

Patients' Abbreviated Case Data

1. SL is a 67yrs old male who presented with an enlarged prostate (87x67x72mm) on 07/14/2003. On 08/18/2003 he was admitted to the hospital with bloody urine and difficulty with urination. Subsequently, an extremely high PSA was measured (**280ng/ml**). Transrectal biopsy was performed that opened up an abscess. An MRI exam on 08/28/2003 demonstrated a 6x7.5cm cystic tumor attached to the vesicle seminalis and the prostate. On 09/12/03 a transurethral prostatectomy was performed along with the draining of the cyst. Subsequently, the patient received antibiotic and hormonal therapy. By January 2004, the cyst has completely resolved. A PSA determination on 03/23/04 found a value of 0.42ng/ml. An elevated PSA (**23ng/ml**) was measured on 07/22/04 suggesting the recurrence of the disease. The patient decided to try the nutritional therapy this time around. On 08/05/2004, a course with the MSQ-15 supplement was started. Three quarts were taken at 2tbsp TID. A PSA determination on 09/15/04 found a value of **0.076ng/ml**. The decline in the PSA level was very rapid. Control ultrasound exam was negative. The patient presently is asymptomatic since. He experienced no side effects during the administration of MSQ-15.

2. KE is a 70yrs old male who presented with urinary obstruction due to an enlarged prostate (45x40mm) on 06/05/2002. An elevated PSA was measured at **9.5ng/ml**. Transrectal biopsy was performed and the diagnosis was moderately differentiated adenocarcinoma of the prostate. Whole body bone scintigraphy demonstrated extensively disseminated bone metastases to the skull, the vertebrae and the scapulae. On 09/12/2002 the patient started a course with the MSQ-15 supplement. Two quarts were taken at 2tbsp TID. The patient subsequently reported an improvement in his condition. He experienced no side effects during the administration of MSQ-15. A PSA determination on 10/12/2002 exhibited a value of **0.41ng/ml**. Other blood test results were normal. The patient is asymptomatic since.

Evaluation: The MSQ-15 dietary composition produced reversal of elevated PSA in a these prostate carcinoma cases with no side effects.

Patient's Abbreviated Case Data

1. GE is a 51yrs old female who was diagnosed with medullar carcinoma (grade III) of the left breast on 01/21/1998. A quadrant resection and lymphadenectomy was subsequently performed. She received post-operative "sandwich therapy" (chemo+radiation+chemo). On 07/18/2000 a partial resection of the right lower lobe of the lung was performed due to recurrent metastatic disease that was followed up with chemotherapy. On 05/17/2001, new metastases were detected in both lungs. After receiving three courses of chemotherapy, a CT exam on 08/10/2001 has shown an increase in both the numbers and the diameters of metastases in both lungs. The chemotherapy was discontinued due to the lack of efficacy as well as bone marrow toxicity and the patient started a course of the MSQ-11 dietary composition on 08/15/2001. The dose was 1tbsp TID. Within two weeks, the patient reported a resolution of her dyspnea. She experienced no side effects while taking MSQ. The patient resumed

full time work in September 2001. CT exams on 09/16/2001 and 11/03/2001 have shown no change relative to the 08/10/2001 results. The disease progression was halted. The patient was stable until March 2002 when progression of the pulmonary metastases was detected on a CT exam. On 04/16/2002, an MRI exam has shown brain metastases that were rapidly progressing. The patient deceased in the beginning of July 2002.

Evaluation: The MSQ-11 dietary composition produced an almost 8 months long stable disease with a progressing, refractory Stage IV breast carcinoma that is significant. Subsequently, the MSQ was reformulated and new ingredients were added. The dosing was increased to 2tbsp TID. The result of these changes is shown with the second patient.

2. GZ is a 33yrs old female who was diagnosed with ductal carcinoma of the right breast (grade II) on 06/15/2001. A quadrant resection and lymphadenectomy was subsequently performed. She received post-operative irradiation and hormonal therapy. She was stable until 02/13/2004 when an elevated CEA test result (6.33ng/ml) suggested the recurrence of the disease. Whole body bone scintigraphy on 03/19/2004 has shown multiplex metastases in several of the vertebrae, in both the left side and right side ribs and the sacrum. A thoracic CT exam on 04/07/2004 confirmed osteolytic bone metastases. Besides the hormonal therapy, she has also received a bisphosphonate (Zometa). The patient experienced severe bone pain that medication could not relieve. After presenting with dyspnea, a chest CT on 05/28/2004 and chest ultrasonography on 08/10/2004 have shown pleural fluid accumulation over the left lung suggesting metastatic pleural involvement. The patient reported that her condition was deteriorating, a part of which she attributed to the incessant bone pain. Test results have shown the progression of the disease. On 08/10/2004 the patient started taking the new MSQ-14 dietary composition at 2 tbsp TID. She has consumed 2 quarts. Just in two weeks into the administration of MSQ-14, the patient reported the resolution of both of her dyspnea and bone pain. On 09/14/2004 a chest CT exam found that all osteolytic bone metastases have sclerotised. The left side pleural fluid has almost completely regressed. Shortly afterwards the patient has returned to full time work and was asymptomatic. She experienced no side effects while taking MSQ. After that she was placed again on Zometa. This lead to severe thrombocytopenia likely causing her death about a year later.

Evaluation: The MSQ-14 dietary composition produced a complete remission of a progressing, refractory Stage IV breast carcinoma.