The attached document was submitted to the **Washoe County Board of Commissioners** during the meeting held on May 12, 2015.

by Chad Brown, Omnific-Breast, LLC

for Agenda Item No. 8

and included here pursuant to NRS 241.020(7) as amended by AB65 of the 2013 Legislative Session.

BEST

ERADICATING CANCER...
NOW

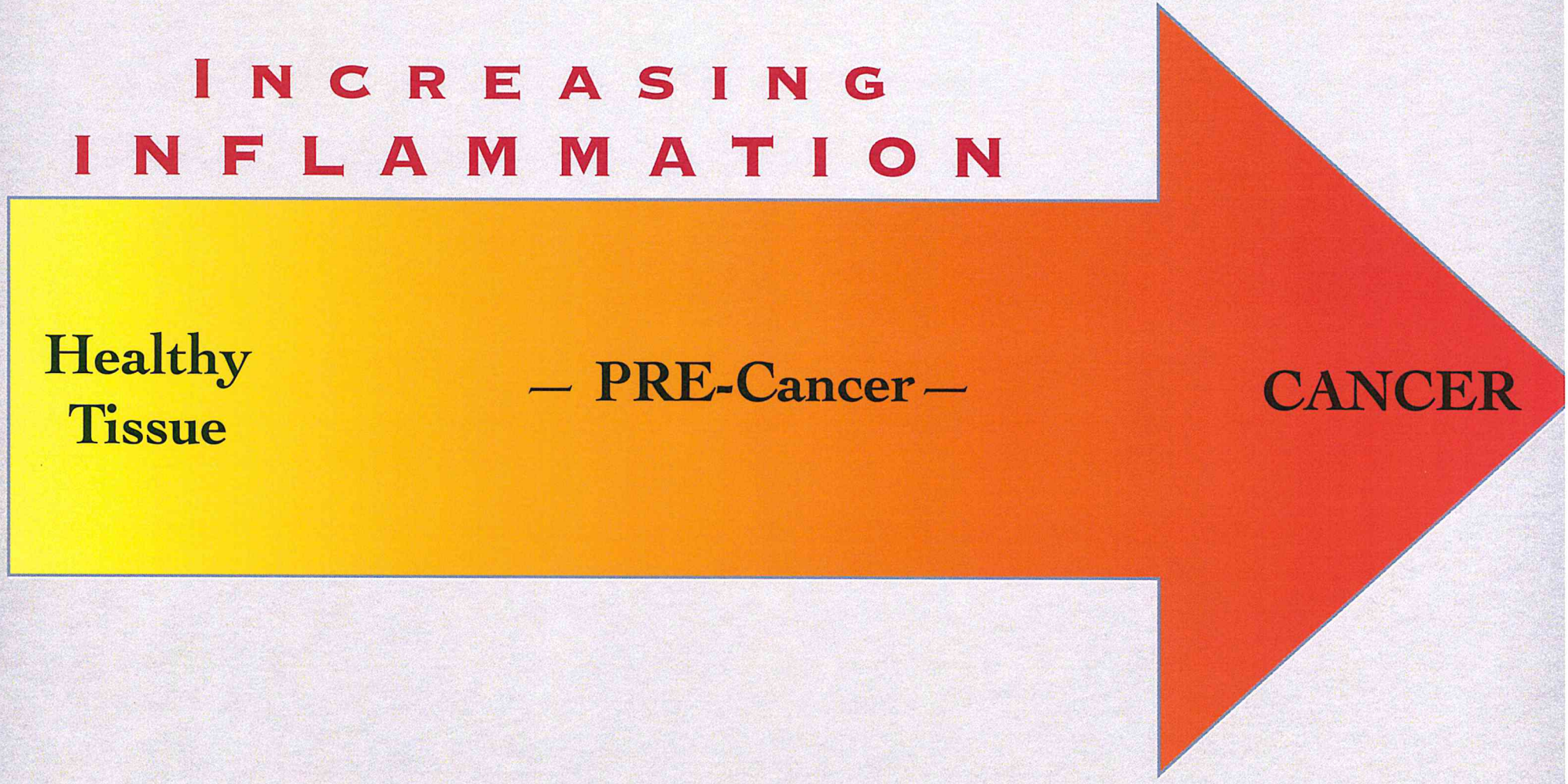
BCC
A-5-12-15
#8

BCC 5-12-15 #8
Chad Brown

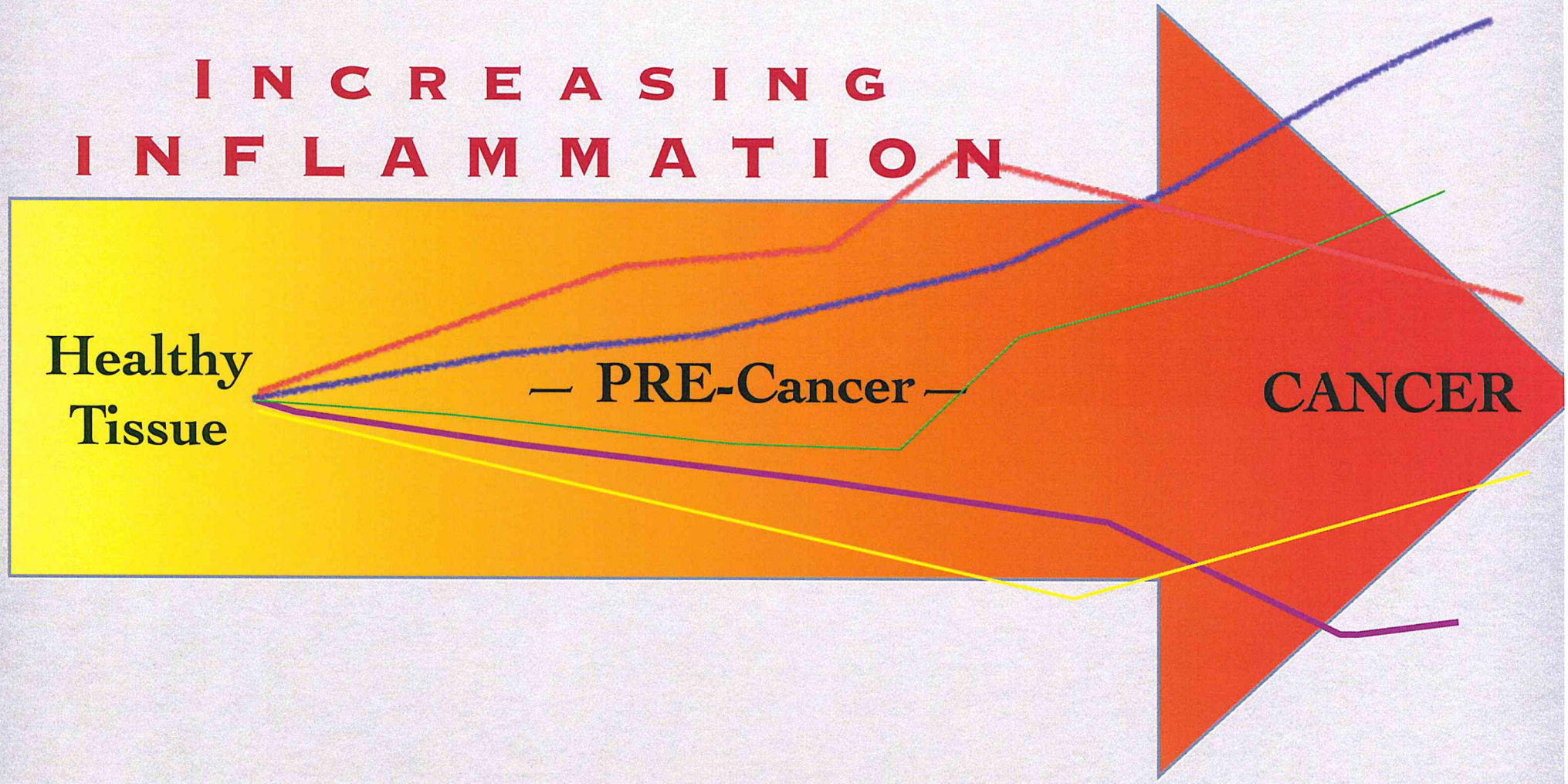
Breast Cancer

- 1 out of 8 women = 12%
- 295,000 women will be diagnosed in 2014
- 40,000 women will DIE in 2014
- 44,250 women will have breasts removed; without cancer

BREAST CANCER IS:



Breast Cancer is:



FUTURE OF BREAST CANCER??

