

Proof of Concept in Humans

Investigating Oils With respect to
Arterial flexibility (photoplethysmography)

IOWA Study Results

Remarkable experimental results of arterial
compliance improvement with PEO formulation

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Long-term Results

IOWA: Investigating Oils With respect to Arterial flexibility Significant differences in biological age compared with physical age

Brian Peskin, BSEE: Founder Life-Systems Engineering Science
with David Sim, M.D., Interventional Cardiologist

Long-term Results in Subjects using PEO Formulation

Significant differences ($p < 0.0015$) with an experimental error of the mean ± 5 years. Subjects' cardiovascular biological age (average of) **8.8 years lower than their actual physical age.**

Long-term (48-month maximum) PEO use

The effects of long-term PEO supplementation were evaluated in 34 subjects with a daily dosage of 2,900 mg PEO formulation. The subgroups were as follows: 12 male subjects and 22 female subjects aged 35-75, with a median age of 62 years, utilizing the formulation a minimum of 3 months to a maximum of 48 months. The median duration usage was 24 months with half of the subjects using the PEO formulation less than 2 years and the remaining half utilizing the formulation over 2 years but less than 4 years. Vascular assessment was made via photoplethysmography measuring arterial flexibility.

Overall Improvement = 73% Effectiveness—Highly Significant

Twenty-five of the 34 subjects in the trial improved. **This corresponds to a 73% effectiveness rating.** The average improvement in arterial flexibility was 9 years improvement meaning the average subject taking the PEO formulation had a cardiovascular system with the arterial flexibility of a subject representative of nearly a decade younger.

The best subject measured 39 years less (improvement) than his physical age waveforms would suggest. Of the 34 subjects, there was only 1 subject who worsened.

NNT Effectiveness = 1.4—A “Remarkable” Result

The number needed to treat (NNT) is calculated as follows: 34 subjects / 25 improved subjects = **1.4**.

NNT quantifies how many patients have to be treated to obtain one successful outcome. An NNT of less than 50 is considered effective in the pharmaceutical industry.

Comparison with Statins

As a comparative example, statins, as reported by the pharmaceutical industry, have NNTs > 80 in preventing a cardiovascular event.

This means a minimum of 80 patients would need to be treated to see a single positive outcome when statins are used.

In contrast, the PEOs improve a much more direct physiologic measure, i.e., arterial flexibility, in a profound way resulting in a **remarkable 1.4 NNT**.

Statistics (Highly Significant)—99.8% Accuracy

Long Term Results—No Baseline

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Significant differences in biological age compared with physical age

Brian Peskin, BSEE: Founder: Life-Systems Engineering Science with David Sim, M.D., Interventional Cardiologist

(Based on 34 patients using the PEO formulation over 3 months - 48 months)

Age: 35-75	Median age: 62	22 females, 12 males
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Paired t-test. Median: 24 months PEO formulation use / Maximum: 48 months PEO formulation use

Significant differences ($p < 0.0015$) with an experimental error of the mean ± 5 years.

Subjects' **biological age being (average of) 8.8 years lower than their actual physical age.**

Note: This experiment has a 99.85% accuracy—30 times more accurate than the 5% standard error used in most clinical trials. Therefore, this result is *not* due to possible error and is *highly* significant with patient CV health 8.8 years better than physical age predicts.

Analysis by Alex Kiss, Ph.D. (statistics) — January 21, 2010
Analysis Variable : agediff

N	Minimum	Maximum	Mean	Std Dev	Pr > t
34	-39.00	22.00	-8.82	14.84	0.0015

Short-term Results

IOWA: Investigating Oils With respect to Arterial flexibility Significant differences in biological age compared with physical age

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Short-term Improvement in Subjects using PEO Formulation

Significant differences ($p < 0.0099$) with an experimental error of the mean ± 5 years. Subjects' cardiovascular biological age (average of) **7.2 years lower than their actual physical age.**

Short-term (3-month) PEO use

The effects of short-term PEO supplementation were evaluated in 16 subjects with a daily dosage of 2,900 mg PEO formulation. The subgroups were as follows: 7 male subjects and 9 female subjects aged 46-84, with a *median age of 62 years*, taking the formulation a median of 2.5 months (half of the subjects with less duration and half of the subjects with more duration) and mean average of 3 month's usage. Minimum PEO formulation usage was 1 month and the maximum subject usage was 8 months. Vascular assessment was made via photoplethysmography measuring arterial flexibility.

Overall Short-term Improvement = 43% Effectiveness—Highly Significant

Seven of the 16 subjects in the trial improved. **This corresponds to a 43% effectiveness rating over a very short period of time.** The average improvement in arterial flexibility was 7.2 years improvement meaning the average subject utilizing the PEO formulation had a cardiovascular system with the arterial flexibility of a younger subject.

NNT Effectiveness = 2.3—A “Remarkable” Result

The number needed to treat (NNT) is calculated as follows: 16 subjects / 7 improved subjects = **2.3**, an outstanding result for such a short period of time.

Statistics (Highly Significant)—99% Accuracy

Short-Term Results—With Baseline

IOWA: Investigating Oils With respect to Arterial flexibility

Significant differences in biological age compared with physical age (short-term)

Brian Peskin, BSEE: Founder: Life-Systems Engineering Science with David Sim, M.D., Interventional Cardiologist

(Based on 16 patients using the PEO formulation 1 month - 8 months)

Age: 46-84	Median age: 64	9 females, 7 males
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Paired t-test. Median: 2.5 months PEO formulation use / Mean: 3 months PEO formulation use

Significant differences ($p < 0.0099$) with an experimental error of the mean ± 5 years.
Subjects' **biological age being (average of) 7.2 years lower than their actual physical age.**

Note: This experiment has a 99.00% accuracy—5 times more accurate than the 5% standard error used in most clinical trials. Therefore, this result is *not* due to possible error and is significant with patient CV health 7.2 years better than physical age predicts.

