



This is KNPR. I'm Dave Burns. Dr Alan Mintz received his M.D. degree from the University of Illinois in 1963, served as a physician with the US Navy, did his post graduate training in radiology, earned his Board Certification in Diagnostic Radiology, therapeutic Radiology, and Nuclear Medicine, chaired radiology departments in several Chicago area hospitals before helping to found and run a large radiology company. Now, Dr. Alan Mintz lives in Las Vegas where he's Chief Medical Officer and CEO of Cenegenics®, a medical Age Management practice based here with clinics in other parts of the world.

Dr. Mintz, it's great to have you in the studio.

Well, it's an honor and a pleasure to be here, Dave.

So, you sat down and I looked at you and I thought "I know this guy." I put two and two together- the gym at 4:00 in the morning.

The gym at 4:00 in the morning, that's my time, Dave. It's the only time I can count on, so probably the last 30 years, I've been getting up early and working out before I go to work.

How often to you workout?

I aim for seven days a week because it's never happens. Between travel and other commitments and late nights out on the weekend, it probably ends up being five.

Seven days a week and you're 68 years old, and I can testify that somebody who's seem you in the gym that you're a big guy, you're a solid guy, you're a strong guy, you do not look like, you don't have the body of a guy who is 68 years old, and that really gets the concept of Cenegenics® and what you're trying to get at here, almost fighting aging. Isn't that essentially it?

Well, yes and no, Dave. The honest answer is we really can't affect aging, if you will, at the cellular level. It's like mental fatigue. We haven't mastered the art of slowing the down the aging process for the cell. We can, however, affect quality of life issues. As we age, we lose certain hormonal and metabolic factors. Our bodies aren't just making enough anymore, and it starts at age 30, about 2% -3% a year for men and women. Menopausally for women, and then in the late 30's and early 40's increases to 5% - 8% a year. For men, it continues to decline at 3% or so each year, so when you multiply that by 10, it's 30% a decade. That's a major lose of important integrative systems in our bodies are hormones, so the goal is simply a healthy range, Dave. The upper-end of the normal range, adjusted for age, so whenever one looks at my blood work or our patient's, it's normal, just normal at the upper end.

The idea, and I remember the author/runner, Jim Fix, he died in the mid 70's, and of course he was one of the guys who is responsible for the running craze.

I remember that.

He wrote the book *Running* I believe, and he died in his early 50's. He may have had a heart attack, if I recall.

That's correct.

And there were people that sadly joked about, here was this guy who would run all the time, and he died at about 50 or 52 while he was running of a heart attack, and yet I imagine that you and other people that work out regularly would say "Alright, maybe I'm not going to live to be 100," but as you said, it's about the quality of life. It's how my body moves. It's how I reside within my body while I'm alive that's key.

It's not only, and I appreciate the kind words of about body composition, but even more importantly, Dave, my brain is working, and if we look at what we truly treasure as life goes on, it's nice to look good and there's of course a major health issue with not being fat, but way beyond that, keep our brain functioning at a high level so we know who our children are, we can be productive. That's really more important, and you know it's nice to have a decent sex life, you know. I'm not 25 anymore. I don't mind that. I love being a grandfather. Number 10 by the way is coming up in two weeks.

Congratulations.

Thank you. But for me, the ability, if you will, to control my life to have the energy and the mental and physical capability to continue to fulfill my dreams and most of our patients come to us with the same goals. It's not able living forever. It's not a fountain of youth, being internally a 25-year old. It's really about 'I want to live my life to the fullest possible extent to be able to be productive, be energetic and be an asset to myself and my family.

Well, again, you're Chief Medical Officer, CEO of Cenegenics®. It's spelled, in case anyone's wondering, Cenegenics. It's what's called the leading edge of the next wave of medicine. The genesis of age management that preserves health, vitality, as long as a person lives so they live well longer. Now I'm sure there are people listening that are thinking 'Oh gees, this is the next big thing. This is somebody trying to sell people and get them to spend a lot of money for that fountain of youth.' I'm sure you hear that from people?

