HOPE CLINIC CONSENT FORMS

CONSENT FORM FOR TREATMENT WITH PDT

(PhotoDynamic Therapy)

I acknowledge that I have requested treatment with PhotoDynamic Therapy (known in the rest of this document as PDT).

I understand that this treatment is purely experimental in nature and is not approved for use in Australia.

I acknowledge that the possible benefits, risks, side-effects and costs of this treatment have been fully explained to me by an Operation Hope Medical Practitioner or his agents, and that I have read the Patient Disclosure Sheet, and that I fully understand the nature of these treatments.

I understand that other modes of therapy for cancer are available including:
- Surgery
- Radiotherapy
- Chemotherapy
- Hormonal Therapy
- Immunotherapy
- No Intervention – watchful waiting
- Palliative Care

I understand that PDT (PhotoDynamic Therapy) treatment is not held out as a cure for cancer, and that no guarantee is made for a successful or beneficial treatment outcome.

I understand that I may experience side-effects from PDT (PhotoDynamic Therapy) treatment, such as the side-effects listed below in the Patient Disclosure Sheet.

I understand that some or all of the symptoms relating to my illness may become temporarily worse from the first few days up to 3 months after treatment begins, and that the full benefit of the treatment may not be seen until 3 to 6 months after the PDT (PhotoDynamic Therapy) treatment has begun.

I understand that in requesting the treatment options offered by the Hope Clinic, I have been asked to review carefully all the other choices of treatment available, in particular, the time honoured conventional cancer treatments, namely surgery, chemotherapy and radiotherapy.

I understand that I am encouraged to ask questions not only of the practitioners at this clinic, but also of my surgeon, radiotherapist and oncologist, concerning the effectiveness of the treatment offered, as well as the side effects, both immediately after treatment, and in the long term, as they may effect my quality of life.

I understand that the treatment offered at this clinic is not in opposition to conventional cancer therapy (surgery, chemotherapy and radiotherapy), but is offered as complementary and adjunctive supportive treatment.

I acknowledge that it is therefore my responsibility to make an informed choice, based on my understanding from the information given to me.
Hope Clinic

I understand that this treatment is a NON COVERED TREATMENT, as it is currently not considered reasonable and necessary treatment by the Health Insurance Commission under the Medicare program, and/or by other private medical insurance schemes. I have been clearly informed and understand that neither Medicare nor other insurance coverage will pay for the treatment in whole or in part, and that I will be personally responsible for payment for all costs and fees of the treatment.

I take full responsibility for choosing to use this PDT (PhotoDynamic Therapy) treatment for my illness, which I acknowledge is potentially terminal. I understand that I have the legal right to use any treatment for potentially terminal illness which I, or my doctor, believes may be of benefit to me. I understand that I may withdraw from this treatment program at any time. I therefore choose to use this unvalidated treatment regime at my own request.

I understand that all possible care will be taken by the Hope Clinic Medical Practitioner, the treating team working under the medical direction of the Hope Clinic Medical Practitioner, and all associated staff. However I release the Hope Clinic Medical Practitioner, the treating team working under the direction of the Hope Clinic Medical Practitioner, all associated staff members, and the Hope Clinic from all medical and legal responsibility for this treatment regime, which I have chosen to undertake at my own request.

I understand that data about my illness, its treatment, and its response to therapy, may be collected and may be incorporated anonymously in to a scientific study. I give permission for the anonymous collection of data for research purposes only, about my condition, treatment regime, and response to treatment, subject to the condition that no personal identifying data is recorded in the research data. I give permission for this anonymous data collected for research purposes, to be released to outside parties, and to be published as part of a scientific research study, subject to the condition that no personal identifying data is recorded in the research data or released publicly.

Female patients acknowledge that they are NOT currently pregnant, and that they will use effective contraceptive measures while taking the Photo-sensitizer Agent so as to prevent pregnancy. I, the patient, understand that it is essential to avoid pregnancy while taking the Photo-sensitizer Agent due to the possibility that it may cause serious foetal defects.

I acknowledge that I have read, and understand, the contents of this document, that it is entirely my decision, and that I have not been coerced into accepting or declining the treatment available to me.
INFORMATION FOR PATIENTS ABOUT TREATMENT WITH PDT (PATIENT DISCLOSURE SHEET)

This sheet provides an explanation of this treatment, including discussion of possible benefits of the treatment, what is involved in doing the procedure, and any possible discomfort or hazards with the treatment.

TREATMENT WITH PDT (PhotoDynamic Therapy)

Possible Benefits

PDT (photodynamic therapy) is a form of treatment which uses light to fight cancer. Light by itself cannot kill cancer cells. However, if patients are pre-treated with an agent called a photo-sensitizer, and are then administered light of a certain wavelength, then cancer cells within the body may be killed. This is because the energy of the beam of light sets off an effect like a "bomb" within the cell. The "bomb" in this case is singlet oxygen, a type of free radical – it is electrically charged oxygen. This process does not harm normal cells because the photo-sensitizing agent accumulates in cancer and other abnormal tissues.

The first and second generation forms of PDT (PhotoDynamic Therapy), using the photo-sensizing dyes Photofrin, Foscan and “5-ALA” have been approved by the FDA (Food and Drug Administration) in the United States of America for treatment of specific of cancers (especially of the lung, skin and oesophagus). Earlier versions of the PhotoDynamic Therapy (“first generation PDT”) have been used in hospitals in Melbourne, Australia, over the past 20 years.

