OPTIONS
Revolutionary Ideas in the War on Cancer

PEOPLE AGAINST CANCER THE NEWSLETTER OF PEOPLE AGAINST CANCER Volume 3, Number 2, August 1997

FDA's New Cancer Drug Initiative: Too Little and too Late

Editorial

On March 13, 1997 FDA announced a new initiative to speed up the approval of new drugs for cancer and AIDS.

It's too little and too late.

This initiative is a pathetic and lame attempt by FDA to stop the unrelenting pressure from Congress and the general public.

We are losing the "war on cancer." We are losing the war on AIDS." And FDA seems determined to lose it faster.

The *new* initiative, announced by President Clinton over a year ago, now finally spelled out by FDA, calls for "more flexibility in the assessment of biological products."

Get Real!

This is the same FDA who has aggressively prosecuted Burzynski for his non-toxic biological product and refused to accept his evidence from clinical trials, confirmatory evidence from Karume University in Japan, and evidence of National Cancer Institute (NCI) officials.

This is the same FDA who refused to accept evidence and imposed an import alert on Immuno Augmentative Therapy (IAT), an effective and non-toxic biological therapy developed by cancer researcher Dr Lawrence Burton.

This is the same FDA who stopped Chicago physician Dr Georg Springer from treating his patients with a natural biological product.

The FDA is perfectly willing to accept evidence on toxic, ineffective and highly profitable drugs. It appears that the FDA is incapable of recognizing a new idea.

The FDA should be dismantled.

OPTIONS

Options: Revolutionary Ideas in the War on Cancer is published quarterly as the Newsletter of People Against Cancer. We hope you find it both provocative and informative.

Dr Jack Taylor, Dr Valentin Govallo, Dr Harris Coulter and Frank Wiewel, People Against Cancer founder, in Moscow discussing the integration of the Taylor Metabolic Assessment Program with the Govallo Therapy (VG-1000).

ALSO IN THIS ISSUE

PEOPLE AGAINST CANCER

Mammography: When There's No Clear Answer—Make One Up!

For the third time in less than 5 years, the National Cancer Institute (NCI) has changed its mind on mammograms. After flip-flopping three times since 1992, they now say women between 40 and 50 years old should have mammograms every 1 to 2 years.

Critics charge the decision was based on economics and politics, not science.

For decades women were told by the medical establishment that regular mammograms could save lives. The National Cancer Institute and the American Cancer Society recommended yearly mammograms for women over 40. Hillary Rodham Clinton even launched a campaign in the media to promote routine mammograms.

It seemed like a reasonable argument—early detection saved lives. The radiologists were happy and most women went along with it. "Everything seemed rosy in cancerland," quipped one researcher—but there was one small problem. The risks and benefits of routine mammograms had never been demonstrated scientifically.

And just when everything seemed settled, in 1991, the London Times shocked the world by reporting that preliminary results from a Canadian National Breast Screening Study (NBSS) had found a 52% increase in mortality in the women of 40 to 49 years who had received yearly mammograms.

Even more disturbing was the news when the 7-year results were published in 1992; the study showed no benefit

Mammograms cont'd on page 2

Mammograms (cont'd from page 1)

from mammography in those age 40-49 or 50-59. The news created a cloud of controversy which remains today.

The National Breast Cancer Screening Study of Canada was the first trial designed specifically to answer the lingering questions of the benefits and the risks of routine mammograms for women in their forties.

When the study found potential risks and no benefit, radiologists mounted a vicious campaign in the media to discredit the study claiming design flaws and faulty mammographic techniques. Despite the criticism, the two principal investigators of the Canadian study, Dr Cornelia Baines and Dr Anthony Miller, stood by their study. At the time Dr Cornelia Baines told Options, "We knew the results of our study would be extremely unwelcome."

But physicians, radiologists, who run charities like the American Cancer Society and powerful organizations like the American College of Radiology, were livid and mounted a vicious campaign in the media. Radiologists, led by Dr Kopans, took to the airways in an unprecedented attack on the study charging that the Canadian study had serious design flaws and used poor mammography techniques.

Because of the intense criticism, the Canadians completely reanalyzed and confirmed their data. During the ensuing controversy, the study was reanalyzed, yet again, by an independent team.

During the on-going controversy, some cooler heads prevailed. Dr Howard Ozler, chief of medical oncology at the University of North Carolina School of Medicine, pointed out that the debate over screening occurs against a background of pressures having nothing to do with the data. He said that it could be difficult for groups like the American Cancer Society to reverse a position they have spent a decade promoting. In addition, the mammogram business has become highly lucrative, and younger women are the best customers.

Dr I Craig Henderson, Director of the Clinical Cancer Center at the University of California in San Francisco said, "We have to tell women the truth. We've gotten ourselves out on a limb." He said the rationale for the screening recommendations for younger women were based on inference rather than hard facts.

