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## On The COVER

### How Much Abuse Should Cancer Patients Have to Take?

By William Faloon



Two months ago, Life Extension dedicated a magazine issue to life-saving cancer drugs the FDA refused to approve. This article, however, is not about effective medications denied by the government. In this eye-opening report, we reveal how and why effective FDA-approved treatments are often ignored by the cancer establishment and what cancer patients can now do about it.

Over the past twelve months, Life Extension has been interacting with a group of oncology researchers and clinicians to develop a program that would enable cancer patients to gain access to the most advanced science-based treatments.

While preparing to launch this aggressive new program, the *New York Times* published an article that further emphasized the need to radically change the way cancer treatment is delivered.<sup>1</sup>

Most lay people are not familiar with non-Hodgkin's lymphoma, but it is the fifth most common cancer in the United States and causes 20,000 annual deaths.<sup>2</sup> Jacqueline Kennedy Onassis died from non-Hodgkin's lymphoma in May of 1994.

The *New York Times* reported on FDA-approved drugs that have been shown to be more effective in treating non-Hodgkin's lymphoma than existing chemotherapies.<sup>1</sup> The problem is that oncologists don't make as much money prescribing these better drugs because they have to be administered in the hospital setting.

How much better are the newer drugs? In a 2002 study published in the *Journal of Clinical Oncology*, 80% of patients who received one of the new drugs (Zevalin®) with chemotherapy showed tumor shrinkage, compared with only 56% of those who received the older drug (Rituxan®) with chemotherapy. In patients who received Zevalin®, 30% went into complete remission compared with only 16% who got Rituxan®.<sup>3</sup>

The *New York Times* conducted interviews with the few fortunate lymphoma patients whose oncologists prescribed these newer drugs. These human beings are convinced they would be dead if they had to rely on the older drugs, which had already failed them.

Conventional chemo drugs are big money-makers for oncologists who administer them intravenously in their offices. Instead of referring non-Hodgkin's lymphoma patients to a hospital setting for the better drugs, some oncologists commit the barbarous act of administering the older, less effective drugs in order to earn more money for them.

Examples of patients being exposed to toxic and less than optimal treatments run rampant in clinical cancer practice. While radiation therapy has a place in treating certain cancers, it has become so profitable that it is being inappropriately used in many settings, as are other conventional treatments that Medicare fully and unquestionably reimburses.

For 27 years, Life Extension has been battling an entrenched cancer establishment that places its profits over cancer patients who entrust their very lives to this corrupt system. With the establishment of the new International Strategic Cancer Alliance (ISCA), enlightened cancer patients can now gain access to the very best treatments, without any financial bias to distort what should only be a scientific decisionmaking process.

#### **A NEW SOLUTION FOR CANCER PATIENTS: THE INTERNATIONAL STRATEGIC CANCER ALLIANCE**

"Empowering Patients with Knowledge and Comprehensive Care"

A cancer diagnosis is often the most frightening event in a person's life. An equally distressing aspect is the challenge of locating an oncology group with expertise in providing the most up-to-date and creative treatments for your particular type of cancer.

Those diagnosed with cancer today find themselves at a historical crossroad. Despite multiple options to choose from, no medical facility integrates cancer treatment into a comprehensive program based on the totality of the scientific data available. The result is that it is a challenge to provide patients with the optimal opportunity to achieve long-term survival.

Cancer is a complex disease that requires a multimodality therapy to provide the best chances of attaining a cure. Discoveries occur quickly in the research setting, but the process by which they are incorporated into clinical oncology practice is excruciatingly slow. In order to fully avail oneself of a science-based treatment protocol, the cooperation of a motivated and knowledgeable oncology group is mandatory.

Until recently, the burden of acquiring enough information to take advantage of science-based synergistic treatment programs has fallen on the cancer victim or the caregiver. A new organization called the International Strategic Cancer Alliance (ISCA) has been formed to unite patients with oncologists who will integrate a vast array of synergistic therapies into customized treatment programs to provide the best scientific opportunity of eradicating the malignancy.

The ISCA is currently focused on assistance to newly diagnosed prostate and breast cancer patients. The Alliance also facilitates the design and implementation of human clinical trials for cancer patients. A medical advisory board has been formed to assist with the program's goals. The client base of ISCA already includes international participants.

### **WHY CANCER TREATMENT MUST BE INDIVIDUALIZED**

Curing malignant disease is not simple. Cancer cells are everything we would like healthy cells to be: They quickly adapt to toxic environments, they readily alter themselves to assure their continued survival, and they utilize biologic mechanisms to promote cellular immortality. All of these factors make cancer an extremely difficult disease to treat.

