



Crimes Against Humanity In Breast Cancer

Bretz P

Visionary Breast Center, La Quinta, California, USA.

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Corresponding author: Bretz P, Visionary Breast Center, La Quinta, California, USA.

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Abstract:

Everyone wants a cure for breast cancer, right? President Nixon signed the National Cancer Act in 1971. In 1983 the first ‘Race for the Cure’ was introduced and in 1991 the pink ribbon ideology was introduced. And everyone drank the Kool-Aid. Since that time, depending on who one reads, there have been between 3 to 5 million papers published on cancer. 50 years ago everyone thought that if we had these huge cancer centers and mammogram machines on every corner, we could put the devastation from breast cancer in the history books. We were wrong.

MedStar Health recently did a survey and found for women over 40, 59% said they were not going to follow recommended guidelines for mammography and 23 percent said they never had a mammogram. What’s the problem? Women are afraid and angry that after all this research, if the **system** finds something, they will suffer **physically, psychologically, and financially**. There are a burgeoning number of women who refuse mammography who let their breast cancer grow out of their skin because they are so afraid. And worse, while mortality rates have declined, the number of yearly deaths (in the U.S.) continues to rise now surpassing 43,000.

So, what’s the sin here? The sin is the medical-industrial complex now owns at least 75% of all doctors in the country. The breast cancer cabal refuses to acknowledge any alternatives to the slash-poison-burn approach and refuses any head-to-head clinical trial, the result of which might eliminate surgery, chemotherapy, and radiation. In doing so countless women continue to suffer. Moral Distress among oncologists and surgeons is prevalent. Moral distress occurs when individuals are forced to act against their personal morals and beliefs due to internal or external constraints. This manuscript will explore examples of bad science prevalent today.

Keywords: Crimes Against Humanity In Breast Cancer.

Introduction

The guiding principle of the breast cancer cabal (unsaid) is that “We know what’s best for you so, just suck it up and shut up.” Before we go further let’s define a cabal, so everyone is on the same page. To quote Google’s Gemini, “A cabal is a small, secretive group of people – often powerful or influential figures - untied to plot or intrigue, typically to promote their private views, advance a hidden agenda, or conspire against a government, institution, or person. It implies sinister, underhanded maneuvering and carries stronger negative connotations than, faction, clique, or party. Their work takes place behind the scenes, away from public scrutiny. The goal is often to manipulate outcomes, control information, or seize power. It suggests a “conspiracy” or “sinister plot” against higher authority or common interest.”

Let us look at a couple of real-world examples. We go back in time now to 1990. I authored the first large-scale breast cancer prevention clinical trial (FDA IND 34,223). I had engaged the erstwhile Soviet Union both to get the proper political stage so the trial could see the light of day, and secondarily to make the world safer. The Soviet Union was our sworn enemy, and we faced total destruction on that day in October 1962 when they had offensive nuclear weapons in Cuba. If Premier Khrushchev hadn't blinked, you would not be reading this. But we figured, instead of throwing out our chests toward one another bosting how many nuclear missiles we had, maybe these guys like breasts. I was right. Just talking to them on a different level made it possible to become almost friends. I include in the next couple of pages some letters so you understand. The team came back from Moscow and Chernobyl having a solid understanding that the Soviets were onboard with the prevention trial. That meant among other things that 10,000 women from both sides could be corresponding with each other over the ten years of the trial. While we were there, the Soviets called a news conference and unbeknownst to us, the LA Times (see below) ran an article, see the following page.

As a side bar picture this. Suppose you're the director of cancer prevention for the National Cancer Institute. You get to the office early and while you sip your coffee you look out toward the Washington monument and say to yourself, not bad. If I just can hang on, when I'm done, I'll secure a seven-figure salary from the private sector. So, while you're daydreaming you hear a knock on the door. Your assistant comes in and says, "Wow chief, you're so good you hid this from us, it's great, how did you do this?" Then he shows you the LA Times article, and you want to explode inside. What the hell is this? A 100-million-dollar prevention trial with the Soviets?

Friday
March 2, 1990
LOS ANGELES TIMES

U.S., Soviets Plan Study of Breast Cancer Prevention

■ **Medicine:** An anti-estrogen drug would be used. The project would involve 20,000 women.

By MICHAEL PARKS

Times Staff Writer

MOSCOW—American and Soviet cancer specialists signed an agreement here Thursday for a 10-year, \$100-million study of 20,000 women in the two countries to determine whether a hormonal treatment can prevent breast cancer.

Dr. Phillip D. Bretz, director of the Desert Breast Institute in Rancho Mirage, Calif., said that women thought to be most likely to develop breast cancer would be given tamoxifen, an anti-estrogen drug, and then be closely monitored by breast cancer specialists to see whether the drug could be used in preventive treatment.

"Tamoxifen appears to be both the most promising and safest of all the drugs we know about for the prevention of breast cancer," Bretz said. "In the United States, the Soviet Union and in many industrialized countries, breast cancer is the most prevalent cancer among women."

Tamoxifen, which is manufac-

tured by the British firm Imperial Chemical Industries and sold under the brand name Nolvadex, has been used with considerable success for 11 years in the post-surgical treatment of breast cancer patients to prevent a recurrence, Bretz said.

The proposed study is the first undertaken on such a scale jointly in the United States and the Soviet Union. The patients, about 10,000 each from the Soviet Union and the United States, will primarily be the daughters, sisters or mothers of women who have had breast cancer and thus are regarded as the most likely to develop cancer themselves.

The treatment involves taking two tablets a day. The researchers said that tamoxifen has minimal negative side effects and often reduces cholesterol and eases cardiovascular problems.

Tamoxifen works by blocking so-called estrogen receptors—areas on the surface of cells to which the hormone binds to exert its effects. In that way, it blocks the effects of estrogen, which plays a role in the development and progression of breast cancer.

Soviet women who were exposed to large amounts of radiation after the nuclear accident at Chernobyl in April, 1986, will also be included in the study, with the hope of preventing the development of

breast cancer among them, according to Dr. David Zaritsky, deputy director of the All-Union Cancer Research Institute in Moscow.

A new blood test, developed by Dr. Adeline Hackett of the Aeron Corp. of Oakland, Calif., and researchers at UC Berkeley is being used in the Ukrainian capital of Kiev, where many of the Chernobyl victims are treated, to measure the amount of radiation absorbed by each woman.

"We know that radiation is carcinogenic for humans, but we do not know how carcinogenic—that is, how much radiation is likely to increase the risk of various cancers and leukemias," Zaritsky said. "In Hiroshima and Nagasaki [on which atomic bombs were dropped in World War II], there was an increase in all cancers and leukemias, but only about 300 cases of solid tumors and the same number of leukemias were directly attributed to radiation. We need to know more about how radiation causes tumors, and with this blood test we believe we can."

Another blood test, also developed by Hackett, will be used to assess the level of tamoxifen in each woman's body and her response to the drug.

The tamoxifen study must still be approved by the U.S. Food and Drug Administration, which will

hold an open hearing in Washington next month on the proposed scope and method of the research, but the U.S. researchers expressed confidence that the project would be approved and fully under way by the end of the year.

Bretz said he expects the study's \$100-million cost to be financed primarily with grants from the U.S. and Soviet governments and by pharmaceutical companies.

The project will be coordinated in the United States by Bretz and Dr. Philip B. Dreibach of the Eisenhower Medical Center in Rancho Mirage and in the Soviet Union by Zaritsky at the national Cancer Research Center.

"This drug has already proven to work in sustaining the post-operative remission in women who have had breast cancer and in preventing the spread of cancer to the other breast," Dreibach said. "The time has come to determine whether it can prevent breast cancer."

In cases where breast cancer does develop among Soviet women, the project will also include the use of early laser surgery rather than radical surgery, radiation or chemotherapy, Bretz said.