The Hope Clinic’s PDT (PhotoDynamic Therapy) is a “second generation” form of PDT (PhotoDynamic Therapy) using greatly improved laser and light technology, and a new photosensitising agent. This agent is an extract from Spirulina Platensis, an organic micro-algae approved in many countries around the world as a food supplement. It contains chlorin pigments (including chlorin e6) derived from chlorophyll.

“First generation” PDT (PhotoDynamic Therapy) has been used extensively in hospitals and clinics in many parts of the world for many years, and we make use of this experience in our treatment program. There have been many articles and textbooks published about the use and clinical results of “first generation” PDT (PhotoDynamic Therapy). Australian medical bodies, such as the Anti-Cancer Council, have no official position on treatment with PDT (PhotoDynamic Therapy).

PDT (PhotoDynamic Therapy) may be applied in many cases of cancer where surgery, chemotherapy and X ray radiation are contra-indicated. PDT (PhotoDynamic Therapy) patients do not have to undergo surgery, and often treatment can be done safely on an outpatient basis. PDT (PhotoDynamic Therapy) can be repeated a number of times, unlike radiation and chemotherapy. PDT (PhotoDynamic Therapy) can work in situations where surgery would not be feasible (for example, in certain inaccessible tumours of the neck and throat). The PDT (PhotoDynamic Therapy) photosensitising agent acts by accumulating in cancer cells, and then when light of particular wavelengths (ie. specific colours) is applied to these cells, it sets up a chemical reaction which destroys these specific cells.

Scientists and medical practitioners in Russia, Europe and Japan report many cases of extremely good responses to “second generation” PDT (PhotoDynamic Therapy) with chlorin-based photo-sensitizers in a variety of cancers (including cases of advanced pancreatic cancer, advanced metastatic breast cancer, advanced local as well as metastatic prostate cancer, and metastatic bowel cancer). It is hoped that similar benefits will be seen in individual cancer patients who attend our treatment program.
Hope Clinic

What Is Involved With The Treatment

The Hope Clinic “second generation” PDT (Photo Dynamic Therapy) treatment includes:

• A loading dose of the Photo-sensitizing Agent (extracted from Spirulina) is taken by mouth as a dose of 1 capsule (70mg) in the morning – or as instructed by the Hope Clinic Medical Practitioner.
• 3 hours later (or otherwise as instructed by the Hope Clinic Medical Practitioner) light treatment is applied to the body with red and infrared lights.
• These treatment lights are usually LED’s (Light Emitting Diodes), but sometimes may be laser light or light from specific neon tubes.
• This full treatment routine is carried out twice a week during the standard 3-week treatment regime at the Hope Clinic.
• On returning home the Photo-sensitixer Agent may be continued for ongoing treatment. In addition daily treatment is given at home at the same time with red /infra-red lights or with natural sunlight, to continue the cancer-killing effect.
• The Hope Clinic Medical Practitioner will instruct you with regard to any ongoing treatment.
• Inflammation is a natural occurrence when the body deals with the breakdown of cancer tissue, so following a PDT (PhotoDynamic Therapy) treatment the patient can be given medication to minimise its effects.
• Patients are also advised to avoid bright sunlight during the 3-week phase of receiving PDT (PhotoDynamic Therapy) treatment at the Hope Clinic, and for 48 hours after finishing this treatment.
• The patient’s progress is documented through the use of appropriate follow-up tests, which may include photos and ultrasounds.
• Most patients feel well following the treatment and are normally able to cope well with daily visits to the clinic while staying nearby.
• Appropriate medical assistance is always available if any problems arise.

Please Note: Generally patients do not experience any side effects from this PDT (PhotoDynamic Therapy) treatment. However a few weakened patients, especially if they have large or deep-seated tumour masses, may experience a little fatigue or a few low-grade fevers after the light treatment. These minor side effects are easily managed by rest and with simple analgesics. There is a small possibility that a few patients may experience major tumour breakdown from this treatment, which starts soon after the PDT (PhotoDynamic Therapy) treatment. In these patients this can occasionally cause serious and very uncomfortable side effects as the cancer breaks down (severe flu-like side effects and sometimes pain in the tumour mass). This is actually a positive response showing that the treatment is working very well, but it can sometimes be distressing to the patient. These side effects can be well managed, and therefore minimized with further specific treatment – in which case, we may recommend a longer stay at our clinic. But please keep in mind that it is rare for these sorts of side effects to occur with the PDT (PhotoDynamic Therapy) treatment regime we use.

It is essential that you have your own treating doctor (GP, family doctor or oncologist) for us to liaise with, and to follow up your treatment when you return home.

In addition, we recommend regular review of your progress with the Hope Clinic Medical Practitioner and his medical staff, every 2 months (or more often as needed). Generally our medical staff will also liaise directly and frequently with your treating doctor to monitor your progress, and to advise on further management of your condition.

Please note that you must be strong enough, and have at least 6 months of reasonable health available to you, in order to successfully undertake this treatment program.
Generally any other treatment (including chemotherapy or radiotherapy) may be used safely in combination with the PDT (PhotoDynamic Therapy) treatment program, as long as this additional therapy is not weakening the patient too much.