Despite the criticism, in 1992 NCI made the decision to withdraw the recommendations-largely as a result of the Canadian Study.

The debate raged on until January of 1997, when NCI convened a Consensus Development Conference to review the scientific information both old and new with the intention of settling the issue once and for all.

The Consensus Conference participants examined the results of the Canadian study and new data from Sweden which showed a significant benefit from mammograms to women in their forties.

However panel members decided unanimously that few if any deaths were prevented by mammograms. Furthermore they found that any potential benefit was small and outweighed by the risks such as radiation induced cancer, misdiagnosis of cancer, unnecessary treatments (mastectomies and lumpectomies) and unnecessary biopsies.

But the Consensus Conference decided not to recommend yearly mammograms for women in their forties. And the debate about mammography erupted once again.

According to Mary Ann Napoli, of the Center for Medical Consumers in New York, one radiologist accused the panel of "sentencing women to die of breast cancer." Napoli who testified in front of the panel told Options, "The word confusion came up frequently in the media following the conference because the overselling of mammography has led many women to view a mammogram as the only thing that stands between them and an imminent death from breast cancer.

"The NCI was clearly facing a dilemma," says cancer activist Frank Wiewel who leads the non-profit public interest group People Against Cancer. "They were under tremendous pressure from radiologists on the one hand, and Congress and Breast Cancer organizations on the other."

So finding itself with no clear answer, NCI simply made one up-have the mammograms! Now once again, everyone is happy in Cancerland. So much for good science.

Consensus Panel Findings

Panel unanimously decides not to recommend yearly mammograms for women in their forties. And finds:

- Women should be informed of the risks and benefits;
- Little or no benefit from yearly mammograms;
- A risk of misdiagnosis of cancer;
- A risk of radiation damage;
- A risk of unnecessary treatment;
- A risk of needless biopsies;
- A risk of false reassurance that no cancer is present.

A Mammography Chronology

- **Before 1992:** National Cancer Institute recommends yearly mammograms for women 40 to 50 despite the absence of scientific studies on safety and effectiveness.
- **Fall of 1991:** The Canadian Breast Screening Study shows 52% increased mortality in women between 40-50 who have yearly mammograms.
- **Winter of 1991:** Radiologists mount vicious media campaign against Canadian Breast Screening Study citing flawed study design and poor quality mammograms.
- **Spring of 1992:** NCI withdraws recommendation for routine annual screening based on Canadian Study.
- **January of 1997:** NCI convenes a Consensus Conference which decides not to recommend yearly mammograms for women in their forties.
- **Spring of 1997:** Ignoring the decision of the Consensus Conference, NCI bows to pressure from radiologists, congress and women with cancer, and again recommends mammograms every one to two years for women in their forties.

The Future of Nutrition:
The Metabolic Assessment Program of Dr Jack Taylor

Scientific studies from around the world indicate that diet and nutrition may be implicated in up to 70% of all cancers.

A recent report from Harvard seems to confirm these figures stating that 60% of cancer deaths were linked to diet, unhealthy lifestyle, obesity, and tobacco.

Over the last 20 years, in order to scientifically evaluate the nutritional needs of people with cancer and other diseases, Dr Taylor has researched and designed a program using computer technology to assess each person's biochemical individuality and provide specific guidance in diet, nutritional supplementation and detoxification. He calls his program the Metabolic Assessment Program (MAP).

Dr Jack Taylor has a Master of Science in Human Biology and Human Nutrition, and is a chiropractic physician and Certified Clinical Nutritionist.

"The Metabolic Assessment Program (MAP) is not a therapy for cancer or any other disease," Taylor stresses, "If a person has cancer the MAP will individually assess the needs of diet, dietary supplements and detoxification. When the person's body performs normally, it can fight disease."

"The problem," says Taylor, "is that a one size diet doesn't fit all needs. People have very individual nutritional needs which vary according to the type and severity of illness they face, genetics, dietary patterns, activity levels, emotional and behavioral patterns, and stress."

Taylor proposes that the autonomic nervous system has primary control over metabolism. The autonomic nervous system is divided into parasympathetic and sympathetic. Those with sympathetic dominant systems tend toward a slow rate of metabolism and need fast burning foods which are essentially vegetarian in nature. On the other hand, those with parasympathetic system dominating have faster metabolism and may need some slower burning foods such as animal proteins.

After years of clinical research, Taylor developed a unique computerized program to evaluate and predict the nutritional needs of the individual. He utilizes an in-depth questionnaire and blood analysis using scientifically accepted blood tests to prepare his Metabolic Assessment Program Report. Restoring the metabolic balance is the primary therapeutic goal.

Dr Jack O Taylor, developer of the Metabolic Assessment Program (MAP).