Times staff writer Jimmy Scott, in Los Angeles, contributed to this story.

be a real **gamechanger**. In my case that alternative would be The Lavender Way/Lavender Procedure. That is, what if there was a way to routinely diagnose nascent breast cancer **BEFORE** it attained the capacity to metastasize, say 5mm. Then you could kill it in the office (no hospital) in 20 minutes using liquid nitrogen. The patient is fully awake, and her significant other is allowed in the procedure room to hold her hand or video tape the entire process. This humanization of the process makes all the difference in eliminating the fear, anxiety, despair, depression and, as Dr. Raza says, an unending sense of futility. The next page is the FDA open hearing notice. If anyone has an earlier date, we will retract everything. If not, everything we say happened behind closed doors stands.

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AGENDA
FDA ONCOLOGY DRUGS ADVISORY COMMITTEE MEETING
CROWN PLAZA HOLIDAY INN
1750 ROCKVILLE PIKE, ROCKVILLE, MD.
JUNE 29, 1990

ALL SESSIONS OPEN

IND-34223 Proposal For " A Clinical Trial To Determine The Worth Of Tamoxifen In The Prevention Of Breast Cancer "

SPONSOR Phillip D. Bretz, M.D.
Desert Breast Institute
Rancho Mirage, Calif.

Speakers Should Time Their Presentations To Allow 10 Minutes Of Questions And Discussion After The Presentation

800-810AM Announcements Dr. Hascall
Executive Sec.

810-845AM ICI Pharm. Presentation Dr. Patterson
Animal Carcinogenicity Studies Dr. Topham
Second Tumors In Adjuvant Dr. Plourde
Clinical Trials ICI Pharm.
Clinical Side Effects
Eye Effects

845-920AM Rationale. Results Of Pilot Study At U. Wisc., Mad. Dr. Love
U. Wisc., Mad.

920-950AM Results Of Pilot Study. Status Of Prevention Study In The U.K. Dr. Powles
Royal Marsden H.
London, U.K.

950-1005AM BREAK

1005-1045AM Proposed Breast Cancer Prevention Study Dr. Bretz
Desert Breast
Institute

Then the FDA open hearing came June 29, 1990, in Rockville Pike, Maryland. The vote to do a 100-million-dollar prevention project was 6-0 in favor. The next vote 30 seconds after was should Dr. Bretz's group from California run it? One doctor voted for my group to do it, but the rest said no way. The next bit of backdoor planning should prove interesting to the reader. Prior to the open hearing, our team attended the annual meeting of the N.S.A.B.P. (National Surgical Adjuvant Breast Project), as we were Principal Investigators. At those meetings Dr. Bernard Fisher (the Director, RIP) had to mingle with the minions at the party thrown by the drug company. We stationed ourselves around the pool figuring that one of us would have a chance to interact with him. Dr. Bacon was able to do just that, so I quickly went over and introduced myself. I said I didn't know if he knew who I was but that I had engaged the Soviets and we wanted to run the Soviet side, but the N.S.A.B.P., I thought, could run the American side. No need to

As the reader considers all this, ask yourself what would you call it if you knew there was a possible way to eliminate surgery, chemotherapy, radiation, and no hospital and with it eliminate most of the suffering wrought by breast cancer, yet kept your mouth shut and just let the juggernaut of slash-poison-burn, as Dr. Raza (oncologist at Columbia) (1) calls it, continue to be foisted on America's women? Who is responsible for all the continued suffering? I will show that technology has caught up to breast cancer if one bothers to look. If the full force of talented researchers were put to work on a possible alternative, we bet the results would

reinvent the wheel. We felt the N.S.A.B.P. was the logical choice. Of course, he knew who we were and said in his southern drawl. “Well, I don’t think it’s time to do a prevention trial, besides what do you think I am, an entrepreneur?” In any case, we gave him a copy of our protocol which had been worked over with us by the FDA to include several safety factors the FDA insisted on for the trial to proceed. Among them was uterine biopsy as we were all concerned that if we used Tamoxifen in healthy women, we might just be substituting one cancer for another, breast for uterine. I didn’t want the situation to arise that two years into the trial a patient had abnormal vaginal bleeding and uterine cancer was found, that we blame it on Tamoxifen, when she had it before she enrolled but we didn’t do a uterine biopsy. The only way to avoid that was indeed to do uterine biopsies on **all** trial participants prior to enrollment. Another FDA requirement was to have an ophthalmologist (MD) examine the patients for cataracts and periodically thereafter as needed. Apropos here is when the N.S.A.B.P. eventually launched their trial, they said it would cost only 65 million dollars. We went over and over our protocol and we always came up with 100 million. Even Dr. V. Craig Jordan, the man most familiar with Tamoxifen on the planet, flew out from the University of Wisconsin when he saw the LA Times article. We went over everything ten ways from Sunday and every time you added a safety factor to the protocol, like uterine biopsy with gynecology visits as often as deemed necessary, that added about 10 million dollars to the study. Each woman participant would have to have the safety factors done. That’s 10,000 women over ten years and another 10,000 in the Soviet Union. Our protocol had to be flawless basically co-authored by the FDA so uterine biopsies and follow up as necessary were in, and that was that. Interestingly, the N.S.A.B.P., prior to launch of their protocol P1, ran an article in the San Diego Union newspaper on Friday March 1, 1991. They expressed high hopes for the trial. When it was launched the price tag was 65 million. We looked at that and said how did they do that?

The FDA insisted that our protocol include those multiple safety factors and suddenly none of those safety factors were included in the N.S.A.B.P. protocol. To make matters more interesting, over at the N.S.A.B.P. prevention trial, a woman died of uterine cancer on the placebo arm. The question is, how were they able to omit uterine biopsies and follow up? Could they have avoided that uterine cancer death if uterine biopsies were the order of the day? If someone knows a drug has a potential consequence of uterine cancer and you do a study and you don’t take measures to avoid the uterine cancer and death happens, there must be a legal term for that. How did the N.S.A.B.P. get the FDA to relinquish the necessity of uterine biopsies? The answer is the **breast cancer cabal in action**.

News flash - after 36 years and unbeknownst to us all this time was an extensive review of the Tamoxifen trials, authored by the people at The Cancer Letter. (2)

They can be reached at P.O. Box 9905 Washington DC 20016 or just search them. The exact issue can easily be brought up online to download, just type in The Cancer Letter, Vol.20 No. 17, April 29, 1994. It is a must-read before you go any further. We were just dumbfounded by the absolute power of the N.S.A.B.P. and their contacts at the NCI to **DEFY** the FDA and at the time, ICI (Imperial Chemical Industries), now Astra-Zeneca, the makers of Tamoxifen in the UK. We will now embark on a number of quotes

what was for us an eye opening experience of private memos and meetings not privy to the public except The Cancer Letter got it straight. Here is a quote from them regarding Dr Bernard Fisher’s response to the FDA for information.

This comes out of page 7 of The Cancer Letter, **“FDA WANTED THIS INFORMATION IN THE PREVENTION TRIAL CONSENT FORM, BUT FISHER REFUSED”**.

How is that exactly? That question is never broached by The Cancer Letter. How can a doctor defy the FDA? We underestimated their power along with their colleagues at the NCI. And now all these years later we find out that **PRIOR** to the Tamoxifen prevention trial, their P1 trial, there were four breast cancer patients who died of endometrial cancer and not reported in a timely fashion taking up to two years and then in some cases, another two years or so for the N.S.A.B.P. to forward those findings. To further incriminate the issue, the N.S.A.B.P.s informed consent for the P1 trial form stated, “no deaths from uterine cancer were reported” in large clinical trials using 20 mg of Tamoxifen daily. Of course, the N.S.A.B.P. knew there were uterine cancer deaths, yet withheld that information from all the study’s investigators and most egregious from the women who enrolled in the prevention trial. Then one of them died in the placebo arm and no legal repercussions follow at all? As they say in the NFL, come on man.

Here is another interesting quote from The Cancer Letter. On “Dec 21: Fisher and N.S.A.B.P. colleagues traveled to Bethesda to update NCI on the endometrial cancer in B-14, according to a memo written by Ford to DCPC Director Peter Greenwald”.

