



**Important:** In observance of HIPAA and the sacred trust between care giver and patient, absolutely no patient names or identifying information is to be disclosed. Patient privacy is to be preserved. If you attach any medical records, pathology, surgical or laboratory reports, all names are to be removed.

<b>Date</b>	
<b>Clinician Name &amp; Credentials</b>	
<b>Email</b>	

**Describe Your Patient** (Please SUMMARIZE and use economy of words. You will have 15 minutes to present)

<b>Age, Gender &amp; Ethnicity</b>	
<b>Body Type</b>	
<b>Values</b> <i>What is most important to this patient? (Quality of Life, Decision Making, Side Effects?)</i>	
<b>Stress Resilience</b>	
<b>Other</b>	
<b>Primary Diagnosis &amp; Date</b> <i>(ex. Breast Cancer L, T3 N1 M0, BRCA1 positive, grade 3, Ki67 &gt; 45%)</i>	
<b>Secondary Diagnosis</b> <i>(ex. Diabetes Type 2, Obesity)</i>	

**Patient Status**

<input type="checkbox"/> New Diagnosis <input type="checkbox"/> Recurrence <input type="checkbox"/> In Treatment <input type="checkbox"/> In Recovery <input type="checkbox"/> In Remission <input type="checkbox"/> At Risk	
<b>Concomitant and/or Complicating Factors</b> <i>(ex: poorly controlled diabetes, insomnia, poor support system)</i>	
<b>Adverse Effects of Cancer or Cancer Treatments</b> <i>(ex. anxiety-depression, diarrhea, peripheral neuropathy)</i>	
<b>Relevant Laboratory, Pathology &amp; Medical Reports</b> <i>(attach a PDF with patient identifying information removed or summarize)</i>	



### Brief Summary of Recent History

### Brief Summary of Additional Relevant Health, Medical, Psycho-Social and/or Family History

### Other Relevant Information

Such as Chinese or Ayurvedic diagnosis, Naturopathic/Homeopathic Information, etc. (*ex. Liver Qi Stagnation, Dysbiosis*)

### Brief Summary of Relevant Past Oncology or Medical Treatments

(*ex. surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy*)

### Summary of Recent and Current Treatments

Medical Oncology Care (*surgery, radiotherapy, chemotherapy, immunotherapy, hormone therapy, drug therapy*)

Integrative Oncology Care (*nutraceutical, botanical, phytochemical, acupuncture, energy medicine, other*)

### Your 2 Core Questions (stated clearly and succinctly)

1.

2.

### Attached Medical Records for Reference (with patient identifying information removed)

**PROPOSED TREATMENT PLAN** Your case will not be reviewed without a completed proposed treatment plan

**Nutriceutical, Phytochemical and Botanical Supplements (name of supplement, dosing)**

**Foundation Nutrition Supplements:**

**Targeted Supplements:**

**Functional Foods and/or Therapeutic Shake**

**Dietary Guidelines**

**Lifestyle Guidelines**

**Recommended Diagnostics**

**Referrals to specialists**

**Other Notes** (please do not include additional notes in your email – notate them here within the case study)

**Case Study:** 64yo M Colon Cancer - Metastasis to Liver Stage 4  
**Submitted by:** Judy Pruzinsky L.Ac  
**Date Submitted:** 11/05/2019

**Overview:**

**Primary Diagnosis:**

- 64-year old male.
- **In Feb 2017 was diagnosed with adenocarcinoma in the sigmoid colon.**
- **Sept 2019 metastasis to the liver, Stage 4. Disease Progression**
- Left upper lobe nodule: decreased to 5 mm from 10 mm prior 07/2019 exam.
- 7 mm hypodense splenic lesion, not significantly changed from the prior exam on 02/2017.
- Left vocal cord paresis, suggest ENT referral to exclude any mucosal lesion.
- **High Blood Pressure 150/90** - Zestoretic for b.p. which gets it down to a normal range

**Update 01/2020**

- **Latest blood test from 12/23/19 - See below**
- He was dismissed from chemo the last couple of weeks because his neutrophils were too low. We are thinking they will be high enough to start back this week.
- Doc wants him to continue for two not three more months at a 10% decrease in dosing.

**Recent Lab Test:**

- 7/1/19 - WBC 3.6 / RBC 4.18 / Hemoglobin 12.9 / CEA 4.3
- **9/6/19 - CEA 22.4 and glucose low 62? Neutrophil: Lymphocyte now 5.5 / WBC 6.4 / RBC 4.82 / Hemoglobin 14.8 all now normal range.**

**Past treatment:**

- Partial colectomy 12/27/18 3 months chemotherapy (FOLFOX) Feb-April 2019.

**Current Treatment:**

- Currently beginning 10/14/19 chemotherapy (FOLFIRI + Avastin) for 3 months duration.
- Every other week: first 1/2 day bolus, next two days infusion at home.

