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***Forsythe Immune Protocol*™**

Out-Come Based Investigation

1800 Patients – 108 Months

From 03/2012 – 03/2021 (9 years)

**Using Chemo-Sensitivity Testing and
Lite LDIPT™**



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Board Certified Medical Oncology

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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 2021

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. **Forsythe Immune Protocol™**
shows overall survivorship rate of 65% over a 108 month period in 1800 Stage IV cancer patients calculated from 03/12-03/21
10. **Freedom to choose alternative cancer treatments is your right**
11. **CTCs is best CA marker**

Past and Ongoing Clinical Outcome – Based Cancer Studies

TIME	PRODUCT	Mode of Action
2002-2003	Paw-paw NSP	Energetics
2004-2006	Lipoic-Acid- Palladium (LAPd)	Hyper-energizes Promotes Apoptosis
2012- Present 9 years	Immune Protocol TM + CST + Lite LDIPT Protocol TM	Immune Boosters + CST + Lite LDIPT

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

Bacterial Causes

Tests

Hair, Blood, Urine

Blood ELISA

Blood & Skin

HPV, HIV, EBV, HEP B/C

Lymph Subset & NKC panels

Saliva & Blood

Hormonal Panels (Saliva)

Tumor Markers*

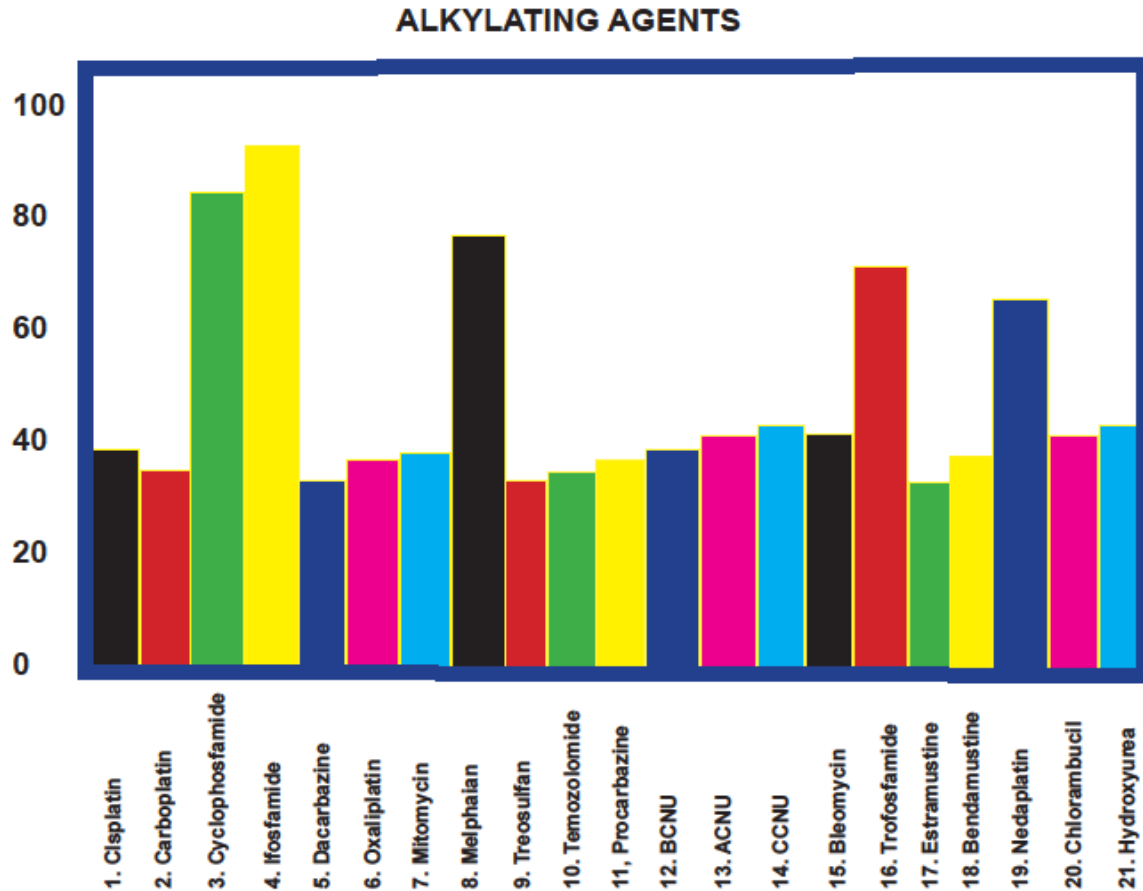
1. Bladder - NMP-22, BTA
2. Breast - CEA, CA 27-29, CA-15-3
3. Colorectal – CEA, CA 19-9, 5HIAA (Carcinoids)
4. Esophagus – CEA, CA 19-9
5. Gastric – CEA, CA 19-9
6. Liver – AFP, CEA, & CA19-9
7. Lung – CEA, CA 19-9
8. Lymphomas - ESR, LDH, Beta – 2 Microglobulin
9. Myeloma - B2MG, SPE, LDH, ESR
10.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

