



CENTER FOR NEW MEDICINE

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A PRIVATE MEMBERSHIP MEDICAL ASSOCIATION**

S.O.T. FOR CANCER SUPPORT

Supportive Oligonucleotide Technique (SOT) has shown to be a very effective cancer support technique from clinical experience over the last 9 months, 85 patients and 151 doses given as of (7.25.13). This same methodology has been used in Europe for many years now.

A similar technique called antisense has been known and used for at least 15 years. However, there are distinctive differences between antisense (as traditionally used) and **SOT**.

SOT is not a genetic therapy, as is most antisense treatments and no genotoxic (chemo) drugs are used. RGCC-Labs uses mRNA's to only influence certain gene expressions not to change genetic structure. RGCC-labs uses mRNA expression fingerprinting in order to identify certain gene expression patterns as targets but without influence to the genetic structure (epigenetic). Based on this analysis RGCC-Labs uses the mRNA analysis of each individuals CTC's/CSC's and occasionally from biopsies of the tumor, and generates the **SOT**. As of today, following extensive searches, we know of no one or other entity making this type of technique this way anywhere in the world (as of 7.21.13).

SOT has the ability to induce apoptosis (cell death) in the CTC's, CSC's (circulating cancer tumor & stem cells) and **ALL** primary and metastatic tumors (regardless of size, and is able to cross the blood brain barrier with ease). **SOT** will remain active in the blood stream for approximately 14-16 weeks (maybe longer) per dose. Because, the mRNA actually features a stealth like ability that keeps the body from recognizing and destroying it. **SOT** will work 24/7 and has no decreased efficacy with any concurrent technique except chemotherapy and/or radiation.

Only 3 SOT doses are allowed in any 12 month period from the date of first dose. We can use them again, with the same restrictions, if necessary, after the 12 month period is completed **and never sooner**. Since the **SOT** truly has a stealth characteristic (totally un-noticed by the body) we do not want an over accumulation of these molecules to occur in anyone receiving this technique. Thus, we will use only 3 doses per 12 month period per patient.

Some Cautions That Must Be Considered:

There has never been any anaphylactic reactions at all, from this procedure. The most we have seen is 1 maybe 2 mild headaches lasting about 1-2 hours and no residuals. Each dose will take about 1.5 hours to administer. Before each dose you will be given a very low dose of a short acting steroid and Zantac to further avoid even the rare mild issues.

Caution must be used with patients that have a large number of tumors and/or large tumor sizes (depending on location) or tumors that are located in organs where apoptotic (cell death) induced edema may have a substantial negative impact on vital functions. In these cases it is more efficacious to proceed slower (more time between doses) of **SOT** administration to eliminate or greatly reduce any potential risks.

The end goal for this technique is to have the CTC's/CSC's (using RGCC OncoCount Test) show a maximum of **<2 cells per ml** and lower is always better. Also, showing stability of all tumors (based on repeat scans and/or any blood markers you may use). By the time you get to this end point we will let you know of a possible new technique on the very near horizon that may allow you even more life time protection.

I understand there have been no warranties, assurances or guarantees of successful outcomes made to me.

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