



CONSENT AND DIRECTION FOR LDN TREATMENT

I hereby confirm that I have been diagnosed with Cancer. I further confirm that I have elected to have Medicor Cancer Centres Inc. ("Medicor") treat my cancer with **low dose naltrexone** ("LDN").

I understand that LDN is used to increase the level of natural endorphins within the body. I understand that a certain endorphin (called OGF) has been found to slow or stop the growth of various human cancers in lab studies, and in preliminary human studies. I understand that limited human research has been done with LDN to determine if it will work on cancer within the human body, but there is a large body of case reports indicating it is effective against several types of cancer.

I am aware that the LDN treatment provided by Medicor is a promising cancer treatment, but has not yet been scientifically proven to be effective. I understand that the College of Physicians and Surgeons of Ontario considers LDN treatment to be unproven and not within the usual practice of medicine in this province. I confirm that no-one associated with Medicor has advised me to avoid conventional treatment for my cancer, and to take LDN instead.

I confirm that one of the following is true:

A. I am not currently being offered medical treatment of my cancer, either because all standard medical treatments have failed, or because my oncologist (or other specialist) has determined that there are no proven treatment options for me. I understand that instead of LDN, I have a choice to receive no treatment for my cancer, and that I have the option of receiving only comfort care (palliative care).

B. I am currently receiving generally accepted medical treatment for my cancer which is not working optimally or has a poor chance of success, and I would like to combine it with LDN treatment.

C. I have been offered generally accepted medical treatments for my cancer. After reviewing the risks and benefits of those treatments with my specialist(s), I voluntarily chose not to receive them. At this time I would like to be treated with LDN.

Potential Benefits

I understand that:

- it is hoped that LDN will cause stabilization of cancer growth, shrinking of cancer, or remission of cancer
- the likelihood of these benefits is unknown
- it is expected to take between 8 and 12 weeks before we can tell if the LDN is effective
- Medicor may collect information from my treatment to help doctors learn more about LDN as a treatment for cancer, and that this information could help future cancer patients
- my privacy will be maintained at all times in this process

Potential Risks

I understand that:

- LDN has been used in humans to treat several types of cancer
- LDN is likely very safe to use in cancer patients, but it is not know for sure
- I may have side effects while receiving LDN
- I will be watched carefully for any side effects
- doctors don't know all the side effects that may happen
- side effects may be mild or very serious
- I may be given medicines to help lessen side effects
- most side effects go away soon after I stop taking LDN
- LDN may interact with other medications I am taking

Common Side Effects

I understand that:

- LDN can cause insomnia and vivid dreams
- These side effects may be preventable with supplemental medication (which will be prescribed with LDN if needed)
- LDN can cause a withdrawal reaction consisting of pain, sweats, chills, nausea and vomiting if it is used in someone who is taking regular daily opiate pain medications like codeine, morphine, fentanyl, hydromorphone, oxycodone or methadone

Uncommon Side Effects

I understand that:

- Some studies indicate that naltrexone can be toxic to the liver. These studies used doses in the range of 300mg per day which is about 100 times higher than what would be prescribed for cancer treatment (i.e. low dose naltrexone or LDN is about 3 to 4 mg per day).

Unknown Side Effects

I understand that:

- LDN can cause side effects which are as yet unknown, and unpredictable
- LDN may not be effective at treating my cancer, but is unlikely to worsen my cancer

Monitoring for Side Effects

I understand that:

- while receiving LDN I will be closely monitored to ensure safety, and for effectiveness of the treatment. This will consist of a various combinations of routine check-ups, lab tests, and imaging studies which may be as follows:
 - Blood tests (such as CBC, Na, K, Cl, HCO₃, Ca, BUN, creatinine, AST, ALT, ALP, LDH, bilirubin, INR, albumin, glucose, and tumour markers)
 - ECG if needed
 - Urinalysis if needed
 - Imaging studies (such as Ultrasound, CT scan, MRI, or PET scan)
- the frequency and choice of tests will depend on the nature of my cancer, my age, my underlying medical conditions, my concurrent medications and other factors
- in most cases, a detailed assessment and tests will be done at the start of treatment, and monthly after that

Reproductive Risks – for women

I understand that:

- I should not become pregnant while taking LDN, because the effects of LDN on an unborn baby are not know
- I should not breastfeed a baby while receiving LDN
- reliable birth control approved by my family doctor must be used while receiving LDN (if applicable)

Reproductive Risks – for men

I understand that:

- I should not father a baby while taking LDN
- reliable birth control approved by my family doctor must be used while receiving LDN (if applicable)

I acknowledge that my decision to undergo the LDN treatment is entirely voluntary. I understand and appreciate that I may discontinue the LDN treatment at any time. My decision to discontinue LDN treatment will not affect my medical care. I further understand and appreciate that the LDN treatment may be terminated if the medical staff so determine that it is in my best medical interests.

I understand that Medicor is owned by a family member of the Medical Director. I understand that any diagnostic tests or treatment provided by the Medical Director and/or Medicor will only be performed for my benefit, and that I have a choice of where I may obtain such diagnostic tests or treatments.

I understand that the results of the LDN treatment are not guaranteed. I acknowledge that no guarantee or assurance has been made by anyone regarding the LDN treatment for which I have requested and authorized.

I understand that after my LDN prescription medication has finished, if I choose to get my LDN prescribed elsewhere, Medicor will no longer be responsible for my assessments, blood tests or other diagnostic tests associated with this treatment. (Medicor is only responsible for the duration of the therapy prescribed by the Medical Director). I have the option to request a copy of the Medicor Drug Prescribing Policy for further information.

I have been given the opportunity to read this form and discuss it with the medical staff, and to ask any questions I may have. My questions have been answered to my satisfaction. I voluntarily consent to the performance of the LDN treatment and I accept all of the risks associated with it.

Costs

I understand that I am responsible for the cost of the LDN for my treatment, as it is not funded under Ontario Drug Benefits. I understand that I am also responsible for the cost of any related drugs that are prescribed for my treatment, or to reduce LDN side effects (since they may not be funded under Ontario Drug Benefits). I will also be responsible for the costs of any tests that may be necessary but are not covered under my health insurance.

Patient's Signature

Printed Name

Date

Witness' Signature

Printed Name

Date

Medicor Staff Signature

Printed Name

Date