

CANCER SCREENING & TREATMENT  
CENTER OF NEVADA  
CENTURY WELLNESS CLINIC  
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Presents



**POLY-MVA OUT-COME BASED  
INVESTIGATION**

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**POLY- MVA  
CLINICAL OUT- COME BASED  
INVESTIGATION**  
01/2004 – 12/2005



**SPONSOR:**

Foundation for the Advancement of  
Cancer Research:  
Albert Sanchez, EdS., PhD.

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**POLY MVA PROTOCOL  
STRUCTURE**



# CASES	STATUS	PERCENT AGE
113	ORAL ONLY	55%
94	IV + ORAL	45%
43	DISCONTINUED	20%
72	EXPIRED	34%
115	NON-MEASURABLE	55%
92	MEASURABLE	45%

TOTAL CASES 207

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**POLY-MVA  
PROVEN ACTIONS**



Cellular energy production:

The transfer of electron energy to DNA is measured and reported in three U.S. patents.

The use of this energy in the regeneration of nerve filaments following transient ischemia was reported by Francis J. Antonawich, Ph.D. Department of Neurology SUNY Stony Brook, N.Y. in "Experimental Neurology".

Increase in cell voltage was shown by Merrill Garrett, D.D.S. using a fluorescent probe.

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**POLY- MVA  
PROVEN ACTIONS**



1. Aid in cellular energy production
2. Support liver detoxification
3. Protect cell integrity
4. Acts as a heavy metal chelator
5. Acts as a powerful antioxidant
6. Support nerve and neurotransmitter function
7. Enhance WBC function
8. Assists in unblocking energy flow along meridians

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**POLY- MVA  
THE PRODUCT**



1. A patented palladium liponic compound
2. MVA: Minerals  
Vitamins: B1, B2, B12  
Amino Acids: formyl-methionine, acetylcysteine, molybdenum, rhodium & ruthenium
3. Palladium (PL) is a rare metal often combined with platinum in jewelry. M.W. 106 found in nature alloyed with platinum, copper and nickel. Highly conductive metal.
4. ALA a super antioxidant and detoxifier. It is both water and fat soluble. It is an effective chelator with heavy metals.




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**POLY-MVA INVESTIGATION  
TUMOR PARAMETERS**



1. Physical Exam – tumors in skin, liver, spleen lymph nodes, etc...
2. X-Rays: tumors detectable in CXR, bone X-Rays, mammograms, etc...
3. CT Scanning: tumors detectable in brain, chest, abdomen, pelvis or bones
4. Ultrasounds: breasts, GB., liver, ovaries, spleen, etc...
5. MRI's: brain, neck, sinuses, joints, breasts, etc...
6. Pet Scans: total body scanning

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**POLY-MVA INVESTIGATION  
TUMOR MARKERS**



1. Bladder - NMP -22, BTA
2. Breast - CEA, CA 27-29
3. Colorectal – CE A, 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 – CE A, CA 19-9
8. Lymphomas - ESR, LDH, Beta – 2 Micr ogl obulin
9. Pancreas – CEA, CA 19-9
10. Ovary – CA-125
11. Testes – AFP, HCG

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**POLY-MVA  
CLINICAL  
INVESTIGATION**



- ORR – OVERALL RESP ONSE RATE (CR + PR + SD)
- DISCONTINUATIONS AND EXPIRATIONS ARE NOT MEASURABLE IN THIS STUDY
- CR – COMPLETE RESPONSES    40/92 = 43%
- PR - PARTIAL RESPONSES        34/92 = 37%
- SD - S TABLE DISEASE            18/92 = 20%

DEFINE: CR -DISAPPEARANCE ALL MEASURABLE DISEASE  
 PR -> 50% REDUCTION OF DISEASE  
 SD -< 50% REDUCTION OF DISEASE

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**POLY-MV A PROTOCOL  
BY TUMOR TYPE**



TUMOR TYPE	NUMBER	TUMOR TYPE	NUMBER
AML/ALL/CML	4	LYMPHOMA	10
BLADDER	2	MELANOMA	6
BRAIN	6	MYELOMAS	4
BREAST	54	OVARY	7
COLORECTAL	22	PANCREAS	4
ESOPHAGUS	4	PROSTATE	26
GASTRIC	3	RENAL	7
HEAD / NECK	13	SARCOMAS	4
LUNG	26	UTERUS/CE RVICAL	5

**TOTAL NUMBER OF CASES 207**

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**POLY- MV A PROTOCOL  
TUMOR RESPONSE RATES OF  
THREE MAJOR CANCERS**



CANCER TYPE	CASES	CR	%	PR/S D	%	ORR
BREAST IV	54	13/54	25	16/54	29	54%
LUNG IV	25	6/25	24	3/25	12	36%
PROSTATE IV *	26	6/26	23	13/26	50	73%