- Incremental improvements:
  - **Screening**: Mammo - SonoCine (27% better than Mammo?)
  - **Diagnosis**: Needle - Surgical
  - **Treatment**: Surgical - Chemo

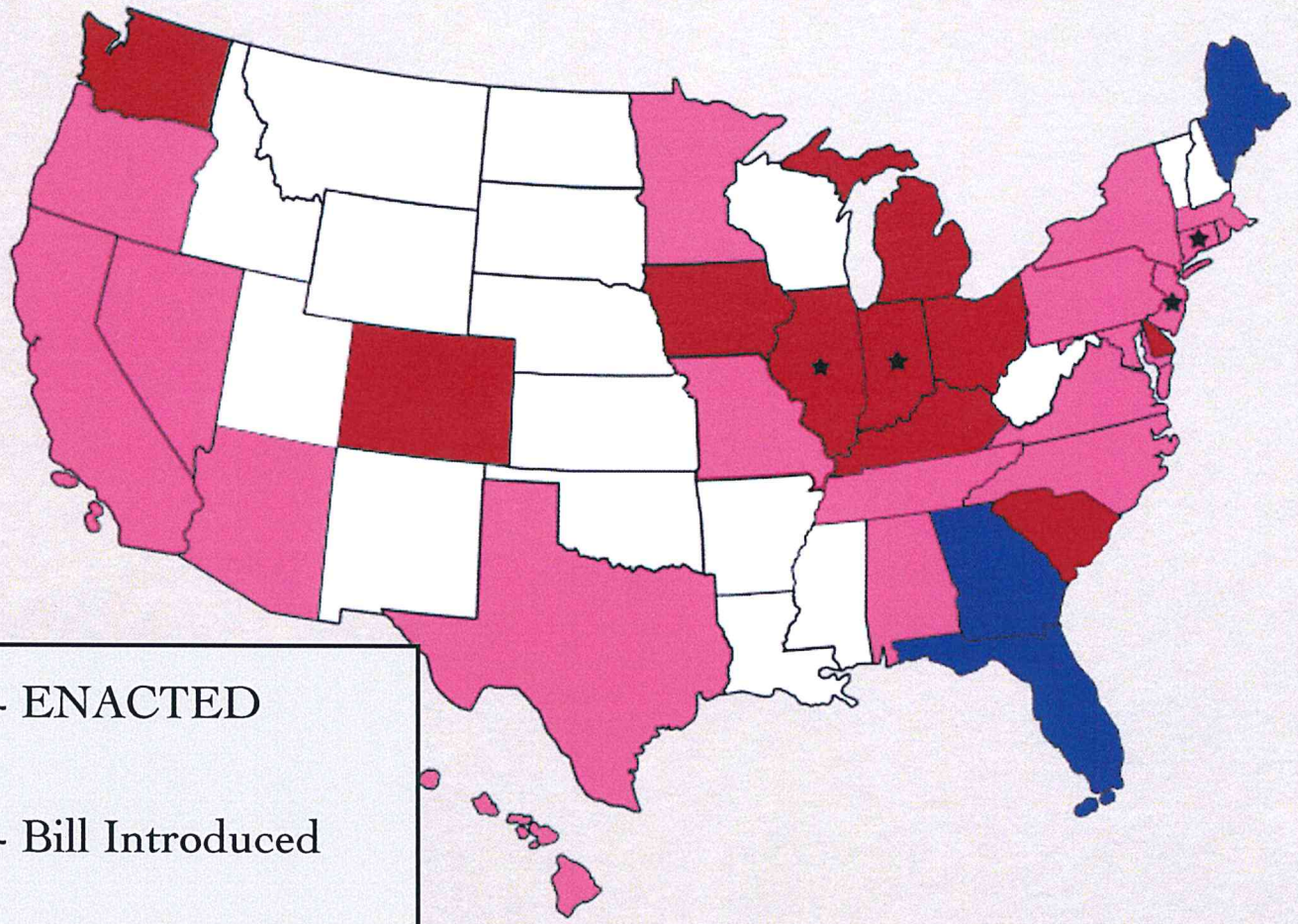
We Can't Study What We Can't See

- ALL Diagnosis... 100%... is INVASIVE
- Surgical / Needle
- UNETHICAL to Study Healthy Tissue
  - PRE-Cancer is considered "healthy"

Mammography

- 120,000 in Washoe
- 38 Million in U.S.
- 50% of all women 40+ years old
- 20% Cancer MISSED
- 30% False Positives

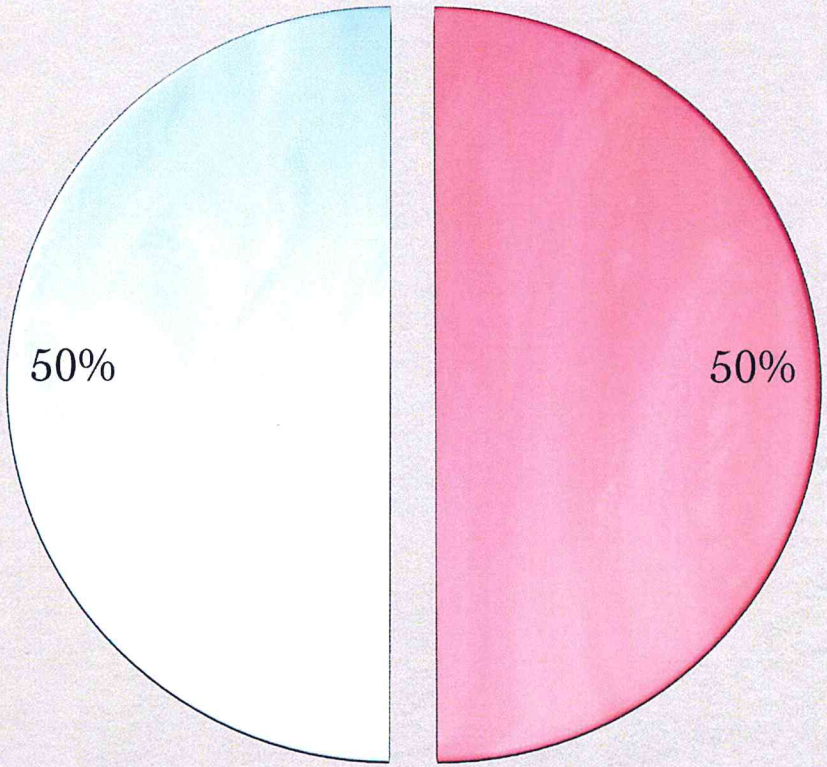
How BAD are Mammos?



