

Dear Dario,

Thank you for your questions.

Luca and I really appreciated your questionnaire.

The answers we have filled in, are direct consequence of the information acquired during our meeting in Dallas last May.

Referring to the technical questions and to the papers mentioned in your questionnaire we are confident about the absolute competence, knowledge and experience of scientists and technicians involved in the 3D-CBS challenge.

We obviously are not skilled in technical aspects, but for the reason mentioned above, we did not use advice of external qualified neutral reviewers in answering technical questions.

The high level of your team that we met and the profile of the companies involved in supporting your project is enough for this phase.

The answers we provided are the result of an in depth analysis of the material that you supplied and are based on the extreme accuracy and precision of your job methodology.

QUESTIONNAIRE

This questionnaire was submitted to Massimo Codato, CEO at ABO Project SPA and Dr. Luca Nardini Scientific Director and Research Inspector at ABO Project SPA after their visit to the Crosetto Foundation for the Reduction of Cancer Deaths from May 10 to May 13, 2006 in Dallas and DeSoto, Texas.

This questionnaire has been compiled with the ABO Project logo and goals in mind (available on the web site www.aboproject.it) that were mentioned during Codato's and Nardini's ABO Project presentation in Dallas on May 10, 2006. The motto and goals are ideal to achieve a reduction in cancer deaths.

The motto under the ABO Project logo states:

"Nurturing and guiding research aimed to defeat cancer"

The goal presented by its representatives is:

"Making the link among scientific research resources so that information and results from research can be accessed easily, those positive can be identified and transferred as soon as possible to the patient. ...establishing a direct link between the supporter of a research project and the recipients of the grants, and to have supporter involvement in the step-by-step process from the researcher's intentions, to the work itself, and to the results that a project can achieve. ...AIMING TO THE FUNDAMENTAL GOAL OF DEFEATING CANCER IN THE SHORTEST TIME POSSIBLE..."

Research scientist Dario Crosetto, inventor of the innovative 3D-CBS technology targeted to early cancer detection that will enable a substantial cancer death reduction greatly appreciates the principles expressed by ABO Project representatives because they are the point from which one must start to efficiently work in that direction.

These goals and objectives are closely aligned with what Crosetto has practiced for the past several years.

With this in mind, and focusing on putting the patient and reduction in cancer death as first priority, this questionnaire consists of questions aimed at achieving these objectives in the shortest time. This process has the potential to be successful because of the enthusiasm shown by ABO project representatives for the 3D-CBS innovative technology while in Dallas and increases with the realization that Crosetto's claims could have been implemented years ago when first described.

His innovative concepts have been proven and there are no scientific or feasibility reasons to lead anyone to believe that a substantial reduction in cancer deaths cannot be achieved very soon with the early detection process and methodology that he proposes. This answers exactly what is stated in ABO Project's mission statement!

1. THE NEED TO UNDERSTAND IN DEPTH THE KEY ELEMENTS OF THE INNOVATIONS AND TO FIND COLLABORATORS WITH THE SAME AGENDA

- 1a. After the three day meeting, do you consider Crosetto and all his scientific reviewers (who have endorsed his innovations and scientific work in public reviews, reports and letters during the past 20 years), to be competent professionals in specific disciplines related to his work?

YES ☒ NO ☐

- 1b. Do you agree that Crosetto's innovations are based on solid scientific ground?

YES ☒ NO ☐

- 1c. After seeing on May 11, 2006, the key innovative concepts actually working as hardware, do you agree with the opinion expressed by other scientists or do you disagree with any of those reviews? In particular do you agree with:

- a) the statements made by the public review panel on July 1, 2003, available in a report at www.3d-computing.com/pb/Review_rep.pdf
- b) the statements made by Michele Barone in the book "Come Vincere il Cancro"
- c) the statements made by several other scientists whose letters you have read regarding the value and recognition of Crosetto's innovations leading to a great improvement in early detection of cancer,

I am in agreement ☒

I disagree on the following

- 1d. In response to your questions regarding the limitation of the current approach, by means of an interactive discussion, Crosetto explained and clarified the main misconceptions about "resolution," the erroneous common belief that increasing sensitivity is synonymous with poorer PET pictures, and the misguided focus on measuring tumor size instead of early detection by counting as many photons as possible within a given time, etc.

Do you think these misconceptions might have been the reason other reviewers blocked funding of innovations that could have saved hundreds of thousands of lives yearly for several years? While these reviewers might have been experts in current PET technology, is it reasonable to believe that they did not understand Crosetto's innovations or they simply had another agenda rather than aiming to reduce cancer death as first priority?

YES ☒ NO ☐

We think that could be multiple reasons, not only technical or another agenda; obviously we completely agree that reducing cancer death is the first priority

- 1e. Although you had Crosetto's last book "Come Vincere il Cancro" for several months before the meeting, you still had several misconceptions that were only clarified after the interactive discussion. It seems essential to have such direct discussions in order to fully grasp the essence of the innovations and the need for

paradigm changes that will substantially reduce cancer deaths with early detection. Would you agree that it requires reading about a new technology with an fresh outlook without reference to the old technology?

