Answer to Aust II, May 5, 2015

- Page 1, paragraph 2: As you may well know, homeopaths are able to revive patients even 45 months dead ☺. - To avoid another misunderstanding, we believe it needs a short introduction into the basics of oncology: a tumor may develop; later on it may metastasize into different organs. At the time of diagnosis, it may or may not be already metastasized. All but 5 of the investigated mRCC and mSARC patients were diagnosed during the non-metastasized period; only later, those tumors metastasized. As already stated in our first answer, time from diagnosis to treatment as shown in Table 3 was measured from "first diagnosis of the NON-METASTASIZED tumor to the start of homeopathic treatment" (= those patients who came before evident metastasis seeking homeopathic help). Therefore, please omit the misleading column describing "time from diagnosis to homeopathic treatment" in Table 3, it is only confusing; in our Letter to CTIM, it will be replaced by "time from metastases diagnosis to begin of homeopathic treatment". Anyway, it does not have an effect on the outcome.

- Page 2, GBM-data: Liebe Christine: bitte nochmals drüber lesen

  Stupps paper (control) DOES include patients who received surgery. As stated by Prof. Christine Marosi, who is a CONVENTIONAL doctor with NO special interest in homeopathy, in any patient, was it Stupp or our data, where she is a coauthor in the Lancet Oncology paper 2009, the maximum surgical removal was performed. We have checked the data once more: Actually, six out of our seven GBM patients underwent surgery (86% vs 84% in the Stupp paper). Opposite to expected survival time, the single patient who underwent only biopsy without surgery had a very long survival time opposite to expectation: it COULD have been homeopathy. So there is no is no influence of surgery on the GBM–data.

- Recalculation still shows benefit, BUT we declared clearly that those are retrospective data.

- Page 2, paragraph 5 and 6: Patient #4 started homeopathic treatment four months after diagnosis. Then lived until 19 months after diagnosis. This is much longer than expected. Therefore, when homeopathic treatment started it COULD have had an influence on outcome. A similar calculation is done in all oncologic papers. - As already stated, the other patients not having fulfilled the inclusion criteria (three completed homeopathic sessions) did NOT DIE within the first twelve months. Therefore, your valuable suggestion of scaling does not apply to our GBM patients (such as patient #4). - The reason for including two homeopathic treatment periods (= two follow-ups and three questionnaires) was our assumption that the first chosen homeopathic remedy might have been wrong (even homeopaths might make errors selecting the correct remedy ☺), however, at least the second homeopathic remedy should have be chosen correctly. - In a PCT of course you should use intention–to-treat (ITT) analysis, which means, even if a patient stops the trial or does not even take the prescribed remedies, he/she have to be included into analysis. If we would use ITT in this pilot study, the results would have been even better. But this was not the methodology described before, and therefore, we did not use (undeclared) post-festum analyses opposite to Shang.

- The recalculations are not correct, because our calculation starts at point 0 (=time of diagnosis), only the treatment started later. Treatment in Stupp started a bit earlier, but not

at exact time of diagnosis but after randomization, and conventional therapy. Therefore, this might be even a bias in favor of the Stupp patients. We stated clearly: Our paper might show a tendency, but cannot prove a causal relation.

- PC-Data:
    - Your calculation is wrong: From the mentioned paper we extracted survival time of the group with the best prognosis: after one year "The unadjusted median survival for patients with locoregional disease and depression was 4.1 months. Patients without depression had a median survival of 6.6 months".

Median survival times were given to us by the CONVENTIONAL NOT HOMEOPATHIC specialists in the respective field of oncology. They are nationally and internationally renowned and publish in peer-reviewed top journals.

We want to point to the fact that this paper was written by conventional doctors (MM, HF, CM, ADK); a single homeopathic doctor (MF); a single pharmacist interested in homeopathy (IM); and a single student interested in homeopathy (KG). This cooperation avoids bias in publishing data and guarantees input of experienced conventional doctors.

Regarding Discussion and Conclusion we want to add that wrong use of data does not mean that the paper is wrong, however, interpretation might be wrong. Remember, there are still (even academic!) people using the wrong interpretation of the Shang paper without any knowledge in meta-analyses. This paper is still used to fight homeopathy.

I have to insist to correct what I have said at the conference in Berlin: Homeopathy MIGHT help, I have never said that homeopathy DOES help in cancer patients. By the way, the problem with pilot studies is the result of not only non-support of homeopathic research, but also EXTREMELY hostile actions against homeopaths. Lay people might not know that performing studies needs personal and financial resources at an academic institution, as well as space, in conventional as well as in complementary medicine. As anybody knows, there are almost no homeopathic divisions in universities. This explains very simple why homeopathic research is limited. I would gratefully appreciate your support raising funds for homeopathic research.

The first and only aim of a physician (conventional as well as homeopathic) is improvement of health of the patient. Therefore, we are wondering that the paragraph of our last statement (April 5, 2015) is not even mentioned:

"12 out of the 24 patients with mRCC or MSARC where still alive at the end of our observation period!!! Actually, we have not taken care of this fact so far; however, we will reevaluate our results. We will find out whether these patients are still alive or dead."

Obviously, interest in patient´s health appears to be of much less interest than statistics. This is a major difference between physicians and theorizers. However, we often observe that skeptics convert to homeopathy if help is needed e.g. for their own children or if the pharmacy might benefit from it. Since I (Michael Frass) have observed this phenomenon even with very close relatives and friends, I fully understand the opinion of skeptics, especially, since I am myself thinking skeptically.

We want to thank you for your valuable comments. We will study survival time of those patients still alive at the end of the published study and compare all patients to a control group following your helpful suggestion.

With best regards

Michael Frass, MD in the name of the coauthors

Internist, Internal Intensivist, Homeopath, Inventor, Skeptic