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

New Technology – Genomic Chemo-Sensitivity Testing (CST)

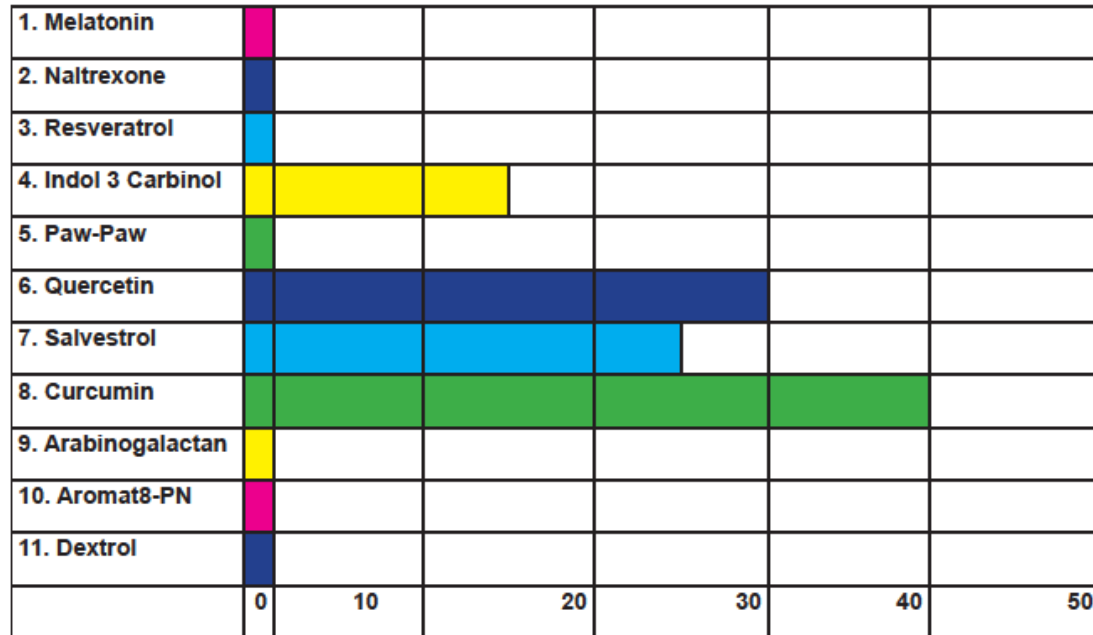
- Performed on whole blood
- High Tech Labs World-Wide (Korea, Germany, Greece)
- Cancer cells harvested from blood - grown in vitro
- Subjected to genetic decoding
- Results include: > 50 varieties of chemo drugs, targeted agents and > 70 individual supplements
- Protocol written marrying best drugs with effective supplements and hormonal blockers
- Produces blueprint for patient's specific cancer
- The Lite Low-dose fractionated IPT TM treatment offered
- Full dose chemotherapy offered (required)
- Safer than original ITP – C.T. added to each IV.

Genomic Graphic Results



Genomic Graphic Results

Supplement Grafting Class III



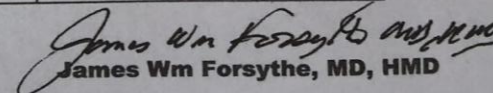
Benefits of CST Testing

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
- Identify a quantitative stem cell number.

Date:	8/16/2018	Patient:		DOB:	8/7/1961			
DX:	LUNG CA	Allergies:		DAIRY				
Phone:		Cell:		Email:				
Ht:	5'4"	Wt:	163 LBS	BSA (m2):				
	Zofran 8mg	Premedications Chemotherapy IPT IT IV Infusion:						
	Anzemet 100mg	Benadryl 25mg		Dexamethasone 4mg				
CHEMO	CISPLATIN			12MG/M2 BIW 3 WK				
	Dilute in 250ml NS and infuse > 30 minutes							
CHEMO	TAXOTERE			6MG/M2 BIW 3 WK				
	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							
	3. CTC's							
ORAL	MTX 2.5mg po MWF x 3 mos			ERLOTINIB 50mg PO qd x 3 mos				
	CBC qow	CMP mo	CEA mo	CA 19-9	AFP mo	CA 125	PSA mo	CA 27-29
	X	X	X	X				
	Chemo		%	Supplements		%		
1	Cisplatin		82	1	Agaricus		15	
2	Carbopla		81	2	Artcin		30	
3	Oxaliplastin		75	3	Artesunate		30	
4	MITOC		75	4	Ascorbic Acid		35	
5	Nedaplat			5	Butyric Acid		20	
6	Taxol		80	6	C-Statin		30	
7	Taxotere		82	7	Frankincense		10	
8	Abraxane		80	8	Mito Booster		30	
9	VCR		80	9	Mitochondria		25	
10	VLB		75	10	OxaLoacetate		15	
11	Vinorelbine		82	11	Super Artemsinin		30	
12	MTX		70	12	Mistletoe		10	