We do. First of all, it's not a fountain of youth. We've never discovered that. I'm not even sure it's a good idea, Dave. The lifecycle has its value in that you need to make room for the next generation, and I'm a big proponent of that. The goal is that whatever that life is allotted to us,

whether it's 75 years, hopefully it's 95 maybe 100. Let them be productive years rather than sad years at the end. What geriatrics has done, by their own admission, is extended the period of time that we die. Instead of a quick death, we now linger and linger and linger in nursing homes with issues and conditions that we don't wish to have, and yet we have extended the period in which we die, not extending the period of quality of life. What we're really about, if you will, is helping people understand that they have an opportunity to take control and change, if they wish, the direction of the future of their health. This is proactive preventive medicine. Let's take away all the hyperbole about fountain of youth, living forever, eternally beautiful, and the sexual prowess of a 25-year olds' fantasies. But what is real is that we can age in a way where we become 'Well tomorrows better than today', with an optimism that we have a chance to be more than we are and not see it as a downhill slide over which we have no control.

You use the word 'control' and I think as we all get older, one of the things that a lot of people feel is less control over their bodies, things that seem to come naturally, whatever the function, they do feel like they're losing control. In a sense, is that part of what Cenegenics® is about?

Absolutely. We can dream, but if we don't have the energy. Energy is probably the core issue, Dave, because without energy, you can dream, even if your brain is working, you can't do anything. You need to have energy. One of our older patients, who is now 98, you would know his name so I'm not going to mention it, it's not important. He came to us when we first opened, which is now going on 9 years ago, and his major issue was energy. His brain was working, he wanted to write a book, he had all kinds of thoughts of how he wanted to live his life and he didn't have enough strength to get out of bed in the morning, let alone get dressed and function. He called me about 3 or 4 months after becoming a patient and said "Alan, my life is so different." This is 3 or 4 months, Dave. He said "I'm walking five miles a day, I'm writing my book, and I'm going out with a 70-year old woman tonight. I'm going out on a date" Talk about gratification, Dave. To be able to help people to just lead a better life, nothing fancy. Why do we have to wait for bad things to happen? Think about your car. You take it in the gas station, it's down a quart of oil, you don't even think twice, you put a quart of oil in. You don't wait until the red light goes on. With our bodies, we wait until the red light goes on. Literally wait for the red light to goes on.

Again, if you're just joining us, we're speaking with Dr. Alan Mintz. He is Chief Medical Officer, CEO of Cenegenics. It's a company that was founded in 1996. It's headquartered in Summerlin. So for somebody who is saying "Alright, just bottom line, the concept of Cenegenics®, what does it mean and if I were to go into one of your clinics around the country and sign up, what am I doing? What do you do for me?"

First and foremost, a very comprehensive evaluation. Looking in areas that medicine generally doesn't look at, because we don't have a healthcare system, Dave. We have to face reality. We have a disease-based care system where insurance companies essentially pay when something is wrong with you.

They're dealing on the back end instead of the front.

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On the back end, not on the front end. We'd like to move upstream, just like we do with our cars, preventive maintenance, and look at the traditional medical markers, Dave, when they begin to indicate a problem may be present and deal with it early on before there is a clinical picture of disease or illness or failure. We are going to get older, but we have control. Even geneticists will say that sixty percent of what happens, sixty, 60%, of what happens to us is environmentally determined. Now we can't always control the air and the water and issues like that, but look at what's happened with obesity in the past 30 years. This is our own lifestyle. The consequences are Diabetes Type 2, increasing blood pressure. This generation may not live as long as the past generation, because of obesity.

It's troubling for a lot of people in this country when they look at the quality of healthcare and they realize that the younger generation may not live as long as their parents and grandparents.

Well think about the healthcare system. Eight minutes with your doctor? We spend eight hours. I don't know how, and I'm a reasonably bright guy, Dave. I don't know how to say hello to somebody in eight minutes, let alone figure out what's going on with them, let alone counsel them, let alone understand what their issues and goals really are, and digest the information that can be obtained. So the comprehensive evaluation is the opening foyer, if you will, into understanding you, understanding me, understanding our patients.

