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canadian cancer research group

William P. O'Neill, *Founder*
Kathryn A. O'Neill, *Founder*

International Research, Counselling, Advocacy & Referral

Recherches internationales, consultations, représentation et orientation des patientes et patients

Investigación internacional consultas, representación y encauzamiento de los casos

Ricerca internazionale consulenza, pubblica difesa e referenze

Welcome

The Canadian Cancer Research Group is a clinical practice researching and treating cancer. The group is staffed by lay, clinical and scientific experts qualified in cancer research, laboratory diagnostics, and treatment. The group provides cancer treatment that is novel and non-toxic and proving to be effective in managing many cancers.

The group's approach to cancer is very different from both conventional and alternative medical practitioners, in so far as, it operates under the assumption that cancer is as unique as the patient and understanding these unique clinical qualities can be the solution. As the group understands each unique patient, it also understands that cancer is not so much a proliferative disease, but rather an immune system disorder. It is this approach that allows the group to design therapeutic plans that will address the unique characteristics and clinical needs of each and every patient. It is also this approach that yields significantly higher response rates and clinical remissions and increased long term survival, with no known side effects.

As a patient of the Canadian Cancer Research Group, you will have available to you healthcare and treatment that, that is proving to be highly effective in managing most cancers, as well as managing the collateral damage from previous cancer treatments such as radiotherapy, chemotherapy, or hormone therapy. The group has consulted with and treated many cancer patients since its' inception in 1992. Of these patients, with all stages and types of cancer, our average annual survival rate is approximately 1 1/2 times greater than national average. In the case of advanced or Stage IV cancers, our annual survival rate is 2 1/2 times greater than the national average:

Trends in One year Survival Rates of Canadian Cancer Research Group Patients as compared to patients treated by Traditional Methods (Surgery, Radiotherapy & Chemotherapy)

Cancer Stage (All Cancers)	*Canadian Cancer Research Group*	*World Health Organization*
Stage I	*98%*	*86%*
Stage II	*91%*	*67%*
Stage III	*84%*	*40%*
Stage IV	*37%*	*15%*
Survival Average	*77%*	*52%*

Upon becoming a patient of the group, our goal will be to integrate care and treatment for which there is evidence specific to you, demonstrating efficacy. Although your cancer may have a name that is the same as another patient's cancer, your cancer and your body's relationship to it is as unique as you are. It is these unique characteristics, when clinically diagnosed and understood in a scientifically valid fashion, that can lead us to a therapeutic plan that may remit your cancer.

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CEO

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Cancer Orthomolecular Management in the Diagnosis & Treatment of Cancer with & without Cancer Immunotherapy

Clinical & Laboratory Staff

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Introduction

The direction of the group's research and treatment of cancer is underwritten by theory and practice in Orthomolecular Medicine, Functional Medicine and Clinical Cancer Immunology. The guiding principle of treatment is that cancer is as unique as the patient and Orthomolecular ?Functional/Immunological Diagnosis and Management is the means by which the group evaluates, diagnoses and treats its' patients.

Orthomolecular Diagnosis and Management

Orthomolecular Medicine , Functional Medicine, and Clinical Cancer Immunology is underwritten by the fact that all organisms are comprised of DNA scripted chemistry that is metabolized through various organ systems. When an organism possesses the requisite optimal chemistry that is competently metabolized, that organism has the ability to be parasitic upon a phenomena that is natural and common to all species ; damaged cells or malignantcells. When an organism loses its' requisite chemistry or metabolic competency it becomes vulnerable to a host of parasitic phenomena such as bacterial or viral infestation, or cancer. In spite of the fact that modern medicine has made great gains in its' ability to kill cancer cells, data continues to demonstrate that in 93% of all cases the cancer returns. That is, the lifetime survival rate for cancer over the past 100 years has remained almost constant at approximately 7%. However, through more contemporary research and more rational interpretation and understanding, successes in cancer treatment appear to be directly related to shifting the focus of treatment from the tumour(s) to the host (patient); to the tumour-host relationship.

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The means by which the group is able to understand the patient's tumour-host relationship is through orthomolecular and functional assays (blood and urinalysis). In these assays we are able to accurately discern the unique bio-chemical and metabolic profile of each patient. By comparing the profile to optimal human bio-chemistry and metabolism, we are able to discern exactly what is right and what is wrong with the patient, and why the patient's bio-chemistry is conducive to an active cancer. The group's scientific team will then develop an orthomolecular and functional formula designed to shift the patient's bio-chemistry and metabolism from its present state (tumour parasitic to host) to its optimal state (host parasitic to tumour). The Orthomolecular?Functional formula is pharmacologically compounded and taken either orally or by IV. Follow-up is done on a regular basis and designed upon the findings of initial testing.

As part of the overall Orthomolecular/Functional assay, DNA Biomarkers and Oxidative Stress are measured and evaluated. The test results are valid and useful in determining the degree and extent of overall systemic stress upon the host and the challenge the tumour represents. The group has demonstrated through its' research and practice that where DNA Biomarkers and Oxidative Stress are excessively elevated, the tumour-host relationship will benefit from the addition of Immunotherapy.