Please be aware that emergency advice may be obtained at any time by telephoning 03 9639 6090.

Possible Discomforts And Hazards

The major side effect of PDT (PhotoDynamic Therapy) is photosensitivity, or sensitivity to light. Most people find this inconvenient, but not intolerable. The photo-sensitizing agent used for the Hope Clinic’s “second generation” form of PDT (PhotoDynamic Therapy) may stay in the skin for up to 2 days after the oral loading dose is finished. During this time period, the patient must be careful not to get too much exposure to bright light, such as sunlight.

The possible side-effects at this stage are:

1. Minor skin itchiness only while the patient is being treated with the lights, occurs in a few patients
2. Occasionally people may experience mild urticaria (hives) from the light treatment. This can be well controlled with anti-histamine and analgesic medication.
3. Rarely people may experience significant skin pain for up to 2 days from application of the lights – this can be well controlled by analgesic medication.

Pain is another possible side effect of PDT (PhotoDynamic Therapy). As the diseased tissue breaks down, it causes inflammation, which can cause pain. Fortunately, the pain from PDT (PhotoDynamic Therapy) is usually mild to moderate and is easily controlled with a prescription painkiller. This is most likely to occur in large or deep-seated cancer masses, and can take place anywhere from 1 week to 3 months after the initial PDT (PhotoDynamic Therapy) treatment.

A third side effect of PDT (PhotoDynamic Therapy) for lung cancer may be shortness of breath and productive coughing. This occurs from fluid build-up in the lungs after PDT (PhotoDynamic Therapy).

Patients with liver or peritoneal spread of tumour may show signs of abdominal tenderness, discomfort or pain. This shortness of breath or abdominal pain is caused by the inflammation that occurs as diseased tissue (dead cancer tissue) is broken down and removed from the body.

Other side effects may include nausea, vomiting, fever, or a metallic taste in the mouth. These sometimes occur as a result of the intake with the photo-sensitizer agent.

Fatigue may also occur during or after the treatments.

Patients who undergo any successful cancer treatment often experience a period of intense malaise as the body struggles to rid itself of large amounts of dead tissue. This flu-like syndrome is particularly common with certain immune-based therapies such as alpha-interferon or interleukin-2.

The same phenomenon may also be seen with PDT (PhotoDynamic Therapy).

Symptoms of this tumour breakdown may include:

- Tiredness
- Chills and fever
- Flu-like symptoms
- Inflammation and/or irritation in areas of tumour breakdown
- Discomfort in areas of tumour breakdown
- Night sweats

These symptoms may rarely occur in a severe form anywhere from 1 week to 3 months after the initial PDT (PhotoDynamic Therapy) treatment, especially in large or deep-seated cancers. These symptoms are actually a good sign that the PDT (PhotoDynamic Therapy) treatment is working, and may be present to some degree for anywhere from two to six months after PDT (PhotoDynamic Therapy), depending on tumour load.

Please note that you must be strong enough, and have at least 6 months of reasonable health available to you in order to successfully undertake this treatment program.
Hope Clinic

Please also note that there is a lack of major controlled studies illuminating the possible benefits, and the incidence and severity of side effects for this treatment, and that we are mainly relying on our clinical experience in estimating these possible benefits and side effects.

Scientific References on PhotoDynamic Therapy (PDT):

- “Photodynamic therapy: a clinical reality in the treatment of cancer.”
- “Photodynamic effect of novel chlorin e6 derivatives on a single nerve cell.”
  By Uzdensky AB, Dergacheva OY, Zhavoronkova AA, Reshetnikov AV, Ponomarev GV.
- “Phase II clinical study of photodynamic therapy using mono-L-aspartyl chlorin e6 and diode laser for early superficial squamous cell carcinoma of the lung.”
- “New Light On Medicine.”
  By Nick Lane.
  Scientific American, January 2003 issue.

PLEASE NOTE:

(1) You are free to withdraw from any treatment at any time you wish to, and for any reason.

(2) Please feel free to talk with the Hope Clinic Medical Practitioner about any further information you want, and for any questions you have.

(3) If you have any medical problems or side-effects, please contact the Hope Clinic Medical Practitioner for advice at any time by immediately phoning 03 9300 4094.
CONSENT FORM FOR TREATMENT WITH
TRANSCUTANEOUS OZONE THERAPY

I acknowledge that I have requested treatment with transcutaneous ozone therapy.

I understand that this treatment is purely experimental in nature and is not approved for use in Australia.

I acknowledge that the possible benefits, risks, side-effects and costs of this treatment have been fully explained to me by the Hope Clinic Medical Practitioner or his agents and that I have read the Patient Disclosure Sheet, and that I fully understand the nature of this treatment.

I take full responsibility for choosing to use this treatment for my illness, which I acknowledge is potentially terminal. I understand that I have the legal right to use any treatment for terminal illness which I, or my doctor, believes may be of benefit to me. I understand that I may withdraw from this treatment program at any time. I therefore choose to use this unvalidated treatment regime at my own request.

I understand that all possible care will be taken by the Hope Clinic Medical Practitioner, the treating team, and all associated staff members. However I release the Hope Clinic Medical Practitioner, the treating team, all associated staff members, and the Hope Clinic from all medical and legal responsibility for this treatment regime, which I have chosen to undertake at my own request.

