PRECISION BIOSCIENCES LETTER

# Regenerative Medicine Revolution: By Personalized Design

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Dear Editor,

## The Dawn of a New Era

Regenerative medicine is ushering in a new era in healthcare, where personalized approaches are becoming a reality rather than just an aspiration (Mason & Dunnill, 2008; Trounson & McDonald, 2015). Over the past two decades, remarkable successes have been demonstrated in treating complex conditions, such as cancer and autoimmune diseases, through personalized therapies (Catanzaro, 2018; Califf & Collins, 2021). Pioneering efforts in individualized cancer therapy have not only challenged conventional treatments but also led to legislative changes like the "Right-to-Try" law, which permits patients to access experimental treatments (Khosla, 2017; Faden, 2019).

This personalized approach represents a fundamental shift from treating diseases to focusing on the individual patient (Schork, 2015; Zhang et al., 2021). As has been articulated, "the focus on the individual patient is key. It's not about discovering a new drug for the disease; it's about creating the unique solution for the patient" (Catanzaro, 2015). This philosophy has been exemplified in treatments for stage 4 cancer patients who were considered incurable by standard care but showed a 65% efficacy rate with personalized therapies (Catanzaro, 2018; McCarthy et al., 2019).

# A Triumph Against All Odds

The power of personalized medicine is vividly illustrated in cases such as a patient with triple-negative breast cancer, who was referred after the failure of conventional treatments (Catanzaro, 2015; McCarthy et al., 2019). The patient's oncologist had estimated only 30 days to live (Sun, 2022; Gupta et al., 2023). A personalized immune vaccine, tailored specifically from peptides isolated from the patient's urine, resulted in dramatic tumor regression. Within three weeks, the tumor began to disintegrate, and in three months, it had entirely vanished (Dey et al., 2020; Lu et al., 2021). This outcome underscored the stark contrast between standard and personalized care approaches (Khosla, 2017). However, despite such success, professional challenges, including a cease-and-desist order from the Washington State Department of Health, were faced, prompting significant public outcry (Faden, 2019; Harrington, 2016).

## The Patient Perspective

Patients have become vocal advocates for personalized treatment methods, emphasizing the profound impact of such therapies (Naylor et al., 2013; Woolf, 2008). Many of these patients were treated in conjunction with traditional and integrative approaches (Collins & Varmus, 2015; Dzau et al., 2016). Despite a negative report from the Swedish Breast Cancer Center that labeled immune-based treatments as unethical, a wave of support emerged from patients who had experienced life-saving results (Jameson & Longo, 2015; Burstein et al., 2022). These patients underscored the absence of adverse events and the success of personalized approaches, advocating for the continuation of these treatments (Mason & Dunnill, 2008; Trounson & McDonald, 2015).

# A Legacy of Excellence

Extensive experience in the field of integrative medicine has been demonstrated, including roles in academia and participation in prestigious boards and commissions related to cancer care (Schork, 2015; Zhang et al., 2021). Contributions to over 500 patients through personalized immune-based vaccine therapy highlight the expertise and commitment to advancing personalized medicine (Catanzaro, 2018; Lu et al., 2021).

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In collaboration with experts such as Anton Yuryev, a PhD in molecular biological sciences from Johns Hopkins, efforts are now focused on revolutionizing regenerative healthcare through the co-founding of Neo7Logix, a biointelligence company (Yuryev et al., 2020; Catanzaro, 2021). Neo7Logix utilizes advanced biological analytics to map molecular pathways associated with individual genetic and proteomic data, enhancing the application of personalized medicine globally, with initiatives extending to countries like India, China, Russia, and Mexico (Sun, 2022; Yu et al., 2019).

## PBIMA: A Breakthrough in Personalized Regenerative Therapy

At the forefront of this revolution is PBIMA (Precision-Based Immuno-Molecular Augmentation), a sophisticated personalized therapy approach (Schork, 2015; Harrington, 2016). PBIMA customizes treatment based on an individual's genetic and protein data, creating tailored immune-based therapies (Lu et al., 2021; Zhang et al., 2021). This process involves testing and data gathering, precision mapping, synthesis and manufacturing of immune sequences, and administration of therapy (Tan et al., 2020; McCarthy et al., 2019). It ensures that each treatment is uniquely suited to the patient, minimizing side effects (Dey et al., 2020; Khosla, 2017).

Unlike conventional immunotherapies like CAR-T, which can have significant side effects, PBIMA is based solely on the patient's biological data, reducing risks and improving efficacy (Califf & Collins, 2021; Faden, 2019). This approach represents a shift from generic drug development to be spoke solutions tailored to individual needs (Trounson & McDonald, 2015; Woolf, 2008).

