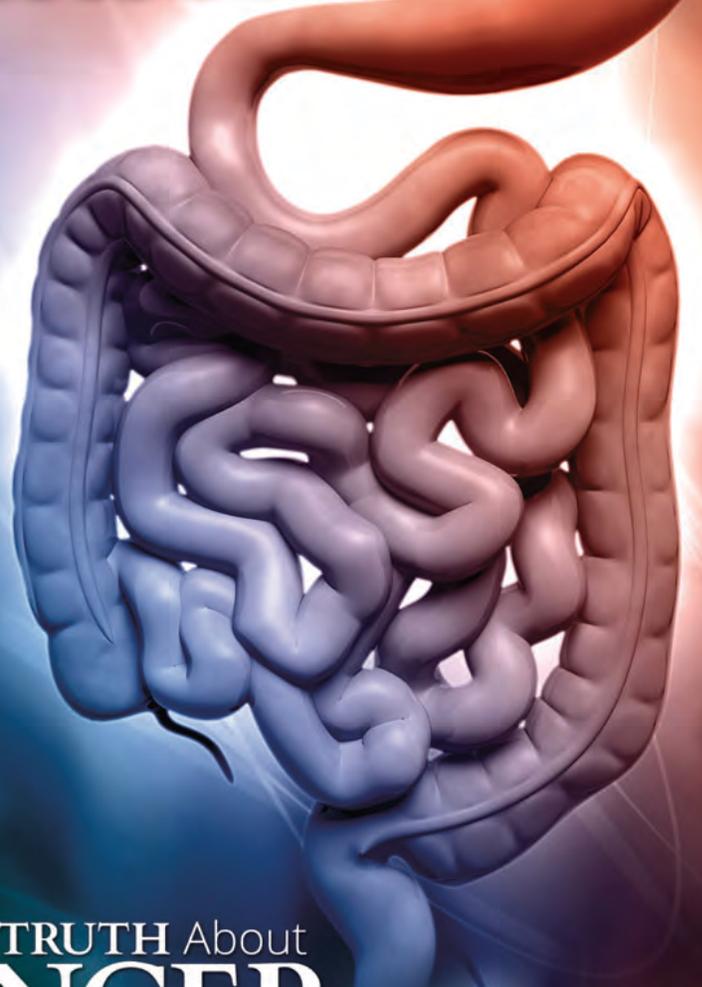


Mini
REPORT

CUTTING-EDGE
Ways to Treat and Beat
Colorectal Cancer

Ty Bollinger



The **TRUTH** About
CANCER
educate • expose • eradicate

Cutting-Edge Ways to Treat and Beat Colorectal Cancer

By Ty Bollinger

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INTRODUCTION

Colorectal cancer is the general term for cancer that starts in either the colon or the rectum.

Colon cancer and rectal cancer are similar in causes, symptoms, and risk factors but vary slightly regarding treatment options.

In this report, we'll discuss new methods of preventing, fighting, and surviving colorectal cancer. Traditional methods and holistic methods that show incredible promise.



Key Statistics about Colorectal Cancer

- Worldwide, colorectal cancer is the **third most common cancer** diagnosed in men and women and the **third most common cause of cancer death** in both genders.
- In 2012, 1.4 million new cases of colorectal cancer were diagnosed around the globe.¹
- In 2014, approximately **137,000 new cases of colorectal cancer** will be diagnosed in the United States alone. It is expected that more than **50,000 people will die** from the disease.²

When detected early, as with most of forms of cancer, the chance of survival is higher. The survival rates for colorectal cancer have been climbing in small increments over the past two decades due to advances in technology and early screening.

Still, far too many patients continue to die.

As with any cancer diagnosis, it is crucial to know the facts. You need to **know what you can do** to improve your chances of beating this devastating disease...right now.

PART 1

What is Colorectal Cancer?

Colon cancer and rectal cancer are referred to as colorectal cancer because the causations, symptoms, and risk factors for both are similar. The traditional medical treatments are slightly different and those will be addressed separately.