INFORMATION FOR PATIENTS ABOUT TREATMENT WITH TRANSCUTANEOUS OZONE THERAPY
(PATIENT DISCLOSURE SHEET)

This sheet provides an explanation of this treatment, including discussion of possible benefits of this treatment, what is involved in doing each procedure, and any possible discomfort or hazards with this treatment.

TREATMENT WITH TRANSCUTANEOUS OZONE THERAPY

Possible Benefits.
Overseas work suggests that this treatment may be useful in cancer to help to boost your immune system, and sometimes to reduce cancer growth. In addition ozone is a powerful antiseptic agent, and can kill the full range of viruses, bacteria, funguses, and parasites. We use the very safe method of applying ozone gas to you through the skin.

This treatment has been used extensively in hospitals and clinics in Germany for many years, and we make use of this experience in our treatment program. There have been quite a lot of articles and textbooks published in Germany about the use and clinical results of ozone therapy. However there is little research published in English language medical journals about it. Australian medical bodies, such as the Anti-Cancer Council, have no official position on ozone treatment.
Hope Clinic

What Is Involved With The Treatment
In private you undress and put on your swimsuit (or have the treatment fully undressed). You are then seated in a sauna box (with your head outside it) and the ozone gas is piped into the sauna along with steam. The treatment is usually for 20 to 45 minutes depending on your condition. Sometimes you will also receive extra treatment to a part of the body by having an airtight cup placed over the area and ozone gas is run through this cup (this is called “cupping”). During and after your treatment it is wise to drink plenty of fluids. You will be looked after by skilled technicians during this time. It is best to lie down and rest for at least an hour after the treatment.

Possible Discomforts And Hazards
Possible side-effects from this ozone therapy are usually mild and only occur infrequently. During or after the treatment it is quite common to feel hot and thirsty. You may sometimes feel tired after the treatment and occasionally you may feel dizzy. This is safe. It is best to drink lots of fluids and to rest after the treatment.
In addition the ozone gas occasionally irritates the skin causing a rash – if you see any sign of this please report this to the Hope Clinic Medical Practitioner and he will treat it for you. The ozone gas can also irritate the sensitive lining of the lungs but we guard against this by using proper ventilation. If however you do still have breathing problems please report this to the Hope Clinic Medical Practitioner. It is unusual for any of the side-effects listed above to be any more than a minor nuisance. Ozone treatment should be avoided in the medical conditions of hyperthyroidism, and glucose-6-phosphate-dehydrogenase deficiency.
Reliable data is not available with regard to the possibility of serious side-effects with transcutaneous ozone therapy. Please note that that there is a lack of major controlled studies illuminating the possible benefits, and the incidence and severity of side effects, and that we are mainly relying on our clinical experience in estimating these possible benefits and side effects.
Scientific Studies on Ozone therapy:
• “Quasi-total-body exposure to an oxygen-ozone mixture in a sauna cabin.”
  By Bocci V, Borrelli E, Valacchi G, Luzzi E.
• “Biological and clinical effects of ozone. Has ozone therapy a future in medicine?”
  By Bocci V.
• “Ozone selectively inhibits growth of human cancer cells.”
  By Sweet F, Kao MS, Lee SC, Hagar WL, Sweet WE.

PLEASE NOTE:

(1) You are free to withdraw from any treatment at any time you wish to, and for any reason.

(2) Please feel free to talk with the Hope Clinic Medical Practitioner about any further information you want, and for any questions you have.

(3) If you have any medical problems or side-effects please contact the Hope Clinic Medical Practitioner for advice by phoning 03 9300 4094.
Hope Clinic

CONSENT FORM FOR TREATMENT WITH

ELECTROTHERAPY AND HYPERTHERMIA

I acknowledge that I have requested treatment with electrotherapy and hyperthermia.

I understand that these treatments are purely experimental in nature and are not approved for use in Australia.

I acknowledge that the possible benefits, risks, side-effects and costs of these treatments have been fully explained to me by the Hope Clinic Medical Practitioner or his agents and that I have read the Patient Disclosure Sheet, and that I fully understand the nature of these treatments.

I take full responsibility for choosing to use these treatments for my illness, which I acknowledge is potentially terminal. I understand that I have the legal right to use any treatment for terminal illness which I or my doctor believes may be of benefit to me.

I understand that I may withdraw from this treatment program at any time. I therefore choose to use these unvalidated treatment regimes at my own request.

I understand that all possible care will be taken by the Hope Clinic Medical Practitioner, the treating team, and the Hope Clinic. However I release the Hope Clinic Medical Practitioner, the treating team and the Hope Clinic from all medical and legal responsibility for these treatment regimes which I have chosen to undertake at my own request.

INFORMATION FOR PATIENTS ABOUT TREATMENT WITH

ELECTROTHERAPY AND HYPERTHERMIA

(PATIENT DISCLOSURE SHEET)

This sheet provides an explanation of these treatments, including discussion of possible benefits of the treatments, what is involved in doing each procedure, and any possible discomfort or hazards with the treatments.