**CORE QUESTION:**

- **What are the best therapies in addition to conventional (chemotherapy)? (see Case Study document)**
- **He is considering Issels Immuno-Oncology and Hope4Care Treatment Centers.**

**He is interested in knowing what your opinion of either treatment center.- see attached**

**Original Case Study 2017 Notes** - Submitted by Judy Pruzinsky, L.Ac.

**Brief Summary:**

62 yo male - 2/3/17 Colonoscopy Dx - 3cm sigmoid cancerous tumor, stage unknown

CAT scan - no metastasis in the torso

PET scan - to be arranged soon

Labs:

- Low Vit D 24
- High Cholesterol, total 231
- HEAVY METALS ARE BLOOD LEVELS
- High Cadmium
- High Cesium
- V. High Lead
- V. High Mercury

Hx of hypertension and high blood pressure (150/90)

Family Hx - Sister died at age 37 metastasized breast cancer, Sister with breast lumpectomies at age 58

Oncology recommending surgery (removal of 15 inches) right away.

The patient wishes to delay surgery to try other treatments/options.

Current Diet:

- Alkaline foods
- No raw fruits or vegetables
- No sugars except what is in coconut water.
- Added sauerkraut and other fermentations, goat bone broth
- ghee as the only dairy

Current Supplements:

- green tea, antioxidants, curcumin with piperine—c. 1900 mg.
- multi-vitamins, potassium—200 mg.
- Probiophage—15 billion
- vitamin D—10,000 mg.
- salmon oil—4000 mg.

**Dr. Chilkov Recommendations:** Considerations

- Risk of GI Obstruction? Treatable cancer? Likelihood of progression?
- Most likely surgical resection will give the patient the most protection (only 62 yo) from recurrence, progression, and metastasis over a lifetime. If he wishes to do an AGGRESSIVE integrative approach, then he can exert control over tumor and tumor microenvironment.
- Protein repletion is important: 60 grams per day - for immunity and for the preservation of muscle mass.
- Changing diet, Tai Chi and nutritional supplements alone will not eradicate cancer. Must have a more comprehensive plan, include all factors in the tumor microenvironment and a plan to support tumor control. He can certainly consult with an ND and explore IVC, IV Artesunate, IV Curcumin, IV Mistletoe

- Adjuvant chemotherapy is often a starting place to reduce the size of the tumor so that a smaller surgery can be performed, and so a second oncology opinion may be warranted.

### **Dr. Chilkov Recommendations:**

#### **Cyto Toxic**

- **High Dose IV Vitamin C**
- **Hyperthermia + Mistletoe Therapy concurrently**
- **Natura Health Products Phyto Cyto 60 drops 3x/day**
- **Clinical Synergy Artemax (artemisinin) 2 caps 3x/day every other week**
- **Clinical Synergy Pure Honokiol 1 am 1 pm 2 bedtime**
- **High dose melatonin 80mg per day 20 mg B L D bedtime (Vital Nutrients and Pure Encapsulations make 20 mg caps)**
- **Clinical Synergy Pectasol C Professional 7.5 gram 2x/day 30 min away from food, supplements, nutrients, herbs**

#### **Oral Supplements-Cancer Terrain**

- **Increase Dose Omega 3 Fatty Acids 2 grams 2x/day Triglyceride form**
- **Euromedica BosPro (Boswellia) 500mg 2/2x/day (2 g daily)**
- **DFH Curcumevail 2/2x/day (4 g daily)**
- **Clinical Synergy Mushroom Immune Max 2 scoops daily**

#### **Health Concerns Marrow Plus 3/3x/day**

#### **Custom Tonic**

#### **Tumor Control inflammation Control Immune Support**

2 teaspoons daily

shake well Dilute in Ginger Tea or water

take with food in stomach

250 ml	500ml	
20	40	Astragalus and Ganoderma Formula
30	60	Pinellia and Magnolia Formula
25	50	Scutellaria Baicalensis Huang qin
20	40	Oldenlandia Bai Hua She She Cao
25	50	Milk Thistle Silibium marianum
25	50	Polygonatum Yu Zhu
20	40	Red Ginseng Extract Panax ginseng Hong Ren Shen
12.5	25	Taxus brevifolia tips
12.5	25	Catharanthus
15	30	Camptotheca
10	20	Camelia_Green Tea Cha Ye



15	30	Feverfew <i>Tanacetum parthenium</i>
10	20	Ginger root extract dried Gan Jiang
10	20	Tangerine extract Chen Pi

- Hope4Cancer clinic in Mexico (Antonio Jimenez MD, Director, Dr. V=Veronique Desaulniers, ND) not recommended
- Issels Immuno-oncology
- Hospice Care in the US can be excellent (Zen Hospice in San Francisco)

**Clinics outside the US**

- Sanoviv.com Baja California, Mexico (protocols developed by Paul Andersen ND)
- Chemothermia.com Dr. Abdul Slocum MD Istanbul, Turkey
- Ralf Kleef MD, Vienna Austria <http://www.dr-kleef.at/en/contact>
- International Immunology Foundation, Dr. M Ridgon Lentz MD Germany <https://www.int-imm-foundation.com/en/home.html>

DOB: 12/28/1954  
 Sex: M  
 Phone: [REDACTED]  
 Patient ID: MA53978

Age: 64  
 Fasting: N

Specimen: SA157899S  
 Requisition: 0019758  
 Report Status: FINAL / SEE REPORT

Collected: 12/23/2019 10:13  
 Received: 12/23/2019 10:13  
 Reported: 12/24/2019 04:50

