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**Board Certified Medical Oncologist**  
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***Immune Protocol*™**

**Out-Come Based Investigation**

**1700 Patients - 96 Months**

**From 03/2012 – 03/2020**

**Using Chemosensitivity Testing and**  
**Lite LDIPT™**

**ForsytheCancerCare.com**

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**Board Eligible: Pathology, Gerontology, Anti-Aging  
Medicine**

**This presentation has been peer-reviewed for fair and balanced evidence-based medicine.**

**Status of FDA devices used for the material being presented:  
NA/Non-Clinical**

**No Financial interests with any pharmaceutical company:  
NA/Non-Clinical**

**Status of off-label use of devices, drugs or other materials that constitute the subject of this presentation: Discuss off-label use of chemotherapy drugs for different cancers.**

# **Alternative Cancer Treatments 2020**

## **The Immune Protocol™ + The Lite LDIPT Protocol™**

- **Top Ten Take Home Points:**

1. **Integrative cancer medicine combines conventional and alternative treatments**
2. **Hope in victory over cancer with integrative cancer therapies**
3. **Genomic Testing (CST) on whole blood isolates circulating tumor stem blood cells**
4. **Genomic testing offers a blue print for individual's cancer treatments**
5. **Genomic testing defines top chemo agents most effective in the treatment of each patient's cancer as well as hormone blockers**
6. **Genomic testing isolates supplements, herbs and vitamins that are most effective in the treatment of one's cancer**
7. **Insulin Potentiated Therapy (IPT) uses insulin as its target agent**
8. **CST + IPT + Lipoic –Acid-Palladium (LAPd) Compound produces higher survivorship rates**
9. **Immune Protocol™**  
**shows overall survivorship rate of 70% over a 96 month period in 1700 Stage IV cancer patients calculated from 03/12-03/20**
10. **Freedom to choose alternative cancer treatments is your right**
11. **CTCs is best CA marker**

## Past and Ongoing Clinical Outcome – Based Cancer Studies

<b>TIME</b>	<b>PRODUCT</b>	<b>Mode of Action</b>
<b>2002-2003</b>	<b>Paw-paw NSP</b>	<b>Energetics</b>
<b>2004-2006</b>	<b>Lipoic-Acid- Palladium (LAPd)</b>	<b>Hyper-energizes Promotes Apoptosis</b>
<b>2012- Present 8 years</b>	<b>Immune Protocol <sup>TM</sup> + CST + Lite LDIPT Protocol <sub>TM</sub></b>	<b>Immune Boosters + CST + Lite LDIPT</b>