Further down the paragraph, “There was one death from eight cases of endometrial cancer in the registered population. This patient was diagnosed after only nine months of tamoxifen therapy, raising the question of a pre-existing condition. This may also apply to five other cases where the diagnosis occurred after less than one year of tamoxifen therapy”. Of course, this is exactly why the FDA insisted on our protocol having uterine biopsies **PRIOR** to enrollment into our trial. In another section of that Cancer Letter it states, “Even after learning about the unexpectedly high mortality from endometrial cancer in 1993, the N.S.A.B.P. leadership was reluctant to make annual gynecologic examinations a protocol requirement, disregarding a recommendation from the group’s biostatistics director, who expressed “serious legal, ethical and moral concerns”. Further, “In the first endometrial cancer death, it took N.S.A.B.P. two and a half years to make a report to NCI and investigators. Then this, “The safety monitoring committee had decided that “they alone should have access to the data, but according to the protocol N.S.A.B.P. would be tabulating adverse reactions and provide monthly summaries,” Plourde wrote. Plourde was one of the higher ups at Zeneca and there were no monthly summaries.

I could go on and on here but if the reader reads The Cancer Letter, the obvious should become apparent. I think I know why all this obfuscation took place. It was to protect the N.S.A.B.P., Bernie, including his colleagues (dare we say accomplices) from anything negative that would adversely affect their individual careers and standing in the scientific community. Not to mention the 65 million the N.S.A.B.P. would have to give up if Zeneca decided to have another group do the trial. Why else? Wait, yet another quote from The Cancer Letter needs to be brought forth. “According to an N.S.A.B.P. chart obtained by The Cancer Letter, four endometrial

cancer deaths occurred in the B-14 study between June 1991 and April 1992. The prevention trial began April 29, 1992. Two more patients died in the fall of 1992 and summer of 1993". "On August 5th 1993 Fisher and N.S.A.B.P. staff met with Plourde. Fisher said he did not think consent form changes for the prevention trial were necessary, Plourde wrote in Aug. 5 minutes of the meeting". "Aug 17th: In a memo to Plourde, Zeneca's John Patterson said, "I am aware of the difficulty in dealing with Dr. Fisher, but it seems that we must insist on our conditions of supply of material being met in full". Lastly, "Aug 19: Redmond wrote a memo to Fisher, titled Follow-up of Patients Receiving Tamoxifen on N.S.A.B.P. Protocols. It reads, "I HAVE JUST REVIEWED YOUR JULY 26 MEMORANDUM TO N.S.A.B.P. INVESTIGATORS ON THE ABOVE NAMED SUBJECT. I PERSONALLY AND PROFESSIONALLY HAVE SERIOUS LEGAL, ETHICAL AND MORAL CONCERNS REGARDING YOUR DECISION THAT ANNUAL GYNECOLOGIC EXAMINATIONS ON THESE PROTOCOLS ARE MERELY A PROTOCOL RECOMMENDATION RATHER THAN A PROTOCOL MODIFICATION/REQUIREMENT".

Enough now we believe the reader should get the picture, especially after the entire Cancer Letter is read.

Please now go back to page three to refamiliarize yourself with our story, now knowing the facts about the N.S.A.B.P. as presented in The Cancer Letter. In reflecting on a prior question, we asked about why the NCI would aid and abet the actions of the N.S.A.B.P.? We surmise now that if all this obfuscation and hiding critical information intentionally from investigators and the public came out, it would reflect very negatively because the NCI appointed the N.S.A.B.P. to conduct the trial. I think jobs at the NCI were in jeopardy if the truth was known and made public.

Then after the launch, because of the fact that the safety factors had been removed, I went to our congressional contacts and ultimately met with Dennis Ross in the White House. As a consequence of that meeting, a clinical hold was placed on the N.S.A.B.P. P1 trial and a congressional hearing was convened. During that hearing the associate director of clinical research at the NCI was asked by a congressman if in the clinical trial P1, which she co-wrote with the N.S.A.B.P., they required ophthalmologic examination by an ophthalmologist MD, like in Dr. Bretz's protocol? Instead of just answering the question *NO* because they removed it, she obfuscated the hell out of it and to paraphrase, she wanted to assure the congressman that they were taking every step necessary to ensure the trial was safe.

Days after the open hearing (and remember Dr Fisher said it wasn't time to do a prevention trial), the fax machine in our office went off. The next page has that fax which we call the strangest fax on earth. Also remember the N.S.A.B.P. had my protocol, which the FDA worked on with us to ensure all the safety factors were included. Does anyone else find it strange that the N.S.A.B.P. all of a sudden wanted to do a prevention trial with Tamoxifen? Not only that but they wanted *preferably a one-day response*. Let's see if I can make sense out of this. Back at the open hearing immediately after the two votes, a man got up and went outside to place a call. Dr. Dreisbach (our oncologist) had given him a copy of our protocol and asked him who he was, just to know who had our protocol. His answer was, if we weren't such lousy scientists, you'd know who I am. He proceeded to the phone and said to the person on the other end, "They got it through".

We think what transpired is when we got the FDA Advisory Panel to say *yes*, our country needs to do a 100-million-dollar prevention trial with Tamoxifen, that's when the gloves came off. In essence what happened is we caught everyone with their pants down, which wasn't the intention. The intention was to eliminate the suffering wrought by breast cancer. We had only been active Principal Investigators for a few days when we saw the need for a prevention trial. We were not being paid to know what research had been done, and what research should be carried out in the ensuing years.

What should have happened when I sent in our protocol to the FDA was a letter back from them saying they appreciated our interest in a prevention trial but a major entity like the NCI or one of the major groups had already submitted a protocol, and we should join their group to participate. Before we forget below is that fax. We got this not because of what we had accomplished, but just because we were PIs.

TELETYPE UNIT 1010 : 8-12-14 TELETYPE 1412 448 1912
JUL 16 '90 10:45 FROM NSABP HQS-PITT PAGE: 001

NSABP NATIONAL SURGICAL ADJUVANT PROJECT FOR BREAST AND BOWEL CANCERS

OPERATIONS OFFICE
3550 Terrace Street - Room 814
Pittsburgh, Pennsylvania 15261
412/648-9720 FAX: 412/648-1812

BICSTATISTICAL CENTER
230 McKee Place - Suite 600
Pittsburgh, Pennsylvania 15213
412/624-1586 FAX: 412/624-1082

Bernard Fisher, M.D.
Project Chairman

Carol Redmond, Sc.D.
Director, Biostatistical Center

DATE: July 16, 1990

ORGANIZATION NAME: EISENHOWER MED CNTR

FAX NO.: 619 773 1286

ATTENTION: PHILIP BRETZ, MD

SENDER: DR. BERNARD FISHER (2 pages)

IMPORTANT MESSAGE! URGENT REPLY REQUESTED!

The NSABP is planning a double-blinded clinical trial of tamoxifen vs. placebo (similar in concept, design and conduct to Protocol B-14) for the prevention of breast cancer in a normal and/or high-risk population of post-menopausal women.

Your urgent (preferably within one day) response to the enclosed survey will enable us to proceed with plans. Your responses will be considered approximate, confidential and non-binding.

I would be interested in any other comments you might have regarding this matter. If you have questions regarding the planned study, please contact Mr. Walter Cronin at 412/624-2666 or Dr. Lawrence Wickerham at 412/648-9720.

When we got the fax from the N.S.A.B.P., we reasoned they were in a race after the 100 million to get a protocol into the FDA before the likes of ECOG back in Wisconsin or anyone else. The establishment had nothing on the books, not one researcher from Sloan-Kettering to Stanford to the NCI. **No one had the vision to use Tamoxifen as a preventive**, except us.

Then what happened was the N.S.A.B.P. was awarded the contract to proceed with the prevention trial which they called P-1. How did that happen? Then they sent out a multipage questionnaire which the PIs had to answer. Your application was then reviewed by a steering committee, and you were either accepted or not. We dutifully filled out the application and sent it in on time. Before you see our rejection letter, let's look at another letter Bernie sent me.