I don't want to feel like, I don't want listeners to feel like we're doing a sales pitch for Cenegenics®. I don't want people to feel like we're doing an infomercial here, but what we're trying to get is an understanding of a company, of a business that 60 Minutes recently reported on in late April, that GQ magazine has featured. It's based out of Summerlin. You have a network of more than 100 affiliated doctors in the US. You have joint ventures in Tokyo, Seoul, and Hong Kong. We're trying to understand what this is about. Why 60 Minutes cared about Cenegenics®? Why GQ magazine cared about it? Just ahead, we're going to talk more with Dr. Alan Mintz about Cenegenics®, about the cost, about how it operates, what it means for individuals, and I also want to talk with you about the former Governor, Dick Lam, of Colorado, who said that ultimately people have a responsibility to die, and I want to talk to you about what that means for our culture as well. Again, we're talking with Dr. Alan Mintz, Chief Medical Officer, CEO of Cenegenics®. I'm Dave Burns and this is KNPR State of Nevada.

This is KNPR State of Nevada. I'm Dave Burns. Again, we're speaking with Dr. Alan Mintz, the Chief Medical Officer, CEO of Cenegenics®, a medical age management organization based in Las Vegas. As I said, it sounds like very new age, but what he's getting at here, what Dr. Mintz is getting at, is this concept of taking care of your health on the front end rather than the back end. This is expensive for many people. You're talking about a \$2,390 annual fee under your Executive Health Program, \$1,195 semi-annually. It covers the cost of continual one-on-one care from your staff, nursing, laboratory work, continual medication with your team. These are all MD's that you're talking about?

MD's and DO's.

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DO's?

Right. Board certified in Internal Medicine or Family Practice and certified in Age Management Medicine as well.

And what's a DO?

Doctor of Osteopathy.

Osteopathy?

It's the equivalent degree.

Now patients inject themselves with Human Growth Hormone up to six times a week, and you told 60 Minutes that substances like Testosterone and Human Growth Hormone are produced, of course stored by the human body, but as we get older, these natural levels taper off, creating what you said and you mentioned this earlier, hormone deficiencies that may be responsible for some of the symptoms attributed to old age. Hormone treatment, though, has come under criticism in recent years, particularly for women, and there are questions about effectiveness and also health concerns.

Actually, you're referring to the Women's Health Initiative, which had very bold headlines. You should know that almost all of the findings of the Women's Health Initiative studies have been retracted relative to estrogen and cancer.

Have been retracted?

Retracted, and that study was not about estrogen, Dave, it was about Premarin, which stands for Pregnant Mare's Urine. We need to make a very important distinction between bioidentical substances, in other words substances that our bodies see as our own, and artificial substances that are produced by some of the pharmaceutical houses that by their very definition must be artificial or they can't be patented. So when you have a product like Premarin, which is made, in fact if you take a Premarin tablet, dissolve it, and I invite you to do this someday if you feel masochistic, out it on a piece of paper and put some water on it, it smells like urine. This is made from horse urine. Well, women are not horses and the products made from horses are not necessarily friendly to the human body, so we must make the distinction between artificial substances and what we use now termed a little broadly based, but pretty true in most cases, bioidentical substances, such as growth hormone, which may be synthetic. Synthetic is not a bad word, but because of DNA recombinant technology, is identical.

Now average monthly shipments from Cenegenics<sup>®</sup> Pharmacy costs about \$495 for your customers. You're talking about an elite clientele there to a great extent. You're shipping Testosterone, hCG, Human Growth Hormone (HGH), now I hear echoes of Barry Bonds here and Raphael Palmeiro and Sammy Sosa, and many of the baseball players that have been, if not a

reality ban from baseball, there has been a defacto ban placed on a number of them. They're out of work because of using steroids. What's the difference?

Worthy of comment, I just have to back-up a little bit.

Please.

Not every patient receives all these hormones. In fact most patients do not need growth hormone, only a very small percent, 6%-8%. In young men, you don't give them Testosterone, it shuts down their endocrine system. You use a stimulating hormone. But let's speak to the issue of abuse. Even to the word Steroid. Cholesterol is a steroid. Estrogen is a steroid. DHEA is a steroid. Testosterone is a steroid. Steroid is not a bad word. We cannot live 15 seconds without steroids. The bad word is Abuse, and a professional athlete, Dave, just because of his age and his performance, is unlikely to have a deficiency, and they're using these substances, which are not inheritably bad, at abusive levels, so what they're doing is that they are getting a short-term gain in athletic performance, we just need to say that. That's why they're using them. That really happens. But a very long-term problem when shutting down their endocrine system, so we have to separate the concept of abuse from normal physiologic supplementation, simply getting back to a healthy range adjusted for age.

