

February 10, 1978

S. R. Burzynski, M.D., Ph.D.
12000 Richmond, Suite 260
Houston, Texas 77082

Dear Dr Burzynski:

My name is ~~_____~~ Goukhar. I met you one day with Dr Cowde just before we left Houston for Florida.

We started your program in mid-November 1977. The second day my temperature was 103.2° and I was taken off the anti Neoplastons. The next day, my temperature was down to 99.2° and the medication was resumed. All went very well. I had no symptoms, high energy and had total confidence in your program.

We were told it would be necessary to drink from one to two gallons (preferably water) a day in order to wash the salt contained in the anti Neoplastons from my system. This would be thru the night ~~as~~ as well as during the day. It also translated in being up every 1/2 to 2 hours all during the night, as well as making it difficult for any food to stay in the digestive system long enough for any nutrition to be extracted before it, too, was flushed out. Consequently, I became weaker and weaker and fatigued from so little rest.

Shortly before the end of November we were discharged to come home. The first part of the dissertation was okay; however, when we attempted to ask questions relating to our individual needs we were told to please not interrupt because she could not pick up where she left off. It would seem to me it would be more

Dr. S R. Bursynski, M.D. Ph.D.

important to be sure that each patient (or research client) was fully informed than to hear a speech that was performed by rote. When I asked specifically about which food to eat and which ones to avoid - I was told no cows milk and very little cheese - those allowable were on the list. She thanked us for being so understanding - her child had been sick during the night and she was sleep-deprived. It never occurred to her that so were we and we were being sent home with less than the adequate information we needed.

After we arrived home, all my energy was gone, I could not get out of a chair without help, I had to be bathed, I could not walk without help. Dr. Kehn was our associate doctor - we had personally talked to him on several occasions and at least he knew who we were.

I went to my personal physician here in Jacksonville because my physical condition was deteriorating so rapidly. She asked if I would like for her to call your office which she did and asked for Dr. Kehn. She was told he was no longer there and my file had been transferred to Dr. Basil (Espinoza?) when she was transferred to him (was in the room she was calling from) he had no idea whether he had the file or what was in it. After locating my file, ^{and receiving 12b reports} he prescribed injections of Solu-Medrol to be administered by home health nurses. I had just completed a prescription of Medrol-orally. The arrangements were made by my local physician and treatment immediately began.

I have never been informed that I was being

Dr S R Bursawala, M.D. Ph.D.

#3

Transferred to another doctor on your staff. This should not only be a professional requirement but a common courtesy consideration. Your Medical Nurse as well as ~~you~~ Dr Khan called frequently - it would not even have required a special phone call.

Before we come back to Houston after the first of January, we had another CT-Scan made, sending an original to you several days ahead of our arrival. When we arrived at your clinic, we were told that one of the lesions in the liver had expanded 37%. There was no explanation as to why this could have happened - just that it was strange. We came home and visited the local oncologist who had originally sent us to MD Anderson. He asked us to have another CT-Scan made which we did on 1-19-98. We fed Ex'd an original to you immediately and told Dr Basil it was on the way to him. About a week later, he asked if we had sent it. We reminded him of our conversation. He left the phone and came back confirming that you did indeed have it. We told him that local radiologists had found no change in the lesions. We still have received no feedback from you regarding a possible misreading on Jan 1 or of the one on Jan 19. What is the point of sending them to you if all we look at them.

Enclosed are copies of Imaging Services Consultation Reports for the two CT Scans referred to above. Also ~~enclosed~~ enclosed is the blood work report from the local oncologist in mid January. Some of the markers are still way out - 1 was still very orange and very weak at this time. Dr Basil prescribed the second week of sub-cutaneous injections and resuming the

BAPTIST MEDICAL CENTER/WOLFSONS CHILDREN'S HOSPITAL

IMAGING SERVICES CONSULTATION REPORT

REQUEST NO. 66332

P. 1 OF 2

NAME: ~~G...~~DOB: ~~...~~ AGE: ~~...~~ Y SEX: FEMALE ADMIT# 10366 FIN#: 0000002831699

ROOM: MI-MN

ATT. PHY: JADEJA, JASWANT S HEM

ORD. PHY: JADEJA, JASWANT S HEM

HIST# 0238561

REF. PHY: NONE, REFERRING

PERS PHY: ORTEGA, EDITH IM

EXAM: 1/19/98 DICTATED:

TRANSCRIBED: 1/19/98

CLINICAL INDICATIONS:

ADENO CA W/LIVER METS

EXAMINATION:

CT CHEST W/CONTRAST

CT RETROPERITONEAL WITHOUT CONT

CT PELVIS WITHOUT CONTRAST

NON IONIC CONTRAST MEDIA 150 ML

~~G...~~, WILMA S

D:01/19/98

T:01/19/98

CT SCAN OF CHEST, ABDOMEN AND PELVIS: Following intravenous and oral contrast administration to assess adenocarcinoma of the pancreas with liver metastases.

This examination is compared with the preceding examination dated 01/02/98.

FINDINGS:

CHEST: The axilla are normal in appearance. There is a venous catheter in place. The tip is in the distal superior vena cava. The vessels are normal in size. No mediastinal mass or adenopathy is seen. Lung parenchyma is well visualized and no nodularity is present. No pleural thickening is seen on the right side. There is a minimal amount of pleural fluid seen on the left side. Other than the small amount of pleural fluid, there is no significant change since the last examination of the chest.

LIVER/SPLEEN: The liver and spleen are normal in size. There is air present in the biliary system, presumably from a biliary enteric anastomosis. Multiple focal low density areas are seen within the liver, consistent with metastases, the largest of which measures approximately 1.0 cm in size and are unchanged from the preceding examination.

ADRENAL GLANDS: The adrenals are normal in size and shape.

KIDNEYS: The kidneys are normal in size and enhancement. I do not appreciate hydronephrosis. The perinephric fat is well defined.

PANCREAS: The body and tail of the pancreas appear normal. There are bowel loops seen in the region of the head of the pancreas and multiple surgical clips are noted in this region, presumably related to surgery

IMAGING REPORT

based to
Dr Ortega
1-20-98
mj

BAPTIST MEDICAL CENTER/WOLFSONS CHILDREN'S HOSPITAL

IMAGING SERVICES CONSULTATION REPORT

P. 1 OF 2

REQUEST NO. 66332

NAME: GANDHI, [REDACTED]

DOB: [REDACTED]

AGE: [REDACTED] Y SEX: FEMALE ADMIT# 10366

FIN#: 0000002831699

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ATT. PHY: JADEJA, JASWANT S HEM

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IMAGING REPORT

Based to
Dr. Ortega
1-20-98
mj

BAPTIST MEDICAL CENTER/WOLFSONS CHILDREN'S HOSPITAL

IMAGING SERVICES CONSULTATION REPORT

P. 2 OF 2

REQUEST NO. 66332

NAME: G. [REDACTED]

DOB: [REDACTED]

ROOM: MI-MN

HIST# 0238561

AGE: [REDACTED] Y SEX: FEMALE ADMIT# 10366 FIN#: 0000002831699

ATT. PHY: JADEJA, JASWANT S HEM

ORD. PHY: JADEJA, JASWANT S HEM

REF. PHY: NONE, REFERRING

PERS PHY: ORTEGA, EDITH IM

involving the pancreatic head. This appearance is not significantly changed from the preceding study. There are gallbladder surgical clips are noted.

RETROPERITONEUM: Small less than 1.0 cm in size retroperitoneal lymph nodes are present and these are not significantly changed.

ABDOMINAL CAVITY: There is free fluid seen within the abdomen and the amount of free fluid has increased since the last examination.

PELVIS: There is free fluid present in the pelvis. The amount of free fluid has increased since the last examination.

IMPRESSION:

There has been increase in the amount of fluid in the abdomen and pelvis when compared to the preceding study. No other significant interval change. There are multiple hepatic lesions seen, consistent with metastases and there is evidence of previous surgery, presumably involving a biliary and enteric anastomosis and surgical removal of the head of the pancreas.

