

8/2023

Dr. Wheeler,

Sorry I been late responding to your email. Got too many irons in the fire. Thanks to you I'm able to have those "irons" in the fire. If not for you, I would be pushing up daisies about now. It's been thirteen (13) years since my HIFU procedure in London. Thank you. I owe you my life.

Charlotte and I are doing good. She busy too. She is very active in her church. Got quilting or some activity going on all the time. I'm glad she has those activities. We getting older quickly. I turned 78 years a few days ago. I'm watching lots of my friends die prematurely these days. Agent Orange or it's equivalent is getting many.

For humanity's sake, especially friends and family, I hope you can promote your patent. A few years ago I had a very heated discussion with a FBI agent about his cruelty and ignorance toward you. Thousand wonder the FBI didn't send a SWAT team to my house. I basically accused him of destroying HIFU for thousands of men due to the way the FBI was persecuting you.

I have two sons who I fear could take advantage of your expertise, but I fear the procedure is not available to them like it was for me in 2011. I fear my sons are at the mercy of butchers in the traditional sense. My sons don't have prostate disease at the moment, but they getting to the age it could happen.

I hope you great success with the Hyperbaric Oxygen treatments. Our brother-in-law who lives in Pennsylvania had those Hyberbaric treatments after a stroke, and he is doing well.

Does any urologist do MRI these days. I wonder how much the FBI and our government has abolished or degraded HIFU procedure? One Urology clinic in Birmingham who was suppose to be in the HIFU trials years ago , but did NOTHING, refuses to do HIFU. He still butchering patients with robotic surgery. Tragic to say the least.

Take care, and be safe.

Keep me posted on your progress. We truly care.

God bless,

James & Charlotte

Ronald Wheeler wrote:

Dear James and Charlotte, I am doing great and you are doing good as well! Praise the Lord! I am going to treat with Hyperbaric Oxygen (maybe) as early as September 11th, 2023. I will leave to our Lord and Savior, Christ the Lord for management of my disease (Aphasia) and advice! I am on Social Security, that is all. I am blessed with the opportunity to deal with Cancer of the Prostate with HIFU! I have the 'wear-in-all' to 'Patent' the HIFU with EEA (Enhanced Energy Application). It's called the "Double Pass"! Now the Cancer of Prostate is killed, preferentially, with Ultrasound. In effect Gleason Score of 7 (3+4, 4+3), 8 (4+4), 9 (4+5, 5+4) and 10 (5+5) will perish. This is (of course) if the Cancer is organ confined! 3.T MRI is particularly important if the patient has not been biopsied prior. The FDA recommends the biopsy is between the patient and the physician ... period!! My book called "Intentional Deceit" will solve this problem ...convincingly! At UCSF, Rectal Wall Recurrence of Prostate Adenocarcinoma, was viewed by Physicians: Koppie, Grady, Shinohara, Moul, Haddad and Bastacky. Patients' must know the truth. R.E. Wheeler, M.D.

LinkedIN.com.

Sent from my iPhone

On Aug 16, 2023, at 4:41 PM, brjmail <brjmail@huttocamp.com> wrote:

Dr. Wheeler,

Was good to hear from you today. I apologize I can't hear very well these days. I understand you are going for hyperbaric oxygen therapy. I sincerely hope and pray the treatment will work out for you. I have a brother-in-law who had those treatments for a stroke, and the therapy was good for him.

Since I can't hear well, I thought email would be the best communication method.

Charlotte & I are doing well. Just got back from Pennsylvania visiting with her family in Waynesboro, Pa.

We are getting older, but in reasonably good health so far. We are both retired, and enjoying our first great-granddaughters. Hope you and your family are doing well. Are you still with your lady friend you told me about? If so, I know she is a great help for you and companionship.

My HIFU procedure in London, England was going on 12 years ago in October 2011. My PSA is hovering around 1.5, with no adverse problems connected with prostate issues.

I am really blessed to know you, and blessed that your expert knowledge with HIFU saved my life, and gave me a quality of life even better than before HIFU.

I hope you can take advantage of your HIFU patent. Are you working with any doctors using your patent?

In reply, please tell me some of the things we discussed over the phone today, as I may not have heard or understand all we talked about.

Take care for now.

God bless,
James & Charlotte Blackston
Birmingham, Alabama

Dr. Wheeler,

Now for today's real shocker. On our local evening ABC 33/40 news the talking head did a blurb on Prostate Cancer. The usual standard bull was mentioned, but the talking head said in the end something so strange and out of place, I almost fainted. He said, "Prostate cancer can be tested with a simple blood test, and confirmed with a MRI or biopsy. I couldn't believe what I was hearing that, so many doctors and scientist finally agreeing on the possibility of MRI's detecting prostate cancer. I heard that first from Dr. Wheeler. I wonder if Dr. Wheeler will get the credit for promoting that discovery?

