JODI FENTON (GOLD)'S DIAGNOSIS & RECOVERY DOCUMENTS

DIAGNOSIS: ANAPLASTIC ASTROCYTOMA (brain cancer)
(treated only with antineoplastons)

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www.burzynskimovie.com

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DEPARTMENT OF MEDICAL IMAGING  
SAINT JOHN’S HEALTH CENTER  

Report of Radiologic Findings  

EXAM: 000670598 HEAD WITHOUT IV 70450  

COMPUTERIZED TOMOGRAPHY OF THE BRAIN, 5/11/00  

INDICATION: Possible mass lesion.  

PROCEDURE:  
This study was performed without intravenous contrast infusion, as requested by the referring physician. This study is correlated with a report of an MRI scan earlier in the day.  

FINDINGS:  

There is an approximately 2 cm low density lesion in the left parietal lobe deep white matter, demonstrated by MRI earlier in the day to represent a mass. The lesion does not appear to contain calcifications. Ventricles appear normal in size and contour. No midline shift. No acute intracerebral hemorrhage or focal mass effect. The posterior fossa appears normal. These images were also examined at bone window settings to evaluate the skull bones which appear intact.  

CONCLUSION:  

1. Approximately 2 cm low density lesion in the deep white matter of the left parietal lobe, near the vertex. This was demonstrated on an MRI scan earlier in the day to represent a mass. The lesion does not contain calcifications.  

2. No evidence of a midline shift.  

3. No acute intracerebral hemorrhage.  

REPORTED BY: [Redacted], M.D.  

TECHNOLOGIST: XJAM  
TRANScribed DATE/TIME: 05/11/2000 (2221) RAD.ELB  
CC: [Redacted]; [Redacted]  

PAGE 1  

SAINT JOHN'S HEALTH CENTER  
Santa Monica, California 90404  
Department of Imaging  
310. [Redacted]  

Patient: GOLD, JODI  
Doctor: [Redacted]  
Age: 31  
Sex: F  
DOB: [Redacted]  
Patient Phone #: [Redacted]  
Exam Date: 05/11/2000  
MR#: M0426279  
LOC: 381 1  
STATUS: ADM IN  

REPORT OF RADIOLOGIC FINDINGS  

Jodi Fenton (Gold)'s medical records are made available by written permission of Jodi Fenton.
REPORT OF MEDICAL IMAGING
SAINT JOHN’S HEALTH CENTER

Report of Radiologic Findings

EXAMS: 000670057 MRI BRAIN SCAN 70551

MRI OF THE BRAIN (OUTSIDE REVIEW), 5/11/00

HISTORY: Mass.

FINDINGS:

Magnetic resonance angiography of the brain including post Gadolinium images were submitted for review. Prior studies were not available.

In the left parietal lobe there is an intra-axial mass extending from the superior to the body of the corpus callosum, towards the vertex. The mass is hypointense on T1 weighted images and markedly hyperintense on T2 weighted images. There is a thin ring of intermediate hypointensity on T1 weighted images which becomes moderately hyperintense on T2 weighted images. Post Gadolinium demonstrates enhancement slightly greater at the periphery. The mass measures 2.2 cm superior/inferior by 1.8 cm anterior/posterior by 1.5 cm mediolateral. There may be a small rim of edema. However, there is no significant mass effect. Ventricles are symmetric in appearance. There is no midline shift. No other masses or abnormal enhancement is present. Ventricles and sulci are otherwise normal in size and configuration. There are no abnormal extra-axial fluid collections.

IMPRESSION:

Left parietal intra-axial mass, most suspicious for a neoplasm. A primary neoplasm is suspected rather than a metastatic lesion, given the lack of edema. Other considerations include lymphoma, inflammatory process, including an abscess. Lack of edema makes an abscess less likely. However, the appearance of the mass is not pathognomonic. There is no MR sign of coarse calcification.
Report of Radiologic Findings

EXAMS: 000670057 MRI BRAIN SCAN

within the mass.

REPORTED BY: [Redacted], M.D.

TECHNOLOGIST: XNL
TRANSCRIBED DATE/TIME: 05/11/2000 (2208) RAD.ELB
CC: [Redacted]; [Redacted]

SAINT JOHN'S
HEALTH CENTER
Santa Monica, California 90404
Department of Imaging
310.[Redacted]

Patient: GOLD, JODI
Doctor: [Redacted]
Age: 31 Sex: F
DOB: [Redacted]
Patient Phone #: [Redacted]
Exam Date: 05/11/2000
MR#: M0426279
LOC: 381 1
STATUS: ADM IN

REPORT OF RADIOLOGIC FINDINGS
Report of Radiologic Findings

EXAMS: 000670451 MR SPECTROSCOPY 76390

MR SPECTROSCOPY OF THE BRAIN 05/11/00

HISTORY: Left parietal mass.

