

APPENDIX D

M.D. ANDERSON PROGNOSTIC SCORING SYSTEM

In addition to the anthroposophic Anamnestic Form (see appendix C), U.S. mistletoe practitioners also may utilize the M.D. Anderson (MDA) Prognostic Scoring System¹ to evaluate potential mistletoe therapy patients. The two tools are similar in that they seek to flag individuals who may have a complex or negative response to any immunotherapies, including mistletoe therapy. The MDA Prognostic Scoring System asks if patients:

- are over age 52
- have elevated LDH
- have elevated neutrophil count
- have diminished lymphocyte count
- are experiencing liver issues (metastases, fatty liver, or liver disease)
- have elevated platelets
- have a poor ECOG score (a basic measure of quality of life and ability to care for oneself)

According to MDA, patients who demonstrate three or more of these risk factors are at a greater risk of side effects and lack of treatment response to *any immunotherapy*. Similar to evaluating anamnestic factors, the patient's answers may not result in immediate contraindication. Some of these factors (elevated LDH, concerning immune cell counts, etc.) may be addressed through lifestyle and dietary choices and other therapies. However, it is imperative to address such factors before beginning VAE therapy in order to ensure an optimal response and positive patient experience.

Dr. Winters follows the same scoring system noted above but includes more functional ranges on the lab results (see appendix F). She includes *low* platelet counts (as this can be a sign of autoimmune platelet issues like ITP) and any flaring autoimmune issues in general (such as Hashimoto's or rheumatoid arthritis). She also screens for tissue involvement beyond the liver such as lung, kidney, thyroid, and GI tract. All of these are sites where immune therapies can wreak havoc when applied at the wrong time and dose.