TREATMENT WITH ELECTROTHERAPY AND HYPERTHERMIA

Possible Benefits

Overseas work for many years has suggested that this treatment may boost the immune system and help to reverse cancer growth. Medical Scientists such as Royal Rife, Wilhelm Reich, George Lahkovsky and Dr. Beck have experimented with this type of treatment system. Most of the information about this treatment system comes from published individual case reports and from the published clinical experience of various individual practitioners. Australian medical bodies, such as the Anti-Cancer Council, have no official position on electrotherapy.

Our treatment devices use very weak electrical currents and sound frequencies.

Treatment to gently increase the body temperature to no more than 40°C may also be given with a sauna apparatus to try to stimulate the immune system and inhibit cancer growth. We do not use the intensive methods of infra-red or microwave regional and whole-body hyperthermia.
Hope Clinic

What Is Involved With The Treatment
You simply hold the 2 electrodes in your hands (or on the skin near a diseased area) and the therapy is applied (for 20 minutes up to 2 hours depending on your condition). All you feel is a buzzing or tingling similar to TENS pain relief treatment. In our experience this treatment seems to work well in combination with transcutaneous ozone therapy.
A trained technician will apply the treatment and look after you during this time.

Possible Discomforts And Hazards
Side-effects are rare from this treatment and we have never seen any serious problems from it. Some people have found the tingling uncomfortable but the treatment intensity can be adjusted to suit you. There is a theoretical risk of burns but we have never seen this in practice due to careful application and monitoring of the treatment.

This treatment should be avoided in pregnancy, if you have a pacemaker, or if you have any metal in the body (for example, a hip replacement).

Reliable data is not available with regard to the possibility of serious side-effects with electrotherapy and hyperthermia.
Please note that there is a lack of major controlled studies illuminating the possible benefits, and the incidence and severity of side effects, and that we are mainly relying on our clinical experience in estimating these possible benefits and side effects.

Studies on electrotherapy in cancer:
- “Nonthermal levels of electric currents applied in capacitive electric transfer therapy provokes partial cytotoxic effects in human neuroblastoma cultures”
  By Hernandez-Bule ML, Trillo MA, Bazan E, Martinez-Pascual MA, Leal J, Ubeda A.
- “Disruption of cancer cell replication by alternating electric fields.”
  Cancer Res. 2004 May 1;64(9):3288-95
- “Antitumor effects of electrothermal and electrochemical therapy on mice with sarcoma180.”
  By Sun CJ, Xie L.

PLEASE NOTE:

(1) You are free to withdraw from any treatment at any time you wish to, and for any reason.

(2) Please feel free to talk with the Hope Clinic Medical Practitioner about any further information you want, and for any questions you have.

(3) If you have any medical problems or side-effects please contact the Hope Clinic Medical Practitioner for advice by phoning 03 9300 4094.
CONSENT FORM FOR TREATMENT WITH

INTRA-VENOUS ANTI-OXIDANT THERAPY

I acknowledge that I have requested treatment with intravenous vitamin C with lipoic acid and glutathione – which is called Intravenous Anti-oxidant Therapy.

I understand that these treatments are purely experimental in nature and are not approved for use in Australia.

I acknowledge that the possible benefits, risks, side-effects and costs of these treatments have been fully explained to me by the Hope Clinic Medical Practitioner or his agents and that I have read the Patient Disclosure Sheet, and that I fully understand the nature of these treatments.

I take full responsibility for choosing to use these treatments for my illness, which I acknowledge is potentially terminal. I understand that I have the legal right to use any treatment for terminal illness which I or my doctor believes may be of benefit to me.

I understand that I may withdraw from this treatment program at any time. I therefore choose to use this un-validated treatment regime at my own request.

I understand that all possible care will be taken by the Hope Clinic Medical Practitioner, the treating team, and the Hope Clinic. However I release the Hope Clinic Medical Practitioner, the treating team, and the Hope Clinic from all medical and legal responsibility for these treatment regimes which I have chosen to undertake at my own request.

INFORMATION FOR PATIENTS ABOUT TREATMENT WITH
INTRA-VENOUS VITAMIN C and oral LIPOID ACID
(PATIENT DISCLOSURE SHEET)

This sheet provides an explanation of this treatment, including discussion of possible benefits of the treatment, what is involved in doing the procedure, and any possible discomfort or hazards with the treatment.

TREATMENT WITH INTRA-VENOUS VITAMIN C AND ORAL LIPOID ACID

Possible Benefits
Intravenous Vitamin C treatment has been used extensively overseas to try to boost the immune system and to reduce growth of cancer cells. A recent major scientific study (Casciari, Riordan et al, British Journal of Cancer, 2001, 84:11, pp 1544-1550) showed that intravenous vitamin C combined with oral lipoic acid is effective in killing cancer cells.

There have also been quite a few scientific studies published in medical journals, as well as many published individual case reports, demonstrating the value and safety of intravenous vitamin C treatment for people with cancer. Australian medical bodies, such as the Anti-Cancer Council, have no official position on intravenous vitamin C treatment.
Hope Clinic

What Is Involved With The Treatment
The treatment is given 3 times a week up to daily (according to your condition) delivered by whichever method is best of:

(1) Through a butterfly needle inserted each time into a vein in the arm.
(2) Through a permanent intravenous catheter (PIC line) inserted into the arm.
(3) Through a central venous line inserted into the chest by an anaesthetist & checked by X-ray.

