

# Evolution 2.0 Newsletter

Issue December 2023

## “I Could Have Saved More”

I am onto something REALLY BIG. And I need your help to push it past the tipping point. Please read every word of this newsletter.

We have a profound, brand new opportunity – a chance to revolutionize how the world diagnoses and treats cancer (and other diseases) at the earliest stages.

This is a story about how every dollar you donate can directly contribute to identifying and addressing cancer **long before it escalates**.

Imagine that every dollar you contribute helps identify crucial biomarkers in patients - markers that signify the potential of cancer. This isn't just hypothetical.

### The Mathematics of Saving Lives

At a cost of about \$1,500 per patient, we will be able to determine the “organ of origin” at the earliest whispers of cancer - a vital step in early detection and intervention.

When I asked how many of those patients could be saved by this approach, oncologist Azra Raza responded, “Every single one of them.”

The cost of saving one patient from cancer - and them having grandchildren for Thanksgiving and Christmas, instead of grandchildren going to a funeral - will be brought down to the range of tens of thousands of dollars.

If you could save a person’s life for, say, \$50,000... would you chip in some dinero?

And what if at the same time every patient received was bringing us tangibly closer to understanding the very earliest stages of cancer?

(How is that even possible? I’ll get to that in a moment.)

This represents an axis shift in cancer treatment. For 100 years we've been limited to reacting to cancer at later stages, often resorting to aggressive treatments like surgery, chemotherapy, or radiation – slash, poison, and burn.

However, if we can detect and target these cells at Stage Negative One, we can determine “organ of origin” and intervene much earlier. Saving lives with less invasive, more targeted and effective methods.

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If we detect pick up activity in your kidneys, you can make lifestyle changes, get regular sonograms, or even undergo treatments that target these cells **before they develop into full-blown cancer.**

Our goal is to make early cancer detection and intervention a standard part of medical care, much like the way PET scans and CAT scans are now used for other problems.

We are ushering in a new era in medicine, where we can identify the first signs of cancer and intervene before it becomes a life-threatening condition. The investment is miniscule compared to the immeasurable rewards.

Remember the end of *Schindler's List* where he laments "I could have got more out. I could have got more, if I just...I could have got more"?

That's how I feel now.

Each donation, each contribution, brings us closer to saving another life, to turning the tide in the fight against cancer. **The question is not just about how many lives we can save, but rather, how many lives we choose to save.**

Your contributions will directly fund the collection, analysis, and intervention strategies that could save your life, your mother's life, your child's life, your spouse's life...

## **WHY Your Donation To THIS New Project Will "Get More Out" with Us than Anywhere Else**

I have now attended enough cancer conferences to be certain that 90% of the profession is rearranging deck chairs in the Titanic. They are not solving the problem, and they won't solve the problem. There is little financial incentive for it to happen.

**The truth is: the data to solve this already exists *but it's not getting collected or shared.***

We can detect and treat cancer earlier than ever before. And it is easy to deal with cancer at stage one or zero or negative one.

It is a *bitch* to deal with cancer at stage three and four, as almost everyone has sadly experienced.

But 90% of the money is still going into stage three and four, where it's way too late to do anything most of the time.

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All the money's going into the wrong place. It's a hundred times more cost effective when you catch it early.

## **Remission: Where We Start to “Get More Out”**

An appreciable number of cancer patients who are in remission will get a new cancer in their first year. They are at higher risk. My friend John tells the all-too-relatable tale of his friend and musical collaborator Tammy, who got breast cancer. Then went into remission. Then she got cancer again. Then went into remission. Everytime she went into remission there were celebratory concerts for being “cancer free.”

Then in 2019 Tammy died.

You surely have a similar story about someone you loved. You know that remission usually means, “It’s coming back.” You just don’t know from where or when.

## **What if we had access to a tissue repository of cancer patients in remission?**

What if that repository was large enough to be able to find the correlations and to trace what exactly is happening at the very earliest stages of cancer and pre-cancer?

**It's ready to go NOW.**



It is all set to start. It only needs electricity. And it will only take \$2 million to have it purring like a corvette. Twenty million will carry this project to impressive results and many lives saved.

You’ve read about Azra Raza before in this newsletter. She treats patients in NYC and is also a medical researcher. She has treated sixty thousand leukemia patients. She is the curator of the world's largest private tissue repository.

Across three decades, she has collected sixty thousand samples from her leukemia patients and they are waiting to be studied.

