

## Gynecology &amp; Reproductive Health

# The Lavender Way/Procedure, How to Diagnose and Treat Early Breast Cancer without Surgery, Chemotherapy, or Radiation a Global Solution - 10 Year out Results

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**Received:** 16 May 2024; **Accepted:** 08 Jul 2024; **Published:** 15 Jul 2024

**Citation:** Bretz P, Mantik D, Lynch R, et al. The Lavender Way/Procedure, How to Diagnose and Treat Early Breast Cancer without Surgery, Chemotherapy, or Radiation a Global Solution - 10 Year out Results. *Gynecol Reprod Health*. 2024; 8(4): 1-8.

## A PARADIGM SHIFT – LAVENDER IS THE NEW PINK

This is the cornerstone of Lavender: the complex intricacies of breast cancer don't matter, because the cancer is diagnosed and treated before it can launch its lethal assault.

### Keywords

Breast cancer, The Lavender Way/Procedure, Mammography.

### Background

It seems every breast cancer paper starts with the same lines. Namely, everyone agrees that early diagnosis is the key to potentially curing breast cancer in a given patient. This paper starts with the same notion because it's true. The problem for millennia has been just how do we make that early diagnosis (before nascent cancer has the capacity to metastasize)? With burgeoning papers on elucidating the secrets of the genetic code locked in the double helix of DNA, we have been able to identify 'high risk women.' While saving patients time, money, and ideally less invasive treatments are applicable to every patient, 'high risk' patients are especially affected. If a doctor has a 'high risk' patient staring them in the face, how does the system intend to intervene to make that early diagnosis? The answer is it can't and doesn't. How's that?

For decades mammography, the mainstay of diagnosis for breast cancer, was ordered yearly. Then a 'consensus/decree/edict' came out issuing the recommendation that mammography need not start until age 50. It seemed every individual group had their own consensus with no uniformity. A paper published by the American College of Surgeons Oncology Group in 2009 [1] looked at breast cancer in African American women. Their findings and recommendation were that breast cancer appeared much earlier (in their 30s) and was particularly aggressive, being triple-negative.

And they recommended African American women start screening in their 30s. How does that equate to not starting mammography until age 50? At least it's a contradiction of terms and at worst it's committing African American women to a death sentence for those who do develop a breast cancer in their 30s yet go undetected with metastatic disease in evidence at the initial diagnosis years down the line.

Major cancer centers have clung to their assumed righteousness of the way things have been done. Namely, continuing with what Dr. Azra Raza calls in her book, 'The First Cell,' [2] the slash-poison-burn approach to treating breast cancer. It's really simple. When you teach a surgeon for five years of their residency how to weld a scalpel, that's what they do. Telling the surgeon to put his/her scalpel down is a non-sequitur. When you teach an oncologist nothing but how to administer the latest drug, that's what they do. The same goes for the radiation therapist. And anything outside the box that doesn't fit into the slash-poison-burn mandate is summarily dismissed and labeled without merit.

However, a new light has dawned, namely The Lavender Way/Procedure [3]. If one cares to ferret out technology that has emerged in the last fifteen years, one will find technology that directly and effectively contradicts the eons long slash-poison-burn approach with arguable better results. Not only that, but what if it were possible to treat breast cancer for say \$2,500.00 instead of over \$200,000 for standard care? What if it were possible to

treat breast cancer totally outside the ‘system’ in a 20 minute in-office procedure with the breast looking basically untouched? What if were possible to have every patient resume normal activity immediately, including playing 18 holes of golf? What if it were possible to treat the patient while they were fully awake with their significant other present holding their hand or if the significant other was out of state, talking to them on the patient’s cell phone during the procedure? What if there was data showing cancer-free patients ten years out treated without surgery, chemotherapy, or radiation?