YES ☒ NO ☐

- 1f. Do you know anyone who really has at heart the desire for a substantial reduction in cancer deaths, who has the patient as first priority and who would be interested in investigating in depth Crosetto's claims to determine if it is preferable to proceed at a slow pace as has been done for the past decade; or if it is preferable to get all the benefits as soon as possible by collaborating and contributing to Crosetto's cause? Please provide contact information for anyone you know of.

As you know we are doing a strong activity in order to create a .network of interest. about your new technology; some V.I.P. (political, economics, entrepreneurs) were contacted and in brief time we.ll be able to have a clear scenario.

2. MEASURING RESULTS:

- 2a. Do you agree with Crosetto's approach to proving that a substantial reduction of cancer deaths can be obtained with his innovations by building one 3D-CBS unit in 18 months from start of funding, a second by 27, and a third by 36 months?

YES ☒ NO ☐

(Installing three units in three different hospitals, each annually screening 10,000 patients in age group 50-75 will allow verification of the effectiveness in reducing cancer deaths with early detection. The patient test group will be selected in an environment where for the past 20 years there has been a constant death rate of 50 per 10,000 every year. Any reduction from 50 deaths will prove the effectiveness of the 3D-CBS).

- 2b. With an estimate of eliminating at least 17 deaths out of 50 per machine per year, would this test and measurement be a sufficient statistic by extention to expect over 100,000 lives would be saved every year using 6,000 3D-CBS devices?

YES ☒ NO ☐

If NO, please explain:.....

3. REASONABLE EXPECTATIONS OF RESULTS OBTAINABLE THROUGH USE OF THE INNOVATIONS

- 3a. Experts agree that early detection is the best way available now to reduce cancer deaths because the highest probability of effectively treating cancer is when it is detected at an early stage.

For example: Andrew von Eschenbach, Director of NCI, has stated: "Mammography saves lives through early detection and treatment at an earlier stage."

The best technique for the early detection of growing cancer cells is a molecular imaging device.

Compared with mammography, an imaging technique that measures tissue density, Positron Emission Technology (PET), which works at the molecular level, is far more sensitive to finding cancer at an early stage.

3D-CBS technology is hundreds of times more efficient than current PET devices with the great advantage that it can be used for annual screening because of its low radiation requirement.

Based on the above premises and because experimental data show that early detection has 90% to 98% probability of success in saving lives, do you find it acceptable to expect at least 33% probability to save lives using the 3D-CBS technology which is hundreds of times more efficient than current PET?

YES ☒ NO ☐

In the event you disagree, please provide your estimated number

Maybe it is a prudent estimation.....

4. IMPACT OF BENEFITS PROVIDED BY THE 3D-CBS COMPARED TO OTHER SOLUTIONS:

- 4a. Using the figure of 100,000 lives saved per year with 6,000 3D-CBS devices (assuming a 33% highly conservative effectiveness factor, or an alternate factor that you may have proposed), are you aware of any other invention or project with a higher impact on lives saved per year from cancer?

YES ☐ NO ☒.

If YES, please provide a reference to such an invention or project for comparison.

- 4b. Using the estimated 33% effectiveness factor, the estimated cost to annually screen 60 million patients with 6,000 3D-CBS devices at \$400 per examination, is \$24 billion [which is less than the current cost of \$64 billion per year spent in the U.S. for cancer treatments (see on page 92, Fortune, March 22, 2004)]. This is equivalent to an approximate cost of \$250,000 per life saved (calculated as \$24 billion divided by 100,000 plus \$10,000 for surgery or a drug treatment after early detection).

Do you consider the above calculation a justifiable cost for a life saved?

YES ☒ NO ☐

(Because 33% probability to save lives with early detection is very conservative compared to the 90%-98% shown by current experimental data. Actual cost could be much lower given the higher probability for saving lives with early detection).

- 4c. Do you know of any other invention or project that foresees substantial reduction in cancer deaths for which the cost of a life saved is less than \$250,000?

YES ☐ NO ☒

- 4d. Although \$24 billion per year (or \$250,000 per life saved) seems a high figure, would you agree that it is more advantageous to society than the current \$64 billion per year spent on cancer treatment in the U.S. without the benefit of saving 100,000 lives per year?

YES ☒ NO ☐

4e In the event you still find the cost of \$250,000 per life saved too high, knowing that cost can be reduced in the future with good planning and by lowering manufacturing and operating costs with large volume, would you recommend continuing to delay or block funding of all Crosetto's innovations as has been done for the past decade thereby forfeiting the benefits for many more years?

YES ☐ NO ☒

5. COMPETENCE

5a. Did Crosetto provide satisfactory solid scientific answers to your questions during the presentation on Wednesday, May 10, 2006?