So we're talking about Testosterone, hCG and Human Growth Hormone (HGH). These are some of the supplements that athletes are using.

Absolutely.

You're saying they're using them to uncontrolled levels that are going to harm their health down the road?

They are using doses way beyond what we would consider physiologic.

So theoretically, who should be using these hormones at acceptable levels? Should any American be using them, other than as you said, younger men and women?

Well, our patients start at 35. We have a few in the younger age. They are essentially hormonal disasters, if you will, with major problems that have just fallen through the cracks. Most of our patients are 40 – 70, about 60% men. Rarely do younger people need hormonal supplementation, and growth hormone is only necessary for adult deficiency, somewhere between 6% and 7% of our patients are on growth hormone.

What's it reversing? What is growth hormone reversing for these people?

Let me talk about the benefit, alright? Because I think that will get to the core issue.

Sure.

The primary reason people come to us is energy. A fall off in energy that starts occurring in the 30's is very noticeable in the 40's. Probably the single biggest driver, sexual function, and whether guys will admit this or not, every guy by the time he's 40 has experienced not only a libido drop-off, but some degree of sexual dysfunction. It's the rare guy that hasn't done it. It's not psychological, it is real. It is related to declines in testosterone level, among other things. A recent article published low thyroid, Dave, low thyroid contributes to sexual dysfunction and decreased sperm volume. The endocrine system is like a symphony orchestra, hundred instruments in the choir. If you want to play Beethoven's 9<sup>th</sup> Symphony, you got to have every instrument working and got to play together. So the focus should never be 'magic bullet,' and the foundation under these hormones must be a lifestyle commitment of eating right, and we can define eating right if you will. There are many definitions. I like to say "If God made it, it's probably okay to eat," and focus on natural sugar. It's not terrible. Avoid refined sugars. Fats are not a bad idea if they're healthy fats. God made fats if you will. No trans fats. No hydrogenated fats. Reasonable portion-size in protein is a good thing. That's what we're made out of. So if we concentrate on a fairly low glycemic diet with healthy fats, normal portion size, which this country has forgotten what a normal portion looks like.

Much of this country has forgotten how to eat.

For sure.

Again, we're speaking with Dr. Alan Mintz. He's Chief Medical Officer, CEO of Cenegenics®. It's a Summerlin based company with outlet connections throughout the world. It's focused on, I don't want to say Anti-Aging, but certainly slowing, reversing some of the effects of aging, and you talk about a fall-off in energy, doctor, and how much of that is just cultural lifestyle? We talk about the bad diet, we talk about the fact that people don't get up and walk, they don't exercise, so if they would just start moving and eating as you say, God's creations, green vegetables and fruits and things rather than all the processed food, how much of that would simply reverse what we're talking about out here?

Just lifestyle issues are going to help a lot, but with increasing age, comes diminished hormone levels, so the same nutritional program and exercise program that worked beautifully at 30, at 40, you start to get chunky, the energy is still falling off, and the program that really worked well in the teenage years and the young adult years, doesn't work so well anymore. So what else is going on? This is what actually got me. I was actually a fat kid, Dave. I hated it. In my 20's I became a runner, primarily to lose weight, became a marathoner. This worked great in the late 20's through the early 30's. Late 30's I started to get, you know, not get fat, but chunky. My libido, I said "What's going on here? I'm doing everything right," and I spent the first 15, 18, 20 years of my life hating myself. I don't think hate, but I didn't like myself then. Hate is a strong word. And I finally did something about it and I'm doing all the right things and I'm hearing from my doctor friends "You're getting old. Just live with it." I said "I don't like that answer," and I started doing research, reading and understanding what's in the physiology textbooks, Physiology 101, describes this fall out. Remember, we only live to be 45 a hundred years ago. That was life expectancy.

That was the median age right there.

Right, right, when we go back to 1900. There were always people that lived to be 90 -100.

Was that actually the mortality rate? Was it 45?

That was the average life expectancy.

45?

Right. It was 45 in 1900.

And now we're looking at about what, 78 or men and 80 for women?

77/78 and 80 for women. You know when Roosevelt and his wisdom, when Social Security passed, it started at 65, we died at 65, so you got a check and died. Now of course, we don't need to get into the problems of Social Security, but what would really solve the problem? I love privatization. I'm not here to talk politically, but a productive older population. I'm on Social Security. I'm on Medicare. I pay it back. The only way to solve Medicare.

