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Cancer Treatment and Vitamin D

This article comes from an interview of Professor Angus Dalgliesh by Dr John Campbell in 2025.

Professor Angus Dalgleish studied medicine at University College London, where he obtained an MBBS and a BSc in Anatomy. He is a Fellow of the Royal College of Physicians (UK and Australia), the Royal College of Pathologists, and the Academy of Medical Sciences. Following graduation, he spent a year with the Royal Flying Doctor Service in Queensland and subsequently trained in internal medicine and oncology in Brisbane and Sydney.

Following an interest in how viruses caused cancer, he commenced an MD with Professor Robin Weiss, FRS at the Institute of Cancer Research and Royal Marsden Hospital. Following five years as a clinical scientist at the Medical Research Council's clinical research centre in Northwick Park, he was appointed to the Foundation Chair in Oncology at St. George's University of London in 1991. There his main interest has been the immunology of cancer and the development of immunotherapies to treat melanoma.

Prof Dalgleish revived thalidomide as an anti-cancer agent, leading to the development of lenalidomide and pomalidomide, now widely used for myeloma and lymphoma. He introduced IL-2 for melanoma treatment in the UK and advanced cancer vaccines using heat-killed mycobacteria like M. vaccae and M. obuense (IMM-101). His work also includes repurposing drugs such as low-dose naltrexone and emphasizing vitamin D3's role in cancer.

He is the author or co-author of over 500 peer reviewed scientific papers and over 70 chapters in medical books. He is the co-editor of five medical books and has been principal of the Institute for Cancer vaccines and Immunotherapy (ICVI) since 2000.

Other posts held

St George's Hospital

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So, how important is it to optimize vitamin D levels when treating cancer?

Incredibly important.

According to Professor Angus Dalgliesh, it is pointless treating cancer patients until you get their vitamin D levels high. He says that the literature is very clear on this.

Why do some people on immunotherapy respond to treatment while others do not? Once vitamin D tests became available, Professor Dalgliesh says that it became obvious.

People with low vitamin D do not respond to immunotherapy.
People with high levels of Vitamin D respond well to immunotherapy.

Professor Dalgliesh says that it is, honestly, that simple.

There are so many papers out there showing this relationship. Professor Dalglish mentioned one meta-analysis used 88,000 people, looking at patients with all sorts of cancers and all sorts of cancer treatments. Some patients had their vitamin D levels corrected before starting treatment and some did not. The ones that had their vitamin D levels corrected had a 13% improvement in clinical outcomes, regardless of the treatment.

Tamoxifen, which was the big breast cancer block buster, showed an 8% improvement in outcomes of breast cancer patients, which really shows how important this could be.

Yet, despite all the papers showing a clear benefit from optimising vitamin D, Professor Dalgliesh is astounded at how many specialist cancer centres and specialists do not bother to measure a patient's vitamin D status. He says he gets calls from specialists all the time asking why treatments may not be working

and he is stunned that, inevitably, the patient's vitamin D has not been measured.

When Professor Dalgliesh presented their data on their immunotherapy treatment IMM-101 for pancreatic cancer at the American Society of Clinical Oncology (ASCO), his results were the only ones that showed a survival benefit. One of the guys there said to Professor Dalgliesh, "Why is yours the only one that works and all the others don't work?" and he looked at Professor Dalgliesh as if he just did not believe the results. Professor Dalgliesh said. "Well, I think you'll find that we are probably the only trial that measured the vitamin D levels of all the participants and corrected them before they were randomized and commenced the trial."

Professor Dalgliesh said that this guy had thousands of patients on clinical trials for pancreatic cancer and he said, "I've never heard of this."

He called up Professor Dalgliesh 3 months later and said, "I set it as a project for someone because we have all our samples stored for years, and I can't believe it. The only people who respond to treatment are the people who have normal vitamin D. It is black and white. We shall certainly be changing our practice."

Professor Dalgliesh says that the vitamin D level needs to be over 100 nanomoles/litre (nmol/litre). He keeps all his patients at this level. He believes the NHS (National Health Service) in the UK sets the level far too low, as they base it on population levels. As mentioned in my own article on vitamin D and immunity population levels are far too low.

Normal is up to 200 nmol/litre but most people are around 30 - 40nmol/litre. In fact, Professor Dalgliesh has had patients as low as 6 or 7nmol/litre! He says that they look fine, but they don't respond to treatment.

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There are no side effects to keeping your vitamin D levels at around 100 nm/litre, unless you have kidney issues or phosphate issues.

If there are no side effects at 100 nmol/litre but clear evidence of benefit when treating cancer, the question has to be asked – why is correcting vitamin D levels not standard practice in cancer treatment?

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