## Methods

The answer lies in the melding of various FDA approved technologies that can be taught to any doctor in any country. The issue is, we don’t need a major cancer center to effectively treat and hopefully cure breast cancer. Further, it is not just one technology that makes all this possible but utilizing a number of emerging technologies that makes this all possible. The Lavender Way encompasses utilizing a number of non-radiation diagnostic modalities plus mammography (when indicated) to, in fact, find nascent breast cancers at about 5-8mm. While nothing is 100%, when you talk cancer outcomes, the vast majority of cases diagnosed at 5-8mm will be non-metastatic and thus able to invoke the Lavender Procedure. That is, freezing the tumor with liquid nitrogen making sure there is a PKZ or peripheral kill zone surrounding the tumor 360 degrees extending not ‘no ink at the margin’ but pushed out a good half to one inch from the tumor edge. What are these technologies? They are in no particular order, since all of them contribute their fare share of diagnostic ability.

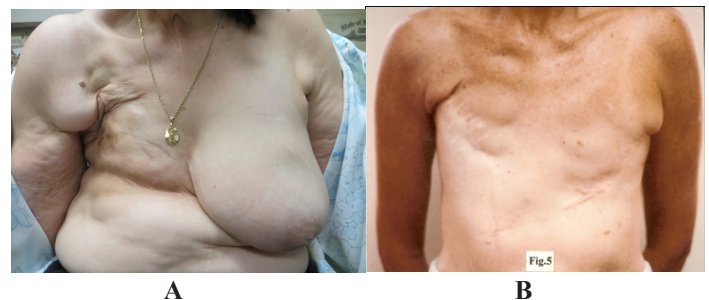
1. A genetics test that not only predicts lifetime risk but when that risk will likely manifest within ten years during the patient’s life. The result is used to dictate what modalities are used and how often to find nascent tumors. For example, if a patient has a result that says a cancer is likely to appear in her late fifties, accelerated imaging is begun in the early fifties. This is because a 1cm breast cancer has been growing from a single cell on average ten years.
2. Modified military infrared - We have learned that everything has it’s own heat signature. In the military IR is used aboard the THEL (Tactical High Energy Laser). As it turns out, individual breast cancers have their own heat signature, and it doesn’t depend on ‘vascularity.’ Any metabolic function that emits heat like a mass of dividing cancer cells that have yet to develop angiogenesis will be identified. The false negative rate for the first 500 patients was 0.4% the smallest cancer to date is 4mm using accelerated imaging and three years before the mammography and MRI reports indicated its presence. Accelerated imaging with IR can mean at least twice yearly but also three times yearly depending on timing and what the genetics test shows. No surgery, no chemotherapy, and no radiation.
3. A pressure-sensing device – This device is currently a laptop model with a transducer that is run over the patient’s breast much like ultrasound. It can pick up a mass at 5mm and distinguish between hard (fibroadenoma or cancer) or soft (a

cyst). It can easily pick up the valve on a breast implant. Again, no radiation.

4. Ultrasound – Everyone has access to state-of-the-art ultrasound with elastography. Again, no radiation.
5. Liquid biopsy – As an intraductal breast cancer develops, cancer cells dissociate and are ultimately scattered about in the duct albeit close to the original tumor. Liquid biopsy via canulation of the nipple at the appropriate duct can help identify these individual cancers or highly atypical cells.
6. Mammography – is used when indicated to zero in on the target.
7. The above non-radiation diagnostic modalities make it possible to image high-risk women which would include younger African American women and it doesn’t make any difference about the density of the breast tissue. Breast tissue density is a limiting factor in the usefulness of mammography.

The ‘system’ cannot provide a high-risk patient with accelerated imaging for who knows how long. Radiation exposure is cumulative, and insurance will not pay. Indigent women would be most affected.

A look at some typical outcomes from mastectomy to unacceptable lumpectomy vs. The Lavender Procedure will help the reader understand the quantum leap The Lavender Way/Procedure has brought. Below are a few cases (of many) that make the point. Also, it is relevant to keep in mind there is a burgeoning number of women who will not submit to any radiation or for that matter put up with the outcomes of ‘standard-of-care.’ Some of these women will let the cancer grow out of the skin and still not pursue medical assistance. This is an absolute unacceptable outcome the ‘system’ has wrought on women. Women in third-world countries fare much worse and could be helped immediately with implementation of The Lavender Way/Procedure. It may well be that The Lavender Way/Procedure, if implemented properly and in a timely manner, could have saved the life of astronaut Janice Voss. One needs to ask how it is possible for one of our astronauts to have a delay in diagnosis of breast cancer that it ended in death. The Lavender Way/Procedure probably could have helped save the life of Miss Venezuela who died at age 26. Below now are images of the ‘systems’ results followed by a couple of harsh images of women who did not seek out medical assistance even though the cancer grew out of the skin and destroyed their chests. Lastly, a couple of images of typical Lavender Procedure results.



