

Reference: Patient B

Lourdes KXXXXXX

Date of Birth: 7/12/52

51 year old W female who presented to Dr. Buttar's clinic on April 29, 2004 with chief complaint of stage 4 ovarian cancer. Initial Diagnosis was made on 8/13/02 of adenocarcinoma of the ovary, with staging in 2002 being Stage III-C. Patient underwent a suboptimal BSO with tumor debulking. Pt's history included a TAH in July 2000 with ovaries were left. After dx with ovarian cancer, patient underwent 8 treatments of chemotherapy (Taxol/Carboplatin) from 9/9/02 until 4/3/03. Ca 125 continued to rise from 202 to 715. CAT scans showed persistent 2.5.cm mixed radio dense mass on the bladder. By 6/25/03, CA 125 marker had risen to 1292. On 7/25/03, chemotherapy was changed to weekly doses of Topotecan. In 8/03, repeat CAT scan revealed lesion in liver In 9/03, chemotherapy was again changed, this time to Doxil on a monthly schedule. By 12/03, chemo was discontinued because of no significant improvement and also due to patient experiencing and unable to tolerate side effects. By 4/15/04, CA 125 markers had been elevated to 10,028 (normal 0-35). That same month, 2 weeks later, on 4/29/04, patient presented to us after family physician referred patient. Pt began treatments at Dr. Buttar's clinic on May 17, 2004 and received less than 1 month of treatment using Dr. Buttar's protocol.

Patient was discharged from our practice due to noncompliance and failure to make payments and was last seen in Dr. Buttar's clinic on June 11, 2004. Despite patient being non-compliant with treatment schedule, diet, etc., CA 125 markers dropped from 10,028 in April to 6,219.3 in May, clearly establishing efficacy of Dr. Buttar's treatments. Arrangement and scheduling for patient to return to her primary care physician were made and documented. Patient reportedly died sometime in November, more than 5 months after we had seen her.

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Each numbered item below is the NCMB's expert reviewer's comments on the charts. Each bulleted item is our response, with references to the medical charts showing the facts.

- **Dr. Peterson:**

1. "Treated by Dr. Buttar with alternative therapies without success."
  - ***Above statement is FALSE.***
  - ***B3a: Patient presented with a history of Stage 4 metastatic ovarian cancer, with most recent Ca 125 level of 10,028.1 documented during initial history.***
  - ***D1: LabCorp Test : Cancer Antigen (CA) 125 - 10,028.1 on April 15, 2004.***
  - ***A1: Patient requested and signed consent for treatment on April 29, 2004***
  - ***J1: Patient started Dr. Buttar's IV treatment protocol on May 17, 2004 after full evaluation to assess ability to tolerate treatment.***
  - ***D20: LabCorp Test CA 125: 6,219.3, Dated June 11, 2004***

- **Clearly, patient was refractory to ALL previous chemo administered over almost 2 years.**
  - **In LESS THAN 4 weeks, patient's CA125 drops by almost 4,000. This is objective proof that our treatment worked better than ANY other treatment the patient had previously undergone.**
2. NCMB Expert's (Dr. Peterson) opinion on Treatment – Below standard of practice/care
    - **Largest drop in Ca 125 after Dr. Buttar's treatment**
      - **Before Dr. Buttar's treatment: Ca 125 of 10,028.1**
      - **After Dr. Buttar's treatment: Ca 125 of 6,219.3**
    - **Reference: D1, D20, D27**
      - **Clearly, above and beyond the standard of care**
  3. NCMB Expert's (Dr. Peterson) opinion on Records – Below standard of practice/care, because SOAP not used.
    - **SOAP notes are clearly used throughout the medical record.**
    - **Reference:**
      - **C1a, C1b, C2: SOAP is clearly used.**
      - **C3a – C3b: SOAP is clearly used.**
      - **C5a – C5b: SOAP is clearly used.**
      - **C6: SOAP is clearly used.**
  4. NCMB Expert's (Dr. Peterson) Overall Opinion – Clearly below standard of practice/care.
    - **Non-compliant patient with Stage 4 metastatic ovarian cancer, refractory to conventional therapy. Referred to Hospice.**
    - **Sought treatment from Dr. Buttar. Results clearly show significant drop in cancer markers in LESS THAN 4 weeks (treatment from May 17, 2004 until June 11, 2004), when conventional chemotherapy CLEARLY failed over a sixteen month period.**
    - **Results clearly BEYOND the standard of care.**
    - **Dr. Peterson indicates he does NOT know what this treatment is. By his own admission, he is not an expert on this subject and therefore is NOT qualified to make a peer review in this case.**
    - **Failure for the "expert" to recognize a drop of 4000 points in CA 125 as significant evidence of**
  5. Dr. Peterson states the patient chart does **not** follow the Problem Oriented Medical Record method known as SOAP.
    - **C1a – C1b: SOAP is clearly used.**
    - **C3a – C3b: SOAP is clearly used.**
    - **C5a – C5b: SOAP is clearly used.**
    - **C6: SOAP is clearly used.**
  6. "Like the prior 3 patients, there is no evidence that Dr. Buttar or any physician at his clinic ever interviewed or examined Ms. KXXXXXX."
    - **B3a: 4/29 Jane Garcia's notes countersigned by Dr. Buttar**
    - **B5a – B6: 5/11 Dr. Buttar conducted a physical examination & wrote detailed Progress Notes**
    - **H2: 5/11 Dr. Buttar made notes on a bone density scan**

