



TREATMENT INFORMATION AND REGISTRATION PACKAGE DCA, TM, LDN, RBV and other “off-label” treatments

If you are considering treatment with gentle medications like DCA, please follow the steps below to have a consultation with one of our doctors and obtain medication:

	Patient	Medicor
1	Read this package, ask questions (if any)	Answer patient questions
2	Collect documents from own doctor / hospital: a. pathology report from biopsy of the cancer b. latest blood test report (blood cell counts and general blood tests) c. latest imaging reports (CT, MRI, PET etc.) d. latest doctor's summary notes	
3	Complete questionnaire and payment forms and submit to Medicor for consultation, along with documents listed above	Physician will perform a complete consultation (in person or by telemedicine) and suggest the most appropriate treatments
4	Read consent forms and ask questions (if any)	Medicor physician will provide answers.
5	Complete consent forms and submit to Medicor	Medicines will be prescribed and dispensed
6	Follow doctors instructions and start treatment	Physician will monitor treatment

Documents can be submitted to Medicor in person, by mail, by fax or by email. If you have an appointment for consultation in-person in the office, you may bring the documents to the visit. Some documents may not be available depending on the type of cancer (e.g. no CT scan or MRI for blood cancers, biopsy may not be available for certain cancers).

If you do not live near the office and are unable to attend in person, consultation will be done by reviewing your records and writing a report which will be sent to you by email. The medicine will then be shipped to you by courier.

Consent forms explain in detail the benefits and risks of treatment. Please do not sign any consent forms until your questions have been answered and you are satisfied.

We wish you success in your treatment!

Silvana Marra
Manager Administrative Affairs



DCA (dichloroacetate) Frequently Asked Questions

WebFAQ updated Oct 20, 2011

Medicor Cancer Centres was the first cancer clinic in North America to begin prescribing DCA “off label” to cancer patients under the full supervision of a medical team. We have consulted with the relevant regulatory bodies in Canada and are following their guidelines and policies. We would like to thank everyone who has expressed an interest in our DCA therapy. We appreciate your feedback and encouragement. We would also like to acknowledge and extend a special thanks to two of our patients who brought DCA to our attention, and motivated us to begin DCA treatments.

Background

In 2007 it was discovered that the drug DCA (dichloroacetate sodium) induced the death of human breast, lung and brain cancer cells that were implanted into rats, while being non-toxic to healthy cells. This research was published in *Cancer Cell*, 11, 37–51, January 2007. DCA has been found to kill cancer cells by a newly discovered mechanism that appears to be common to several types of cancer. DCA works by turning on the natural cell suicide system which is suppressed in cancerous cells, thus allowing them to die on their own. It also alters the cancer cell’s use of glucose, starving the cell of energy.

Newer research shows that DCA also kills many other types of cancer cells, and can boost the cancer-killing effects of radiation. The first formal human cancer research using DCA was published in May 2010. It confirmed that DCA is an effective anti-cancer drug for treating glioblastoma patients (*Metabolic Modulation of Glioblastoma with Dichloroacetate, Science Translational Medicine, Vol 2, Issue 31*).

Further research to determine how well DCA works against various cancers within the human body is ongoing: <http://clinicaltrials.gov/ct2/results?term=dichloroacetate+cancer>

What types of cancers does DCA work on?

Several publications demonstrate that DCA works in a variety of cancers. These include human studies / case reports and lab studies (rat and *in vitro*):

Publication	Date	Cancer Type(s)
Role of SLC5A8, a plasma membrane transporter and a tumor suppressor, in the antitumor activity of dichloroacetate. <i>Oncogene</i> . 2011 Sep 22;30(38):4026-37.	2011	colon, breast, prostate
Dichloroacetate Induces Apoptosis of Epithelial Ovarian Cancer Cells Through a Mechanism Involving Modulation of Oxidative Stress. <i>Reprod Sci</i> . 2011 Jun 23.	2011	ovarian
DCA inhibits neuroblastoma growth by specifically acting against malignant undifferentiated cells <i>Int J Cancer</i> . 2011 May 9. doi: 10.1002/ijc.26173	2011	brain (neuroblastoma)
Use of Oral Dichloroacetate for Palliation of Leg Pain Arising from Metastatic Poorly Differentiated Carcinoma: A Case Report. <i>J Palliat Med</i> . 2011 Apr 12	2011	poorly differentiated / unknown primary
Synergistic antitumor effect of dichloroacetate in combination with 5-fluorouracil in colorectal cancer <i>J Biomed Biotechnol</i> . 2011;2011:740564. Epub 2011 Feb 20.	2011	colon
In vitro cytotoxicity of novel platinum-based drugs and dichloroacetate against lung carcinoid cell lines. <i>Clin Transl Oncol</i> . 2011 Jan;13(1):43-9.	2011	lung (carcinoid)
Dichloroacetate shifts the metabolism from glycolysis to glucose oxidation and exhibits synergistic growth inhibition with cisplatin in HeLa cells. <i>Int J Oncol</i> . 2011 Feb;38(2):409-17. doi: 10.3892/ijco.2010.851.	2010	uterus (cervix)

