



To End Premature Cancer Deaths

Dario B. Crosetto, President
Crosetto Foundation to End Premature Cancer Deaths
900 Hideaway, PI.
DeSoto, TX, 75115-5213
Phone 972-223-2904
Fax: 972-223-7278
E-mail: info@crosettofoundation.com

William Gimson, *Executive Director of the Cancer Prevention and Research Institute of Texas (CPRIT)*,
211 E. 7th Street, Suite 300
Austin, TX 78701

cc. **Alfred G. Gilman, M.D., Ph.D.** *Chief Scientific Officer of the Cancer Prevention and Research Institute of Texas (CPRIT)*,

May 21st, 2009

Dear Mr. Gimson:

I met with the CPRIT board (oversight committee) at their meeting on February 20, 2009 (see attached letter) and provided them pertinent information, asking them for a public hearing, before CPRIT scientific experts, for a presentation about the substantiation of my claims, the possible questions or doubts raised by your experts, my rebuttal and the action that will best show that nothing that could have saved hundreds of thousands of lives for a decade has been ignored. We were waiting for the appointments of the CPRIT Executive Director and the Chief Scientific Officer for the next step.

I am very pleased that a person with your great experience in managing a large organization such as CDC has accepted this position and I am pleased to meet and have lunch with you today. I also know of Dr. Gilman's appointment and had an opportunity to hear him speak along with a small group of other Nobel Laureates at a Nanotechnology Conference.

Results from simulation and from the construction in hardware of the basics of my innovations proves that the top scientists in the field of particle detection at Fermi National Laboratory who recognized my innovations in a public scientific review requested by the Director of the Superconducting Super Collider – SSC- (also Director of Fermi National Laboratory) on December 14, 1993 were right. Results prove also that my development cost has been ten thousand times less than what has been spent in alternative less efficient solutions implemented in High Energy Physics experiments around the world, in particular at the Large Hadron Collider LHC at CERN, Geneva. My innovative concept can be understood by high school students as explained on the web site www.crosettofoundation.com. It is described in more technical terms, condensed to one page on page 15 of an article [5] presented at the University of Geneva, before many scientists from CERN. The complete system is described in a 45 page article [9] that was accepted for publication by the peer review scientific journal *Nuclear Instruments and Methods in Physics Research*.

The basics of my invention related to the Trigger in High Energy Physics (HEP) has solved the two aspects of an enormous fundamental problem relative to the needed increase in efficiency, until then considered unsolvable in HEP and in Medical Imaging. Because of that, it is now possible to make use of ALL information received from the radiation. This invention opened the door to other inventions: some dependent on the original invention and others that are independent inventions.

In the field of Medical Imaging such new inventions relate to different technological aspects: mechanics, detector geometry (elongation of the detector), simplified assembly of the detector, coupling of the detector system to the electronic system, real-time execution of photon identification algorithm, etc. in Positron Emission Technology allowing access to more accurate information by physicians, enabling early cancer detection, allowing radiation dose reduction to the patient and lowering examination cost, and global health care cost.

History shows that on some occasions innovations are not put into use for a long time for various reasons. Although the Director of the SSC made the right decision during the SCC closeout phase (then unable to fund any more projects) to request a public review of my innovation by the top scientists in the world. Although my innovation was recognized, one can understand that research institutions ended up spending 10,000 times the development cost on alternative less efficient solutions that had some benefits in training thousands of young scientists. However, in this case, overlooking the recognition of ALL my innovations and their FULL implementation in the medical field has a much more serious consequence, because by not doing so we continue to have needless deaths from cancer that could have been avoided at a lower cost per life saved for many years now. Thus it is vital for a person in your position (similar to the SSC Director, except that this is not in a closeout phase, but in start-up with a \$3 billion budget for the precise purpose to “*expedite innovation in the area of cancer*”) to organize a face-to-face public review as he did. In this manner it will be the responsibility of each reviewer to publicly support any rejection claim with scientific arguments, and I would have the opportunity to immediately counter them by explaining that those claims, as with those previously, are not relevant to my innovations but are based on current and prior technology. This face-to-face public review process, though seemingly redundant for normal grant application processes, is essential for innovations like mine that are so far reaching as would create a revolution in the field.