 8/16/18
 Date


 James Wm Forsythe, MD, HMD

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"
Chemo agents recommended				
Vinorelbine	81.0%	81.0%	81.0%	81.0%
Gemzar	81.0%	96.4%	92.5%	88.7%
Supplements recommended				
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%
Final estimate		99.7%	98.7%	96.2%

Standard 3 Weeks

The Immune Protocol TM The Lite LDIPT Protocol TM (03/12-03/21)

- Monday – Immune Protocol TM + LAPd IV
- Tuesday – Lite LDIPT TM + L-Glutathione IV
- Wednesday - Super “C” – 50 grams + H2O2 IV
- Thursday – Lite LDIPT TM + L-Glutathione IV
- Friday – Immune Protocol TM + 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
- May substitute curcumin for LAPd IV.

TESTING LAB TYPICAL GENE PROBES

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

Genomic Testing

Sample Recommendations (Natural)

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

Chemosensitivity Testing

Commonly Recorded Supplements

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

**FIP Prospective Study
Total Survivors**

Lite LDIPT Protocols + CST

1800 Patients 108 Months Study (9 years)

Survivors: 1170/1800

Percent Survivors = 65%

Response Rates at 108 months 1800 patients with Stage IV Cancers

Cancer Origin	Total #	% Survivors
Bladder	38	61%
Breast	560	86%
Colorectal	130	54%
Gastric/Esop	34	28%
Head/Neck	62	54%
Lung	70	29%
Myeloma	57	79%

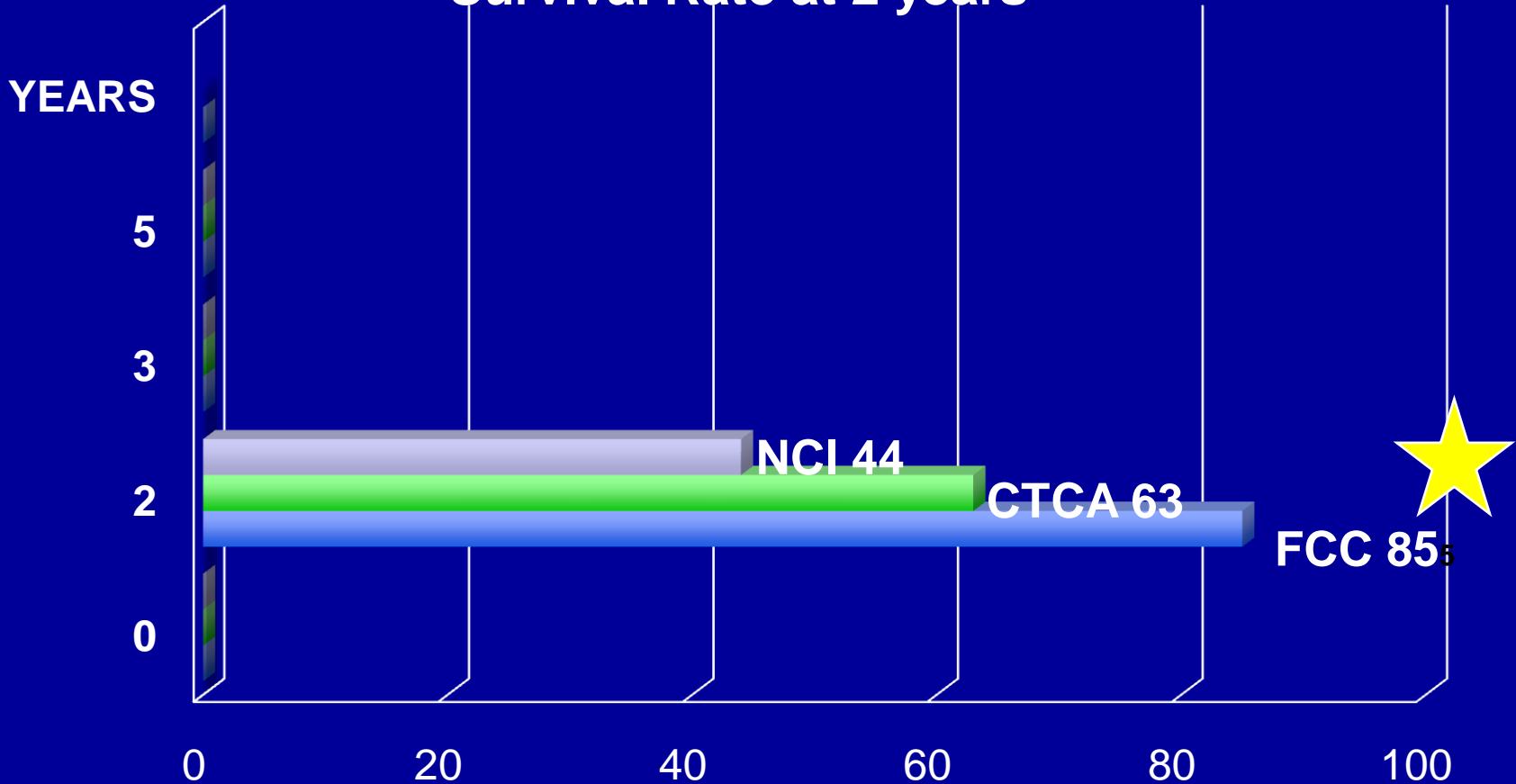
Response Rates at 96 months 1700 patients with Stage IV Cancers*