Yes, there are several hundred other tissue repositories around the world, which are for all kinds of purposes. A few are for cancer. But the vast majority are private or owned by a university or a hospital who controls access to the data. Access to study these samples is granted based on

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financial and political relationships, and the data is only published alongside scientific papers. **Tissue sample data is not made available wholesale, and it's not easy for other researchers to access it and look for correlations.**

The logjam is economic because, in their myopic view, it's to the hospital's benefit to dig a moat around their data, but it's detrimental to humanity.

## **Open Source: The Answer to Solving Cancer in Our Lifetime?**

When I saw Azra's tissue repository project, I said, "This needs an open source model." Techie people understand open source, but most non-techie people haven't heard the story.

Open source is a proven model for solving very large technological problems.

It began in 1991 in the software biz with the ethic "You can use this software for free, but if you improve it, you have to make your code free to everybody else as well."

Share and share alike. The open source folks were zealots in the 90s and 2000s. They kind of spoke a foreign language. Seemed like hippie idealists. It sounded utopian, and a little crazy.

### **But it worked.**

Most people have no idea how *well* it worked.

The software that runs Android is free. Wordpress runs 25% of the websites in the world. It's free. Linux is the operating system of the internet. Almost all of the major platforms are built on it. It's free. Google, Facebook, Amazon, Adobe, LinkedIn, and pretty much every other platform in the world are largely built on free code...

...fashioned into businesses that make trillions of dollars. Your household appliances, TVs and vehicles run on Linux and you don't even know it. Github helps 100 million developers store, write and manage code, and is a billion dollar business.

The tech industry simply could not and would not exist if we were still on the old Microsoft DOS/Apple proprietary paradigm.

**What about cancer? What if anybody in the world could access cancer data for patients in remission?**

*Just like anybody in the world can use Wordpress to build their website.*

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What if total outsiders could examine that data and they could approach it without the usual myopic preconceptions of the medical profession?

What if they could look for things that nobody else would look for?

Science is rife with stories of outsiders who saw what insiders couldn't see. Charles Darwin was a medical school dropout studying for the ministry when he took his famous trip to the Galápagos Islands on the HMS Beagle. Barbara Shipman, a physicist whose grandfather had beehives, noticed that the shape of the honeybee's dance closely mimics something in physics called the flag manifold.

What if the fourteen year old child prodigy from Italy could access cancer open source data and find a needle in a haystack that everybody else has missed?

This is what we want to happen in cancer. So this tissue repository has been put together and Columbia University in New York City is prepared to start it **today**.

Azra put together an alliance of blue chip hospitals during COVID when she could reach people that were normally too busy.

She held a series of seventeen Zoom meetings with the top cancer people in the world. She herded the cats. She persuaded **Columbia Harvard, MD Anderson, Johns Hopkins, University of Chicago, Northwestern, Freeman Health, Dana Farber and City of Hope**, the top cancer hospitals in the world, to take blood, saliva, stool, urine and hair samples of returning cancer patients.

## The Only Thing Missing? You

The only thing we lack is the funds to collect and analyze the data.

The reason nobody's done this before is medical players are optimizing for their own immediate survival because they have to pay their bills.

We put a 501c3 tax deductible structure in place that will start taking tissue samples from cancer patients in remission. With two million dollars, it can start... *tomorrow*.

Years of preparation are already complete. Within the first twelve months, we will intercept hundreds of patients who have early stage treatable cancers. Within twelve months we will be measurably saving lives.

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A CAT scan or a PET scan cannot detect cancer until the tumor is one millimeter in size, and contains one hundred thousand cells. **But our methods will detect it when there are only few hundred pre-cancerous cells in your body - for every patient who gives a tissue sample. And it's not even "cancer" yet!**

This will lead to the development of brand new Stage Negative One and Stage Zero therapies and preventative strategies.

And if all that wasn't enough reason to help fund this research, let me remind you: *This is not limited to just cancer.*

We can use the methods to detect Alzheimer's and dementia and diabetes...and on and on.

Those diseases also have progressions and detectable biomarkers.

It's like going back thirty years and saying, "If we build a huge repository of open source software, it will give birth to one billion dollar tech company after another, after another, after another, popping like popcorn."

**This is an economic boom waiting to happen. This is not slitting anybody's throat. It's just overcoming the logjam of the cancer business.**

And the donor, you, can be the Linus Torvalds of modern medicine.

