Cforyourself Vitamin C Cancer Therapy Project
Informed Consent

Study Overview

This study involves the use of very large doses of sodium ascorbate (vitamin C) orally and, optionally and additionally, intravenously. The purposes of this study are to (a) demonstrate vitamin C's therapeutic value in the treatment of cancer and, as a consequence of these results to (b) assist in educating the general public concerning the requirement of supplementation of vitamin C in large amounts to promote optimum health.

Participation

Who should participate

Anyone with cancer that is interested in a different or additional therapy than they are currently using should consider participating.

Other therapies

Vitamin C does not interfere with conventional cancer therapies, such as surgery, chemotherapy and radiation therapy. In fact substantial clinical evidence points to vitamin C as an effective adjuvant therapy to conventional treatments. Dr. Abram Hoffer, a leading clinician in the use of vitamin C for cancer therapy, states:

"I added that the vitamin mineral program would decrease the toxicity of the xenobiotic treatment and would increase the efficacy of the xenobiotic program. If they needed surgery they would heal faster afterwards. If they needed chemotherapy the program would make it more tolerable and less painful and if they needed radiation the program would decrease the intensity of the side effects of the radiation and increase its efficacy."

Conventional treatment choices need to be made by the participant and their oncologist. We do not recommend that any conventional treatments be commenced or abandoned. We do require that we be given the patients history as it relates to the study and that the participant keeps us informed of other modalities employed.

Precautions and side effects

1. Although it has been reported only once in the literature, tumor necrosis, hemorrhage and subsequent death after a single intravenous 10-gram dose of AA (ascorbic acid), as reported by Campbell and Jack, should be the highest priority concern for the safety of IAA (intravenous ascorbic acid) for cancer patients. For this reason, we always begin with a small dose.
2. Another report described acute oxalate nephropathy in a patient with bilateral ureteric obstruction and renal insufficiency who received 60 gram IAA. Additionally, one case report of a patient with colon carcinoma, receiving daily IAA, who developed nausea and vomiting and was hospitalized for dehydration. Both cases show the need to ensure that patients have adequate renal function, hydration, and urinary voiding capacity.
3. Hemolysis can occur in patients with a red cell glucose-6-phosphate dehydrogenase (G6PD) deficiency.
4. Localized pain at the infusion site can occur if the infusion rate is too high. This is usually corrected by slowing the rate.
5. Because ascorbate is a chelating agent, some individuals may experience shaking due to low serum calcium. This is treated by a slow (1 cc per minute) intravenous push of 10 cc of calcium gluconate. Please inform the doctor if you experience shaking.
6. Rivers reported that high dose IAA is contraindicated in renal insufficiency, chronic hemodialysis patients, unusual forms of iron overload, and oxalate stone formers. However, oxalate stone formation may be considered a relative contraindication. Two groups of researchers demonstrated that magnesium oxide (300 mg/d orally) and vitamin B6 (10 mg/d orally) inhibited oxalate stone formation in stone formers. Given the amount of fluid which is used as a vehicle for the ascorbate and the sodium hydroxide/sodium bicarbonate used to adjust the pH, any condition which could be adversely affected by increased fluid or sodium is relatively contraindicated. For example: congestive heart failure, ascites, edema, etc.
7. As with any intravenous site, infiltration is always possible.

Study Process

In order to achieve our overall goal of increasing public awareness, it is our intention to videotape participant interviews during the therapy program with the intention of distributing these interviews through various media. Participants in the study agree to be videotaped during these interviews.

Study Results and Documentation

All documentation generated, in whatever form, shall be the property of the Cforyourself Study. While participants will retain the right to refuse to have individual interviews, or portions thereof, made public at their sole discretion, consent to participate in the study demonstrates a willingness and intention to participate in the publicity portion of the study.

Questions

Any questions concerning this consent or the study particulars should be directed to:

Charles "Rusty" Hoge
Study Director
(410) 998-3607

To be completed by participant:

☐ I have read and understand the conditions stated above and I consent to participate in this research procedure. I realize that I am free to withdraw my consent and to withdraw from this activity at any time.

☐ I consent to the use of visual images (e.g. photographs, video) involving my participation in this research project. I retain the right to individually reject publication of these items. (Optional)

Participants Printed Name	Signature	Date

If participant is under 18 years old, a parent/guardian signature is required.

Parent/Guardian Printed Name	Signature	Date