# FINDING THE “TRIGGER” FOR CANCER

## Potential Cause(s)

Heavy Metal Toxins

Chemical Toxins

Allergies: food and inhalants

Viral and Fungal Etiologies

Immune Competence

Hormonal Imbalance

## Tests

Hair, Blood, Urine

Blood ELISA

Blood & Skin

HPV, HIV, EBV, HEP B/C

Lymph Subset & NKC panels

Saliva & Blood

# Tumor Markers\*

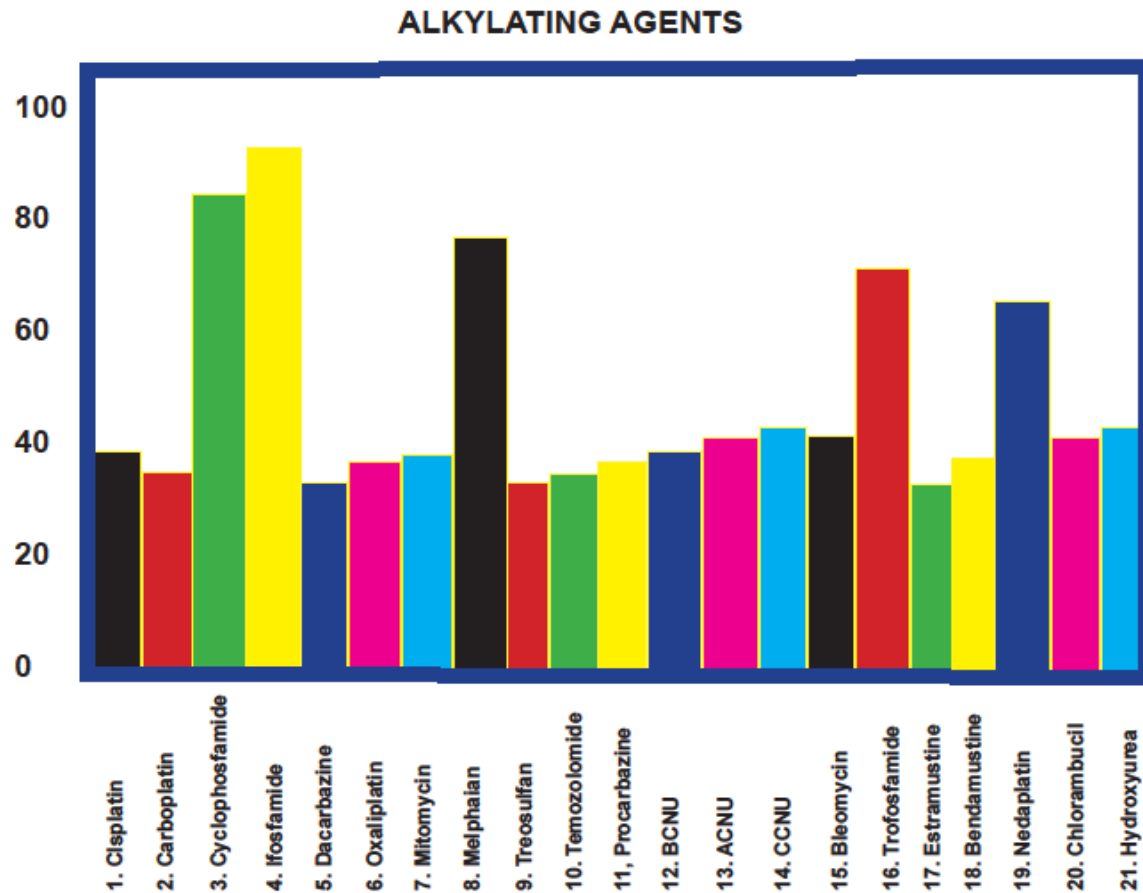
1. Bladder - NMP-22, BTA
2. Breast - CEA, CA 27-29, CA-15-3
3. Colorectal – CEA, CA 19-9, 5HIAA (Carcinoids)
4. Esophagus – CEA, CA 19-9
5. Gastric – CEA, CA 19-9
6. Liver – AFP, CEA, & CA19-9
7. Lung – CEA, CA 19-9
8. Lymphomas - ESR, LDH, Beta – 2 Microglobulin
9. Myeloma - B2MG, SPE, LDH, ESR
10. Pancreas – CEA, CA 19-9
11. Prostate – PSA, Free PSA
12. Ovary – CA-125
13. Testes – AFP, HCG
14. CTCs-quantitative #

\* No tumor markers for sarcomas, H/N, RCC, CNS

# New Technology – Genomic Chemo-Sensitivity Testing (CST )

- Performed on whole blood
- High Tech Labs World-Wide (Korea, Germany, Greece)
- Cancer cells harvested from blood - grown in vitro
- Subjected to genetic decoding
- Results include: > 50 varieties of chemo drugs, targeted agents and > 70 individual supplements
- Protocol written marrying best drugs with effective supplements and hormonal blockers
- Produces blueprint for patient's specific cancer
- The Lite Low-dose fractionated IPT <sup>TM</sup> treatment offered
- Full dose chemotherapy offered (required)

