



## PERSPECTIVE ARTICLE

# Eliminating the Suffering Wrought By Breast Cancer Utilizing the Lavender Way and Development of a National Breast Center

Bretz P<sup>1\*</sup>, Mantik D<sup>1</sup>, Lynch R<sup>1</sup>, Lara D<sup>1</sup>, Stiles A<sup>1</sup>, Djordjevic B<sup>1</sup>

<sup>1</sup>The Visionary Breast Center, La Quinta, CA.

\*[phil.bretz@gmail.com](mailto:phil.bretz@gmail.com)



OPEN ACCESS

**PUBLISHED**

31 May 2026

**CITATION**

Bretz, P., Mantik, D., et al., 2026. Eliminating the Suffering Wrought By Breast Cancer Utilizing the Lavender Way and Development of a National Breast Center. Medical Research Archives, [online] 14(5).

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**ISSN**

2375-1924

**ABSTRACT**

We are all seeking a cure for breast cancer, right? 30 years of treatment and research has unfortunately shown us something else. Breast cancer portends that the patient's life will never be the same and, in fact, may will include permanent physical harm, unrelenting psychological distress, including an unending sense of futility, to a devastating financial catastrophe. As noted by MedStar Health, in a recent survey of women over 40 it found that 59% said they would not adhere to mammographic guidelines and 23% said they had never had a mammogram. In addition, there is a burgeoning number of women who refuse to even come in for evaluation because of heightened sense of fear that if something is found, disaster will follow. This has led to women being so afraid that they let a cancer grow out of the skin but still won't come in.

What if it were possible to eliminate almost all the suffering wrought by breast cancer? In our caring for over 14,000 women over 30 years, we learned a lot. Not everything, but enough to know what works and what doesn't and how ultimately women want this issue dealt with.

There is an unrelenting push by the medical-industrial complex which now owns over 75% of physician practices in the U.S. to claim the idea of surgery, chemotherapy, and radiation as the only answer, and any alternative is summarily dismissed. With the advancement of scientific discovery such as a genetics test that can predict within ten years when a breast cancer will manifest, changes everything. With advancement in non-radiation diagnostic modalities such as infrared, which is not the technology of the 1970s, it becomes possible to ferret out nascent cancers before they have attained the capacity to metastasize. This is based on individual imaging needs, not guidelines.

This manuscript will explore ways to eliminate the suffering by eliminating surgery, chemotherapy, radiation, and no hospital while humanizing this issue so ALL women benefit. It's called The Lavender Way. Further, entities like 'Race for the Cure' and 'Pink Ribbon' have had over 40 years to put breast cancer suffering into the history books. Yearly, an increasing number of women die from breast cancer, now over 43,000 in the U.S. It's time for change. More specifically, the United States needs to have a fully functioning National Breast Center with adequate satellites in each state and let the women decide where and who they want to care for them to preserve mind, body, and spirit.

The overriding question is why won't the medical-industrial complex pursue the ultimate in non-invasive technologies instead of the same old slash-poison-burn. It is beyond the authors understanding why women continue to suffer needlessly. If women only knew, the breast cancer sections of hospitals would be empty.

## Introduction and Scope:

Depending on who you read there have been roughly 5 million papers written on cancer since President Nixon (in the U.S.) established the National Cancer Act in 1971.

Back fifty years ago everyone thought if we had huge cancer centers and mammogram machines on every corner, we could put breast cancer into the history books. It is the scope of this manuscript to elucidate that we have failed to deliver on that promise and why (at least in the United States). Virtually every scientific paper written on breast cancer talks in glowing terms about survival measured in months as a huge triumph without ever bringing to light the human suffering wrought by the medical-industrial complex. This is especially true when there are other possible methods that could humanize the approach to women and actually conquer this curse called breast cancer. It is the cardinal recalcitrant sin of the 'system' that they dismiss all alternatives except to offer what Dr. Azra Raza calls in her book, 'The First Cell,' "With minor variations, a protocol of surgery, chemotherapy, and radiation - the slash-poison-burn approach to treating cancer - remains unchanged, it is an embarrassment. Equally embarrassing is the arrogant denial of that embarrassment." Page 6. Or another quote that is apropos from her book, — "Liberate us from the confident complacency of assumed righteousness in the way things are done, liberate us from the mental cages we have inadvertently imprisoned ourselves in, our lives are at stake."

This manuscript is the result of a group of independent researchers (while participating as Principal Investigators in multiple National Cancer Institute clinical trials), who have developed their own method on how to approach women with this problem of breast cancer, and how to deal with it effectively. It is important to keep in mind what they found is not commonly known to the majority of researchers anywhere. Back in 2014 there were only a handful of medical doctors attempting to treat breast cancer with cryoablation.

None that we know of have used a genetics test (and we were investigators for the FDA clearance study) that could determine within ten years when a breast cancer might manifest. Then using all FDA approved non-radiation diagnostic modalities

summarily dismissed by the 'system,' we could accelerate the imaging to find nascent cancers before they had attained the capacity to metastasize.

This part encompasses The Lavender Way. Having found a nascent cancer, we then killed it in-office totally outside the 'system' in 20 minutes. The breast appears untouched and normal activity is resumed immediately. At this time, we have cancer-free survivors more than ten years out from their Lavender Procedure. The details of that are elucidated in another paper referenced in the Index. Let's look at a quote from Dr. Vincent Devita concerning the discoveries by the N.C.I. in the 60s and 70s. Taken from an article published in the New Yorker on December 7th, 2015, "The breakthroughs made at the N.C.I. in the nineteen-sixties and seventies were the product of a freewheeling intellectual climate".