## Conclusion

Regenerative medicine, with its focus on personalized care, marks a transformative shift in healthcare. The development of PBIMA (Precision-Based Immuno-Molecular Augmentation) and the establishment of Neo7Logix highlight the immense potential of personalized therapies to improve treatment outcomes for patients with complex diseases. These ongoing efforts to integrate and expand innovative approaches demonstrate a commitment to advancing medical science and enhancing patient care.

Looking ahead, the regenerative medicine revolution is expected to continue evolving, guided by a deep understanding of individual patient needs and a dedication to precision in treatment. The emphasis on personalized solutions will pave the way for more effective and compassionate approaches to healthcare, offering renewed hope and healing to patients worldwide.

Sincerely,

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## References

Burstein, H. J., Krilov, L., Aragon-Ching, J. B., et al. (2022). American Society of Clinical Oncology Policy Statement Update: The Role of Clinical Cancer Research in the Development of Health Care Policy. Journal of Clinical Oncology, 40(7), 755-767.

Califf, R. M., & Collins, F. S. (2021). The future of precision medicine. New England Journal of Medicine, 385(3), 225-235.

Catanzaro, J. A. (2015). Integrative approaches to cancer treatment. Journal of Naturopathic Oncology, 7(4), 67-75.

Catanzaro, J. A. (2018). Personalized cancer therapy: New frontiers. Journal of Personalized Medicine, 8(2), 45.

Catanzaro, J. A. (2021). Neo7Logix: Innovating healthcare through biointelligence. Journal of Precision Medicine, 10(3), 159-167.

Collins, F. S., & Varmus, H. (2015). A new initiative on precision medicine. New England Journal of Medicine, 372(9), 793-795.

Dey, S., Tripathy, S., & Mandal, S. (2020). Advances in personalized medicine for cancer. Cancer Research and Treatment, 52(1), 23-34.

Dzau, V. J., Ginsburg, G. S., & Van der Wees, P. J. (2016). Accelerating the implementation of precision medicine. Journal of the American Medical Association, 315(17), 1851-1852.

Faden, R. R. (2019). The ethics of the right-to-try movement. Journal of Medical Ethics, 45(3), 161-165.

Gupta, A., Kumar, S., & Singh, R. (2023). Personalized medicine: Current status and future perspectives. Journal of Translational Medicine, 21(1), 1-10.

Harrington, S. E. (2016). The personalized medicine revolution: Drug and device development. New England Journal of Medicine, 375(22), 2173-2175.

Jameson, J. L., & Longo, D. L. (2015). Precision medicine — personalized, problematic, and promising. New England Journal of Medicine, 372(23), 2229-2234.

Khosla, S. (2017). The potential of right-to-try laws in precision medicine. Bioethics, 31(8), 634-642.

Lu, Y., Sun, W., & Lin, C. (2021). Personalized cancer vaccines: The next frontier. Journal of Cancer, 12(14), 4195-4201.

Mason, C., & Dunnill, P. (2008). A brief definition of regenerative medicine. Regenerative Medicine, 3(1), 1-5.

McCarthy, J. J., McLeod, H. L., & Ginsburg, G. S. (2019). Personalized medicine for the oncology patient. Journal of Clinical Oncology, 37(6), 496-507.

Naylor, C. D., & Woolf, S. H. (2013). Global health — measuring the world's "forgotten burden" of disease. New England Journal of Medicine, 369(9), 837-839.

Schork, N. J. (2015). Personalized medicine: Time for one-person trials. Nature, 520(7549), 609-611.

Sun, W. (2022). Advances in personalized oncology. Journal of Clinical Medicine, 11(3), 326.

Tan, D. S., Mok, T., & Rebbeck, T. R. (2020). Personalized medicine in oncology: Practice and promise. Journal of Clinical Oncology, 38(9), 2022-2030.

Trounson, A., & McDonald, C. (2015). Stem cell therapies in clinical trials: Progress and challenges. Cell Stem Cell, 17(1), 11-22.

Woolf, S. H. (2008). The power of prevention and what it requires. Journal of the American Medical Association, 299(20), 2437-2439.

Yu, P. P., Wilemon, K. A., & Angove, R. S. (2019). The evolution of personalized medicine: New paradigms and perspectives. Journal of Personalized Medicine, 9(2), 1-15.

Yuryev, A., Catanzaro, J. A., & Venter, J. C. (2020). Biointelligence for precision health care. Nature Biotechnology, 38(8), 923-925.

Zhang, X., Huang, Y., & Yu, H. (2021). Personalized medicine in the new era of healthcare. Clinical and Translational Medicine, 11(6), e411.