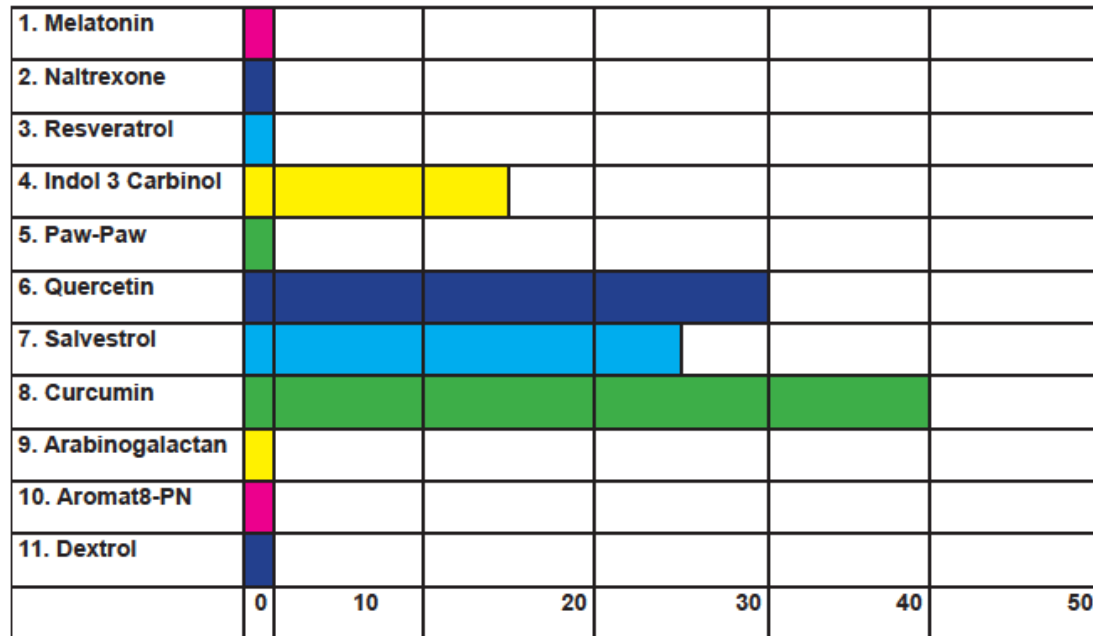
# Genomic Graphic Results





# Genomic Graphic Results

## Supplement Grafting Class III



# **Benefits of CST Testing**

## **Blueprint for patient's chemo treatment**

- Identify the best hormonal and supplement therapies**
- Identify the best targeted drugs (Immunotherapy)**
- Identify the best chemotherapy agents**
- Identify the best hormonal and HER-2 Blockers**
- Identify CTC number on each cancer**

<b>DX:</b> LUNG CA		<b>Allergies:</b> DAIRY	
<b>Phone:</b>		<b>Cell:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Ht:</b>	<b>5'4"</b>	<b>Wt:</b>	<b>163 LBS</b>
		<b>BSA (m2):</b>	
	<b>Zofran 8mg</b>	<b>Premedications Chemotherapy IPT IT IV Infusion:</b>	
	<b>Anzemet 100mg</b>	<b>Benadryl 25mg</b>	<b>Dexamethasone 4mg</b>
<b>CHEMO</b>	<b>CISPLATIN</b>	<b>12MG/M2 BIW 3 WK</b>	
	Dilute in 250ml NS and infuse > 30 minutes		
<b>CHEMO</b>	<b>TAXOTERE</b>	<b>6MG/M2 BIW 3 WK</b>	
	Dilute in 250ml NS and infuse > 30 minutes with 5U Regular Insulin		
	1. FBS check > 4xs during tx: BS < 40 give 50% Dextrose IVP		
	2. Schedule for IPT and Forsythe Immune Protocol (FIP):		
X	IPT: 2 x/wk x 3 wks: + FIP: 3 x/wk x 3 wks		
	IPT: 3 x/wk x 2 wks: + FIP: 2 x/wk x 2 wks		
	IPT: 2 x/wk x 3 wks: + FIP: 1 x/wk x 2 wks		
<b>ORAL</b>	<b>3. CTC's</b>		
	MTX 2.5mg po MWF x 3 mos		
	ERLOTINIB 50mg PO qd x 3 mos		
	CBC qow	CMP mo	CEA mo
	X	X	X
	CA 19-9	AFP mo	CA 125
	X		
	PSA mo	CA 27-29	
	<b>Chemo</b>	<b>%</b>	<b>Supplements</b>
			<b>%</b>
1	<b>Cisplatin</b>	82	1 <b>Agaricus</b>
2	<b>Carbopla</b>	81	2 <b>Artcin</b>
3	<b>Oxaliplastin</b>	75	3 <b>Artesunate</b>
4	<b>MITOC</b>	75	4 <b>Ascorbic Acid</b>
5	<b>Nedaplat</b>		5 <b>Butyric Acid</b>
6	<b>Taxol</b>	80	6 <b>C-Statin</b>
7	<b>Taxotere</b>	82	7 <b>Frankincense</b>
8	<b>Abraxane</b>	80	8 <b>Mito Booster</b>
9	<b>VCR</b>	80	9 <b>Mitochondria</b>
10	<b>VLB</b>	75	10 <b>OxaLoacetate</b>
11	<b>Vinorelbine</b>	82	11 <b>Super Artemsinin</b>
12	<b>MTX</b>	70	12 <b>Mistletoe</b>