**A**– This patient had a modified radical mastectomy with what should be thought of as a totally unacceptable result, that the patient had to live with forever.

**B** – This patient had a radical mastectomy on the right and a modified radical mastectomy on the left. You can easily see the surgeon sewed her right side up like a football.



**C** - Another modified radical with lymph edema (from the axillary dissection) on the right arm. Lymph edema is something that is obviated with The Lavender Procedure.

**D** - This patient had a so-called lumpectomy. However, the surgeon just eclipsed the tumor out leaving a huge divot in the breast that the patient must live with. Contrast that with 'E' a cosmetic lumpectomy.



**E.** - Our surgeon took the time to do a 'cosmetic' lumpectomy. A circumareolar incision is used going down about a centimeter or so then tunnels to the tumor keeping that one-centimeter interval so no indenting of the skin is apparent. If you are having trouble identifying the incision, it's in the right breast at about 4-6 o'clock.

**F** - Yet another example of a surgeon that just slashed the beautiful breast of a young lady with lasting negative results on her appearance.



**G** – This is what happens to a tumor left to its own growth pattern, seven years in the making and the patient still wouldn't seek

medical care because she was afraid of the result. Hard to believe this kind of denial exists but true.

**H** – Yet another example of a woman letting the tumor just grow on its own. What kind of system have we created to let this happen.

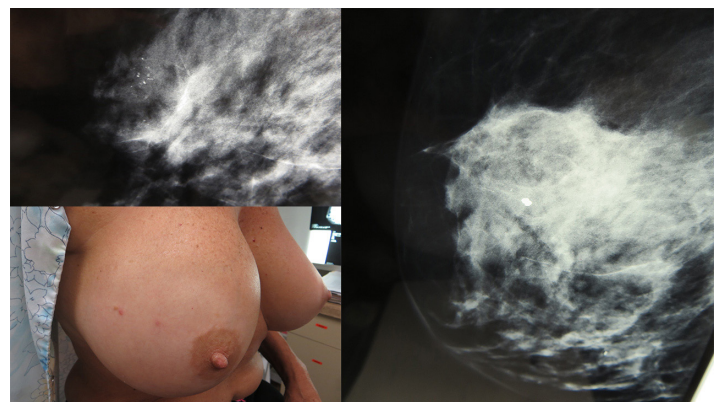


**I** - An example of breast reconstruction complete with artificial nipple. The reader can decide if it's worthy vs. Lavender.

**J** - This patient had DCIS (ductal carcinoma in-situ) in one breast and underwent bilateral prophylactic mastectomies with reconstruction. She is on her third plastic surgery to rectify the situation that is apparent in the image.



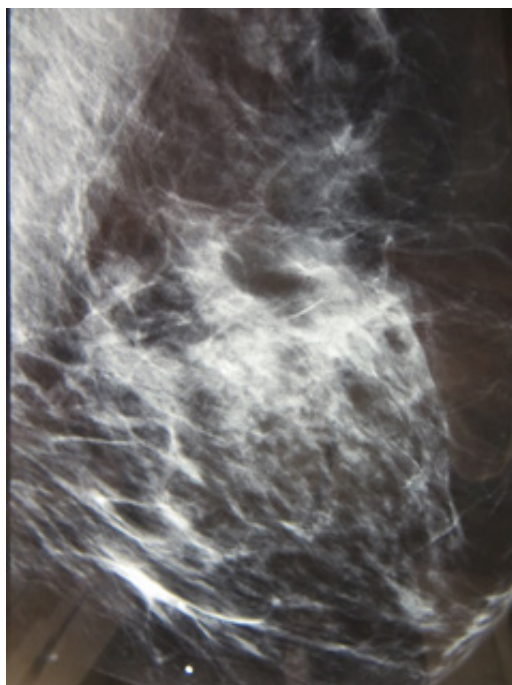
**K** – Here is the result of The Lavender Procedure seven years out. She is undergoing infrared imaging. She developed a recurrence at almost nine years out. This was probably due to her omitting an anti-estrogen for her ER+, PR+ tumor opting instead for herbs.