To Access The Metabolic Assessment Program (MAP)

- The person will call Dr Taylor's Wellness Center and sign up for the Metabolic Assessment Program.
- Dr Taylor will send a detailed questionnaire and a requisition for a blood test at a laboratory close to the person's home.
- The blood test results will be faxed from the lab to Dr Taylor and the questionnaire will be filled out and retuned to Dr Taylor's Wellness Center.
- The questionnaire and blood test results will be used to compile a report recommending an individualized diet, nutritional supplements and detoxification procedures. This written report will be sent to the patient.
- The person will then call to set up an appointment to discuss the results of the program and ask any questions.

Those interested in the Metabolic Assessment Program can call:
People Against Cancer at:
515-972-4444

"For years physicians and researchers have searched for the 'magic bullet' against cancer while ignoring the basic fundamental concepts of nutrition and biochemical individuality. If the body is given the proper nutrients, biochemically individualized, in the proper form they will fight their disease," says cancer activist Frank Wiewel, "Dr Jack Taylor appears to have created a program to do just that."

Taylor believes that metabolism is the sum total of physical and chemical processes by which a living organism thrives and maintains itself. Rather than fighting disease he believes in creating wellness. His program includes 4 steps.

Step One: Detoxification—Removing toxins from the body is done with hydration, homeopathic detoxisodes vitamins, minerals, pancreatic enzymes, and enemas to detoxify the liver and other organ systems. This can free the immune system and normalize biological functioning.

Step Two: Substitution—Specific nutritional substances are used when the body is not producing a particular chemical in the proper amount or strength. In cancer, there are often problems with metabolism of enzymes, eicosanoids, hormones and immune system components.

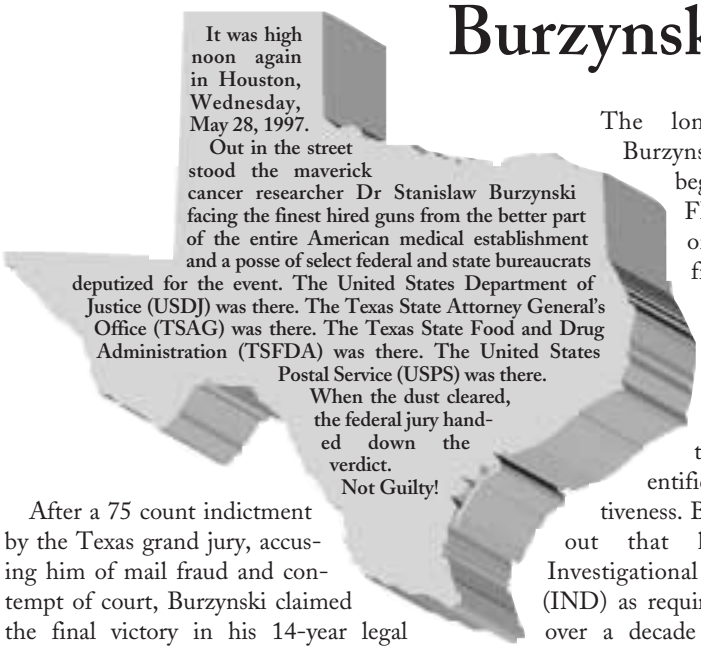
Step Three: Stimulation—is provided to organs and glands through the use of specific nutrients, vitamins, minerals, biologicals and phytotherapy (plant-based).

Step Four: Rebuilding—Nutritional supplements are used to address the additional nutritional demands from disease or illness and strengthen the body reserves.

Additionally, for over twenty years Dr Taylor has recommended, as a part of his program, specific individualized dietary changes, appropriate lifestyle modification, structural and soft tissue manipulation through chiropractic, normalizing weight, exercise and eliminating smoking.

"The new independent research now suggests that Taylor may have been 20 years ahead of his time," says Wiewel.

Burzynski Wins Big in Houston!



After a 75 count indictment by the Texas grand jury, accusing him of mail fraud and contempt of court, Burzynski claimed the final victory in his 14-year legal battle with the the medical establishment.

"I never doubted that we were going to win," Burzynski told the Associated Press, "It's a great day for us. For the bureaucrats the message is, 'Don't mess with Texas.'"

"Today our prayers were answered. We are so happy," said Mary Jo Siegel of Pacific Palisades, California. Siegel heads the Burzynski Patients Group, whose members had crowded the courtroom and carried on a vigil which spanned nearly a decade.

But others weren't so happy about the verdict. Assistant US Attorney, Michael Clark said, "The only thing positive to come out of the prosecution is that it literally forced Burzynski into the system. It forced him to get together with the FDA and study this drug the way it's supposed to have been studied." In the trial, prosecutors had accused Burzynski of violating a court order against interstate shipment of a drug not approved by FDA. And Clark argued that Burzynski had deliberately avoided FDA scrutiny of the drug called antineoplastons, which he developed over 20 years ago.

Long time Burzynski critic Saul Green, a former biochemist at Memorial Sloan Kettering Research Center in New York, charged the verdict undermined protection for consumers.