## Potential Effectiveness of Mutiple Cancer Protocols

Based on numbers from the R.G.C.C.-Research Genetic Cancer Centre, LTD

Patient: \_\_\_\_\_

Date: 22 Jan 2015

	RGCC reported individual effectiveness	Combined Effectiveness		
		Simple Math (100% "follow-on effective")	75% "follow-on effective"	50% "follow-on effective"
<b>Chemo agents recommended</b>				
Vinorelbine	81.0%	81.0%	81.0%	81.0%
Gemzar	81.0%	96.4%	92.5%	88.7%
<b>Supplements recommended</b>				
Artemisia	50.0%	98.2%	95.3%	91.5%
Bioflavonoid Complex/Que	10.0%	98.4%	95.7%	91.9%
Buffered C/ Vit C	15.0%	98.6%	96.2%	92.5%
Curcumax/Curcumin	20.0%	98.9%	96.7%	93.3%
DIMension 3/1-3-C	20.0%	99.1%	97.2%	94.0%
Paw Paw	15.0%	99.2%	97.5%	94.4%
C-Statin	25.0%	99.4%	98.0%	95.1%
Genistein	10.0%	99.5%	98.2%	95.4%
Thymus Ext/Thymex	10.0%	99.5%	98.3%	95.6%
Mistletoe Extact	15.0%	99.6%	98.5%	95.9%
Oleander Extract	15.0%	99.7%	98.7%	96.2%
<b>Final estimate</b>		<b>99.7%</b>	<b>98.7%</b>	<b>96.2%</b>

## **Standard 3 Weeks**

### **The Immune Protocol <sup>TM</sup> The Lite LDIPT Protocol <sup>TM</sup> (03/12-03/20)**

- **Monday – Immune Protocol <sup>TM</sup> + LAPd IV**
- **Tuesday – Lite LDIPT <sup>TM</sup> + L-Glutathione IV**
- **Wednesday - Super “C” – 50 grams + H2O2 IV**
- **Thursday – Lite LDIPT <sup>TM</sup> + L-Glutathione IV**
- **Friday – Immune Protocol <sup>TM</sup> + LAPd**

**After TX: (No PET, CAT or Bone Scans)**

- **DC to home on maintenance CT / Targeted drugs or IPT treatments for 3 mos-return visits after 3 mos**
- **Long term maintenance with Cannabis Oils; 6-24 mos**
- **Optional maintenance with Essential Oils; or FENBEN**
- **Monitor appropriate X-Rays, MRIs, US's, and CXR's**

