

Patient Józef K, aged 74

**29/03/2019**

CT chest without and with contrast University Clinical Center in Gdańsk, Thoracic surgery clinic

Description:

The right lobe of the thyroid gland is enlarged with irregular echogenicity and features of enhancement after contrast administration. The pole of the right lobe extends behind the sternum.

A large, well-circumscribed, irregular, peripheral pathological mass of a hyperplastic nature is visible in the segment. 6 left lung. Bump dimensions 49mm x 43mm x 34mm.

Package of enlarged lymph nodes under the division of the trachea, 38 mm x 22 mm. Numerous lymph nodes in the left hilum - max. Up to 5 mm x 25 mm in diameter.

Single lymph nodes in the right pulmonary hilum up to 18 mm in diameter.

Paratracheal nodes up to 11 mm in diameter.

No pathological changes in the ribs were visible during the examination. The image of both adrenal glands is normal.

Conclusions: Tu pulmonis sin T2 N3. Right retrosternal cervical goiter. I

have been taking BioMarine since March 2019.

**9/04/2019**

First telephone consultation from the siteclient's wife.

Dosage of BM1140 in a patient with lung cancer (after the first chemotherapy) has already purchased the product - 15 capsules were recommended, and after using the preparation, switch to BioMarineMedical at a dose of 50 ml per day. It was reported that the procedure was carried out at the hospital. Copernicus oncological examination.

**12/04/2019**

PET-CT Specialist Hospital in Prabuty

Description:

*Head and neck:*

On the left side of the neck there are two metabolically stimulated lymph nodes - most likely secondary:

- in the area of the left angle of the mandible, dimensions 24 x 23 mm

- backwards from the upper left section of mMOS, dimensions 15x14 mm

In the subcutaneous tissue of the nuchal area, at C7, slightly to the right of the midline, there is a metabolically active focal lesion measuring 38 x 27 mm - metastasis.

In the upper pole of the right lobe of the thyroid gland, a metabolically active nodule 7 x 5 mm - used to differentiate between a benign or malignant lesion of the thyroid gland and a secondary lesion.

*Chest:*

In page 6 of the left lung, there is a metabolically active tumor measuring 55x49mm; previously 49 x 43 x 34 mm

- growth process. The lesion connects with the pleura of the posterior chest wall with thin projections.

Active metabolically nodes absorbent — secondary:

- left pulmonary hilum, the largest measuring 28 x 19 mm

- subsacral package with dimensions 47 x 26 mm

- right pulmonary hilum, dimensions 13 x 9 mm.

Otherwise, the picture of glucose metabolism is

normal.

Medially from the dominant lesion in p. 6L, paraspinally, a metabolically inactive nodule measuring 10 x 7 mm; morphologically as before - most likely benign.

Additionally, there were single, metabolically unstimulated, micronodular lesions in both lungs.

*Abdominal cavity and pelvis.'*

In segment II of the liver, there is a metabolically active, hypodense lesion measuring 25 x 17 mm - secondary. Similar, smaller in the V segment, 13 x 10 mm.

In spaceretroperitoneal, para-aortic, medial to the right adrenal gland, metabolically active lymph node 20 x 12 mm - metastatic.

In the left adrenal gland, a metabolically active nodule of Sr. 12 mm - most likely

secondary. Moreover, the picture of glucose metabolism was normal, also in the right adrenal gland.

Aneurysmal dilatation of the abdominal aorta above the division, to the extent of 47 x 44 mm.

*Other.'*

Metabolically active skeletal lesions, without clear representation in the corresponding CT scan — metastases: in the neck of the right scapula; in the T12 body, in the L2 body, in the L4 body, and in the left iliac bone plate, two lesions.

**Conclusions:**

The PET image corresponds to the presence of a metabolically active proliferative process in the tumor in the lower lobe of the left lung, with involvement of the lymph nodes in the pulmonary hilum and mediastinum on both sides and the left side of the neck, and with metastases: to the subcutaneous tissue of the nuchal area, the skeleton, the liver and the left adrenal gland.

An unclear focus of an active process in the right lobe of the thyroid gland - for further evaluation to differentiate between a functional and hyperplastic background (primary or secondary).\

Compared to the previous CT scan, there were signs of morphological progression.

**2/07/2019**

CT of three anatomical areas

Description:

*Chest.*

There is no air in the pleural cavities.

In the right lobe of the thyroid gland heterogeneous focal lesion 30 x 29 mm - gland? other?

In segment 6 of the left lung, there is a vaguely contoured pathological solid mass measuring 54 x 27 x 53 mm with thin protrusions connecting with the pleural plaque of the posterior chest wall.

