What If Your Cancer Treatment Could Be Tested Before You Try It? Transcript

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Introduction to RGCC and Its Mission

Hello and welcome to the Cancer Breakthrough Summit. It is my pleasure today to welcome Michael Newton. Michael Newton is a biotech executive with more than 20 years of experience across oncology, genetics, infectious disease and women's health.

He has worked closely with medical providers and clinical teams to support education, consultation and adoption of emerging technologies in patient care.

Today is representing and Head of Commercial for CC, a company whose mission is nothing less than cancer revolution. So that's really, really impressive.

And I would like to ask you, what is CC and how did you come up with the search. And on this this mission for a company cancer resolution. Come on. Absolutely.

So we are actually stands for Research Genetics Cancer Center. We were founded by a medical oncologist and hematologist who essentially got tired of losing patients by only offering conventional care options and said, there's so many more things that we could be doing and should be doing to make sure that we are properly taking care of patients.

His vision from the beginning was that there's no one tool or one method that should be right for everyone, because none of us are the same. We're all very different.

And so there's applications and options should be applied in different ways based on the individual patient. And that's how we got started. You know I'd love to take credit for that.

But Doctor Yannis Papa is our founder. He's still the one that runs the organization and guides our mission to, as you said, try to resolve cancer. And looking forward to talking more about that today.

Yeah, sure. So what exactly is a company is doing and how do you get there? I mean, cancer resolution. Absolutely. So it starts with us really with testing.

We began began as a testing lab focused on cancer specifically, but really cancer focused more in the integrative and functional medicine space. The reason is, again, when you go to conventional care, they've got their, you know, recommendations and their guidelines that they must follow, but they're essentially treating patients, you know, kind of as silos versus treating them as individuals.

And so what our testing does is allow providers in our network who are physicians all across North America and the world, for that matter, to essentially use our testing to, first of all, uncover circulating tumor cells.

And then once they uncover those circulating tumor cells, there's a number of things that we can do, whether it be simply analysis to understand the behavior of a cancer, or even sensitivity testing that allows us to determine what particular natural substances, chemotherapies, repurposed drugs will work.

How RGCC Testing Works

Patient by patient. It's true personalized medicine. We also have a number of autologous infusions that are essentially novel products meant to support the treatment of cancer, in addition to Lyme disease and virus.

So quite a number of things that we're working on and definitely more to come. So for example, we have somebody listening to to to us today as just being diagnosed with cancer, what he or she should do to, I mean, to get the

benefit of those testing is going to be just something that can speak about with his doctor at any hospital.

How does it work? Absolutely. Help the patient. Definitely. We actually have a network of physicians that have gone through a training process and essentially have met, you know, certain requirements to become part of our care network, if you will.

And those providers are the way that patients access our testing. So ultimately, if a patient was just diagnosed with cancer, for that matter, if they're looking for cancer screening or if they've been given kind of an all clear by conventional medicine, and they want to make sure that they're not at risk of recurrence, all of those are use cases for them seeking out these physicians in our network.

And ultimately they can get in touch with us as a company. We can connect them with that network of physicians and make multiple recommendations, at which point they can decide which of those people is the right person to be a part of their care team.

And at that point, you know, again, we can talk about kind of what the tests do, where they applied, but ultimately, obviously, they're going to be relying on their physician to determine what the right solutions are, what the right options are, and give them those choices in, in their journey.

So when you say they can get in contact with you and have access to your network of doctors, how do they get access with you and how vast is your network of doctors?

Absolutely. We at this point have probably close to about 2000 providers just in North America, and then again, many thousands more outside of the US.

The way that they access this is they go to our website. It's called my.com. So just yrgcc.com there's a contact form where, whether it be a physician that wants to know more about what we do or whether it be a patient that wants to understand what it is that we do, and then how do they get access to that.

That website essentially gives a form that's, you know, just a few blanks long that allows them to essentially get in contact with us so that we can reach back out and provide them that information.