Take care,
James

June 15, 2013

J. Patrick Dilworth, M.D.
725 Glenwood Drive
Suite E 780
Chattanooga, Tennessee 37404

Re: Kenneth [REDACTED]
DOB: 10/07/1955

Dear Pat,

I am writing to bring you up to date on your patient Kenneth [REDACTED]. His wife Julie saw me on October 15th, 2012. At this time, Ken and Julie were seeking a second opinion regarding concerns for a rising PSA in the face of two negative biopsies! The PSA was noted to be 5.2 ng/ml in August, 2012. The digital exam of the prostate noted mild textural changes on the left side but non-diagnostic for prostate cancer. The remainder of the gland was non-descript. On Ultrasound the prostate measured: Height = 26 mm, Width = 46 mm, Length = 42 mm with a total size of 26 cubic centimeters. The predicted PSA in normalcy for this sized gland is calculated to be 2.08 ng/ml, making the present PSA suspicious. Given that the previously performed prostate biopsies were negative, a 3.0 Tesla MRI – Spectroscopy scan was scheduled at Partners in Imaging and performed. I have enclosed information on Partners in Imaging for your review and reference. The scan noted bilateral lesions in the peripheral zones (reference the report included) with the index lesion noted on the left side of the prostate. This lesion is noted at the apex extending to the mid prostate. Using a PIRAD scoring system (comparable to a Gleason Grade), a PIRAD of 4/5 was noted on the left side while a smaller lesion was noted in the mid prostate on the right (again in the peripheral zone). No anterior cancers were found. Most striking with the lesion on the left side is the T2W image, the DCE (Dynamic Contrast Enhancement = Perfusion) sequence and the DWI (Diffusion image). In summation the lesions bilaterally satisfy criteria suggesting a Gleason Score of ≤ 7 . In the face of a progressively rising PSA with or without velocity change, the suggestion is made to sample the prostate in the apico-mid prostate primarily on the left side. **It is noteworthy that the dominant lesion in question is close to the apex and easily missed on routine biopsies.** Dr. Richard Goldberg's report corroborates the comments I have made above and a disk is present to validate the findings.

In this case I am a bit concerned that the patient is under the care of an integrative physician who may or may not understand the findings expressed above. Caution is expressed regarding the use of DHEA a substance intended to augment Testosterone production in a patient who could be hypogonadal! While my best recommendation for treatment would be High Intensity Focused Ultrasound (HIFU), the patient may do well with any reasonable therapy once the diagnosis of prostate cancer has been embraced and/or established with a targeted biopsy. Please feel free to give me a call at any time related to this patient or any other patient you may be concerned about relative to interest in either an MRI scan or HIFU therapy.

Sincerely,

Ronald E. Wheeler, M.D.
Medical Director of the Diagnostic Center for Disease

February 13, 2016

Reference: James Wares, DOB: 10/06/1943

To the Court through Mathew Maysper, Esquire regarding James Wares:

James Wares is a patient of mine whom I have known since 12/13/2012. Mr. Wares has a unique personality as a "funny guy" but has never shown a consistent pattern of negative behavior 'outside of the normal' for any patient including a prostate cancer patient. He was diagnosed with prostate cancer January 9, 2013 with a PIRADS 5/5 score using a 3.0 T MP-MRI scan. He received High Intensity Focused Ultrasound (HIFU) for the cancer outside of the USA (in Cancun, Mexico) due to the fact the procedure had not yet become FDA approved. His procedure was performed under general endotracheal intubation without incident February 23, 2013 at Amerimed Hospital in Cancun, Mexico.

He is now almost 3 years status post treatment with an excellent PSA noted at ≤ 0.1 ng/ml consistent with a cure. Prior to the procedure as well as after the procedure, the patient has never had any alarming incidents suggesting mental illness to me or my staff or noted with other physicians who may have seen him periodically in the last few years.

I last saw him the last week of January 2016 when Jimmy and I went to Chianti's for dinner. He drove his car with me as his passenger after I met him at Camelot East (his residence). Other than "Jimmy being Jimmy", his affect was no different than any other patient I would meet in similar circumstance. We went to Chianti's restaurant on Clark road and had a great conversation discussing many topics. He was totally lucid and appropriate all evening. Later that evening I accompanied him back to his residence and received a history lesson on how and where he grew up and the usual difficulties people can have interrupting an education with his commitment to the Military. He is a very proud man while understanding the world is not perfect. I stayed several hours with him as he showed me some of the things that needed to be fixed at his residence. He indicated he would do the necessary changes to make it a better place to live.