- 19 States - ENACTED
- 10 States - Bill Introduced
- 3 States - Bill in Works

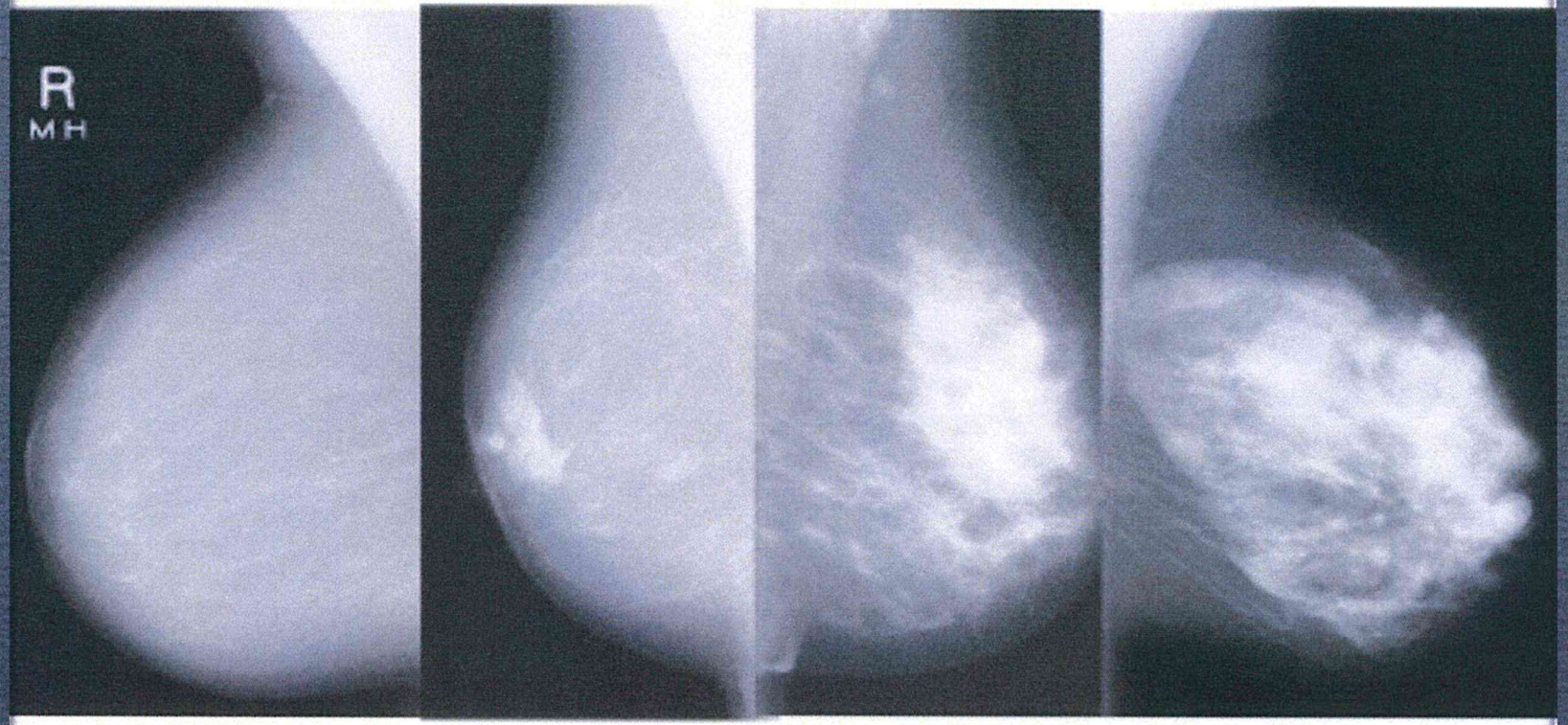
Dense Breasts

- 1/2 of ALL women have "Dense Breasts"
- 50%



Dense Breasts

Mammographic density



0% 10% 50% >75%

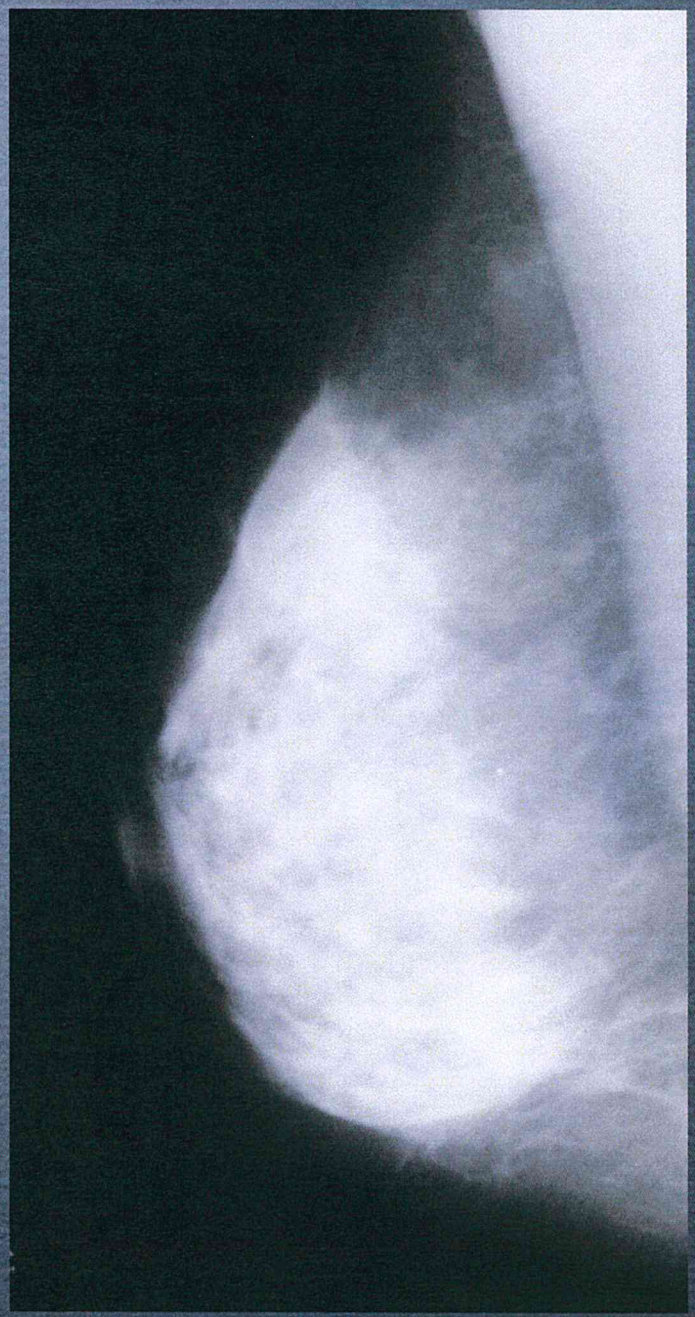
Can You See My Cancer?