NSABPNATIONAL SURGICAL ADJUVANT
BREAST AND BOWEL PROJECT3550 Terrace Street - Room 914
Pittsburgh, PA 15261
412/648-9720
FAX 412/648-1912Bernard Fisher, M.D.
ChairmanOPERATIONS OFFICE
Bernard Fisher, M.D.
Director
Norman Weismark, M.D.
Deputy Director, Medical
O. Lawrence Wickham, M.D.
Deputy Director, Administration
Jean C. Dash, M.A.
Assistant Dir., Fiscal Affairs
Mary Keener, R.N.
Assistant Dir., Clinical Affairs

August 7, 1991

Phillip D. Bretz, M.D.
Founder-Director
Desert Breast Institute
39-800 Bob Hope Drive, Suite 3
Rancho Mirage, CA 92270

Dear Phil:

Please accept my apology for not replying sooner to your inquiry about your possible participation in the NSABP Breast Cancer Prevention Trial. At the time I received your letter, I did not yet have all the information necessary to formulate a response.

Much, if not most, of the interest that has been generated regarding the implementation of a prevention trial came from your groundbreaking efforts, and I think you are to be commended for what you have attempted to do.

During the last year we have been actively engaged in the development of what I hope will be considered an appropriate study. We have not yet received final approval, but we are hoping to do so in the near future.

We will soon be sending out an RFA, and I hope your proposal will be acceptable to the selection committee. They will be interested primarily in those institutions that are willing to make a commitment to NSABP activities in general, as well as to the prevention trial. For further procedural information, please call Gladys Hurst at (412) 648-2066 or, for medical information, Mary Ketner at (412) 648-9597.

I hope you will keep in touch with me and that, from time to time, we may discuss further our mutual interest in this endeavor.

Sincerely,

Bernard Fisher, M.D.

BF:gdh

Investigators who, like us, were displeased with the selection process for the prevention trial. A selection process like this had never been instituted before, why now?



Cancer Care Associates
Medical Group, Inc.
Hematology & Oncology

Lowell H. Greenberg, M.D., FACP
Malin R. Dollinger, M.D., FACP, FCP
Stephen R. Lemkin, M.D.
Anthony J. Giorgio, M.D., FACP
Gene Shumatz, M.D.
David Chou, M.D.
Carter W. Gentile, M.D.

LETTER

March 27, 1992

Phil Bretz, M.D.
Director of Desert Breast Institute
39800 Bob Hope Drive, Suite C
Rancho Mirage, California 92270

Dear Dr. Bretz:

I received your letter regarding the NSABP Tamoxifen trial. As Director of the Torrance Memorial Cancer Center, which has a very active breast program, I too, was dismayed by the selection process for the clinical trial. Up until this point, NSABP trials were totally apolitical, and simply enhanced patient care, wherever they were used. At this point, however, these trials can be used to pit one center against another, with those centers which receive the blessing of the NSABP, able to compete more effectively in their advertising. This only serves to fragment the comradery of the NSABP, which has been so remarkably developed over the last decades by Bernie Fisher. Unfortunately, I will be unable to attend the NSABP meeting, but felt that at least this letter would serve to add my name to your group of concerned physicians and principal investigators.

Sincerely,

Stephen R. Lemkin, M.D.

SL:nm

Now see the rejection letter. I called Bernie (he took the call) and I said, "I joined the N.S.A.B.P. because it was pure science, but this was pure bullshit." He said he'd look into it and I never heard from him again. I guess to soften the blow he scratched out Phillip and wrote Phil like we were buddies.

At this juncture it should be noted that while members in good standing were summarily rejected, the N.S.A.B.P. elected to let at least six investigators who were not members appointed to serve as active centers in the prevention trial. Were these friends of Bernies? Just how was that fix in?

We should also mention that we received many letters from fellow members extolling the virtues of our protocol. The next page has one of those letters.

NSABPNATIONAL SURGICAL ADJUVANT
BREAST AND BOWEL PROJECT3550 Terrace Street - Room 914
Pittsburgh, PA 15261
412/648-9720
FAX 412/648-1912Bernard Fisher, M.D.
ChairmanOPERATIONS OFFICE
Bernard Fisher, M.D.
Director
Norman Weismark, M.D.
Deputy Director, Medical
O. Lawrence Wickham, M.D.
Deputy Director, Administration
Jean C. Dash, M.A.
Assistant Dir., Fiscal Affairs
Mary Keener, R.N.
Assistant Dir., Clinical Affairs

December 11, 1991

Philip D. Bretz, M.D.
Eisenhower Medical Center
39000 Bob Hope Drive
Rancho Mirage, CA 92270

Dear Dr. Bretz:

The Steering Committee of the NSABP Breast Cancer Prevention Trial (BCPT) regrets to inform you that your center's proposal has not been selected for participation at this time. The NSABP received 182 proposals, but logistical constraints and funding restrictions necessitated that the number of approved centers be limited. Every proposal underwent three independent reviews; each reviewer scored the proposals in the areas of prior experiences, personnel, resources and recruitment, compliance and data management plans. Results were reviewed and approved by the BCPT Steering Committee.

The NSABP will keep your proposal on file. In the event that, individually or collectively, the selected centers cannot meet the recruitment goals of the trial, your proposal will be reconsidered. If you so desire, additional information regarding the review results can be made available through written request to: Mrs. Gladys Hurst, NSABP, 3550 Terrace Street, Room 914, Pittsburgh, PA 15261.

I hope that this decision will not affect your participation in other NSABP trials. We consider you to be a valuable member and in the future will do whatever possible to ensure your involvement.

Sincerely,

Bernard Fisher, M.D.
Chair of BCPT Steering Committee

BF:tro



**San Joaquin Valley
Community Clinical Oncology Program**
FRESNO COMMUNITY HOSPITAL & MEDICAL CENTER
P.O. BOX 1232 • FRESNO, CA 93715 • (209) 442-6429

June 13, 1990

Philip D. Bretz, M.D.
Project Chairman
Desert Breast Institute
39-800 Bob Hope Drive, Suite C
Rancho Mirage, CA 92270

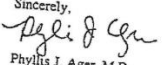
RE: DBI PROTOCOL NO. B-1

Dear Dr. Bretz:

We enthusiastically support your proposed breast cancer prevention protocol. This is one of the most exciting studies we have had the opportunity to join. We are dedicated to not only die treatment, but the prevention and early detection of breast cancer. Participation in this study will potentially benefit both the patients at high risk for breast cancer, and our program. We believe it will strengthen the involvement of surgeons, and enhance new involvement of primary care physicians.

Our program has been very active in breast cancer treatment via the National Surgical Adjuvant Breast and Bowel Project (NSABP), entering 170 patients onto protocol in 6 years. We are comprised of 8 institutions and 48 physicians (see attached lists).

Please note that our current name, San Joaquin Valley Community Cancer Program, is different than that on this letterhead. We were approved, but not funded, in the last CCOP recommendation. We have kept our program completely intact through local funding and research base patient reimbursement. We are in the process of responding to the CCOP RFA, and hope to regain funding. The source of our funding, however, will not affect our interest in this protocol.

Sincerely,

Phyllis J. Ager, M.D.
Principal Investigator

PAJ/ddb

enc:

Next is one of several letters we received from fellow Principal

Just read the first two sentences. Those letters were not written by unknowledgeable people but active members of the N.S.A.B.P. in good standing. Just so the reader knows we just didn't get one letter, here are two more letters of support from many. These investigators received and reviewed the protocol. So, either every one of these investigators didn't know what they were doing in supporting our protocol, or the N.S.A.B.P. steering committee was instructed to reject us. Why? I can only think of one reason. The hierarchy at the N.S.A.B.P. was afraid. Somebody didn't want me horning in. I was called by them a *loose cannon*. All just because we wanted to eliminate suffering.



June 8, 1990

Phillip D. Bretz, M.D.
Project Chairman
Desert Breast Institute
39-800 Bob Hope Drive, Suite C
Rancho Mirage, California 92270

Dear Dr. Bretz:

Thank you for your letter of May 25 concerning the breast cancer prevention project using Tamoxifen.