I also met him at the Acute Care Psychiatric Ward at SMH Bayside Facility. At the center, I met with a man who seemed bewildered by the system without certainty of why he was really at the facility. I did not get the sense he was in denial as much as confused by a system in place to protect his rights. Clearly, he is a man who does not believe he belongs at the facility and truly wants to live on his own. When I see reports that speak to agitation and uncooperative, we would all be agitated and less than cooperative in similar circumstance and environment. I believe he was combative because he was released from Punta Gorda, Florida (a free man) and now incarcerated without any additional information.

He shows no signs of not taking care of himself and has been a diabetic for years. I think it is very possible he was put on medications without adequate explanation along his journey in life. I do not see Jimmy as a man with a poor prognosis but rather a man where the system possibly failed him. Therefore, he deserves another chance ... a real chance!

There are two sides to every story but locking him away does not seem to be the obvious correct choice to me. As one of his physicians, I would like to see a Forensic Psychiatrist or Psychologist evaluate him from outside of Sarasota. As I am not a Psychiatrist, I may not know the specifics attached to his disease but I do not see a depressed and saddened man in Jimmy. If dementia is the primary disease being targeted, I am not so sure an MRI is the valid tool to judge the presence or absence of the disease. I believe in my heart that Jimmy can be rehabilitated to live a more normal life while on medications deemed appropriate by his caregivers. With that noted, a better solution should be sought other than sending him off to incarceration without privilege.

Remember, this man is from Brooklyn, NY and did not grow up with the same education as those evaluating him. I believe freedom should remain his and the primary objective of any professional committee member evaluating him at the present time. In this situation, I honestly believe there is more to this case, than meets the eye. We are dealing with a human being here not some rabid animal. Therefore, this case should be reviewed carefully by all involved and Jimmy must be capable of being held accountable as every attempt must be to avoid a rush to judgment. Thank you!

Sincerely,

Ronald E. Wheeler, M.D.
Medical Director of the Diagnostic Center for Disease and High Intensity Focused Ultrasound

Dear J.J., For starters, I am incredibly saddened by your injury and hopeful for complete recovery. The Houston Texans are a fun team to root for and you are an incredible athlete. I am a prostate doctor who has not worked for more than 10 months as it is alleged by the State of Florida's Administrative Court that I told four men they had a high probability of having prostate cancer. **To be accused of doing this makes this a Witch Hunt.** All 4 men came to see me for a "Second Opinion" with no desire to have another biopsy but rather were seeking an alternative to a traditional biopsy or repeat biopsy when presenting with a rising PSA blood test report. All men were sent for an imaging scan (otherwise known as a 3.0T Multi-parametric MRI scan) as part of my "second opinion". All 4 men had heard from me that a biopsy procedure has a false negative rate of upwards of 50-60% while the scan I ordered had a 95-100% chance of proving the presence of cancer. Despite seeking me out to get this scan and seek my advice, they were told by their doctors back home to make a complaint if they did not like the opinion that I presented to them. On appeal, my Attorney Steve Slepkin, has stated I have done nothing wrong and the patients received exactly what they came to me for in a "second opinion". Patient choice regarding the use of invasive diagnostic testing or treatments that can result in hospitalizations (7% according to Johns Hopkins research) or even death must sign a totally inclusive consent prior to definitive testing or treatment (invasive or not). I have never had a lawsuit filed against me.

In a separate issue, I was the only doctor who would agree to treat two honored Veterans of the Armed Services who chose not to do a biopsy to evaluate for prostate cancer. Both men had a rising PSA level and a radiologic score from the MRI Scan equivalent to a Gleason Score (a biopsy sample) consistent with a significant likelihood prostate cancer was present. In one of the individuals, his PSA score was over 3,000 ng/ml. Bone metastases represented cancer to be present to any skilled doctor. Regardless of the circumstances, both of these brave men were entitled to much better, albeit denied a choice in what would take place. In other words, the modus operandi of the doctors was "my way or the highway". The two patients were even denied care by the private sector except for me. For minimally this reason, I must remain relevant as our Veterans who had served without an expectation of bias in how they are treated from a health care point of view deserve the best. They had served unconditionally and should be treated similarly when there is a necessity for healthcare. While I am forced to sit idle while I await an Appellate Court ruling, no one should have to defend his/her license for telling a patient the probability of cancer being present. The State of Florida must not decide against "second opinions" as the world of medicine will come to a screeching halt without such opinions. The intended action of the State of Florida is minimally egregious but as my Appellate Attorney, Steve Slepkin states "the State's action to revoke my license is unconscionable" as there has been no harm done. While I hopeful I can get assistance somehow in the short term, the Veterans and the populace-at-large must never have to make a decision based on a "my way or the highway" proviso. I would be happy to provide additional data or research to validate all that I have written. I really do not know if "Go Fund Me" will help, but if people don't have a choice in health care, assembly line medical care cannot be far behind. Please get back to me so I can answer any questions. Sincerely, Dr. Ron W... (prostadoc@gmail.com)