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THE LIFE EXTENSION
MEDICAL CENTER
A Financial Update



In the May 1998 issue of Life Extension, we proposed to radically improve the efficacy of medical treatment by establishing a hospital that would treat diseases based upon science rather than politics.

We noted that information is expanding at a faster pace than mainstream medicine can keep up with, and that there is a need to apply scientific findings faster in the practice of medicine. We discussed the resistance most doctors have about accepting new ideas, and how this intransigence slows the pace at which innovative treatments are used to benefit patients. We also discussed the role of pharmaceutical companies, and regulatory agencies such as the Food and Drug Administration, in blocking the availability of innovative medical therapies.

The solution we proposed is the creation of a Life Extension Medical Center that would make the latest scientific breakthroughs available directly to patients, without the interference of the government, private industry and overly conservative physicians. In keeping with the Life Extension Foundation's long-standing policy, a Life Extension Medical Center would offer treatments based only upon solid research published in established peer-reviewed medical journals.

The initial capital for establishing (and defending) such an innovative medical center was estimated to be \$5 million. We asked Life Extension Foundation members if they would consider investing or contributing to such a Life Extension Medical Center, upon presentation of an acceptable business plan. Here is a breakdown of the initial response to this request:

Number of Members	Amount Pledged	Total
9	\$100	\$900
10	\$500	\$5,000
24	\$1,000	\$24,000
	\$2,000-\$5000	
13	(average \$3,500)	45, 500
	\$5,000-\$10,000	
16	(average \$7,500)	\$120,000
5	\$10,000	\$50,000
1	\$25,000	\$25,000
2	\$50,000	\$100,000
1	\$2,000,000	\$2,000,000
Grand total of pledges		\$2,370,400

In addition to the above pledges, one member personally pledged \$500,000 and has guaranteed to raise another \$4.5 million from private investors. Several other members were confident they could raise \$5 million with an acceptable business plan.

We are impressed with this response, and in order to move this project forward, we have put together a rough, preliminary first-year budget:

- The annual salary for a hands-on administrator to manage the business end of the operation may be around \$100,000. An administrative assistant would cost another \$35,000 the first year.
- To hire the Foundation's current outside consultant for molecular oncology on a full-time basis would cost at least \$200,000 the first year, plus stock incentives.
- To retain several exceptionally gifted physicians as consultants, the total cost would be approximately \$100,000 the first year. Patients could pay 100 percent of this, if necessary.
- To hire one staff medical oncologist, about \$225,000 a year.
- To lease part of one floor of a well-equipped hospital: possibly \$200,000 to \$400,000 a year (this could be negotiated lower if our patients used the hospital's laboratory and other diagnostic equipment/procedures). These hospital expenses would include basic utilities.
- The legal fees to accomplish the above would be about \$100,000. This expenditure is required to make sure we avoid Medicare fraud and other insurance-fraud problems. Most of the patients would have to pay for the innovative therapies, but insurance inevitably comes into this picture.
- The additional overhead costs of getting the Medical Center established for the first year, including insurance, nursing staff and many miscellaneous costs would be around \$750,000.

The above adds up to about \$1.9 million to fund the first year's operating expenses.

The Life Extension Foundation would aggressively promote this Medical Center in *Life Extension* magazine, and Foundation officers would launch public relations efforts to promote this unique medical facility. It would take 380 patients producing a gross profit of \$5,000 each to cover the first year's expenses.

While \$5 million would more than cover the projected costs of establishing the Life Extension Medical Center, we have been advised that the legal risks of setting up such a facility would mandate a larger cushion of reserves. There is concern that an all-out government assault could cause the facility to be temporarily moved out of the country. We emphasize "temporarily" because we believe that we will be able to show significant improvements in clinical outcomes, and that national media recognition will eventually force the authorities to allow us to practice scientific medicine.

Why Patients Cannot Self-Administer Many Therapies

Over the last 18 years, the Foundation has uncovered hundreds of therapies to prevent and treat the degenerative diseases of aging. We have made many of these therapies directly available in the form of dietary supplements. In other cases, we have referred our members to domestic and offshore sources of life-saving therapies that are not yet approved by the FDA. We believe our efforts have led to many Americans being alive today who would have died prematurely if they had not gained access to these advanced therapies.

However, there are complex therapeutic protocols for killer diseases that exist right now, but are not being used by conventional medicine. These protocols involve the use of many different drugs, some FDA-approved, some not. Many of these drugs are toxic, and cannot be used safely without the direct input of knowledgeable physicians and pathologists. Some of these drugs have narrow dosage thresholds, and require intense individual monitoring, since each patient will react differently to each drug.