YES ☒ NO ☐

5b. Did he satisfactorily answer your questions about spatial resolution explaining the natural limitations and the different resolution that can be obtained by using different radioisotopes?

YES ☒ NO ☐

5c. Did you agree with Crosetto's claim that current questions on PET spatial resolution are based on erroneous* premises and therefore flawed?

YES ☒ NO ☐ * limited or primitive

5d. In order to eliminate for others the same misconceptions about the important features of PET, Crosetto requests elimination of "spatial resolution" from PET specifications. Do you agree?

YES ☒ NO ☐

5e. Did he clarify that PET should report specific numbers related to abnormal nutrient consumption of body cells instead of pictures at high resolution?

YES ☒ NO ☐

(If pictures are to be used, they should be related to the maximum number of signals related to nutrient consumption by body cells that can be detected within a certain time. The current 3,000 PET devices do not display pictures related to that basic information and cannot because the length of the detector is too short.)

5f. Did he clarify why current assumptions that "increasing sensitivity provides a poorer picture" is wrong?

YES ☒ NO ☐

(Because of the limitation of current PET devices which are incapable of discriminating signals that generate background noise, the correct statement is that "increasing 'noise' in the current PET systems, provides poorer information to the physician.")

5g. Did he clarify in his books, articles and orally how his innovations in detector assembly, electronics, real-time algorithms and better synergy between detector and electronics allows more efficient noise discrimination, thus greatly increasing the sensitivity of the good signals and not increasing noise as is commonly assumed from the statements that you heard and repeated while in Dallas?

YES ☒ NO ☐

- 5h. Did he clarify how he has solved the problem of greatly increasing “real” sensitivity?

YES ☒ NO ☐

If NO, what are the key elements that invalidate Crosetto’s claims that PET efficiency improvement could have been increased hundreds of times a decade ago which have been confirmed by several review scientists (e.g. see above the reference to the Review on July 1, 2003)?

.....

- 5i. Did he clarify that presenting results of cancer survivors based on criteria that consider a life saved for a person of any age who survives more than 5 years can be misleading because a life should be considered saved when it reaches the average life time which is 76 years old for a man and 80 years old for a woman?

YES ☒ NO ☐

(It is misleading because people will misinterpret such results as great advances in the war on cancer. Instead the fact that the death rate is always the same proves that there have been no great advances as with heart disease where the death rate was cut by more than half in half a century. The results showing increasing numbers of the so called “survivors” after five years attributed to new medical imaging devices and procedures capable of detecting cancer ONLY at a late stage, sadly, is only useful for continuing to raise funds to perpetrate research in the wrong direction. The result is continued spending of billions of dollars per year for drugs on the backs of the cancer patients, without actually affecting the reduction in cancer deaths)

- 5l. Following your questions on how to improve current PET, do you agree with his explanation of the common misconceptions related to Positron Emission Technology and the use made thereof in over 3,000 existing PET devices which focus on using it as a tomograph, measuring spatial resolution and displaying pictures at high resolution instead of numbers related to accurate metabolism measurements according to the principle of operation of PET?

YES ☒ NO ☐

- 5m. After his explanations of the above misconceptions and the benefits that patients will get from the following paradigm change in:

- a) abandoning tomographic technique in PET,
- b) measuring abnormal metabolism, which is obtained by capturing all possible signals within a given time that are related to cell nutriment, and
- c) displaying numbers or pictures related to these measurements and not related to spatial resolution,

do you think it is easier to understand the revolution, benefits, and impact of Crosetto’s inventions on health care?

YES ☒ NO ☐

All the above concepts, assumptions, and commonly held misconceptions need widespread clarification and a substantial paradigm change.

6. SUMMARY OF THE PARADIGM CHANGES NEEDED

- 6a. Changing from measuring tumor sizes to a primary objective of early detection
- 6b. Deleting the specification of spatial resolution from PET manufacturing brochures
- 6c. Changing the visualization of PET information to focusing on signals per second detected related to metabolism and not on tumor dimension
- 6d. Changing the misconception that increasing sensitivity is bad, while what people actually are referring to is “signals with noise that current PET cannot discriminate” and not “sensitivity.” Saying that “increasing signals with noise that cannot be discriminated by current PET is bad” is a correct statement.
- 6e. Measuring death rate by cause only on the population under 75 years of age. Research into lowering the number of deaths for people under 75 years old will be beneficial as well to older people. This is not age discrimination, but rather it is just a more effective way of measuring the result, uncontaminated by normal mortality at ages over 76.

Do you agree on these paradigm changes described in more detail in Crosetto’s book “Come Vincere il Cancro” and in his recent article “Rethinking Positron Emission Technology for Early Cancer Detection” published by World Scientific?