We have reviewed the protocol and other materials you kindly provided, and we would like to indicate to you our support.

We find this a very interesting study with possible significant ramifications in the area of chemo prevention.

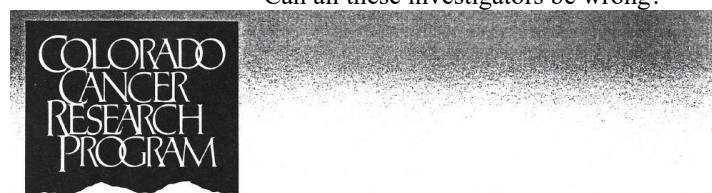
Again, we are extremely interested. Please, at your earliest convenience, either call or write with further information.

With best regards,

Edward L. Braud
Edward L. Braud, M.D.
Co-Principal Investigator
Central Illinois CCOP

J. Gale Katterhagen
J. Gale Katterhagen, M.D.
Principal Investigator
Central Illinois CCOP

Can all these investigators be wrong?



Colorado Cancer Research Program, Inc. - 3955 East Exposition - Suite 104 - Denver, CO 80206 - (303) 777-2663

Robert F. Berris, M.D.
Principal Investigator
Nancy J. Morton, M.P.H.
Executive Director

June 13, 1990

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David B. Trevarthen, M.D.

Phillip Bretz, M.D.
39-800 Bob Hope Drive, #C
Rancho Mirage, CA 92270

Dear Doctor Bretz:

Thank you for your letter of June 8, 1990

CONSORTIUM HOSPITALS
Drew Memorial Hospital
AMI Presbyterian Aurora Hospital
AMI Presbyterian Denver Hospital
Saint Joseph Hospital
AMI Saint Luke's Hospital
Swedish Medical Center

The Colorado Cancer Research Program would be very interested in participating in the Tamoxifen breast cancer prevention trial. We are currently six participating hospitals as indicated on our letter-head. We may well have more in the future.

Certainly, all indications are that this should prove to be a fruitful investigation which we would be happy to help you do.

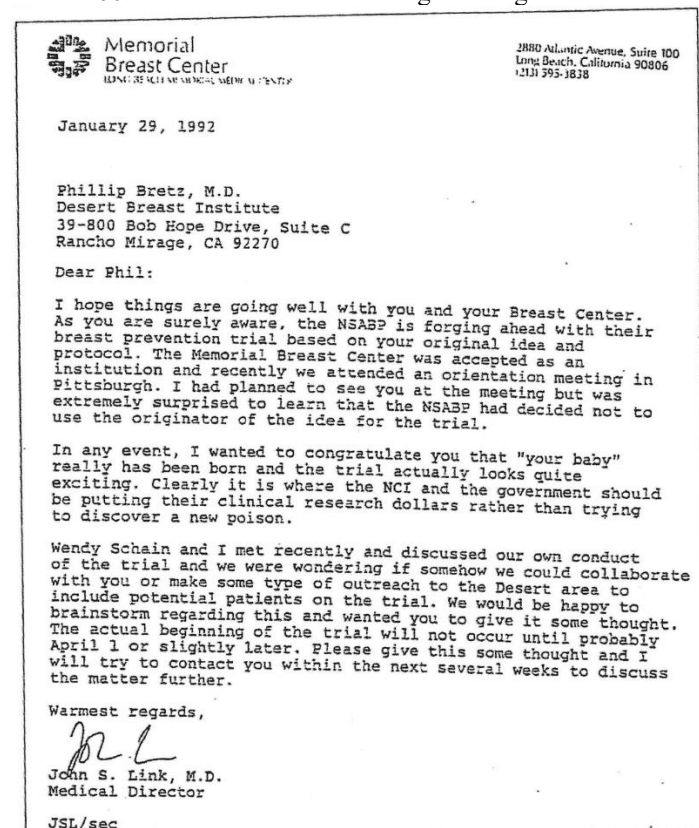
Yours truly,

Robert F. Berris
Robert F. Berris, M.D.
Principal Investigator

/sb

I have more but I think the point should be made. Everyone, especially the public, thinks we are all in this war on cancer together. But I think that when the chips are down and power, hierarchy and jobs on a national level are on the line that something else takes over that's not pure science and it's hidden from everyone. Of course, that's the definition of a *cabal*.

This next one summarizes the entire episode, and it didn't come from us. Just read the first two paragraphs. So not only did the N.S.A.B.P.(wait I forgot the word, but you might be able to figure it out) but the next two title pages of the protocol tells a story. Remember, we gave Bernie the protocol at the annual meeting. Not only were the FDA safety factors that the FDA insisted on with us left out, but they had the audacity to say we were not worthy of even being a selected center. I say audacity because they knew who we were and what we had accomplished without anyone's help (USSR). Or do you believe that Bernie never said anything to them? Did they just shred our protocol without looking at it? We bet the midnight oil was burning in Pittsburgh with a 100 million on the line that we got through the FDA.



They must have hated us for whatever reason. The last two documents, you can draw your own conclusions. Read the titles carefully, knowing they had the protocol.

DBI PROTOCOL NO. B-1

A CLINICAL TRIAL TO DETERMINE THE WORTH OF TAMOXIFEN
IN THE PREVENTION OF BREAST CANCER

FROM: DESERT BREAST INSTITUTE OPERATIONS OFFICE
39800 Bob Hope Drive
Rancho Mirage, CA 92270
619-568-3414

DIRECTOR OF CLINICAL AFFAIRS

Phillip D. Bretz, M.D.

CO-DIRECTORS OF CLINICAL AFFAIRS

Douglas A. Bacon, M.D.
Philip B. Dreisbach, M.D.
Edward H. Gilbert, M.D.
Susan L. B. Groshen, Ph.D.
Adeline J. Hackett, Ph.D.
David B. Kaminsky, M.D.
John M. Kells
Malcolm C. Pike, Ph.D.
Linda F. Roger, R.N.
Wendy Schain, Ph.D.

It just seems strange that the titles are nearly identical. Can't think of the word. The information concerning the handling of the breast cancer prevention trial isn't a crime against humanity, unless you count the death from uterine cancer that may have been avoided with a uterine biopsy prior to enrollment and follow up as appropriate by a gynecologist MD. They didn't have uterine biopsies. Let's just dismiss all that as bad science, that's my opinion.

No, the crime against humanity is the cabal and anyone else who keeps his/her mouth shut knowing there might be an alternative to end the suffering wrought by breast cancer diagnosis and treatment who has swallowed (sometimes forceable) the slash-poison-burn regime. I maintain that technology has caught up with breast cancer if one bothers to look. Of course, the powers that be do not want to be displaced by such a disruptive approach as Lavender. I encourage the reader to review all our other publications and then draw your own conclusions. G-d forbid the house of cards comes crashing down and women are freed of this curse.

DRAFT CONFIDENTIAL

NSABP PROTOCOL P-1

A CLINICAL TRIAL TO DETERMINE THE WORTH OF TAMOXIFEN
FOR PREVENTING BREAST CANCER

NATIONAL SURGICAL ADJUVANT BREAST AND BOWEL PROJECT (NSABP)

OPERATIONS CENTER
Room 914 Scife Hall
University of Pittsburgh
3530 Terrace Street
Pittsburgh, PA 15261

TELEPHONE: 412-648-9720
FAX: 412-648-1912

BIOSTATISTICAL CENTER
230 McKee Place
Suite 600
Pittsburgh, PA 15213

TELEPHONE: 412-624-2666
FAX: 412-624-1082

NSABP Chairman: Bernard Fisher, M.D.
Director, NSABP Biostatistical Center: Carol K. Redmond, Sc.D.

