

# BURZYNSKI

the movie

## JODI FENTON (GOLD)'S DIAGNOSIS & RECOVERY DOCUMENTS

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

These medical records are made available for public viewing by written permission from Jodi Fenton (Gold), in cooperation with the Burzynski Clinic.

[www.burzynskimovie.com](http://www.burzynskimovie.com)

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DEPARTMENT OF MEDICAL IMAGING  
SAINT JOHN'S HEALTH CENTER

Report of Radiologic Findings

EXAMS: 000670598 HEAD WITHOUT IV 70450

COMPUTERIZED TOMOGRAPHY OF THE BRAIN, 5/11/00

INDICATION: Possible mass lesion.

PROCEDURE:

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

FINDINGS:

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

CONCLUSION:

1. Approximately 2 cm low density lesion in the deep white matter of the left parietal lobe, near the vertex. This was demonstrated on an MRI scan earlier in the day to represent a mass. The lesion does not contain calcifications.
2. No evidence of a midline shift.
3. No acute intracerebral hemorrhage.

REPORTED BY: [REDACTED], M.D.

TECHNOLOGIST: XJAM

TRANSCRIBED DATE/TIME: 05/11/2000 (2221) RAD.ELB

CC: [REDACTED]

PAGE 1

REPORT

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

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

REPORT OF RADIOLOGIC FINDINGS

DEPARTMENT OF MEDICAL IMAGING  
SAINT JOHN'S HEALTH CENTER

██████████ MD, Director

Report of Radiologic Findings

EXAMS: 000670057 MRI BRAIN SCAN

70551

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

HISTORY: Mass.

FINDINGS:

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

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

IMPRESSION:

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

PAGE 1

Draft Report

(CONTINUED)

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

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

REPORT OF RADIOLOGIC FINDINGS

DEPARTMENT OF MEDICAL IMAGING  
SAINT JOHN'S HEALTH CENTER

[REDACTED] MD, Director

Report of Radiologic Findings

EXAMS: 000670057 MRI BRAIN SCAN

70551

<Continued>

within the mass.

[REDACTED]  
-----  
REPORTED BY: [REDACTED], M.D.

TECHNOLOGIST: XNLP

TRANSCRIBED DATE/TIME: 05/11/2000 (2208) RAD.ELB

CC: [REDACTED]; [REDACTED]

PAGE 2

Draft Report

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

Patient: GOLD, JODI

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

REPORT OF RADIOLOGIC FINDINGS



DEPARTMENT OF MEDICAL IMAGING  
SAINT JOHN'S HEALTH CENTER

██████████ MD, Director

Report of Radiologic Findings

EXAMS: 000670451 MR SPECTROSCOPY 76390

MR SPECTROSCOPY OF THE BRAIN 05/11/00

HISTORY: Left parietal mass.

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

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

Localizing sagittal T1W and axial T2W images were performed.

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

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

IMPRESSION:

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

PAGE 1

REPORT

(CONTINUED)

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

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

REPORT OF RADIOLOGIC FINDINGS

DEPARTMENT OF MEDICAL IMAGING  
SAINT JOHN'S HEALTH CENTER

[REDACTED] MD, Director

Report of Radiologic Findings

EXAMS: 000670057 MRI BRAIN SCAN 70551

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

HISTORY: Mass.

FINDINGS:

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

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IMPRESSION:

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

[REDACTED]  
-----  
REPORTED BY: [REDACTED] M.D.

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

PAGE 1 REPORT

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

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

REPORT OF RADIOLOGIC FINDINGS



DEPARTMENT OF MEDICAL IMAGING  
SAINT JOHN'S HEALTH CENTER

██████████ MD, Director

Report of Radiologic Findings

EXAMS: 000670451 MR SPECTROSCOPY 76390  
<Continued>

Dr. ██████████ and Dr. ██████████ were notified 05/11/00 1700 hours.

██████████  
-----  
REPORTED BY: ██████████, M.D.

TECHNOLOGIST: XNLP  
TRANSCRIBED DATE/TIME: 05/11/2000 (1921) RAD.DLK  
CC: ██████████; ██████████

PAGE 2 REPORT

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

Patient: GOLD, JODI ██████████  
Doctor: ██████████  
Age: 31 Sex: F DOB: ██████████  
Patient Phone #: ██████████  
Exam Date: 05/11/2000 LOC: 281 1  
MR#: M0426279 STATUS: ADM IN

REPORT OF RADIOLOGIC FINDINGS



PRINTED: 05/17/00  
1814 HRS

PATHOLOGY REPORT

Patient: GOLD, JODI 31/F

Patient Loc: 4M

Reg:

Acct #: L014972012 M0426279

Room: 405-1

Adm: 05/15/00

Attend MD: [REDACTED]

Status: DIS IN

Dis: 05/16/00

Accession #: S-3990-00

Coll: 05/15/00

Submitted By: [REDACTED]

Recd: 05/15/00

Copies To: [REDACTED]

CLINICAL HISTORY

Preoperative diagnosis: Left parietal mass.

GROSS DESCRIPTION

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

INTRAOPERATIVE CONSULTATION WITH CYTOLOGY EVALUATION:

- Glial process.
- Most consistent with anaplastic astrocytoma. [REDACTED]

INTRAOPERATIVE FROZEN SECTION CONSULTATION:

- High grade glioma. [REDACTED]

Microscopic sections are prepared and interpreted.