Barrie Cassileth, a researcher at Duke University and long time critic of alternative cancer therapies was forced to admit "There's a lot of anger and dissatisfaction, and I think this is another statement saying that we need to give mavericks n opportunity." She went on to say that the verdict reflects skepticism of established medicine and FDA regulation.

The long battle between Burzynski and the FDA began in 1983 when the FDA got two court orders barring him from interstate shipment of his medicine. FDA contended that Burzynski refused to submit his drug to proper testing for further scientific evidence of its effectiveness. But Burzynski pointed out that he had filed an Investigational New Drug Permit (IND) as required on May 6, 1983, over a decade ago, but the FDA stonewalled for over six years before granting him limited permission to treat patients. Further he accused the FDA of random and capricious enforcement of the rules. "Normally the FDA grants approval for INDs within 30 days but in our ease they refused to grant the IND charging that I lacked 'training or experience' despite my MD and PhD in biochemistry."

Even the National Cancer Institute (NCI) admitted that "the results in brain cancer are real," and after a site visit to the Burzynski Institute NCI researcher Dr Nicholas Patronas testified in court that the Burzynski treatment is the most effective treatment for brain cancer he had ever seen. But during the trial, Judge Simeon Lake was unimpressed saying, "whether the drug works or not is irrelevant." Lake ruled further that the jury would hear no testimony about the safety or effectiveness of the drug.

An earlier trial ended in a hung jury with Judge Lake dismissing most of the charges. One of the jurors in that trial, L Darlene Phillips, wrote the following in a scathing letter to the United States Congress.

"This letter is to inform you of how upset I am at how my time and tax dollars were *wasted* on this trial…this case should never have been tried in a criminal court.

A second reason I feel this case should not have gone to trial is because while the trial was going on the FDA had already approved 71 clinical trials thereby allowing Dr. Burzynski full release to ship Antineoplastons to persons living out of the state of Texas. This was not known to the jurors at the time. After the trial ended, I gleaned this information and felt I had been involved in something that was a ridiculous waste of two months of my life. After all, wasn't this a moot point at this time? Surely our government has real 'criminals' to prosecute.

Thirdly, The prosecution headed by Mike Clark, Amy Lecocq, and George Tallichet offered no evidence at all of a conspiracy to commit fraud. In fact, after hearing the jury foreperson say that we were hopelessly deadlocked (this was after 6 days of intense deliberations), the Judge acquitted Dr. Burzynski on all 34 counts of mail and insurance fraud, which were the most serious of the charges, for lack of evidence. For those of us who voted to acquit this was a notable confirmation that the Honorable Judge Sim Lake saw no evidence of the charges, just as we who had voted not guilty.

In addition, the prosecution failed to introduce even one witness who could say anything defamatory about Dr. Burzynski's character. One would think after four years of preparing for this Trial they would have found at least one disgruntled patient, former employee, business associate or colleague who had something negative to say about him. Also, since the prosecution had been working on the case for four ears, I expected the exhibits, witnesses and evidence to be compelling. It was not. And they didn't come close to proving their case.

Since the trial, I have learned much about the history of this man and the attempts by the FDA to shut him down. It is my heartfelt belief that a person confronting a life-and-death situation, either for himself or for a dependent child, should he allowed to make these tough decisions himself Once the FDA has said that a drug is non toxic and that it will not harm a person (which they had), it should then be left up to the patient to choose what he or she feels is the best treatment available.

The FDA should be supporting Dr. Burzynski in his valiant effort to cure and ease the suffering of cancer patients. Incredibly promising results have already taken place with the remission of brain tumors, no n-Hodgkins Lymphoma, and breast and prostate cancers. The lives and quality• of life of cancer patients should be uppermost in the minds of the FDA not what rules were allegedly broken in the past."

As the sun sets in the Texas sky, Burzynski hopes this war is finally over.

VG-1000: The Govallo Therapy
A Case Study

Twenty years ago, Valentin I Govallo, a Russian Immunologist, discovered substances contained in the human placenta which fight cancer. In 1974, Govallo treated 45 patients with advanced cancer. 29 of the original 45 remain alive today- a remarkable 64.400 20-year survival rate.

Last year, Dr Harris Coulter gained world attention at two international congresses-the 51st Congress of the International Homeopathic League in Naples, Italy and the Third Dead Sea Conference on "The Crisis of the Immune System" in Tel Aviv, Israel.

Dr Harris Coulter, a renown, medical historian and Russian translator, began researching the Govallo cancer therapy in early 1994, while translating for the state department in Moscow. After several visits to Govallo's Institute he became convinced that Govallo had made a "breakthrough" in the treatment of cancer.

Apparently some US officials agree. In review of Govallo's book entitled The Immunology of Pregnancy and Cancer, University of Maryland researchers wrote "If the results [Govallo's] are accurate, this innovative approach could be one of the greater discoveries of the 20th Century."