A small, non-specific nodule, 3.3 mm in size, peripherally in segment 6L, a clearly smaller and less saturated secondary focal lesion in the paravertebral column, currently 4.3 mm in size. No other focal lesions were visible in the left lung.

The right lung was unchanged. A few small true bullae in the right lung,

In the left hilum there was a hypodense (with disintegration) lymph node measuring 14 x 11 mm. In the right pulmonary hilum there is a small 5.6 mm node with calcification.

In the mediastinum, a subcarineal lymph node measuring 18 x 8 mm.

The bronchial tubes are patent.

Conclusions: Partial clear regression of the main lesion in the left lung and lesions **nodal**.

*Abdominal cavity and pelvis:*

In segment 2 of the liver, there is a subcapsular hypodense lesion measuring 10 x 9 mm, similar and smaller in segment V, measuring 7 mm - meta? Apart from that, the liver had no focal changes and no cholestasis.

Correct image of the gallbladder, spleen, pancreas, adrenal glands and kidneys.

There are no enlarged lymph nodes visible in the retroperitoneal space, intraperitoneal space or in the pelvis.

Aneurysmal spindle-shaped dilatation of the abdominal aorta distally below the origin of the renal arteries to the level above the division, to be mentioned. 47 x 44 mm, with a circular mural thrombus 11 mm thick.

No free fluid was visible in the abdominal cavity or pelvis.

Pathological changes of the L2 body with lowering of the collapsed superior endplate. Abnormal focus in the shaft of TH12.

**13/08/2019**

The customer left information in the form of a ticket.

I am suffering from small cell lung cancer and undergoing 5 rounds of chemotherapy. During the entire cycle I took the liquid biomarina preparation. Research shows that the cancer has largely regressed. I still have good blood results, appetite and generally, apart from a few days after chemotherapy, I feel good. I am currently buying 5 series of "bottles". Should I take the preparation during the planned exposure? and is it 50ml/day? Low bows - After prior consultations with his wife, the client has been using 50 ml of BioMarine Medical daily since April.

It was recommended to continue using the product and, depending on the body's condition, adjust the dose between 25 and 50 ml. The customer ordered another 8 bottles of the product.

**10/2019**

Telephone consultation by the patient's wife.

The patient is in good general condition, regression of changes, planned radiation. The client promised to send the documents. The amount of BioMarineMedical used was set at 26 ml per day during radiotherapy, with the possibility of returning to 50 ml if necessary.

**28/10/2019**

CT of three anatomical areas

Description:

Lungs - very good regression of tumor size in segment 6 of the left lung. Its transverse dimension decreased from 45 mm to 17 mm. The tumor volume is more than 10 times smaller than before chemotherapy. Additionally, a satellite paravertebral tubercle with a diameter of 9 mm also regressed completely in the 6PL segment.

No other focal changes in the lungs were visible.

There are no enlarged lymph nodes in the mediastinum or free fluid in the pleural cavities.

The enlarged, heterogeneous right lobe of the thyroid gland extends behind the sternum as before. The image of the parenchymal organs of the abdominal cavity and kidneys is normal

Both adrenal glands - without changes

No retroperitoneal or intraperitoneal lymphadenopathy is visible.

Abdominal aortic aneurysm as before - width 46 mm

No pathological focal changes in the bones are visible

Conclusions: Very good tumor regression in segment 6 PL after chemotherapy.

**23/11/2019**

A letter from the patient's wife.

"Only now, following our conversation a dozen or so days ago, have I decided to send my husband's current documents. I think that the key are the CT results, which arouse understandable admiration from doctors. If you decide that you need all the documentation, I will not hesitate to send it, because I think that your preparation is very helpful, as can be seen in the attached documents. 26/11/2019 my husband is starting the stage of radiological irradiation of the mediastinum, we don't know anything yet, neither what dose nor how often. For about two months, my husband has been taking 26 ml of cod liver oil daily. I feel very good. I will keep you informed about the progress."

11/26/2019 - started radiotherapy. 20/02/2020

### **CT scan of three or more anatomical areas after radiotherapy**

Description:

*Chest:*

At the border of the scan, in the nuchal area, a fragment of the residual pathological mass is visible (in this place, in the initial PET examination, a 35x25 mm metastasis) - the current examination does not cover the entire lesion, and a comparative assessment is impossible.

Pleural cavities free of fluid.

Compared to the previous examination, there is almost complete regression of the pathological mass of segment 10 of the left lung - now only the residual fraction is visible, mainly fibrous, up to 17 mm in size - a size similar to the previous examination,

There is also complete regression of the satellite nodule adjacent to the spine. No new focal changes in the lung parenchyma were visible. Lungs without inflammatory parenchymal densities and no changes suspected of viral infection.

The bronchial tree is patent.