So how does it happen? I mean, again, I go back to the patient's experience. He has been diagnosed or she has been diagnosed with cancer, is hearing about RG skills.

And maybe that's something I mean, I should do learn more about my cancer. What kind of treatment would be beneficial for me. What does it test look like?

Is it I mean a blood test? Is it as do the patients have to travel to some remote place to be subjected to some painful testing? How does it work? Absolutely no.

Our providers are actually scattered all over the US and Canada. From that standpoint, I definitely wouldn't say we have providers everywhere, but we almost have providers everywhere in terms of that distribution network.

We also have a number of providers that work via telemedicine. If patients don't have access to a doctor, that's close. And essentially, as it relates to the testing, there's really two main options that most people will start with and then go from there.

The first is a test called trace. Trace is actually what we call kind of the baseline and behavior test. It looks at a few different things. So it is a blood test.

Everything that we do is a blood test to answer that question. So it's a simple blood draw. And from that perspective makes it nice and easy. Essentially liquid biopsy if you will.

And what we are looking for specifically is circulating tumor cells. Now, circulating tumor cells aren't fragments like

a lot of commercial tests in the market.

They're actually whole cells that essentially are cancerous. And these cells essentially it's being discovered, can be found in the body as much as five, ten years prior to an actual tumor being present.

They're always present when an active tumor is there, unless it's encapsulated or inside the blood brain barrier, and greater than 95% of the time those tumor cells remain even after a patient is given the all clear by conventional medicine.

Trace and MixPlus Precision Medicine Testing

So from that perspective, you know, they're the chief cause of recurrence as well. So what we are doing when we find these cells is we're able to essentially count them so we know what the concentration is, which gives us a baseline number to try and see decrease over time, showing progress.

We're also able to essentially determine where they came from. So what cells in the body are these particular cancer cells related to giving us an idea of location.

And then lastly we are actually able to look at and I know this is actually a big research project right now at the Belgian Institute. We're actually also looking at the stem cells of the cancer cells.

And by understanding those stem cells and which things are up or down, regulated, activated or diminished, what have you that determines the behavior of the cancer?

It tells us is it likely to metastasize? Is it likely to resist treatment? How aggressive is it going to be? And also seeing those markers normalize over time is also progress.

So that's why that becomes kind of the baseline and behavior test. It's also essentially a monitoring test that providers will use at some, you know, interval on the back side of their treatment approach to determine, are we making the kind of progress we are wanting to make, or do we need to look at other treatment interventions to make that happen?

Yeah. And I mean but it was really impressed with the presentations that you gave in San Diego at the integrative conference where you spoke about your experience with with on cobble on cobble also shows up.

And we have been working with a large sec for for a long time now, because you have this test also for treatments that are actually effective on some people's cancer.

One of the problems that many patients have when they go to the hospital is that they receive one kind of fits all protocol, and it does is sick with chemotherapy with the side effects, and then the cancer doesn't really go away.

And the doctor says, well, the chemotherapy failed you. You are not responding as we were hoping for. And we are going to give you another and more aggressive chemotherapy as the patients as I mean, got diminished immune system and is exhausted, has already lost his or her hair.

I mean, with your test, you are able to avoid that and provide this precision medicine that people are really looking for, which is going to be an indication of what is going to what treatment is really going to be appropriate for what cancer.

Can you tell us more about that? Because this is really something people need to to hear more about. Absolutely. You know, that test, Sylvie, is one that makes such a big difference for people.

It's really kind of our differentiator and our bread and butter as an organization. It's called Mix Plus. And that test, as you said, is a precision medicine test that allows physicians to understand what specifically is going to work for my actual patient.

Because just because two patients have the exact same type of cancer and would be given the exact same treatments in a conventional medicine setting, those patients aren't the same person.