- **C1b: 5/19 Jane Garcia's notes countersigned by Dr. Buttar**
- **I1a: 5/19 Dr. Buttar performed an IRR treatment on patient**
- **C3b: 5/27 Jane Garcia's notes countersigned by Dr. Buttar**
- **I1b: 5/27 Dr. Buttar performed an IRR treatment on patient**
- **I2a: 6/3 Dr. Buttar performed an IRR treatment on patient**
- **C6: 6/21 Dr. Buttar had office visit with patient & wrote detailed Progress Notes**
- **I2b: Dr. Buttar performed an IRR treatment on patient**
- **C7: 6/25 Dr. Buttar gave a verbal order concerning patient to Nina Wall.**
- **C10: 6/30 Dr. Buttar engaged in an email consult with Jane where he gave treatment orders**

7. "She was treated with alternative therapy consisting of **vitamins**, IgG (?), IRR injections (?). All unproven. This is clearly not the standard of care."

- **Dr. Peterson indicates he does NOT know what this treatment is. By his own admission, he is not an expert on this subject and therefore is NOT qualified to make a peer review in this case.**
- **Treatment of this patient was NOT conducted with vitamins.**
- **Vitamins and other substances are used to SUPPORT the patients.**
- **We do NOT treat patients with vitamins. We use them to SUPPORT them while they are undergoing detoxification.**
- **We use vitamins to maintain good physiology and give the patient what they need but are lacking in their diet.**
- **This statement shows Dr. Peterson's ignorance of integrative medicine.**
- **All principals and protocols used are covered in the following courses:**
  - **AMESPA (Advanced Medical Education and Services, Physician Association) Course– AMA Cat 1, CME course, of which Dr. Buttar has been a faculty member since it's inception in 2005**
  - **ABCMT (American Board of Clinical Metal Toxicology of which, Dr. Buttar currently serves as Chairman of the Board) – Introduction to Clinical Metal Toxicology Course, of which Dr. Buttar has been a faculty member sine 1999,**
  - **ACAM (American College for Advancement in Medicine) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**
  - **ICIM (International College of Integrative Medicine) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**
  - **AAEM (American Academy of Environmental Medicine) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**
- **Reference article published in Life Extension 2/03 Title: Anti-Cancer Foods and Supplements, paragraph 4 "The National Cancer Institute (NCI) issued an unprecedented number of press releases in the year 2002 stating that the diet has a major impact on cancer." Page 61 of same article states the following "Supplements versus food" "Food contains all the nutrients the human body needs. And if we eat the right kind of food, we'll get them. The problem is we don't." "Benefit of supplements. They are concentrated and you know how**

**much you're getting (if the supplement is from a reputable company). The vitamins we recommend are pharmaceutical grade vitamins.**