It is our contention that that climate doesn't exist anymore as fully 75% of American doctors are now owned by either a hospital, HMO, or private equity that tells a doctor when he/she will see patients, where and how long to spend time with them. Worse, they dictate what type of treatment to offer regardless of any training or scientific finding. Then you have groups like MedStar Health publishing a survey that fully 59% of women over 40 saying they will not conform to recommended mammographic guidelines and 23% say they never had a mammogram," and probably won't get one. Our purpose is to elucidate the very things the medical-industrial complex ignores that continue to result in devastating side effects. The system says, "We know what's best for you." And women are expected to just suck it up and shut up no matter the horrific outcome physically, psychologically or financially. That is never said but that is what is meant. Let's start with a patient letter and it is not presented for self-aggrandizement but to illustrate just how deep emotionally breast cancer effects women which the system pays no attention to.

"By some miracle I stumbled upon your TED talk among the old files I've collected over the years, while my mom was fighting cancer; a battle that she had lost 3.5 years ago. The very painful memories of her SUFFERING and the many wrong turns along the cold hallways of mainstream medicine are still very fresh in my mind. And now I am facing the uncertainty and fear that cancer diagnosis brings, it's like staring into the abyss... I

am 46 years old, a mother of two daughters 26 and 8 years old.”

There you have it in a nutshell. If you multiply this wife and mother of two times millions of women around the world, THAT’S THE REAL PROBLEM THE MEDICAL-INDUSTRIAL COMPLEX REFUSES TO DO ANYTHING ABOUT OR ACKNOWLEDGE except more surgery, more chemotherapy and more radiation.

It is their cardinal sin and inexcusable when they know there is an alternative. We are careful not to say Lavender is the only answer, but it is AN answer to eliminate the suffering wrought by breast cancer worldwide (see prior published papers). But nobody gives a damn or has the guts to stand up and say enough is enough and force the ‘system’ to look into alternatives.

Secretary Kennedy of Health and Human Services (HHS) said in a speech at Hillsdale College that three drug companies have paid 35 BILLION dollars (USD) in criminal charges over the last ten years and if you think they found Jesus when it came to vaccines, you’re mistaken. The same can be said about breast cancer.

If you’re a cancer doctor and not receiving many communications like this, you are simply blind to the problem facing women. “Finding your TED talk and website was a breath of fresh air, it felt right on par with my approach to life and health. I cried when you got emotional on stage: my God, you really care! I’ve met so many cold and unsympathetic doctors, when my mom refused chemo and used natural FDA-approved methods to support her with stage III ductal carcinoma for 9 years, doctors who butchered her breast and created more issues than solved, doctors who finally devastated the last of her body resources at the operating table during an unnecessary 8-hour surgery, 24 hours later my mom passed away. To be honest, I’m terrified to get back into this system of mainstream medicine that nukes the house to get rid of the cockroaches.”

See if you can see the connection between a quote from Michael Behe on irreducible complexity. “Because some think that science should avoid a theory that points so strongly beyond nature, they want to rule out intelligent design from the start.” Trying to bring Lavender to the light is like trying to challenge Darwinism, it’s not just challenging a

supposed scientific belief, it’s challenging a deeply held world view. The juggernaut of surgery, chemotherapy and radiation functions as a secular religion to the medical-industrial complex not to be challenged. To paraphrase John Lennox, it’s anti-intellectualism that has lost the spirit that supposedly lies behind our centers of higher learning. We say, to paraphrase Steven Meyer, follow the evidence where it leads, but we fear that it won’t happen any time soon. And you ask why women everywhere continue to suffer. The motto of Oxford University, *Dominus Illuminatio Mea* has, we think, long since been obfuscated when it comes to eliminating the suffering wrought by breast cancer.

It was tough enough being part of the holocaust on women (radical surgery) during surgical residency training in the 1970s. This notion of more and more surgery persists in 2026 with the widespread use of so-called Oncoplastic Surgery. But the long path to finally treating breast cancer with the patient fully awake and the breast intact, without the interference from a multitude of functionaries proved tougher. They are set on destroying the sacred relationship between a doctor and their patients just for profit and to maintain their position of power.

And they have succeeded. Who are they? Peter Diamandis, in his podcast “Moonshots,” said that since 1970 to 2015, the ratio of administrators /functionaries to physicians has skyrocketed to over 3000%. Who are these people? Hospitals, HMOs, private equity firms, and various authoritative boards bent on restriction. No DEI here. As physicians we all took an oath to help those who couldn’t help themselves. It wasn’t a job; it was a calling. And we were able to care for our patients how we thought best. And we cared for them for years on end. This was with the help of our nurses who, like us, had dedicated careers caring for patients. We learned from each other. There in that sacred bond formed, and the patients knew they could depend on us.

Now fully 75% of doctors are “owned” by these people (making doctors essentially hourly employees) who tell the doctor when they will see patients, how many patients they will see (so as to increase revenue), how much time they will spend with each patient, and most egregious, what treatment they will offer. Likewise, nurses have seen the inexhaustible infiltration of regulatory functionaries all hell bent on profit and the hell with the patient.