YES ☒ NO ☐

7. “HISTORY”: HOW THE REVOLUTIONARY IDEAS CAME ABOUT, AND HOW CONCEPTS WERE DEVELOPED, PROVEN AND FEASIBILITY DEMONSTRATED

Did you find satisfactory Crosetto’s response to your question regarding when and where the innovative idea was conceived and how was developed? (More specifically in relation to the documentation and material you reviewed during your visit on May 11, 2006 in, DeSoto, and summarized in the following)

YES ☒ NO ☐

Historical references in response to the question by ABO Project representatives:

Starting in 1995, after close observation, Crosetto realized how highly inefficient current PET systems were, and began to focus on the conceptual approaches, detector assembly and the quality of electronics and algorithms used in these machines.

Later his research, on which he has been working full time since 2000, led him to a paradigm shift in the way Positron Emission Technology was implemented and used. Practically, it lead him to a completely different conceptual approach to overcoming limitations of current PET as described in his book “400+ Times Improved PET Efficiency for Lower-Radiation, Lower-Cost Cancer Screening”.

Next, Crosetto designed, then simulated and built innnovative parts of his innovative technology for cancer screening, implemented in an apparatus called 3D-CBS (Three-Dimensional Complete-Body screening).

During your visit on May 11, 2006 the tools developed and used for the proof of concept and the engineering for the construction of the 3D-CBS were shown.

First the Real-Time System Design and simulator based on the 3D-Flow parallel processing architecture invented by Crosetto was shown and demonstrated. These tools were developed in-house in C⁺⁺. They allowed simulation of the entire digital data acquisition and processing system of the signals received from the detector.

Next the same 3D-Flow processor model was coded in VHDL language and synthesized using Synopsys, Symplicity and Quartus tools in equations that could be executed in silicon. Testing at the “GATE” circuit level was performed in-house using Modelsim.

Crosetto continued in the proof of concept by downloading the synthesized 3D-Flow architecture equations into two Field Programmable Gate Array (FPGA) 20K1000 chips on two evaluation boards kindly provided by Altera and by building two prototype boards, one for input data and one for output results.

The proof was verified by setting input data patterns per the choice of the examiner and verifying the results and the timing on the oscilloscope as described in detail on page 132 of the book “Come Vincere il Cancro.”

From this test, Crosetto extracted the information such as power consumption and other parameters that would allow the best engineering of the electronic system on IBM PC boards (Printed Circuit Board --PCB).

He designed in two months and built in-house the 3D-FlowTM DAQ IBM PC photon detection board with 2,211 components with over 20,000 pins using Concept HDL and Allegro tools from Cadence, overcoming all technical obstacles (too many components, too many pins, too many connections, etc.) used by NIH reviewers to reject funding and by other professionals claiming that such a board and system could never be built.

A commercial autorouter (a program that automatically finds the path of traces connecting two or more pins between electronic components) could not route the layout automatically, with connections of 2,211 components with over 20,000 pins, in less than 16 layers, which is the limit for standard IBM PC board thickness. After some study, Crosetto solved the problem by placing the components in a particular location on the board and by a special assignment of the signals to the pins of different components that would facilitate the routing, avoiding many “vias” (through holes in the PCB) and crossing connections. The board could then be successfully routed in part manually with Allegro (Cadence) and in part with the autorouter Spectra (Cadence) in only eight layers of signals.

Crosetto also performed the initial testing of the 3D-FlowTM DAQ IBM PC photon detection board then built and tested the detector section coupled to the photomultipliers.

He also overcame all technical obstacles for a gantry that could accommodate circular, or elliptical shaped detectors, open configuration for the claustrophobic, or closed for best efficiency. It can be adapted for prototyping as well as for low cost production. By building it and showing its feasibility, he overcame all arguments used by reviewers as excuses to reject funding.

Further testing on 3D-CBS sections described above is now performed by independent parties that ABO Project delegation Codato and Nardini visited on site in the afternoon in May 11, 2006.

8. GIANT ADVANCES OBTAINED WITH LIMITED RESOURCES

- 8a. Do you believe that the benefits of Crosetto's innovation would have been achieved earlier if greater resources had been made available?

YES ☒ NO ☐

- 8b. After what you observed during your visit, do you agree with the following statement by the July 1, 2003 review panel:

"In my experience in the industry the design, development, construction and debug of electronic boards of this magnitude and complexity is normally the work of a team of engineers costing hundreds of thousand of dollars, Crosetto did it all by himself achieving the objectives. ... I am convinced that Crosetto can complete the job and get a lot of valuable products from any funding from investors or donors and use the funds effectively without too much overhead cost."

(extracted from the report of the July 1, 2003 review, which is available at the web site: www.3d-computing.com/pb/Review_rep.pdf)

YES ☒ NO ☐

We hope that in brief, once funds are raised for project development, a team will be established that is really completely skilled on Crosetto's know how.

- 8c. Can you confirm that what had been designed and build by Crosetto is working and you have seen that it has been tested by very competent third parties, and you could see that the gantry was of solid construction and working properly in its functionality?

YES ☒ NO ☐

9. BEST USE OF FUNDS TO HIRE THE MOST COMPETENT PEOPLE TO TEST WHAT CROSETTO HAS DESIGNED AND BUILT

- 9a. Do you believe that the people Crosetto has hired have the competence, knowledge and experience in their field and the capability to build and test the prototype?