They haven't lived the same lives, they haven't encountered the same things, and genetically they're not the same people. And so that's where really having a precision medicine option that you can understand patient by patient, what's going to make a difference for that person is really what's going to make all the difference in the world.

You know, you know as well as I do that you can go on the internet and read about all the supplements available, and you can go and find out that, you know, everything works for cancer, you know, and there are a lot of things that work very well for cancer, but it doesn't mean they work for everyone.

So what our test is on Mix Plus is it's a tool that allows you to essentially drill down and define patient by patient what's going to have the desired effect against their cancer cells.

So essentially what we do is it's kind of a sensitivity test. We actually take the patient's blood same fashion. From there we're able to isolate the circulating tumor cells.

We then to give just kind of a simple explanation put themselves in a hundred different petri dishes, if you will, on a table. And then we expose those cells to over 50 different chemotherapeutic agents in addition to and most importantly, in terms of what we're talking about, over 50 different natural substances and repurposed drugs.

And so what happens is providers get close to a 20 page report back saying for your particular patient, here's exactly what we determined based on what it is we're able to measure, was effective against their cancer cells.

So it's really an amazing tool to help drill down I mean, like anything, right? You can't build a house with one tool. You also can't treat cancer with one tool, right?

So it's not this isn't saying our test is the end all be all because it isn't. Nothing is. At the same time, it's a very good indicator to allow providers to really hone in on what types of things are going to make a difference for that particular patient, and then allow them to essentially develop treatment protocols where every 4 to 8 weeks they will use a certain number of substances to treat, then they will rotate off of those and kind of go into the next line of recommendations.

So by continuing to kind of cycle, you know, the treatment and the things that they're throwing at that cancer, it allows to continue to have the desired effect, which is to reduce those cancer cells and make them go away without giving them the time or opportunity to develop resistance, which is such a big problem.

You know, you mentioned kind of first line chemo failing and going to second line chemo and conventional medicine. With every round of that that fails, those cells become more and more robust and harder to fight, harder to deal with.

And as you said, all it does is, you know, essentially weaken us as people as we're going through that. So this guidance really allows us to be much more precise and pinpoint in terms of what's being used, as opposed to taking a let's just throw the kitchen sink at it.

The other thing is people get pill fatigue and supplement fatigue. So by knowing which things specifically can make a difference for people, most providers will have kind of a baseline of things that they'll put people on, and then they're allowed to just kind of cycle through some of these things a couple at a time without having to essentially say, hey, you need to take this litany of things indefinitely, which point at some point becomes ineffective, and then also, again, just wears people out, frankly.

So what this actually what do people have to to reduce the test to doing the cancer generally speaking of rotation of 7 to 8 weeks. So they have to do that again and again and again.

No. Typically not what most people will do. And this is going to vary provider by provider because our providers and

our network, our physicians are well trained in this.

They have experience doing this day out day in and day out. So they're really going to be the ones that provide the ultimate guidance. But from a corporate company perspective, typically if you can, you're going to start with an echo trace and explosive.

So that gives you the baseline and behavior information in addition to the sensitivity information, the precision medicine test. And then from there, probably every 6 to 12 months, you'll rerun the anchor trace just as kind of a checkpoint to see.

Are we making progress? And then the six plus test.

Patient Access, Insurance, and Care Teams

Honestly, it can vary by patient situation. And if a patient scenario or symptoms or presentation of their cancer changes it might could be done more frequently.

But typically you're not going to do that until probably 24 months or so. Again, providers kind of have their own thing, but typically in mix. Plus, unless there's a drastic change in the situation, is good for at least a couple of years from that perspective, you know, because again, it gives you enough recommendations that the cycles you're not just going to cycle the first options and then stop those, right.

You'll do kind of 2 or 3 rounds of different things. And then you will essentially repeat. So that really buys you quite a bit of runway in terms of, you know, being able to measure that progress and use different things over a long period of time.