Immunotherapy

Orthomolecular and Functional Management will target overall host chemistry. Part of this targeting includes specific amino acids that are built into proteins used by the immune system in the manufacture of WBC (white blood cells - immune system). When a patient is deficient in these amino acids, they will be deficient in WBC's. However, when a patient's DNA Biomarkers and Oxidative Stress are excessive, combined with deficient amino acids and objective patient status, we will employ a means of Immunotherapy that is designed upon the specific needs of each patient to directly augment those types of WBC's that are in need of augmentation. An immuno-competency analysis of the patient's blood is done. This analysis will indicate which elements of the patient's immune system require augmentation or stimulation. The patient will be prescribed a specific or combination of stimulating proteins. The dosing and cycling of each of these proteins will be determined by the degree and extent of augmentation required and followed and re-evaluated by regularized blood testing.

Results

During the course of application of these treatment principles we have demonstrated the following specific one year response rates for Stage III and IV cancers, as compared to one year responses for all stages of similar specific cancers treated by surgery, radiotherapy and chemotherapy:

Cancer Type	*Health Canada*	*Canadian Cancer Research Group*
Ovarian	44%	100%
Breast	73%	80%
Lung	17%	44%
Liver	0%	79%
Lymph	57%	100%
Brain	36%	58%
Colorectal	28%	38%
Prostate	74%	100%
Leukemia	39%	100%
Melanoma	77%	88%
Oral	77%	99%
Bladder	69%	73%
Pancreatic	0%	46%
Total Average Survival	*45.5%*	*77.3%*

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How to Enroll as a Canadian Cancer Research Group Patient

Evaluation & Assessment Interview
Your medical history and presentation will be evaluated and assessed during the course of the Evaluation & Assessment Interview. Please bring with you all relevant medical information including: pathology report(s), written reports from all imaging studies (MRI, CT Scans, Bone Scans, Ultrasound, Hematological Studies (CBC, Antigen, Hormone Receptor, ESR).

Development of Therapeutic Plan
On the basis of the outcome of the Evaluation and Assessment Interview, the group will conduct the requisite necessary research and analysis in the development of your therapeutic plan. The plan will include providing an overview of your disease, options in treatment and a recommended course of action.

Initiation of Therapeutic Plan
The group will then require blood and urine from you for the purposes of performing our Orthomolecular and Functional Assays to determine the detail of your therapeutic plan. The Orthomolecular and Functional Assays take approximately 4 to 5 weeks to complete. At the conclusion of the assays the group will provide you with a comprehensive overview of our findings and a detailed itinerary of the therapeutic plan. You will also receive your customized Orthomolecular/Functional compound and a schedule of required clinical visits and testing follow-up. In the event your DNA Biomarkers and Oxidative Stress are excessive, the group may recommend that you proceed to the immunotherapeutic arm of the program.

Immunotherapy
In the event our Orthomolecular and Functional Assays indicate the potential benefit from Immunotherapy, we will require further blood to conduct an Immuno-competency Analysis. This analysis will tell which prescription proteins are required to stimulate and augment your immune system. The analysis will also indicate how your Immunotherapy will be dosed and cycled. Each cycle will last approximately 28 days followed by 28 days of rest and intermittent blood testing. Where necessary, each subsequent cycle will be based upon previous cycle response and current cycle demands.

Follow-up, Maintenance & Surveillance
As your treatment plan progresses and its' goals are achieved, the group will develop a plan that will address the ongoing medium and long term needs for Follow-up, Maintenance and Surveillance. The plan can incorporate a variety of diagnostics and clinical visits.

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Costs Associated to Enrollment and Treatment

Evaluation & Assessment Interview
The Evaluation & Assessment Interview is billed at $150.00/hr.

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Initials

Development of Therapeutic Plan
The Development of Therapeutic Plan, although setting a framework for treatment, is essentially an ongoing process in so far as, therapeutic plans will generally be evolutionary in nature. The fee for this service is for both the initial plan development and ongoing review and is set at $1,500.00.

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Initials

Orthomolecular Diagnostic and Assays
The fee associated for these assays include laboratory testing, scientific, clinical and pharmacological interpretation and orthomolecular compounding, and all associated meeting and follow-up for a period of 1 year and is set at a flat fee of S$10,000.00. ($5,000.00 upon becoming a patient and $500.00/month for 10 months.)

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Initials

Immunotherapy
Immunotherapy planning is based upon the individual and unique needs of each patient. Treatment plans are developed on a monthly basis and set at a flat fee of $4,000.00 per treatment cycle. A treatment cycle consists of Immunotherapy cycled over 28 days and blood testing cycled over 28 days. This fee includes protocol development, laboratory services, and diagnostic and clinical follow-up. Treatment intensity ranges form 1 treatment cycle a year to a maximum of 4 treatment cycles. Treatment costs range from $4,000/ annum to $16,000/annum.

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Initials

Follow-up, Maintenance & Surveillance
The fees associated to Follow-up, Maintenance & Surveillance will be as unique as your needs. Typically, the plan will incorporate clinical visits, diagnostics and consultation. Details of your plan and fees will be provided to you before commencement.

_____
Initials

I/We_____ have read, understood and agreed to the preceding information as it relates to the treatment offered and associated costs for those services I have initialed. I agree, without exception, to not hold liable the Canadian Cancer Research Group for act or activity as it relates to the treatment of my cancer. I also understand that all deposits and fees for services are non-refundable.

Date:_____ Place:_____

Patient:_____ Witness:_____

I/We have explained and received consent to begin treatment.

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William P. O'Neill
Director, International Clinical Services

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Dr. Eoghan B. O'Shea, M.D. CCFP
Medical Director