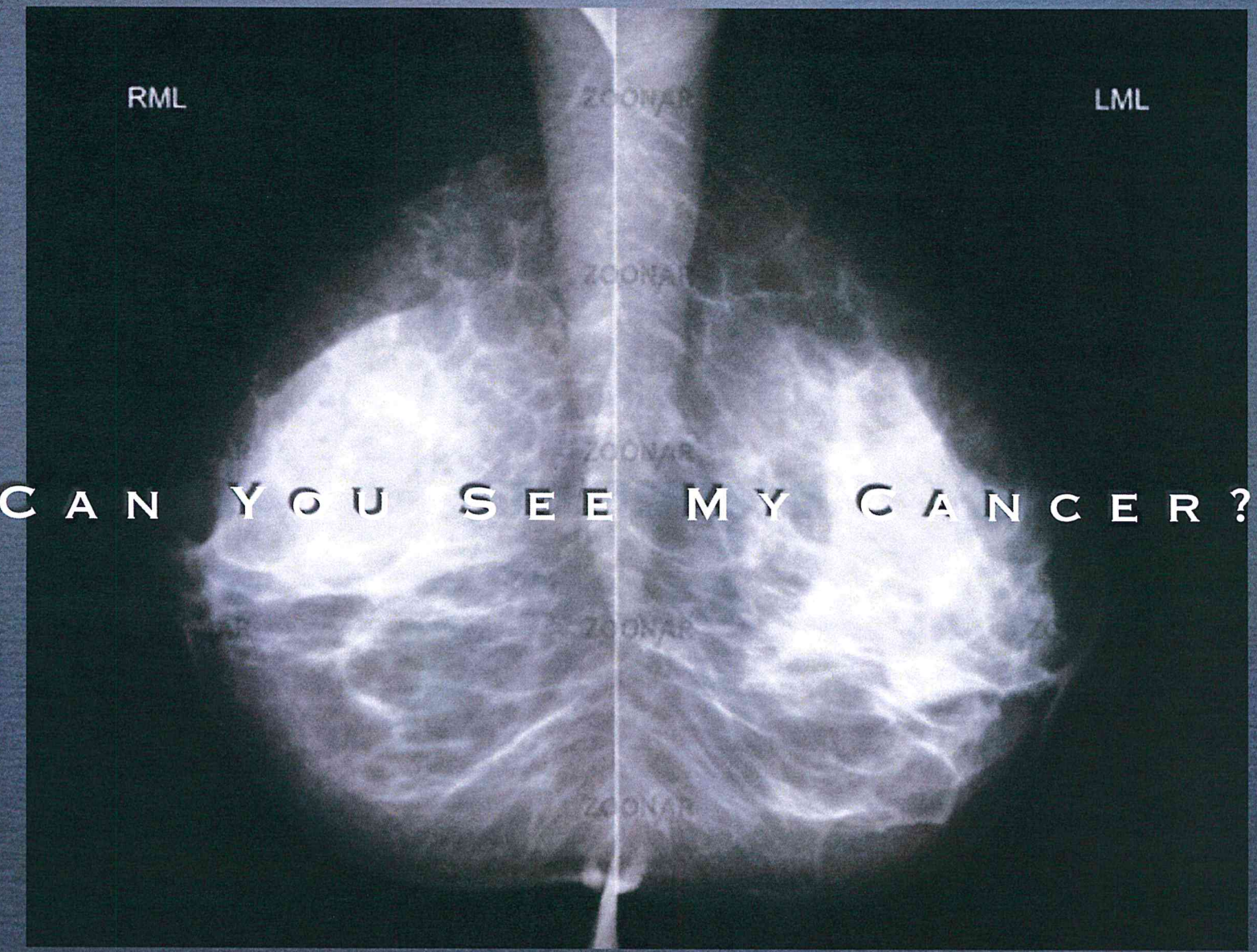
White on Black

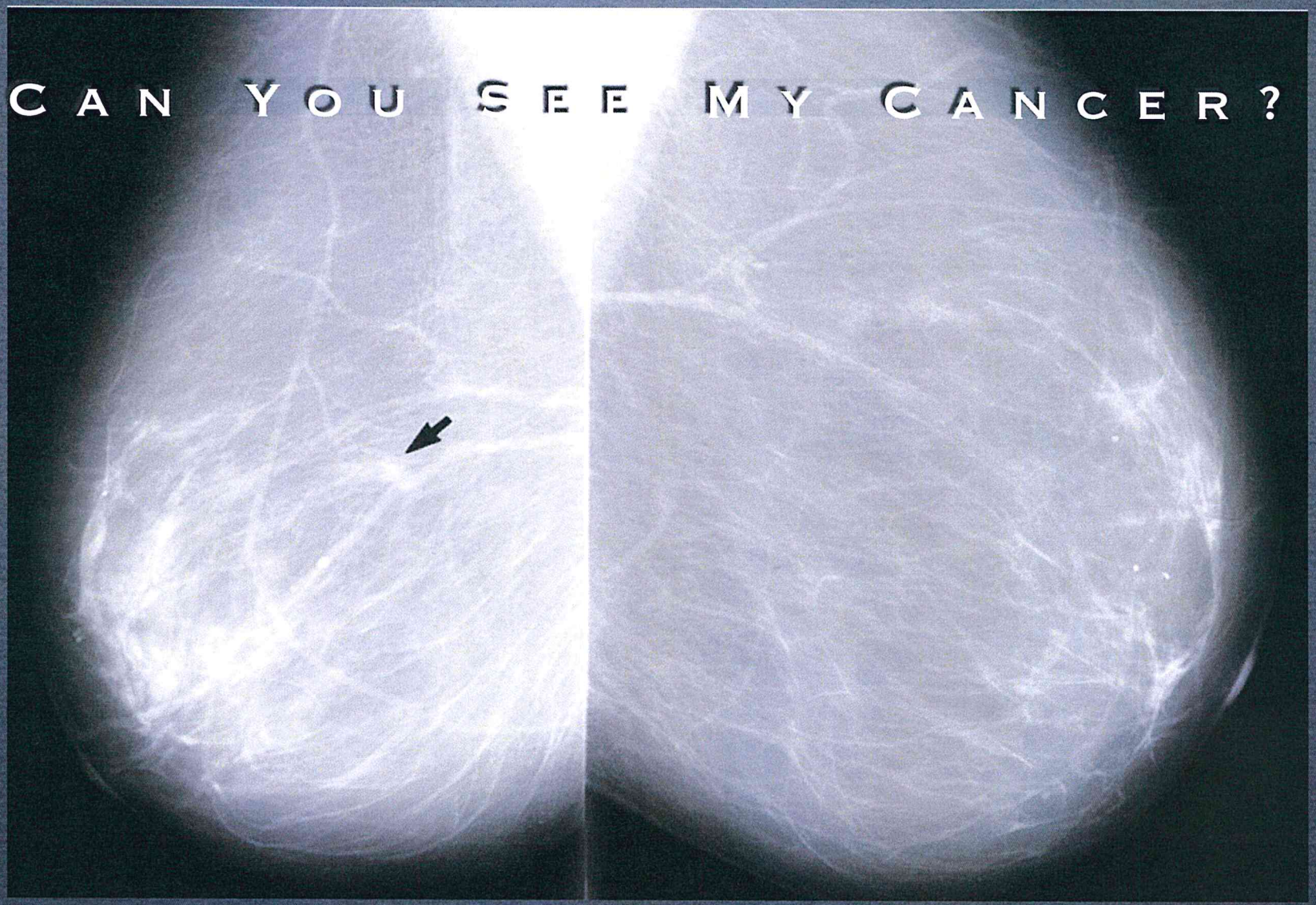
Calcium

Healthy/
Dense Tissue

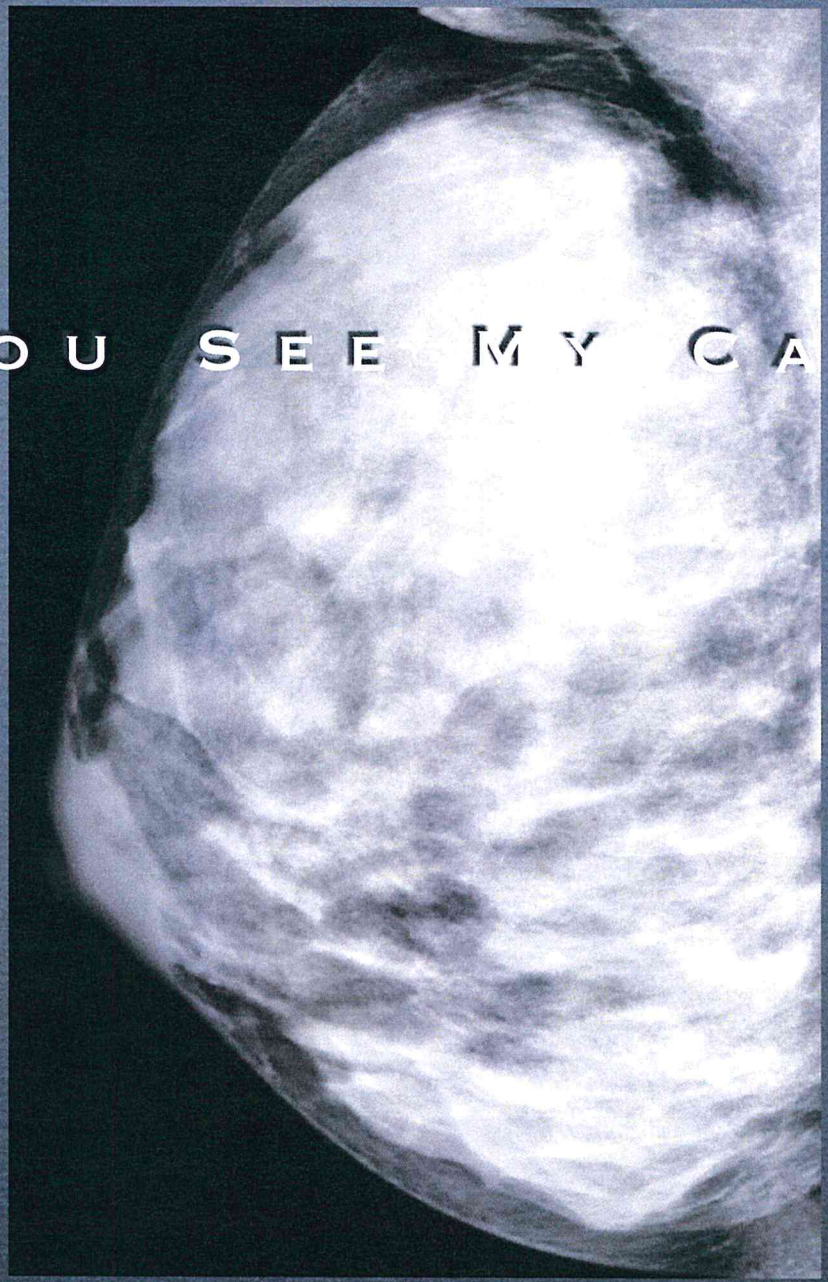
Cancer

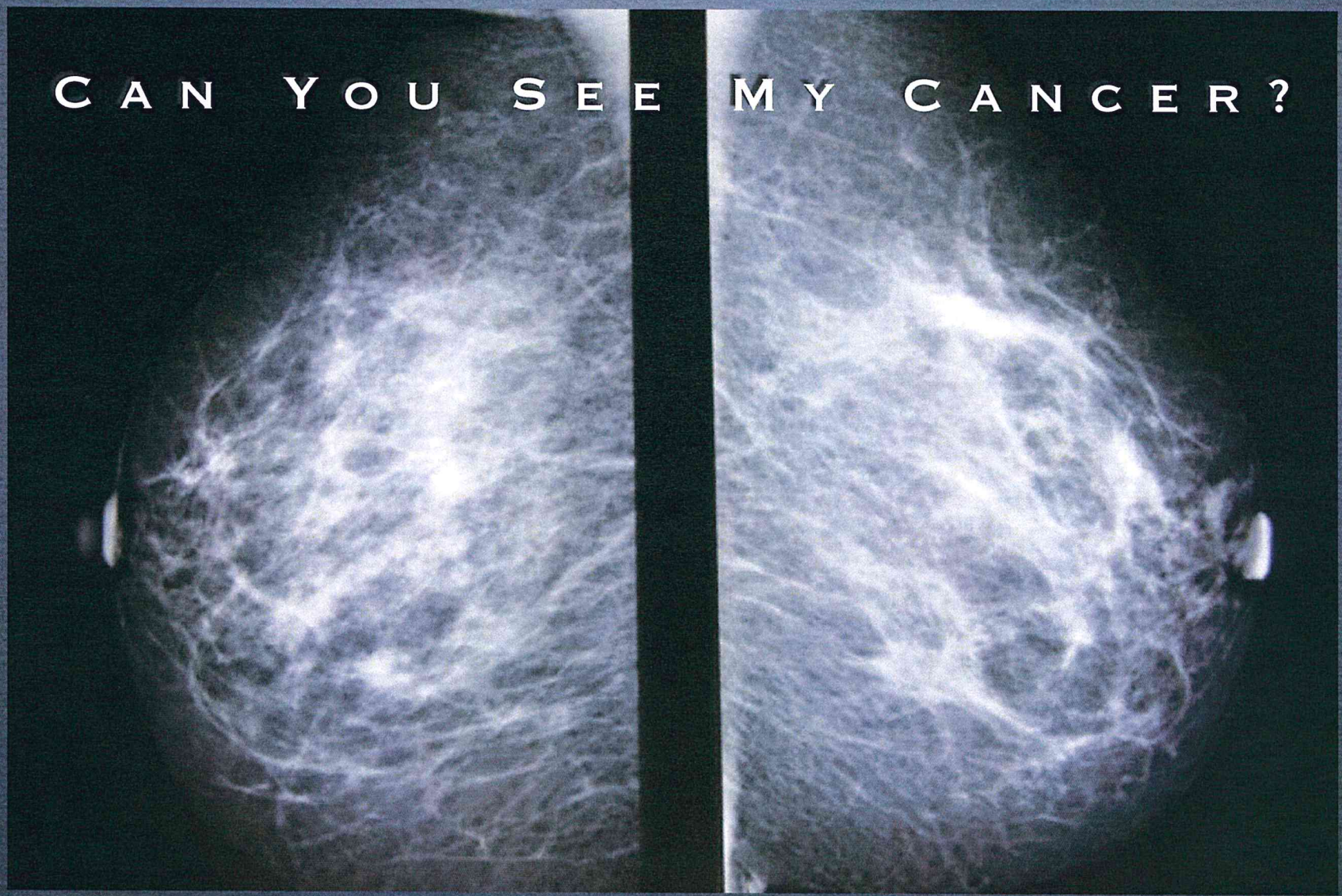


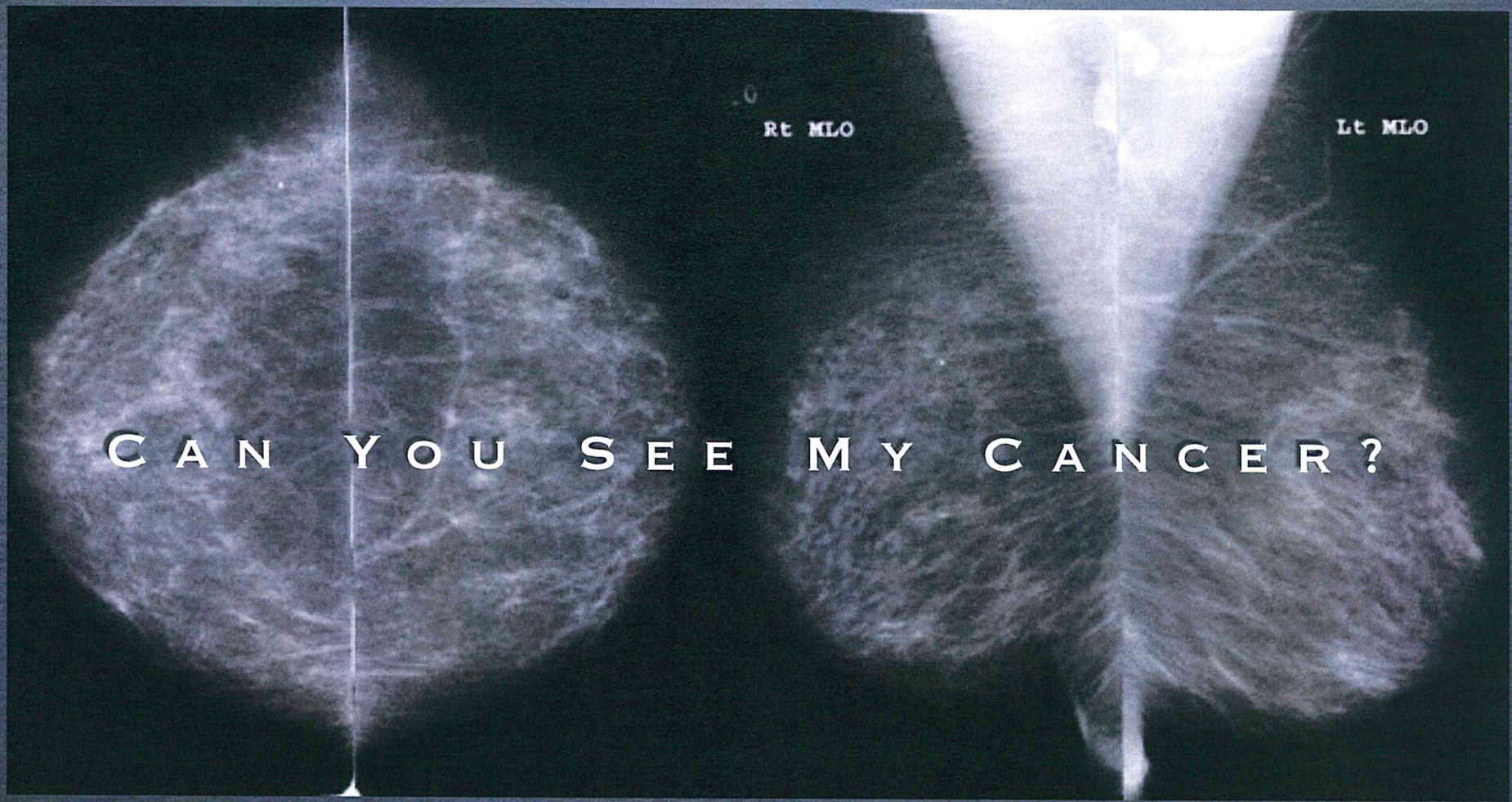

RML
LML
CAN YOU SEE MY CANCER?