You pay it back?

I make a living and I pay my taxes, so I'm on Medicare. I don't drain the system because I never get sick, and I get my Social Security check and I pay my taxes on my income.

How much of this is a crap shoot ultimately though? Because we've all known people who are healthy, who worked out, who exercised. I mentioned Jim Fix, the runner.

Well, Jim Fix may have been an aberration. That may have been a chemical thing.

But there are other people that we've known in our lives who unfortunately have past away in their 20's/30's. They were healthy, and then by some quark of genetics, they got a disease, they died, and much of this is a crap shoot, isn't it?

Not as much as you think. And by the way, I wanted to say what you said. "They were healthy and then they died." They were healthy because nobody looked to see that they weren't healthy. I've been interviewed before and asked "Dr. Mintz how do you treat healthy people?" and my answer is "How do you feel?" The interviewer was in his 50's. I asked "How do you feel?" He said "I feel great." I said "What happens if you have a heart attack tomorrow? Were you really healthy today?" The answer is: We cannot say we are healthy if we do not look at the parameters of health, which include or metabolism, metabolic system, and certainly our endocrine system.

And yet, we've had friends who die of cancer at a young age and they exercise regularly. They don't smoke, and get then get lung cancer and die at 35, 36, 37. Now by all accounts, that's somebody who is healthy. They're exercising, they're doing all the right things, they're eating properly, and for whatever the reason, they had a history of cancer in their family, their gone.

We must admit the fact, willingly, that genetics play a role. We also have a lot of toxicity in our environment, which we don't understand all of it.

You're talking about in the air and the water and the soil?

Right. Absolutely. So these are factors. People have predispositions to illness. When somebody dies of cancer at age 35, which is fortunately not that common, it's a tragedy, and perhaps nothing we could do at Cenegenics® would have helped that, but we have to understand that we have the opportunity to delay the onset, Dave. I want to make this clear. We don't have to cure cancer and heart disease. What if we can delay the onset? There was an article published last year in the American Heart Association in their journal Circulation, that you can delay the onset, that you can slow down, reduce the number of heart attacks, the number, the size and severity of heart attacks with higher levels of growth hormone, one of the binding proteins, IGFBP-3. The American Cancer Society published an article in 2005 about prostate cancer reduction.

You read many articles in journals that talk about things, whether it's the silver bullet or the magical way of reversing the on come of cancer or heart disease or whatever the case may be, and then we find out later on that that wasn't necessarily the case. Do you worry at times, and I mean this respectfully, about misleading people? Of overplaying the value of Cenegenics® and Human Growth Hormone and what it can mean to long-term health?

First of all, I don't think I'm overplaying anything. There is not a single article, Dave, and this is an important point to make, in the literature that connects growth hormone directly with cancer. A lot of people play What/If games, but there is not a single published article. There are many articles that speak to the fact that there is no negative effect and some articles actually talk to cancer suppression.

So when we hear the talk about abusers of steroids, of Human Growth Hormone.

Human Growth Hormone is not a steroid.

It's not the same thing.

No, it's not the same thing.

Okay, so when we hear of the abusers of Human Growth Hormone, and again we're talking specifically about athletes in this case, and we hear about shrinkage of gonads and long-term impact on organs, whether it's the pancreas or the kidney or the heart, is that the case?

If you talk about abuse, absolutely. You can kill yourself with Aspirin, Dave. Don't through the baby out with the bath water. Make a clear distinction that an evaluation is a critical starting point to understand what deficiencies and partial deficiencies might be present. If there is not a deficiencies, these wonderful tools should not be put into place. If there is a deficiency, it's about balance. It's not about magic bullet, and the goal is simply the healthy range- the upper 25% - 30%. Let me give you an example of what is recognized now as fact.

Why don't we do that just ahead, because I do want to get to that. I do also want to get to the cost and what we're seeing as a split clearly that exists in our healthcare system between the haves and the have nots. Again, we're talking with Dr. Alan Mintz. He's Chief Medical Officer, CEO of Cenegenics<sup>®</sup>, a Summerlin based company that has outlets throughout the world, connections with doctors, and working to reverse the effects, slow the effects of aging. Dr. Mintz, let me ask you too because we talked about the price. You're looking at about \$2,300/\$2,400 annually for the treatment. For the 5%-6% of your patients that are receiving growth hormone, you're looking at about a \$500 monthly bill. Are you concerned that we have a healthcare system, as I said early, of haves and have nots?

