

## Field Report: 16 Months and Counting



### Patient KTL | AAS BioGen Vitality | April 2026

Patient KTL. Stage 4B lung cancer. Recurrence detected August 2024 after 15 disease-free years. Standard Western prognosis at that point: 6 to 12 months median survival [4]. Most of that time sedated, bed-bound, and managed for comfort rather than living.

She has been with our integrative medicine team at AAS DECA in Hanoi for more than 6 months now. It is April 2026 and KTL is at home.

She is not in a hospital nor is she in hospice. She is following a holistic diet plan that includes structured fasting periods, continuing her prescribed AAS DECA medicines (54 capsules daily, timed across three intervals for circadian optimization), and managing her own care with the support of her family. She walks. She eats. She remains cognitively present for the people who love her.

At 16 months post-recurrence, she has exceeded the statistical survival curve by nearly double the median [4]. But the number is not the story. The story is what those 16 months look like from the inside.

### What We Actually Measure

In conventional oncology the primary question is: did the tumor shrink? At AAS we ask a different question: is the patient living and can she live with vitality?

We use what we call Velocity-Based Prognosis. Instead of treating a single lab result as a verdict, we track the speed at which disease is moving and how our protocols are braking that speed. KTL's CEA markers remain elevated and a standard oncologist would read that as treatment failure. We read it alongside her functional capacity: ambulatory, cognitively intact, managing a complex daily regimen independently, recovering from hemoptysis in five days through Dr. Thuy's herbal adjustments, with resilience her lab numbers alone do not predict.

Her liver function tells a story that surprises skeptics. Albumin at 42 g/L is normal. For a patient with a BMI of 14.7 and Stage 4B disease burden, normal albumin means her body is still synthesizing protein, still metabolizing nutrients, still fighting. Dr. Thuy's integrative protocol (balanced vegetarian diet, Spirulina supplementation, liver restoration medicines, IV vitamin and proprietary formulation infusions) has preserved lean muscle mass despite severe weight loss. She lost fat. Her vital organs have kept functioning. That distinction matters.

## **Affordability**

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When we discuss affordability in healthcare the conversation usually stops at treatment costs. AAS DECA's integrative protocols run \$2,000 to \$3,000 per month compared to \$17,000 to \$27,000 per month for targeted therapies alone in conventional US oncology for metastatic NSCLC [5]. That ratio, 85 to 90 percent less, is real and documented. But it is not the full picture.

The cost that destabilizes families is not the hospital bill. It is everything around it. In standard Western palliative care a Stage 4B patient on morphine requires 24-hour supervision, and cognitive impairment means someone must always be present. That someone is usually a spouse, a daughter, a son who leaves their job or reduces hours. The financial cost of lost income. The emotional cost of watching a loved one disappear into sedation. The physical toll of caregiving without respite. Insurance does not cover any of this [6].

KTL is at home, following her own protocol, cognitively clear, participating in her own care decisions. Her family is present but not consumed. They are supporting her and that is a fundamentally different cost structure, not just in dollars but in the social and emotional capital that a family either preserves or burns through during a terminal diagnosis. This is what we mean by social vitality in the context of healthcare. It is not a soft concept. It is the measurable capacity of a patient and their family to maintain function, connection, and dignity through serious illness without collapsing the household around the diagnosis.

## **Where the Spokes Connect**

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KTL's case is clinical evidence for AAS BioGen Vitality, and it is also a proof point for what we are building on the US side through AAS Health Solutions, our forthcoming all-inclusive concierge biohealth program for US-based individuals and families. The model includes annual diagnostic retreats in Hanoi, year-round telehealth with Dr. Thuy and her US-VN medical colleagues, customized bio-cellular and bio-healing protocols, and a medicine allowance covering proprietary Vietnamese formulations not available through US suppliers.

The bridge between AAS DECA in Hanoi and a future AAS Health Solutions entity in the US is not hypothetical. It is the same physicians, the same protocols, the same documentation methodology operating across borders through the US-IBDC infrastructure in development for eight years. Dr. Thuy works through AAS DECA and collaborates with the BioGen US-VN team that provides Western diagnostic validation within the BioGen collective, with future BioGen Centers expanding this capacity beyond a single clinic. The architecture is designed so a US-based family can access Vietnamese integrative medicine with the rigor, documentation, and accountability they would expect from a US institution and at a cost structure they can actually sustain.

The anxiety surrounding serious illness does not stay with the patient. Family members carry stress that manifests as gut dysfunction, sleep disruption, immune suppression, and cognitive fatigue [6]. These are predictable, measurable health consequences that integrative protocols can address, and the same metabolic correction, dietary optimization, and stress management frameworks supporting KTL's treatment can be adapted for the people around her. Brain fatigue and gut fatigue in caregivers are part of the same ecosystem of illness. This is where Social Vitality meets BioGen Vitality and where the cost argument becomes about far more than the treatment bill.

## What Comes Next

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KTL's story is not finished. We will continue documenting her trajectory monthly: functional biohealth status, crisis management, organ preservation, and the lived experience of meaningful survival beyond statistical prediction. Future articles under AAS BioGen Vitality will document additional patients across chronic liver disease, metabolic dysfunction, and pre-diabetes reversal where the evidence is objective, reproducible, and directly relevant to the US executive and professional audience AAS Health Solutions is designed to serve. Stay tuned.

*This article is written with real data from a documented case at AAS DECA, Hanoi, Vietnam. Content is for informational purposes only and does not constitute medical advice. For clinical inquiries, visit [usibdc.com/aas-deca](https://usibdc.com/aas-deca).*

## SOURCES CITED

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