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RIGVIR: CANCER VIROTherapy

A NEW ERA IN CANCER TREATMENT

INTRODUCTION

Rigvir is the first, not genetically modified, non-pathogenic live virus to be registered as a drug and used by oncologists. It uses a two-pronged mechanism of action against cancer: it seeks and destroys cancer cells, and modulates the immune system.

Rigvir is well tolerated and has virtually no side effects.

Rigvir has completed all phases of clinical trials on almost 2000 cancer patients. Prescribed by oncologists and stocked in pharmacies in Latvia.

Clinical tests have proven Rigvir’s effectiveness against melanoma, stomach cancer, colorectal cancer, prostate cancer, pancreatic cancer, lung cancer, sarcomas, kidney cancer and uterine cancer. Can be adapted to treat other cancers as well, as recommended by an LVC-certified physician.

Hope4Cancer® Institute is proud to introduce Rigvir, the latest addition to our arsenal of treatment protocols. Rigvir is a registered cancer drug in Latvia that has passed all phases of clinical trials. Developed over the course of the last 50 years, Rigvir represents a paradigm shift in the treatment of cancer. Our partnership with the Latvian Virotherapy Center allows us to bring this affordable treatment to the medicine cabinets of cancer patients around the world.

Why is Rigvir Different? Rigvir is the first live, not genetically modified, non-pathogenic virus that specifically seeks and destroys cancer cells. As modern medicine focused on finding chemotherapeutic, surgical and radiation treatments to treat cancer, it was clear that the target of selective and effective action against cancer cells over healthy cells and an absence of serious, often life-threatening and quality of life disrupting, side effects was not being met.

As is often the case with modern science and medicine, the annals of research hold treasures waiting to be revealed. One such concept was cancer virotherapy, cancer cells’ sensitivity to viruses, a fact known since the early 1900s, but not exploited.

Until now, scientists at the Latvian Virotherapy Center (LVC) developed the first virus capable of targeting cancer selectively without any side effects. As partners of LVC, Hope4Cancer Institute is proud to deliver Rigvir to the world as a paradigm shift in cancer treatment.
ADVANTAGES OF RIGVIR

Similar to chemotherapy and radiation, cancer cells are directly affected by Rigvir as they undergo cytolysis (cell breakdown). These, however, are some key advantages of Rigvir including some key differences that make Rigvir cancer virotherapy standout as the treatment of choice.

- Cancer virotherapy utilizes the property of oncotropism, where the virus “seeks” out the cancer cells selectively, inducing specific, cytotoxic immune mechanisms within them. Healthy cells remain unaffected.

- Cancer virotherapy has a very high therapeutic index, in some cases as high as 10,000:1 (means that 10,000 tumor cells breakdown for every healthy cell). Chemotherapy and radiation, however, operate within narrow therapeutic windows where effectiveness cannot be divorced from toxic effects.

- Cancer virotherapy triggers immune response while chemotherapy and radiation suppress it. This results in the faster and more effective elimination of cell breakdown toxic materials, whereas in the case of chemo and radiation the toxic remains persist and impact quality of life and survival.

- Multiple courses of cancer virotherapy can induce tumor immunological regression that triggers apoptosis, or regulated cell death. This process is suppressed in cancers and requires a functioning immune system to trigger it.

- Cancer virotherapy can be applied both to local tumors and metastasized (systemic) tumors.

- Cancer virotherapy can be used as a prophylactic drug after radical surgery to prevent the onset of metastases.

- Cancer virotherapy is extremely important for the treatment of tumors that are insensitive to chemotherapy and radiotherapy.

- Cancer virotherapy when used in combination with other therapy methods in oncology (surgery, chemo, radiation, hormone therapy) decreases the immunosuppressive effect caused by these methods.

In the current state-of-the-art among known oncolytic viruses, only one virus is known to possess not only tumor cell destroying properties, but also immune activating properties. This product is RIGVIR.

In my 25 years of treating cancer patients, as well as researching and investigating new cancer treatments, I have never come across a treatment that has a product profile quite like that of Rigvir. Rigvir combines excellent efficacy, immune system activation and an unparalleled safety profile. This data is backed by clinical studies conducted over decades that conclusively prove the product’s efficacy against a variety of cancers including melanoma, prostate cancer, lung cancer, sarcomas, bladder cancer, uterine cancer and more. Cancer patients owe it to themselves to consider Rigvir as their treatment of choice.”