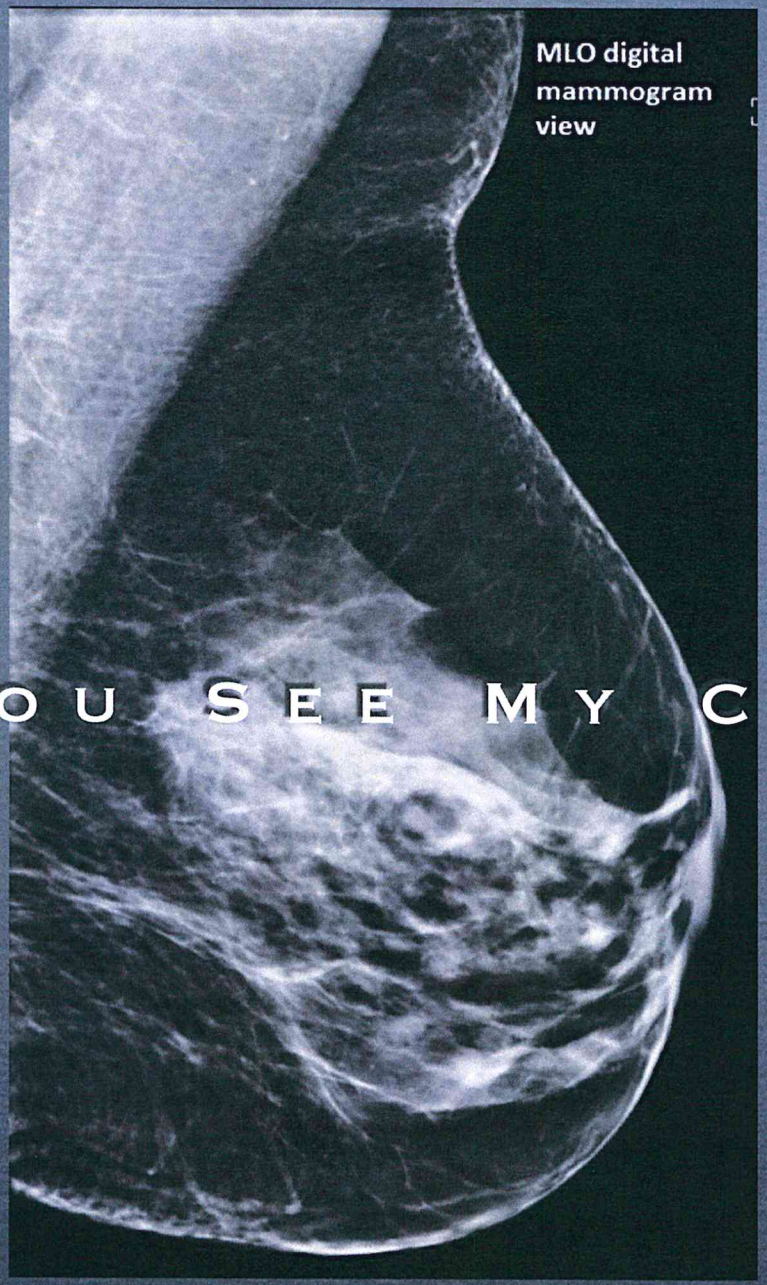

CAN YOU SEE MY CANCER?

Can You See My Cancer?




CAN YOU SEE MY CANCER?


Rt MLO
Lt MLO
CAN YOU SEE MY CANCER?



CAN YOU SEE MY CANCER?

Mammography

What is a Mammogram?

A mammogram is an X-ray of the breast. It is the best screening tool we have today to find breast cancer early, when it is most treatable. It can find breast cancer when it is very small, even too small to feel. It can also detect calcifications as well as abnormal changes to the skin. Mammography does a good job of finding cancer for most women. However, it is most accurate when used with another screening test called clinical breast exam.

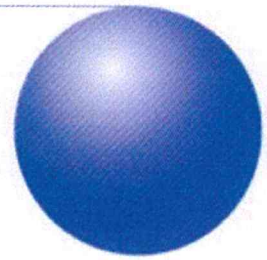
Approximate Size of Tumors Found by Mammography

Compared to Commonly Used Coins

Average-size lump found by yearly mammogram when past films can be compared.

Average-size lump found by first mammogram.

Average-size lump found by accident.



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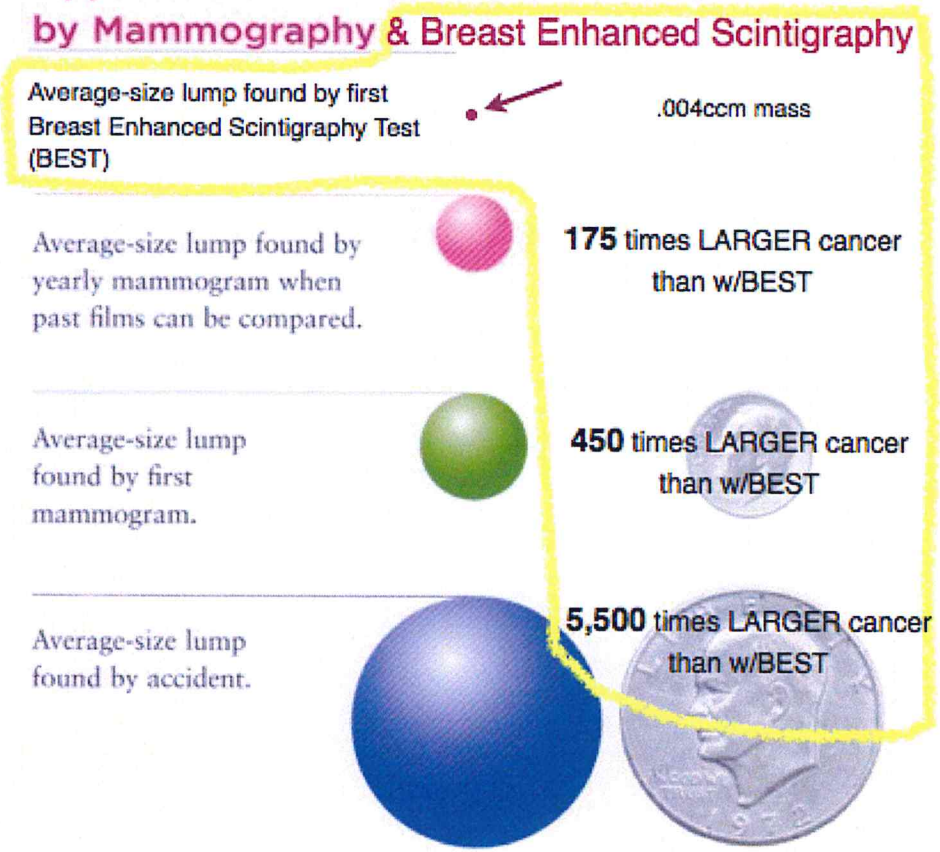
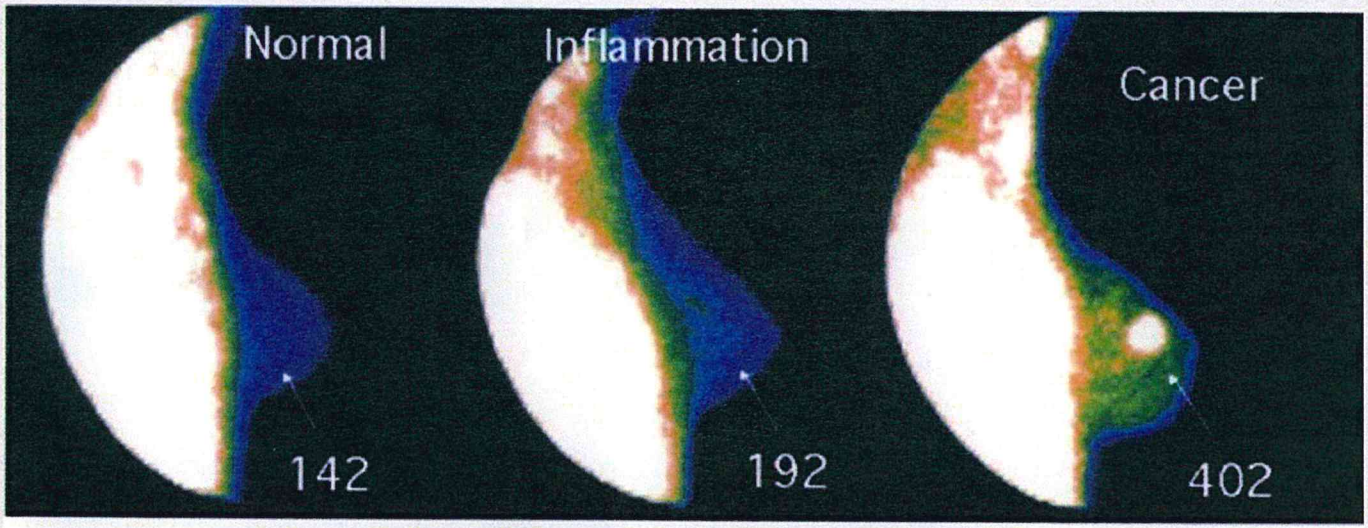
Approximate Size of Tumors Found by Mammography & Breast Enhanced Scintigraphy

