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**The Efficacy of a Glyco-Benzaldehyde and  
Poly MVA  
Ongoing Two Year Clinical  
Outcome-Based Investigation  
250 Cancer Stage IV Adult Patients  
June 2005 – March 2008**



## Original Mission of the Study

- **Test efficacy of Glyco-Benzaldehydes with the following:**
  - 1. Low-Dose Chemotherapy**
  - 2. Poly MVA**
  - 3. Glyco-Benzaldehyde alone****Forsythe Immune Therapy (FIT)**



# Study Expanded

- **250 patients Stage IV adult cancers of any origin**
- **Conventional Protocol Chemotherapy**
- **Low-Dose Conventional Chem w / Glyco-Benzaldehyde**
- **Low-Dose Conventional Chemo w Glyco-Benzaldehyde + Poly-MVA**
- **Glyco-Benzaldehyde + Poly-MVA**
- **Glyco-Benzaldehyde alone**



## **33 Month Report on 250 Stage IV Adult Cancer Patients**

- **Survival Column requirements:**
  - 1. Stable Remission for at least one month**
  - 2. All patients counted even if expired**
  - 3. Must have measurable parameters**



## Earlier Study

- **225 patients with Stage IV cancers of multiple origins**
- **Poly MVA alone**
- **Poly MVA + Chemotherapy**

**4 year Overall Survival (OS) rate of 32%**



# **POLY- MVA: THE PRODUCT**

- 1. A patented palladium lipoic compound**
- 2. MVA: Minerals: molybdenum, rhodium & ruthenium  
Vitamins: B1, B2, B12  
Amino Acids: formyl-methionine, acetylcysteine**
- 3. Palladium (PL) is a rare metal often combined with platinum in jewelry. M.W. 106 found in nature alloyed with platinum, copper and nickel. Highly conductive metal.**
- 4. ALA a super antioxidant and detoxifier. It is both water and fat soluble. It is an effective chelator with heavy metals.**
- 5. Ongoing POLY-MVA study of 225 patients with Stage IV cancers of multiple origins at four years shows an Overall Survival (OS) of 32% when used alone or with chemotherapy.**



## Past and Ongoing Clinical Outcome – Based Cancer Studies

<b>TIME</b>	<b>PRODUCT</b>	<b>Mode of Action</b>
<b>2002-2003</b>	<b>Paw-paw NSP</b>	<b>Energetics</b>
<b>2004-Present</b>	<b>Poly-MVA AMARC</b>	<b>Hyper-energizes Promotes Apoptosis</b>
<b>2005-Present</b>	<b>Salicinium (FIT) Perfect Balance</b>	<b>Alters Sugar Fermenting Enzymes</b>
<b>2006-Present</b>	<b>Glyco-essentials NSP</b>	<b>Communication between Immune modulators</b>



## FINDING THE “TRIGGER” FOR CANCER

Potential Cause(s)	TESTS
Heavy Metal Toxicities	Hair analysis Blood/Urine
Chemical Toxicities	Blood ELISA
Allergies: food & inhalants	Blood & Skin
Immune Competence	Lymph Subset & NKC panel



## **FIT / POLYMVA Protocol Options Given**

- 1. Conventional Protocol Chemotherapy**
- 2. Conventional Chemotherapy with  
Complementary: FIT and or Poly-MVA  
added**
- 3. Complementary therapy alone with  
FIT and or Poly-MVA or both**



# Unique Characteristics of Cancer Cells Used in Integrative Oncology

- **Simple Sugars** – malignant cells have increased numbers of insulin receptors to attract sugar molecules (i.e. PET Scan basis)
- **Acidity** – A lower intracellular pH in the biological terrain is ideal for malignant cell growth – hence use the value of alkalization – (i.e. zeolite, cesium or green powders)
- **Hypoxia** – Malignant cells use anaerobic metabolism primarily thus the value of various O<sub>2</sub> therapies – HBO / H<sub>2</sub>O<sub>2</sub> / Ozone
- **Low Voltage** – Malignant cells are low energy systems and produce only 5% ATP of normal cells – thus hyper-energizing therapy – Poly-MVA



## Examples of First, Second & Third Line Chemo Protocols used in Stage IV Cancers

Cancer	Stage	1st	2nd	3rd
BREAST	IV	Taxane +/- Avastin	Xeloda +/- Avastin	Navelbine +/- Avastin
CRC	IV	FOLFOX +/- Avastin	FOLFERI +/- Avastin	XELODA +/- Erbitux
H/N	IV	5FU/Carbo	Taxane	Erbitux +/- MTX
LUNG	IV	Carbo/Taxol	Tarceva	Navelbine
OVARY	IV	Carbo/Taxol	DOXIL	TOPO
PROSTATE	IV	Zoladex +/- Casodex	KETO/HC	Taxotere + Pred