YES ☒ NO ☐

- 9b. More specifically, do you believe that the third party, that continues testing the 3D-Flow™ DAQ IBM PC photon detection board and system has the full capability to duplicate, build and test several boards and the entire system?

YES ☒ NO ☐

- 9c. Do you believe that the professional you met who continues testing the front-end electronics has the best knowledge to fine-tune analog circuits to assure extraction of any possible photon from the detector?

YES ☒ NO ☐

9d. With regard to how Crosetto operates the business, did you see any overhead expenses in any area that you think could be reduced?

YES ☐ NO ☒

We do not have enough elements upon which to make a full determination; we are sure that the use of the money is done in a provident way.

If yes, please specify

9e. Do you think that Crosetto's use of the donations from the friends of Monasterolo di Savigliano, Italy of \$6,500 in 2003 and \$71,000 in 2005 was well spent in the development of the electronics and testing contracts and that he maximized every dollar for the direct advancement of the project?

YES ☒ ☒ ☒ NO ☐

10. ENGINEERING OF ALL STEPS FOR THE CONSTRUCTION OF THE 3D-CBS

10a. After reviewing books and documentation written by Crosetto, hearing his presentations on May 10 and May 11, that included detailed costs of all components for building three 3D-CBS units listed in the Financial Plan, and meeting his collaborators, do you think he has a clear and well thought out plan for all the engineering phases of the project?

YES ☒ NO ☐

11. FINANCIAL PLAN

11a. Do you think that the Financial Plan is thorough, and includes realistic, but conservative cost estimates?

YES ☒ NO ☐

11b. Do you agree that any question about the projected costs of the main items listed in the Financial Plan can be resolved by requesting a quote from the manufacturer in that specific area?

YES ☒ *of course* NO ☐

12. LETTERS OF AGREEMENT WITH HOSPITALS

12a. In response to your question of whether a hospital would be willing to accept the donation of a 3D-CBS with free maintenance, was Crosetto's following answer satisfactory?

YES ☒ NO ☐

It would be a good idea to propose to those hospital that they also conduct clinical trials in order to claim the FDA or European organisms certification

Crosetto answered that he already has letters of agreement with hospitals in the U.S., Switzerland and Italy that each have a cyclotron for production of

radioisotopes and one or more commercial PET devices. These hospitals agreed to provide space, personnel, and radioisotopes, and to compare results from the 3D-CBS with their current PET device capturing about one out of 10,000 signals from the tracer/nutrient to the body cells. These agreements were stipulated in the past but, because funding was never provided to build the 3D-CBS, the agreements could not be implemented. However, there is no problem in finding a hospital at anytime that cares for the patient and will be interested in using a device hundreds of times more efficient. It would be surprising, Crosetto said, if a hospital would be interested in using a PET device hundreds of time less efficient that requires hazardous radiation doses to the patient when it could use the more sensitive 3D-CBS to detect cancer at an early stage, with lower radiation usable on asymptomatic people at high risk. In addition, it would be provided at no cost to the hospital and maintenance would be free.

13. PROOF THAT CROSETTO'S PARADIGM CHANGES AND INVENTIONS HAVE BEEN CONCEIVED, DESIGNED AND DEMONSTRATED WORLDWIDE AND RECOGNIZED TO BE VALID

13a. Do you agree that the five points listed below (and others not mentioned for brevity but equally important) have made an impact and created a paradigm shift in PET technology moving from focusing on improving crystals to the electronics and to several other inefficiencies in current PET, and that this paradigm shift has been extended due to Crosetto's work that moved the emphasis from the erroneous measurement of tumor dimensions with PET to that of measuring minimum abnormal metabolism?

YES ☒ NO ☐

1. The citations from letters of endorsement (not of recommendation) from various world prominent scientists listed on page 258 of the book "Come Vincere il cancro" corresponding to those people's letters that Dr. Nardini reviewed in DeSoto on May 13, 2006,
2. The issues addressed during the meeting on November 6, 2002, with the President of Siemens Nuclear Medicine, Michael Reitermann, Director of PET for Siemens, Vilim Simcic (recorded on tape),
3. The testimonial in the preface letter by Dr. Michele Barone in the book mentioned above, witnessing that what Crosetto pioneered nine years ago at CERN and only recently has been taken into serious consideration,
4. The several public reviews and presentations to IEEE conferences (including the analysis of Crosetto's book "400+ Times Improved PET Efficiency for Lower-Dose Radiation, Lower-Cost Cancer Screening",
5. The shift in the approach in PET technology that can be found after the year 2000 in articles by other authors that reflects the pioneering work described in Crosetto's book (mentioned in the item above) and articles presented at the IEEE conference in Lyon (France) in the year 2000.