- **Reference Case Studies in Advance Medicine by John C. Cline MD, BSc, Applying functional medicine in Clinical Practice. "When the advanced medicine practitioner begins to treat the chronically ill patient, one of the most important treatment strategies is to optimize nutrition in order to provide support for the body's natural detoxification mechanisms."**
    - **AMESPA (Advanced Medical Education and Services, Physician Association) Course– AMA Cat 1, CME course, of which Dr. Buttar has been a faculty member since it's inception in 2005**
    - **ABCMT (American Board of Clinical Metal Toxicology of which, Dr. Buttar currently serves as Chairman of the Board) – Introduction to Clinical Metal Toxicology Course, of which Dr. Buttar has been a faculty member sine 1999,**
    - **ACAM (American College for Advancement in Medicine) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**
    - **ICIM (International College of Integrative Medicine) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**
    - **AAEM (American Academy of Environmental Medicine) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**
8. "She was treated with alternative therapy consisting of vitamins, IgG (?), IRR injections (?). All unproven. This is clearly not the standard of care."
- **Dr. Peterson indicates he does NOT know what this treatment is. By his own admission, he is not an expert on this subject and therefore is NOT qualified to make a peer review in this case.**
  - **IgG 2000 DF, a Xymogen product, from product insert, "represents a breakthrough in immunoglobulin supplementation. It is a highly concentrated non-dairy source of serum-derived immunoglobulin antibodies and immune-proteins. It possesses 3 times more IgG and total immunoglobulin than colostrums and has twice as much cysteine, an important amino acid for maintaining glutathione levels. It also delivers 15 times the level of transferrin and Lactoferrin than colostrums alone and one daily dose supplies over 2000mg of IgG"**
    - **AMESPA (Advanced Medical Education and Services, Physician Association) Course– AMA Cat 1, CME course, of which Dr. Buttar has been a faculty member since it's inception in 2005**
    - **ABCMT (American Board of Clinical Metal Toxicology of which, Dr. Buttar currently serves as Chairman of the Board) – Introduction to Clinical Metal Toxicology Course, of which Dr. Buttar has been a faculty member sine 1999,**
    - **ACAM (American College for Advancement in Medicine) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**

- *ICIM (International College of Integrative Medicine) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past*
- *AAEM (American Academy of Environmental Medicine) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past*

9. "She was treated with alternative therapy consisting of vitamins, IgG (?), **IRR injections (?)**. All unproven. This is clearly not the standard of care."

- *Dr. Peterson indicates he does not know what this treatment is*
- *IRR's are NOT a treatment for cancer*
- *IRR is the **infraspinus respiratory reflex treatment**, as published in the American Journal of Family Practice to increase oxygen capacity and respiratory reserve.*
- *Cancer is an anaerobic metabolizer. Increasing aerobic metabolism from the predominant anaerobic metabolism characteristic in oncogenesis has been shown to be highly beneficial to cancer patients.*
- *We are simply improving patient oxygen utilization*
- *Each IRR procedure is documented, with VS, and O2 saturation Pre –Treatment and Post Treatment are recorded, showing immediate results post procedure.*

10. "The standard of care would have (been) a chemotherapy trial or hospice referral."

- *Patient underwent 16 months of chemotherapy prior to presentation to Dr. Buttar.*
- *Dr. Peterson, by this statement, indicates he is not an expert on this subject and therefore is NOT qualified to make a peer review in this case.*
- *We practice ABOVE the "standard" of care, which is CLEARLY shown by the results:*
  - *Before Dr. Buttar's treatment: Ca 125 of 10,028.1*
  - *After Dr. Buttar's treatment: Ca 125 of 6,219.3*

11. "No physician contact documented."

- *B3a: 4/29 Jane Garcia's notes countersigned by Dr. Buttar*
- *B5a – B6: 5/11 Dr. Buttar conducted a physical examination & wrote detailed Progress Notes*
- *H2: 5/11 Dr. Buttar made notes on a EKG*
- *C1b: 5/19 Jane Garcia's notes countersigned by Dr. Buttar*
- *I1a: 5/19 Dr. Buttar performed an IRR treatment on patient*
- *C3b: 5/27 Jane Garcia's notes countersigned by Dr. Buttar*
- *I1b: 5/27 Dr. Buttar performed an IRR treatment on patient*
- *I2a: 6/3 Dr. Buttar performed an IRR treatment on patient*
- *C6: 6/21 Dr. Buttar had office visit with patient & wrote detailed Progress Notes*
- *I2b: Dr. Buttar performed an IRR treatment on patient*
- *C7: 6/25 Dr. Buttar gave a verbal order concerning patient to Nina Wall.*