Non-Hodgkin's Lymphoma Reversal with Dichloroacetate. <i>J Oncol.</i> 2010;2010. pii: 414726. Epub 2010 Sep 16.	2010	lymphoma (non-Hodgkins)
Metabolic modulation of glioblastoma with dichloroacetate. <i>Sci Transl Med.</i> 2010 May 12;2(31):31ra34.	2010	brain (glioblastoma)
Reversal of the glycolytic phenotype by dichloroacetate inhibits metastatic breast cancer cell growth in vitro and in vivo. <i>Breast Cancer Res Treat.</i> 2010 Feb;120(1):253-60.	2010	breast
Dichloroacetate (DCA) sensitizes both wild-type and over expressing Bcl-2 prostate cancer cells in vitro to radiation. <i>Prostate.</i> 2008 Aug 1;68(11):1223-31.	2008	prostate
Dichloroacetate induces apoptosis in endometrial cancer cells. <i>Gynecol Oncol.</i> 2008 Jun;109(3):394-402.	2008	uterus (endometrial)
A mitochondria-K ⁺ channel axis is suppressed in cancer and its normalization promotes apoptosis and inhibits cancer growth. <i>Cancer Cell.</i> 2007 Jan;11(1):37-51.	2007	breast, lung, brain (glioblastoma)

Observational DCA Data

For the first time in the world, on Dec 7, 2007 we publicly shared our observational data from the treatment of 118 cancer patients with DCA. We updated our data in 2009 from treating over 347 patients. This can be found at: <http://www.medicorcancer.com/dca-data.html>. As of Oct 2011, we have treated over 800 cancer patients with DCA, the most of any center in the world. Since clinical trial data is now emerging, we are no longer collecting observational data. Instead, we are focusing our efforts on publishing our findings in reputable peer-reviewed medical journals. Our first publication is: "Use of Oral Dichloroacetate for Palliation of Leg Pain Arising from Metastatic Poorly Differentiated Carcinoma: A Case Report." This can be viewed here: <http://www.liebertonline.com/doi/pdfplus/10.1089/jpm.2010.0472>

Is DCA safe?

DCA has been used in humans to treat a rare disease called "congenital lactic acidosis", and found to have some mild to moderate side effects. Our experience so far suggests that DCA is safe to use in cancer patients under close medical supervision. Some animal studies show that DCA can itself cause liver cancer. These studies used doses which are over 100 times higher than what would be prescribed for cancer treatment. We think that DCA can have 2 main categories of side effects.

Neurological:

Nerve injury in the hands and feet ("peripheral neuropathy"). Neuropathy typically takes several weeks to months to develop, and is reversible if it is caught early. In the existing literature, neuropathy from DCA has been shown to be reversible. We use vitamin B1 (benfotiamine or thiamine), acetyl L-carnitine and R alpha lipoic acid to prevent and reduce the severity of peripheral neuropathy. Our own data on frequency of neuropathy in our patients confirms that these supplements are effective. If neuropathy develops, supplement doses are increased and iv R alpha lipoic acid treatment may be added (performed by our naturopathic doctor).

Sedation, confusion, hallucinations, memory problems, mood changes, hand tremors. These side effects are temporary and appear to be dose-dependent and age-dependent. This finding is consistent with existing human research on DCA that we have reviewed. We use benfotiamine (a type of vitamin B1), acetyl L-carnitine and R alpha lipoic acid to prevent/reduce these side effects. If you are a Medicor patient, you will receive our latest dosing guidelines for these supplements. Due to potential interference with other ongoing treatments like radiation or chemotherapy, certain supplements may not be recommended. Medicor patient will receive detailed information specific to their treatment plan.

Gastrointestinal:

Heartburn, nausea, vomiting, indigestion. These side effects may occur with DCA, and we prescribe a "proton pump inhibitor" antacid medication (e.g. pantoprazole) as needed to treat them.

Other Side Effects:

Some patients experience pain at the sites of their tumour(s) within the first few days of starting DCA. This may be an indicator of the effectiveness of DCA. About 1-2% of patients have mild liver toxicity (increase in liver

enzymes noted without symptoms). We have not observed any drop in blood cell counts due to bone marrow toxicity, or any other significant organ toxicity. Note that leukemia patients may see a drop in their high white blood cell count, indicating destruction of the cancerous white cells.

Most side effects reported so far have been mild or moderate. Patients experiencing moderate side effects are usually taken off DCA as a precaution. Most side effects typically resolve within days after stopping DCA. Neuropathy can take weeks or months to resolve, and is reversible.

TLS (Tumour Lysis Syndrome)

This is a condition in which a large number of tumour cells are rapidly killed, causing a sudden release of the contents of the dead cells into the bloodstream. It can result in abnormal heart rhythms, and kidney failure. A detailed reference article can be found here: <http://www.emedicine.com/MED/topic2327.htm> TLS occurs most commonly in patients with a large mass of tumour cells in the body who receive chemotherapy, especially with lymphomas or acute leukemia. We have not had a single case of TLS in our patients treated with DCA alone. Since DCA can enhance the effect of chemotherapy in certain cases, it may be more likely to occur if DCA is combined with chemotherapy (especially without medical supervision).

DCA-Drug Interactions

We have observed that drugs that can cause confusion or hallucinations have a potential to interact with DCA. This may include cannabinoids, benzodiazepines and other CNS drugs, especially if they are already causing some neurological side effects. Patients who receive consultations by our physicians will be assessed for potential drug interactions, and specific medical advice will be given. All Medicor patients who receive DCA will be closely monitored by our physicians for drug side effects with routine check-ups, comprehensive lab tests, and imaging studies. We take into account our patients' general condition, other medications, past medical history, and concurrent health problems.