## **FIT / POLY-MVA INVESTIGATION TUMOR PARAMETERS**

- 1. Physical Exam – tumors in skin, liver, spleen lymph nodes, etc...**
- 2. X-Rays: tumors detectable in CXR, bone X-Rays, mammograms, etc...**
- 3. CT Scanning: tumors detectable in brain, chest, abdomen, pelvis or bones**
- 4. Ultrasounds: breasts, GB., liver, ovaries, spleen, etc...**
- 5. MRI's: brain, neck, sinuses, joints, breasts, muscles, soft tissues, etc...**
- 6. Pet Scans: total body scanning**



## **FIT / POLY-MVA INVESTIGATION TUMOR MARKERS**

- 1. Bladder - NMP-22, BTA**
- 2. Breast - CEA, CA 27-29, CA-15-3**
- 3. Colorectal – CEA, CA 19-9, 5HIAA  
(Carcinoids)**
- 4. Esophagus – CEA, CA 19-9**
- 5. Gastric – CEA, CA 19-9**
- 6. Liver – AFP, CEA, & CA19-9**
- 7. Lung – CEA, CA 19-9**
- 8. Lymphomas - ESR, LDH, Beta – 2  
Microglobulin**
- 9. Pancreas – CEA, CA 19-9**
- 10. Prostate – PSA, Free PSA**
- 11. Ovary – CA-125**
- 12. Testes – AFP, HCG**



## HISTORICAL CONTROLS CHEMO-RESISTANT LITERATURE REVIEW - LONGEVITY

<b>TUMOR TYPE</b>	<b>STAGE IV HISTORICAL CONTROLS (Chemo-resistant)</b>
<b>Breast</b>	<b>6 – 12 months</b>
<b>Colorectal</b>	<b>3 – 6 months</b>
<b>Head / Neck</b>	<b>4 – 8 months</b>
<b>Hematological</b>	<b>6 – 8 months</b>
<b>Lung</b>	<b>3 – 6 months</b>
<b>Prostate</b>	<b>6 – 9 months</b>



# Protocol Glyco-Benzaldehyde Proprietary Blend

1. Normal Saline
2. Magnesium Chloride
3. Pyridoxine
4. Vitamin B-12
5. Vitamin C
6. B Complex
7. L-Lysine
8. Zinc
9. Glutathione
10. Folic Acid



## Sites of Origin

<b>ALL/AML/CML</b>	<b>6</b>	<b>Melanoma</b>	<b>6</b>
<b>Bladder</b>	<b>2</b>	<b>Myeloma</b>	<b>4</b>
<b>Brain</b>	<b>6</b>	<b>NHL/HD</b>	<b>13</b>
<b>Breast</b>	<b>56</b>	<b>O / U</b>	<b>23</b>
<b>Colorectal</b>	<b>18</b>	<b>Pancreas</b>	<b>11</b>
<b>Esophagus</b>	<b>6</b>	<b>Prostate</b>	<b>26</b>
<b>Gastric</b>	<b>4</b>	<b>Renal</b>	<b>5</b>
<b>GB/A/L/C</b>	<b>5</b>	<b>Sarcoma</b>	<b>10</b>
<b>H &amp; N</b>	<b>10</b>	<b>Testes</b>	<b>2</b>
<b>Lung/Meso</b>	<b>34</b>	<b>Thyroid</b>	<b>3</b>

**250 Cases**



# Overall Totals

<b>250 Cases</b>	<b>Total</b>	<b>%</b>
<b>Survivors</b>	<b>176/250</b>	<b>70</b>
<b>Expired</b>	<b>74/250</b>	<b>30</b>



## Protocol: Glyco-Benzaldehyde 32/250 patients

<b>Patients</b>	<b>Total</b>	<b>Percentage</b>
<b>Survivors</b>	<b>26/32</b>	<b>87</b>
<b>CR</b>	<b>6/32</b>	<b>18</b>
<b>PR / SD</b>	<b>20/32</b>	<b>63</b>
<b>Expired</b>	<b>6/32</b>	<b>19</b>



# Protocol: Glyco-Benzaldehyde + Chemo + Poly-MVA 107/250 Patients

<b>Patients</b>	<b>Total</b>	<b>Percentage</b>
<b>Survivors</b>	<b>72/107</b>	<b>68</b>
<b>Expired</b>	<b>35/107</b>	<b>32</b>



# Protocol: Glyco-benzaldehyde + Poly-MVA 89/250 Patients

<b>Patients</b>	<b>Total</b>	<b>Percentage</b>
<b>Survivors</b>	<b>66/89</b>	<b>75</b>
<b>Expired</b>	<b>23/89</b>	<b>25</b>



## **Protocol: Breast Cancer Facts 56/250 Patients**

**Breast cancer patients received all  
protocol options:**

- 1. Glyco-Benzaldehyde alone**
- 2. Glyco-Benzaldehyde + Poly-MVA**
- 3. Glyco-Benzaldehyde + Poly MVA +  
Chemotherapy**
- 4. Glyco-Benzaldehyde + Chemotherapy**



# Protocol: Glyco-Benzaldehyde + Chemotherapy 22/250

<b>Patients</b>	<b>Total</b>	<b>Percent</b>
<b>Survivors</b>	<b>13/22</b>	<b>60</b>
<b>Expired</b>	<b>9/22</b>	<b>40</b>