In caring for over 14,000 women for three decades, we have learned a few things. Not everything, but enough to know that the Lavender Way is a way to eliminate almost all the suffering. The women uniformly love it and respond positively to it. We can do it almost every time to find nascent cancer before it attains the capacity to metastasize and kill it in an in-office setting in 20 minutes totally outside the 'system'.

The patient is fully awake, with her significant other allowed into the procedure room. The breast is intact, and normal activity is resumed immediately with a very positive psychological outlook lasting for years, all for \$2,500.00 USD vs \$200K for multiple surgeries, prolonged chemotherapy, and radiation.



When we talk about humanizing the treatment of breast cancer at Lavender Breast Center, the above photo is integral to what we mean.

When we talk about humanizing the treatment of breast cancer at Lavender Breast Center, the above photo is integral to what we mean. This is the patient's husband videotaping the entire procedure. You can just make out the smile on his face as he talks to his wife as well. Prior to the procedure, he was invited and did run his finger through the liquid nitrogen. At other times, he held his wife's hand. His wife is also the one who dressed in lavender, including painting her nails and lavender ring. She was the one who entered the procedure room and said, "I'm ready for the party".

## Method

Using all FDA approved technology summarily dismissed by the "system," which includes a highly accurate genetics risk test, modified military infrared, ultrasound, a pressure sensing device that uncovers tumors at 5mm and NAF (nipple aspirate fluid), we have been able to preserve mind, body, and spirit.

One answer why women are not seeing the end of suffering is the powers that be, namely some authoritative boards who are all private organizations who have set themselves up over decades as self-appointed authority figures, and as a consequence, hold some sway over governmental bodies like the FDA to say what is approved and how it is approved.

This makes it almost impossible for technology like infrared to prosper and play its rightful part in the

process of eliminating suffering. After all, it would be unsavory for anyone but a radiologist to interpret any breast imaging. Also, things like utilizing a genetics test, that not only tells a woman's lifetime risk, but when that risk is likely to manifest within ten years, have no platform in the discussion. Utilizing multiple non-radiation diagnostic modalities permits us to do accelerated imaging at least twice yearly, sometimes more, depending on such things as family history and genetics results.

Accelerated breast imaging is something the system can't do and there is no admission of that fact. For instance, suppose you identify a high-risk woman in her early thirties, the old fashion method of strong family history and dense tissue on mammography.

How many times can the "system" do accelerated mammography and for how many years into the future? The answer is it can't because radiation is cumulative, and the radiologist will end up giving the patient breast cancer if they perform mammography every six months. Then too, the US Preventive Services Task Force has seen to it to recommend mammography starting at age 50 and only recently lowering the starting age to 40. This is despite of the fact that prestigious research groups like the American College of Surgeons Oncology Group published a definitive paper in 2009. (1) It was the most thorough study on African American women to date.

One of the conclusions was (which everyone knows now) that African American women develop breast cancer much earlier and it's more aggressive, so-called triple negative. One of the takeaways was that African American women should begin breast imaging in their thirties. This isn't being done and everyone glosses over it. Why do all this research and no one acts on results? As a consequence, African American women (no delicate way to put this), are just screwed again. *Lavender would level the playing field once and for all, using FDA approved non-radiation diagnostic modalities.*

We had divided the practice into two distinct areas. One is The Lavender Way which, if carried out successfully, can ferret out nascent breast cancers BEFORE most have attained the capacity to metastasize. That is the ideal size of the cancer is around 5-8mm. Next, a thorough physical exam of the axilla is carried out including ultrasound. Any enlarged lymph nodes, say greater than 1cm, are submitted to ultrasound guided core biopsy. Assuming the axilla is negative and tumor analysis is not aggressive; this clears the way for cryoablation (aka The Lavender Procedure). This, of course, after all options are discussed, and the patient has time to digest all that information. That means multiple meetings with the patient and her family.

One of the best benefits of our Lavender Way/ Procedure is that any trained doctor in the remotest of areas can carry it out. A huge cancer center is not needed at all. The other thing is, if cryoablation is unsuccessful on the initial attempt, one can choose to try it again or move onto standard-of-care. Even if it's unsuccessful on the first attempt, because the repeat mammogram, ultrasound, and core biopsy are performed at two months, and the majority of patients will have been on an anti-estrogen of choice for two months, we argue that no significant time has been lost on these nascent tumors.

While breast cancer affects the patient, family, and friends in seemingly unending horrific ways, there are three that are the worst. Those are (1) physical suffering, e.g., surgical disfigurement and nerve damage causing loss of femininity, hair loss, chemo brain, and shrunken breast from radiation, (2) unrelenting psychological suffering of anxiety, thoughts of recurrence or death, and (3) financial suffering including bankruptcy. Lavender eliminates all three period. That is, physical suffering - there is no surgery, no chemotherapy, and no radiation.

Normal activity is resumed immediately. The breast is intact. The family is invited into the procedure room to watch the cancer being killed. The experience of being actively involved from seeing the liquid nitrogen poured into the dewar, to touching the liquid nitrogen, to actually seeing the cancer destroyed on the ultrasound screen in real time leads to eliminating the psychological suffering imposed in number 2, i.e., unrelenting psychological suffering or, as Dr. Raza says in her book, "The First Cell," (2)

"Cancer crushes hope leaving a waste land of grief, despair and an unending sense of futility." Again, the act of the patient and her family seeing the cancer being killed has lasting positive psychological effects, so the phrase of Dr. Raza never hits home.