Chemotherapy drugs have a high rate of failure because they usually kill only specific types of cancer cells within a tumor. The remaining cancer cells are then free to mutate and become highly resistant to were incorporated into clinical medicine.

What has long concerned the founders of the International Strategic Cancer Alliance is that respected cancer journals publish articles that identify safer and more effective treatment regimens, yet few oncologists incorporate these improved methods into their clinical practice. Cancer patients often suffer through surgery, radiation, and chemotherapy treatments that do not integrate the latest synergistic or additive scientific findings. One purpose of the ISCA is to direct patients to oncology groups that incorporate multimodal approaches in order to improve the probability of a successful outcome. The ISCA also considers the use of an integrative approach for the purpose of lowering the side effects of patients' cancer treatments.

It is impossible to design a single chemotherapy protocol that is effective against all types of cancer. The oncologist might need to administer several chemotherapy drugs at varying doses and different times because tumor cells express survival factors with a wide degree of individual cell variability.

The ISCA brings together oncologists who utilize findings from published scientific studies to provide additional treatments that have a logical basis to augment the effects of chemotherapy, reduce the potential for side effects, and block the many survival mechanisms that cancer cells use to escape destruction with conventional therapies.

For the first time, cancer patients can gain access to a team of dedicated professionals who will delve deep into the molecular aspects behind each individual's disease and then use the fruits of published scientific literature in a practical manner for the benefit of the cancer patient.



## **INTERNATIONAL STRATEGIC CANCER ALLIANCE: WHAT YOU NEED TO KNOW**

- Today's mainstream cancer care system is deeply flawed, compensating oncologists based on the number of patients they treat each day and giving bonuses for prescribing certain drugs. As a result, patients often receive less-than-optimal care and are not advised of the most advanced cancer-fighting therapies available.
- Innovative oncology researchers and clinicians have established the International Strategic Cancer Alliance (ISCA) to provide patients with the most advanced cancer care available today.
- By customizing treatment, incorporating multimodal therapies, utilizing the latest research findings, and helping patients access experimental therapies, the ISCA seeks to find the cure for each individual's cancer.
- The ISCA utilizes a team of experts to offer advanced care, while a patient advocate helps coordinate care and answer all of the patient's questions and concerns.
- If you or your loved one is fighting cancer, contact the ISCA to determine if this cutting-edge approach can be of assistance.



## **WHY MAINSTREAM ONCOLOGISTS CAN'T KEEP UP**

Virtually everyone remembers a time when medical doctors were revered with unwavering trust. This physician respect was well deserved, since those who contracted illness often had nowhere else to turn.

In conventional medicine's bygone golden era, doctors routinely delivered state-of-the-art care. One reason yesteryear's physicians kept abreast of new developments was that medical progress back then was very slow. In other words, it was not particularly difficult to prescribe the best standard treatment, since medical advancements occurred at such an agonizingly sluggish pace.

Oh, how times have changed! For any given disease, there are more new scientific studies published in a month than previously came out in a year. In the field of cancer research, the pace of research findings is exploding even faster. The problem is that it has become impossible for practicing oncologists, who often see 30 or more patients a day, to stay current with what has become an avalanche of new discoveries related to better ways of treating cancer.

In today's world, scientific information is plentiful, which creates an unsettling predicament for those suffering from cancer. The dilemma is that a significant amount of time and expertise is required to review complex medical literature and then translate the data into a practical treatment plan.

A dedicated information gatherer can spend hundreds of hours poring over thousands of scientific reports that pertain to any type and stage of cancer. While the reliability of these reports varies, the undeniable fact is that the proper utilization of these data could mean the difference between life and death to those with severe disease.

The difficulty is that even with advanced electronic communications and data mining, practicing oncologists lack the time needed to analyze every new study published in the world's medical journals. The quandary faced by patients is that their very lives may be at stake, yet up until now, they have had nowhere to turn to uncover novel therapies that could result in a cure, or at least a significant alleviation of their disease.

The premise behind the programs advocated by the International Strategic Cancer Alliance is to direct patients to oncology groups who are translating this vast amount of new discoveries into practical treatment protocols for the immediate benefit of the individual patient. Those who believe in controlling their own destiny will appreciate how this translational research approach can augment the weapons already available to combat their disease.