## Protocol: Breast Cancer Facts 56/250 Patients (continued)

<b>Patients</b>	<b>Total</b>	<b>Percentage</b>
<b>Survivors</b>	<b>43/56</b>	<b>80</b>
<b>Expired</b>	<b>13/56</b>	<b>20</b>



## Breast Cancer Protocol: Glyco-Benzaldehyde 9/56 Patients (continued)

<b>Patients</b>	<b>Total</b>	<b>Percentage</b>
<b>Survivors</b>	<b>7/9</b>	<b>78</b>
<b>Expired</b>	<b>2/9</b>	<b>22</b>



**Breast Cancer**  
**Protocol: Glyco-Benzaldehyde +**  
**Poly-MVA**  
**23/56 Patients (continued)**

<b>Patients</b>	<b>Total</b>	<b>Percentage</b>
<b>Survivors</b>	<b>17/23</b>	<b>74</b>
<b>Expired</b>	<b>6/23</b>	<b>26</b>



**Breast Cancer**  
**Protocol: Glyco-Benzaldehyde**  
**+ Poly-MVA + Chemo**  
**23/56 Patients (continued)**

<b>Patients</b>	<b>Total</b>	<b>Percentage</b>
<b>Survivors</b>	<b>18/23</b>	<b>79</b>
<b>Expired</b>	<b>5/23</b>	<b>21</b>



## Safety Profile IV / Oral Poly-MVA / FIT Investigation

<b>Nausea / Vomiting</b>	<b>0%</b>
<b>Diarrhea (oral only)</b>	<b>&lt;5%</b>
<b>Short of Breath</b>	<b>&lt;5% (40 ml only)</b>
<b>Skin Rash</b>	<b>0%</b>
<b>ABN Liver Tests</b>	<b>0%</b>
<b>Transfusion Reactions (shakes/chills)</b>	<b>&lt;5%</b>
<b>ABN Renal Tests</b>	<b>0%</b>
<b>Sulfa Allergies (DMSO)</b>	<b>&lt;5%</b> 27



## Conclusions: Conventional Chemotherapy Results

<b>* Five year Overall Survival Rate (OS) Stage IV Cancers</b>	<b>Adjuvant Cytotoxic Chemotherapy for 22 major adult malignancies</b>
<b>United States</b>	<b>2.1%</b>
<b>Australia</b>	<b>2.3%</b>

**\*Reported from the Journal of Clinical Oncology (2004) 16:549-560**



## Conclusions (continued)

<b>* 33 Month Overall Survival Rate (OS)</b>	<b>Combination protocol Glyco-Benzaldehyde + Poly MVA + Low Dose Chemotherapy</b>
<b>All Adult Cancers</b>	<b>68%</b>

**\*Reported by James W Forsythe, MD, HMD  
250 Patient Study 2005-2008**



# Conclusions (continued)

<b>*33 Month Overall Survival Rate (OS)</b>	<b>Combination protocol Glyo-Benzaldehyde + Poly MVA + Low Dose Chemotherapy</b>
<b>Breast Cancer</b>	<b>79%</b>

**\*Reported by James W Forsythe, MD, HMD  
250 Patient Study 2005-2008**



# **Forsythe Immune Therapy (FIT) Summary 250 Patients over 33 months**

- 1. Glyco-Benzaldehyde is a novel homeopathic immune boosting therapy that when used alone in breast cancer showed an ORR of 78% at 33 months.**
- 2. FIT when used in combination with Poly-MVA and /or chemotherapy the overall ORR was 70%. This included complete remissions, partial remissions and stable disease.**
- 3. In the entire study there were 13% CR, 16% PR and 41% SDs with a 30% expiration rate.**



## Forsythe Immune Therapy (FIT) Summary

**250 Patients over 33 months (continued)**

- 4. These results compare favorably with conventional chemotherapy alone which at 5 years in the allopathic literature showed only a 2.1% survival rate.**
- 5. FIT is compatible with Poly-MVA and other complementary therapies which vector in at different areas of cancer cells metabolism.**
- 6. There were no sufficient adverse events in these 250 patients even when used with low dose fractionated chemotherapy.**
- 7. The FDA has not sanctioned this study and no claim of cure is advertised in this report.**



## Integrative Oncology Philosophy

In Stage IV adult cancers of any origin improvement in quality of life issues is directly proportional to improvement to overall response rate. Even stable disease can be tolerated and metamorphosed into a chronic livable condition.



## **Integrative Oncology Philosophy (continued)**

**This is true provided that this improvement is not gained at the expense of toxic chemotherapy or radiation therapy leaving the patient with many of the following adverse side effects:**

- **Chemo Brain Syndrome**
- **Painful Neuropathies**
- **Cardiomyopathies**
- **Renal Failure**
- **Hepatic Failure**
- **Severe Pancytopenias**
- **Pulmonary Fibrosis**
- **Devastating Fatigue, Anorexia and Wasting Syndromes**
- **Osteoarthritis, myalgias, osteoporosis**
- **Severe dermatoses**
- **Death**

**This study shows that the “*cure or kill*” approach to advanced cancer treatment is not the only answer.**