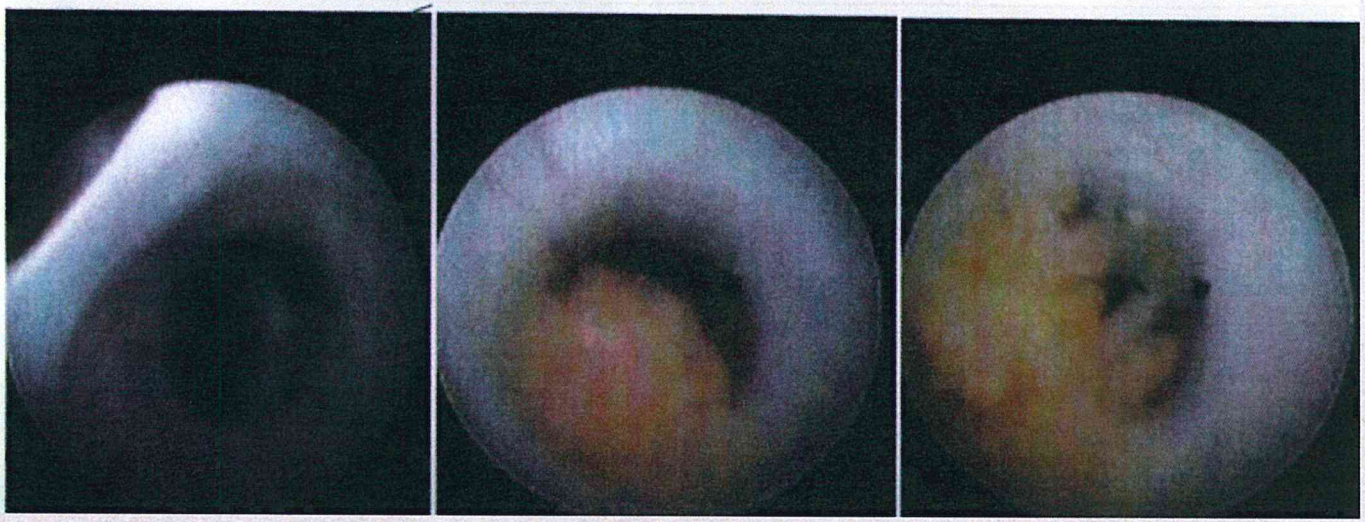


BEST

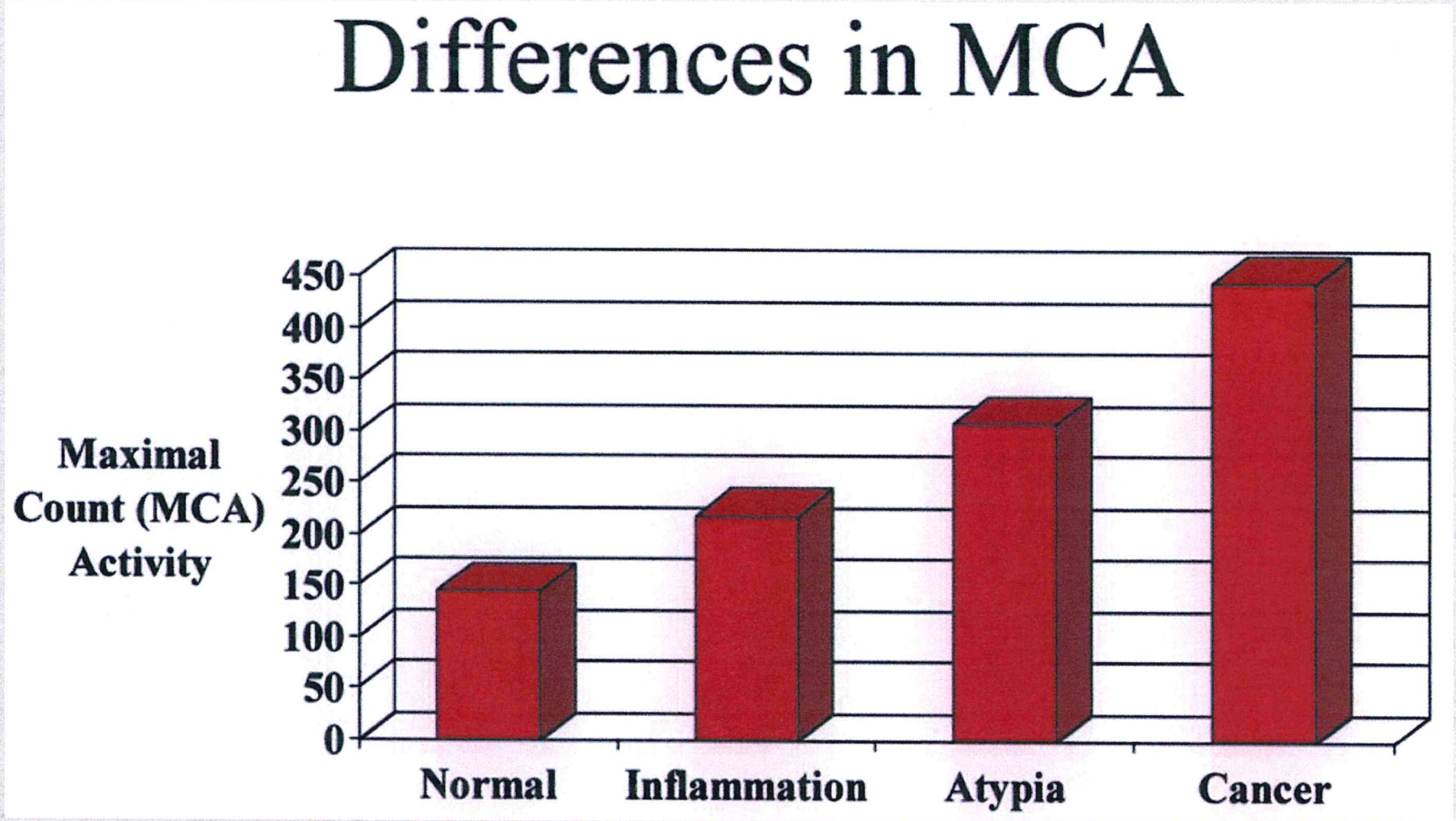
99.9% accurate
Effective for dense breasts and implants
Screens and **diagnoses** instantly & simultaneously
Non-invasively diagnoses cancer
Identifies cancers as small as **2mm** diameter
Quantitatively diagnoses cancer
Tests **entire chest**
Diagnoses **PRE-cancer**
Breasts exposed to **1/3 of the radiation** of mammography
Utilizes FDA approved gamma cameras & radio-isotopes
FIVE peer-reviewed, clinical studies: 995 women & 2 men
Endorsed by a leader of Nuclear Imaging for breast cancer screening

