

Docteur CHIKLI Frank

06.1.08.921.5

Coordonateur de Fédération

Praticien Hospitalier

D.E.S. Radiologie-Imagerie Médicale

D.I.U. Radiologie Interventionnelle

Ancien Interne des Hôpitaux de Nice

Ancien Résident de l'Hôpital Princesse GRACE(MONACO)

Membre de la Société Française de Radiologie

Membre du Collège de Radiologie Interventionnelle

Cannes, France; 12 November 2013

In April 2013 we were contacted by Dr. Marc BOUCHOUCHA who offered us to test a principally new cancer-detecting technology – Bioholotomography (BHT). Preliminary results obtained up to date seemed to be promising regarding the efficiency of the non-invasive and harmless technology regarding the differentiation of persons with and without malignant pathology at both – symptomatic and asymptomatic stages of cancer.

Taking into consideration the reliability and good reputation of Dr. BOUCHOUCHA, we decided to test the BHT in our department of Radiology.

It had been necessary to use critical, objective and truly scientific approach to the evaluation of new technology. Therefore, the BHT analysts were not informed about real condition or diagnosis of examinees. Neither results of anatomopathological analysis were disclosed to them. The recordings (BHT-grams) have been analyzed remotely and all communication was conducted via network. Final clinical diagnoses have been disclosed only upon reception of the BHT-results that enabled us to meet criteria of the “blind” testing of new technology.

Seven patients were examined in June - September 2013. The comparison of the results of “blindly performed” BHT with the histology-data demonstrated total coincidence of diagnoses regarding the presence/absence of malignant processes within the body.

We believe that a multicentric study on a larger cohort of patients is needed to validate this very promising technology and also to confirm the results obtained in the small study described above.

Dr. Frank CHIKLI

*Below we present an example of the male patient W., 71.*

*The person addressed our department due to the left abdominal mass discovered incidentally. The mass having the density and location typical for lymphoma had been considered malignant (results of scanner), although the BHT showed no signs of invasive, aggressive or metastatic processes within the body (see the attachment). Three samples obtained during biopsy failed to provide a definite diagnosis.*

*Anatomopathological analysis upon surgery revealed a benign cystic lymphangioma. The results of BHT, scanner and analysis of the biopsy-sample are attached along with some other “blindly” performed and subsequently confirmed BHT-data.*