TECHNIQUE: Proton magnetic resonance spectroscopy was performed on a 1.5 Tesla GE MRI system.

Voxel was placed within the center of an enhancing mass in the left parietal lobe. Additional voxel was placed near the edge of the mass, containing both peripheral nonenhancing probable edema, as well as tumor. A smaller voxel could not be performed. Control voxels on the contralateral right parietal lobe was performed.

Localizing sagittal T1W and axial T2W images were performed.

FINDINGS: Comparison is made to outside MRI of the brain dated 05/10/00. Redemonstrated is a left parietal intra-axial mass which is hypointense on T1W images and hyperintense on T2W images. The mass measures approximately 2.67 x 2.02 x 2.55 cm. There is a slightly less hypodense and less hyperintense peripheral rim of approximately 2 to 3 mm, likely representing a small rim of nonenhancing edema as evidenced by the prior examination.

MR spectroscopy of the left parietal mass demonstrates a markedly elevated choline peak. There is a decrease in the N-acetyl group of N-acetyl aspartate (NAA). The creatinine peak is unchanged. The choline-to-creatine ratio is increased. The aspartate peak is unchanged as compared to normal. The lactate peak is decreased.

IMPRESSION:
Proton MR spectroscopy of left parietal mass is most consistent with a neoplasm. The decreased lactate suggests this is a likely mid grade neoplasm, such as an anaplastic glioma, given the degree of enhancement on the prior study. The imaging characteristics, including a lack of significant edema makes a metastatic lesion less likely. Other MR spectroscopy features, in particular the decreased lactate, make the diagnosis of lymphoma or abscess or other infectious process less likely.
DEPARTMENT OF MEDICAL IMAGING
SAINT JOHN'S HEALTH CENTER

MD, Director

Report of Radiologic Findings

EXAMS: 000670057 MRI BRAIN SCAN 70551

MRI OF THE BRAIN (OUTSIDE REVIEW), 5/11/00

HISTORY: Mass.

FINDINGS:

MRI of the brain, including post Gadolinium images, was submitted for review. Prior studies are not available.

In the left parietal lobe there is an intra-axial mass extending from the superior to the body of the corpus callosum, towards the vertex. The mass is hypointense on T1 weighted images and markedly hyperintense on T2 weighted images. There is a thin ring of intermediate hypointensity on T1 weighted images which becomes moderately hyperintense on T2 weighted images. Post Gadolinium demonstrates enhancement slightly greater at the periphery. The mass measures 2.2 cm superior/inferior by 1.8 cm anterior/posterior by 1.5 cm mediolateral. There may be a small rim of edema. However, there is no significant mass effect. Ventrices are symmetric in appearance. There is no midline shift. No other masses or abnormal enhancement is present. Ventrices and sulci are otherwise normal in size and configuration. There are no abnormal extra-axial fluid collections.

IMPRESSION:

Left parietal intra-axial mass, most suspicious for a neoplasm. A primary neoplasm is suspected rather than a metastatic lesion, given the lack of edema. Other considerations include lymphoma, inflammatory process, including an abscess. Lack of edema makes an abscess less likely. However, the appearance of the mass is not pathognomonic. There is no MR sign of coarse calcification within the mass.

TECHNOLOGIST: XNLP
TRANSCRIPTION DATE/TIME: 05/11/2000 (2208) RAD.ELB
CC: [Redacted];

SAINT JOHN'S HEALTH CENTER
Santa Monica, California 90404
Department of Imaging
310._____

Patient: GOLD, JODI
Doctor:
Age: 31  Sex: F  DOB: [Redacted]
Patient Phone #: [Redacted]
Exam Date: 05/11/2000  LOC: 381-7
MR#: M0426279
STATUS: DIS IN

REPORT OF RADIOLOGIC FINDINGS

Jodi Fenton (Gold)’s medical records are made available by written permission of Jodi Fenton.
DR. [REDACTED] and DR. [REDACTED] were notified 05/11/00 1700 hours.

REPORTED BY: [REDACTED], M.D.

TECHNOLOGIST: XNLP
TRANSCRIBED DATE/TIME: 05/11/2000 (1921) RAD.DLK
CC: [REDACTED]

Patient: GOLD, JODI
Doctor: [REDACTED]
Age: 31  Sex: F  DOB: [REDACTED]
Patient Phone #: [REDACTED]
Exam Date: 05/11/2000  LOC: 481 1
MR#: M0426279  STATUS: ADM IN

REPORT OF RADIOLOGIC FINDINGS
CLINICAL HISTORY

Preoperative diagnosis: Left parietal mass.

GROSS DESCRIPTION

Labeled "biopsy left parietal mass": The specimen consists of a core of gray tissue which measures 1.0 cm in length x 1.0 to 2.0 mm in thickness. Small portions from either end are used for smear cytologic preparation. Small portion is frozen for frozen section diagnosis and the remainder is fixed in B5. Totally embedded as follows: FSA - frozen section, B - remainder of tissue fixed in B5. ADM/edc

INTRAOPERATIVE CONSULTATION WITH CYTOLOGY EVALUATION:
- Glial process.
- Most consistent with anaplastic astrocytoma.