Because the FDA had threatened criminal sanctions against drug companies who promote approved cancer drugs for unapproved uses, many scientifically documented conventional therapies have been ignored by oncologists. It is an unfortunate statistic that many patients treated with conventional therapies today face death from toxic drug side effects long before their cancers kill them.

This makes the establishment of a Life Extension Medical Center all the more important, so that cutting-edge interventions can be employed fearlessly and effectively.

For example, the Life Extension Foundation recommends that cancer patients who use cytotoxic chemotherapy drugs be placed on FDA-approved immune-protective drugs one week before the first chemotherapy drug is administered. Depending on the type of cancer and the chemotherapy regimen that will be used, some of these FDA-approved immune-protecting drugs include:

1. **Colony-stimulating growth factor drugs** such as granulocyte-colony stimulating factor (G-CSF) and granulocyte-macrophage colony stimulating factor (GM-CSF). These FDA-approved drugs stimulate the production of T-lymphocytes, macrophages, and other immune cells that are valuable in preventing toxic effects on bone marrow during chemotherapy. The drugs enable chemotherapy to be given at a higher dose, making it more effective. Stimulated macrophages are powerful "tumor killers," as has been demonstrated by clinical studies using interleukin-2 and GM-CSF or G-CSF. In addition, colony growth factors are able to accelerate the regeneration of blood cells following chemotherapy. Initial clinical experience with GM-CSF and G-CSF has shown that severe neutropenia (immune impairment) due to chemotherapy drugs may be prevented or at least decelerated, thus reducing the number of severe infections.
2. **Cytokines such as interferon-alpha and interleukin-2.** Interferon directly inhibits cancer cell proliferation and has already

been used in the therapy of hairy cell leukemia, Kaposi's sarcoma and malignant melanoma. Interleukin-2 allows for an increase in the cytotoxic activity of natural killer (NK) cells.

3. **Retinoic acid (vitamin A) analogue drugs.** These enhance the efficacy of some chemotherapy regimens and reduce the risk of secondary cancers.
4. **T-cell suppressor-inhibiting agents,** which prevent cancer cells from prematurely shutting down the immune system.

The proper administration of these drugs one week prior to the initiation of chemotherapy can dramatically reduce the immune system damage that chemotherapy inflicts and increase the cancer cell-killing efficacy of chemotherapy. Remember, we are talking here about drugs that require administration by a trained physician. The patient can self-administer melatonin, coenzyme Q10, tocopherol succinate, and many other nutrients that have been shown to protect immune function and improve chemotherapy efficacy.

While these nutrients have saved the lives of numerous cancer patients in clinical trials, the administration of FDA-approved drugs is still important to the cancer patient, even though nutrients such as melatonin have similar mechanisms of action. There are too many published studies about the prophylactic benefits of these FDA-approved drugs for them not to be used prior to the administration of chemotherapy.

For a stark example of the need for a Life Extension Medical Center, please refer to the Foundation's Molecular Oncology protocols in this issue. You will see that these drug-administration protocols are extremely complex, and that even a cooperative oncologist may not be able to follow them. Cancer patients need a Life Extension Medical Center, staffed by experienced and motivated doctors, who would oversee the complex pathology testing and sophisticated drug administration protocols that would provide cancer patients with the best opportunity to achieve long term remissions. There is no such facility in the United States today.

We want to make it clear again that the treatment protocols we are proposing are based exclusively on the results of studies published in eminent medical journals. American doctors are reading about these treatment breakthroughs but, for a variety of reasons, physicians are failing to integrate these new therapies into their clinical practices.

The fact is that people suffering from lethal diseases almost never get the best therapies. There is an urgent need to change the way medicine is practiced, and the best way is to set a radical example. A medical center that bases treatment solely on state-of-the-art technology would set a new standard that would competitively force the medical establishment to recognize the failure of its archaic system. Once incurable patients began attaining significant remissions, mainstream medicine would have to deal with this new renaissance in medicine-that is, using therapies to save human lives that are not necessarily "approved" by the FDA, condoned by state licensing boards, or accepted by the medical establishment.

Alternative medical doctors who are willing to use these advanced protocols seldom have hospital privileges that would enable them to administer "unapproved drugs." Many alternative doctors also lack the expertise to safely administer toxic FDA-approved drugs, even though toxic drugs can be made less toxic when combined with the innovative therapies the Foundation has discovered.

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