When you have a doctor who is at the hospital who is not using this test, what are the options of the patient? For the patient? I mean, he has to find another doctor or is it something he can request?

It can be. I assume it's not covered by insurance, is it? No, it is not covered by insurance. It is a cash based test. Because at this point, insurance can't really get their head around precision medicine because it's hard to measure their financial impacts of that, which is what drives decision making in terms of their adoption and coverage.

So from that perspective, it is cash. You know, in the conventional medicine world, I would say that we are seeing more providers from kind of that background and that way of thinking, getting more awareness around what we do, asking more questions, actually partnering more and more with the providers in our network that do are actually doing our testing.

But typically you're not going to be able to access in that in a strictly conventional medicine world. Now, if someone is here and there, either here for the first time because they're learning or they're been around the Institute for some period of time, what they're going to understand is, is that even with conventional care, there's so much benefit from an immune perspective, from a support perspective, to having a functional or integrative provider that is a part of their care team, along with a conventional medicine doctor.

So most people essentially will have that care team, and some cases they'll use their integrative work, you know, functional medicine doctor, to essentially kind of drive that care.

In other cases, conventional medicine will be driving that care for their particular circumstance. And then they will have essentially kind of the integrative or functional team on the other side that is working to try and counteract the effects of that chemo, rebuild the immune system as it's being torn down.

Do the other types of things that aren't going to interfere conflict with conventional medicine, but ultimately support our bodies in helping it try and fight the fight on its own, which it wasn't able to do before.

So in most cases, they are going to have a team that will can basically consist of both sides of that equation.

Generally, patients I mean do not have contact directly with use a lab.

They have contact with a doctor and the doctor as contact with you. But you came to the Virgin Integrative Cancer Conference, and I'm sure it was the opportunity for a lot of patients to hear directly from you for the first time and maybe discover that this opportunity of precision medicine was available to them.

What was your side of of the experience as an exhibit or meeting with all those patients that came to your booth? Absolutely. It was fantastic. I've again been doing this for 25 years now.

I've been in a lot of different spaces, and until I came to our GC almost two years ago. I've never had as much interaction with patients as I have here, and that's even in offices.

We get introduced all the time to patients, and it really drives home the importance of what it is that we do because we get to hear from them how what we do makes a difference in their lives and their care journey every single day.

And so being at the Belgian Integrative Cancer Conference really almost kind of, you know, put that in hyperdrive, right. Our ability to interact with patients, to help them understand what we do, to be able to encourage them along their journeys, to be able to understand, you know, both people that are, you know, maybe not faring as well in the battle and those that have actually feel like they're kind of on the other side.

Autologous Infusions and Supportive Therapies

It really is just fuel for us as a commercial team to go out and spread the word and do what we can to support our providers and support patients through their journey and make sure that they, you know, have an understanding of what the options are and what it is they're able to do and how from that perspective, they can, you know, do what they can to ideally live a better life, live obviously, ideally a cancer free life, but even just live a longer life if that happens to be the circumstance that they're in by having better quality information.

So it was a fantastic chance to interact with those folks, in addition to interacting with the providers that are caring for them. In some cases, we were talking to groups of people where it was their provider in addition to patients there.

And really, we could just get into a more in-depth conversation because of the presence of the provider. So it was very, very rewarding. I would say good.

And I'm pleased because a number of patients who are really, I'm sure you made a difference in their life and their opportunity to have access to to treatments that are going to be really effective, including a number of treatments which are nontoxic.

And you are speaking of quality of life. I mean, having the access to treatments, which are nontoxic and are deemed based on your tests, to be effective, since that's really, really the goal to indeed get better and and have a good quality of life.

Because if you, I mean, kills a cancer but kills a patient at the same time, it is not really. Yes. The goal. I would like also to ask you, beside testing, are you doing anything else at RCC?

We are. We have another a number of essentially ivy infused autologous products that are essentially made from a patient's own blood. Can you explain autologous for this autologous means it's actually from a patient.