## TESTING LAB TYPICAL GENE PROBES

<b>TS</b>	<b>DNA</b>	<b>EGF</b>
<b>DHFR</b>	<b>M-TRANS</b>	<b>TGFb</b>
<b>TUBULIN</b>	<b>O6AT</b>	<b>MMP9</b>
<b>TOPO</b>	<b>DNAdeam</b>	<b>NUC-REDUCT</b>
<b>SHMT</b>	<b>MPP</b>	<b>COX-2</b>
<b>DPD</b>	<b>LRP</b>	<b>S-lox</b>
<b>IP</b>	<b>GST</b>	<b>SS-r</b>
<b>p27</b>	<b>BEGF</b>	<b>C-erb2</b>
<b>p53</b>	<b>PDGF</b>	<b>ER/PR</b>

# Genomic Testing

## Sample Recommendations (Natural)

<b>Artemesia</b>	<b>LAPd</b>	<b>Salvestrol</b>	<b>LAPD</b>
<b>H2O2</b>	<b>D3</b>	<b>Uncara tom</b>	<b>Paw-Paw</b>
<b>Vitamin C</b>	<b>Quercetin</b>	<b>Angiostop</b>	<b>DCA</b>
<b>Vitamin B6</b>	<b>LDN</b>	<b>Noni juice</b>	<b>Vitamin B3</b>
<b>Mistletoe</b>	<b>Genistein</b>	<b>Acetogen</b>	<b>Apigenin</b>
<b>Ukrain</b>	<b>Carnivora</b>	<b>Cesium Cl</b>	<b>Vitamin E</b>
<b>Vitamin B17</b>	<b>COQ 10</b>	<b>Mitake</b>	<b>SOD</b>
<b>Coll Silver</b>	<b>Essiac tea</b>	<b>Curcumin</b>	<b>Selenium</b>
<b>DIM</b>	<b>Mod cit pec</b>	<b>Green tea</b>	<b>Aloe Vera</b>
<b>C-Statin</b>	<b>IP-6</b>	<b>Melatonin</b>	<b>Doxycycline</b>

# Chemosensitivity Testing

## Commonly Recorded Supplements

<b>Quercetin</b>	<b>LAPd</b>
<b>Artemesia</b>	<b>Salvestrol</b>
<b>Vitamin C /B17/CO-Q10</b>	<b>Ukrain</b>
<b>C-Statin</b>	<b>DIM</b>
<b>Vitamin D3</b>	<b>Paw-Paw</b>
<b>Mistletoe</b>	<b>Curcumin</b>



**Immune Protocol Prospective Study  
Total Survivors  
Lite LDIPT Protocols + CST  
1700 Patients 96 Months Study**

**Survivors: 1190/1700**

**Percent Survivors = 70%**

## Response Rates at 96 months 1700 patients with Stage IV Cancers

Cancer Origin	Total #	% Survivors
Bladder	32	57
Breast	400	75
Colorectal	120	50
Gastric/Esop	30	23
Head/Neck	52	50
Lung	60	25
Myeloma	46	78