- Antonio Jimenez, M.D., Medical Director, Hope4Cancer Institute
CANCER VIROTHERAPY

A HISTORICAL PERSPECTIVE

The Discovery of Oncotropism and Oncolysis. The history of cancer virotherapy goes back to the early 1900s when the in vaccination of a viral disease in cancer patients demonstrated an unexpected improvement in their condition. In the 1940s, scientists discovered that tumor cells showed increased sensitivity to viruses. It was found that viruses could proliferate selectively in animal tumors (oncotropism). In some cases, this behavior was accompanied by oncolysis (breakdown) of the cancer cell. This discovery demonstrated that viruses, at least theoretically, could be used as anticancer therapies. But there were still many roadblocks to ensure that cancer virotherapy could actually be turned into a practical therapeutic reality.

Evidence Accumulates. From the 1950s through the 1970s, more data was gathered. It was shown that measles induced temporary remission in patients with Hodgkin’s disease and Burkin’s lymphoma, oncolytic activity was observed for influenza viruses, enteroviruses and others. Successful reports exist of the use of adenoviruses in cases of cervical cancer and enteroviruses in gastrointestinal tumors.

Stumbling Blocks from Lab to Clinic. The thought of having a viral drug that can hone in on a tumor and destroy it was very attractive. However, some serious stumbling blocks got in the way of making that dream a reality. First, some of the patients who were given viral oncolytic drugs developed uncon-
trollable viral infection from the injected virus. Second, in most cases the purposeful viral “infection” was met with a strong immune barrier from the body that severely reduced the oncolytic effect. Finally, some clinical trials failed to follow the appropriate ethical criteria, seriously undermining the position of viral oncolysis as a valid and legitimate treatment against cancer.

A SHORT HISTORY OF RIGVIR

Discovery of Oncolytic Enteroviruses. In 1960, scientists at the August Kirchenstein Institute of Microbiology and Virology found that viruses obtained from the intestines of healthy children were able to destroy malignant tumors. Enteroviruses became the focus of research. Among the viruses tested were poliomyelitis viruses, Coxsackie A & B viruses and ECHO viruses. In 1965, a laboratory of cancer virotherapy, the very first laboratory of its kind, was established in Riga, Latvia headed by Professor Aina Muceniece with the undertaking of studying enteroviruses and their application as virotherapy agents.

Clinical Trials and the Discovery of Rigvir. In 1968, the first clinical trial focused on oncolytic ECHO group viruses was started, which included 415 stage IV patients who had failed conventional therapies. The objective of this Phase I trial was to find the optimal tolerated dose, determine the spectrum of cancers sensitive to the viruses as well as evaluate their epidemiological and clinical safety.

The ECHO-7 group virus was found to have the highest anticancer activity. Not only that, it was found to be non-pathogenic (i.e., was unable to replicate in the adult human body), and epidemiologically safe. This virus was selected and adapted to melanoma cells and named Rigvir, or the “Riga virus”, named after the city of its discovery.

Two decades later, a clinical study on Rigvir was conducted at 3 Riga hospitals that continued over 14 years (1985 - 1999), testing Rigvir for its anti-recurrence, anti-metastatic and immunomodulating properties, particularly in relation to melanoma patients. The trial included 824 cutaneous melanoma, 74 eye melanoma and 239 gastrointestinal tract cancer patients - all Stage IV. These studies also compared Rigvir to standard chemotherapy and radiotherapy with stellar results.

Rigvir’s Approval as a Cancer Drug. Between the years 1990 - 1995, patients with a number of different cancers were treated with Rigvir at the P. Stradins Clinic and Latvian Oncology Center. In 2002, Rigvir’s patent was approved, and in 2004 it was registered in the State Agency of Medicines of the Republic of Latvia. Since 2008, Rigvir has been available as a prescription medicine in pharmacies and in 2011, it was included in the list of state compensated medicines for patients with cutaneous (skin) melanoma.

Hope4Cancer Receives Accreditation. In 2014, Hope4Cancer received accreditation as a center authorized to treat cancer patients with Rigvir, creating an avenue for this treatment to reach cancer patients across the world. As a certi-
RIGVIR: CANCER VIROTHERAPY

Comparing Rigvir cancer virotherapy to standard chemotherapy or radiotherapy is similar to comparing the impact of a laser guided Tomahawk missile to that of an atomic bomb. The powerful selective, destructive action and the avoidance of collateral damage give Rigvir a place in cancer medicine that has, until now, remained unoccupied.