First of all, we don't have a healthcare system at all.

Not at all?

We have a disease care system.

You did mention that off the top.

I think it's important to understand that there is absolutely no focus in this country on health.

Is it 'every person for themselves' right now?

Every person for themselves. There is not a single organized medical establishment, other than us and some individual doctors out there trying with their hearts, to help people be healthy. We have a disease care system. It's insurance-based, and they will only pay for a code, you're probably familiar with CPT codes and ICD-9 codes, patients are I'm sure, if you don't have one of those, the doctor can't get paid, so the doctor is not interested.

You're talking about some sort of reimbursement code.

Reimbursement code, absolutely.

Cenegenics<sup>®</sup> doesn't accept insurance, this is all out of pocket?

Yes.

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I imagine that you've got a well to do clientele. Give us a picture. Paint a picture of that demographic of the typical Cenegenics® patient.

I will, and let me equate so the people can understand, in annualized terms of what it costs to be a patient, somewhere between \$6,000 and \$12,000 a year to be a patient. Look at the number of BMWs on the road, and then you can look at the demographic. We can serve, economically, the upper 30%/35% of the population of this country. They have the disposable income. That group, a third of this country, makes a family income of over \$130,000 a year. They can easily afford our programs if they choose to. The question is "Is health a priority?" Yes. It doesn't serve the lower two thirds of the population. That will change as growth hormone becomes cheaper, because the single most expensive item, which is half the cost of the program, if you will, for the patients that are on a program, is growth hormone. But I have to ask you to look in your heart and ask people to listening to look into their heart and ask "How much do they spend disposable income on fun, on cars?" and make a choice. What is your most treasured asset, Dave? What's the most expensive thing that can happen to you, God forbid, an illness or a non-productive state? So think ahead, make a choice and choose health.

Again, I've read various claims that you have 12,000 patients throughout the world, 25,000 patients throughout the world.

12,000 patients.

It is 12,000?

12,000. 1,300 of those are physicians that their families, so we have a very high percentage of doctors who are patients.

Again, we mentioned earlier that you have a network of more than 100 affiliated doctors in the US, joint ventures in Tokyo, Seoul, and Hong Kong. How are you building this network?

The network is built by doctors who come to us and go through the training program that is an accredited training program. We're the only ones that offer it. The Far Eastern people came to us as well. We just opened up our second totally owned institute in Charleston, South Carolina. In fact the grand opening is tomorrow and I'm getting on a plane when we're done. We're very happy about that, and we're going to be opening up our third institute, owned completely by us, in Boca Raton. These are affiliated physicians who have developed a practice and have gone the next step and that are now officially a part of Cenegenics®.

You don't have an endocrinologist on your staff, doctors who study hormones?

We do on our Advisory Board.

But you do on your Advisory Board?

Right.

Is that a concern? Is that an issue if you're dealing with hormones?

Can I be really direct?

Please.

The endocrinologists don't get it. They're disease-based. They know a lot about diabetes and about thyroid disease, but they know very little about endocrine balance, and they don't yet understand the phenomenon of the symphony orchestra. They look at hormones as independent actors and they are not. I have said this to my endocrinology friends, we've spoken at their annual meetings, they should be embracing this because this is about prevention. They only get paid, Dave, for disease, so they are not yet interested.

Again, critics say though that there have been no studies to detect possible long-term side effects of Human Growth Hormones. You've said that other drugs have been approved without long-term studies and you've said that you would be welcomed to see such studies, but again, my understanding is that there have been no long-term studies to the effects of Human Growth Hormone.

Well, there have been 10-year studies in the Scandinavian countries. There has been a 50-year experience with growth hormone with kids that have grown into normal, healthy adults without consequence. Dave, statin drugs. Let me just use the example of statin drugs.

These are the drugs that are used to lower cholesterol?

Cholesterol-lowering drugs, right. Everybody talks about long-term studies with growth hormone, yet there have been more studies for years now on growth hormone that have been wonderfully free of any significant side effects. As quoted in the New England Journal, by the way, in 1989. This is not Alan talking. New England Journal did a metaanalysis of a whole bunch of studies.

