Cancer Profile™© or CA PROFILE™©

The ***Profile*** is composed of SEVEN tests:

HCGx2: human chorionic gonadotropin, IMM, the pregnancy hormone and "malignancy hormone," by Dr. Schandl, the Autocrine Proliferating Factor (APF)
HCG (IMM): a sensitive test for the nicked beta subunit, beta subunit, beta core, nicked dimer, glycosilated, and the intact HCG dimer.
HCG-Urine: a quantitative assay is now available that may give similar results as the HCG (IMM). However, it is not recommended to substitute serum for urine sample. **HCG-Urine by itself is insufficient for evaluation, "diagnosis", "prognosis."**

PHI: phosphohexose isomerase, the enzyme that regulates anaerobic metabolism and is a neurokine, the Autocrine Motility Factor (AMF, malignancy promoter).

CEA: carcinoembryonic antigen, a broad spectrum cancer antigen.

GGTP: gamma-glutamyltranspeptidase, a most sensitive enzyme for monitoring the liver and bile system. The liver is the chief detoxifying organ and it is often abnormal in malignancies and cytotoxic therapies.

TSH: thyroid stimulating hormone, can detect high or low thyroid activity, (when it is low the thyroid is over active and when it is high the thyroid is under active). Many cancer patients and those who are developing cancer or receiving cytotoxic therapies are hypothyroid.

DHEA-S: dehydroepiandrosterone sulfate, the adrenal "anti-stress, pro-immunity, longevity hormone," according to Dr. Schandl. Most cancer patients, and those who are developing cancer, have low serum DHEA levels. It is low in case of adrenal exhaustion. DHEA participates in T-cell formation.

The HCGs, PHI and CEA are the actual tumor markers or cancer markers. The other three are peripherally but intimately related.

HCG can be elevated in an existing cancer, stress that is leading to cancer or in a developing cancer in some instances as many as 10-12 years before an actual tumor could be detected by any other method. Normal levels are less than 1.0. GRAY ZONE, i.e. a less certainty zone may be 1.0-3.0. Results above 3.0 should be more seriously considered. Remember, a positive or suggestive result does not necessarily mean an existing cancer but perhaps a developing cancer. It is known that it may take 10-12 years for cancer to manifest, HCG or PHI elevation may indicate that an individual may be anywhere in this time range.

PHI can be elevated in a developing cancer, existing cancer, acute heart, liver, muscle disease, acute hypothyroidism or acute viral infection. Examples of these acute conditions are myocardial infarction, hepatitis, AIDS, and traumatic muscle injury. If an acute condition can be ruled out, cancer may be the cause of the elevated result and the 10-12 year cancer development clock may be ticking. This enzyme is also the human AMF, which causes cell motility (i.e. malignancy/spreading factor). PHI inhibits HERCEPTIN. Normal results are less than 34.0; however, in an established malignancy a change even within normal range could be significant.

The HCG and PHI tests are well accomplished as tumor markers in the scientific literature, yet, not approved for that purpose by the FDA. HCG and PHI may be alternatively elevated, therefore, it is important to test for both at the same time.

CEA test was originally developed to monitor colorectal cancers. It is actually an excellent non-organ specific cancer marker. It can be elevated in most types of cancers. It is a traditional tumor marker. Normal results are less than 3.0.

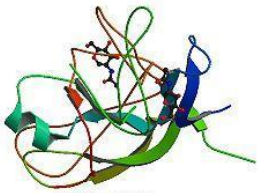
Approximately 40% of the normal population tested gave a "false" positive CA Profile™©. According to national statistics 1 out of every 2.5 individuals will develop cancer in America, i.e. 40% of our entire population. May these 40% "false" positives be the individuals that are unknowingly in the process of developing cancer? If there are no signs/symptoms and there are elevated markers, serious preventive measures should be taken.

It must be noted that, even though the CA Profile© is the best of its kind, giving positive results in 87-97% established cancer cases, a pathologist does the final diagnosis on tissue/cell biopsy analysis. The CA Profile™© is an excellent adjunct.

PSA test is an excellent marker for benign or malignant prostate problems. When the results are over 3.0, it is a good practice to also perform a Free-PSA test to distinguish between benign and malignant states. In order to rule out malignancy, the Free-PSA should be more than 19.0% if the total PSA is 3.0-4.0, and greater than 24% if the total PSA is 4.0-10.0. The safest results are 1.0 or less.

CA 125 is a traditional marker for **ovarian cancer**,
CA 15.3 (27.29) is a traditional marker for **breast cancer**, and
CA 19.9 is a good, traditional, specific marker for **gastric** and **pancreatic cancer**.

Understanding your HCGs & PHI Tests Results



HCG-ß by PDB/ lhcn

A POSITIVE HCG (the autocrine proliferating factor, APF) TEST RESULT
may detect the following:

1. pregnancy,
2. malignancy,
3. some pituitary production due to an ***HCG-Like Substance*** (HCG-LS) that may occur in peri- and postmenopausal women, some older men, and
4. in nonspecific heterophile serum test reaction.

HCG-IMM SERUM	HCG-URINE	*Interpretation*
-	-	Negative
+	-	Positive**
-	+	Positive**
+	+	Positive**

Total HCG = Serum + Urine

*****May contain HCG-LS.***

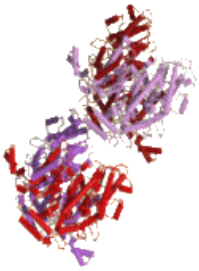
- IMM (chemiluminescence assay) serum and urine methods test results generally confirm the validity of each other.
- HCG-Urine (chemiluminescence assay, sensitivity same as the serum test) will eliminate no. 4 above and may further confirm the results of the IMM serum test.
- A positive HCG-U test may be *essential and confirmatory criterion* of the biological reality of the true presence of the hormone.
- *However, the IMM test enumerates the amount of total, and all other molecular forms of HCG in the blood, including tumor generated intact, beta and beta fragments, and pituitary HCG-LS species. Therefore, it is strongly advisable to perform the two HCG tests.*

If suspecting the presence of pituitary HCG-LS hormone, an FSH/LH test may be ordered. According to literature, elevated FSH/LH can be corrected by the administration of *HRT for* 3 weeks. Consequently, the ***HCG-LS*** should clear out of the serum. If HCG is still present, it may well be generated by an existing or developing tumor.

HCG and HCG-LS (50% active) hormones are immune suppressive, angiogenesis enhancers, and apoptosis inhibitors capable of initiating and/or stimulating *de novo* DNA, RNA, protein synthesis. Tumor generated HCG is produced by trophoblasts under anaerobic cellular conditions. In this respect, it is similar to the PHI enzyme, a.k.a autocrine motility (malignancy) factor.

A POSITIVE PHI (the autocrine motility factor, AMF) TEST RESULT
may detect the following:

1. acute heart, liver, muscle disease,
2. acute hypothyroidism,
3. acute viral infection (e.g. HIV, Hep B or C),
4. pregnancy?,
5. developing cancer (years before a diagnosis),
6. existing cancer.



Phosphohexose Isomerase/Autocrine Motility Factor
www.biochem.ucl.ac.uk/bsm/ljiq/main.html