Regression of pathological lymph nodes persists in the left lung hilum and mediastinum —now the mediastinal lymph nodes group 7, size up to 8 mm in the short axis - not enlarged, left hilar lymph nodes do not secrete.

Pathological lymph nodes within the axillary and supraclavicular fossae are not visible.

There is no fluid visible in the pericardial sac. Closed left common carotid artery from its origin - as in the previous examination. Nodular change in the right lobe of the thyroid gland - as before.

*Abdominal cavity and lesser pelvis.'*

The liver was not enlarged, without focal lesions and without cholestasis. The regression of secondary lesions in the liver continues, and no new ones are visible.

The gallbladder is thin-walled, without calcified deposits.

The secondary and splenic veins are patent, the spleen is homogeneous and not enlarged.

CT image of the pancreas was normal. A small 5 mm cyst in the right kidney. Apart from that, the kidneys are normal, with no deposits and no signs of urine retention.

Image of both adrenal glands - comparable to the previous CT examination.

Regression of pathological lymph nodes in the abdominal cavity persists.

There were no enlarged lymph nodes or free fluid in the abdominal cavity and small pelvis.

Abdominal aneurysm: 48 mm in the Ap dimension, 49 mm in the bilateral dimension - similar to the previous one.

The urinary bladder is thin-walled, with a 14 mm diverticulum on the left lateral wall.

Prostate gland not enlarged.

Bones without lytic secondary lesions. Lowering the upper endplate of the L2 body - as before.

Intestinal loops without thickening of

the walls. Application:

Regression of the left lung tumor and the satellite lesion in the left lung persists.

Regression of left hilar, mediastinal and epigastric lymphadenopathy persists.

Regression of secondary lesions in the liver and bones persists. No new secondary changes are visible.

### **30/06/2020**

February result letter.

"I am sending you the latest positive CT results - my husband has been taking your preparation since March last year. The next examination is on July 27 this year. Thank you very much"

### **13/10/2020**

E-mail information: "My husband's results are still positive, something very small new has appeared, but the oncologist told me to forget it for now. I didn't send the July results because I simply didn't receive them. The oncologist read them in the system. So I don't have access to them." .

The next test is on November 13 - I will ask for the previous results and then of course I will send them to you. In general, my husband feels good, his appetite is just weaker and he is reluctant to go out, but he has never been the type of walker.

Currently, he takes 25 ml of the preparation daily.

*Handwritten signature:* J. S. Pardo  
*Handwritten text:* am good with  
*Handwritten text:* J. S. Pardo  
*Handwritten text:* Jorge

Next results:

24/11/2020

1. Pleural cavities free of fluid, as in the previous examination, in the segment. 10 PL fibrosis (5mm) in the place of the observed focal change - stable image.
2. The lump visible in the segment has decreased. 3PP. currently measures up to 3 mm. - previously: 6 mm (se5/189c).
3. A small, triangular nodule remains at the apex of the PP - the image is stable.
4. In the segment 6 PP nodule 3-4 mm in diameter - as before (se5/im210c).
5. Spical nodule/fibrosis in the segment. 10 PL (above the diaphragm). 6 mm diameter, as before (se5/im261c).
6. No other focal changes in the lungs were visible.
7. The trachea and bronchial tree are patent.
8. The lymph node in the posterior mediastinum, to the left of the esophagus, has slightly enlarged - currently it measures: 25x17 mm (previously 23x13 mm), but there are larger radiological features of it softening.
9. Atherosclerotic calcifications in coronary arteries and aorta.
10. Do not inject fluid into the pericardial sac.
11. There is still a thrombus in the left common cervical spine.

#### Abdominal cavity and pelvis.

1. The liver was intact, without focal lesions and without cholestasis.
2. Thin-walled gallbladder without calcified deposits.
3. The portal and splenic veins are patent.
4. Homogeneous spleen, not enlarged.
5. CT image of the pancreas was normal. P. Wirsunga not expanded.
6. A small (5mm) right kidney cyst. Apart from that, the kidneys are normal, with no deposits and no signs of urine retention.
7. Adrenal glands not enlarged, homogeneous.
8. There were no enlarged lymph nodes or free fluid in the abdominal cavity and small pelvis.
9. Abdominal aortic aneurysm as before.
10. Urinary bladder with non-thickened wall, with a diverticulum (12 mm) on the left-sided wall.
11. The prostate gland is slightly enlarged (dimensions: 40x50 mm), with calcifications.
12. Bones without lytic secondary lesions. Fracture of the upper endplate of the L2 body - as before.

**Compared to the previous examination, it reduced the nodule in the segment. 3 PP, it's a bit bigger above lymphatic in the mediastinum at the level of the carina (tracheal carina), but they are more intense features of its softening. In addition, there is a picture of the abdominal and thoracic organs comparable.**