



Spark Dialogue...

KC HEALTHCARE COMMUNICATIONS, LLC

*Inspire Action*<sup>SM</sup>

**Initial Framework Proposal  
presented February 14, 2007**

# What We're About

- KC Healthcare Communications is a healthcare consulting firm networked with talented and “plugged in” professionals.
- We have a passion for creating profitable business relationships for our clients
- We believe that women, as advocates and represent the beginning of a “tipping point” for healthcare in the 21<sup>st</sup> Century.

# Healthcare Marketing Partners



**From market research to PR and  
engaging consumers...we spark  
dialogue and inspire action**

# Healthcare Marketing Partners

**Kelley Connors**

Team Leader

Healthcare Marketing and PR

**Anne Cunney**

Healthcare

Strategic Planner



# Specialists

## **Suzanne Douglas Harris**

Women's Issue Researcher

Moderator

Consumer Life Coach

## **Greg Blakley, PhD**

Bio-Psychologist

Scientific Researcher

## **Linda Millman Guller**

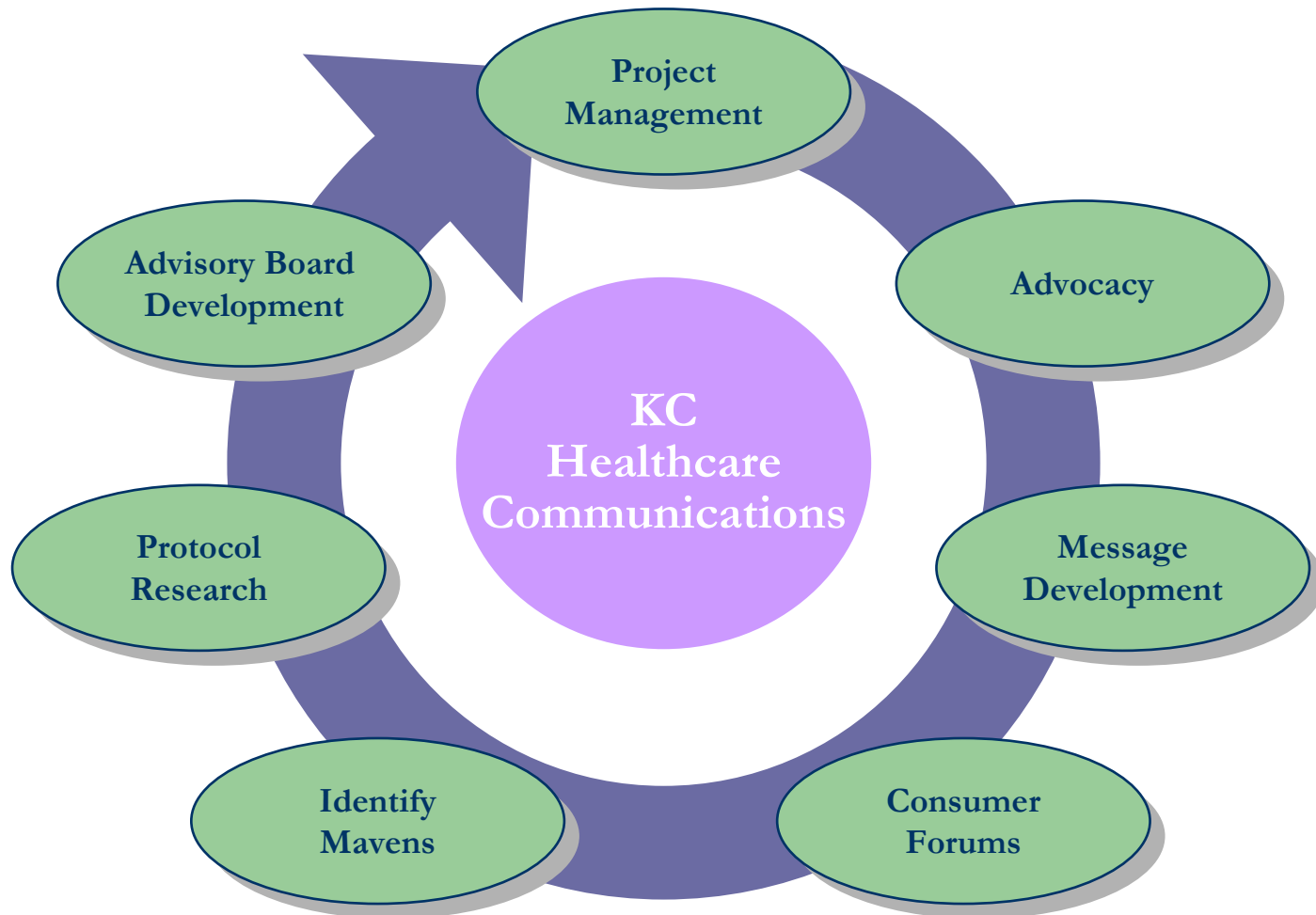
Healthcare/Business Media Maven

PR Writer

## **Cynthia Flowers**

Market Researcher and Facilitator

# Our Services: PR Plus



# Early Detection Means Life



# The Landscape: Breast Thermography

- Not often reimbursed – an out of pocket for most women
- Approved by the FDA for use as an adjunctive breast cancer screening procedure
- ACS guidelines mention thermography
- MDs not trained in thermokinetics – focus on anatomy (x-rays)

# NCI – No Mention of Thermography

- Women who are at high genetic risk of cancer because they have a mutation in one of the **BR**east **C**ancer susceptibility genes, BRCA1 or BRCA2, are at increased risk of developing breast cancer. Many high-risk women develop breast cancer before the age of 50. For these women, cancer risk is managed through vigilant surveillance, in hopes of identifying the disease at an early stage. Traditional surveillance methods include mammography and clinical breast examinations. These techniques are less effective in young women. The Breast Imaging Study will evaluate the use of several new, promising breast cancer screening techniques in women at high genetic risk of breast cancer. These techniques include:
  - Magnetic Resonance Imaging (MRI)
  - Breast Duct Lavage (BDL)
  - Positron Emission Tomography (PET)

# Mammography Infrastructure is Solid

Current guidelines from the U.S. Department of Health and Human Services (HHS), the American Cancer Society (ACS), the American Medical Association (AMA) and the American College of Radiology (ACR) recommend screening mammography every year for women, beginning at age 40. Research has shown that annual mammograms lead to early detection of breast cancers, when they are most curable and breast-conservation therapies are available.

The National Cancer Institute (NCI) adds that women who have had breast cancer and those who are at increased risk due to a genetic history of breast cancer should seek expert medical advice about whether they should begin screening before age 40 and about the frequency of screening.

**Fear of Lawsuits Fuels Rise in Mammograms and Breast Biopsies**

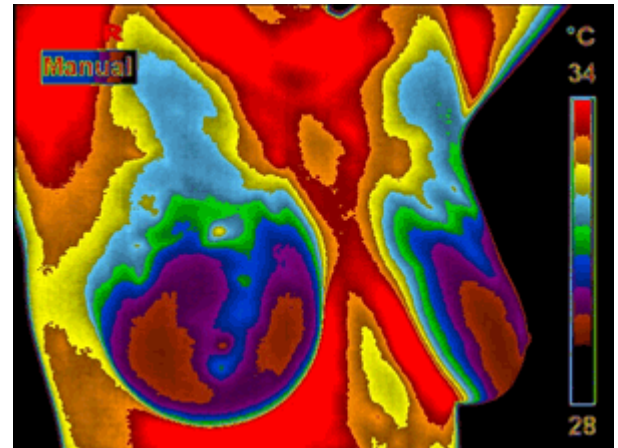


# Why Breast Thermography?

- It takes 8-10 years for a dime-sized tumor to grow. Digital Infrared Imaging can be the first signal that such a possibility is developing.
- Studies show up to a 61% increase in survival rate when breast thermography and mammography are used together (3).
- If treated in the earliest stages, cure rates greater than 95% are possible (3,6).

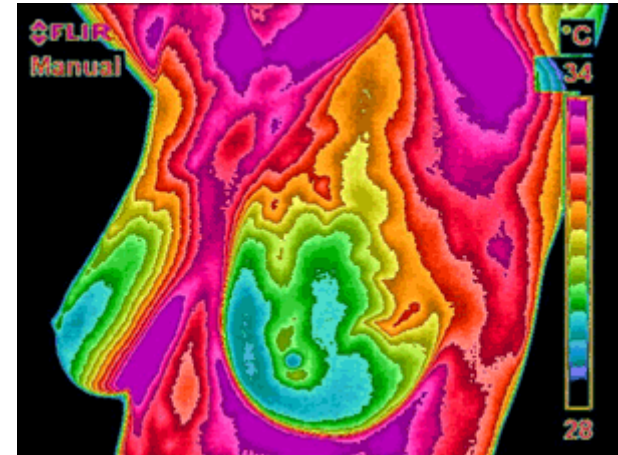
# Role of Digital Infrared Imaging

- Can not pinpoint the location of a tumor.
- Add on to mammography and physical examination, not in lieu of.
- Does not replace mammography and mammography does not replace DII, the tests complement each other.