\*\* CONTINUED ON NEXT PAGE \*\*



PRINTED: 05/17/00  
1814 HRS

PATHOLOGY REPORT

PAGE: 2

Patient: GOLD, JODI 31/F  
Acct #: L014972012 M0426279  
Attend MD: [REDACTED]

Patient Loc: 4M  
Room: 405-1  
Status: DIS IN

Reg:  
Adm: 05/15/00  
Dis: 05/16/00

Accession #: S-3990-00

Coll: 05/15/00  
Recd: 05/15/00

Submitted By: [REDACTED]  
Copies To: [REDACTED]

MICROSCOPIC

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

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

DIAGNOSIS

BRAIN, PARIETAL, LEFT.  
- ANAPLASTIC ASTROCYTOMA.

Signed signature on file [REDACTED]

MD 05/17/00

\*\* END OF REPORT \*\*

## Tumor Measurements

**Name: Gold, Jodi**

Patient ID: 006681

Start Date: 6/6/00  
Stop Date: 11/1/01

*Measurements are in centimeters*

Start Date+84: 8/29/00

			Ax.1	Ax.2	cm <sup>2</sup>	Total	% vs Baseline	% vs Previous	
84>	6/1/00	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	0.2 x 0.1 =	0.02				
			2. Left frontoparietal lateral enhancement	0.5 x 0.3 =	0.15				
						<b>0.17</b>	<b>0.0%</b>		
84>	7/3/00	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	x =	NVT				"NVT" stands for "no visible tumor"
			2. Left frontoparietal lateral enhancement	x =	NVT				
84>	7/31/00	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	x =	NVT				
			1. Left frontoparietal lateral enhancement	x =	NVT				
	9/11/00	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	x =	NVT				
			2. Left frontoparietal lateral enhancement	x =	NVT				
	10/11/00	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	x =	NVT				
			2. Left frontoparietal lateral enhancement	x =	NVT				
	11/29/00	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	x =	NVT				
			2. Left frontoparietal lateral enhancement	x =	NVT				
	1/16/01	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	x =	NVT				
			2. Left frontoparietal lateral enhancement	x =	NVT				
	2/26/01	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	x =	NVT				
			2. Left frontoparietal lateral enhancement	x =	NVT				
	4/27/01	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	x =	NVT				
			2. Left frontoparietal anterior enhancement	x =	NVT				
	6/25/01	MRI	Head Axial						
			1. Left frontoparietal anterior enhancement	x =	NVT				
			2. Left frontoparietal anterior enhancement	x =	NVT				

## Tumor Measurements

**Name: Gold, Jodi**

Patient ID: 006681

Start Date: 6/6/00

Stop Date: 11/1/01

*Measurements are in centimeters*


Start Date+84: 8/29/00

			Ax.1	Ax.2	cm <sup>2</sup>	Total	% vs Baseline	% vs Previous
9/24/01	MRI	Head Axial						
	1.	Left frontoparietal anterior enhancement	x	=		NVT		
	2.	Left frontoparietal lateral enhancement	x	=		NVT		
<hr/>								
12/10/01	MRI	Head Axial						
	1.	Left frontoparietal anterior enhancement	x	=		NVT		
	2.	Left frontoparietal lateral enhancement	x	=		NVT		
<hr/>								
3/11/02	MRI	Head Axial						
	1.	Left frontoparietal anterior enhancement	x	=		NVT		
	2.	Left frontoparietal lateral enhancement	x	=		NVT		
<hr/>								
6/24/02	MRI	Head Axial						
	1.	Left frontoparietal anterior enhancement	x	=		NVT		
	2.	Left frontoparietal anterior enhancement	x	=		NVT		
<hr/>								
84> 6/8/00		<b>PET Scan Head</b>						
		There is no evidence of focal localization. Negative PET scan of the head.	x	=				

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

Comments:

9/3/02  
Date

  
S.R. Burzynski M.D. Ph.D.



**Oncolmaging, P.A.****COPY**

892 Ashburn Street  
Herndon, VA 20170  
(703) 834-8877  
Fax: (530) 324-6545

  
Certified by the American Board of Radiology

September 27, 2001

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

Re: Gold, Jodi *006681*

Dear Dr. Burzynski:



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

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

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

Thank you for the opportunity to review this case.

Sincerely,

**TUMOR MEASUREMENTS**  
 Test Substance(s): Antineoplastons A10 and AS2-1  
 IND: 43,742

Date	Lesion	Exam	Modality	Projection		Dimension 1 (cm)	Dimension 2 (cm)	Product	% Change vs. Baseline	% Change vs. Previous
6/1/2000	Left frontoparietal mass	Brain	MRI	Axial	Anterior enhancement	0.3	0.2	0.06		
					Superior enhancement	0.5	0.3	0.15		
					TOTAL:			0.21		
7/3/2000	Left frontoparietal mass	Brain	MRI	Axial	No enhancement			0.00	-100.0%	-100.0%
7/31/2000	Left frontoparietal mass	Brain	MRI	Axial	No enhancement			0.00	-100.0%	N/A
9/11/2000	Left frontoparietal mass	Brain	MRI	Axial	No enhancement			0.00	-100.0%	N/A
10/11/2000	Left frontoparietal mass	Brain	MRI	Axial	No enhancement			0.00	-100.0%	N/A
11/29/2000	Left frontoparietal mass	Brain	MRI	Axial	No enhancement			0.00	-100.0%	N/A
1/16/2001	Left frontoparietal mass	Brain	MRI	Axial	No enhancement			0.00	-100.0%	N/A
2/28/2001	Left frontoparietal mass	Brain	MRI	Axial	No enhancement			0.00	-100.0%	N/A
4/27/2001	Left frontoparietal mass	Brain	MRI	Axial	No enhancement			0.00	-100.0%	N/A
6/25/2001	Left frontoparietal mass	Brain	MRI	Axial	No enhancement			0.00	-100.0%	N/A