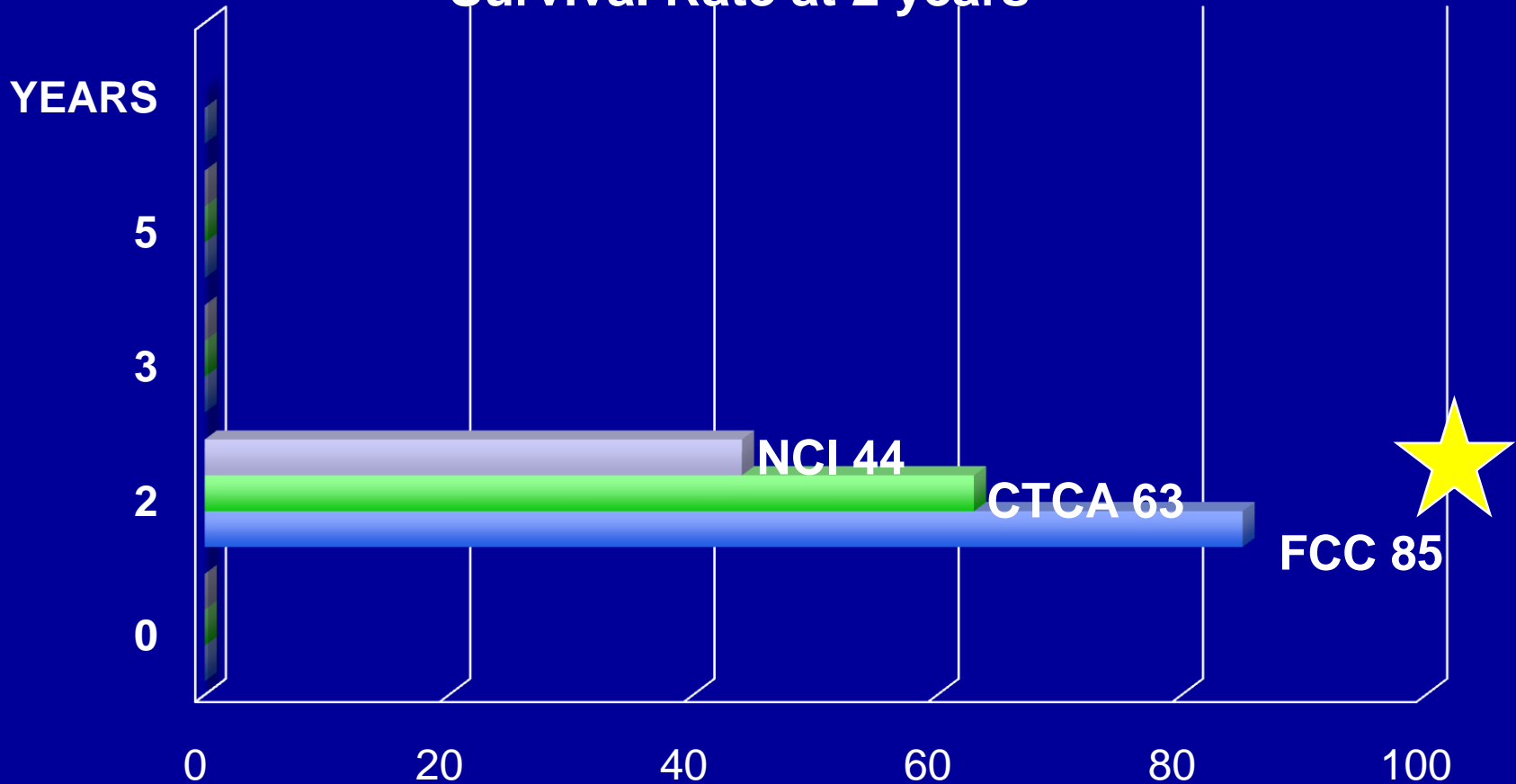
## Response Rates at 96 months 1700 patients with Stage IV Cancers\*

Cancer Origin	Total #	% Survivors
NHL/CLL/HD	59	85
Ovary/PPC	43	72
PAN/GB	46	50
Prostate	86	91
Renal Cell	16	25
Sarcomas	24	33
Thyroid	12	100
UT/CX	40	64

\*Cancers <10 patients in number not calculated

# Immune Protocol™ Lite LDIPT Protocol™ + CST Comparing Stage IV Breast Cancers

## Survival Rate at 2 years



# Stage IV Breast Cancer Survival 1700 Patients 96 Months Study

<b>Cases</b>	<b>Patients' Survival</b>	<b>Percent Survival</b>
<b>400</b>	<b>300</b>	<b>75</b>

# Stage IV Lung Cancer Survival

**1700 Patients 96 Months Study**

<b>Cases</b>	<b>Patients' Survival</b>	<b>Percent Survival</b>
<b>60</b>	<b>15</b>	<b>25</b>