Although the President of Siemens Nuclear Medicine and the Director of PET grasped some aspects of my innovation in 2002 at my office and during subsequent conference calls, they rejected much of it as not being feasible without reference to scientific arguments. However, based on their experimental results, in 2007 what they (and many other leaders in that company) had claimed five years before was recanted with the result of improving the efficiency of their PET by 70%. There are many more details in my innovations that would open the door to a substantial reduction of cancer death at a lower cost per each life saved and to a savings to health care. Please note that their 70% improvement is just a small part of the entire 40,000% improvement provided by ALL my innovations.

Fortunately the leaders in the field of cancer research in Italy (top epidemiologists, oncologists, President of physicians group, Director of Health Care of the Region Piedmont, a member of the Superior Council of Health, the President of Nuclear Medicine, the President of the Medical Physicists, and several other experts) have recently addressed my 3D-CBS innovative technology in some detail providing a 21 page document with 184 bibliographical references which I have studied at the Southwestern Medical Center Library and for which I have provided a point-to-point reply. Some of these Italian leaders have proposed a higher lever review not limited to Italian experts but to international experts and have suggested organizing a summit in the U.S.

Unfortunately, too many times, I have been told by reviewers that they feel they are not competent enough in the field to appropriately evaluate my innovations. For example, over the last year, after exchanging emails consisting of about 30-pages of point-to-point communication with Dr. Richard Garwin, appointed to evaluate my innovations by Dr. Antonino Zichichi at the Seminars on Planetary Emergencies to which I was invited to present my findings to over one hundred scientists, he ended our communication with the statement that he had determined that he was not competent.

Cancer affects over 40% of world population. It is urgent to identify people who truly are competent to discuss openly this issue of finding the highest impact on premature cancer death reduction by analyzing and comparing experimental data on different approaches (drugs, early detection, finding the best signals that can be obtained from the mutation of normal cells in cancerous cells, the best technology, how to improve the efficiency of the best technology to the advantage of everyone, etc.

The position you have as Executive Director of CPRIT certainly allows you to identify the best experts in the field that could address all issues related to my approach and inventions in order to provide answers based on scientific arguments to the many people who are now waiting for a clear answer. Not only will cancer patients be grateful to you for identifying the experts and organizing a face-to-face discussion between the reviewers and myself, but also people like Richard Garwin, and the Italian experts and leaders in the field who have expressed the desire for a “summit” to the review my 3D-CBS innovative technology in the U.S. will be grateful to you and to CPRIT.

I am hopeful that you will have a preliminary outline of a plan for such a summit, including proposed panelists by June 2nd that I can share with the leaders in the field when I travel to Italy for meetings and a ten day exhibition of the 3D-CBS innovative technology in Padova at Samona Exhibition Center.

Sincerely,

Dario Crosetto

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www.crosettofoundation.com/uploads/290.pdf
- [3] Crosetto’s conception of the first invention in the field of “trigger” that was later followed by several others in HEP and in the field of medical imaging, proof of concept and comparison with other approaches. <http://www.crosettofoundation.com/uploads/289.pdf>
- [4] Experimental data supporting that when cancer is detected at an early stage, the probability to save lives increases greatly.
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- [5] Crosetto, D., “Saving lives through early cancer detection: Breaking the current PET efficiency barrier with the 3D-CBS.” Presented on May 16, 2001 at the University of Geneva, Switzerland, on May 18 at the University of Turin, Italy and on May 21, 2001 at the University hospital of Geneva. Available at www.3d-computing.com/pb/3d-cbs.pdf.
- [6] Testimonials and evaluations from experts in the field who have appreciated author’s innovations and scientific approaches,
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