There was a surgical team at Northwestern University in Chicago who performed a kidney transplant with the patient fully awake. The act of the surgeon showing the patient his new kidney totally changed the patient's psychological experience into something very positive.

Lavender is a total reversal of the negative impact, e.g., a patient's family waiting in a cold sterile hospital waiting room saying to themselves, "It's been two hours, what is happening to my wife," all while hearing similar rumblings from other families in the room. That negative experience is all gone with Lavender. It's almost with Lavender; you would need a plastic surgeon to remove the smiles on their faces. The unending sense of futility is gone. A family member may wish to video the entire experience.

(3) financial suffering - the days of bankruptcy are gone. The total cost start to finish with Lavender was \$2,500.00 USD vs 200K USD vs standard-of-care for multiple surgeries which happens 30 to 40 % of the time usually for "retained cancer" at the final pathological margins, prolonged chemotherapy for a year with a drug like Herceptin and radiation. Reconstruction cost of the breast expense tops it off.

The fact that the 'system" just totally ignores women like Ananda Lewis (an African American journalist who had her own TV show) who died on June 11, 2025 is a travesty. She died most likely because she refused mammography as perhaps she was afraid of what would happen if a cancer was found. There shouldn't be one woman like that in America and there wouldn't be if the "system" had an alternative path for women.

As we have noted in previous publications (1) MedStar Health (3) conducted a survey and found that for women 40 and older, 59% said they are forgoing the recommended mammographic guidelines, and 23% said they never had a mammogram and probably won't get one. This is in spite of the fact that breast cancer is increasing 3% in younger women. We only saw a very small percentage of women out of the 150 million in the

US. Yet we found an increasing number (before they came in) who not only refused mammography but let the cancer eat through the skin because they were afraid of what would happen to them. Our call is again there should be no women electing that course of action which ultimately will lead to their demise. If this wasn't so, we should not have images like these in America. Does the 'system' care?



Hid this for three years from her husband 7 years growth outside the skin



She was putting horse urine on it to kill it.

Of course, the 'system' says we don't have patients letting the cancer grow through the skin, (oh yes

you do) and then we have the everlasting devastation of state-of-the-art surgery. See below.



A



B



C

Patient (A) will either have to settle for a rubber prosthesis that flops around in her bra or extensive reconstruction including a "lift" of the left breast with probably bilateral implants. All that won't fix the lymph edema. Patient (B) is on her third surgery to correct the obvious problem. The bilateral subcutaneous mastectomies with immediate reconstruction were done at a major cancer center for a focus of DCIS. State-of-the-art judgement? Patient (C) is why grandma won't leave the house.

If we are serious about doing something DIFFERENT for ALL WOMEN, then something concrete needs to be put forward. Before we get to the concrete, let's look at a couple of typical Lavender results. More illustrations are presented on the website at [thelavenderproject.net](http://thelavenderproject.net). At the website you will find under "Research" our published papers and at the bottom a few of the many videos of interviews with patients, family and the Lavender procedure. But first;



D Has to live with a huge divot

This lady (D) went to bed the night before her "breast saving lumpectomy" and both she and her husband were confident that the surgeon would just do a lumpectomy and leave her with a great cosmetic result. Did he? The surgeon just eclipsed the tumor out using a huge incision and causing a permanent divot. This is aside from the shrinkage of the breast from external beam radiation. With

Lavender neither of those things ever happen. But just in case a lumpectomy was necessary, below is what a cosmetic lumpectomy should look like. If we must operate on someone, we want her to be able to look into the mirror in ten days or ten years and have a hard time knowing we were there. It's that good if the surgeon wants it. It all depends on training, time and what the surgeon cares about or not.



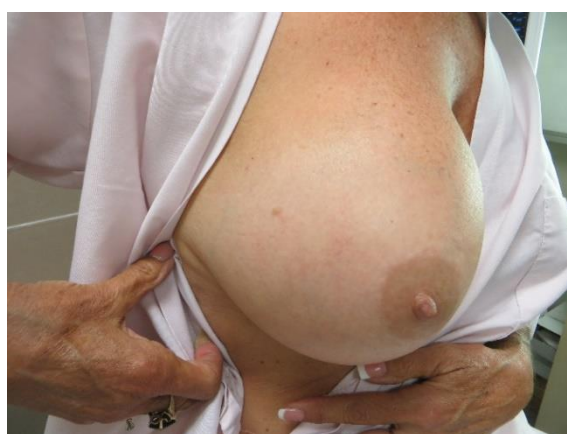
If you have a hard time finding the incision, it's in the right breast circumareolar from 3 o'clock to about 6 o'clock. Our cosmetic lumpectomy is carried out by using a circumareolar incision 99% of the time. Then we cut down a little more than a centimeter. Then using the cautery, we tunnel over to the tumor. That way there is a supportive wall, and the divot never happens. In this patient's case

I was after her to get a skin color tattoo at the incision site. That way you really couldn't tell I was there. But she wouldn't do it because it reminds her of me. The following image is a Lavender case about 2 minutes after. Of course, the patient is fully awake and able to ask questions and see immediate results.