# Did You Know??

- Studies show that an abnormal infrared image is the single most important marker of high risk for developing breast cancer, 10 times more significant than a family history of the disease
- Consequently, in patients with a persistent abnormal thermogram (but no cancer), the examination results become a marker of higher future cancer risk.
- Depending upon certain factors, re-examinations are performed at appropriate intervals to monitor the health of the breasts



# There is a “so what”...

- Thermography gives a woman time to take a pro-active approach by initiating anti-carcinogenic lifestyle modifications, decreasing as many known risk factors as possible, and working with her doctor to improve her breast health.
- By maintaining close monitoring of her breast health with serial infrared imaging, self breast exams, clinical examinations, and other tests, a woman has a much better chance of detecting cancer at its earliest stage and preventing invasive tumor growth



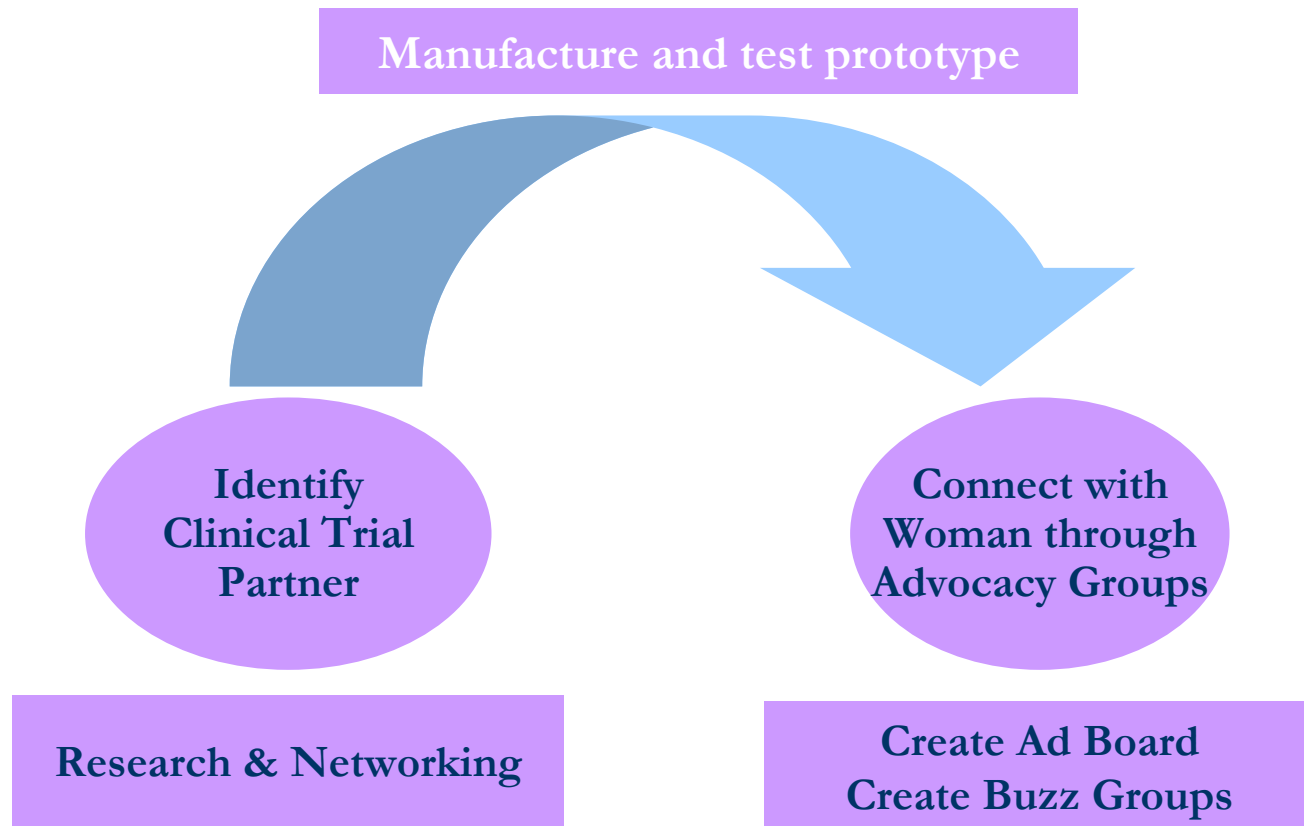
# The Bottom Line

“With breast cancer, there's a misconception that if you feel fine, don't have a lump, and have no family history of breast cancer, you're okay. The truth is that three-quarters of the women in whom we find breast cancer have no risk factors. So screening is important for everyone.”