## **WHY DON'T MAJOR CANCER CENTERS CURE MORE CANCER PATIENTS?**

Major cancer centers often operate in a manner analogous to a bureaucratic assembly line. Oncologists are paid high salaries to see 30 or more cancer victims a day. The typical schedule of an oncologist can involve seeing patients from 7:00 a.m. to 10:00 p.m. five days a week and then being on call during several weekends each month. On certain nights, the overworked oncologist has to be woken by emergency calls. Even strongly motivated oncologists lack the time to come close to providing optimal comprehensive care to each patient.

At some major medical centers, oncologists are paid “chemotherapy bonuses,” which can make up a substantial percentage of their compensation. This financial incentive helps explain why some terminal cancer patients are poisoned with chemotherapy drugs when there is no hope it will cure their disease.

Regrettably, there is no financial incentive for practicing oncologists to actually “cure” their patients. Big dollars are made by squeezing as many cancer patients as possible into a hectic day in order for the oncologist to earn a higher salary and receive larger chemotherapy bonuses.

It does not require much imagination to see why today’s cancer “industry” has such a high patient failure rate. There simply is no mechanism in place to provide cancer patients with the customized therapies that are required if optimal care is to be provided.

Today’s overworked oncologists are forced into a work environment that rates success based on how many patients they can bill for in a given day, week, or month. Oncologists who desire to augment their conventional protocols with novel strategies can actually lose money, since the profitable “assembly line” might have to be altered to accommodate the time it takes to evaluate and then administer additional therapies.

## ANALYZING EACH INDIVIDUAL’S TUMOR CELLS

The ISCA has worldwide contacts for some of the best analytical laboratories for:

1. High-quality pathology tests of tumor biopsy samples
2. Chemosensitivity testing
3. Testing of circulating tumor cells for advanced-stage cancer.

ISCA has a contract with a European laboratory, which performs DNA analysis of circulating tumor cells. Numerous molecular markers are available for the detection of circulating tumor cells in the bloodstream. If circulating tumor cells are detected, then a chemosensitivity test is performed, which provides a list of both chemo drugs and nutraceutical agents that can be applied against those cells. A sample report for a breast cancer patient is shown below and on the following page:

ANALYSIS	RESULT	UNIT
Glutamat-Cystein-Synthetase (GCS) mRNA	0.92	
Glutation-S-Transferase PI (GST-PI) mRNA	0.27	
Mn-abhangige Superoxiddismutase mRNA	0.58	
Telomerase mRNA	4.93	
ERBB2 mRNA	2.49	
C-MYC mRNA	1.30	
GAPDH mRNA	462000	oeq
GAPDH mRNA Tumorzellfraktion	4765	oeq
Multidrug-Resistenz-Gen 1 (MDR-1) mRNA	0.00	
Multidrug-Resistenz ass. Protein 1 mRNA	0.95	
Thymidilat-Synthetase (TS) mRNA	0.98	
Desoxycytidin-Kinase (DCK) mRNA	1.52	
Dehydrofolat-Reduktase (DHFR) mRNA	6.35	
MGMT mRNA	2.70	
Topoisomerase II (TOPO II) mRNA	1.72	
ERCC1 mRNA	1.20	

BFGF mRNA	8.20
VEGF mRNA	0.38
Ostrogen-Rezeptor mRNA	1.11
Aromatase mRNA	1.49
C-Kit mRNA	3.90
PDGF-Rezeptor-beta (p65) mRNA	0.38
Farnesyl-Transferase mRNA	1.11
NF-kappa-B (p65) mRNA	1.49
Heat-shock Protein 27 (HSP27) mRNA	3.90

## WHY INTERNATIONAL STRATEGIC CANCER ALLIANCE IS DIFFERENT

The founders of the ISCA have a motive that is quite different from most cancer treatment centers today. The ISCA seeks to revolutionize the way oncology is practiced by proving to the world that custom-tailored comprehensive programs will result in far greater numbers of cancer patients achieving complete responses or outright cures.

The ISCA intends to prove its case by delivering to the cancer patient the findings from peer-reviewed published studies, and then meticulously documenting each patient's case history to show how lives can be saved if individualized, science-based approaches are freely made available.

