

To Whom It May Concern,

In 2004 I started taking GDU, GS1500, and Microcal Plus for arthritis (also Bio-C 500.) I still take all of these products with great results. Before I started taking these products my husband had to tie my shoe laces for me because I was so sore & stiff I could not bend over to do it. After taking the products for a short period of time I was and still am able to get up and down & move freely to do what I need to.

I also take Dandelion Root for swelling in my ankles, Ginkgo Pur for a blockage in the small blood vessels in my brain and fat burners for cholesterol. I am very pleased with the results of taking these products also.

I had a mass in my left breast which I thought was a fibroid type cyst that had been there for some time (several years). It never bothered me until 2005. It became tender. I was already taking GDU & Bio-C 500 so, as per Jim & Trish's advice I added 7-Herb Formula and Bio Shark. After I began taking these products it (the lump) began to shrink. I was only taking a moderate dose and getting good results. In January 2008 I had a mammogram done which showed it (the lump) was cancer. After talking with Jim and Trish again about this they increased the amount of GDU, Bio Shark, & 7-Herb Formula tremendously. It really shrunk a lot then and kept on shrinking. They also added GE-132 to boost my immune system along with 1<sup>st</sup>. Kings and ATP to boost my energy level.

On March 7<sup>th</sup>, 2008 I had the lump removed and the doctor said it had shrunk from the first time he examined me on January 16<sup>th</sup>, 2008. I will not be taking Chemotherapy or Radiation Treatment. Instead I will continue with the Daniel Chapter One products.

As of this date (April 14, 2008) I am doing great and have only good things to say about Daniel Chapter One products. All of them have worked and are still working great for me.

Sincerely,

*Carolyn McGee*  
Carolyn McGee

VERIFIED ON:  
01/13/2008  
23:25

SOUTH GEORGIA MEDICAL CTR  
P O BOX 0070  
VALDOSTA, GA 31603-0070  
229-259-4850  
RADIOLOGY DEPARTMENT

PAGE 1

PATIENT NAME:	MCGEE, CAROLYN A	M/R NUMBER:	000297123
ORDERING DR:	SANDERLIN	RADIOLOGY NUMBER:	1153711
ATTENDING DR:	SANDERLIN	TRANSCRIBE DATE:	01/07/2008
EXAM DATE:	01/07/2008 62 Y W/F 07/06/1945	ORDER NUMBER:	S1946461
OUTPATIENT NS/ROOM/BED:	XR	ACCT. NUMBER:	3488554
EXAM:	MAMMOGRAM BILAT DIAGNOSTI	INTER DR #:	01713

**HISTORY:**

The patient is a 62-year-old female with palpable abnormality in the left breast.

**BILATERAL DIAGNOSTIC MAMMOGRAM, 01-07-08:**

Standard CC and MLO views were obtained. The patient states her previous studies were in 1997 at Memorial Hospital of Adel, Georgia; however, they were unable to locate these studies. The patient has felt a lump for 1-1/2 years. The technologist noted nipple retraction to be present. A metallic BB was placed at the site of interest in the left upper-outer quadrant. There is an ill-defined mass involving the left upper-outer quadrant with multiple calcifications associated. Nipple retraction is noted along with skin thickening and gross architectural distortion. Vascular calcifications are seen bilaterally. The right breast is overall unremarkable. The breasts are mildly dense bilaterally.

**ULTRASOUND OF THE LEFT BREAST, 01-07-08:**

The patient subsequently underwent left breast ultrasonography. This demonstrated an ill-defined heterogeneous, hypoechoic region compatible with solid mass with posterior acoustic shadowing. This is extremely concerning for breast carcinoma.

**CONCLUSION:**

1. Left upper-outer quadrant mass highly suspicious for neoplasia.
2. Discussed with Dr. Sanderlin this date. Tissue sampling is highly recommended.

**MAMMOGRAPHY STATISTICAL INFORMATION:**

1. A negative mammogram should not delay biopsy if a dominant or clinically suspicious mass is present. 8-13% of cancers are not identified by mammogram.
2. Adenosis and dense breasts may obscure an underlying neoplasm

ACR LEXICON: 5 - Highly suggestive.

## SOUTH GEORGIA MEDICAL CENTER

Department of Pathology

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J.W. Hanson, M.D.  
Medical Director

Kathleen Coleman, M.D.

Curtis Liu, M.D.

Case Number: S2008-000976  
Patient: MCGEE, CAROLYN A  
Medical Record#: 000297123  
DOB: 07/06/1945  
Collection Date: 02/01/2008

SEX: F

SSAN:

Account#: 3494012

Age: 62

Receive Date: 02/01/2008

## Diagnosis

Invasive ductal carcinoma, nuclear grade 2/3, histologic grade 3/3, mitotic count 1/3.

- Nottingham combined score Grade II/III.
- Foci of intraductal carcinoma, intermediate grade, solid subtype with focal necrosis are identified.
- No angiolymphatic invasion is noted. The largest tumor fragment measures approximately 1.2 cm in these mammotome tissue fragments.
- An E-Cadherin immunostain is positive, confirming ductal type carcinoma.

Antibody	Positive	Intensity	Favorable result range	Unfavorable
ER	75%	Moderate	>= 1%	<1%
PR:	70%	Moderate	>= 1%	<1%

Her2Neu studies are pending and will be issued upon receipt of report.  
(rp)

## Signature

J WILLIAM HANSON, Pathologist  
(Case signed 02 04 2008)

## Source

BREAST NEEDLE BIOPSY, LEFT NIPPLE UOQ

## Gross

Received in formalin labeled "left breast nipple upper/outer quadrant" is a Telfa square upon which there are multiple cores of tan-white tissue. Some of the cores are coated with red surgical ink. The cores average 1.5 x 0.2 cm. All available tissue is submitted in a single cassette.

## Billing Codes