Your colon and rectum are part of your gastrointestinal (GI) system, which is also known as your digestive system. Your total body health is dependent on this system.³ It is how you process food, breaking it down for nutrients and energy. Without it, your body would be unable to dispose of waste.

Digestive System

- Esophagus
- Stomach
- Small intestine (small bowel)
- Liver
- Gallbladder
- Colon (ascending, transverse, descending, and sigmoid)
- Cecum
- Appendix
- Rectum
- Anus

Your colon separates the waste material (feces or stool) and it is stored in the rectum, which is the last six inches of your digestive system. Eventually, this fecal matter will be removed from your body through your anus.

Cancer of the colon and rectum is when the tissues that line the colon and rectum develop cells that become damaged or mutated and begin to grow out of control. These cells form tumors that can be benign (harmless) or malignant (cancerous and dangerous).

Many people do not realize that the colon and the rectum are what are commonly referred to as the large intestine. The colon is the first few feet and the rectum is the last six inches. Your body cannot process waste without this part of your body.

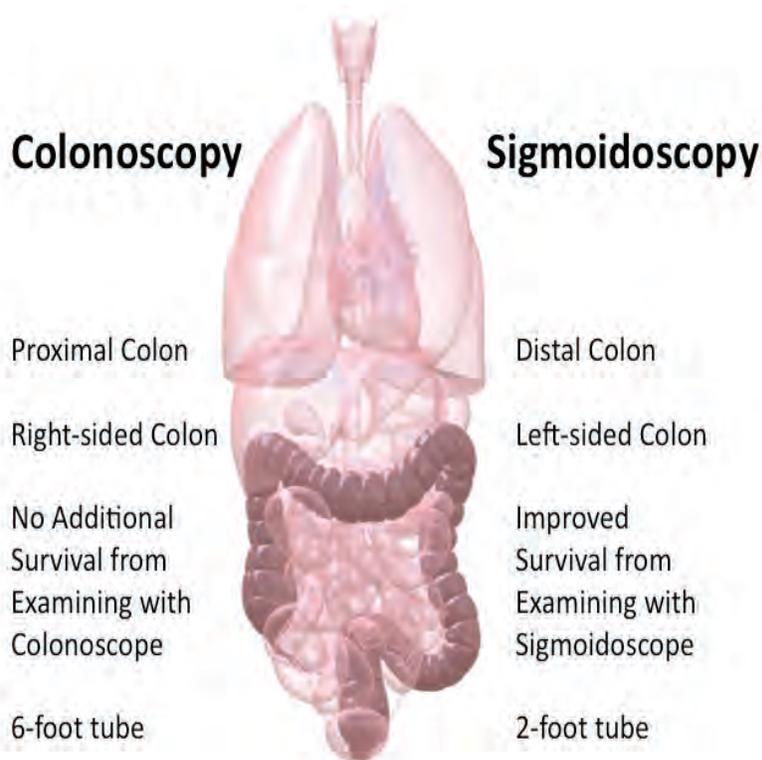
The Appearance of Polyps

As you get older, non-cancerous growths develop on the lining of your colon or rectum. These are known as polyps. Left untreated, these growths can mutate into adenocarcinoma, which are cancerous and life threatening. Most polyps can be detected through a colonoscopy and/or sigmoidoscopy, but 10% do not bulge into the colon wall.

The wall of your colon is made up of several layers of tissue. The depth of cancer growth within these layers determines the severity or stage of cancer once diagnosed.⁴

Not every polyp becomes cancerous but colon cancer can take years to develop. Once they grow along the colon or rectal wall, they may possibly spread to blood or lymph vessels. Metastasis is what it is called when cancer spreads to other areas of the body. When cancer cells enter the blood or lymph system, this process can result in cancer being detected in distant organs.

A healthy lifestyle is your first step to total body wellness and cancer prevention. However, you can't fight an enemy you don't know exists. Regu-



lar screening prevents many cases of colorectal cancer. So, what is the best method of screening? Colonoscopy or sigmoidoscopy?