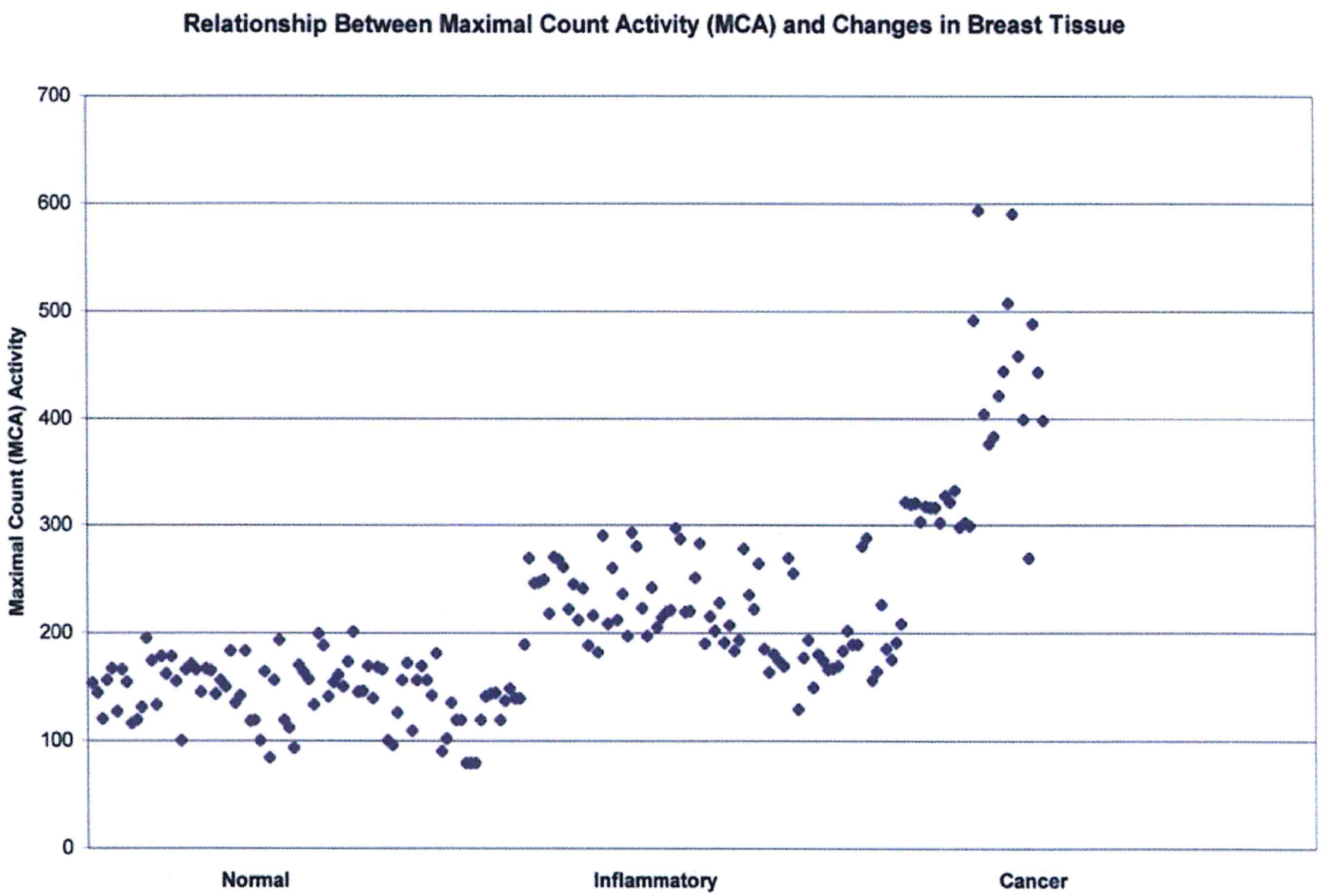
Quantitative Diagnosis



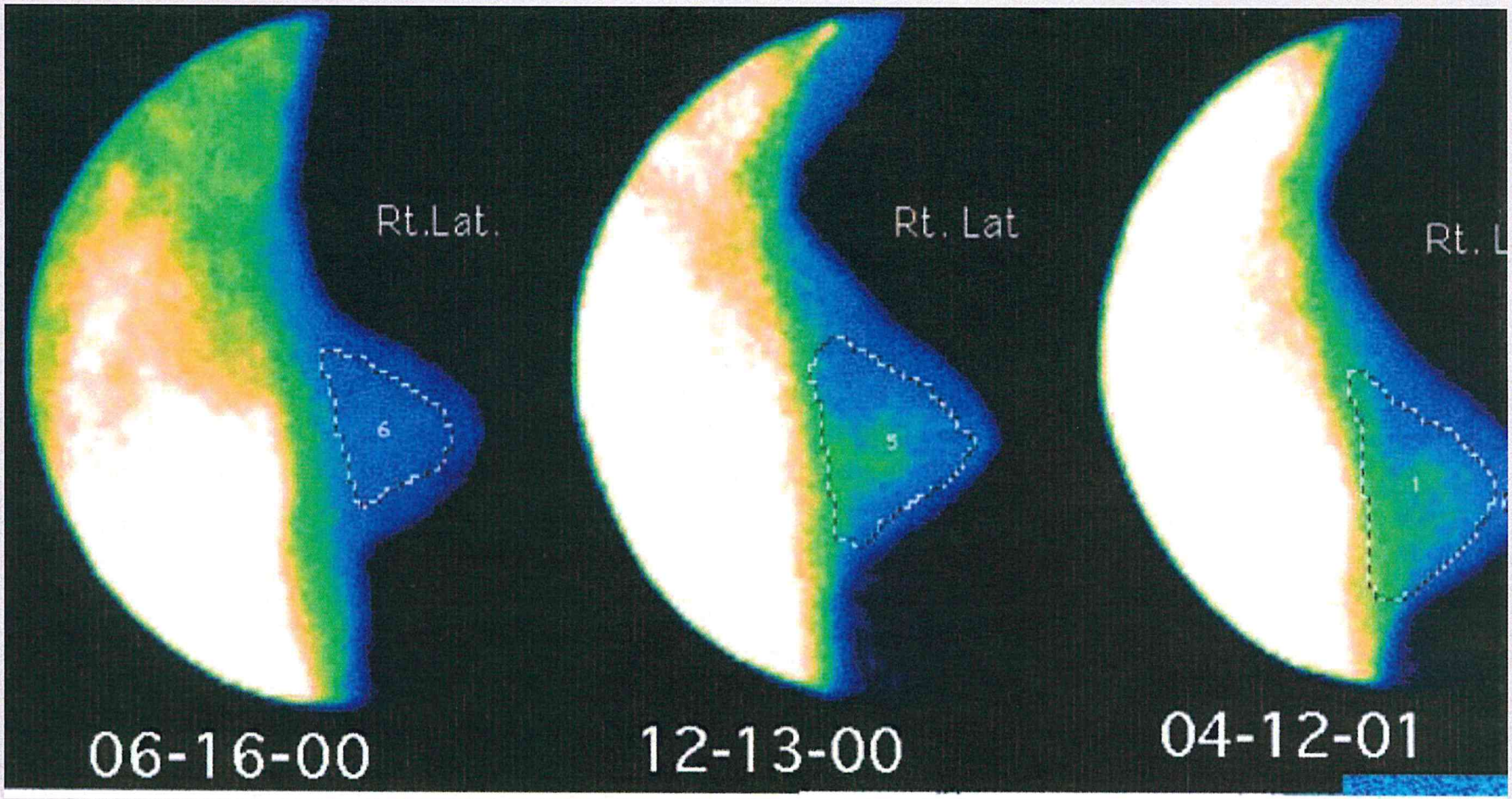


Normal---PreCancer---Cancer




Relationship Between Maximal Count Activity (MCA) and Changes in Breast Tissue
Maximal Count (MCA) Activity
700
600
500
400
300
200
100
0
Normal
Inflammatory
Cancer

Pre-Cancer



Expert Endorsement

- "The first/only opportunity to study pre-cancer in women... BEST could enable us to ERADICATE cancer." (Dr. William Dooley, Director; Breast Health Center of Oklahoma)

- "BEST is a game-changer... could replace mammography altogether, within a few years... most promising method for detecting breast cancer in my 40-year career as a radiologist specializing in breast cancer..." (Dr. Iraj Khalkhali, Director of Radiology - UCLA)

Contact Info

Chad Brown

918-767-2676

ChadBrown@OmnificBreast.com

BEST

ERADICATING CANCER...
NOW

The attached document was submitted to the **Washoe County Board of Commissioners** during the meeting held on May 12, 2015.

by Chad Brown, Omnific-Brest, LLC

for Agenda Item No. 8

and included here pursuant to NRS 241.020(7) as amended by AB65 of the 2013 Legislative Session.

Dear Mr. Brown,

Three weeks ago, I received devastating news. Because of the extenuating cases of cancer in my family (breast, ovarian, kidney, thyroid, prostate), my doctor, Tracy Delaplain, requested that I undergo genetic testing. My sister and I suspected that we carried the BRCA1 gene, but the results were even more mind-blowing: not only do I carry the BRCA1 gene, but I also carry CHEK2, which is equally as bad. My chances of developing breast cancer with just the BRCA1 gene are extremely high (87%, studies suggest); with CHEK2, my chances double. How do you double 87%?

I have now seen three doctors, and they have all suggested that I have a bilateral mastectomy. I'm a very healthy 55-year-old *woman* who needs to undergo a procedure to cut off her breasts - and a distinctive feature of women is *breasts*; regardless, I have been told I will have three options: 1) four times a year, have alternating mammograms and MRI's, and hope to detect cancer early, 2) have the bilateral mastectomy and have implants put in, or 3) have my breasts removed, with no reconstruction. Until I spoke with you, I'd pretty much resigned myself to having the surgery and the implants, then being strong, like Angelina Jolie.

At 35, I had a hysterectomy, because my mother (who died at 56 from ovarian cancer) and her doctor, made me *promise* that I would do so as soon as I was certain that I was not going to have another child. Though I know it was a good decision with what information was available at the time, obviously it was very invasive surgery, as well as costly. I've been anxious in my 50's, as both my mother and her sister died within a year of each other with ovarian cancer. My maternal grandmother had cancer three times (breast, thyroid, and colon); then colon cancer finally got her at 72.

For the past few months, I have seen more physicians than I've ever seen in my life. I've had a mammogram, a colonoscopy, and ultrasounds of both my thyroid and my kidneys. I've had blood drawn on multiple occasions. Next week, I'm scheduled to meet with two surgeons: one who will biopsy nodules on my thyroid, and the other who will tell me the procedure for cutting off my breasts. For an extremely healthy person, I feel like I'm playing some macabre game of Roulette - which "scan" is going to find something wrong? I'm afraid. I'm waiting for the other shoe to drop. I'm waiting for *cancer*, because I know it's coming for me. I've been a puddle of tears for the past three weeks, but I decided I'm one tough cookie, and *cancer* is NOT going to get ME. I've cursed, I've prayed, I've imagined. I have a wonderful husband, and two sons, who are not yet married. I want to celebrate more than the 30 years we've been married,

BCC 5-12-15 #8
Chad Brown

and darn it, I want to see my future grandchildren. I want to enjoy teaching my 7th and 8th graders for the next several years.

The doctors tell me my biggest worry is breast cancer. I've been told that if I do not choose to have the bilateral mastectomy, I should go in four times a year for alternate mammograms and MRI's; but even then, a tumor would have to be fairly large for either to pick up.

And then, suddenly, I hear of possibilities. I hear of Breast Enhanced Scintigraphy Testing. I hear of innovative technology that could save me from having a serious, invasive surgery. I hear of ways to have a much earlier diagnosis of a tumor than a mammogram. I feel HOPE.

Mr. Brown, I want to knock breast cancer on its heels. I want it gone. If BEST has a chance of detecting that I may have pre-cancer or cancer, which a mammogram would show much later, if at all, I *want* it. I want all women to have a better way of detecting such a horrific disease. I want the Breast Enhanced Scintigraphy Test *now.*

I would be more than willing to undergo whatever it takes to have this test. I've become a pro at filling out massive amounts of paperwork, and I'm willing to allow my results to be shared with whomever; and I have to admit it, I'm thrilled that it's a single, non-invasive test.

I look forward to hearing from you soon. Could you make it *really* soon?