— *Susan Orel, M.D.*



# Our Approach..Part One



**Clinical Testing is Critical. Mainstream Medicine Must Be “Fought”**

# Create dialogue with potential investigators

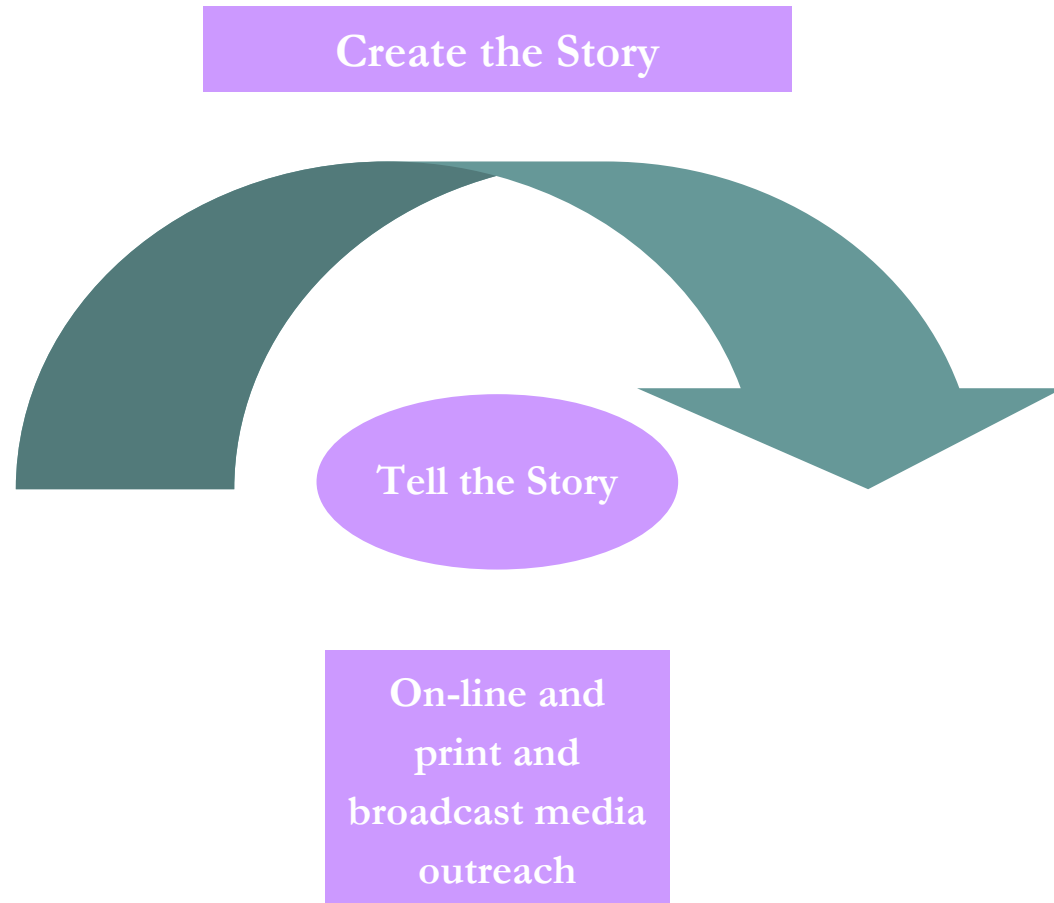
**William Cockburn, DC, DIACT, FIACT, FABFE**

Academic Dean - American Medical Infrared Academy

Past President - International Academy of Clinical Thermology

Create a Stream of Information and Influence

# Our Approach...Part Two



# Case Study: The PR Approach

“I am thankful that my doctors were supportive of my decision to have breast thermography, and followed-up as recommended in my report. I also plan to continue to have breast thermography done as part of my regular breast health check-ups. Because thermography was so instrumental in finding my pre-cancerous condition, I have recommended it to my sister who lives in Texas. She now has an appointment for her first breast thermogram. I am sharing my story to let other women know about the importance of breast thermography. More of us need to be aware of this valuable imaging technique that I believe may have just saved my life.”



# Framework and Budget

- **Research Experts and Clinical Trial Site Options**
  - Professional fee \$5,000
  - OOPs \$200 (fax, Fed ex, phone)
- **Consumer TalkTank & Findings Report**
  - Professional fee \$5,000
  - OOPs \$1,600 (incentive, refreshments, venue)