Colonoscopy and sigmoidoscopy both use a thin flexible tube with a camera at the end to look at the colon. They differ in the areas of the colon they can see. Colonoscopy examines the entire colon, while

sigmoidoscopy is a partial exam that only covers the left side of the colon.

Colonoscopies became popular as a screening tool in the late 1970s. Because this instrument (the colonoscope) must travel through 6 feet of torturous and turning bowel with four right angle turns (rather than only 2 feet with two bends with a sigmoidoscope) much more is involved. The colonoscopy requires a thorough bowel preparation (lasting as long as three days), sedation, and at least 30 minutes to perform. The risks from the sedation and passage of the tube are **considerable**.

In the USA, serious complications occur in an estimated 5 per 1,000 procedures. When biopsies or polyp removals are performed, then the risk of serious complications, including bleeding, increases. One of the most serious hazards, often leading to death, is perforation of the colon, which occurs in about 1 per 1,000 procedures. In the face of that disaster

consider that to prevent one death from colorectal cancer (the benefit), 1,250 people would need to have a colonoscopy. This is almost an even exchange: for one life saved from cancer, one life is lost (or at least seriously threatened) from a complication, like perforation. Does this make sense?

In contrast, nowadays a much more comfortable sigmoidoscope exam (using a flexible instrument) can be performed, which requires at most a day of preparation, costs about \$200, and can be completed in 10 minutes. No sedation is required and harm is rarely caused to the patient.

PART 2

Symptoms of Colorectal Cancer

The initial symptoms of colorectal cancer may be mild or even nonexistent. Some patients don't experience indications that something is wrong until the cancer has already advanced.

One of the primary reasons colorectal cancer claims the lives of so many is that the topic and location are not something most people like to discuss – even with their doctor. The symptoms may be embarrassing, especially as they gradually worsen. Pre-screening is put off due to the invasive and intensely personal nature.

Fewer than **4 out of 10 patients are diagnosed at the earliest stage** of colorectal cancer. Those patients have a survival rate of 90% over five years.⁵

Since the average age of diagnosis in the United States is 72, experts agree that regular screening after the age of 50 greatly increases your chance of stopping polyps before they turn cancerous.

Symptoms may be **local** (directly affecting your colon or rectum) or **systemic** (affecting other areas of your body).⁶ Systemic symptoms become more obvious as colorectal cancer metastasizes (cancer cells break away and enter the blood stream or lymph system) to other parts of the body or begins to affect deeper layers of the colon and rectal wall.

Local Symptoms of Colorectal Cancer

- Changes in frequency or consistency of bowel movements
- Extreme bowel movements (constipation, diarrhea, or both)
- Appearance of blood in fecal matter (stool appears dark or has tar-like qualities)
- Bloating or cramps in the abdominal region
- Discomfort or feeling as if your bowel is not emptying completely

Systemic Symptoms of Colorectal Cancer

- Unintentional weight loss with seemingly no cause
- Loss of usual appetite
- Signs of jaundice (yellowing of skin or whites of the eyes)
- Low iron levels (anemia)
- Feelings of nausea that may lead to vomiting
- General feelings of weakness or fatigue that doesn't go away

Many of the most commonly reported symptoms that result in a colorectal cancer diagnosis are similar to other diseases of the bowel such as ulcerative colitis and Crohn's. Those who already have a form of inflammatory bowel disease (IBD) experience flare-ups and remissions.

Once colorectal symptoms begin, they are usually consistent and steadily deteriorate.

Metastatic cancer may exhibit additional symptoms depending on where the cancer has spread and how large the resulting tumor is that begins to grow. The most common metastatic colorectal cancers appear in the bones, lungs, liver, and central nervous system (brain or spinal cord).

PART 3

Causes of Colorectal Cancer

The risk factors for colorectal cancer are similar to many forms of cancer and other serious disease. If your physician doesn't address these issues with you before you're diagnosed with illness, he or she is not treating you as a whole patient.