The ISCA does not claim to have any miraculous drugs or herbs that do not already exist. What ISCA will do is identify therapies that have been shown in published scientific findings to have safety and efficacy, and then add these novel treatments to individually designed protocols. A simple example of what ISCA would do for most colon cancer patients would be to prescribe 800 mg each night of an over-the-counter (OTC) drug called cimetidine (along with standard treatment) for one year after surgical removal of the primary tumor. A study published in 2002 showed that 95.5% of cimetidine-treated patients afflicted with a common type of colon cancer were alive after ten years, compared with only 35.1% in the non-cimetidine group.<sup>4</sup> Despite this incredible finding, which corroborated previous studies showing unique anticancer effects to this safe drug, the vast majority of oncologists fail to recommend cimetidine to their colon cancer patients. (New studies indicate that cimetidine might also be effective against other common cancers.<sup>5-9</sup>)

The ISCA has identified hundreds of compounds that have demonstrated anticancer activity in scientific studies, which are published in peer-reviewed oncology journals. Instead of reading their own medical journals and applying the positive findings from these studies to their patients, the majority of oncologists continue their highly profitable assembly-line approach to cancer treatment. At ISCA, each patient's tumor will be meticulously assayed in order to identify the specific compounds that are most likely to produce anticancer effects.

## CUTTING THROUGH THE BUREAUCRACY

A nightmare that awaits many cancer victims is a wall of bureaucracy that insulates the oncologist from having to regularly interact with the patient. (The main reason that medical offices have back doors is to enable doctors to avoid any unnecessary communication with patients in the waiting room.) International Strategic Cancer Alliance, on the other hand, will provide its clients with seven days per week phone and email access to their own personal advocate who will serve to interface with the treating oncologist and scientific consultants so that the patient always knows what is going on with their case.

Today's cancer victims are often left in the dark about why certain treatments are being prescribed, what the results of various tests are, and why other potential therapies are omitted. The ISCA will encourage patients to be fully informed about every aspect of their individualized treatments so that patients themselves become part of the scientific team seeking to eradicate the tumor.

The ISCA believes that patients' participation in all aspects of their treatment is a critical component for a successful outcome. To further reduce the stress and confusion that cancer patients endure at the hands of mainstream oncology, the patient advocate will coordinate the various scheduling treatments in a way that is most convenient to each patient. Contrast this with common scenarios where the cancer patient becomes hostage to an establishment that puts the convenience of the oncologist, radiation center and chemotherapy wards ahead of the welfare of the patient in need.

The ISCA has access to top specialists in not only oncological areas, but also immune support experts, who will help with other needs. The ISCA, through Life Extension, offers blood analysis for proper supplementation and a thorough work-up of the body's condition. Due to ISCA's involvement with clinical trials, the patient will also hear of exciting and innovative protocols that could

be applicable. The ISCA's unique combination of the latest scientific knowledge, state-of-the-art research labs, personalized assistance navigating the medical establishment, and input from a team dedicated to individual patient care synergize to help empower the cancer patient.

## **How Much Abuse Should Cancer Patients Have to Take?**

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### **GREATER ACCESS TO EXPERIMENTAL DRUGS**

The US Food and Drug Administration has announced that it allows greater access to experimental drugs for people with serious disease. This is good news for cancer patients, as the FDA's delay in approving drugs has caused the needless deaths of millions of Americans over the years. The question for the cancer patient is which experimental drug might be appropriate for their particular form of cancer? Once a safe and promising drug is identified, another challenge is persuading one's oncologist to agree to prescribe it, and then fill out the cumbersome paperwork required to gain compassionate use access from the FDA.

The International Strategic Cancer Alliance will aggressively seek to identify not-yet-approved drugs that may offer another weapon against a particular malignancy. The ISCA will then present these to its client and the treating oncologist for consideration. Once the treating oncologist agrees that the experimental drug is safe and could be beneficial, ISCA will make sure all paperwork is promptly handled so that the patient gains access as soon as possible.

### **ELECTRONIC DOCUMENTATION**

Upon the diagnosis, a cancer patient's file quickly fills up with papers relating to all kinds of test requisitions and results, various specialists' reports, treatments prescribed, etc. After several months, a patient's file can contain hundreds of papers that are not organized in any manner that would enable the treating oncologist to readily chart the patient's progress across a broad spectrum of parameters directly relating to the individual's particular form of cancer. The first step initiated by the International Strategic Cancer Alliance is to create a computerized electronic charting system for each individual patient wherein every single piece of documentation will be entered and automatically charted so that the treating oncologist can ascertain the patient's overall condition at a glance. November 2007 LIFE EXTENSION 57 This finely detailed electronic medical record can be electronically transferred to oncology consultants around the world who can review hundreds of different parameters dealing with each individual patient's tumor and their overall state of health. This provides outside consultants with an easy method to accurately assess the patient's condition and recommend even more novel approaches that may be considered by the treating oncologist.