13b. Would you agree that Crosetto, besides having understood the limitation of current PET, found solutions to overcome them*, conceived the architecture of the electronic system**, designed and built the heart of the system***, it is distinctive that the above work of a single person, actually resulted in all 68 on board 3D-Flow processors working on the first hardware version built? Note: Not only is designing and building such project, developing and building electronic boards of such a performance and complexity normally the work of a team of engineers costing hundreds of thousand of dollars as stated by the reviewers on July 1, 2003, but normally it requires more than one version to get it to work.

YES ☒ NO ☐

(Details related to the previous statement:

*He overcame them in an improved and simplified detector assembly, innovative electronics enabling the execution of sophisticated real-time algorithms and display to physicians of relevant information on abnormal metabolism

**He designed the details, demonstrated the proof of concept in hardware, and engineered the system in IBM and VME boards

***The 3D-FlowTM DAQ IBM PC photon detection board with 2,211 components with over 20,000 pins, was built with only \$20,000 per board)

13c. **DO YOU AGREE THAT ALL THE ABOVE ARE PROOFS THAT CROSETTO HAS CONCEIVED, DESIGNED AND DEMONSTRATED WORLDWIDE THAT HE IS THE INVENTOR OF THIS NEW TECHNOLOGY AND APPROACH THAT WILL ALLOW SUBSTANTIAL REDUCTION IN CANCER DEATHS THROUGH EARLY CANCER DETECTION?**

YES ☒ NO ☐

14. NEW FOCUS OF THE “IMPACT FACTOR” PARAMETER TO BE CONSIDERED WHEN AWARDING RESEARCH GRANTS

Proof that counting the articles by a scientist in scientific journals does not guarantee the best research is shown by the 1.56 million articles on cancer research reported on page 82 in FORTUNE Magazine, March 22, 2004 and the report in the same article that the number of cancer deaths has not been reduced substantially over the past half century. Another proof is that Michael Phelps had over 500 articles published, and had received the Enrico Fermi award for having promoted a technology on which the 3,000 current PET devices are based. But, those devices cannot claim (and could never claim) a reduction in cancer deaths because early cancer detection is not possible due to the high radiation dose and poor efficiency of the technology of those 3,000 current PET devices that can only detect large tumors. However, the evaluation criteria based on over 500 articles has prompted his claim that he invented a technology (that was never proven to have a high benefit to mankind). Also, his publication notoriety facilitated his raising millions of dollars from charity and from Government

grants to build a company in just about ten years that was sold for \$1 billion to Siemens last year.

- 14a. Would you agree that these two examples and many others are sufficient evidence to drop the criteria of your “IMPACT FACTOR” of counting publications and **look in depth at inventions** like Crosetto’s that will have the impact of saving many lives through paradigm changes and proposed innovative technology, even though only a few articles and books may have been published?

YES ☒ NO ☐

- 14b. After the discussion and clarification during your visit in May 2006 about the meaning of “IMPACT FACTOR”, would you agree that the **parameter related to the number of lives saved** proposed by Crosetto is **preferable to the parameter measuring the number of publications** by the applicant as a deciding factor in awarding a grant?

YES NO

15. NEED TO DECLARE THE PROJECTED “IMPACT FACTOR” TO AVOID INDEFINITELY FUNDING PROJECTS WITH MINIMAL CHANCE OF MEANINGFUL RESULTS

- 15a. Would you agree that any agency or organization in the world that assigns grants for cancer research should adopt a procedure requesting that the applicant must declare the estimated impact of their research,: the death reduction, the cost per life saved and the number saved per year, detailing the methodology used to calculate those figures?

YES ☒ NO ☐

we completely agree; we have adopted our proprietary method called R.E.F. (recovery and economy factor) to evaluate and select the projects.

If you agree, here is an illustrative example of a new procedure adopting these parameters in a grant competition. A way to contribute to the reduction of cancer deaths is to solicit proposals and evaluate them based on the highest cancer death reduction at the lowest cost per life saved and that shows the most likely and best supported methodology to calculate those parameters. For example, let’s assume that an agency or organization issuing grants for cancer research needs to establish a priority among the procedures that most reduce cancer deaths. Each proposal should have a plan to test the effectiveness of claims on a population of 10,000 people of an age-group 50-75, selected among a population that recorded a constant death rate of 50 deaths per year during the previous 20 years. Furthermore, tests performed should comply with the recommendations by the International Commission for Radiation Protection (ICRP) which should be lower than 100 mrem for annual screening on asymptomatic patients

Procedures to be compared with experimental tests on 10,000 patients per year:

- Vaxcin
- Spiral CT
- Mammography
- MRI
- Temperature Maps
- Drugs, Chemio, or any new pharmaceutical component
- Current PET
- 3D-CBS

Each proposal, should provide the estimated cost and death reduction compared to the standard 50 deaths, supported with calculations used linked to the claims to be verified.

