DANA-FARBER CANCER INSTITUTE | BRIGHAM AND WOMEN'S HOSPITAL

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To The Members of the Review Committee:

I am writing to support the application of Glenn Sabin for an NCI SBIR Award. Although I am not an expert in complementary alternative therapy, I have witnessed an extraordinary patient who has achieved a clinical response through non-conventional treatment approaches. I am writing this clinical history with full approval of the patient who has read the history and has given me permission to share it with you.

I have cared for Glenn Sabin since February 1992, nearly 16 years. Glenn is now 45 years old and without a bone marrow biopsy it would not be possible to know that he has had B-cell small lymphocytic leukemia since 1991.

Glenn was well until September 1991 when he presented with a large left upper quadrant abdominal mass and severe anemia (HCT 25). CT scan demonstrated massive splenomegaly measuring approximately 30 cm without any significant lymphadenopathy. Immunophenotyping revealed 70% CD20 dim positive B cells coexpressing CD5. Bone marrow biopsy showed multiple peritrabecular, non-paratrabecular lymphoid aggregates comprising 10% cellularity and 5% of the intratrabecular consistent with infiltration with low grade NHL, predominantly nodular and focally interstitial. Splenectomy was performed on November 25, 1991 confirming the diagnosis of small B-cell lymphoma.

Glenn first came to Dana-Farber Cancer Institute in 1992. We confirmed the diagnosis of B-cell small lymphocytic lymphoma and adopted an approach of watchful waiting. Over the years, we followed him carefully by assessing marrow infiltration (percentages ranging from 30 percent of the cellularity and 15 percent of intratrabecular space) and CT scans. By January of 2001 the cellularity was 60 percent and 30 percent of the intratrabecular space, but we continued to watch and wait.

By June of 2003, the cellularity increased to 70 percent, with 65 percent of the intratrabecular space. Later that year, we became quite concerned about Glenn. His tumor cells had lost their CD5-positivity and he developed hemolytic anemia with elevated LDH, high reticulocyte counts and low haptoglobin. He had a Coombs positive anemia, and the marrow infiltration was 65-70 percent of the intratrabecular space.

We strongly recommended conventional treatment at that time and referred him to Johns Hopkins. Glenn chose not to begin treatment, but instead made some modifications to his self-

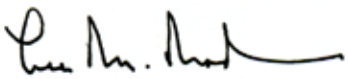
designed integrative medical protocol, which includes exercise, nutritional pharmacology and food-based nutrition. Glenn was not treated with conventional therapy.

On staging in May 2006, Glenn was observed to be in a clinical remission with no evidence of his leukemia in blood, flow cytometry, or on physical examination. He has adhered to extensive numbers of alternative therapies, as well as adhered to a strict vegetarian based diet and reverse osmosis water. He demonstrates normal laboratory counts, normal hematocrit, and normal platelet count. Physical examination was completely unremarkable, as was a PET/CT scan. The bone marrow aspirate showed maturing trilineage hematopoiesis with frequent small lymphocytes, consistent with the patient's underlying lymphoproliferative disorder. The flow cytometry analysis of the marrow aspirate shows a population of B-cells, CD19 and CD20, it co-expressed variable CD23, showed dim monotypic expression of kappa light chain, and the population was negative for CD5, 10 and lambda light chain, demonstrating a very typical chronic lymphocytic leukemia population so this is consistent with the known lymphoma CD5 variant probably of chronic lymphocytic leukemia. Bone marrow biopsy: He has infiltration approximately 60 percent of the cellularity and 50 percent of the intratrabecular space by nodular and interstitial infiltrate of small lymphocytes. The erythroid elements are normal. The myeloid elements are normal, and the diagnosis chronic lymphocytic leukemia.

In my 30-year experience caring for patients with lymphoma including numerous patients with B-CLL and small lymphocytic lymphoma, I have never seen a spontaneous remission. Glenn has shared his approach with several of my patients. When they have employed his approach and have adhered to the regimen, their tumors have appeared to stabilize and occasionally have been reduced. They have not followed Glenn's comprehensive regimen in a formal, clinical setting, so these have been anecdotal observations only.

I strongly support the concept that Glenn's approach merits testing in patients under strict entry criteria and adherence. I strongly urge you to fund this study.

Best wishes,



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