This easy-to-read electronic document will also be available to the patient via password-protected internet access so that they can keep track of measurements of success or failure during the entire course of their disease treatment. As an example of how valuable this electronic charting can be, let's say a prostate cancer patient's prostatespecific antigen (PSA) begins to rise after initial treatment. Beneath the chart showing the monthly increases in PSA will be numerous other blood measurements that might help identify exactly what the patient needs to achieve better control over their cancer. On the positive side, if the PSA begins to decline, this sophisticated computerized charting system can reveal what blood parameters may be responsible for this clinical success.

Contrast this elaborate electronic medical records system to the thick file of paper documents used in most oncology offices. Even if a dedicated oncologist could spend hours with a patient, there would be no charting system that would enable the oncologist to readily correlate success or failure based on the numerous diagnostic parameters that are available to cancer patients today.

### **A TEAM APPROACH DEDICATED TO ACHIEVING POSITIVE RESULTS**

If the International Strategic Cancer Alliance is to succeed, it must demonstrate positive results. It has no established clinical practice to rely on. The ISCA instead must depend solely on referrals from nonprofit patient support groups and satisfied patients.

The ISCA represents a team of dedicated individuals whose mission to show the world that cancer today is woefully undertreated and that utilizing creative customized treatment protocols is far superior to "assembly line" oncology practice.

If a cancer patient is initially deemed curable, then ISCA will make heroic efforts to effect a cure. If the patient is considered terminal, ISCA will either reject the patient outright, or accept the patient if there is a possibility of providing a significant

extension of the life-span prognosis. There will be no false hope given, just a war-time mentality that every conceivable therapy that has been documented in a published scientific study should be made available based on individual patient need.

## WHAT DOES THIS COST?

Fees for the personalized services provided by International Strategic Cancer Alliance are billed on an hourly basis. Hourly rates range from \$125 to \$450 depending on the time utilized by nurse practitioners, consultants and the treating oncologist.

If one has good medical insurance, the costs of the standard cancer treatments administered by the treating oncologist may be covered. In some cases, ISCA will recommend the creative use of approved drugs that are not insurance-reimbursable. In these cases, the drugs may have to be paid for directly by the patient. The patient will also probably be responsible for other creative treatments recommended by the treating oncologist working with ISCA. The patient will be advised about all costs before treatments are administered so they can decide whether to pay for a particular treatment.

To initiate a relationship with ISCA, a required \$10,000 retainer is put into an escrow account and then billed out each month based on the hours spent working on the individual patient's case. In some cases, a refund of unused escrow fees will be made, while more difficult cases will require additional retainer deposits.

The ISCA hopes that patients understand that significantly more time will be expended on their case than would be provided by a conventional oncologist. The ISCA believes the additional time spent designing and monitoring customized treatment protocols will provide better long-term outcomes for patients. Reality, however, dictates that someone must pay for the many professional hours spent seeking to provide each patient with optimal comprehensive treatment.

## A SERVICE THAT MONEY CANNOT BUY ELSEWHERE

At least one out of every three Americans will be stricken with cancer.<sup>10</sup> Included in these grim statistics are the rich and famous. Unlike any other service, well-to-do individuals often wind up with the same mediocre cancer treatment as an average person with health insurance.

Oncology is practiced today in a somewhat socialized fashion, where standard treatments are provided to virtually everyone. In today's world, a billionaire could offer an oncology group limitless money in exchange for a cure, but this would do little good, since most conventional doctors are incapable of "thinking outside the box."

As a client of the International Strategic Cancer Alliance, you gain access to an entirely new sciencebased approach to cancer treatment. If appropriate, you will receive some of the same conventional therapies as would be prescribed by mainstream oncologists. The ISCA then goes beyond these standard treatments by seeking to incorporate every novel synergistic or additive strategy that may provide a greater opportunity to achieve a complete response or cure.

The mission of the ISCA is to change the way oncology is practiced. To accomplish this radical goal, ISCA must be able to show hard statistical data that the comprehensive multimodal therapies it utilizes are achieving superior results compared with mainstream medicine.

In order for ISCA to transform the world of oncology, the clients it services have to obtain better results than what is delivered today. There is no place in the world where you could buy this focused and dedicated objective towards saving your life. No matter how much money you had to offer, this unique service is simply not available anywhere else.