A little dab of antibiotic ointment is placed at the entrance site of the probe. Even a single stitch is never needed. The breast always looks untouched.

Below is a patient with breast implants and DCIS we successfully treated with cryoablation.



We have performed the Lavender Procedure on two patients with breast implants successfully, so breast implants are not a barrier to cryoablation. There we have it. We have a system that totally doesn't give a damn about women like Ananda Lewis, to a Preventive Task Force who can't see their way clear to just let the doctor and their patient make the decision about when and what type of imaging should be done, to in one survey, 59% of women over 40 not following their inane decrees.

In addition, 23% of the women surveyed never had a mammogram and probably won't, to burgeoning numbers of women just so afraid of the "system," they let the cancer grow out of their skin. Nice going, WAKE THE HELL UP, it ain't working! It just goes back to our original statement in our TEDTALK, "That we just have to decide as a nation how important women are."

Now we come to Lavender and common sense. Before we do, let's go back to our college English class. You either had to read about it or some reference was made to it. That is, the magnificent

Italian epic poem by Dante Alighieri (1320), the Divine Comedy or Dante's Inferno. In it an ancient Roman poet Virgil takes Dante on a tour of hell. At the entrance is a sign. It says, "All ye who enter here abandon all hope." If you're going to take a deep dive into Lavender, the sign should read, "All ye who enter here abandon all previous dogma you learned about the diagnosis and treatment of breast cancer." Because if you don't do that and hold Lavender to the fire, my G-d, it will be AN EXTREME DEPARTURE FROM STANDARD-OF-CARE, and we couldn't have that now could we. Disrupting the comfortable juggernaut of slash-poison-burn, enabling massive cancer centers to rule the day, isn't in the cards (for now). And when it comes to breast cancer, FOR WHAT? We, as a nation, shouldn't have ANY of these aforementioned souls on the radar. What a disgrace. The times, they are A - changIn. Now we come to the concrete.

Depending on who you read, since President Nixon penned the National Cancer Act in 1971, there have been over 3-5 million papers published on cancer. The basic science regarding metabolic

pathways of breast cancer is mind boggling. However, perhaps it's time for us to pay attention to some of the things Dr. Azra Raza says in her book, "The First Cell." Here are a few to consider just what we are accomplishing with all this science.

"Too many lives are being lost because of our own unshakable hubris, convinced as we are that we possess the power to untangle the intricacies of as complex a disease as cancer."

"The disease is fantastically complex. More fantastic is the reductionist conceit that targeting a single genetic abnormality with a single drug will be curative."

"With minor variations, a protocol of surgery, chemotherapy, and radiation - the slash-poison-burn approach to treating cancer - remains unchanged. It is an embarrassment. Equally embarrassing the arrogant denial of that embarrassment."

"Technologic advances and the cure of cancer in animal models are loudly proclaimed as if those successes have had anything to do with treating the disease in humans, improvement in survival of cancer patients measured in weeks is regularly referred to as a "game changer."

"The gaping disconnect between knowledge about cancer biology and the capacity to use this knowledge to benefit patients is staggering."

"Stay positive is the refrain, as if it were a sin to voice the intense pain and suffering of cancer patients. Why are we so afraid to tell the stories of the majority who die?"

"Treating cancer as one disease is like treating Africa as one country. Even in the same patient, it is not the same disease in two sites or at two different points in time. Vicious and self-obsessed, it learns to grow faster and become stronger, smarter, and more dangerous with each successive division."

"My insistent focus on the granularity of individual pain and suffering in the pages that follow is to highlight the urgent need for change, to force us, an individuals and as a society, to cast off the manacles of dogma and tradition. Let new technology and new ideas rearrange our laboratories and our psyches, break the stalemate. Let us deconstruct what has become an indifferent science and reconstruct it through the prism of human anguish."

It is a masterpiece of what needs to be said. Few people have the guts to say it and stand by it. Dr.

Raza is such an individual. If you just take the last sentence in the list of quotes about "Let us deconstruct," etc, you'll find an amazing resemblance to our last paper about dismantling the breast cancer Tower of Babel (4). And if you read in the last paragraph of quotes about "Let new technology," etc, that is what Lavender is all about. We go after the first cells that are not so aggressive and resistant to being killed. An analogy we like to draw on is cancer is like holding a baby tiger in the palm of your hand. Such a nice little kitty. Then come back in three years and it will take your head off. But not when you hold it as a little defenseless kitty. Cancer is like that. That's why we use the genetics test to find within ten years when the cancer will likely manifest and then use all the non-radiation diagnostic modalities to find these nascent cancers at 5mm via accelerated imaging. And that decision of when to image and how often is left up to the doctor and the patient, not some task force who makes lasting pronouncements of care that have nothing to do with an individual's need. We pushed the envelope with Lavender to see if it could deliver (totally outside the "system") the promise, and our ten years out paper (5) says yes.

The question then arises how do we translate our findings to every woman in America? What follows should now be a natural extension of what is happening and what should happen. This should just be common sense of how to make things better for all women everywhere.