**L** – This is a patient who had DCIS and breast implants successfully treated with cryoablation after infrared found the tumor confirmed on mammography and biopsy. One can make out the site of the initial stereotactic core biopsy is just posterior to the smaller entrance site of the cryo probe.

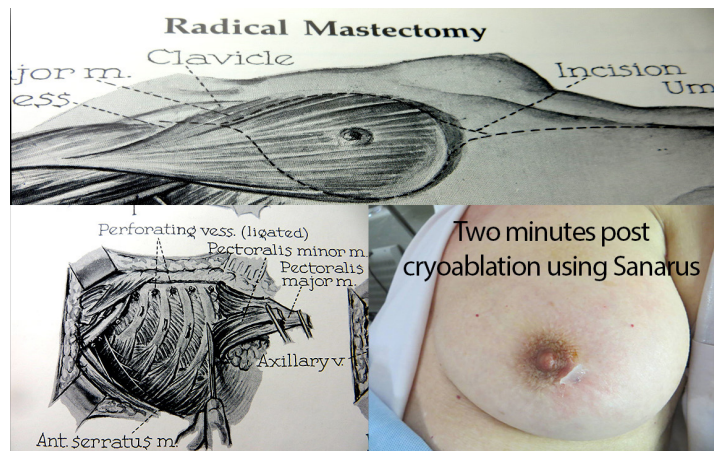


**M** – These images were taken immediately after her Lavender Procedure. The image on the left shows the 3mm probe entrance site and the image on the right is her supple breast looking untouched.



**N** – This is her mammogram showing complete resolution of her 1cm cancer. It was located in the bottom left just above the titanium marker placed there at the time of core biopsy. She is 8 years out.

As these images are viewed, it is important to recall that to end up with this type of result, that is, definitive treatment of breast cancer without surgery, chemotherapy, or radiation, it is necessary to meld each contributory technology that illustrates its usefulness in an optimal manner. It's putting all the pieces of the jigsaw puzzle together not focusing on any particular technology.



**O** – Lastly, this slide depicts how surgeons were taught back in the 1970s to ‘get it all’ and the devastating effect it had on a woman’s body. To the right is an image taken about 2 minutes after cryoablation with a little dab of anti-biotic ointment, never any sutures.

All of the preceding was necessary so the reader can adequately appreciate the benefit cryoablation using liquid nitrogen (-300F or -180C) vs the ‘system’s answer, and why women are choosing not to come in early, omitting mammography, etc. Remember, it’s not just cryoablation. Without technology like modified military infrared cryoablation would not offer the hope it does.

The following image is of our IR unit, exam chair, and a patient undergoing modified military infrared. Note the ‘first’ degree mirrors that capture the lateral aspect of the breast. There is no need for compression like mammography and no pain as a result.



The equipment includes a FLIR A40, the cabinet houses an 8000 BTU air-conditioner, two monitors, a printer and the computer that houses the proprietary algorithms. Two results are shown. The patient’s own heat signatures and those signatures are run past 500 patients that have different cancers and their heat signatures. Through AI, it learns to match the patient’s heat signature against

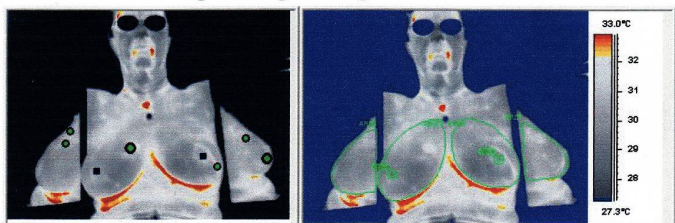
the known cancer heat signatures or not. There is no need for a hand cool down. The image on the right is the adjustable chair with the ‘first’ degree mirrors. The patient sits four feet from the unit. The chair is adjusted so that the cool air is blown directly on the breast. Results are available immediately enabling further tests such as ultrasound or needle biopsy the same day eliminating the waiting period. Below is a typical patient undergoing the 4-minute procedure. The small cotton tab at the top of her chest allows the exact aligning of the camera.