- Subrata Chakravarty, Ph.D.,
  Chief Science Officer, Hope4Cancer Institute

fied Rigvir physician, Dr. Antonio Jimenez, Medical Director of Hope4Cancer Institute has added a further powerful treatment protocol to the clinic’s integrative treatment options.

UNDERSTANDING THE VIROTHERAPY ADVANTAGE

Virotherapy is poised to become a leading method of treating cancer because of its unique mechanism of action. Let us take a deeper look into what makes virotherapy so unique.

Virotherapy is defined as the use of a virus to accomplish oncotropic and oncolytic effects. The oncolytic virus used in virotherapy causes cell death of tumor cells not only by infecting them but also by triggering a normal antiviral immune response. That a virus can elicit an immune response in the body should, of course, not come as a surprise - our bodies do that every day to fight off a number of potential infections.

In the case of cancer patients, the body’s immune system fails to stop the growth of the tumor. Initially it was believed that cancer cells lacked the appropriate cell surface receptors needed to communicate an immune response. However, scientists today believe that it is not a lack of receptors, but the tumor cell’s ability to avoid the immune surveillance, blocking the immune reactions targeted towards it.

Rigvir “re-tunes” or modulates the surface receptors of tumor cells making them vulnerable once again to cell-disrupting immune mechanisms. Even in cases of cancers where the cancer cell is insensitive to Rigvir’s oncotropic and oncolytic effects, the virus can still modulate the immune response, making the cells vulnerable once again to the body’s immune system. Rigvir, metaphorically speaking, lifts the invisible cloak off the cancer cells.

In summary, virotherapy not only causes direct damage to the tumor cells, it also removes the virus allows the cancer cell’s normal antiviral immune response making them susceptible to cytotoxic immune mechanisms. Rigvir is effective also in scenarios where the cancer has progressed to the lymph nodes.

The ability to more rapidly eliminate cell decay products (the debris caused by dying tumor cells) is also a direct consequence of an activated immune system. Chemotherapy and radiotherapy, on the other hand, suppress the immune system causing even greater delays in the clearance of the debris, causing long-term toxic side effects.

Virotherapy can be considered as an option for the treatment of tumors that are insensitive to chemotherapy and radiotherapy, or that may have developed multidrug resistance. When used in concert with chemotherapy and radiotherapy, virotherapy can reduce the effect of immune suppression of the treatments.

Virotherapy can be applicable both locally and systemically and methodologies have been developed to treat metastatic cancers in addition to localized tumors.
MECHANISM OF ACTION

The Enterovirus. Rigvir is an enterovirus that has some unique characteristics. Enteroviruses are resident in the gastrointestinal tract and are thus characterized by a strong resistance to acidic environments prevalent in the stomach. They are resistant to many detergents and disinfectants and remain stable at room temperature for a long time.

Enteroviruses are present everywhere. Some of their species are pathogenic such as the polio virus, while others are harmless. Rigvir is an enterovirus that is characterized by its lack of pathogenicity.

The Infection Process. Most enteroviruses use different cell surface proteins as receptors and co-receptors. Rigvir binds to the CD55/DAF-3 factor, which is one of the complement cascade components, which assists the infection process.

Rigvir’s initial immunomodulating property can also be explained by its engagement of the CD55 cell surface receptor. Cancer cells develop receptors such as CD55 and CD59 to prevent them from complement attack of the host immune system. By blocking these receptors, Rigvir restores immune response to these cells, taking off the metaphoric invisibility cloak.

Once inside the cell, new virion particles are formed in the cytoplasm of the cell using the cytoplasmic RNA to decode the viral proteins and replicate the viral RNA.

Oncolytic Activity. The oncolytic activity of Rigvir was enhanced by several passages through tumor cell lines. The tumor cells undergo degenerative-dystrophic changes (oncolysis) and form hypertrophied nuclei followed by intensive vacuolation of the cells. Signs of cell lysis appear 2-7 days after application of Rigvir with some cells showing only bare nuclei. After repeated courses of Rigvir, tumor cells start exhibiting apoptosis (programmed cell death). This is significant, because tumors develop a strong resistance to apoptosis, resulting in proliferation.