Cancer Origin	Total #	% Survivors
NHL/CLL/HD	65	85
Ovary/PPC	54	72
PAN/GB	55	52
Prostate	264	94
Renal Cell	21	31
Sarcomas	29	34
Thyroid	17	100
UT/CX	56	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 1800 Patients 108 Months Study

Cases	Patients' Survival	Percent Survival
560	480	86%

Stage IV Lung Cancer Survival

1800 Patients 108 Months Study

Cases	Patients' Survival	Percent Survival
70	20	20%

Stage IV Prostate Cancer Survival

1800 Patients 108 Months Study

Cases	Patients' Survival	Percent Survival
264	260	98%

Stage IV Colorectal Cancer Survival

1800 Patients 108 Months Study

Cases	Patients' Survival	Percent Survival
125	60	49%

Conclusions:

Conventional Chemotherapy Results

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

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

Overview

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

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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

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Key words: Chemotherapy, combined modality treatment, palliation, quality of life, radiotherapy, survival

The Immune Protocol TM/ CST + Lite LDIPT Protocol TM Summary 1800 Patients over 108 months (9 years)

- The most important new addition to The Immune Protocol TM program is the addition of chemo-sensitivity testing - different families of chemotherapy agents along with 50 separate supplements performed on whole blood genetic decoding.
- The 108 month results on 1800 patients shows a survivorship (OS) of 65% – in a Prospective Study.



The Immune Protocol™ / CST + Lite LDIPT Protocol™ Summary 1800 Patients over 108 months (9 years) (Continued)

- **The Immune Protocol™ / Lite LDIPT Protocol™ program offers patients a full spectrum menu which is based on their own choices guided by chemo-sensitivity, 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%**
- **There is no such thing as FALSE HOPE – There is only HOPE**

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**
- **Low Dose Naltrexone (LDN)**