- **C10: 6/30 Dr. Buttar engaged in an email consult with Jane where he gave treatment orders**
- **Dr. Mann:**
1. "The patient continued to experience progression of her cancer despite the therapies provided by Dr. Buttar."
    - **Above statement is FALSE. Reviewer has perjured himself.**
    - **B3a: Patient presented with a history of Stage 4 metastatic ovarian cancer, with most recent Ca 125 of 10,028.1 documented during initial history.**
    - **D1: LabCorp Test : Cancer Antigen (CA) 125 10,028.1 on April 15, 2004.**
    - **A1: Request and consent for treatment on April 29, 2004**
    - **J1: Patient started Dr. Buttar's IV treatment protocol on May 17, 2004**
    - **D20: LabCorp Test CA 125: 6,219.3, Dated June 11, 2004**
      - **Clearly, patient was refractory to ALL previous chemo administered over almost 2 years.**
      - **In LESS THAN 4 weeks, patient's CA125 drops by almost 4,000.**
      - **This is objective proof, despite patient being non-compliant, that our treatment worked better than ANY other treatment the patient had previously undergone.**
    - **The issue of non-compliance:**
      - **C3a: Documentation under the Subjective portion of progress note where , pt admits to partial compliance of parasite protocol.**
      - **C4: Note to chart that pt had not started Rx for Cipro**
        - **C5b: Documentation under Plan of progress note pt is counseled re non compliance**
      - **C6: Documentation under Subjective portion of progress note regarding lengthy discussion re non-compliance**
    - **D27: Chronological timeline from 08/13/02 - 06/11/04, showing patient's response to overall treatment.**
      - **Largest drop in Ca 125 after Dr. Buttar's treatment**
      - **Before Dr. Buttar's treatment: Ca 125 of 10,028.1**
      - **After Dr. Buttar's treatment: Ca 125 of 6,219.3**
  2. "Consistent with care provided by allopathic practitioners using complementary modalities – generally safe, limited evidence for efficacy."
    - **As already referenced (D1, D20, D27), results of this patient's treatment are BEYOND any care provided by allopathic practitioners using any modalities.**
  3. "Patient received over 200 infusions of a variety of cofactors, trace elements and other substances of benign nature."
    - **IV treatments are administered via a protocol established to change the underlying physiology of the patient from an acid to alkaline state with an emphasis in increasing aerobic metabolism from the predominant anaerobic metabolism characteristic in oncogenesis.**
    - **IV infusion given based on protocol, as per the AMESPA Course, which is an ACCME approved, AMA Category 1 CME course.**

- ***Patient's response to IV treatment is documented in the nursing notes on a daily basis to assess any adverse clinical status or side effects of treatment.***
4. "No side effects recorded."
- ***Patient's response to IV treatment is documented in the progress notes, as well as nursing notes by nursing staff, on a daily basis to assess any adverse clinical status or side effects of treatment and per protocol is brought to the provider immediately.***
  - ***There were no such adverse effects or clinical status change in this patient and therefore, there is nothing documented.***
  - ***Each subjective component in the progress notes details the patient's response to all treatment.***
  - ***C1a: Under Subjective portion of SOAP note, documentation of pt's response to all treatments.***
  - ***C3a: Under Subjective portion of SOAP note, documentation of pt's response.***
  - ***C5a: Under Subjective portion of SOAP note, documentation of pt's response.***
  - ***C6: Under Subjective portion of SOAP note documentation of pt's response.***
5. "No mention of improvement or change mentioned."
- ***Each subjective component in the progress notes details the patient's response to all treatments.***
  - ***C1a: ov of 5/19/04 under Subjective of SOAP note pt states had less pain in right side from initial visit.***
  - ***C3a: ov of 5/27/04 under Subjective of SOAP note pt states; Today started feeling like myself again. Woke up this am with a spark-feel like myself again, more energy, pain on right side better (much), can now sleep on right side. Appetite not much , but still eats, maintained weight at 150 lbs.***
  - ***C5a: Under Subjective of SOAP note , documentation of pt's response.***
  - ***C6: Under Subjective of SOAP note, documentation of pt's response.***
  - ***C8: Under Subjective of SOAP note, documentation of pt's response.***
  - ***As already referenced (D1, D20, D27), results of this patient's improvement are clearly documented.***
6. "Patient billed for 12 biofeedback treatments which are not described in the notes as to the nature of the training, the rationale for the therapy and the effects of the training."
- ***K1 – K21: form of treatment and effects of treatment, as well as specific anatomical regions affected by treatment are documented.***
7. "There was no full note by Dr. Buttar."
- ***B5a – B5b: 5/11 Dr. Buttar conducted a physical examination & wrote detailed Progress Notes***