Lifestyle choices have been proven in countless studies across several specialties to increase your risk of chronic or terminal illness substantially. Colorectal cancer is no different. While half of the risk factors listed below are out of your control, half are not.⁷

That puts prevention of cancer, as well as *fighting* and *beating* cancer, strongly in your own hands. Experts estimate that more than half of all cancer cases are preventable.

Top 9 Colorectal Cancer Risk Factors

1. **Age:** 90% of cancer cases are diagnosed in patients over the age of 50 and your risks continue to increase as you age, largely as a result of accumulation of toxins in the colon. After age 50, it is estimated that 25% of people have polyps. It is recommended to have fecal/stool screening annually.
2. **Polyps:** Not all polyps are cancerous. However, most colorectal cancer diagnoses are traced back to polyps that were undetected and able to mutate into cancerous cells.
3. **Gender:** Males have a somewhat higher risk than women do of being diagnosed with colorectal cancer.

4. **Lack of Exercise:** As with many forms of cancer, leading an inactive lifestyle has been linked to a higher risk of developing colorectal cancer. Digestive health is improved overall with regular exercise, helping your body to flush toxins and waste more efficiently.
5. **Inflammatory Bowel Disease (IBD):** Ulcerative colitis and Crohn's are two conditions that cause chronic inflammation and result in ulcers on the lining of your colon. Diarrhea, abdominal pain, fatigue, and loss of appetite are symptoms of an IBD that mirror colorectal cancer. Chronic inflammation has been linked to many forms of cancer. The longer you have an IBD, the higher your risk of colorectal cancer.
6. **Obesity:** Having a body mass index (BMI) higher than 30 is classified as obesity. Being obese increases your risk of many severe and life threatening illnesses such as heart disease, diabetes, and most forms of cancer. In the United States, approximately one-third of the population is obese. It is considered an epidemic that drastically reduces the overall health of the nation.
7. **Diet:** If you eat a diet that consists largely of grain-fed, antibiotic laden red meat and processed meats with nitrates (such as lunchmeat, hot dogs, and kielbasa), then your risk of colorectal cancer is higher. If you eat poorly, with few fruits and vegetables, not enough water, and too many high-additive foods, then your body is not getting the nutrition it needs to keep your digestive system free of toxins and waste products.
8. **Alcohol:** Heavy consumption of alcohol leads to body-wide inflammation, alters the basic functions of the brain, damages the heart, poisons the liver and pancreas, weakens the immune system, and greatly increases your risk of several cancers.

9. **Smoking:** Chemicals used in the tobacco manufacturing process increase your risk of all forms of cancer.

Taking steps to eliminate as many of these risk factors from your life as possible is your first step to preventing cancer, fighting cancer, and beating cancer.

***The power to heal is yours.
Today is a good day to begin!***

PART 4

Cutting-Edge Science to Fight Colorectal Cancer

You know the drill in the traditional medical community. You're diagnosed, you become a chart, and you go through the steps that so many patients have taken before you.

A short consultation about your case, limited suggestions about diet or lifestyle changes, discussion of treatments (that are relayed to you as if the decisions have already been made on your behalf), the "game plan" your doctor has for you, a quick handshake, you're out the door with a bill and they'll let you know when to come back.

***Many people – even in everyday non-cancer life –
leave the doctor feeling bewildered.***

You might have a prescription or samples for a new drug in hand. You remember questions you wanted to ask on your way to the car, have more questions about things the doctor said that are just occurring to you, and probably doubt the physician would recognize you on the street if he or she saw you an hour after your appointment.

The average doctor visit in the United States takes 15 minutes. That means there are some that take longer...there are some that are even shorter.

Right now, try to sum up your personal health in ten minutes since five minutes are used reading your chart and pretending to make small talk to put you at ease. When you're at the doctor, five minutes talking about the weather is not going to make you feel any better about being half-naked in a freezing cold exam room with a man or woman who will be gone in ten minutes until your next annual visit.

When the topic pulling all the air out of the room is cancer, it's important that you find a doctor who sees you, who is willing to think outside the box, and wants to help you beat the villain that suddenly appeared in your body.