DCA and Caffeine

We have received a large number of inquiries about caffeine following some anecdotal reports of enhanced DCA effect with excessive tea/caffeine intake. After conducting a limited review of our DCA patients, we have noted that a few patients with high tea/caffeine consumption (> 10 cups per day) have shown no response to DCA. Also many patients who have shown an excellent response to DCA do not take tea/coffee or caffeine or take it in minimal amounts.

There are a number of potential harmful effects of consuming high doses of caffeine including increased likelihood of seizures in brain tumour patients, abnormal heart rhythms, anxiety, and insomnia. Even though there is new data to show that intravenous high dose caffeine can enhance chemotherapy, the potential for caffeine to enhance DCA therapy is unverified. We are presently recommending against the use of high dose caffeine, unless it is done with medical supervision. Patients should use moderation with consumption of caffeinated drinks and check with their own doctor, naturopath or dietician for specific advice.

DCA and Chemotherapy

For the first time in North America, Medicor and Advanced Cancer Theranostx (www.act-inc.net) began conducting ChemoFit tests with DCA and chemo combined (in 2008). This means eligible patients can have a sample of their own tumor analyzed to see if combinations of DCA and chemo will work, and if they will work better than chemo or DCA alone. The accuracy of the ChemoFit test ranges from 85-95%.

We have already had some exciting results showing that DCA can, in some cases, dramatically enhance the cancer-killing effects of chemo. However, there is a possibility that DCA can interfere with chemo as well. This is similar to single agent chemo being better than combination chemo for some patients. Published lab research now confirms our findings.

If you are a patient who is thinking of combining DCA and chemotherapy, we recommend you review our ChemoFit web page at: <http://www.medicorcancer.com/chemofit.html> and discuss the test with your oncologist. We also have more detailed information for physicians at <http://www.medicorcancer.com/chemofit4doctors.html> Malignant ascites fluid samples and malignant pleural effusion samples can now be tested with ChemoFit, eliminating the need for a biopsy in some patients.

If you are not able to have the ChemoFit test, a treatment plan can be developed to safely combine DCA with most chemotherapy drugs with minimal risk of interference (depending on the chemotherapy schedule).

What is the status of DCA clinical trials?

The first phase 2 clinical trial of DCA in glioblastoma was completed but was not published as a trial, possibly because the DCA doses were too high and resulted in a large number of patients dropping out (our opinion, actual reason not disclosed by the authors). See <http://www.medicorcancer.com/news.html> for detailed commentary on this trial.

Several DCA clinical trials are presently ongoing. These can be reviewed at:

<http://clinicaltrials.gov/ct2/results?term=dichloroacetate+cancer>

Even though we have seen clear evidence of DCA's effectiveness in several types of cancer, Medicor physicians believe that it is essential for formal clinical trials to be conducted. DCA is different from other drugs that undergo clinical trials because it is not a "new" drug. It has already been used for decades in humans, and has a relatively safe profile. This means that the trials may take less time, but may still take years. Many cancer patients cannot wait this length of time. We are hopeful that information obtained from our experiences with DCA will supplement clinical trials, and help patients and the medical community.

Can I take DCA on my own?

We are aware of many patients who are currently self-medicating with DCA. DCA can be purchased as a lab chemical not suitable for human use. This DCA contains impurities that make it unsafe for patients to take. DCA can also be purchased by various internet companies. Buyers should be aware that these companies are not regulated and may be selling fake DCA or contaminated DCA. One owner of a web-based company has already been convicted of internet fraud for selling counterfeit DCA, and is serving a jail term.

<http://www.cbc.ca/news/story/2010/06/01/con-dca-gaber.html>

Cancer is complex and so is its treatment. DCA is a prescription medication. We strongly recommend DCA to be obtained only by a doctor's prescription and taken only under the supervision of a medical doctor.

Do I Qualify for DCA Treatment?

Patients with a documented diagnosis of cancer (any type) under the following categories qualify for treatment:

- a. failed conventional, scientifically proven treatments
- b. told by their doctor that there is no safe or effective treatment for their cancer
- c. waiting to start conventional treatment, and would like to do something in the interim
- d. treated for cancer, and would like to prevent recurrence (where no proven recurrence prevention is available)
- e. receiving therapy which has a poor chance of success and would like to strengthen their treatment

What is the duration of treatment?

In order to determine if DCA is effective in treating your cancer, we recommend at least 6 to 8 weeks of treatment. For slow growing cancers, longer treatment is needed. If your cancer responds to the drug, therapy may continue indefinitely. If you experience significant side effects, treatment will be stopped and may be restarted later.



MEDICAL QUESTIONNAIRE

Please use Nuance PDF Viewer (free) in order to fill and save this form:
<http://www.nuance.com/for-business/by-product/pdf/pdfreader/index.htm>

Adobe PDF Reader (free) can also be used, but it does not allow saving the filled form.
It only allows printing of the filled form: <http://get2.adobe.com/reader/>

PERSONAL INFORMATION	
First Name: _____	Last Name: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Wid. <input type="checkbox"/> Other _____	
Street: _____	Unit # _____
City: _____	State/Prov: _____ Country: _____
Postal Code: _____	
Home phone: _____	Work Phone: _____
Cell phone: _____	Fax number: _____
5. Email address: _____	
6. Date of birth: (day/month/year) _____	
7. Health card number: _____	VC: _____ Health card province: _____ (for Canadian patients only)
8. Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
9. Who should be contacted in case of emergency?	
Name: _____	Relationship: _____
Contact numbers: _____	
10. Second language (optional): _____	
11. Religion (optional): _____	

CANCER HISTORY

What type of cancer do you have?