Immunomodulating Activity. In addition to its oncotropic and oncolytic properties, Rigvir shows a profound immunomodulating activity. Rigvir has been shown to activate the immune system at the level of the lymph nodes, lymphoid tissues as well as the immune cells. It stimulates humoral immunity which includes B cells, antibody production, induction of interferon simultaneously with activation of cellular T-system immunity processes. In peripheral blood, cytotoxic CD8+, CD38+, CD95+ and activated T cells are elevated along with apoptosis receptors.

The primary goal of Rigvir therapy is to encourage the immune system to ensure tumor rejection. The repeated courses of Rigvir are designed to accomplish that goal - of preserving the stimulation of the immune system.

It has been shown in real patient experiences that repeated application of Rigvir results in gradual regression of lymph node micrometastasis and subcutaneous metastasis.

Three-Dimensional Shape of CD55 derived from its X-ray crystallographic structure stored at the Brookhaven Protein Data Bank.
CANCERS TREATED

Rigvir’s sensitivity to the following cancer types has been scientifically and practically proven:

✓ Melanoma
✓ Stomach Cancer
✓ Colorectal Cancer
✓ Prostate Cancer
✓ Bladder Cancer
✓ Pancreatic Cancer
✓ Lung Cancer
✓ Uterine Cancer
✓ Sarcomas including lymphosarcoma, angiosarcoma, rhabdomyosarcoma, reticulosarcoma

For cancers not listed, patient can request an evaluation to ensure that Rigvir is sensitive to their cancer type.

PRODUCT DETAILS

✓ Rigvir is delivered as an intramuscular injection (virus titre: $2 \times 10^6 - 2 \times 10^8 \text{ CPD}_{50/\text{ml}}$, dosage = 2 ml)

✓ Rigvir’s API (active pharmaceutical ingredient) is the non-pathogenic ECHO-7 wild virus strain, adapted to melanoma cells (Picornaviridae genera, Enterovirus genus, ECHO group type 7).

✓ The sequence difference from the wild virus strain Wallace is about 20%.

✓ Virus strain is stable (tested for 20 years).

✓ Induces only rare side effects (temperature around 37.5 °C for 1-2 days and fatigue).

✓ Does not contain antibiotics, stimulants, and other potentially toxic substances.

✓ Must be stored at a temperature of -20 °C and transported frozen.

✓ Registered at the State Agency of Medicines of Latvia, 28.04.2004

✓ Pharmacotherapeutic group: immunomodulator, ATC: L03AX.

✓ Registered for melanoma treatment and as an immunomodulator
Rigvir Has Been Tested Through All Phases of Clinical Studies (Phases I, II, and III) on Almost 2000 Patients And Is An Approved Drug in Its Country of Origin
RIGVIR
PRE-CLINICAL & CLINICAL STUDIES

Studies on the oncolytic activity if the ECHO viruses began in 1960. After an arduous process of selection, optimization, and pre-clinical observations, clinical trials on five attenuated ECHO viruses started in 1986 at the Kirchenstein Institute of Microbiology. In 1988, Phase III clinical studies began on the selected candidate, Rigvir, where it was compared in its efficiency to surgery, chemotherapy and radiotherapy.

In 2004, Rigvir was patented, and the product registered as a cancer medicine, the first enterovirus-based medication to have completed all cycles of clinical trials and successfully get registered as a cancer drug. The product has been available since 2008 in Latvia as a prescription medication.

This section abstracts some of the pre-clinical and clinical studies conducted on Rigvir.

Cytopathic Effect. The cytopathic effect (ability to infect cells) for Rigvir was demonstrated through a series of experiments. This capability was confirmed in cancer cell cultures, human cell lymphocyte cultures, and tumor transplants in experimental animals. Cancer cell lines tested included:

✓ Melanoma cell cultures FM3, FM9, FM55 and FM76 received from melanoma metastases (received as a present from the Danish Cancer Society)
✓ AGS, Human stomach carcinoma received from the European Collection of Cell Cultures (ECACC)
✓ HeLa, a cell culture of epithelial origin from human colo-uteri carcinoma (ECACC)
✓ SCC-25, tongue carcinoma cell culture (from the Latvian Biomedical Research and Study Center collection)
✓ HPAF-II, a pancreatic adenocarcinoma cell culture from American Type Culture Collection (ATCC).
✓ RD, a rhabdomyosarcoma cell culture.

Preclinical Studies. Preclinical studies conducted on Rigvir established the preliminary safety and immunological properties prior to initiating clinical trials.