We present the following case study of some of the people with cancer treated with Govallo's therapy VG-l000:

Mrs A. S., (lung cancer) born 1917, underwent surgery (wedge resections) on November 3, 1975, for a large rumor of the lung. Histology revealed squamous cell carcinoma. On November 21, 1975 the patient was injected subcutaneously in the thigh with 20 mm of VG-1000 placental vaccine. Within a month the rumors were substantially diminished in size. \Within three months, the tumors were gone, lungs were clear at 4 years and again at 8 years. The patient died at 76 years of age of a heart attack. Autopsy revealed no evidence of cancer.

Mr A.S., (lung cancer) (husband of Mrs A.S. above), born 1912, admitted November 3, 1975, surgical resection of the lower lobe of the right lung and nodes. Histological analysis revealed squamous cell carcinoma. November 21, 1975 he was immunized with VG-1000 the placental vaccine, with a second vaccination a year later on November 26, 1976. He remains alive over 20 years with no evidence of disease.

L.P., (sinovial sarcoma) female, born 1925, November 1974 had surgery for histologically verified sarcoma of the right foot. December she received an injection of 20cc of VG-1000 and a second injection of 10cc in December 1976. When examined in May 1994 she had no signs of cancer. She now lives in Canada with relatives.

T.G., (breast cancer) female, born 1938, had surgery in 1976 for histologically verified adenocarcinoma of the breast. Received one injection of 10cc and one injection of 15cc in 1979 and a third injection of 15cc in 1980. She is currently alive and well with no evidence of cancer.

A.V., (lung cancer) male, born 1935. December 1979, surgery for removal of the upper lobe of right lung. Adenocarcinoma was histologically verified. September 1980 treated with VG-1000 and again five years later in September 1985. Alive and well 17 years, he works as a journalist in Moscow.

G.A., (breast cancer) female, born 1938, April 1978 underwent mastectomy for histologically verified adenocarcinoma of the breast. Received 4 doses of VG-1000 between April 1979 and September 1980. Alive and free of cancer 18 years, she works as an economics teacher.

E.L. (chondrosarcoma) female, born 1936, histologically verified chondrosarcoma of the nh. Had surgery (partial rib resection) October 1974, She immediately received 4 injections of 10cc of VG-1000 through October of 1975 at 2-3 month intervals. Today she is alive and well 22 years and working full time.

E.M., (breast cancer) female, born 1929, in 1982 she had surgical resection for histologically verified breast cancer. One month after surgery she received an injection of 20cc of VG-1000 and four injections of 10cc at six month intervals between 1982 and 1984. In 1997, she remains alive with no health complaints.

V.T., (lung cancer) male, born 1928, had surgery for histologically confirmed lung cancer in right lung. In December 1978 he received 20cc of VG-1000 followed by 9 injections of 10-15cc at 6-12 month intervals. He had no other treatment and remains alive and well in 1997.

V.G., (breast cancer) female, born 1933, in 1981 she had surgery for histologically confirmed breast cancer. She received an injection of 20cc of VG-1000 in August 1981 and 9 additional injections of 10-15cc at six month intervals. She is alive and well 16 years.

Ye.K., (breast cancer) female, born 1927, she had surgical resection for a histologically confirmed breast cancer in Kiev in 1980. Oncologist identified bone metastases in the spine in late 1981. She received a 20cc injection of VG-1000 followed by 12 injections of 10cc at 6 month intervals. She is alive and well, living on her pension.

C.C., (breast cancer) female, born 1931, in 1980 she had surgery for a histologically verified breast cancer, patient discontinued chemotherapy which she found unbearable and after 60-90 days started VG-1000 October 1980 with a 20cc injection followed by 9 injections of 10cc. She is alive and well and working at her job.

L.L., (breast cancer) female, born 1946, December 1980 she was operated on for a histologically verified breast cancer. She began VG-1000 July 1981 with 10 injections of 10cc at 6 month intervals. She remains alive and well.

G.Cg., (breast cancer) female, born 1930, in 1981 was operated on for verified breast cancer. Shortly thereafter she commenced VG1000 with one injection of 20cc followed by 9 injections of 10cc at 4-8 month intervals. She remains alive and well with no health complaints.

Ye.Ya., (breast cancer) female, born 1941. She was operated on for a verified breast cancer. Commenced with a 20cc injection of VG-1000 when radiological studies revealed metastases in the lung. She received 5 additional injections of 10cc at 6 month intervals.

VG-1000 cont'd on page 7

Urea and Creatine: A Natural Cancer Therapy From Greece

Throughout all of history components of urine have been used in medicine.

In ancient Egypt, in the time of the pharaohs, urine was used therapeutically.