Version as of January 24, 1992 (PLEASE DESTROY ALL OTHER VERSIONS)

Sour grapes? If it was just us (my team) then perhaps, but not when you consider 150 million women in the US, 43,000 of whom die every year and the over 320,000 women in the US who develop breast cancer yearly and the over 700,000 women who die yearly world over from breast cancer. We thought doctors, perhaps many, were essentially forced to keep their mouths shut touting any alternative except slash-poison-burn. How do you prove that some powerful people behind closed doors are keeping the juggernaut of slash-poison-burn alive and well? Right on cue this paper is published about Moral Distress. (3) It took place at one of our most prestigious cancer institutions, MD Anderson in Houston, TX. What do you know about that? What we thought all this time was actually happening and now is in a published paper letting everyone know. Looking at the results of their questionnaire, we will ask a couple of questions they conveniently left out that we think are incriminating. The paper is entitled "Prevalence and Risk Factors of Moral Distress Among Surgeons Specialize in Oncology Care". It is published in the Annals of Surgical Oncology, an open access journal, see index.

Let's define Moral Distress. Taken from the paper, "**Moral Distress occurs when individuals are forced to act against their personal morals and beliefs due to internal or external constraints present in the environment.**" The authors sent out **233 questionnaires to members of the surgical departments at MD Anderson, 19.3 % responded.** Because of Moral Distress, 24% considered leaving or had left a clinical position and **8.9% considered leaving their current position.** In the conclusion section it reads, "In this cohort of surgeons specialized in oncology care moral distress was highly prevalent and driven by patient-team, and system-level factors". So what?

Before I answer that, let's look at another critical aspect of this most interesting paper. Again quoting, "Root causes are categorized as system, patient, or team level. System-level causes include external pressures related to administrative requirements or system resources. Patient-level causes include factors related to patient and family requests. Finally, team-level causes are divided into those compromising team integrity and those leading to breakdown in team interactions with patients and families." Here comes the dagger!

Reading on we come to a section called Sources of Moral Distress. And we quote, "The top sources of moral distress centered around patient-and team-level interactions, At the patient level, delivery of aggressive or futile care to patients with a poor prognosis and witnessing other providers give "false hope" to patients or family members served as a major source of moral distress. At the team level, poor team communication and lack of provider continuity had a negative impact on patient care and further contributed to levels of moral distress." Where's the dagger?

What the paper didn't point out or discuss (in my opinion) was just who in the heck was behind all the foisting of aggressive or futile care? It can only be the people who want to perpetuate the slash-poison burn juggernaut. In other words, they wanted to preserve at all costs the revenue generating machine and power maintaining mechanism the juggernaut provides. For what, to perpetuate the suffering? That's the end result and that isn't good. And if this was/is happening at MD Anderson, what about all the rest of our huge cancer centers? Who is pushing the doctors into this kind of behavior?

Continuing toward the end, “Our findings highlight the urgent need to develop resource and interventions to reduce and stop the progression of moral distress.” We have an answer to not only reduce moral distress but stop it altogether. How? By putting our energy and knowledge into alternative methods like the Lavender Way/ Lavender Procedure. You can’t imagine the joy one feels seeing the outcomes of these patients. And that joy just increases with every case.

I never experienced any hint of moral distress. Why? Because I developed a method that drew women in who wanted to come in, who knew the credo was to preserve mind, body, and spirit. And that I did everything in my power to prevent them from getting breast cancer. But if it came, they wouldn’t die, be disfigured, have bankruptcies, have husbands leaving or have the thought of leaving their kids - no anxiety, no despair, no depression, and no suicide. And it would all be accomplished in-office in 20 minutes with them fully awake with their significant other by their side. The breast would look untouched and normal activity resumed immediately. That is, no surgery, no chemotherapy, no radiation, and no hospital and all for \$2,500.00 USD.

While our other papers tell the full story, I developed a method which we call the Lavender Way/Procedure. I created an environment women are drawn to and humanized the entire process from diagnosis and treatment. While I used liquid nitrogen to kill the cancer (cryoablation), that is just the last nail in the coffin of breast cancer. The real story is the ability to identify truly nascent breast cancer (5mm) almost routinely. First, patients underwent a genetics risk test (one time only) that not only told a woman’s lifetime risk, but when that risk would likely manifest within ten years of her life. Knowing that we started accelerating imaging more than ten years out using modified military infrared, ultrasound, a pressure sensing device, all non-radiation diagnostic modalities. Accelerated imaging means depending on family, personal history and the genetic test results, we would image the patient’s breast two to three times a year. A 1cm breast cancer has been there at least ten years. To routinely find nascent cancers (non-metastatic), I’d start that **INDIVIDUALIZED** imaging program at least ten years out. Then having identified a nascent cancer, the rest is much more easily tolerated by the patient than slash-poison-burn. It is so gratifying and near miraculous when you see patients ten years out from their Lavender Procedure enjoying life with their breasts intact and it was all done for \$2,500.00. This, vs multiple surgeries about 30% of the time, prolonged chemotherapy with its attendant horrific side effects, radiation with its peau d’orange, breast shrinkage and as a result pushing many near bankruptcy. Those in authority know there is another path but continue to perpetuate unnecessary suffering? Then yes, we’d call that crimes against humanity. Further, Lavender can be performed by any trained doctor in the most remote area so we believe Lavender could be a global answer if it could only see the light of day.

I quite frankly don’t know how these people look at themselves in the mirror perpetuating this house of cards that is the medical-industrial complex. To understand fully our position, the reader is encouraged to read our other published papers identified in the index.

I was about to close this paper, however, yet another egregious news report has come out this morning (seemingly right on cue) 9-29-26 on The Epoch Times with the following title: “More

Hospitals Are Being Bought by Private Equity. Here’s How it’s Changing Healthcare”.

How did we allow this nonsense to happen destroying the sacred doctor patient relationship? Better still, how did the Congress of the United States of America allow this to happen? As we said previously, now at least 75% of all doctors in the country are owned by either a hospital, HMO, or private equity. Let’s look at a few quotes from Epoch Times.

“Private equity firms apply the playbook of leveraged buyouts, staff reduction, and asset sales to double their investment in as little as seven years. There’s greater than 1 in 10 chance your hospital is owned by someone who’s trying to double their money in seven years. If you live in Kentucky, your chances are 1 in 6. In New Mexico, it’s more than 1 in 3. Walk into an emergency room, and there’s a 40 percent chance the doctor who stitches you up works for a staffing company owned by private investors, not the hospital. At a time when less than half of Americans report being consistently able to afford healthcare, private investors are looking to hospitals and physicians practices as a source of profit”.

Further, “Private equity firms, which invest money on behalf of pension funds, universities, sovereign wealth funds, and wealthy individuals, buy healthcare providers expecting them to produce a better return than the stock market. That may be no surprise to the 82 million Americans who make tradeoffs such as choosing between buying food and going to the doctor. Nor nearly half of Americans with healthcare debt who have drained their savings to pay medical bills”. Of course, what remains unsaid is if and when you get an appointment, it may not be with an MD, but rather an NP or PA neither of whom have been to medical school. And if you luck out and actually see a doctor, chances are it’s not the same one you saw before. They rotate doctors just because they have an MD they can suffice. As a consequence of that, the patient can kiss goodbye any sacred relationship being formed. Further. “Patients complain of doctors who are overly busy, long wait time for appointments, driving farther for care, and being rushed through their brief visits with physician. More than 4 out of 10 doctors reported symptoms of burnout in 2025, according to the American medical Association, **THE DOCTOR WHO’S HAD FOUR OR FIVE APPOINTMENTS PER HOUR ...NOW HAS SEVEN**”. How can anything meaningful come out of that formula? At Visionary Breast Center in La Quinta, CA, the patient never left without a complete airing of their questions and plan for follow up, sometimes that took an hour or more per patient. More, “Beyond that, physicians often feel handcuffed by the clock, prevented from spending the extra minutes with a patient that might improve patient care. They feel like their professional autonomy has been robbed from them”.

Lastly, “This focus on efficiency changed the mindset of entire hospital systems, said Dr. Patricia Martin, and anesthesiologist in practice for more than 20 years. They’re not in the business of providing the best medicine, they’re in the business of providing **good-enough** medicine for the largest number of people,” Martin told The Epoch Times. How dare they. You can bet that every one of the people behind this nonsense has a “**concierge**” doctor at their beckon in call, and the patients can go to **hell**.