Twenty million dollars to get this project racing ahead full speed.

Miniscule compared to the world-changing, life-saving potential.

We're looking for a few key partners who understand we are on the cusp of a major revolution.

Let's end cancer in our lifetime.

Contact our CEO Jon Correll at [support@reversingcancer.org](mailto:support@reversingcancer.org) or call 858.336.3061.

Seize the day,

Perry Marshall

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## What to Do Next

- Contribute to Science Research.  
Donate at [www.evo2.org/cancer](http://www.evo2.org/cancer)
- Our [Manifesto](#) is posted online at  
<https://reversingcancer.org/donation-fundraising-letter/>.  
The password is: now
- Our podcast is at <https://evo2.org/the-podcast/> and blog <https://reversingcancer.org/blog/>
- Contact us at: [support@reversingcancer.org](mailto:support@reversingcancer.org)
- WE ARE HIRING! Please introduce us to a fundraising professional who is looking for an opportunity. Contact our CEO Jon Correll at [support@reversingcancer.org](mailto:support@reversingcancer.org).

## We Need Your Helping Hands

Evolution 2.0 is me, CEO Jon Correll, Mary McEvoy and a few other precious volunteers to contribute hours here and there. **We can really use your hands-on assistance.**

Another thing you can do to help is fund our virus research. I know of no one who is bringing a full-fledged “Evolution 2.0” viewpoint on virus evolution. It’s 501c3 not for profit, so you can go to [evo2.org](http://evo2.org) and make a tax-deductible donation.

We could also use some volunteers...

- **Administration and project management**
- Finances
- Scientific papers, research, and projects
- Film (documentary screenwriters, editors)
- **All** forms of marketing ad copywriting, buying Google, YouTube and Facebook traffic, writing blog posts, shooting videos, podcasts, publicity angles, news media
- Project management

Email [evolution@evo2.org](mailto:evolution@evo2.org) and let us know what your skills are and how you might like to help.

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## 5 Rules for Funding Cancer Research that May Find a Cure

The following are the 5 “80/20s” of Science Research 2.0. Our criteria for what we fund. Each eliminates 90% of suitors and multiplies our odds of success by 10X. This is why we believe we can achieve more in ten years than the government has achieved in 50, with far less money. **If you want to help win the war on cancer, this is where your money should go. Not to the IRS.**

How we invest your money	How the government wastes your money
<b>No Drugs.</b> We don't fund Big Pharma drugs; a drug will never cure cancer because drugs are <i>dead</i> and cancer is <i>alive</i> . Drugs play a role, but will never be THE key that unlocks cancer.	<b>Addicted to Drugs.</b> The government and Big Pharma are in bed and locked into a drug development -> regulation -> drug funding cycle that is self-reinforcing and locks out unfamiliar ideas.
<b>The Enemy is SMART.</b> Evolution 2.0 is the smart cell. Life is purposeful, cancer is intentional, and maybe even self-aware. The whole is greater than the sum of its parts, so the key is discovering what defines the whole.	<b>The Enemy is Dumb.</b> Evolution 1.0: Nature is blind and purposeless, “monkeys with typewriters” with natural selection and blind pitiless indifference. It’s “only” chemicals. Everything reduces to its component parts.
<b>Does it WORK?</b> Gold standard is <u>engineering</u> : Can you build it and does it work? The legendary scientist Richard Feynman said, “That which I cannot build, I do not understand.” Action, not analysis.	<b>Do other scientists approve?</b> Gold standard is <u>peer review</u> : Do other scientists (who are competing for the same dollars) like it and approve of it? Studies show that 70% of science research is not even reproducible.
<b>Challenges the SYSTEM.</b> ALL professions are run by “good ol’ boys clubs” and become blind to their own assumptions. We believe in threatening the status quo, questioning assumptions and killing sacred cows.	<b>Preserves the status quo.</b> I have consulted in 300 industries. No profession is more hobbled by peer pressure, cliques and political correctness than science. Scientists spend 40% of their time lobbying for government grants. It’s impossible to get anything done.
<b>Skin In The Game.</b> We fund researchers, scientists and doctors who have risked careers, reputations and personal resources to sustain projects they believe in.	<b>The Buck Stops Nowhere.</b> Bureaucrats are shielded from all personal risk. The purpose of bureaucracy is not to accomplish anything, but to obstruct accomplishment by anyone else.

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