How was it diagnosed?

Diagnosis date:

Was a biopsy obtained? Yes No Not sure

What treatments have you received?

Chemotherapy Yes No Not yet, starting soon Not sure

Radiation therapy Yes No Not yet, starting soon Not sure

Surgery Yes No Not yet, starting soon Not sure

Experimental therapy Yes No Not yet, starting soon Not sure

Natural therapy Yes No Not yet, starting soon Not sure

PAST MEDICAL HISTORY

Do you have (or have you ever had) any of the following? *(check only if yes)*

Disease		√	About when was it diagnosed?
Cardiovascular disease	High blood pressure	<input type="checkbox"/>	
	Angina	<input type="checkbox"/>	
	Heart attack	<input type="checkbox"/>	
	Congestive heart failure	<input type="checkbox"/>	
	Abnormal heart rhythm	<input type="checkbox"/>	
	Blood clot (DVT)	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Lung disease	Asthma	<input type="checkbox"/>	
	Bronchitis/Pneumonia	<input type="checkbox"/>	
	Emphysema	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Kidney disease	Stones	<input type="checkbox"/>	
	Infections	<input type="checkbox"/>	
	Kidney failure	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Liver disease	Hepatitis	<input type="checkbox"/>	
	Jaundice	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Blood disorder	Bleeding problems	<input type="checkbox"/>	
	Anemia	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Neurological problems	Stroke	<input type="checkbox"/>	
	Seizures	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	

ALLERGIES / ADVERSE REACTIONS

Do you have an **allergy** or have you ever had an **adverse reaction** to any of the following?

Category	Yes √	No √	Please list
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Foods	<input type="checkbox"/>	<input type="checkbox"/>	
Others (pollen, grass, pets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

FAMILY HISTORY

Please provide the following information regarding blood relatives

Relation	List major illness (e.g. diabetes, cancer, ulcers, blood clots, heart, lung, liver, kidney disease)
Father	
Mother	
Sisters	
Brothers	
Children	
Other	

ECOG PERFORMANCE STATUS

Please indicate your level of activity (check one)	√
Fully active, able to carry on all activities (same as before cancer diagnosis) without restriction.	<input type="checkbox"/> 0
Restricted in strenuous activity but walking and able to carry out light work e.g. office work.	<input type="checkbox"/> 1
Walking and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of the day.	<input type="checkbox"/> 2
Capable of only limited self-care (washing, changing clothes, going to washroom), confined to bed or chair more than 50% of the day.	<input type="checkbox"/> 3
Completely disabled. Cannot carry on any self-care (washing, changing clothes, going to washroom). Totally confined to bed or chair.	<input type="checkbox"/> 4

FUNCTIONAL ENQUIRY

Current body weight: pounds kg Height:

Weight Decreasing Stable Increasing

Appetite Decreased Normal Increased

Sleep Decreased Normal Increased

Mood Depressed Normal

Energy level Low Normal High

Do you have any of the following: (0=none, 10=worst)

Fever 0 1 2 3 4 5 6 7 8 9 10

Chills 0 1 2 3 4 5 6 7 8 9 10

Sweating 0 1 2 3 4 5 6 7 8 9 10

Mouth sores 0 1 2 3 4 5 6 7 8 9 10

Nausea 0 1 2 3 4 5 6 7 8 9 10

Vomiting 0 1 2 3 4 5 6 7 8 9 10

Food sticking when swallowing 0 1 2 3 4 5 6 7 8 9 10

Pain when swallowing 0 1 2 3 4 5 6 7 8 9 10

Constipation 0 1 2 3 4 5 6 7 8 9 10

Diarrhea 0 1 2 3 4 5 6 7 8 9 10

Cough 0 1 2 3 4 5 6 7 8 9 10

Shortness of breath 0 1 2 3 4 5 6 7 8 9 10

Dizziness 0 1 2 3 4 5 6 7 8 9 10

Palpitations (feeling of abnormal heartbeat) 0 1 2 3 4 5 6 7 8 9 10

Limb swelling legs arms 0 1 2 3 4 5 6 7 8 9 10

Facial swelling 0 1 2 3 4 5 6 7 8 9 10

Headache 0 1 2 3 4 5 6 7 8 9 10

Numbness / tingling
If yes, what parts of the body? _____

Restlessness 0 1 2 3 4 5 6 7 8 9 10

Confusion / memory problems 0 1 2 3 4 5 6 7 8 9 10

Rash 0 1 2 3 4 5 6 7 8 9 10

Bleeding problems / easy bruising 0 1 2 3 4 5 6 7 8 9 10

Urination problems 0 1 2 3 4 5 6 7 8 9 10

Pain
If yes, what parts of the body? _____

MISCELLANEOUS

Is any "conventional" cancer treatment being offered now? Yes No

Are you or do you think you may be pregnant? Not applicable Yes No

Are you receiving nursing care at home? Yes No Not sure

Do you have a "power of attorney" for:

Personal care? Yes (name: _____) No Not sure

Finances? Yes (name: _____) No Not sure

HEALTH CARE INFORMATION

Please provide the following information about your health care providers:

Specialty	Name	Phone Number	Hospital
Family doctor			
Oncologist			
Radiation oncologist			
Surgeon			
Other			

Please provide the name(s) of the hospital(s) you most often deal with:

MEDICOR

As per Medicor Cancer Centres Privacy Policy, we do not give confidential personal information over the phone. If such a request is made, we may require correct answers to some questions before giving out any information. This is only for your protection. In order to do this, please provide answers to **any two of the following** questions:

a. Place of birth _____

b. Mother's name _____

c. Name of pet _____

d. Favourite colour _____

How did you find out about Medicor Cancer Centres?