We have seen in the United States the emergence of a different mindset in some of our citizenry. Because of the media, these people are given a voice. In addition, keeping people stupid through long term dumbing down in education and making it a

perilous situation speaking out against all this, is not good. It seems fraud and political identity are ensconced in some people. The GAO (General Accounting Office) just uncovered 520 billion in fraud. Elon Musk, through his work at DOGE, had uncovered billions more. All this serves as a backdrop to the next statements. Secretary Kennedy of HHS, in a speech at Hillsdale College, stated that three drug companies have paid 35 BILLION in criminal charges over the past ten years. And if you think they found Jesus with the vaccines, you're wrong. The same can be said about breast cancer. With between 3-5 million papers being published on cancer since President Nixon signed the National Act in 1971, the number of yearly deaths from breast cancer continues to climb, now surpassing 43, 000 that we know of.

Incrementally hardly noticeable changes to the once sacred doctor/patient relationship have been instituted. The public is forced to accept this nonsense without a whimper. Back in the late seventies and early eighties, there was no widespread involvement with such entities as HMOs or private equity, and hospitals didn't buy up private practices. That is how it was, now it isn't.

A person or family selected a doctor based on perhaps a referral from a friend or family member. When you made an appointment, it was with the same doctor year after year and decade after decade. Trust was developed and the doctor was free to order whatever tests they felt indicated and proceeded with any treatment as indicated. Referrals to other specialists were almost immediate without the meddling of a *gatekeeper*. If you wanted to actually talk to your doctor, all you had to do was call the office and be connected or after hours, call their answering service. You were connected immediately (because we all carried a beeper) to your doctor, not a scheduling person. Nowadays, people complain about a 'phone tree' after hours saying we're closed, call back during regular business hours and ask to speak with scheduling. Then if you do get an appointment, it's probably not with the doctor you saw or are comfortable with but someone who has never seen you and is just there because they have an MD after their name and can legally suffice. And everyone wonders why our emergency rooms are inundated.

More specifically our concern is breast imaging, breast cancer, and follow-up. MIT just came out with another 'game changer.' Their AI has the ability to detect breast cancer three years ahead of normal mammography imaging. Great, but so what.

The so what is just what women are going to be beneficiaries of this '**game changer**'? You can bet it's not access for all and only offered to a limited number of women. Who is in charge of saying yeah, this '**game changer**' has to be in every mammogram center. But, of course, no one is in charge to make that decree. The issue doesn't stop there. In building a better mouse trap to find breast cancer, there is total disregard for the reason a burgeoning number of women are not coming in as recommended to a cold, crowded, and anxiety producing reception imaging center in a hospital.

MedStar Health recently did a survey regarding this very issue (adhering to recommended guidelines). They found that 59% of women over 40 were not going to adhere to recommended guidelines and 23% of women said they have never had a mammogram. What the medical-industrial complex fails to understand or better, they know it, but they don't give a damn, that is, if the 'system' doesn't change from the slash-poison-burn approach, as Dr. Raza calls it in her book, "The First Cell", it doesn't make any difference in the mindset of the women. That if

the 'system' finds something, disaster is right around the corner with physical, psychological, and financial hell to pay with everlasting grief and an unending sense of futility. So, build all the 'game changers' you want but if EVERY WOMAN doesn't benefit, then the 'system' has failed and you perpetuate failing to identify in time women like Ananda Lewis. She was a prominent TV personality on BET who died on June 11, 2025 from metastatic breast cancer. She was probably afraid of what would happen to her if she came in. If you multiply her by thousands of women across the land who are fed up with the foisting on them of surgery, chemotherapy, and radiation without the system continually looking out for less and less invasive ways to diagnose and treat breast cancer, then that is a real problem the 'system' doesn't care about.

Again, the system (unsaid) says, "We know what's best for you, so just suck it up and shut up." In 2024 I had our poster accepted for presentation at what some would argue is the largest dedicated breast cancer conference. It was in Milan, Italy. The poster is on the next page. Well, they had kiosks scattered around so all you had to do was type in the category and the posters would come up. All well and good except for ours the entire poster was redacted/removed so all you saw was the image. No explanation from anybody. Further, one of the drug companies had a huge image of a woman who had obviously had bilateral mastectomies posing with her robe open so you could see her bare chest. The caption was, 'Knowledge is Power.' And you want to know why women are increasingly fed up with the status quo of slash-poison-burn?

Fifty years and billions in research and in 2024 showing a woman with both breasts removed women are supposed to be in love with that? Like you don't really need those breasts, besides we'll fix you right up with oncoplastic reconstruction, almost like new! BS.

For all the reasons presented wherein and the ones we are not privy to, it is time for the United States of America to reevaluate our total approach to women concerning breast cancer diagnosis and treatment. In our opinion, there are only three people who could bring about the needed change. Those people are the Secretary of Health and Human Services, Secretary Kennedy. Another is Director of the National Institutes of Health, who himself called for launching a second scientific revolution in a brochure he wrote for Hillsdale College called *Imprimis* May 2036, Volume 55, Number 5. His name is Dr. Jay Bhattacharya.

Of course, the last one who could absolutely force change and free women of this curse is President Trump. He could call a round table of experts across the country to tell him how to end the suffering wrought by breast cancer, then get to it. We have every faith because the medical-industrial complex is run by very smart people, if they dedicated themselves to finding alternative diagnostic and treatment modalities, then ending the suffering might come about for **ALL** women. I think Lavender should be at that roundtable. If anyone has a better idea and cancer-free patients at ten years with their breasts intact, normal activity resumed immediately, no surgery, no chemotherapy, no radiation, and no hospital, we will shut up and go fishing. G-d forbid though as we said before, the house of cards comes crashing down, the doctors who have forcibly kept their mouths shut are freed to speak and our 150 million women are freed from the curse of breast cancer, what a glorious day that would be. Below is our poster and followed by the redacted poster (without our knowledge) at arguably the largest

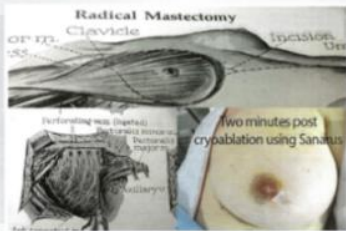
dedicated breast conference. The black is where all the writing was.

THE LAVENDER WAY/LAVENDER PROCEDURE

A WAY TO DEFEAT BREAST CANCER WITHOUT SURGERY, CHEMOTHERAPY, OR RADIATION WHILE SAVING MILLIONS AND SAVING MILLIONS OF LIVES. A LARGE CANCER CENTER IS NOT NEEDED, ANY TRAINED DOCTOR CAN DO IT.

Bretz Phillip MD, Mantik David MD, Ph.D., BG Lynch Richard DO, Djordjevic Borko MD
Visionary Breast Center, La Quinta, California

Since we are in Italy, it's only appropriate we reference Dante Alighiere's supreme work 'The Divine Comedy' (1321) or Dante's Inferno. In it, Virgil takes Dante on a Journey through hell. There is a sign at the entrance, 'LASCIATE OGNE SPERANZA, VOI CH'INTRATE - ABANDON ALL HOPE, YE WHO ENTER HERE!' To understand Lavender, one must abandon all previously learned dogma about how to diagnose and treat breast cancer. Below is an image of where we were and where we are now. We believe Lavender could be a global solution.

