now used all legal medications, and there is nothing more to be done, the doctors states. The last treatment I received was called Teclistamab. It worked for two years before the disease neutralized the effect of the cancer medication. Teclistamab is a type of CAR-T but is made from substances in a laboratory, and is not a substance that has been extracted from the body, treated, and then reinserted into the body.

However, there is a sister medication called talquetamab. It is also mixed in a laboratory, and although they are not identical, the two products resemble each other somewhat. Talquetamab is approved in Germany and EU. I have received a specific offer from a hospital in Würzburg. Prior to treatment in Germany, Rigshospitalet, where I am being treated, has offered to pay for the pre-treatment with Immunoglobulin. This means that before any potential treatment in Germany, Rigshospitalet will treat me with Immunoglobulin. This should save the German hospital some time and treatment hours – and thus also money.

Regarding the medication Talquetamab, it is approved for use in patients in the EU. However, it cannot be used in Denmark, as the decision-making body, the Medicines Council, believes the price of the medication is too high. Therefore, they have not released the medication in Denmark.

It's a proven fact that Talquetamab or Cilta-Cel/Carvykti works, but the price is indeed a barrier to approval. As mentioned before, I am currently being treated at Denmark's leading hospital, Rigshospitalet. They are the ones who now say there is nothing more to be done in Denmark.

Besides talquetamab, which is the cancer treatment medication I wish to receive now, I have also never tried receiving treatment with actual CAR-T medication. That is, where something is taken out of my body, processed, and then returned to my body. This treatment exists at Rigshospitalet, and are called Cilta-Cel/Carvykti; but they will not offer me this, as they believe there is a risk that I am refractory – meaning that the effect of the treatment may not last as long as one might hope?

It's believed to give 16,8 months extra living time. I would be HAPPY to have 1½ year extra. In the “system” I am considered “young” and the comparison is with people, who are 80-90 years old.

Summary:

- Rigshospitalet in Denmark cannot offer me further cancer treatment for my illness.
- I last received Teclistamab, but that medication stopped working back in October 2024.
- I have been denied treatment with talquetamab in Denmark, as the Danish Medicines Council has not approved the drug.
- Talquetamab is approved in Germany and the rest of the EU, and I have received a concrete offer from a German hospital in Würzburg. It's a very expensive offer, however. Prior to any potential treatment with talquetamab, I will be able to receive treatment with Immunoglobulin at Rigshospitalet.
- Cilta-Cel/Carvykti is approved in Denmark, but they will not give it to me, as the survival rate is “only” 16,8 months (nearly 1½ year!).

I am of course available to answer any further questions you might have.

Kind regards
Jan Rene Strojek

International Pay transfer

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INFO-BOX

We are ONLY interested in raising money for medical expenses and related expenses!

Our funding is controlled by Civilstyrelsen / Department of Civil Affairs and the official case number is: [J.nr. 25-700-09583](https://www.grantthornton.dk/).

On their site you also have the option to get their permission translated to English.

The Department demands that by the end of the funding period, a neutral Audit firm (Grant Thornton)(<https://www.grantthornton.dk/>) submits an official audit of our funding. We of course strive to keep it all legal!

One of the clauses from the Department is, that you can't have your donation returned to you. If Jan should die before the funding is complete, they stipulate that the money shall be used to the following purposes:

- A similar worthy goal. My choice is the Danish Myeloma Foundation: (<https://myelomatose.dk>).
- Medical bills that may be left unpaid – it can in example be payment to a German Hospital or other medical bills.
- Funeral expenses. It is expected that the funding will be extra strenuous, so expenses in relation to the funeral will be paid with, what money may be left.

Jan or his Wife has NO access to the account in the Bank, and can't withdraw any money!