- **H2: 5/11 Dr. Buttar made notes on a bone density scan**
  - **C6: 6/21 Dr. Buttar had office visit with patient & wrote detailed Progress Notes**
8. "One of Jane Garcia's note was not countersigned and was undated, five were countersigned by Dr. Buttar."
- **As we understand, the NC Medical Practice Act (during that time period) did not require NP notes to be countersigned**
  - **C8: That it was undated was a clerical error that had no negative outcome. If the date of the Progress Note was ever in question, a quick look in our scheduling program would clarify.**
10. "Several notes by Ms. Garcia were difficult to read."
- **Agreed.**
11. "Two forms were included for patient self assessment of symptoms and one assessment of clinical condition. They were unlabelled, and one was undated, neither were signed."
- **B1a - B1b: self assessments of the patient dated 4/22/04**
  - **B2a - B2b: 4/22/04, is part of the patient's initial package**
12. "No correlation of therapy with changes in laboratory values or clinic status during the two months of her care with Dr. Buttar."
- **D2 – D26: Requirement for monitoring renal function, hepatic function, electrolytes, and hemoglobin counts in a cancer patient are HIGHLY relevant, especially when they are aggressively being treated for a stage 4 cancer with multiple IV regiments daily.**
    - **Labs HIGHLY necessary to monitor patient safety**
    - **Labs HIGHLY necessary to assess patient response**
    - **Labs necessary to assist in guiding treatment intensity**
    - **D20: Documentation of CA 125 for efficacy of treatment**
  - **G1 –G17: Cancer panels necessary to establish immune function, with detailed explanation in charts provided**
    - **G9, G10: explanation of significance of level of uncontrolled cellular proliferation monitoring in immunocompromised pts.**
    - **Immune function – CD 19, CD 56 counts**
    - **Immune function – NKHT3 + Immunocompetent Natural Killer Cells, NK Cell activity, NK cell activity/cell**
    - **G6, G11: Lymphocyte Subpopulation profile – CD2, CD4, CD8, CD 3, CD 26**
    - **G1, G9, G13: Cell cycle Analysis and dysregulation in oncogenesis**
    - **G3, G12: Apoptosis and subsequent suppression of apoptosis in cancer explained in detail**
13. "Several forms were unlabeled as to what parameters they were recording."
- **There was no specifics to what the reviewer was referring to. All lab forms are either appropriately labeled or organized in the correct section of the chart.**
14. "The record does not use SOAP."



- **C1a, C1b: The SOAP format is clearly used.**
  - **C3a, C3b: The SOAP format is clearly used**
  - **C5a, C5b :The SOAP format is clearly used**
  - **C6: The SOAP format is clearly used.**
15. "Specific therapies non-harmful but not fully justified. Some therapies (biofeedback) not described or justified."
- **Dr. Mann indicates by this statement that he does NOT understand the physiological basis and justification of our treatment. He is not an expert on this subject or in the treatment of cancer and therefore is NOT qualified to make a peer review in this case.**
16. "Repetitive testing of lipids and iron and iron binding capacity is questionable."
- **Doing complete panel with lipids was cheaper test than separating test. Patient was not charged for serum lipids.**
  - **Cancer patients as with other chronic disease, exhibit lower serum lipids. Increase in lipid profile appears to be a good prognostic marker for our treatment regimen.**
  - **It is clear Dr. Mann is NOT an expert in the integrative approach to treating cancer**
  - **D2 – D26: Requirement for monitoring renal function, hepatic function, Iron, TIBC, % saturation, Ferritin, electrolytes, and hemoglobin counts in a cancer patient are HIGHLY relevant, especially when they are aggressively being treated for a stage 4 cancer with multiple IV regiments daily.**
    - **Labs HIGHLY necessary to monitor patient safety**
    - **Labs HIGHLY necessary to assess patient response**
    - **Labs necessary to assist in guiding treatment intensity**
  - **Lipids, Fe, TIBC, %saturation, Ferritin, Chem. profile ordered after 5<sup>th</sup> anionic surfactant treatment according to standard protocol, as established by multiple medical societies, including:**
    - **AMESPA (Advanced Medical Education and Services, Physician Association) Course– AMA Cat 1, CME course, of which Dr. Buttar has been a faculty member since it's inception in 2005**
    - **ABCMT (American Board of Clinical Metal Toxicology of which, Dr. Buttar currently serves as Chairman of the Board) – Introduction to Clinical Metal Toxicology Course, of which Dr. Buttar has been a faculty member sine 1999,**
    - **ACAM (American College for Advancement in Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**
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    - **AAEM (American Academy of Environmental Medicine's) Heavy Metal Course of which Dr. Buttar has been a faculty member in the past**
17. "Dr. Buttar did not document his own examination of the patient but did countersign most of his NP's notes."

- ***B5a: 5/11 Dr. Buttar conducted a physical examination & wrote detailed Progress Notes***
- ***H2: 5/11Dr. Buttar made notes on a EKG***
- ***C6: 6/21 Dr. Buttar had office visit with patient & wrote detailed Progress Notes***