Thank you for providing this information.



Governing Law and Jurisdiction Agreement

I hereby agree that:

- a) all aspects of the relationship between me and Medicor Cancer Centres Inc., as well as its agents, delegates, employees, and any physicians and other independent health care practitioners providing medical or other health care and treatment to me, or in association with Medicor Cancer Centres Inc., including without limitation any medical or other health care and treatment provided to me, and
- b) the resolution of any and all disputes arising from or in connection with that relationship, including any disputes arising under or in connection with this Agreement,

shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.

I hereby acknowledge that the medical or other health care and treatment I receive from Medicor Cancer Centres Inc. will be provided in the Province of Ontario, and that the Courts of the Province of Ontario shall have exclusive jurisdiction to hear any complaint, demand, claim, proceeding or cause of action, whatsoever arising from or in connection with that medical or other health care and treatment, or from any other aspect of my relationship to Medicor Cancer Centres Inc.

Date

Name of Patient (Please print)

X

Signature of Patient or
Substitute decision-maker on behalf of patient



Telemedicine and Email Policy

At Medicor we are pleased to offer telemedicine / email communications to our patients. Communicating information by email can be very convenient. Email and telemedicine are generally not covered by provincial health insurance in Canada.

Medicor has an optional private monthly telemedicine plan to help make email and telemedicine more affordable. The **monthly fee is \$385** and covers the following:

- Email / phone / fax new prescriptions and repeat prescriptions (in Canada) – up to 10 per month
- General email medical advice (non-urgent) – up to 20 emails per month
- Telemedicine assessments (by email, non-urgent) – up to 10 per month
- Fax / email copies of test results to patients – up to 10 per month
- Completion of simple 1 page forms – up to 2 per month

Individual services are available to all patients and are billed according to the list below.

Individual Services	Cost
Phone / fax / email a new prescription or repeat prescription (up to 5 drugs)	\$20
Phone / fax / email copies of test results to patients (per report)	\$20
Phone / email / telemedicine assessment and medical advice (non-urgent)	\$50 and up ¹
Phone discussion with patient's other doctor(s), at patient's request	\$50 and up ¹
Forms completion	\$50 and up ¹
Research into specific treatments (by patient request) ²	\$50 and up ¹
Disability Tax Credit form	\$75
CPP Disability Benefits application	\$100

¹ - Billed at a rate of \$450 per hour of physician time (minimum \$50 per service).

² - For Canadian patients: research can be done at no charge during office visits only, strictly limited by available appointment time.

Patients may change or cancel service plan at any time according to the Medicor Cancellation Policy (see Payment Authorization form). Service plans are also subject to cancellation at the discretion of Medicor Cancer Centres Inc.

For Canadian patients (except Québec), some email / telemedicine services are now **free** (paid by the government). You may obtain these free services at Medicor if certain conditions are met:

- 1) Your cancer is metastatic or considered to be incurable
- 2) Your Medicor physician is the main physician providing ongoing quality-of- life enhancing care (which may include gentle medicines such as DCA, TM or LDN).

See table below.

Free (by email / phone)	Payment Required (by email / phone)
Ordering tests and interpreting test results	Assessment of new problems
Arranging for assessments, procedures or therapy	Prescriptions (new or repeats)
Coordinating community and hospital care	Routine forwarding of lab reports / test results
Discussion with and providing advice regarding the above (when medically necessary)	
Supplies and personnel related to all of the above	

If you meet the conditions listed, you may obtain the free services by selecting “Yes”. Please check one of the boxes below.

Yes, I would like Medicor physician Dr. Akbar Khan to be my primary physician who is regularly providing quality-of-life enhancing care. This allows me to obtain the **free** services listed on the left side of the table above. I have a valid health card from any province in Canada (except Québec).

No, I already have a family physician who is in charge of providing quality-of-life enhancing care. I understand that I will have to pay a fee if I ask my Medicor physician for any of the services listed in the table above. I have the **option** of starting the Medicor monthly email plan. If I come to the office **in person**, I can obtain these services at **no charge**. I have a valid health card from any province in Canada (except Québec).

Note: Québec patients are excluded because the Québec government will not automatically pay for their medical care in Ontario. Québec patients are responsible for payment of all medical services up front and may apply to the Ministère de la Santé for reimbursement.

General information

Communicating by email can be very convenient, but it creates some issues which you should be aware of:

- The privacy and security of email communication cannot be guaranteed.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of Medicor or the patient.
- Email senders may accidentally misaddress an email, resulting in it being sent to unintended and unknown recipients.
- Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Emails can introduce viruses into a computer system, and potentially disrupt the computer (Medicor does use anti-virus software on all of its computers).