Analysis by Alex Kiss, Ph.D. (statistics) — March 26, 2010
Analysis Variable : agediff

N	Mean	Std Dev	Pr > t
16	-7.24	10.19	0.0099

PEOs versus Fish Oil

IOWA: Investigating Oils With respect to Arterial flexibility Significant differences in biological age compared with physical age

Brian Peskin, BSEE: Founder Life-Systems Engineering Science
with David Sim, M.D., Interventional Cardiologist

Subjects discontinued fish oil supplementation, replacing it with PEO Formulation

Significant differences ($p < 0.0001$) with an experimental error of the mean ± 5 years. Subjects' cardiovascular biological age (average of) **11.1 years lower than their actual physical age.**

PEOs versus fish oil

The effects of the PEOs were evaluated in subjects who ceased fish oil supplementation, replacing it with a daily dosage of 2,900 mg PEO formulation. The effects of the PEO formulation were measured in 15 subjects: 7 male subjects and 8 female subjects aged 46-74, with a mean age of 60 years, utilizing the formulation an average duration of 3.5 months. Vascular assessment was made via photoplethysmography measuring arterial flexibility.

Overall Improvement

Thirteen of the 15 subjects improved with the PEOs for an **87% effectiveness** rating and an **NNT = 1.2 (15/13)**. **Improvement was 11.1 years** as measured by standard population samples.

On average, the PEO formulation quickly improved the cardiovascular system's arterial flexibility by over 11 years (younger) in the subjects. Thirteen subjects improved; 1 subject remained the same, 2 subjects worsened by 1 year. Results were highly statistically significant (**$p = 0.0001$**) – **99.99% accuracy**.

Subjects with “high cholesterol”

Of the 7 subjects previously diagnosed with high cholesterol levels who replaced fish oil supplements with the PEO formulation, 6 subjects improved their cardiovascular biological ages. This translates to an **NNT = 1.2** for improvement in cardiovascular system compliance in subjects with high cholesterol manifestations of heart disease.

Subject with both diabetes and “high cholesterol”

One subject who had both diabetes and high cholesterol diagnosis also improved.

Comparison to Statins

As a comparative example, statins, as reported by the pharmaceutical industry, have NNTs > 80 in preventing a cardiovascular event.

This means a minimum of 80 patients would need to be treated to see a single positive outcome.

In contrast, the PEOs improve a much more direct physiologic measure, i.e., arterial flexibility, in a profound way, resulting in a **remarkable 1.2 NNT**.

Statin user improvements

Two patients are taking statins, and both subjects improved their biological age by 20 years for an **NNT = 1 in those patients taking statins**. NNTs of less than 50 are considered excellent. Even with the small number of subjects in this subgroup taken into account, the results of this trial are exceptional and not due to chance.

These results clearly show that the PEO formulation is superior to fish oil supplements in preventing and reversing cardiovascular disease. In fact, as this experiment definitely shows, fish oil WORSENS arterial compliance because the improvement is greater with fish oil taken than nothing!

After fish oil is stopped and then PEOs are taken, there is greater improvement than the improvement in subjects who never took fish oils.

Statistics (Highly Significant)—99.99% Accuracy

Analysis by Alex Kiss, Ph.D. (statistics)—August 20, 2010

<p>Mean of BIO_AGE_W_FO variable</p> <p style="text-align: center;">Analysis Variable: BIO_AGE_W_FO</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Mean</td> <td style="text-align: center;">Std Dev</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">49.20</td> <td style="text-align: center;">11.33</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Mean	Std Dev			49.20	11.33			<p>Mean of BIO_AGE_PEO variable</p> <p style="text-align: center;">Analysis Variable: BIO_AGE_PEO</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Mean</td> <td style="text-align: center;">Std Dev</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">38.07</td> <td style="text-align: center;">8.12</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	Mean	Std Dev			38.07	8.12		
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Paired t-test run: mean change (FO - PEO) was found to be 11.1 (sd=8.4).
This was statistically significant (p=0.0001)

Analysis Variable: diff

Mean	Std Dev	t value	Pr > t
11.13	8.37	5.15	0.0001

Plethysmography and Pulse Wave Velocity Research—as used in IOWA Screening Experiment

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Photoplethysmography Overview

Photoplethysmography (PPG) is a simple and low-cost optical technique that can be used to detect blood volume changes in the microvascular bed of tissue. It is often used non-invasively to make measurements at the skin surface. The PPG waveform comprises a pulsatile ('AC') physiological waveform attributed to cardiac synchronous changes in the blood volume with each heart beat, and is superimposed on a slowly varying ('DC') baseline with various lower frequency components attributed to respiration, sympathetic nervous system activity and thermoregulation. It is generally accepted that a PPG can provide valuable information about the cardiovascular system. There has been a resurgence of interest in the technique in recent years, driven by the demand for low cost, simple and portable technology for the primary care and community based clinical settings, the wide availability of low cost and small semi-conductor components, and the advancement of computer-based pulse wave analysis techniques. The technology has been used in a wide range of commercially available medical devices for measuring oxygen saturation, blood pressure and cardiac output, assessing autonomic function, and also detecting peripheral vascular disease.