How Doctors Treat Cancer

The majority of oncologists rely on the "Big 3" cancer treatments (chemo, radiation, and surgery) for every form of cancer. They are the original "pillars of treatment" and considered the immediate go to choices, despite the fact that the statistics indicate that they are horribly ineffective.

Here at **The Truth About Cancer**, we like to tell you about new treatments as well as holistic treatments that cultures around the world have been using for thousands of years.

Cutting Edge Treatments Your Doctor Might Not Mention

Immunotherapy

Also known as biological therapy, this particular treatment works to boost your own immune system to search out and destroy cancer cells. It is showing great promise in stopping the growth of tumors,

preventing cancer cells from spreading, and doesn't have the side effects that the most commonly use treatments do.

Your immune system wants to fight cancer as badly as it fights bacteria, viruses, and parasites. However, due to the way cancer cells mutate, they can be invisible to your natural immunity.

Immunotherapy involves several different methods.⁸

With **adoptive cell transfer** (ACT), your own T-cells are genetically altered on the surface with chimeric antigen receptors (CARs). CARs make it possible for those T-cells to recognize cancer cells specific to that patient. These altered cells are allowed to produce until there are billions, reintroduced to the patient, and allowed to travel the body, destroying cancer cells. This is incredible technology that is in the clinical trial stage right now.

Angiogenesis inhibitors prevent the formation of new blood vessels, which cuts off the supply of oxygen and nutrients to cancer cells.

Scientists are developing **cancer vaccines** that activate your immune system to attack and destroy cancer cells. Using microbes that represent specific diseases that your immune system can identify and destroy, it programs your personal immunity army to recognize those cells in future and destroy them before they can multiply and spread. Due to the debate on vaccines in general, this may or may not be a viable treatment option as it is developed.

Synthetic versions of your immune system fighter cells can be created called **monoclonal antibodies**. They are programmed to find

and destroy specific diseased cells. They can also recruit your natural immune system cells to fight with them.

This area of research is fascinating and we should see many advances in the near future.

Cryosurgery

Doctors are seeing excellent results with **cryosurgery**, which has been used in many dermatological and gynecological procedures for decades, both internally and externally.

This is the use of extreme cold (liquid nitrogen), applied through a cryoprobe, to freeze and destroy cells that are both cancerous and non-cancerous.

Currently, long-term success rates are unknown but researchers do know that the recovery time for cryosurgery is less than traditional surgery. It also has fewer side effects for the patient and costs less than other cancer treatments. It is less invasive and causes far less damage to surrounding healthy tissue.

It is currently being studied in the treatment of colorectal cancer, breast cancer, liver cancer, and kidney cancer. Initial results are excellent and it can be safely repeated, if necessary.⁹

Laparoscopic Surgery

Far less invasive than standard surgery, **laparoscopic surgery** is becoming a top treatment for bowel conditions that include colorectal cancer. This technique has been used for gynecological and gall blad-

der surgeries for years. Only in the past decade has it been used in the treatment of intestinal disease.

Several tiny incisions are made called “ports” and a trochar (a narrow canister) in each. The bowel is filled with carbon dioxide to allow more visibility and maneuverability. Through these tubes, a camera and instruments are passed. The camera sends pictures of the inner bowel to screens and the surgeon performs complex operations with less of the gut being exposed.

The result is less blood lost during surgery, lower risk of infection, faster recovery time, and fewer side effects than standard surgery. It has resulted in excellent outcomes for patients with cancer.¹⁰

The main problem with both cryosurgery and laparoscopic surgery is that both of them are merely treating the **symptom** of cancer rather than the **cause**. If the underlying imbalance in the body is not corrected, then these surgical procedures will be a “band aid” at best and will not result in long-term remission of disease.

<http://www.jacksonclinic.com/laparoscopic-rectal-surgery.html>

Positron Emission Tomography (PET)

The use of PET scans is still new, expensive, and not widely available. There can also be insurance obstacles to having this form of scan done prior to deciding on the cancer treatment that is right for you. For this reason, most oncologists depend on computerized tomography (CT) scans, which are not as accurate and may not tell the whole story.