60 grams of vitamin C plus 350mg of alpha Lipoic Acid and 1000mg of Glutathione are given through a drip, usually over 2 hours. The treatment is administered by the clinic nursing staff under the medical supervision of the Hope Clinic Medical Practitioner.

Possible Discomforts And Hazards
Minor treatment side-effects are not uncommon and include that you may sometimes feel thirsty, tired or cold during or after the treatment. It is best to keep warm and drink plenty of fluids at the time, and to rest for at least an hour after the treatment. Also the vitamin C can sting as it goes in to the vein – this can be minimized by asking the nurse to slow down the rate of the drip, or even by getting the vitamin C solution to be diluted. Very occasionally the vitamin C can leak out of the vein in to the surrounding tissues – this is quite serious as it is very irritant to the body tissues and can set up a painful inflammatory swelling. The risk of this leakage is minimized by changing the injection site each time, or by the use of a PIC or Central Venous line.

There is no reliable data on the possibility of serious side-effects from intravenous vitamin C & lipoic acid.

Please note that there is a lack of major controlled studies illuminating the possible benefits, and the incidence and severity of side effects, and that we are mainly relying on our clinical experience in estimating these possible benefits and side effects.

Studies on the potential cancer-killing effects of Vitamin C:

• “Cytotoxicity of Ascorbate, Lipoic Acid, and Other Antioxidants In Hollow Fibre In Vitro Tumours.”
• “Intravenous ascorbate as a tumor cytotoxic chemotherapeutic agent.”
• “Combined vitamins Bl2b and C induce the glutathione depletion and the death of epidermoid human larynx carcinoma cells HEp-2.“
• “Glutathione reduces the toxicity and improves the quality of life of women diagnosed with ovarian cancer treated with cis-platin: results of a double-blind, randomised trial.”

PLEASE NOTE:

(1) You are free to withdraw from any treatment at any time you wish to, and for any reason.

(2) Please feel free to talk with the Hope Clinic Medical Practitioner about any further information you want, and for any questions you have.

(3) If you have any medical problems or side-effects please contact the Hope Clinic Medical Practitioner for advice by phoning 03 9300 4094.
CONSENT FORM FOR TREATMENT WITH

RADIO-WAVE THERAPY & GLUCOSE BLOCKERS

I acknowledge that I have requested treatment with Radio-wave Therapy & Glucose Blocking Agents.

I understand that this treatment is purely experimental in nature and is not approved for use in Australia.

I acknowledge that the possible benefits, risks, side-effects and costs of this treatment have been fully explained to me by the Hope Clinic Medical Practitioner or his agents, and that I have read the Patient Disclosure Sheet, and that I fully understand the nature of these treatments.

I understand that other modes of therapy for cancer are available including:

- Surgery
- Radiotherapy
- Chemotherapy
- Hormonal Therapy
- Immunotherapy
- No Intervention – watchful waiting
- Palliative Care

I understand that treatment with Radio-wave Therapy & Glucose Blocking Agents is not held out as a cure for cancer, and that no guarantee is made for a successful or beneficial treatment outcome.

I understand that I may experience side-effects from treatment with Radio-wave Therapy & Glucose Blocking Agents, such as the side-effects listed below in the Patient Disclosure Sheet.

I understand that some or all of the symptoms relating to my illness may become temporarily worse from the first few days up to 3 months after treatment begins, and that the full benefit of the treatment may not be seen until 3 to 6 months after the treatment with Radio-wave Therapy & Glucose Blocking Agents has begun.

I understand that in requesting the treatment options offered by the Hope Clinic, I have been asked to review carefully all the other choices of treatment available, in particular, the time honoured conventional cancer treatments, namely surgery, chemotherapy and radiotherapy.

I understand that I am encouraged to ask questions not only of the practitioners at this clinic, but also of my surgeon, radiotherapist and oncologist, concerning the effectiveness of the treatment offered, as well as the side effects, both immediately after treatment, and in the long term, as they may effect my quality of life.

I understand that the treatment offered at this clinic is not in opposition to conventional cancer therapy (surgery, chemotherapy and radiotherapy), but is offered as complementary and adjunctive supportive treatment.

I acknowledge that it is therefore my responsibility to make an informed choice, based on my understanding from the information given to me.

I understand that this treatment is a NON COVERED TREATMENT, as it is currently not considered reasonable and necessary treatment by the Health Insurance Commission under the Medicare program, and/or by other private medical insurance schemes. I have been clearly informed and understand that neither Medicare nor other insurance coverage will pay for the treatment in whole or in part, and that I will be personally responsible for payment for all costs and fees of the treatment.
I understand that the National Health and Research Council of Australia (NHMRC) carried out a review of Dr. Holt’s work, which was published in September 2005. A copy of the review can be found on the internet at the website: http://www.nhmrc.gov.au/advice/consumers/microwave.htm

I understand the conclusions and recommendations of this NHMRC review. In particular I understand that the NHMRC assesses this therapy to have NO significant activity against cancer, and raises concerns about the unknown safety and possible toxicity of this therapy.

I confirm that I have explored and utilised all the available appropriate options for treatment of my cancer with surgery, radiotherapy and chemotherapy.