In laboratory animals, Rigvir was found not to affect the central
nervous system and cardiovascular system. No local irritation or other allergies were noted. Rigvir also passed the tests for mutagenicity and carcinogenicity as well.

Clinical Studies. A number of Phase I - III clinical trials were conducted on Rigvir that clearly demonstrated its efficacy and safety, paving the way for its use in humans as a registered drug.

Efficacy of Rigvir When Combined With Surgery, Compared to Surgery Alone. A series of clinical studies (summarized in Table 1) on a total of 802 patients showed that when Rigvir was applied along with surgical intervention, the number of patients who survived at 3 and 5 year intervals was found to be significantly greater.

The percentage survival when Rigvir was used with surgery exceeded that obtained with surgery alone by a significant 37 to 54 per cent.

In the study conducted in the Latvian Oncological Center in 2004, the non-Rigvir control set was also given chemotherapy and radiation. In that group, Rigvir + Surgery demonstrated a 159 per cent improvement in survival rate.

Efficacy of Rigvir When Compared With Other Immunotherapy Against Melanoma Based on Depth of Invasion. A five-year survival study was conducted on 112 melanoma patients. Patients were divided into two groups based on the depth of invasion of the cancer (Table 2). Patient was treated after excision of the primary tumor. Once again, survival of Rigvir treated patients outperformed those receiving other immunotherapy treatment (Corynebacterium parvum,

<table>
<thead>
<tr>
<th>Year Analyzed</th>
<th>Survival (Years)</th>
<th>Number of Patients</th>
<th>Percent Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Surgery + Rigvir</td>
</tr>
<tr>
<td>1983</td>
<td>3</td>
<td>149</td>
<td>84.0</td>
</tr>
<tr>
<td>1987</td>
<td>3</td>
<td>156</td>
<td>78.3</td>
</tr>
<tr>
<td>1991</td>
<td>5</td>
<td>252</td>
<td>78.0</td>
</tr>
<tr>
<td>1996</td>
<td>&gt; 3</td>
<td>142</td>
<td>77.0</td>
</tr>
<tr>
<td>(2004 – LOC)</td>
<td>5</td>
<td>103</td>
<td>70</td>
</tr>
</tbody>
</table>

* treatment included chemotherapy and radiation.

<table>
<thead>
<tr>
<th>Depth of Invasion</th>
<th>Number of Patients</th>
<th>Percent Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rigvir</td>
<td>Alternate Therapy*</td>
</tr>
<tr>
<td></td>
<td>Rigvir</td>
<td>Alternate Therapy*</td>
</tr>
<tr>
<td>1-3</td>
<td>67</td>
<td>29</td>
</tr>
<tr>
<td>4-5</td>
<td>35</td>
<td>19</td>
</tr>
</tbody>
</table>

* immunotherapy treatment included C. parvum, Levamisol, Splenin.
Table 3. Efficacy of Rigvir in Melanoma Compared to Other Immunotherapy (5-Year Survival) - Presence of Metastases in Lymph Nodes.

<table>
<thead>
<tr>
<th>Depth of Invasion</th>
<th>Number of Patients</th>
<th>Percent Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rigvir</td>
<td>Alternate Therapy*</td>
</tr>
<tr>
<td>Primary focus without metastases to lymph nodes</td>
<td>111</td>
<td>53</td>
</tr>
<tr>
<td>Primary focus with metastases to lymph nodes</td>
<td>20</td>
<td>14</td>
</tr>
</tbody>
</table>

*immunotherapy treatment included C. parvum, Levamisol, Splenin.

Levamisol, Splenin). For melanoma spread to depths of between 1-3 centimeters, a 15% improvement in 5-year survival was observed. A more profound survival rate was observed in cases where melanoma had spread deeper (4-5 centimeters), where an 82% improvement in 5-year survival rates was recorded.

Efficacy of Rigvir When Compared With Other Immunotherapy Against Melanoma Based on Presence or Absence of Metastases in Lymph Nodes. A similar study comparing Rigvir with other immunotherapy agents was conducted on patients with and without metastases to the lymph nodes (Table 3). Following excision of primary tumor, patients were treated with Rigvir or with alternate immunotherapy (C. parvum, Levamisol, Splenin).

A profound effect was seen in patients with metastasis with a 185% improvement in 5-year survival rates for patients treated with Rigvir over other immunotherapy agents.