Medicor will use reasonable means to protect the security and confidentiality of email information sent and received. Due to the issues outlined above, Medicor requests that you understand the following:

- Emails to or from you form part of your medical record, and may be printed or saved electronically by Medicor. Other individuals authorized to access the medical record will have access to those emails.
- Emails may be forwarded internally if necessary to those involved in diagnosis, treatment, reimbursement or health care operations. Medicor will not forward emails to independent third parties without your written consent, except as authorized or required by law.

- Medicor will try to read and respond promptly to emails, but we cannot guarantee that any particular email will be read and responded to within any particular period of time. **You should not use email for medical emergencies or other time-sensitive matters.**
- Email communication is not a substitute for clinical examination. You are responsible for following up on the physician's email and for scheduling appointments with the Medicor doctor or your other doctor(s) when it is appropriate.
- If your email requests or requires a response from Medicor and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- You should not use email for communication regarding sensitive medical information, such as sexually transmitted disease, mental health, or substance abuse. Similarly, Medicor will not generally discuss such matters by email (there may be rare exceptions).
- You are responsible for informing Medicor of any types of information you do not want to be sent by email.
- Medicor is not responsible for information loss due to technical failures.
- Emails will not be encrypted.

Instructions for Communication by Email

To communicate by email, please do the following:

- Limit or avoid using an employer's computer.
- Inform Medicor of any changes in your email address.
- Include in the email: 1) patient name
2) a description in the email's subject line (e.g., "prescription renewal")
- Review the email to make sure it is clear and that all needed information is provided before sending to Medicor.
- Take precautions to preserve the confidentiality of emails.

Should you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on email. Rather, you should call Medicor for advice or an appointment, call your family doctor or specialist, go to the nearest hospital Emergency Department, or take other appropriate action.

*Yes, I would like to start the Medicor telemedicine monthly plan (\$385/month) **OPTIONAL***

No, I do not want to start the Medicor telemedicine monthly plan at this time. I have the option to start this plan in the future.

I have read and understood this telemedicine and email policy.

Patient's Signature
(or legal substitute)

Printed Name

Date



CONSENT AND DIRECTION FOR DCA TREATMENT

I hereby confirm that I have been diagnosed with cancer. I further confirm that I have elected to have Medicor Cancer Centres Inc. ("Medicor") treat my cancer with the drug dichloroacetate sodium ("DCA").

I understand that DCA is a drug that has been found (in lab studies) to rapidly shrink human breast, lung and brain cancers (published in *Cancer Cell*, 11, 37–51, January 2007), endometrial cancer (published in *Gynecol Oncol*, Vol 109, Issue 3, June 2008) prostate cancer in combination with radiation (published in *The Prostate*, May 2008), and several other cancer types.

I understand that DCA has also been shown to effectively treat an aggressive brain cancer called glioblastoma in human research (published in *Science Translational Medicine*, Vol 2, Issue 31, May 12, 2010). Research to determine how well it will work on other cancers in humans is ongoing. I understand that high dose intravenous DCA has been studied and found to be safe (up to 100mg/kg iv in healthy volunteers and up to 80mg/kg iv in seriously ill liver transplant patients).

I am aware that the DCA treatment provided by Medicor is a promising cancer treatment, but has limited scientific proof of its effectiveness (either on its own, or combined with other treatments). I understand that the College of Physicians and Surgeons of Ontario considers DCA treatment to be unproven and not within the usual practice of medicine in this province.

I confirm that one of the following is true:

A. I am not currently being offered medical treatment of my cancer, either because all standard medical treatments have failed, or because my oncologist (or other specialist) has determined that there are no proven treatment options for me. I understand that instead of DCA, I have a choice to receive no treatment for my cancer, and that I have the option of receiving only comfort care (palliative care).

B. I am currently receiving generally accepted medical treatment for my cancer which is not working optimally (or has a poor chance of success) and I would like to combine it with DCA treatment.

C. I have been offered generally accepted medical treatments for my cancer. After reviewing the risks and benefits of those treatments with my doctor(s), I voluntarily chose not to receive them. At this time I would like to be treated with DCA.

Potential Benefits

I understand that:

- it is hoped that DCA will cause slowing or stabilization of cancer growth, shrinking of cancer, or remission of cancer
- it is hoped that DCA will enhance the effects of my other cancer treatments (like radiation or chemotherapy) if taken according to the instructions given to me by Medicor
- it is expected that DCA may improve my heart condition (for patients with heart failure or angina)
- it is expected that DCA may improve my blood pH (if it is too acidic)

- the likelihood of these benefits is unknown
- it is expected to take 6 to 8 weeks before we can tell if the DCA is effective
- Medicor may collect information from my treatment to help doctors and patients learn more about DCA as a treatment for cancer, and that this information may be used to help future cancer patients
- my privacy will be maintained at all times in this process

Potential Risks

I understand that:

- DCA has been used in humans to treat a rare disease called congenital lactic acidosis, and found to be safe
- DCA is likely safe to use in cancer patients, but there is not enough research yet to confirm this
- I may have side effects while receiving DCA
- I will be watched carefully for any side effects
- doctors don't know all the side effects that may happen
- side effects may be mild or serious
- I may be given medicines to help lessen side effects
- many side effects go away soon after I stop taking DCA
- DCA may interact with other medications I am taking, especially those that can cause confusion or memory problems
- DCA may interfere with other cancer medication if I do not follow the instructions given to me by Medicor