\* Best Response

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**DOES IV LOADING DOSE OF  
POLY-MVAMAKE A DIFFERENCE?**



- ORR in patients on oral Poly-MVA only  
= 42/92 or 45%
- ORR in patients on IV + oral Poly-MVA  
= 50/92 or 55%
- Loading dose difference = 10%

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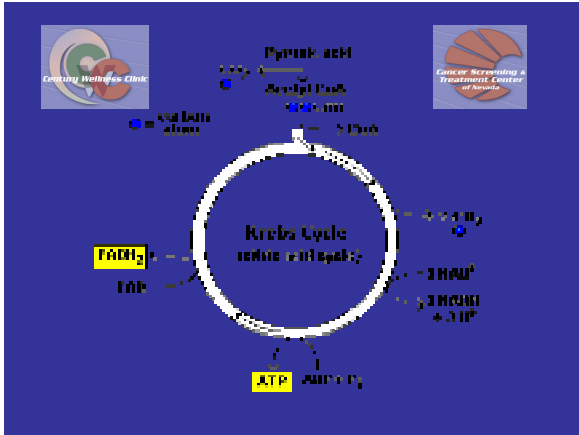
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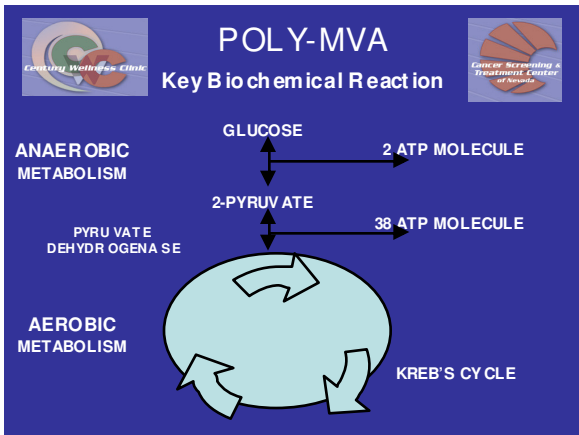
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**SAFETY PROFILE IV / ORAL POLY-MVA**

NAUSEA / VOMITING	0%
DIARRHEA	<5%
SHORT OF BREATH	<5% (40 ml only)
SKIN RASH	0%
ABN LIVER TESTS	0%
ABN RENAL TESTS	0%
TRANSFUSION REACTIONS	<5%

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### POLY-MVA PROTOCOL SUMMARY

(includes all measurable cases plus expirations)

- Total Cases = 207
- Early discontinuations = 43
- Measurable cases = 207 - 43 = 164
- Pts responding to oral / IV Poly-MVA + CT = 92/164 or 56%
- Measurable pts responding to Poly-MVA without CT = 46/92 or 50%
- Overall response rate (ORR) = CR+PR+SD

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### Summary: Poly MVA Out-Come Based Investigation

1. This Clinical Oncology "Outcome Based" investigation over a 23 month period was conducted on Stage IV patients with uterine cancer origins.
2. The investigation was voluntary and not double-blind or placebo controlled.
3. The major parameters included:
  - CR – All Clinical diseases in Remission
  - PR – Greater than 50% reduction in tumor mass / markers
  - SD – Less than 50% reduction in tumor mass / markers
4. A 56% overall response rate (ORR) combining CR +PR +SD.
5. No significant adverse toxicities-IV or oral.
6. The ORR in patients on Poly-MVA only was 50%.
7. The ORR in patients on chemotherapy + Poly-MVA was 45%.
8. Pts receiving an initial IV loading dose of Poly-MVA had a 10% improved response rate.
9. This investigation has been approved by the Nevada State Board of Holistic Medical Medicine.
10. This investigation has not received FDA approval, however a NIBB is pending in the state of Nevada.

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### CONCLUSIONS OF POLY- MVA INVESTIGATION

Poly-MVA appears to be a safe and effective natural food supplement for palliative assistance in stage IV cancer patients either with or without concomitant chemotherapy.

The safety profile is excellent and there were no treatment related deaths or any significant adverse reactions or negative interactions with chemotherapy or hormonal treatments.

An IV loading dose of Poly-MVA confers a 10% improved ORR in this investigation.

The best responding tumors were:

1. Prostate
2. Breast
3. Lung

Because these results show an improved ORR over historical controls further study on this supplement is indicated.

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# Homeopathic Oncology Philosophy



In Stage IV cancers of any origin improvement in *quality of life* issues is directly proportional to improvement to overall response rate. Even stable disease can be tolerated and metamorphosed into a chronic livable condition.

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:

- Chemotherapy Syndrome
- Painful Neuropathies
- Cardio myopathies
- Renal Failure
- Hepatic Failure
- Severe Pancytopenias
- Pulmonary Fibrosis
- Devastating Fatigue, Anorexia and Wasting Syndrome
- Death

This study shows that the "cure or kill" approach to advanced cancer treatment is not the only answer.

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