- Construct a National Flagship Breast Center that would say to our women, you are this important to us and we are taking the necessary steps to eliminate the suffering from breast cancer: that this structure will house the following:

- Boutique hospital perhaps 10-20 beds and three operating rooms.
- A full-service breast center including no-radiation diagnostic modalities
- Conference center
- Training facility
- Library
- Boutique hotel 10-20 rooms
- Research
- SPA
- Lavender Bistro East
- 3 non-denominational prayer rooms

This won't be some non-descript building but a masterpiece of architectural imagination. In conjunction with this edifice would be the development of at least three satellite Lavender facilities in each state. Our intent is not to shut

down any existing breast facilities but to create an alternative to the current system and let the best man win. Below are some images of how this complex could look. These images are taken from our Tower of Babel paper.

## Wellness

### Therapeutic Healing

Imagine walking through a calm aquarium tunnel as you approach the hospital reception.

Each patient will receive their personalized book detailing their care including pathology report and video of their procedure.



15

Yes, that is a huge aquarium at the entrance. Ideally your patient liaison or ambassador will meet you on arrival and take you through the passageway to the reception desk. Along the way there are inlets with

tables for people to have lunch or just seek some solitude. The conference foyer and hall are next and will be open to the public for concerts, plays and the like when not in use for medical conferences.

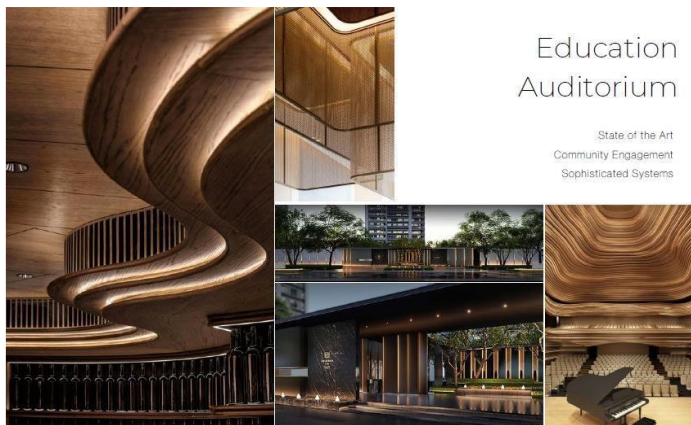


17

It will easily fit 1000 people for events. The conference hall is below.

The whole idea of this is to create an almost destination place that the surrounding cities can rely on for various things besides breast cancer. Thereby, it becomes second nature so the 59% of women DO schedule regular follow-ups and then DON'T die because they're afraid to come in. Dr. Gupta has coined a new term 'time toxicity,' (7) meaning that many women have marked anxiety just picking up the phone to deal with a "phone tree" to schedule a mammogram. Then there is the long wait to know the results. In the interim, it's like

the Sword of Damocles hanging over their head. This is all unspoken, of course, but very real to each individual woman. It's all gone with Lavender. In our jargon "It's humanization" of the entire process. If you want to seek breast care, it's there. If you want to find a spa, it's there. Likewise, if you want to expand your knowledge, our library is there with a librarian to assist. Or if fine dining is on the agenda, there is Lavender Bistro East. Below is the auditorium.



## Education Auditorium

State of the Art  
Community Engagement  
Sophisticated Systems

The image on the lower right is more like it

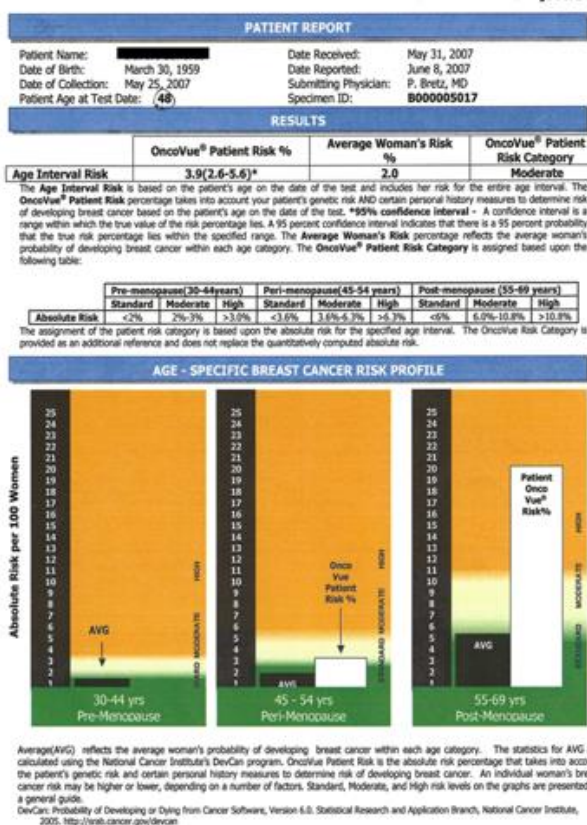
## Discussion:

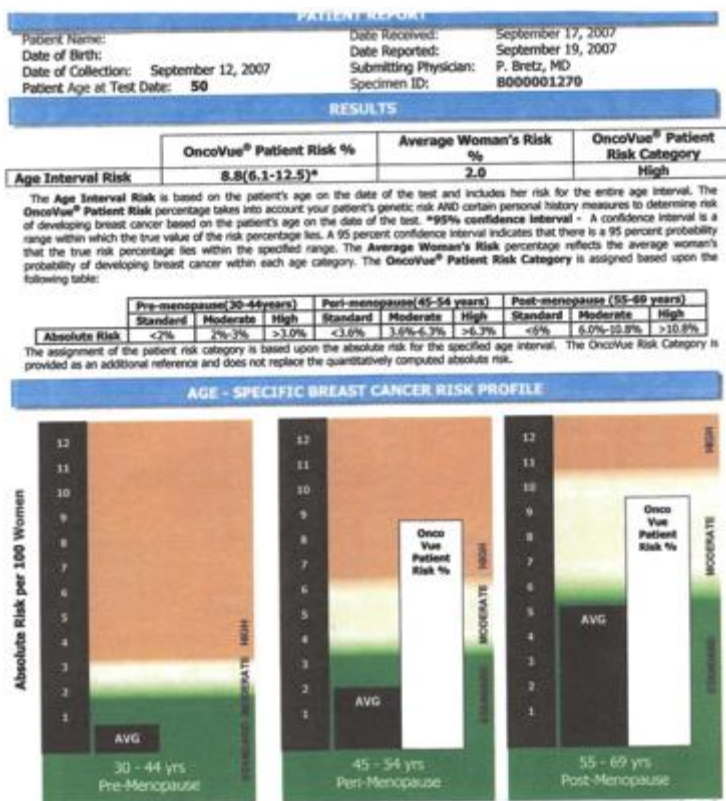
Will the “flagship” be extravagant? You bet! It will be the nation’s statement to All women that we give a damn about you. And we have hopefully created something you feel is worthy of that effort. We don’t think the current offering of slash-poison-burn approach is what women really want. Lavender is the opposite of that but adding the “humanization” aspect that makes all the difference.

The reader is offered the opportunity to read previous papers to learn more about The Lavender Way, what it means, our ten-year results and why women love it, see index. Like we’ve said, in caring for over 14,000 women from all over the globe, we learned a lot. Not everything but enough to know

what works and what doesn’t. Lavender works. An example is below.

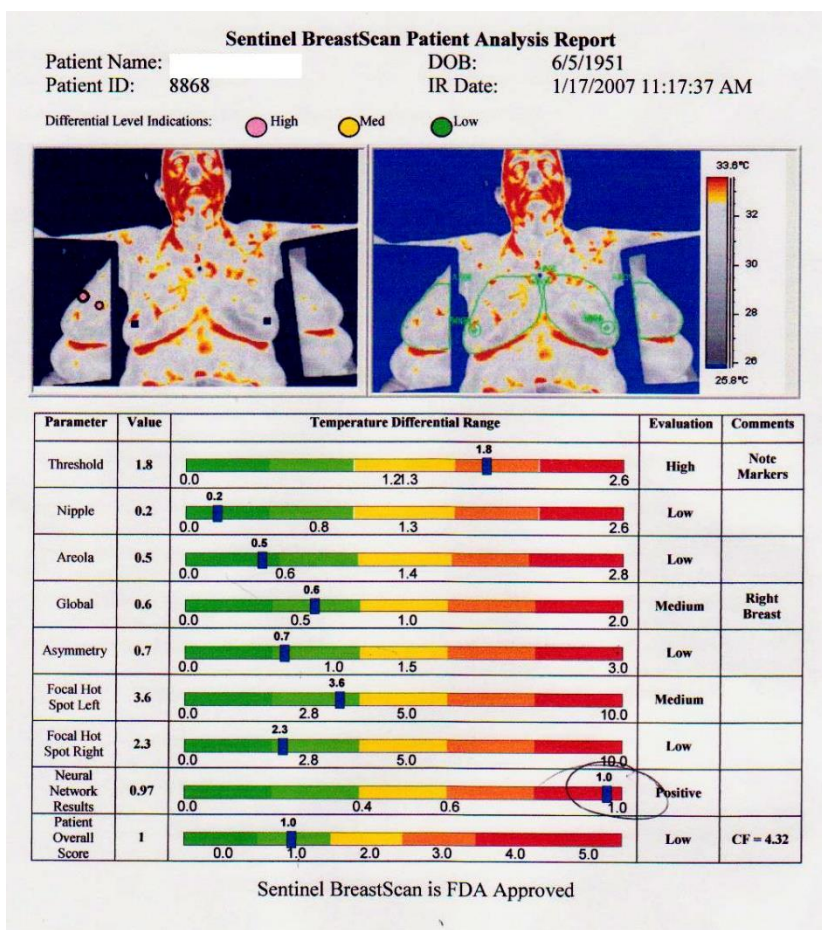
Let’s elucidate exactly how we find these nascent cancers. It works because the genetics risk test is recommended to all women upon arrival. (8) It looks at age specific SNPs (single nucleotide polymorphisms) in the DNA molecule. It is a saliva test, and the results are listed as pre-menopausal, peri-menopausal or post-menopausal. An example below is of a woman, otherwise healthy, with normal mammogram and no family history, which by common means would make her not high risk, but she was. This patient was offered Tamoxifen which reduces the risk by 50% in high-risk women.





The above patient's mother died of breast cancer at 57. The patient is 50 years of age. She went to bed every night saying, "Is tonight the night I wake up with breast cancer"? Her genetics test said clearly that she was developing trouble now in the peri-menopausal period, more so than ten years in the future.

We then imaged her twice yearly with infrared, ultrasound, physical exam by a dedicated breast surgeon, (not a GP or a radiologist). Below is her infrared report. One can see it indicates the right breast UOQ.