**Sentinel BreastScan Patient Analysis Report**

Patient Name: DOB:   
 Patient ID: 1250 IR Date: 4/9/2009 3:24:53 PM

Differential Level Indications: ● High ● Med ● Low

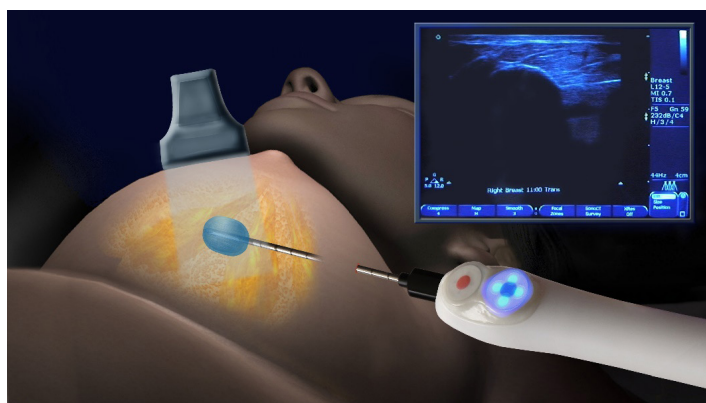


Parameter	Value	Temperature Differential Range	Evaluation	Comments
Threshold	0.9	0.0 to 2.6 (0.9)	Low	
Nipple	0.6	0.0 to 2.8 (0.6)	Low	
Areola	0.6	0.0 to 2.8 (0.6)	Low	
Global	0.1	0.0 to 2.0 (0.1)	Low	
Asymmetry	0.2	0.0 to 3.0 (0.2)	Low	
Focal Hot Spot Left	2	0.0 to 10.0 (2.0)	Low	
Focal Hot Spot Right	2.2	0.0 to 10.0 (2.2)	Low	
Neural Network Results	0.02	0.0 to 1.0 (0.02)	Negative	
Patient Overall Score	0	0.0 to 5.0 (0.0)	Low	CF = 3.21

Sentinel BreastScan is FDA Approved

There are a number of categories that combine to generate the final report. It’s better to be in the green. Work is still being done

to make the outcome more precise. As it is, the final printout nearly always contains the right answer but it’s sometimes like an anagram. Meaning, sometimes the answer is actually in the two images above and not in the graph section below. If there is writing in the ‘comment’ section on the far right such as ‘right breast UOQ,’ then we know it has latched onto something that warrants further investigation. Please look at the report above to see if the cancer demonstrated can be seen. If you give up, it’s one of five cancers outside the breast that have been found. This one shows a basal cell carcinoma at the manubrium indicated by the red dot. We coined the term, ‘The Ruby Sign.’ Other cancers found outside the breast include two asymptomatic lung cancers, lymphoma because of involved axillary nodes. IR is indispensable because of its accuracy and non-radiation imaging, especially for accelerated imaging in high-risk women.