# Stage IV Prostate Cancer Survival

## 1700 Patients 96 Months Study

Cases	Patients' Survival	Percent Survival
86	80	91

# Stage IV Colorectal Cancer Survival

## 1700 Patients 96 Months Study

Cases	Patients' Survival	Percent Survival
<b>120</b>	<b>60</b>	<b>50</b>



# Conclusions: Conventional Chemotherapy Results

<b>* Five year Overall Survival Rate (OS) Stage IV Cancers</b>	<b>Adjuvant Cytotoxic Chemotherapy for 22 major adult malignancies</b>
<b>United States</b>	<b>2.1%</b>
<b>Australia</b>	<b>2.3%</b>

**\*Reported from the Journal of Clinical Oncology (2004) 16:549-560**

## Overview

# The Contribution of Cytotoxic Chemotherapy to 5-year Survival in Adult Malignancies

Graeme Morgan\*, Robyn Ward†, Michael Barton‡

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### ABSTRACT:

**Aims:** The debate on the funding and availability of cytotoxic drugs raises questions about the contribution of curative or adjuvant cytotoxic chemotherapy to survival in adult cancer patients.

**Materials and methods:** We undertook a literature search for randomised clinical trials reporting a 5-year survival benefit attributable solely to cytotoxic chemotherapy in adult malignancies. The total number of newly diagnosed cancer patients for 22 major adult malignancies was determined from cancer registry data in Australia and from the Surveillance Epidemiology and End Results data in the USA for 1998. For each malignancy, the absolute number to benefit was the product of (a) the total number of persons with that malignancy; (b) the proportion or subgroup(s) of that malignancy showing a benefit; and (c) the percentage increase in 5-year survival due solely to cytotoxic chemotherapy. The overall contribution was the sum total of the absolute numbers showing a 5-year survival benefit expressed as a percentage of the total number for the 22 malignancies.

**Results:** The overall contribution of curative and adjuvant cytotoxic chemotherapy to 5-year survival in adults was estimated to be 2.3% in Australia and 2.1% in the USA.

**Conclusion:** As the 5-year relative survival rate for cancer in Australia is now over 60%, it is clear that cytotoxic chemotherapy only makes a minor contribution to cancer survival. To justify the continued funding and availability of drugs used in cytotoxic chemotherapy, a rigorous evaluation of the cost-effectiveness and impact on quality of life is urgently required. Morgan, G. *et al.* (2004). *Clinical Oncology* 16: 549–560.

# The Immune Protocol <sup>TM</sup>/ CST + Lite LDIPT Protocol <sup>TM</sup> Summary 1700 Patients over 96 months

- The most important new addition to The Immune Protocol <sup>TM</sup> program is the addition of chemosensitivity testing - different families of chemotherapy agents along with 50 separate supplements performed on whole blood genetic decoding.
- The 96 month results on 1700 patients shows a survivorship (OS) of 70% – in a Prospective Study.

**The Immune Protocol™ / CST +  
Lite LDIPT Protocol™ Summary  
1700 Patients over 96 months  
(Continued)**

- **The Immune Protocol™ / Lite LDIPT Protocol™ program offers patients a full spectrum menu which is based on their own choices guided by chemosensitivity, supplement sensitivity testing and hormonal sensitivities.**
- **Full dose toxic chemotherapy should no longer be considered**
- **The results show that chemo drugs should be reduced by 90%**

# Adverse Reactions to Full Dose Conventional Chemotherapy

**This is true provided that this improvement is not gained at the expense of toxic chemotherapy or radiation therapy leaving the patient with many of the following adverse side effects:**

- **Chemo Brain Syndrome/Chronic Depression**
- **Painful Neuropathies**
- **Cardiomyopathies**
- **Renal Failure / Platinum toxicities /Hepatic Failure**
- **Severe Pancytopenias**
- **Pulmonary Fibrosis**
- **Devastating Fatigue, Anorexia and Wasting Syndromes**
- **Osteoarthritis, myalgias, osteoporosis**
- **Severe dermatoses**
- **Death**