Common Side Effects

I understand that:

- DCA can cause temporary nerve injury in the hands and feet
- this may be reduced with supplemental medication (which will be prescribed with DCA) and is treatable if it occurs, by stopping DCA and allowing the nerves to heal
- DCA can cause fatigue, sleepiness, nausea, heartburn, temporary memory loss, temporary confusion and tremors.
- DCA can cause a mild reduction in blood glucose (typically < 15%) which generally causes no symptoms

Uncommon Side Effects

I understand that:

- DCA can rarely cause abdominal pain, abnormal increase of liver enzymes in the blood, vomiting, low blood pressure / dizziness, emotional changes, loss of balance or leg weakness
- Some animal studies show that DCA can cause liver cancer. These studies used doses which are over 100 times higher than what would be prescribed for cancer treatment
- if DCA is very effective, it can lead to rapid tumour cell death. This can cause sweats, chills, fever, tumour bleeding, life-threatening salt imbalance in the blood, low blood sugar, abnormal heart rhythm and kidney damage. This is mainly a concern when treating lymphoma or leukemia with DCA in combination with chemotherapy.
- I may have an unpredictable reaction to the infusion (for intravenous DCA only). This is because the published information on intravenous DCA is limited (even though current publications indicate it is safe).

Unknown Side Effects

I understand that:

- DCA can cause side effects which are as yet unknown, and unpredictable
- DCA may not be effective at treating my cancer, but is unlikely to worsen my cancer

Monitoring for Side Effects

I understand that:

- while receiving DCA I will be closely monitored to ensure safety, and for effectiveness of the treatment. This will consist of a various combinations of routine check-ups, lab tests, and imaging studies which may be as follows:
 - General blood tests
 - Tumour markers
 - ECG (if needed)
 - Urinalysis (if needed)
 - Imaging studies (such as Ultrasound, CT scan, MRI, or PET scan)
- the frequency of tests will depend on the nature of my cancer, my age, my underlying medical conditions, my concurrent medications and other factors
- in most cases, a detailed assessment and tests will be done at the start of treatment, and monthly after that
- basic tests will generally be performed every week or every 2 weeks

Follow-Up

I understand that while receiving DCA I will be monitored to ensure safety, and for effectiveness of the treatment. This will consist of a various combinations of routine check-ups, lab tests, and imaging studies.

For telemedicine patients or patients who cannot attend in person regularly at the office: I confirm that I have a local doctor who will be the primary doctor monitoring my treatment according to the treatment plan I receive from Medicor.

Reproductive Risks – for women

I understand that:

- I should not become pregnant while taking DCA, because the effects of DCA on an unborn baby are not know
- I should not breastfeed a baby while receiving DCA
- reliable birth control approved by my family doctor must be used while receiving DCA (if applicable)

Reproductive Risks – for men

I understand that:

- I should not father a baby while taking DCA
- reliable birth control approved by my family doctor must be used while receiving DCA (if applicable)

My decision to undergo the DCA treatment is entirely voluntary. I understand that I may discontinue the DCA treatment at any time. My decision to stop DCA treatment will not affect my medical care. I understand that the DCA treatment may be stopped if the medical staff so determine that it is in my best medical interests.

I understand that Medicor is owned by a family member of the Medical Director. I understand that any diagnostic tests or treatment provided by the Medical Director and/or Medicor will only be performed for my benefit, and that I have a choice of where I may obtain such diagnostic tests or treatments.

I understand that the results of the DCA treatment are not guaranteed. I acknowledge that no guarantee or assurance has been made by anyone from Medicor regarding the DCA treatment.

I have read and understand the Medicor Telemedicine / Email policy. I understand the risks associated with email communication, and I consent to the conditions outlined in the policy. I acknowledge Medicor's right to withdraw the option of communicating through email, upon the provision of notice.

I have been given the opportunity to read this form and discuss it with the medical staff, and to ask any questions I may have. My questions have been answered to my satisfaction. I voluntarily consent to the DCA treatment and I accept all of the risks associated with it.

Costs

I understand that I am responsible for the cost of the DCA for my treatment, as it is not funded by Ontario Drug Benefits and generally not funded by private medical insurance. I understand that I am also responsible for the cost of any related drugs that are prescribed for my treatment, or to reduce DCA side effects (since they may not be funded by Ontario Drug Benefits or private medical insurance). I will also be responsible for the costs of any tests that may be necessary but are not covered under my health insurance.

Patient's Signature
(or legal substitute)

Printed Name

Date

Witness' Signature

Printed Name

Date

Medicor Staff Signature

Printed Name

Date



Credit Card / Debit Payment Authorization Form

I authorize Medicor Cancer Centres Inc. (MCC) to charge my:

- VISA** **MasterCard**
 bank account via direct debit (attach void cheque) **American Express**

for the following (all fees are in Canadian dollars):

- Consultation** - \$450 one time only **Urgent** (will be done within 48 hrs) – add \$200
 Dr's Ongoing Email Care - \$385 per month (charged monthly until cancellation notice is given, + tax)
 Other: \$ _____ one time only, for _____
 Other: \$ _____ one time only, for _____

dichloroacetate sodium (DCA) 500mg capsules or oral liquid 200mg/ml:

- \$ _____ for a _____ week supply (\$175/week)

dichloroacetate sodium (DCA) 100mg/ml intravenous solution, 30ml vial (total 3000mg):