Results will be evaluated at the end of the test period declared by the applicant. If they match the projection or qualify in the top most effective methods for cancer death reduction, funding will continue. However, if the projections were wrong and there are no scientific reasons to obtain those results with a corrected research plan within a reasonable short time, the funding for that specific research would be suspended in favor of other research proposals that have a greater potential for reducing cancer deaths. In this manner the perpetual funding of projects with minimal results will be suspended, while innovative projects with greater potential will, more likely, receive funding. This approach by the granting agencies or organizations will accelerate the achievement of the goal of cancer death reduction by creating fair competition for the objective of achieving measurable results. In this manner, innovative efforts will not be lost or delayed by generic cancer research where results are difficult to control and verify.

16. OTHER EXAMPLES OF INNOVATIONS OR PROJECTS WITH HIGHER IMPACT FACTORS

16a. People are bombarded daily by TV, newspaper and internet news about new methods to cure cancer. In this specific case, after your visit, Crosetto started receiving questions regarding whether ABO Project has research projects that promise a higher impact on cancer death reduction than the innovative 3D-CBS technology. To help answer such questions, please provide the following information on the current cancer research projects funded by ABO Project.

1. Projected project duration, cost and the number of lives saved per year on a sample of 10,000 people age 50-75 where in the past 20 years 50 died of cancer.
2. Projected number of lives saved per year and cost if the effort is applied to 60 million people instead of 10,000, using the same criteria as above
3. The method and assumptions used to calculate the estimates of these projections in items 1. and 2.

As we discussed during the may meeting actually we are supporting 35 projects, focused on translational research; All the project follow a work

plan and guidelines provided by our scientific board. All these projects are evaluated with the R.E.F. method as mentioned above. Among these projects, some, for example one on breast stem cells cancer that is the first experience of isolating and culturing cancer stem cells in the world , will provide a lot of information on the mechanisms that regulate these cells and consequently how to kill theme . There are also other very interesting projects that would be able to achieve important goals. Perhaps in this phase it is too early and not so easy to define the numbers and measurements you request

.....

16b. In the event you have not asked for such estimates from the applicants for your grants, do you intend to ask them to provide these estimates in the future?

YES ☒ NO ☐

If yes, when do you think they will be available?

It will take a considerable time because of the revolution that these new methodology represent. For example it will not be so easy to obtain this information from physicians and the researchers not used to doing this.

.....

17. MILESTONES TO BRING TO FRUITION THE BENEFITS OF A SUBSTANTIAL REDUCTION IN CANCER DEATHS

17a. Would you agree that the following steps to bring to fruition the benefits of the reduction of cancer deaths through early cancer detection with no harm to the patient provided by Crosetto's innovations will be the most logical thing to do ?

YES NO

1. The first milestone of verification that all Crosetto's innovative concepts of more accurately capturing a far greater number of signals from the tracer on the molecule nutrient to the body cells showing abnormal nutrient consumption typical of cancer cells has already been achieved.
2. Next, measurements will be performed on a phantom of water with radioisotope.
3. The third milestone of the experimental test involves tests on patients with absolutely no risk or hazards to their health. The procedure consists on the following: a patient that underwent an examination by a current PET, instead of going home with the residual radiation, will be asked to lie on a bed for four minutes to capture with the 3D-CBS device photons that are emitted from his body (These will be emitted anyway, whether at home or on the bed). Information on abnormal metabolism detected in different areas of the body obtained by the 3D-CBS will be compared with those shown by the current PET device. Capturing more accurately hundreds of times more signals (not capturing more background signal noise as with current PET that do not have the capability to discriminate those signals) will provide better information related to abnormal metabolism for the physician. This milestone, with no risk

to the patient, will demonstrate the superiority of the 3D-CBS compared to current PET.

4. Finally, the fourth milestone will enable screening because the 3D-CBS only requires a low radiation dose acceptable to International Commission for Radiation Protection (ICRP) and because the superiority of the 3D-CBS compared to any existing screening device will provide a justifiable cost/benefit effect. For each 3D-CBS device, 10,000 patients of age group 50-75 (not necessarily those who went through an examination on current inefficient PET) will undergo an examination and will receive less than 100 mrem the radiation dose, a dose acceptable to ICRP for annual examination.

Any reduction in cancer deaths from the 50 occurring every year in a test group of 10,000 patients for the past 20 years will prove the effectiveness of Crosetto's inventions.

The first three 3D-CBS prototypes will have a separate commercial CT device that will provide the anatomical and attenuation coefficient information. The reason for using a commercial CT in the first three prototypes is to simplify enormously the security approval process in Europe and in the U.S. (FDA). A CT device that emits photons at high energy that are sent across the patient's body needs a more stringent approval than the PET section of the device that just captures photons emitted from the radioisotope injected into the patient's body. Since a 10 mCi dose FDG radioisotope (corresponding to 1,100 mrem) has already been approved, a lower dose, by extension, is also approved. At this point the approval of the 3D-CBS for test #3 cited above. is not required because the test using the current PET has already received approval and covers all legal aspects. The approval for test #4 is just to prove that the information provided is more reliable than that of current PET. However, because the superiority of the 3D-CBS has already been demonstrated in the detector assembly, electronics, coupling of the electronics with the detector and by the more accurate photon detection algorithms executed, there cannot be surprises due to lower performance compared to current PET.