However, the sophistication and precision of the **Positron Emission Tomography** (PET) device could mean the difference between invasive surgery (or the equivalent of chemical warfare) done on your body.

Experts estimate that 20% of surgeries have had to be aborted due to other conditions that were not determined prior to prep for operation. Though radioactive materials are used to highlight areas of disease (inhaled, injected, or taken orally), it provides a better analysis of your particular cancer case and can eliminate unnecessary time spent probing a patient on the operating table.¹¹

Holistic and Alternative Treatments

Unlike the majority of doctors, we value treatments that have shown promise in the treatment of cancer.

Nutritional Therapy is the technique of using food to prevent cancer from developing and fight existing cancer cells. Despite the contradictions of the medical and pharmaceutical industries (“there are no superfoods” and “the study was small so the results don’t count”), food is the most basic, safe, and effective way to enable your body to fight for itself.

Oncologists use food therapy only in the treatment of side effects and management of symptoms for their cancer patients.¹²

Foods to fight cancer are listed on many cancer organization sites yet they continue to profess “there isn’t enough evidence” for them to be part of your cancer prevention regimen in other articles on the same site.

That is one myth that Big Pharma wants you to believe. You'll become dependent on drugs and surgeries if you don't know that cheaper, safer, and effective food can be your medicine.

It has been **proven that certain foods induce apoptosis** (cancer cell suicide). Apples, garlic, green tea, legumes, berries, cruciferous veggies like broccoli and kale, ginger, and tomatoes are just a few of the foods that enable your body to boost a function it already does every second inside you to prevent damaged cells from getting out of control.¹³

Other **foods induce natural anti-angiogenesis** – stopping your body from creating new blood vessels that carry food and oxygen to cancer tumors – such as green tea, curcumin (turmeric), grape seed extract, and foods high in quercetin like capers, onions, chili peppers, and berries.

Kelley Metabolic Treatment was developed by Dr. William Kelley, a practicing dentist that became a cancer researcher later in his career. Proteolytic enzymes strip the outer coating away from cancer cells, which is made of a protein compound, leaving them vulnerable and visible by your immune system. This modality had a 90% success rate if used prior to orthodox treatments such as radiation and chemotherapy that ravage the immune system and leave it unable to fight.¹⁴

Collect-Budwig Protocol is a more powerful method using Dr. Kelley's system as a base. It was created by cancer researcher Mike Vrentas to help those patients who'd already been through traditional cancer therapies and weren't strong enough to make proteolytic enzyme treatment an effective choice.¹⁵

Kamzius RF Field Generator uses radio waves and nanoparticles to heat metal particles inside a tumor mass. The heat kills the cancer from the inside out. The technology, designed by a man with no medical knowledge who was diagnosed with leukemia, can penetrate deeply into areas that are considered inoperable.

John Kamzius designed and built the device in his garage and has now begun working with a clinical trial team. Their initial results on rabbits were published in *Cancer*, the American Cancer Society's journal. The machine killed the existing liver tumors and left the rabbits healthy.¹⁶

Essaic Tea is a collection of four herbs called sheep sorrel, slippery elm bark, burdock root, and Turkish (Indian) rhubarb root that has shown incredible results since its discovery in the 1950s for thousands of patients diagnosed with various forms of cancer.

Despite the legal testimony of hundreds of patients, reputable doctors (including Dr. Frederick Banning who discovered insulin), and universities, this mixture patented by Rene Caisse is classified as a dietary supplement by the United States Food and Drug Administration (FDA). There are few side effects, it is easy to make the tea at home, and inexpensive.

The Conspiracy of Cancer Treatment

Whether or not you choose to use an alternative therapy to treat cancer for you or someone you love, you owe it to yourself to know about them. There are far too many to list in one report.

Cancer organizations and pharmaceutical companies are a massive, moneymaking machine. That they keep the “consumers” cycling through clinics, various drugs, and operating rooms is nothing less than criminal.