New Horizons in Integrative Medical Oncology

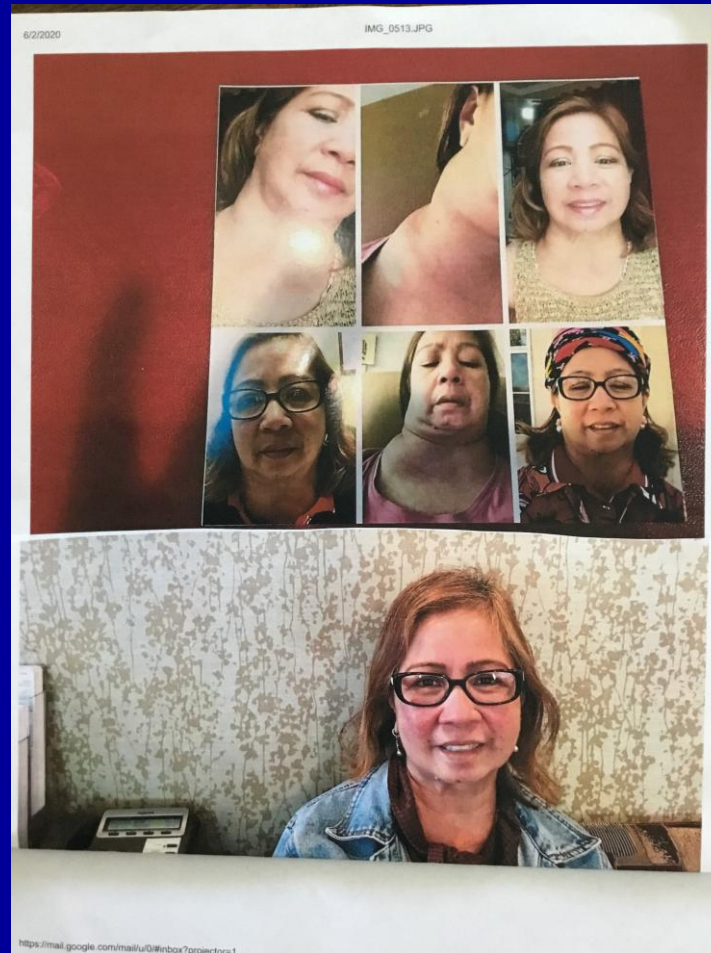
- **Essential Oils**
- **Far-Infrared Saunas and Bio-mats**
- **Ganoderma**
- **Melatonin**
- **Metformin**
- **Mushrooms: Agaricus Cordyceps Ganoderma**
- **Scorpion/ Spider Venoms /Bee Stings**
- **Tagomet**
- **Human Mother's Milk**

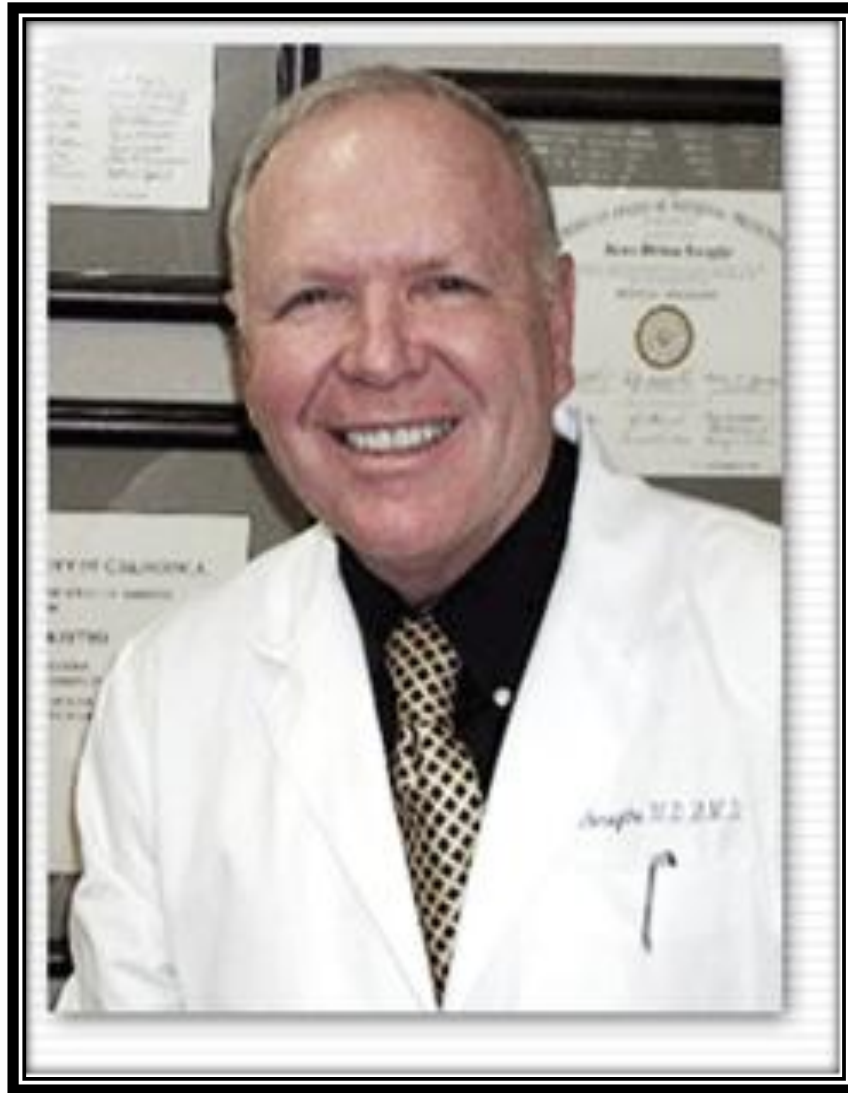
Stage IV Breast Cancer 09/18



CA of the Tongue Stage IV

06/16





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