## EXAMPLE OF MOLECULAR ANALYSIS PERFORMED ON TUMOR CELLS OF AN ISCA PATIENT

Evidence for assumed drug responses from the analyses of chemoresistance markers and drug target genes in the tumor cell fraction. According to the panel of genetic markers we have analyzed, the following conclusions are drawn:



#### **THERAPIES WITHOUT INDICATIONS OF RESISTANCE:**

**Taxanes** (paclitaxel/docetaxel): due to the undetectable expression of the resistance factor MDR, resistance to taxanes mediated by MDR is not anticipated.

**Alkylating agents-nitrogen mustards** (e.g. cyclophosphamide, ifosfamide): sensitivity to these drugs is assumed because GST and GCS were not found overexpressed.

**Vinca-alkaloids** (e.g. vinblastine, vinorelbine): according to the measured expression levels of the resistance factors GCS, MDR and MRP, resistance to these drugs is not assumed.

**Mitomycin:** deduced from the measured expression levels of MDR, GST, and GCS, resistance to mitomycin is not expected.

**Lapatinib/Herceptin:** as a consequence of the elevated expression of ERBB2, a response of the tumor cells to these agents is indicated.

#### **DRUGS WITH RESTRICTED SENSITIVITY:**

**Anthracyclines:** (e.g. doxorubicin, epirubicin) and mitoxantrone; although the expression levels of the resistance factors MDR, MRP, GST and GCS do not indicate resistance to these drugs, the observed basis-level expression of the drug-target topoisomerase II suggests no increased sensitivity of the tumor cells compared to normal cells.

**Gemcitabine:** due to the observed base-level expression of DCK in the tumor cells resistance to Gemcitabine is not expected, but an increased sensitivity compared to normal cells is also not assumed.

#### **DRUGS WITH MINOR THERAPEUTICAL EFFICACY EXPECTED:**

**Tyrosine-Kinase-Inhibitors** (Sorafenib/Sunitinib/Gleevec): these drugs act as inhibitors of tyrosine-kinase like C-KIT or PDGF-R-beta. In the isolated tumor cells, expression of the PDGF-R-beta and C-KIT was downregulated. Therefore, the tumor cells may not respond in a suitable way to treatment with these compounds.

**Platinum compounds** (cis/carboplatin): resistance of the tumor cells to platinum compound treatment is expected due to the observed over-expression of HSP27.

**Methotrexate and Pemetrexed:** the observed overexpression of DHFR suggests resistance to these compounds.

**Alkylating agents-nitrosoureas** (e.g. carmustine, lomustine): the cells showed overexpression of MGMT. Resistance to these compounds is therefore expected.

**Tamoxifen:** since the estrogen-receptor was not expressed, a response to treatment with tamoxifen mediated by this receptor is unlikely.

**Aromatase-inhibitors** (e.g. Anastrozole, Femara): expression of aromatase and estrogen-receptor was not detected. Therefore, these drugs may not act in a proper way on the tumor cells.

**VEGF-inhibitors** (e.g. Avastin): due to the observed downregulation of VEGF-expression, minor sensitivity of the circulating tumor cells to VEGF-inhibitors is assumed.

**Bortezomib** (Velcade): the observed elevated expression of HSP27 suggests only minor response to bortezomib.

**Hyperthermia:** HSP27 was overexpressed in the isolated tumor cells. This may lead to thermoresistance of the tumor cells and a reduced efficiency of hyperthermia therapy.

#### **Suggested Supportive Alternative Therapies:**

The observed elevated expression of HSP27 may reduce the efficacy of hyperthermia. To overcome HSP27-related resistance,

administration of the anti-HSP27 agent Quercetin may be considered.

#### **FAVORABLE Alternative Therapies:**

- Overexpression of telomerase was observed in the tumor cells. Treatment with the alternative agent inositol-6-phosphate (IP6), described as an inhibitor of telomerase may therefore be considered.
- The angiogenesis promoting factor bFGF was overexpressed in the tumor cells. A therapy with C-statin, an inhibitor of bFGF may therefore be considered.

Note: Any alternative treatment should only be done under the supervision of an experienced health professional.

#### **FREE CONSULTATION**

To become a client of International Strategic Cancer Alliance, please call 610-628-3419 for a free consultation. Patients will not be accepted if their cancer is too far advanced, or if they are unwilling to travel to locations that may provide superior care.

For patients who are candidates for ISCA's customized programs, it is important that they feel comfortable in working with their personal advocate, ergo the free consultation available to cancer patients and/or their family members.

If you have any questions about the scientific content of this article, please call a Life Extension Health Advisor at 1-800-226-2370.



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