I take full responsibility for choosing to now use this treatment with Radio-wave Therapy & Glucose Blocking Agents for my illness, which I acknowledge is potentially terminal. I understand that I have the legal right to use any treatment for terminal illness which I, or my doctor, believes may be of benefit to me.

I understand that I may withdraw from this treatment program at any time.

I therefore choose to use this unvalidated and experimental treatment regime at my own request.

I understand that all possible care will be taken by the Hope Clinic Medical Practitioner, the treating team working under the medical direction of the Hope Clinic Medical Practitioner, and all associated staff. However I release the Hope Clinic Medical Practitioner, the treating team working under the direction of the Hope Clinic Medical Practitioner, all associated staff members, and the Hope Clinic from all medical and legal responsibility for this treatment regime, which I have chosen to undertake at my own request.

I understand that data about my illness, its treatment, and its response to therapy, may be collected and may be incorporated anonymously into a scientific study. I give permission for the anonymous collection of data for research purposes only, about my condition, treatment regime, and response to treatment, subject to the condition that no personal identifying data is recorded in the research data.

I give permission for this anonymous data collected for research purposes, to be released to outside parties, and to be published as part of a scientific research study, subject to the condition that no personal identifying data is recorded in the research data or released publicly.

I acknowledge that I have read, and understand, the contents of this document, that it is entirely my decision, and that I have not been coerced into accepting or declining the treatment available to me.
INFORMATION FOR PATIENTS ABOUT TREATMENT WITH
RADIO-WAVE THERAPY & GLUCOSE BLOCKING AGENTS

(PATIENT DISCLOSURE SHEET)

This sheet provides an explanation of this treatment, including discussion of possible benefits of the
treatment, what is involved in doing the procedure, and any possible discomfort or hazards with the
treatment.

Treatment With Radio-wave Therapy & Glucose Blocking Agents

Possible Benefits

Radio-wave Therapy & Glucose Blocking Agents: This tumour destructive treatment is based on the work
of Dr. John Holt, who claimed that glucose-blocking agents with 434 MHz radio waves (microwaves) were
an effective cancer therapy. Dr. Holt says that in 1973 he found that 434MHz Ultra High Frequency radio-
waves (microwaves) would temporarily activate cancer’s burning of glucose without oxygen for 20 to 30
minutes. If the cancer cell’s uptake of glucose from the bloodstream was blocked before or during the
application of the 434 MHz radio-waves, the cancer would then die. This is selective killing because it
should only act on the glucose to lactic acid energy production system which is present in cancer cells, but
not in healthy cells.

Dr. Holt gave an intravenous injection of a Glucose Blocking Agent – either as penicillamine plus cysteine
plus cyclophosphamide, or glutathione plus cysteine, followed by UHF radio-wave irradiation at 434 MHz.

Dr. John Holt has treated several thousand patients with this technique and claims that a significant number
of patients have had long-term benefits from this treatment.

At the Hope Clinic, we have updated the treatment protocols from current scientific research into glucose
blocking agents.

Our therapy involves administration of radio-waves at 434 MHz to the patient’s cancer masses while at the
same time giving an intravenous injection of the glucose blocking agents glutathione, high dose vitamin C
and alpha-lipoic acid.

Radio-wave Therapy & Glucose Blocking Agents may be applied in many cases of cancer where surgery,
chemotherapy and X ray radiation are contra-indicated. Patients having treatment with Radio-wave
Therapy & Glucose Blocking Agents do not have to go undergo surgery, and often treatment can be done
safely on an outpatient basis. Treatment with Radio-wave Therapy & Glucose Blocking Agents can be
repeated a number of times, unlike radiation and chemotherapy. Treatment with Radio-wave Therapy &
Glucose Blocking Agents may work in situations where surgery would not be feasible.
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NHMRC Review

The National Health and Research Council of Australia (NHMRC) carried out a review of Dr. Holt’s work, which was published in September 2005. A copy of the review can be found on the internet at the website page:  http://www.nhmrc.gov.au/advice/consumers/microwave.htm

This review found that:

• There is no high quality published scientific evidence which shows benefit in terms of therapeutic effectiveness of microwave (UHF) cancer therapy alone or when combined with Radiotherapy or Glucose Blocking Agents for the treatment of cancer.
• UHF plus Glucose Blocking Agents was inferior to Radiotherapy in terms of symptom control and disease control in all sub-groups of the retrospective audit for patients with bladder or any invasive cancer.
• There is insufficient information to make a reliable assessment of the safety of UHF in combination with Radiotherapy, or UHF in combination with Glucose Blocking Agents, for the treatment of patients with cancer.
• UHF plus Glucose Blocking Agents appeared to have a lower rate of toxicity than UHF plus Radiotherapy, or Radiotherapy alone.
• After review of all the available data, there is no evidence that UHF alone, or in combination with Glucose Blocking Agents, has significant activity against cancer and that there is no evidence that UHF adds to the effectiveness of radiotherapy.

What Is Involved With The Treatment

The Hope Clinic treatment regime with Radio-wave Therapy & Glucose Blocking Agents includes:

• Treat 3 times a week with glucose blockers - IV Glutathione 1000mg plus IV alpha-lipoic acid 350mg plus IV vitamin C 60 grams.
• At the same time treat with 434 MHz radio-waves for 30 minutes.
• The patient’s progress is documented through the use of appropriate follow-up tests, which may include photos and ultrasounds.
• Continue to repeat Radiowave Treatment every 3 months (as long as it is reducing the cancer by at least 20% or more each time) until no residual cancer can be found.