In the top left image, the 'pink' circle is in the upper outer quadrant of the right breast. The Neural Network (AI) is pegged at positive. This means that the algorithms run by the computer recognized this heat signature as a cancer. The Neural Network has 500 breast cancer heat signatures in it that the computer runs the patient's heat signature by and either recognizes it as a probable cancer or not. In this case, it did. Interestingly, infrared picked up the metabolic heat generated by the developing cancer three years before MRI or mammography called it. Currently, infrared cannot pinpoint the exact location of the embryonic cancer. We still must rely on traditional modalities. In any case, this cancer was the smallest one we have found at 4mm.

To recap, the genetics test tells us not only lifetime risk, but when that risk is likely to manifest within ten years of the patient's life. Then depending on such things as personal breast history, family history, and prior physical exams, we imaged at least twice yearly, at times three times, using infrared, ultrasound and a pressure sensing device that can identify tumors at 5mm. If the SAME dedicated surgeon sees the patient, it has been relatively easy to identify these nascent cancers at 5-8mm. Then the Lavender Procedure follows if that is what the patient elects after careful consideration of all the options at multiple meetings.

Lastly, in discussing the need for INDIVIDUALIZED BREAST SCREENING, there is a relative counterpart in the failure of the U.S. Preventive Services Task Force (USPSTF) on screening criteria for lung cancer. "Among 997 patients with lung cancer, only 35.1% met USPSTF screening criteria, while universal age-bases screening (40-85) detected 93.9%." Further, "Current USPSTF guidelines missed nearly two-thirds of cases, disproportionately excluding women, individuals from minoritized racial and ethnic groups," wrote Ankit Bharat, MD in JAMA Network Open. This paper was reported by Mike Bassett, Staff Writer, MedPage TODAY. November 20,2025.

This paper has pointed out two serious problems with the USPSTF current guidelines for both breast cancer and lung cancer. Again, who can turn this around so people live instead of dying needlessly? And again, the fact that there are so many papers that have been written, 3-5 million on cancer depending on who you read, a lot of women just

fall through the cracks. Sweeping recommendations that Medicare and insurance companies use to deny imaging should be cancelled and INDIVIDUALIZED imaging recommendations left to the doctor and their patients.

As a final note, ten years out we recorded two deaths, none from breast cancer. One patient who had developed Alzheimer's fell getting out of bed hitting her head (cancer free). The other who lived a great distance developed an aggressive primary lung cancer. Other than those two women, all 25 women were alive and none had any axillary metastasis. Either we guessed right on all those women regarding their axilla, or we were seeing something different unfold. Two had a local recurrence, one elected to undergo cryoablation again and is cancer free 11 years out. The other lived a great distance where doctors there didn't do cryoablation, so she underwent lumpectomy. She remains cancer free.

### Conflict of Interest Statement:

None.

### Funding Statement:

None.

### Acknowledgements:

None.

## References:

1. Sally, G. (2009) African American women still have poorer breast cancer outcomes. Journal of the American College of Surgeons.
2. Raza Azre, book "The First Cell"
3. MedStar Health Survey, October 2, 2023, Most Women Skipping Annual Mammograms
4. Bretz, P, et al, We Must Dismantle the Breast Cancer Tower of Babel Brick by Brick, Journal of Surgery Care, October 25, 2025. ISSN - 2834-5274, Volume 4 Issue 4 pages 1-12.
5. Bretz, P, et al, The Lavender Way/Procedure, How to Diagnose and Treat Early Breast Cancer Without Surgery, Chemotherapy, or Radiation a Global Solution -- 10 Year Results, Gynecology and Reproductive Health, 2024; 8 (4): 1-8
6. Stiles, Ashley, (2024) Lookbook for Lavender Breast Centers, We Must Dismantle the Breast Cancer Tower of Babel, Brick by Brick. Journal of Surgery Care, ISSN: 2834-5274, Volume 4, Issue 4, pages 1-12.
7. Gupta, A, Eisenhauer, E.A., & Booth, C.M. (2022). The Time Toxicity of Cancer Treatment, Journal of Clinical Oncology, 40 (15), 1611-1615.
8. Bretz, P., Mantik, D, Lynch, R, Lara, D, Djordjevic, B, (2025), Treating Breast Cancer with the Breast Intact and the Patient Fully Awake has a Lasting Positive Psychological Impact aka The Lavender Way - Lavender Procedure. Journal of Surgery, 13(3), 60-68.
9. Eldon R Jupe, David A Ralph, Lue Ping Zhao, et al. Age-specific Association of Steroid Hormone Pathway Gene Polymorphisms with Breast Cancer Risk. Cancer. 2007; 109: 1940-1948.
10. Bretz, P, Dreisbach, P, A Clinical Trial to Determine the Worth of Tamoxifen in the Prevention of Breast Cancer, FDA IND 34,223. (1990)
11. Abdo, J, Immunotherapy Plus Cryoablation: Potential to augmented Abscopal Effect for Advanced Cancers, Front Oncol, 2018, March 28, 8:85
12. Bassett, M, Staff Writer, MedPage Today, November 20, 2025, Current Lung Cancer Guidelines Miss Most Tumors, Study Suggests. A review of an article reported in JAMA Network Open by Ankit Bharat, MD.
13. Bretz, P et al, abstract/poster from EBCC (European Breast Cancer Conference) in Milan 2024, European Journal of Cancer 200S1, (2024) page 106.