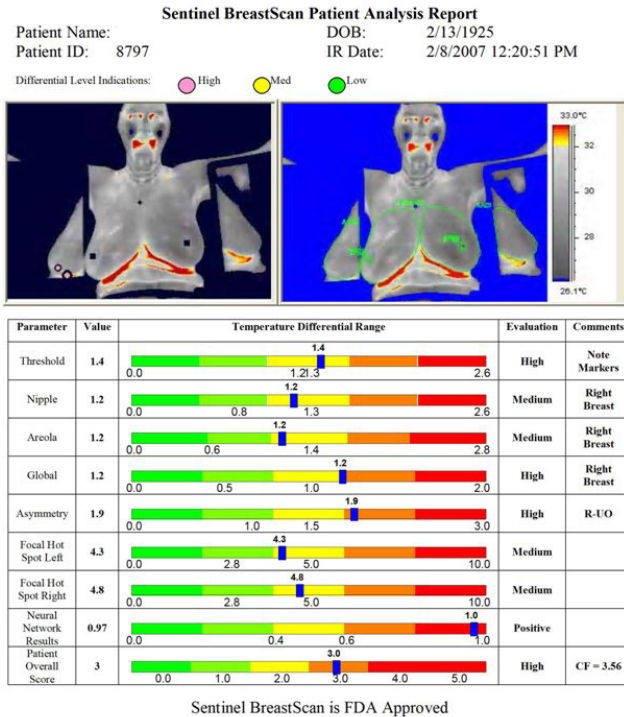


**This is an Artist Rendering of How the Probe is placed under Real Time Ultrasound**

To summarize, by using such state-of-the-art non-radiation diagnostic modalities such as pharmacogenomics, modified military infrared, liquid biopsy, etc., we save time, money, with better treatment, and better outcomes. That is, we could treat a patient start to finish for around \$2,500.00 vs over \$200,000 for conventional treatments which, 40% of the time, involves multiple surgeries for ‘retained cancer’ on the final pathology report and a year’s worth of chemotherapy like Herceptin for a Her2 positive tumor. It’s better treatment because Lavender is a 20-minute procedure with the breasts looking untouched and the patient resuming normal activity (no down time). It’s a better outcome for a number of reasons. The mind, body, and spirit of the patient is kept intact or put back intact from the initial diagnosis which portends fear, anxiety, dread and depression. Bankruptcies don’t happen, husbands don’t leave (unable to cope with a mastectomy) and there are cancer-free patients ten years out from The Lavender Way/Procedure.

A true value of IR (assuming a low-risk genetics test) is that 83% of the time after a negative IR and physical exam, no further tests need to be ordered that year. This is a true money saving factor of third world countries. The next image is one of the lung cancer patient’s

reports. As is easily seen in the printout and comment section, if they could talk would be screaming cancer in the right breast. But as shown in the images on top is that the breast is devoid of any hot signal. MRI showed clear breasts but a spiculated mass in the apex of the right lung. This tumor was asymptomatic and because of the IR exam, that patient underwent successful lobectomy. See next page.



**RESULTS: 25 Lavender procedures on 21 patients**

Our first cryoablation case was in January of 2014. How were the rules broken in this case? The patient had had a traditional lumpectomy about eight years before and now developed a recurrent cancer. Traditional therapy, of course, dictates a mastectomy on a patient who has had a lumpectomy with radiation and develops a recurrence. A mitigating factor was that she was in her late 80s and had developed Alzheimer’s. Three cases were done that day. All were small recurrent cancers. The last patient had her procedure done around 4 pm. She had breast implants and refused to have another surgery that would further disfigure her breast. Upon completion of her case, she stated she was hungry and wanted to go to the high-end French-American restaurant just across the street (Lavender Bistro in La Quinta, CA) (4). Within fifteen minutes of completing her procedure, she was toasting with a glass of Chardonnay and eating lobster salad. Unheard of? How different is this procedure that allows for the humanization of the process and a reversal of all the dreaded things that breast cancer portends?

The surgeon was asked if he knew what just happened? He replied he hoped he had killed the cancer. What happened was that unlike

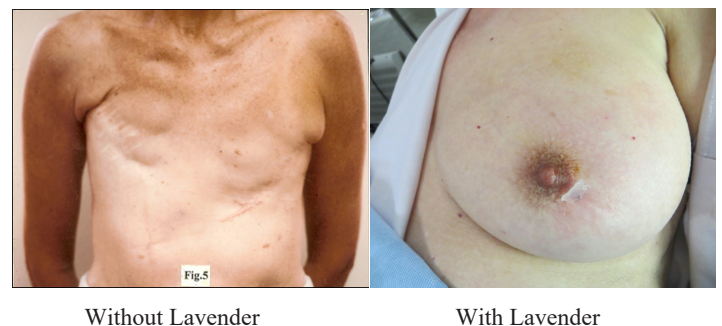
traditional therapy where the patient would wake up in the cold recovery room with a breathing tube in her throat with her breast disfigured or off, none of that happened. She was eating lobster salad with a smile on her face. Thus, the Lavender Procedure was born.