Sincerely,

Suzy S.
Reno, NV

Good morning Chad,

Thank you so much for the information about the B.E.S.T. study. **I am very interested in taking part in the study.** Each time I have my mammogram, I am told that I have dense breast tissue. Last year, my doctor thought she felt a lump which resulted in additional tests including an ultra-sound of my breast. Additionally, I have a very significant family history of not only breast cancer, but ovarian, prostate, kidney and colon.

My sister just received genetic testing results that read positive for the BRCA 1 gene and also a mutation in a gene known as Chk2. Both increase the risk of breast cancer, and doctors are recommending that she have a preventative double mastectomy. I have had my genetic testing and will receive my results back in two weeks. If positive, my doctors will also suggest this surgery. And, as my geneticist has told me, even if my tests results are negative, she would still worry about my likelihood of developing cancer based on my family history.

I would truly like to be a part of this study. If there is even a small chance that this test could detect breast cancer sooner than the typical mammogram, and in the earlier stages, I am all in! **Being a part of this study may allow both my sister and myself to save our breasts and not have to go through very invasive surgery.** Obviously, time is of the essence. **The quicker we could take part in this study – the better!** I have sincere hope in this , not only for me, my sister, two daughters and two nieces, but for ALL women! Thank you again for your time.

Sincerely,
Julie D.

Pinocchio's MOMS ON THE RUN
RENO, NEVADA

Supporting local women in treatment
for breast and gynecological cancers

Dear Northern Nevada,

Fifteen years ago my husband and I founded Moms on the Run (501.c3) as a tribute to my sister whose life was taken by breast cancer. Our mission is to help patients and their families bear the exhaustive costs of fighting breast cancer and other gynecological cancers. Today our grass roots efforts have raised more than $3,000,000 for the men and women of Northern Nevada and I am proud to say 100% of the funds stay in our local community.

For these reasons and more, Moms on the Run is proud to support Breast Enhanced Scintigraphy Testing (BEST). If this non-invasive diagnostic test performs as well as indicated by five peer-reviewed, published studies of nearly 1,000 women, it could set a new standard for healthcare. This test could soon save thousands of lives and millions of dollars right here in Northern Nevada. We are excited about the way this test may empower women to diagnose their cancer earlier when it is smaller and more treatable. Perhaps even most exciting is the BEST test may diagnose pre-cancer, giving women even more leverage over the disease. The ramifications of such a test are profound. The opportunity to begin helping our local patients and their families with such a powerful, simple, and relatively inexpensive test is so compelling that we chose to pitch in and support BEST testing in our community.

Moms on the Run is donating up to $10,000.00 to help bring the BEST test to a small group of local women. Our hope is that the results of this testing and the stories will help inspire, educate and empower others to try this new test. We can only imagine what the success of such a simple and powerful test may mean for the women of our community.

Please join us. Sponsor a woman today and help us bring the BEST test to the patients who need it.

Yours truly,

Barbara Pinocchio

Barbara Pinocchio, Founder
Moms on the Run

5995 So Virginia St., Reno, NV 89502
www.MomsOnTheRun.info
775-826-8117

March 13, 2014

Endorsement for Breast Enhanced Scintigraphy Test ©
(a.k.a. BEST)

In 14 years as the Chief of the Breast Imaging Section, and the Director of Outpatient Radiology Services of Harbor-UCLA Medical Center, I have yet to see a more promising method for detecting breast cancer, than Breast Enhanced Scintigraphy Test - BEST. Over my 40-year career as a radiologist, a researcher and a professor, I have seen many protocols come and go, yet; breast cancer is still the number two cancer facing women today. Roughly a quarter-million women will be diagnosed, and over 30,000 American lives will be taken by breast cancer, this year. BEST seems to have everything for which we are looking. It combines screening with diagnosis in a single, non-invasive test. BEST takes only about 25 minutes and exposes the subject to less than 1/2 of the radiation than typical mammography. Unlike mammography and sonography, BEST identifies tissues (including cancer and pre-cancer) by their the metabolism, not their anatomy, and it does so... quantitatively. Combine all this with studies indicating BEST may operate with nearly 100% accuracy, even with women with dense breasts or implants, as well as its ability to identify masses as small as 2mm in diameter; and we may have a game-changer in the fight against breast cancer. If it works as well as studies indicate, within a few years BEST could replace mammography altogether.

As a metabolic differentiator of tissues, BEST promises to go one step further, as it non-invasively diagnoses PRE-cancer, as well as cancer. This will enable studies to determine better methods for treating cancer... before it even becomes cancer. For these reasons, BEST may be the best tool we have ever had in the eradication of breast cancer.

I wholeheartedly endorse the Breast Enhanced Scintigraphy Test - BEST. I look forward to utilizing it myself to save lives, here at Harbor-UCLA Medical Center.

Iraj Khalkhali, M.D., F.A.C.R.,
F.A.C.N.M.
Professor of Radiological Sciences
David Geffen School of Medicine at UCLA
Director, Breast Diagnostic Center

Harbor-UCLA Medical Foundation
21840 South Normandie Avenue
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Torrance, CA 90502
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Email: irajkhalkhali@gmail.com

18 April 2014

Endorsement for Breast Enhanced Scintigraphy Test ©
(a.k.a. BEST)

Throughout my 65-year career in scientific research, including professorships at five distinguished universities and colleges, I have published more than 80 times, including books, reviews and studies. Additionally, for many years I have served as a referee for eight scientific, peer-reviewed journals. With a comprehensive understanding of the elements of quality scientific research, I reserve my highest recommendations for a select few clinical studies.

Dr. Richard Fleming's five clinical studies involving Breast Enhanced Scintigraphy Test (BEST) are among the highest caliber studies I have had the pleasure of reviewing. The science is sound. The methods are impeccable and reproducible. The sampling is statistically significant. I confidently endorse these studies.

Peer-reviewed clinical studies published in Integrative Cancer Therapies (2002 & 2003):

1. ***Breast Enhanced Scintigraphy Testing Distinguishes Between Normal, Inflammatory Breast Changes, and Breast Cancer: A Prospective Analysis and Comparison With Mammography.***
2. ***Mitochondrial Uptake of Sestamibi Distinguishes Between Normal, Inflammatory Breast Changes, Pre-Cancers, and Infiltrating Breast Cancer.***
3. ***Are There Differences in Breast Tissue as a Result of Hormone Replacement Therapy? Can BEST Imaging Distinguish These Differences?***
4. ***Do Women Taking Hormone Replacement Therapy (HRT) Have a Higher Incidence of Breast Cancer Than Women Who Do Not?***
5. ***What Effect, If Any, Does Soy Protein Have on Breast Tissue?***

More importantly, Dr. Fleming's research suggests B.E.S.T. is unequalled in breast cancer diagnosis. Among its advantages, BEST is low-cost, non-invasive, quantitative, accurate even with dense breasts and implants, and has a lower radiation exposure than mammography. If it were available to women today, BEST could save tens of thousands of lives this year alone.

Breast Enhanced Scintigraphy is the best chance we have at completely eradicating breast cancer. This is why I volunteered to serve on the Advisory Board. Please join me to get BEST to the women who need it... TODAY.

Gordon M. Harrington, Ph. D.
Yale University
Post-Doc Harvard University
Distinguished Scholar and
Professor Emeritus

University of Northern Iowa
3720 Village Place
Waterloo, Iowa 50702-5848
Tele: (319) 291-8535
Fax: (319) 291-8324
Email: Gordon.harrington@uni.edu

University of Nevada, Reno

Department of Biochemistry
and Molecular Biology

Chad

2015 will mark my 50th year in the field of biochemistry, specializing in cancer research. This spring I will step down from the positions of Associate Director of the Nevada Agricultural Experiment Station and this past spring I stepped down as the interim Dean of the College of Agriculture, Biotechnology and Natural Resources at the University of Nevada at Reno, in order to focus on research.

During my tenure in cancer research, I have witnessed an exciting half-century of evolution in our understanding and treatment of cancer. My own studies have focused on discovering new anti-cancer agents in natural products, such as a novel chemical called hypericin which comes from plants in the Hypericum genus, like Saint John's Wort and nor-dihydroguaretic acid from Larrea Tridentata, the creosote bush. More recently, my lab has focused on nutritional intervention with omega-3 fatty acids in the treatment of cancer which has led to some very exciting discoveries that includes decreased malignant cancer growth, enhanced responsiveness to chemotherapy and radiation treatment and decreasing toxicity to the host animals. These laboratory findings are in need of clinical verification.

As a scientist engaged in cancer research, I am pleased to endorse the Breast Enhanced Scintigraphy Test (BEST). The five clinical studies that I've reviewed involving BEST demonstrate sound and reproducible science. Further, the potential applications of Breast Enhanced Scintigraphy Testing are exciting and wide-reaching. As a non-invasive, quantitative diagnosis, BEST in my opinion offers unprecedented opportunities for cancer early detection, treatment and research.

The Breast Enhanced Scintigraphy Test is a non-invasive, quantitative diagnosis method for Pre-cancer verification. This technology would enable research scientists to explore new cancer prevention and treatment strategies in a clinical setting in a non-invasive way. This would enable direct comparisons of normal breast tissue responses with pre-cancerous breast tissue and carcinoma responses during treatment. Furthermore, BEST will allow us to quantify the size and degree of precancerous inflammation in women's breasts, and to do it non-invasively. This means we can explore new strategies to prevent the progression of inflamed breast tissue into full cancer. The expectations are that we will develop new strategies to prevent cancer development. In addition, BEST will allow us to directly monitor cancer responses to treatment regimen, thereby enabling physicians during the course of treatment to make mid-course corrections, adapting treatment based on the cancer's response to the therapy. This direct monitoring with BEST will very likely improve patient outcome and well-being. Therefore, I am pleased to endorse the BEST protocol and look forward to using BEST in my research.

Sincerely,

Ronald S. Pardini
Professor and Associate Director

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