UTZ, JOSEPH R

CODE:

SB

DR. UTZ, JOSEPH R

S I 1328

(REPORT UNREVIEWED UNLESS SIGNED)

IMAGING REPORT

Based to
Dr Ortega
1-20-98
m7

PATIENT NAME
G. MAHAJAN

CLIENT NO
59481-4

ORDERING PHYSICIAN
JADEJA

SEX: **F** ID NO: **[REDACTED]**

CLIENT
**HEMATOLOGY/ONCOLOGY ASSOCIATION
SUNEEL MAHAJAN, MD
3599 UNIVERSITY BLVD S, STE
JACKSONVILLE, FL 32216-4288**

LECTED: **-JAN-98** RECEIVED: **14-JAN-98** REPORTED: **16-JAN-98**

MISSION NO. **[REDACTED]** REQUISITION NO. **[REDACTED]**

NON FASTING

COMMENTS
FAX TO 399-8328

TEST NAME	UNITS	RESULTS	REFERENCE RANGE
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MISTRY STUDIES:

TOTAL PROTEIN	g/dL	6.0	6.0-8.5
ALBUMIN	g/dL	2.9	LO 3.6-4.8
GLOBULIN	g/dL	3.1	2.2-4.1
A/G RATIO	Ratio	0.9	0.9-2.0
TOTAL BILIRUBIN	mg/dL	16.8	HI 0.1-1.2
Abnormal Result(s) Verified By Repeat Analysis.			
DIRECT BILIRUBIN	mg/dL	9.80	HI 0.0-0.5
INDIRECT BILI.	mg/dL	7.0	HI 0.2-0.7
ALK. PHOSPHATASE	U/L	524	HI 25-165
GGT	U/L	525	HI 0-70
LDH	U/L	366	HI 0-240
SGOT	U/L	596	HI 0-50
SGPT	U/L	525	HI 0-50

LIPID STUDIES:

CHOLESTEROL, TOTAL	mg/dL	207	HI 0-200
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HAEMATOLOGY STUDIES:

WBC	10 ³ /uL	12.4	HI 4.0-10.5
RBC	10 ⁶ /uL	3.63	LO 3.80-5.10
HGB	g/dL	11.4	LO 11.5-15.0
HCT	%	32.7	LO 34.0-44.0
CV	fL	90	80-98
MCV	pg	31.3	27.0-34.0
MCHC	g/dL	34.7	32-36
PLT	%	79	HI 40-74
12 BANDS			
LYMPH	%	5	LO 14-46
MONOCYTES	%	4	4-13
EOSINOPHILS	%	0	0-7
NEUTROPHILS	%	0	0-3
PLATELETS			NOTE 140-415

Platelets are clumped on smear, appear ADEQUATE. Improper mixing and/or traumatic venipuncture are the usual causes.

LABORATORY COMMENTS

Manual Differential Performed

*faxed to
Dr Ortega
1-20-98
MJ*

Batch : 57359.002 R
 Route : 521

CLIENT NAME
 G [REDACTED]

CLIENT NO. 59481-4 ORDERING PHYSICIAN JADEJA

AGE 5 SEX F ID NO. [REDACTED]

CLIENT HEMATOLOGY/ONCOLOGY ASSOCIA
 SUNEEL MAHAJAN, MD
 3599 UNIVERSITY BLVD S, STE
 JACKSONVILLE, FL 32216-4288

COLLECTED 1-JAN-98 RECEIVED 14-JAN-98 REPORTED 16-JAN-98

CLASSIFICATION NO. U2224876-0 REQUISITION NO. U2386351-0 NON FASTING

COMMENTS FAX TO 399-8328

TEST NAME	UNITS	RESULTS	REFERENCE RANGE
(continued)			
ANISOCYTOSIS		2+	
SERUM MARKERS:			
ANTI-HAV IGG/IGM			NEGATIVE
Anti-HAV, Total:		POSITIVE	
Anti-HAV, IgM:		NEGATIVE	
Suggests PAST Hepatitis A Infection			
HBsAg		NEGATIVE	NEGATIVE
Anti-HBs		NEGATIVE	NEGATIVE
Anti-HBc		NEGATIVE	NEGATIVE
Hep C Ab (Non-A/B)		NEGATIVE	NON-REACTIVE
HEMOGLOBIN (Serum):			
Haptoglobin	mg/dL	76	34-200 BN

FORMING LABS LEGEND :
 BN
 1447 YORK COURT
 BURLINGTON, NC 272152230

Handwritten: faxed to Dr Ortega 1-20-98 ml