This is a large study of a compilation of studies.

No adverse consequences in relationship to cancer or heart disease, so this is a boloney argument. We look at the statin drugs. There have never been long-term studies done on statin drugs. 50 million? 75 million? Nobody questions statin drugs, but they give them freely.

There is some myth about growth hormone and by the way, Bergman, who is an endocrinologist at UCLA, has made the statement in public and in literature growth hormone is the safest chemical pharmaceutical that we use.

You've been taking them in low doses for 10 years.

15-16 years.

15-16 years now. And you've said we discussed it...you say my brain function, we tested it, it's actually quicker than it was 5 or 6 years ago.

Right. I work my brain. I multitask, Dave. I try to do multiple things at once. You don't know it now, but I'm actually doing several emails while we're talking. I was a radiologist. I have 6 screens, with 12 computer programs open. I have 4 phones on my desk. I do that as a mental exercise just like you do physical exercise. You have to work your brain, so I make a point of being as mentally active as I can, always using accuracy as a barometer.

Again, we're speaking with Dr. Alan Mintz. He's Chief Medical Officer and CEO of Cenegenics. Dr. Mintz, in the few minutes we have remaining I want to ask you a little bit about this concept of the life cycle. And as we mentioned and touched on briefly, the idea that at some point we all have, as a former governor of Colorado said, a duty to die, a duty to move on. Is it necessary...let me just ask you, and this may sound like a wild question, is it necessarily a good thing to find a cure for cancer, for heart disease. Is it necessarily good if Americans live to be 90, a 100, a 110, when you start looking at the financial cost, and the social impact of having a very elderly population and some of the resentment that younger Americans may feel toward them.

First of all, I agree with the concept of a life cycle, we actually talked briefly about that before. People have lived to be....A certain group of people perhaps genetically blessed lived to be 90 to 100 for the longest time. We've always had people living to be 90 to 100. That seems to be our genetic life cycle, and I'm in favor of that. We need to make room for the next generation. We don't have to cure cancer and heart disease. It's not important. Can we delay the onset, Dave? Can we enjoy a high quality of life and die fairly quickly. And we are going to die of cancer, heart disease, stroke, diabetes, Alzheimer's. How about if we have a short period of infirmity, whether it's the end of 80's, early 90's, mid 90's...We have enough knowledge now and we know that people have lived to be 90 to 100 forever. So why don't we aim for the 90 to 100 bracket, healthy, die quickly without a drain on your own emotions, your family's emotions, the pocket book. Stop this silliness of hundreds of thousands of dollars in the Intensive Care Unit. You know we spend more than 50% of all the dollars that we spend on our health in the last six months of our lives. Talk about absurdity.

And I'm sure most people that are listening right now, that is the preferred way to go. If and when anyone goes, they want to go quickly, and hopefully they've lived a full life, and yet people have written about the browning of our younger population and the aging white population in this country, and if that's not creating some sort of social dynamic for tension 20-30 years down the road, where the elderly white me is being cared for by a Hispanic younger person who resents me for taking many of the resources out of the society.

The goal is not to have to be taken care of, Dave. The goal is to be productive. I don't intend to retire. I'm going to look at my life when I'm 75 and say "How much more do I want to work? Do I want to cut back? Do I want to work harder?" The resentment is the drain of resources. If

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you have a productive older population, there is no resentment. They're paying their way. They are not taking from Peter to keep their Paul alive and well. I am giving back to society. Most of our patients, wonderful patients in their 80's and 90's, who are productive people, I'm not talking about just economically productive, they're brain productive, they're creative, they're bringing joy to their family. They're not a drain, so let's not worry about the aging population, let's worry about the how they age and recognize the incredible opportunity to just read the literature, and make a decision for yourself. Our patients are just as smart as we are. We don't like "Trust me, I'm your doctor," Dave. Give people the knowledge and let them make their own decision. It isn't about me telling you or somebody else what to do. Here is the evidence, you decide. Let us guide you.

Dr. Alan Mintz is Chief Medical Officer, CEO of Cenegenics<sup>®</sup>, a Summerlin based company. Dr. Mintz. Thanks for joining us. It was great having you.

Dave, it's my pleasure. Alan's great, and thanks for the opportunity.