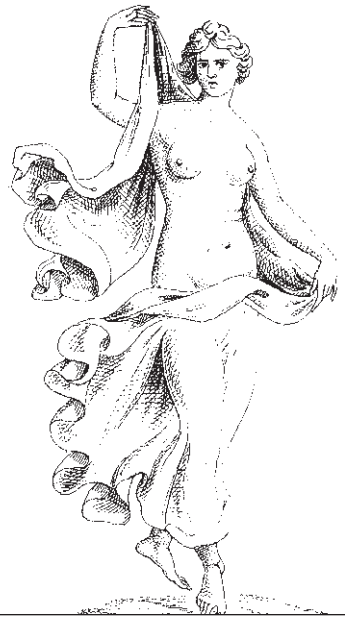
Later, in the 1940s English scientist J H Thompson discovered a growth retarding substance in the parathyroid glands, he called H11. It demonstrated "definite evidence of inhibitory effects on cancerous tissue." He then turned to urine as a more accessible source. He found temporary, partial or complete response in 68% of patients on the medicine.

Most recently, Dr Stanislaw Burzynski identified powerful anti-cancer substances in urine, blood and tissue and called them antineoplastons.

In the late 1960s, Evangelos D Danopoulos, a Professor of Medicine in Athens, Greece pioneered the use of urea in the treatment of cancer. His peer reviewed articles, which appeared in the prestigious British medical journal The Lancet, described the successful treatment of many kinds of cancer with the use of topical, intra-tumoral, oral and IV doses of urea.

According to Danopoulos, this was the most effective treatment available for cancer of the liver, which is largely incurable conventionally, and for inoperable cancer which had spread to the liver from other locations. It was reported to be most effective in those with less than 30% liver involvement.

It was in his search for other agents similar to urea, Danopoulos found that another natural substance, creatine monohydrate had a similar potent anticancer properties, and contrary to urea, which was eliminated from the body very quickly, creatine was broken down in the body very slowly into creatine. The combination of urea at 15-30 grams and creatine at 25 grams kept Blood urea nitrogen (BUN) levels constant and proved to be far more effective than urea alone. He found that creatine could protect against systemic metastases (the spread of the cancer to other locations) and had a dramatic anticancer effect similar to urea on other tumors. The combination produced cancer regression, improvement of appetite, decrease of pain, and improvements in erythrocyte sedimentation-rate (ESR).



Protocol For Urea and Creatine In Cancer

- 15-30grams of USP pharmaceutical grade urea (carbamide).
- 25 grams of USP pharmaceutical grade creatine monohydrate.
- The two substances are shaken and dissolved in a quart of purified water (distilled or reverse osmosis) and taken orally, each day, in doses of about 4 ounces every 2 hours during the waking hours.
- The target, for therapeutic effect, is a Blood Urea Nitrogen (BUN) blood level of 35 to 40mg (or 3 to 4 times normal).
- Starting dose of urea should be 15 grams. BUN blood tests should he taken every 14 days to reach BUN levels of 35 to 40. The BUN test should be done at the end of the day after taking several doses.
- The dose of urea maybe individualized up to 30 grams per day to achieve BUN levels of 35-40.

Important! Urea and creatine are non-toxic at many times this dosage, however, physicians should always he involved with, and notified of the treatment, as elevated BUN could otherwise signal kidney problems.

Dr Danopoulos found this combination to be effective against many types of local and metastatic cancer which were incurable conventionally. Further, he found it remarkably successful in preventing the growth of metastases and local recurrences after surgery. He found the therapy to be perfectly safe at prescribed dosages. The only side effects encountered were an increased frequency of urination and an increased appetite (which was generally favorable). Further, at the prescribed dosage, there was no evidence of bone marrow suppression, no cardiotoxicity, no renal (kidney) toxicity, no hepatotoxicity (liver toxicity) observed. Additionally, no nausea, no vomiting, no weakness or hair loss was observed.

The urea and creatine therapy is being used topically, orally, intra-tumorally, and in IV form at the CHIPSA Hospital, in Mexico, in cooperation with the Gerson Research Organization (GRO), where Drs Dan Rogers, Victor Ortuno and Gar Hildenbrand are reporting good results.

Further, Dr John Clement, the medical director of the ImmunoAugmentation Therapy (IAT) Clinic in Freeport Bahamas has reported good results and now suggests the uria/creatine combination to all patients on IAT with liver metastases. He recently reported a case of the complete clearing of liver metastases in a patient with colon cancer which had spread to the liver.

As is the case with many therapies, urea and creatine seem to work better with other supporting nutrients.

Recently, physicians have begun to use the urea and creatine combination as Part 1 of "The Liver Protocol." Urea and creatine seem to work more effectively when combined with other nutrients from the Stockholm Protocol as Part 2. These are CoEnzyme Q10, Vitamin E, L-cysteine, omega 3 fatty acid from flax oil and Gamma Linoleic acid from borage oil. Additionally, they have added Part 3, called Liver Support, which is made up of alpha lipoic acid, curcumin, silymarin, selenium (from seleno-methionine).

Parts 1, 2, and 3, of The Liver Protocol are available from Innovative Therapeutics at: 888-688-9922.

VG-1000 (cont'd from page 5)

She remains alive and well with no evidence of disease.