**This study shows that the “*cure or kill*” approach to advanced full dose cancer treatment is not the answer.**

# **New Horizons in Integrative Medical Oncology**

- **Artesunate IV**
- **Atorvastatin**
- **Cannabis Oil**
- **Curcumin IV Protocol**
- **DCA + LAPd IV Protocol**
- **Dipyrimadole**
- **Doxycycline**
- **Febendazole**

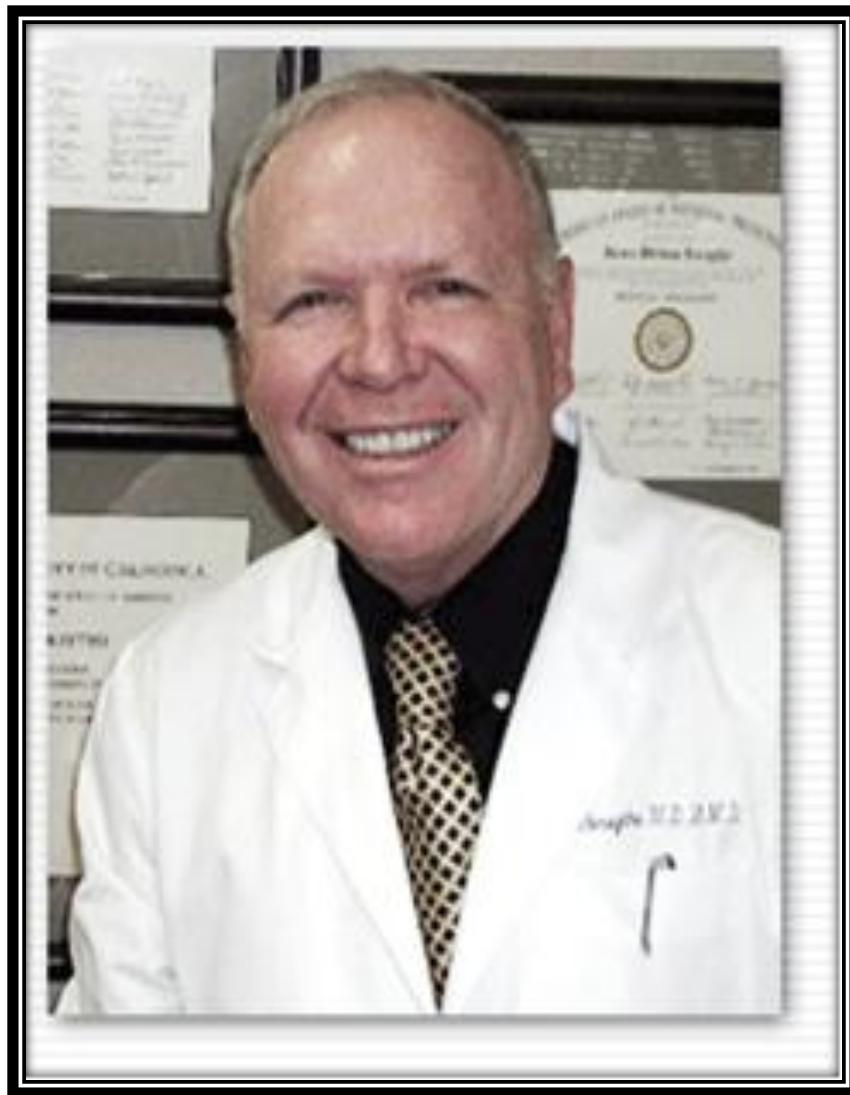
# **New Horizons in Integrative Medical Oncology**

- **Essential Oils**
- **Far-Infrared Saunas and Bio-mats**
- **Melatonin**
- **Metformin**
- **Mushrooms: Agaricus / Cordyceps / Ganoderma**
- **NALTREXONE-Low Dose**
- **Scorpion/ Spider Venoms /Bee Stings**
- **Tagomet**









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