18. QUESTIONS FOR PEOPLE RESPONSIBLE PLANNING HEALTH CARE AND FOR THE REDUCTION OF CANCER DEATHS

IN THE PRESENCE OF A VALID PROJECT, VALID USE OF FUNDING THAT SHOWS ACHIEVEMENT OF RESULTS OVER TEN TIMES HIGHER THAN THE ONES USUALLY OBTAINED BY OTHER COMPANIES, AND IN THE ABSENCE OF SCIENTIFIC REASONS TO JUSTIFY DENIAL OF FUNDING THIS PROJECT, THE FOLLOWING QUESTIONS DEMAND TO BE ANSWERED

- 18a. **Although data confirm that remedies such as surgery, drugs, radiotherapy, and chemotherapy can effectively cure cancer when it is diagnosed at an early stage, why is there continued concentration on the pharmaceutical market for late stage cancer cures costing billions of dollars (which show no reduction in mortality), rather than working on a serious plan for early diagnosis?** It is obvious that if cancer is diagnosed at an early stage (successful 90% to 98% of the time as shown by experimental data) and thus removed with

surgery, the number of patients that would need expensive drugs to cure cancer at an advanced stage would be reduced considerably.

- 18b. Knowing that a device hundreds of times more efficient could have been built years ago, **why, during the past ten years have 3,000 less efficient PET devices been built and sold to health care centers for use mainly to measure the dimension of already formed tumors to justify the use of expensive drugs?** Those 3,000 PET devices could have been hundreds of times more efficient and could have saved hundreds of thousands of lives through early cancer detection on asymptomatic people and just as importantly on cancer survivors to detect the restart of activity of the very first cancerous cells if 3D-CBS technological innovations had not been blocked. This statement can be verified by building a 3D-CBS with material commercially available for a decade using Crosetto's innovative technology described in multiple documents ten years ago.
- 18c. **Why do current PET devices provide the physician an inaccurate PICTURE of only one out of 10,000 signals instead of providing a NUMBER representing hundreds of times more signals based on a technology measuring signals per second related to nutrient consumption by body cells as described in the book "How to Win the War on Cancer"?** Providing a NUMBER representing hundreds of times more signals as 3D-CBS technology does, would give the physician precise information related to the nutrient consumption of body cells allowing clear identification of abnormal activity of the very first cancerous cells which could be treated most effectively with drugs or surgery.
- 18d. **Why was it preferred to install the current 3,000 PET devices that expose the patient to serious risk due to the use of high radiation doses, and therefore can only be used on advanced stage cancer patients?** PET designed with innovative 3D-CBS technology, would also have made possible screening asymptomatic people annually, thanks to the considerable reduction of radiation to a non hazardous level.

Please record your answers and those from the members of the "Segreteria Scientifica" of the "Comitato di Consulenza" and of the "Comitato Scientifico" of ABO Project on a separate sheet noting the question number of section 18 responded to.

(References to errors of the past and current misinterpretations should not be construed negatively, but should be utilized to carry on constructive work. It is hard to correct errors if their existence is denied or overlooked. One should therefore point out errors and correct them in order to achieve a substantial reduction in cancer death not possible in the past half century.)

SUMMARY:

1. Did Crosetto provide satisfactory answers to all questions asked?

YES ☒ NO ☐

If the answer is NO, please list the answers that were not satisfactory

.....
.....

2. Because every day, every week, every month, every year that passes, it is proven that Crosetto's innovations are little by little being implemented (although much more remains to be done), they all could have been implemented ten years ago and there is no reason not to implement them now in a single giant step.

Do you recognize that some parties will say, erroneously, that these innovations need to be built incrementally to maximize profit or that further delay is warranted because it will create too great an impact (or revolution) among the pharmaceutical businesses and within health care?

Will you recommend, in the possible face of such irrational voices, that this project be funded now in order to obtain in a giant step all benefits to the patients through the realization of ALL his innovations, thus removing, with facts, all resistance from those who want only incremental improvements because they are pursuing other agendas and other interests?

In consideration of the above arguments, if a person who really wants to do something, for instance with a contribution towards a substantial reduction in cancer deaths, with your hand on your heart, would you ask them to fund Crosetto's project?

YES **X**

We feel that the right way to support the project is a global vision of the new technology worldwide diffusion; if we'll think and we'll trust in the objective we will achieve success. This is the reason way will be necessary to outline a global strategy in the 17' meeting

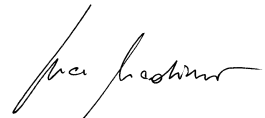
NO •

If NO, please explain.....

Thank you very much for your time and conscientious consideration of this questionnaire and its significance.



Massimo CODATO



Luca NARDINI