V.F., (breast cancer) born 1941. In August 1978 had a mastectomy of the left breast for verified breast cancer. She began VG-1000 in December 1982, with 7 injections at 6 month intervals. She remains alive and well, working at her job.

I.P., (breast cancer) female, born 1927. In 1981 she was operated on for a verified breast cancer. She commenced VG-1000 in May 1982. In 1984 she moved to the US. In 1993 she reported metastases to the pelvic bones.

N.P., (breast cancer) female, born 1950. In 1982 had a mastectomy for verified breast cancer. VG 1000 began in October 1982. She received 6 injections of 10-15cc at 6 month intervals. She remains alive and well.

Yu.K., (lung cancer) male, born 1930. Operated on in 1980 for verified lung cancer. VG-1000 commenced with a 20cc injection followed by 5 injections of 10cc at six month intervals. In 1992 he developed metastases to the liver and died a year later.

V.K., (cancer of salivary gland) male, born in 1931. In 1981 he had surgical resection of cancer of the salivary gland. He started VG1000 after post surgical metastases to the regional lymph nodes. He received a total of 4 injections of 10-15cc. He remains alive and well.

N.K., (ovarian cancer) female, born in 1934. Operated on in 1982 for ovarian cancer. Commenced chemotherapy for several weeks then rejected it and commenced VG-1000 in 1982 with 1 injection of 20cc followed by 6 injections of 10cc at 6 month intervals. She remains alive and well, working at her job.

N.K., (colorectal cancer) male, born 1925. Operated on for a colorectal tumor in 1981. He received 20cc of VG-1000 and 11 injection of 10cc at 6 month intervals. He remains alive and well in Kiev.

V.R., (kidney cancer) female, born 1930. Operated on in 1985 for a hypernephroid tumor on the right kidney. Commenced VG1000 with 20cc followed by 11 injections of 10cc. She remains alive and well free of disease.

O.N., (cancer of Bartholin Glands) female, born 1930. She commenced VG-1000 in October of 1986 for cancer of the Bartholin glands. She received 8 injections of 10-15cc. She is alive and well.

A.K., (recurrent breast cancer) female, born 1936. She had mastectomy for verified breast cancer. She had a recurrence in the second breast with a second mastectomy. She commenced VG-1000 with an injection of 20cc followed by 9 injections at 6 month intervals. She remains alive and well, working in the US Embassy in Moscow.

V.G., (breast cancer) female, born 1930. She developed breast cancer in 1985 followed by surgery and chemotherapy. She developed a recurrence and commenced VG-1000 at 20cc followed by 11 injections of 10cc at 6 month intervals.

G.D., (breast cancer) female, born 1940. In 1980 she had surgery for a verified breast cancer. She received 1 injection of 20cc of VG1000 followed by 2 injections of 10cc. With no further treatment she remains alive and well.

V.B., (carcinoid of lung) male, born 1945. In 1981 he had surgical resection for carcinoid of the lung. He received an injection of 20cc of VG-1000 in September 1981 and 2 injections of 10cc in 1982. He is alive and well.

M.K., (lung cancer) male, born 1929. He was operated on for a verified lung cancer in 1984. He started VG-1000 in February 1985 and received a total of 8 15cc injections. He remains alive and well.

L.Z,. (breast cancer) female, born 1937. She had surgery for a verified breast cancer in in 1990. She commenced VG-1000 in February 1991 and received a total of 7 injections of 10cc. She is alive and well today.

I.P., (melanoma) male, born 1935. In 1989 was diagnosed with melanoma near the ankle followed by surgery and chemotherapy. A second surgery was undertaken for metastases to the lymph nodes in the groin. VG-1000 was commenced in December 1991. He is alive and well, working in Kiev.

D.L. (breast cancer) female, born 1925. Surgery was performed in 1991 for a verified breast cancer. She refused chemotherapy and began VG-1000 in October of 1991 followed by 9 injections at 6 month intervals. She is alive and well.

S.B., (breast cancer) female, born in 1958. In June of 1988 underwent mastectomy to left breast followed by chemotherapy. In July 1989 metastases was discovered in the thorasic vertebra. She commenced VG-1000 and received 9 10cc injections. She is free of disease with no health complaints.

O.B., (breast cancer) female, born in 1932. She had mastectomy for cancer of the left breast in March 1991, followed by S injections of 10cc of VG-1000. She is alive and well.

L.Kh., (colorectal cancer) male, born in 1935. He had surgical resection of colorectal tumor in 1991 followed by 3 injections of VG1000. He remains alive and well.

Govallo's vaccine, VG-1000, is being manufactured in the West and will be available to select cancer patients in clinical trials.

For information on the Govallo Clinical Trials call 515-972-4444.