Most patients feel well following the treatment and are normally able to cope well with daily visits to the clinic while staying nearby.

Appropriate medical assistance is always available if any problems arise.

Precautions

• Patients with fluid collections (ascites, pleural effusions, etc) should not be treated. These collections will block transmission of 434 MHz and so must be drained first, then the patient can be treated.

• Cigarette smoking must be ceased prior to treatment – preferably 2 weeks prior. Otherwise carbon monoxide in the cigarette smoke can inactivate the oxygenating effect of the glucose blocking agent.
• Patients with Thalassaemia, or other diseases which weaken the cell membranes of red blood cells should not be treated. These patients are at risk of major red blood cell lysis and consequent acute anaemia (acute haemolytic crisis – can be fatal). This requires urgent transfusion.

• Up to 2% of patients may experience hypoglycaemic reactions (such as dizziness, weakness, hunger, trembling) or coma from drop in blood sugar supply to the brain. This risk can be avoided by eating cooked red meat (100 – 200 grams) three to five times a week – this supplies sufficient methionine for the brain to produce glucose from it (whereas cancer cells use cysteine to produce glucose).

• Patients with unstable or hard-to-control diabetes should not be treated.

Please Note: Generally patients do not experience any side effects from this treatment with Radio-wave Therapy & Glucose Blocking Agents. However a few weakened patients, especially if they have large or deep-seated tumour masses, may experience a little fatigue or a few low-grade fevers after the light treatment. These minor side effects are easily managed by rest and with simple analgesics.

There is a small possibility that a few patients may experience major tumour breakdown from this treatment, which starts soon after the treatment with Radio-wave Therapy & Glucose Blocking Agents. In these patients this can occasionally cause serious and very uncomfortable side effects as the cancer breaks down (severe flu-like side effects and sometimes pain in the tumour mass). This is actually a positive response showing that the treatment is working very well, but it can sometimes be distressing to the patient. These side effects can be well managed, and therefore minimized with further specific treatment – in which case, we may recommend a longer stay at our clinic.

But please keep in mind that it is rare for these sorts of side effects to occur.

It is essential that you have your own treating doctor (GP, family doctor or oncologist) for us to liaise with, and to follow up your treatment when you return home.

In addition, we recommend regular review of your progress with the Hope Clinic Medical Practitioner and his medical staff, every 2 months (or more often as needed). Generally our medical staff will also liaise directly and frequently with your treating doctor to monitor your progress, and to advise on further management of your condition.

Please note that you must be strong enough, and should have at least 6 months of reasonable health available to you, in order to successfully undertake this treatment program.

Generally any other treatment (including chemotherapy or radiotherapy) may be used safely in combination with treatment program with Radio-wave Therapy & Glucose Blocking Agents, as long as this additional therapy is not weakening the patient too much.

Please be aware that emergency advice may be obtained at any time by telephoning 0412 994 001

Please also note that that there is a lack of major controlled studies illuminating the possible benefits, and the incidence and severity of side effects for this treatment, and that we are mainly relying on our clinical experience in estimating these possible benefits and side effects.
Hope Clinic

PLEASE NOTE:

(4) You are free to withdraw from any treatment at any time you wish to, and for any reason.

(5) Please feel free to talk with the Hope Clinic Medical Practitioner about any further information you want, and for any questions you have.

(6) If you have any medical problems or side-effects, please contact the Hope Clinic Medical Practitioner, or his medical deputy, for advice at any time by immediately phoning 03 9300 4094.

DECLARATION & SIGNATURE

I confirm that I have explored and utilised all the available appropriate options for treatment of my cancer with surgery, radiotherapy and chemotherapy.

I take full responsibility for choosing to now use the treatment regimes listed in this document for my illness, which I acknowledge is potentially terminal. I understand that I have the legal right to use any treatment for terminal illness which I, or my doctor, believes may be of benefit to me.

I understand that I may withdraw from this treatment program at any time.

I therefore choose to use this un-validated and experimental treatment regime at my own request.

I understand that all possible care will be taken by the Hope Clinic Medical Practitioner, the treating team working under the medical direction of the Hope Clinic Medical Practitioner, and all associated staff. However I release the Hope Clinic Medical Practitioner, the treating team working under the direction of the Hope Clinic Medical Practitioner, all associated staff members, and the Hope Clinic from all medical and legal responsibility for this treatment regime, which I have chosen to undertake at my own request.
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I give permission for this anonymous data collected for research purposes, to be released to outside parties, and to be published as part of a scientific research study, subject to the condition that no personal identifying data is recorded in the research data or released publicly.

I acknowledge that I have read, and understand, the contents of this document, that I have voluntarily requested to use these un-validated and experimental treatments, that it is entirely my decision to use these treatments, and that I have not been coerced into accepting or declining the treatment available to me.

SIGNATURE …………………………………………………………………………

NAME ……………………………………………… DATE …………

WITNESS (Signature) ……………………………………………………………

WITNESS (Name) ……………………………………… DATE …………

CONSULTANT (Signature) …………………………………………………

CONSULTANT (Name) …………………………………… DATE …………