So essentially that means it is essentially not only like what comes from the human body. These products actually come from the patients they are intended to take care of.

And these products essentially support the other things that you're doing. So I'll give you a couple of examples. Right now, dendritic cells is something that was talked about quite a bit at the conference.

There are a number of companies typically requiring you to travel to Mexico and pay pretty large sums of money to get Excel treatments. Cells actually are cells already in the body that are supposed to train the immune system what it is it's supposed to look for to attack, right?

So in the case of cancer, dendritic cells are supposed to say, hey, immune system, that's the cancer cell. Go do your job right. In a lot of cases without a depressed immune system, the immune system might not be fully functioning properly.

And so sometimes we need to increase the number of dendritic cells to help the body know what to fight. Now, it's important, in the case of a dendritic cell infusion to make sure that testing is done prior to the infusion, because you want to make sure the immune system is functioning properly.

If it isn't, then it's not going to do any good. But there's dendritic cell treatments are very helpful to be used essentially to support other things you're doing for cancer care.

All along the cancer journey, we've got another autologous infusion that essentially is a combination of dendritic cells and natural killer cells. That one is called clavis cure.

It is intended for essentially later stage patients kind of to be and after because instead of being primer cells like a dendritic cell is, these are actually activated cells that are going to go in and actively fight the cancer.

And again, these aren't synthetics. These aren't things that are created chemically. This is just taking things that are already in our own body and already in our blood, that we're able to isolate by getting blood samples and essentially kind of amplify, if you will, and put it right back in a patient.

So what's going in you is basically nothing more than what came out of you, but amplified. And then the last one, yes, me. So it's kind of immunotherapy but based with your own cells.

So there is no side effects, and your immune system is not going to be overridden by something else. I mean, that's great if approach to immunotherapy 100%.

The other thing is the ones that we create actually are the differentiated cells. So I say that because there are some other organizations where they'll say, hey, this is a dendritic cell product.

The thing is it's actually dendritic cell precursors. And they don't necessarily all turn into dendritic cells, which is what you want. Right? So that's the other thing is really understanding what is it that I'm getting.

Not what is it that ultimately it might turn into the last one, which is probably the most frequently used autologous infusion that we have is called Q restrain.

What Cuba strain does is it actually restricts the target's ability to replicate. So this one can be used in cancer. It can also be used in Lyme disease and a lot of a number of viral co-infections.

In fact, you know, I think the number somewhere in the neighborhood of 10% of cancers are actually virally driven, you know, and there's usually viruses present, even if that's not necessarily what's driving the cancer.

So this product can be used on kind of a pathogen by pathogen basis, including cancer. And again, it's meant to support whatever else it is you're doing to fight these, you know, invaders, if you will, by stopping their growth.

Right. If you think about fighting cancer, for instance, if it's expanding while you're trying to knock it down, progress is going to be more slow than if you can stop it from growing and only fight its existence versus its expansion as well.

And so that that's definitely our most commonly used autologous infusion on both the cancer and the line and virus side as well. And so the infusions so people can receive them at the doctor's office, they don't have to travel to

some clinic where they have to stay for weeks.

And that's correct. No airplanes required, no hotel stays, no weeks, weeks long programs. Essentially, the same providers that can conduct the testing can also do these infusions so that patients can, you know, live their normal life, if you will, and then obviously go and have this done based on the scheduling and kind of intervals that it's supposed to happen and but without having to essentially leave the country to make that happen.

Thank you for what you are doing. Is it is there anything else I missed and you would like to to speak about today? I think the most important thing that I would tell all patients is something that I kind of touched on.

But all of these things are tools, right?

Conference Experience and Research Updates

And there's a number of tools available. And, you know, one of the things that we kind of get into conversations with other vendors, for instance, while we're at the conferences, there are a number of products over 50 right now that are included on the mix Plus, and an additional 300 that you can select from to test a patient's cancer cells against.