That patient is now ten years out and remains cancer-free. None of the bad things that breast cancer portends ever happened to her. From 2014 until 2016, a total of 25 cases on 21 patients were performed and patients were followed. They were followed to the extent of videotaping their yearly follow-up appointments, spontaneous and unscripted. Why 25 cases on 21 patients? Two required repeat procedures on larger tumors (up to 3cm plus) on patients who refused traditional therapy. One patient required multiple cryoablation treatments, having multiple targets, who again refused any other treatment.

The patients were divided into Groups 1-3. Group 1 were ideal patients, that is, tumors less than 1cm and easily seen on ultrasound, and they had less aggressive tumors on genetics. Group 2 were less than ideal patients, including DCIS patients, who again refused any other treatment. Aside from the patient who died as a result of a fall (our first patient with Alzheimer’s), and the patient who developed a primary lung cancer, and our 86-year-old that the ‘system’ surgeons wanted to do a mastectomy on, lived until she was 91 cancer-free and passed of natural causes, aside from those, all the patients in Groups 1 and 2 are alive. Two patients had local recurrence after their Lavender Procedures and underwent an additional cryoablation but are cancer-free. Those two patients provide a look as to what is possible with cryoablation, that is, repeat procedures, not moving automatically to mastectomy based on outmoded dogma. More to be said?

**The short answer of benefit to the patient is this:**

1. Time – 20 minutes with lavender vs 1 year of traditional treatment.
2. Money – about \$2,500.00 for lavender vs \$200,000.00 USD.
3. Treatment – With Lavender, a minimally invasive procedure with the patient awake and significant other by her side with normal activity resumed immediately VS. a 2hr disfiguring surgery with significant other in a hospital waiting room surrounded by other anxious people. Then ongoing chemotherapy for a year for a Her2 tumor with sickness and loss of hair and self esteem. This is all obviated.



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### 3 Important Points:

1. It is usually axiomatic that upon the introduction of a paradigm shift in something as complex as a potential answer to breast cancer, that initial results (self-taught) will not approach those achieved through more experience. But the results speak for themselves on many levels, from saving breasts, money, reversing the horrendous psychological burden of breast cancer, and saving lives. This is true especially helping the underserved in perhaps third world countries or anywhere. A major cancer center is not needed, and any trained physician can do Lavender.
2. It is understood that the data presented here may be regarded as anecdotal. To answer that, we harken back to the renowned words of Professor Patrick Winston (RIP), a founder of AI research at MIT, who said in one of his famous speeches, and we paraphrase, ‘you don’t need to do something 100 times, if it’s done right, to know it works.’
3. A clarion call for radical change in the diagnosis and treatment of breast cancer is issued to industrialized countries, especially the U.S.A., to better serve all women and leave no woman behind.

The reader is encouraged to visit [thelavenderproject.net](http://thelavenderproject.net) for more relative information.

Enough said?

Lastly, quotes from ‘The First Cell’ by Dr. Azra Raza, page 35. “Cancer crushes hope, leaving a wasteland of grief, depression, despair and a sense of unending futility.” And from page 17, “Too many lives are being lost because of our own unshakable hubris, convinced as we are that we possess the power to untangle the intricacies of as complex disease as cancer.” And from page 21, “liberate us from the confident complacency of assumed righteousness in the way things are done, liberate us from the mental cages we have inadvertently imprisoned ourselves in, our lives are at stake.” And, from page 10, “The disease is fantastically complex. More fantastic is the reductionist conceit that targeting a single genetic abnormality with a single drug will be curative.” And, from page 6, “With minor exceptions, a protocol of surgery, chemotherapy, and radiation – the slash-poison-burn approach to treating cancer – remains unchanged. It is an embarrassment. Equally embarrassing is the arrogant denial of that embarrassment.” Following all this, something new is proposed:

The cornerstone of Lavender is that the complex intricacies of this disease called breast cancer don’t matter, because the cancer is diagnosed and treated before it can launch its lethal assault.

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