Table 4. Rigvir in Eye Melanoma Patients.

<table>
<thead>
<tr>
<th>Duration of Observation</th>
<th>Number of Patients</th>
<th>Percent Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Observed</td>
<td>Alive</td>
</tr>
<tr>
<td>1</td>
<td>74</td>
<td>74</td>
</tr>
<tr>
<td>2</td>
<td>51</td>
<td>49</td>
</tr>
<tr>
<td>3</td>
<td>40</td>
<td>36</td>
</tr>
<tr>
<td>4</td>
<td>28</td>
<td>23</td>
</tr>
<tr>
<td>5</td>
<td>19</td>
<td>14</td>
</tr>
</tbody>
</table>

Efficacy of Rigvir on Patients with Eye Melanoma. Patients with eye melanoma were treated with Rigvir and followed over 5 years for survival. At the end of 5 years, 71 per cent of patients were found to survive with Rigvir inoculated into the eye (Table 4).

Post-Registration Experience in the Treatment of Melanoma Patients With Rigvir Between 2005 to 2011. Figure 1 shows a comparison chart for a total of 502 Stage II melanoma patients who have been divided into those receiving and not receiving Rigvir based on research conducted at the Latvian Oncology Center in Riga, Latvia. The period of time that they remain(ed) progression free was recorded.
The chart clearly shows the success of Rigvir in improving survival rates over the 6 year window of observation.

**Melanoma Patient Case Report.** A melanoma patient case report is shown here illustrating visually the benefits of Rigvir.

The illustrated patient presented melanoma (T4 N2c M0, Breslow 15 mm, ulceration) that was diagnosed and excised in April 2004. Subsequently, the patient was treated with Roferon (Interferon-alpha) and subjected to five additional excisions January 2006 to September 2007.

In February 2008 (see image below, left), the patient started Rigvir treatment, which continued through April 2011. The image taken in April 2010 (below, to the right) is illustrative of the benefits of Rigvir for melanoma patients.
Hope4Cancer® Institute is a clinic in Baja California, Mexico, known for its integrative approaches towards cancer therapy. The clinic avoids the use of treatments that cause toxicity and immune suppression. Using these methods, the clinic has obtained significant results in the treatment of cancer, especially with refractory cases that have failed chemotherapy and radiotherapy treatments.

Hope4Cancer® was founded in 2000 by Dr. Antonio Jimenez, M.D. Trained as a conventional doctor, Dr. Jimenez embraced integrative non-toxic approaches to cancer ever since he was able to cure his father’s Stage IV prostate cancer prognosis. With over 25 years of experience as a physician, Dr. Jimenez is also an avid clinical researcher, and has traveled the world looking for effective methods to treat cancer.

Recently, Dr. Jimenez traveled to Latvia on the invitation of the Latvian Virotherapy Center to obtain training in the use and administration of Rigvir, a powerful new approach to treat cancer with a drug that did not demonstrate the negative side effects of chemotherapy and radiotherapy.

After receiving the required training in Riga, Latvia, Dr. Jimenez is today a Rigvir certified physician. In addition to that, Hope4Cancer® Institute has obtained accreditation from the Latvian Virotherapy Center as a center capable of administering Rigvir to patients.

Hope4Cancer® Institute’s treatment approach includes the use of anticancer agents that use a variety of mechanisms of action in combination with principle-based complementary approaches that provide relief to the body by reducing the toxic burden, modulating the immune system, providing appropriate nutrition, oxygenation and microbial load.

The combination of Rigvir with Dr. Jimenez’s existing experience in treating cancer patients opens new possibilities for cancer patients looking for a solution to their cancer conundrum.
CONTACT INFORMATION

PATIENTS, WOULD YOU LIKE TO FIND OUT IF RIGVIR IS THE RIGHT TREATMENT FOR YOU?

Contact us for a free evaluation to find out if Rigvir is the right treatment for your condition. Get your questions answered!

info@hope4cancer.com

1-888-544-5993 (Toll Free USA)
+1-619-669-6511 (International Callers, Outside USA)

ARE YOU A HEALTH PROVIDER LOOKING TO LEARN MORE ABOUT HOW YOU CAN INCLUDE RIGVIR IN YOUR RECOMMENDATIONS?

Hope4Cancer® Institute partners with doctors in different capacities to offer integrative cancer treatments to patients worldwide. If you are interested in Rigvir, please email us at doctor@hope4cancer.com.