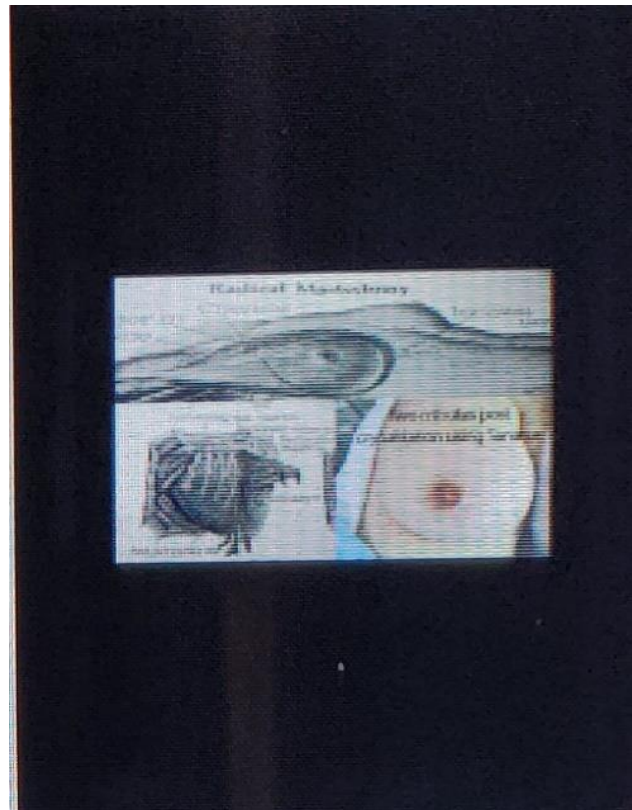


The Lavender Way is a method of diagnosing nascent breast cancers (5-8mm) essentially before they attain the capacity to metastasize. This is accomplished using multiple non-radiation diagnostic modalities (including modified military infrared), all FDA approved. This then presages The Lavender Procedure using cryoablation (liquid nitrogen) to kill the tumor with the patient fully awake, able to ask questions with her significant other at her side. It is a 20 minute in-office procedure where NORMAL activity is resumed immediately (even playing 18 holes of golf) with the breast looking untouched.

The full story and ten-year results paper with survival and recurrence information can be found at:

THELAVENDERPROJECT.NET

Email: PHIL@THELAVENDERPROJECT.NET



Why did they do that? You should know.

One lasting image for our readers and you can choose which one you'd prefer for your loved one.



Fig 1

Figure 1 was taken about two minutes following her Lavender Procedure. While she had a local recurrence at five years, she underwent Lavender again and is now 12 years out with her breasts intact, negative mammogram. She is enjoying life in the South of France with her husband who didn't leave. This is as it should be in our opinion. Figure 2 is obviously a patient with bilateral mastectomies, a radical on the right, modified radical on the left. If you look closely, the surgeon sutured her right side up like a



Fig 2

football. We think these images should be on billboards across the country, so women are set free to see what's possible for them if people cared to change things.

One last thought concerning the reason the N.S.A.B.P. excluded our group from becoming a Principal Investigator in the P1 prevention trial. Previously we said the N.S.A.B.P. referred to us, including Bretz, as a loose cannon. Could it be that if they let us in

that eventually we would become privy to the fact that there were 4 endometrial cancer deaths in B-14 and no mention of this fact in the informed consent in the P1 trial that women were betting their lives on? If Bretz found out, there was a likelihood that since he didn't have a boss, that he would expose the truth? Who knows.

Just so the reader doesn't think it was all doom and gloom, here is an interesting anecdote. When we were gaining traction, ECOG (Eastern Cooperative Oncology Group) out of the University of Wisconsin in Madison, invited all of us, including ICI principals, to a meeting. We sat and listened to the oration of ECOG's director who said they didn't want to be first and dirty (meaning us). We kept our mouths shut. How many years did they have and nothing about prevention? Later that afternoon they had a BBQ. ICI lead attorney took me aside to tell me this story. The company thought that one of these days someone was going to come up with a prevention trial. ICI loved the idea, because they could extend their patent. They thought they would issue a 7.5mg P pill. The 'p' would, of course, stand for prevention. But the inside joke in the company was the 'P' stood for Phil. 24

I would like to close this paper, but daily publications reinforce what I'm saying. Here are a couple. These two are taken from Beckers hospital Review. The first is, "CMS penalizes 2,334 hospitals for high readmissions: 6 things to know". The second one is "For-profit hospitals tied to more deaths, nurse understaffing: Study". What could possibly be the reason for this? Could it be that 75% of the doctors are hourly employees and have lost any personal responsibility for outcomes? Could it be that hospitals, HMOs, and private equity are putting profit ahead of proper care of our people? And no one is lifting a finger to change anything. It's like the fix is in. Who cares as long as I'm getting that fat paycheck.

Then on TVs YouTube just yesterday there was an account of a women testifying about her treatment at a hospital in Texas during Covid. Among other things, she said the "hospitalist," when he found out she chose not to be vaccinated, told her she was going to die. Further, they didn't give her water for a number of days. She pleaded for Ivermectin – nothing. What?

As soon as you take out all the personal responsibilities out of the equation, I think this is what you get. Of course, the public never gets to read these, they are just treated like cattle now.

So now with all that, the title of this paper still stands, "Crimes

against Humanity in Breast Cancer". Good luck calling your congressman to change things or the President for that matter. Let's look at some other quotes From Dr. Raza's book, "The First Cell".

"Many more, however, have died. When the decisions and actions that lead up to those deaths are not reexamined carefully, questioned, challenged, the indifference – our silence – kills patients again and again."

"My criticism is directed not at us but at the system we have unwittingly evolved and the culture we have unintentionally created collectively both in clinical practice and basic research."

"The new strategy is to stop chasing after the last cancer cell and focus on eliminating the first."

"Since 2005, 70 percent of approved drugs have shown zero improvement in survival rates while up to 70 percent have been actually harmful to patients."

"We boast of magnificent godlike technologic advances, editing the genome efficiently, turning genes on and off at will - yet cancer treatment, for the most part remains Paleolithic in comparison."

"Among the 9.5 million new cancer cases diagnosed during a fourteen-year period in America, almost half {42.4% percent} had lost all their life savings within two-plus years."

"A good 70 percent of what is reported is not reproducible."

"How good are the solutions we offer if we constantly have to ask ourselves whether the cancer or the treatment we prescribe will kill the patient?"

"Hopes of finding better drugs using the existing discovery platforms or using even more artificial systems of genetically engineered animals are as realistic as dissecting the brain and expecting to discover consciousness."

"Cancer crushes hope, leaving a wasteland of grief, depression, despair, and a sense of unending futility."

"I predict a radical shift in all of health care in the coming decades." To that last quote we say, Lavender is the new pink and Lavender here we come.

We hope you found this little diversion interesting as your protocol may be next to be usurped.

You can decide for yourself if knowing the possibility of Lavender exists, yet they still foist surgery, chemotherapy, and radiation on America's misinformed women, if that isn't a crime.



Fig A



Fig B



Fig C

Usually, these figures are followed by an explanation of each. However, we view these images as so unacceptable when Lavender is an alternative we decline to point out the obvious.

The last image on the next page should prove our point, that Lavender could be implemented, not only across the United States of American but the entire world in short order, as fast as we could train doctors. I remain steadfast that virtually all the suffering wrought by breast cancer can be eliminated with Lavender. LAVENDER IS THE NEW PINK.



Fig D

I'll explain this one. It was taken about a minute after the Lavender Procedure. This patient, while Her 2 positive, had no surgery, no chemotherapy, no radiation and no hospital and is 12 years out now with negative mammography. She refused Herceptin because of the possible cardiac effects. She is enjoying life as it should be. She is free of the endless sense of fear, despair and futility wrought by standard-of-care. There is a little dab of antibiotic ointment at about 5 o'clock just below the nipple at the site of the cryoprobe entrance. Normal activity is resumed immediately with one patient playing 18 holes of golf.

If anyone has a better answer to breast cancer that can be implemented worldwide **NOW** and save millions of women and their breasts, please step up to the plate and let the world know. Having all these millions of scientific papers and huge cancer

centers, have they eliminated any suffering? Or have we just, with all these billions spent, inflicted more unconscionable suffering on women. You should know the answer now.

As a postscript, I wrestled/agonized with the fact that pointing out the cabal's action against us would necessarily involve Dr. Fisher, who is no longer with us to defend himself or refute anything. Are people entitled to know how their tax money is spent? That story is how our country's first large-scale breast cancer prevention clinical trial played out. I feel I have provided (in writing) everything I say is true. Any quotes by Dr. Fisher were actually taken down immediately after any encounter and are included in the book, "Sacrificing America's Women".

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