- \$ _____ for _____ vials (\$75 per vial)

- \$ _____ for **R+ Alpha Lipoic Acid** 150mg capsules (\$40 per bottle) _____ bottle(s)

- \$ _____ for **Benfotiamine** (vitamin B1) 80mg capsules (\$40 per bottle) _____ bottle(s)

- \$ _____ for **Acetyl L-Carnitine** 500mg capsules (\$38 per bottle) _____ bottle(s)

ammonium tetrathiomolybdate (TM) 20mg capsules:

- \$ _____ for a _____ week supply (\$195/week)

ribavirin (RBV) 500mg capsules:

- \$ _____ for a _____ week supply (\$185/week)

under the terms and conditions agreed to by me with MCC until such time as written notice to the contrary is given. **All medications are non-refundable once dispensed, and consultation services are non-refundable once rendered.**

Credit card number: _____ Expiry date: _____/20_____

Name on the card: _____

Billing address: _____

I consent to the disclosure of any personal information that may be contained in this authorization to MCC's financial institution, to the extent that such disclosure is necessary. I will notify MCC in writing of any changes in the account information or termination of this authorization 7 days prior to the next due date of the pre-authorized debit. I agree to pay a fee of \$25 for each transaction that is refused by my financial institution for insufficient funds (NSF). I have read and understood MCC's Refund Policy and Privacy Statement (see over).

Name: _____ Signature: _____ Date: _____

REFUND / CANCELLATION POLICY

If for any reason, you wish to cancel your services, we will gladly offer you a refund based on the following MCC policy.

Consultation services:

In-person Consultation: A full refund will be given if cancellation is made at least 24 hours before the first appointment. Cancellations made with less than 24 hours notice before the first Consultation appointment will be subject to a \$100 late cancellation fee. If the first Consultation visit has already taken place, no portion of the consultation fee is refundable.

Telemedicine Consultation: a full refund will be given if cancellation is made before the service has been rendered. Once a consultation has been sent to the patient or their representative, no portion of the consultation fee is refundable.

Monthly Ongoing Care:

Monthly care services can be cancelled any time with 24 hours notice. No further charges for monthly care will apply once a cancellation request is received. Monthly care services for the current month (calculated monthly from the subscription start date) are not refundable.

Medications:

All medications are non-refundable once dispensed. Medications damaged or lost in transport must be claimed under the carrier's insurance.

PRIVACY STATEMENT

We are bound by law and ethics to safeguard your privacy and the confidentiality of your personal health information.

This includes:

- collecting only the information that may be necessary for your care;
- keeping accurate and up-to-date records;
- safeguarding the medical records in our possession;
- sharing information with other health care providers and organizations on a "need to know" basis where required for your health care;
- disclosing information to third parties only with your consent or where required by law; and
- retaining or destroying records in accordance with the law.

Your request for care implies consent for the collection, use and disclosure of your personal information for purposes related to your care. As noted above, other purposes require your express consent.

You have the right to request access to or correction of your health records. Please speak to the receptionist for further information.

It is our standard procedure to send appointment reminders in the mail and/or leave telephone answering machine messages, but you have the right to request that we not do either if you make that request in writing.

If you have any specific questions or concerns regarding the use, collection or disclosure of your personal health information, or would like to contact the Information and Privacy Commissioner of Ontario, please feel free to speak with Dr. Humaira Khan.

**Medicor Cancer Centres, 4576 Yonge St. Suite 412, Toronto, ON M2N 6N4
(416) 227-0037 (phone), (416) 227-1915 (fax)**



MEDICATION RE-ORDER FORM

DCA 500mg caps _____ week(s) supply same dose as before new dose per MD

DCA oral liquid 200mg/ml _____ week(s) supply same dose as before new dose per MD

DCA iv 100mg/ml _____ vials of 30ml (each vial is 3000mg = 1 dose for an average patient)

Benfotiamine 80mg, 120 caps per bottle _____ bottle(s)

R+ Alpha Lipoic Acid 150mg, 90 caps per bottle _____ bottle(s)

Acetyl L-Carnitine 500mg, 90 caps per bottle _____ bottle(s)

TM 20mg capsules _____ week(s) supply (current dose is based on blood test results)

LDN 1mg capsules _____ week(s) supply (based on a dose of 4mg daily, minimum 4 wks)

LDN liquid 1mg/ml _____ week(s) supply (based on a dose of 4mg daily, minimum 4 wks)

Imiquimod 100mg caps _____ week(s) supply same dose as before new dose per MD

Ribavirin 500mg caps _____ week(s) supply same dose as before new dose per MD

Perillyl Alcohol 20% nasal spray, 28ml _____ spray bottles (each lasts ~ 2 weeks)

Lidocaine 2% nasal spray, 30ml _____ spray bottles (each lasts ~ 4 weeks)

Vitamin D liquid 1000IU per 0.2ml, 100ml _____ bottle(s) (each bottle lasts ~ 7 weeks at 10,000U per day)

Other: Name _____ Quantity _____

Delivery Method

- pickup from pharmacy in Scarborough pickup from Medicor office
 delivery by courier in Toronto area delivery by FedEx

When?

- same day next business day this week next week other: _____

Payment Method

- same as before other: _____

Patient Name _____

Signature _____ **Date** _____

Medications are not refundable once dispensed. Please ensure you are ordering only what you need.