And sometimes those test results will come back. And let's say, you know, I'll just use an example. I'll just grab ivermectin because it's something that doesn't belong to anyone necessarily. Right.

Sometimes ivermectin will come back as showing positive for having a type cytotoxic or a killing effect on a person's cancer cells. Sometimes ivermectin will come back and it won't necessarily show as positive on our test.

I just want to reinforce that. That doesn't mean that ivermectin isn't beneficial, right? Because like all things, some substances have very specific modes of action and interactions with the body.

Others act on multiple different pathways. Right. So sometimes there's patients that say, well, I took your test and it said that this doesn't work. I will always tell you, please default to following the guidance of your provider.

Right. Because our test is a tool, it is a very helpful tool that can allow you to really drill in and specify, like Anchored Pro for instance, that Anchor Pro makes a difference for your particular cancer, right?

But there's also only a certain number of things that we can measure and a certain number of ways that we can measure them in a laboratory. So always follow the guidance of your integrative care provider, because sometimes just because it doesn't show positive on our test doesn't mean it won't make a difference in your battle in one way or another.

Yeah. So that's one thing that I think is very important to reinforce. And as you said, that means the test has to be redone after a few months because things change and means the body.

Correct. And then the cancer also evolves and absolutely diminishes and yuan and the other place and sometimes some things that was not showing as positive a few months before will show positive a few months later, because you are and a different stage of cancer 100%.

It's tricky, right? And that's where having a team makes a difference. That's where not just thinking that care is going to be your savior. I mean, we ran into so many patients at the conference.

My mother was a cancer patient back in 2000 or scuse me, 2020, and in 2025 was conventionally given the all clear, even though she still has a number of circulating tumor cells, which, again, are the leading cause of recurrence.

So we're working with supplements and things like that now to get her cleaned up. So, you know, can't ever just rest, right? Even though you're exhausted, you got to keep going and got to keep doing the things that are going to

make a difference to basically resolve the circulating tumor cells.

Because, you know, if they're there, then we can't get comfortable. Yeah, absolutely. And it is so fantastic that you are able to test her, to test them and let people know actually when they are concerned free.

Because that's really also important because as at a time where you can really start resting and this time, I mean has to come, I mean, you have to close this door.

You have to to finally move on to something else and reclaim your life. And the test is allowing you to do that. Definitely. A couple other things that I'll add just here at the end.

When we first came to the US as an organization, it was as a distributorship. And so by way of that, there was a little bit of loss of fidelity from kind of the corporate philosophies, and then having kind of an intermediary that represented us here in the US.

And so part of the reason that we're so excited and reenergized and that people are hearing more about us and seeing more about us, is about three and a half, almost four years ago, we became a full branch of the organization, you know?

And with that came transparency, more kind of clinical data and support. In 2024 and 25, we published in peer reviewed journals about 11 different either clinical or scientific works.

And honestly, when you look at us as an organization, we have five different research and development facilities around the world in addition to our clinical lab.

And as you said, our goal is resolution of cancer and the majority of our revenues. And when I say the majority, I will say north of 85% of our revenues, the past two years have all gone right back into research and development.

So we're not just here to push a test. We're here to answer questions. We're here to provide education and ultimately let the providers guide the patients on that care.

But doing what we can from an investment perspective to try and give them better tools and better options. Yeah. I'll, is at the core, I mean, a European company, but this is a no.

How's that? The absolutely deserves to be known all around the world. And absolutely. You are a wonderful company and a wonderful company to work with.

Yes, ma'am. It's been a pleasure for sure. Thank you so much. And thank you so much for your all those explanations. And we look forward to continue to work with you and also have you as an exhibit at the other conferences.

Hundred percent will be there. Thank you all for what you do and for giving us that platform for sure. Thank you. Take care. Thank you. Sylvie.