Client #: 40096456  
 ANDERSON, KRISTIN N  
 MARIN CANCER CARE  
 Phone: (415) 925-5000  
 Fax: (415) 925-5050

1350 S ELISEO DR STE 200  
 GREENBRAE, CA 94904-2018

FASTING:NO

**▲ CBC (INCLUDES DIFF/PLT)**

Analyte	Value	
<b>▲ WHITE BLOOD CELL COUNT</b>	<b>2.8 L</b>	Reference Range: 3.8-10.8 Thousand/uL
<b>▲ RED BLOOD CELL COUNT</b>	<b>4.03 L</b>	Reference Range: 4.20-5.80 Million/uL
HEMOGLOBIN	<b>13.6</b>	Reference Range: 13.2-17.1 g/dL
<b>▲ HEMATOCRIT</b>	<b>38.4 L</b>	Reference Range: 38.5-50.0 %
MCV	<b>95.3</b>	Reference Range: 80.0-100.0 fL
<b>▲ MCH</b>	<b>33.7 H</b>	Reference Range: 27.0-33.0 pg
MCHC	<b>35.4</b>	Reference Range: 32.0-36.0 g/dL
<b>▲ RDW</b>	<b>15.1 H</b>	Reference Range: 11.0-15.0 %
PLATELET COUNT	<b>204</b>	Reference Range: 140-400 Thousand/uL
MPV	<b>9.8</b>	Reference Range: 7.5-12.5 fL
<b>▲ ABSOLUTE NEUTROPHILS</b>	<b>963 L</b>	Reference Range: 1500-7800 cells/uL
ABSOLUTE LYMPHOCYTES	<b>1131</b>	Reference Range: 850-3900 cells/uL
ABSOLUTE MONOCYTES	<b>414</b>	Reference Range: 200-950 cells/uL
ABSOLUTE EOSINOPHILS	<b>272</b>	Reference Range: 15-500 cells/uL
ABSOLUTE BASOPHILS	<b>20</b>	Reference Range: 0-200 cells/uL
NEUTROPHILS	<b>34.4</b>	%
LYMPHOCYTES	<b>40.4</b>	%
MONOCYTES	<b>14.8</b>	%
EOSINOPHILS	<b>9.7</b>	%
BASOPHILS	<b>0.7</b>	%

**▲ CEA**

Analyte	Value	
<b>▲ CEA</b>	<b>29.5 H</b>	Reference Range: Non-Smoker: <2.5 ng/mL Smoker: <5.0 ng/mL

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. CEA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

**COMPREHENSIVE METABOLIC PANEL**

Analyte	Value
[REDACTED]	



GLUCOSE Non-fasting reference interval	<b>95</b>	Reference Range: 65-139 mg/dL
UREA NITROGEN (BUN)	<b>21</b>	Reference Range: 7-25 mg/dL
CREATININE For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.	<b>0.80</b>	Reference Range: 0.70-1.25 mg/dL
eGFR NON-AFR. AMERICAN	<b>94</b>	Reference Range: > OR = 60 mL/min/1.73m2
eGFR AFRICAN AMERICAN	<b>109</b>	Reference Range: > OR = 60 mL/min/1.73m2
BUN/CREATININE RATIO	NOT APPLICABLE	Reference Range: 6-22 (calc)
SODIUM	<b>140</b>	Reference Range: 135-146 mmol/L
POTASSIUM	<b>4.3</b>	Reference Range: 3.5-5.3 mmol/L
CHLORIDE	<b>105</b>	Reference Range: 98-110 mmol/L
CARBON DIOXIDE	<b>26</b>	Reference Range: 20-32 mmol/L
CALCIUM	<b>9.3</b>	Reference Range: 8.6-10.3 mg/dL
PROTEIN, TOTAL	<b>6.6</b>	Reference Range: 6.1-8.1 g/dL
ALBUMIN	<b>4.4</b>	Reference Range: 3.6-5.1 g/dL
GLOBULIN	<b>2.2</b>	Reference Range: 1.9-3.7 g/dL (calc)
ALBUMIN/GLOBULIN RATIO	<b>2.0</b>	Reference Range: 1.0-2.5 (calc)
BILIRUBIN, TOTAL	<b>0.7</b>	Reference Range: 0.2-1.2 mg/dL
ALKALINE PHOSPHATASE	<b>48</b>	Reference Range: 40-115 U/L
AST	<b>21</b>	Reference Range: 10-35 U/L
ALT	<b>22</b>	Reference Range: 9-46 U/L

#### Performing Sites

UL Quest Diagnostics-Sacramento - Northgate, 3714 Northgate Blvd, Sacramento, CA 95834-1617 Laboratory Director: M. Rose Akin, M.D., FCAP

#### Key

🚨 Priority Out of Range ▲ Out of Range

These results have been sent to the person who ordered the tests. Your receipt of these results should not be viewed as medical advice and is not meant to replace discussion with your doctor or other healthcare professional.

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