Advancements in technology, researchers revealing fascinating results, and doctors saying, “I tried this with my patients and it worked!” are not enough to convince the machine to change direction, offer alternatives, or even admit that procedures and techniques outside the “Big 3” could offer better, safer care for those with cancer.

It is expected that you will choose one or a combination of the “big three” if you are diagnosed with cancer. There will be few questions, it will seem as though the choice really isn’t yours, and if you mention alternative, holistic, or complementary therapies...you might get strange looks.

Then they will turn patronizing as they convince you that they know best, they’re very good at their jobs, and leave your care and recovery in their hands.

Don’t do that. If you have a doctor that won’t listen to your questions or concerns about your very life – and any method that might save it – then you have a doctor who doesn’t see you as a person, as an individual.
Fire him or her!

***Find someone who actually cares about your life.
Doctors work for us....not vice versa!***

PART 5

Living a Cancer-Free Lifestyle

When it comes to fighting cancer, keep it simple. You don't have to spend your days at the gym, your life savings on "miracles," or sacrifice your peace of mind. It's all rather simple.

What You Need...

- Healthy food
- Regular exercise
- Plenty of sleep
- Lots of water
- Less stress
- Limit alcohol
- Quit cigarettes
- Avoid GMOs



To those people who say, "I could do all the right things and still get cancer."

Yes. You could. However, science proves that you lower your risk of deadly disease by more than 65% if you use common sense when it comes to your health.

There is no "secret" to fighting disease. Every day, someone's loved one dies. Every single day.

***Experts estimate that more than half the cancers
in the world are preventable.***

YOU are someone's loved one. Do what you can to prevent cancer. Start today. The power to heal is yours.

PART 6

The Quest for the Cure

In 2014, an estimated 1.6 million people will be diagnosed with cancer in the United States alone. Experts believe that of those diagnosed, more than *half a million* of those patients will die from the disease.¹¹

Cancer is the second highest cause of death in the United States and the United Kingdom.

The financial burden to patients, their families, and society at large is astronomical but that is *nothing* in comparison to the mental, emotional, and physical toll this deadly disease leaves on so many lives. There are no positive takeaways when cancer is involved.

Some “Eye-Opening” Facts about Cancer



Did you know that every 1 in 2 men and every 1 in 3 women will be diagnosed with cancer at some point within their lifetimes?

Did you know that every 2.5 seconds someone is diagnosed with cancer and every 4 seconds, a life is taken by the disease?

Did you know that within five years, cancer will surpass heart disease as the leading cause of death in the United States and it is *already* the leading cause of death in Canada and Australia?

There is Good News.

Cancer is *preventable* and it is *curable*.

Every single day, tens of thousands of people just like you are **stopping cancer** (and/or preventing it) from destroying their bodies and taking their lives.

It's time to take matters into our own hands, to be proactive in the fight against cancer. To educate ourselves about real prevention and treatments that work whether they are in the top of the media or not.

It could save your life or the life of someone you love.

Thank you for being a part of the Heroes **Against Cancer Community**. Each month you'll receive breaking news, reports like this one, and videos that will show you how to continue your own "Quest for the Cures."



ABOUT THE AUTHOR

Ty Bollinger is a happily married husband, the father of four wonderful children, devoted Christian, best-selling author, medical researcher, talk radio host, health freedom advocate, former competitive bodybuilder and also a certified public accountant.

After losing several family members to cancer (including his mother and father), Ty refused to accept the notion that chemotherapy, radiation, and surgery were the most effective treatments available for cancer patients. He began a quest to learn all he possibly could about alternative cancer treatments and the medical industry. Ty has now made it his life mission to share the most remarkable discovery he made on his quest: the vast majority of all diseases (including cancer) can be easily prevented and even cured without drugs or surgery.

Ty speaks frequently to health groups, at seminars, expos, conferences, churches, and is a regular guest on multiple radio shows and writes for numerous magazines and websites. Speaking from personal experience and extensive research, Ty has touched the hearts and changed the lives of thousands of people around the world.

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