INTRAOPERATIVE FROZEN SECTION CONSULTATION:
- High grade glioma.

Microscopic sections are prepared and interpreted.

** CONTINUED ON NEXT PAGE **
Smear preparations reveal a cellular glial process with prominent long predominantly thin cytoplasmic processes. Occasionally the processes are thicker and more tinctorial consistent with Rosenthal fibers. Nuclei are enlarged and vary in shape. Many gemistocytic forms are present. This smear preparation is consistent with a glial neoplasm.

Tissue sections reveal a hypercellular process. There are many scattered gemistocytic astrocytes. There is a mild perivascular lymphocytic infiltrate. Definite necrosis is not identified and though there are some vessels, there is no definite endothelial proliferation. Nuclei of the astrocytes are enlarged and vary in shape. A few mitotic figures are identified including aberrant forms. This is an anaplastic astrocytoma which contains many gemistocytic forms.

**DIAGNOSIS**

BRAIN, PARIETAL, LEFT.  
ANAPLASTIC ASTROCYTOMA.
## Tumor Measurements

**Name:** Gold, Jodi  
**Patient ID:** 006681

**Measurements are in centimeters**  
**Start Date:** 6/6/00  
**Stop Date:** 11/1/01  
**Start Date+84:** 8/29/00

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<th>Plane</th>
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<th>Ax.1</th>
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**84> 7/3/00 | MRI      | Head Axial | 1. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |
|           |          |        | 2. Left frontoparietal lateral enhancement | x    | =    |     | NVT  |               |               |

**84> 7/31/00 | MRI      | Head Axial | 1. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |
|           |          |        | 2. Left frontoparietal lateral enhancement | x    | =    |     | NVT  |               |               |

**9/11/00 | MRI      | Head Axial | 1. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |
|           |          |        | 2. Left frontoparietal lateral enhancement | x    | =    |     | NVT  |               |               |

**10/11/00 | MRI      | Head Axial | 1. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |
|           |          |        | 2. Left frontoparietal lateral enhancement | x    | =    |     | NVT  |               |               |

**11/29/00 | MRI      | Head Axial | 1. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |
|           |          |        | 2. Left frontoparietal lateral enhancement | x    | =    |     | NVT  |               |               |

**1/6/01 | MRI      | Head Axial | 1. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |
|           |          |        | 2. Left frontoparietal lateral enhancement | x    | =    |     | NVT  |               |               |

**2/26/01 | MRI      | Head Axial | 1. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |
|           |          |        | 2. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |

**4/27/01 | MRI      | Head Axial | 1. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |
|           |          |        | 2. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |

**6/25/01 | MRI      | Head Axial | 1. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |
|           |          |        | 2. Left frontoparietal anterior enhancement | x    | =    |     | NVT  |               |               |

**NVT** stands for **no visible tumor**
# Tumor Measurements

**Name:** Gold, Jodi  
**Patient ID:** 006681  
**Start Date:** 6/6/00  
**Stop Date:** 11/1/01  
**Start Date+84:** 8/29/00

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<td>2. Left frontoparietal lateral enhancement</td>
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<td>8/8/00</td>
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There is no evidence of focal localization. Negative PET scan of the head.

- **CR** - Complete Response  
- **PR** - Partial Response  
- **SD** - Stable Disease  
- **PD** - Progressive Disease  
- **NE** - Non Evaluateable  
- **T** - Too Soon To Evaluate

**Comments:**

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**Date:** 9/7/02  
**S.R. Burzynski M.D. Ph.D.:**

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**Printed:** Tuesday, August 27, 2002  
**Page 2 of 2**
September 27, 2001

S. R. Burzynski, M.D., Ph.D.
9432 Old Katy Road, Suite 200
Houston, TX 77055

Re: Gold, Jodi 006681

Dear Dr. Burzynski:

I have reviewed the series of brain MRI examinations performed on Ms. Jodi Gold, a 31-year-old female diagnosed with left frontoparietal anaplastic astrocytoma in May 2000. The patient underwent stereotactic biopsy but no chemo- or radiotherapy. She began antineoplaston therapy on June 6, 2000.

Tumor burden as depicted by abnormal enhancement was measured on each of the MRI examinations. The initial study in June 2000 showed two foci of enhancement. These lesions subsequently resolved, a finding consistent with a complete response to therapy.

Review of the brain FDG PET scan performed on 6/8/00 demonstrated a frontoparietal photopenic focus consistent with a lack of metabolic activity. This corresponds to the MRI finding of necrosis with edema, and the lack of FDG uptake is consistent with no residual neoplasm.

Thank you for the opportunity to review this case.

Sincerely,
<table>
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