MEMBERSHIP FORM

Yes! I would like to support the important work of *People Against Cancer.*

❑ $35 .....**Regular Annual Membership** — Includes our newsletter, *Options.*

❑ $50 .....**Foreign Regular Annual Membership** — Includes our newsletter, *Options.*

❑ $100 .....**Supporting Annual Membership** — Includes our newsletter, *Options,* plus a free book.

❑ $450 .....**Sustaining Annual Membership** — Includes the Alternative Therapy Program with: a comprehensive search for the best treatment options worldwide, a detailed written report, an extensive personal telephone consultation, unlimited one year follow-up. Also includes our newsletter *Options* and the book *Repression and Reform.*

People Against Cancer

❑ $500 .....**Benefactor Annual Membership** — Includes all the benefits of Sustaining membership plus a free book.

❑ $1,000 .....**Founding Annual Membership** — Includes all the benefits of Benefactor membership plus special select reports and publications.

❑ $5,000 .....**Patron Annual Membership** — Includes all the benefits of Founding Membership and all select reports and publications.

❑ $10,000 .....**Golden Circle Patron Membership** — Special Membership with all select reports and Golden Circle publications.

Name (print) _____

Address _____

City/State/Zip _____

Phone (w/area code) _____

❑ Renewal ❑ New Member

❑ Special Extra Donation (US funds) $_____

❑ I have enclosed (US funds) $ _____

❑ MC/Visa #_____ Exp _____

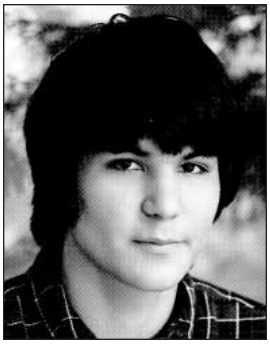
People Against Cancer

Send Tax-Deductible Check in U.S. FUNDS (only) to:
P.O. BOX 10 • OTHO, IA 50569-0010
515-972-4444 • FAX 515-972-4415
E-MAIL: info@PeopleAgainstCancer.com
WEB: http://www.PeopleAgainstCancer.com

PAC OPT ____

Options is published by
People Against Cancer
604 East St
P.O. Box 10
Otho, Iowa 50569
Phone: 515-972-4444
Fax: 515-972-4415

E-mail: info@PeopleAgainstCancer.com
WEB: www.PeopleAgainstCancer.com



Billy Best alive and well at 19.

Billy Best: Still Alive and Well!

Billy Best is 19—and prefers skateboarding to chemotherapy—just like he did over two years ago when we first wrote about the boy who captured the nation's attention by running away from home to avoid the toxic effects of chemotherapy treatment for his Hodgkins disease.

That was over three years ago and Billy is still alive and well—with no chemotherapy!

Dana Farber Cancer Institute was forced to issue a statement in April of 1995 which admitted that Billy showed no evidence of cancer. The CT and Gallium scans confirmed that Best was cancer free according to Dr Clifford Takemoto, who is Best's physician at Dana Farber.

Best and his parent's feel that an herbal treatment called Essiac, a Canadian injectable therapy called 714-X, and a better diet are responsible.

Essiac is an herbal treatment originally pioneered by the Ojibway Indians and named and popularized by Rene Caisse (Essiac spelled backward). The mixture of burdock root, slippery elm bark, turkish rhubarb and sheep's head sorrel was later studied and promoted by Dr Charles Brusch who was the personal physician to President John F Kennedy. Brusch claimed the herbal preparation cured his colon cancer after conventional medicine had failed.

714-X is a nitrogen and camphor substance pioneered by controversial Canadian researcher Gaston Naessens. Naessens had discovered a pleomorphic organism called a somatid which entered a pathological phase and caused diseases such as cancer.

"Naessens is responsible for three world-class discoveries," claims former Iowa Congressman Berkley Bedell. "His first was the condenser microscope, which allowed him to make his second discovery, the somatid, which was treated by his third discovery, 714-X." Bedell, considered the founder of the Office of Alternative Medicine in the National Institutes of Health, feels 714-X cured his prostate cancer when orthodox therapy had failed.

Best also admitted that he is still avoiding red meat, sugar and dairy products and eating a diet high in vegetables, fruits and grain.

The Best family was swamped by calls and letters from people all around the nation who told them about alternatives when Billy first ran away to avoid chemotherapy. "We got boxes of information," Best said, "we had faith in God, and we always had faith in these treatments. The only drawback is that everybody doesn't know about them."

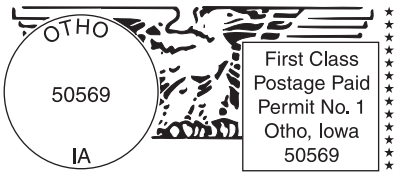
Billy Best still alive and well at 19.

The Best family now has a web site on the internet to tell people about the story. You can find it at: http://www.grand-strand.com

PEOPLE AGAINST CANCER

P.O. Box 10
Otho, Iowa 50569

ADDRESS SERVICE REQUESTED



New Directions in the War on Cancer