1. **Effectiveness and Suitability:**

You mentioned an 80% improvement rate. Could you please clarify what constitutes "improvement"? Is this based on specific cognitive tests like MMSE or MoCA, or is it a more general assessment of daily living activities? It would be helpful to understand the specific metrics used to determine this percentage.

Both MMSE and MoCA will show numeric differences 1M, 3M, 6M 1Y, 2Y, PET-CT scans will show changes in brain environment (you will do the pre-examination PET-CT scan here and you may do a second PET-CT scan at your institution after 3 months), you will see definite changes in her CT Results for better (see papers). Also, as caretaker, you will be able to directly observe the improvement such as improving daily communication, improvement of urinary continence, fecal continence, etc. You can watch the YouTube videos to see our case's physical change.

This is an example of our patient:

Brain Region	Preoperative SUVR	Postoperat-ive SUVR	SUVR Change	Preoperat-ive Centiloids	Postoperat-ive Centiloids	Centiloids Change
Frontal Cortex	2.613	1.563	-1.050	161.3	56.3	-105.0
Lateral Parietal Cortex	2.560	1.362	-1.198	156.0	36.2	-119.8
Lateral Temporal Cortex	2.573	1.432	-1.141	157.3	43.2	-114.1
Medical Temporal Cortex	2.227	1.240	-0.987	122.7	24.0	-98.7
Posterior Cingulate	2.893	1.644	-1.249	189.3	64.4	-124.9

Precuneus	2.667	1.557	-1.110	166.7	55.7	-111.0
Occipital Cortex	2.893	2.113	-0.780	189.3	111.3	-78.0

You stated she is a suitable candidate. Given the advanced stage of her Alzheimer's, could you elaborate on the *expected* degree of improvement? For example, what specific improvements might we realistically hope for in her case? We understand a full recovery is unlikely, but understanding the potential benefits in her specific situation is crucial.

We always promote surgery as early as possible, many of our early stage AD patients are no longer deteriorating and it becomes hard to distinguish if he/she is an AD patient from an outsider.

The very minimum you can expect from the surgery is that she will not deteriorate from her current condition other than general aging. MOST of our patients will see noticeable changes in mood, logical reactions, reasoning and conversations. Our longest follow up has been 3 and half years.

You mentioned improvement in urinary and bowel incontinence. Could you provide a percentage or a range of how many patients experience improvement in these specific areas?

It is generally a gradual improvement within 6 months, but most patients (80%+) have a good management of urinary and bowel continence, at least they can instruct the caretaker of their actions instead of being clueless.

2. LVA Surgery and Stem Cell Therapy:

We understand you recommend LVA first. If the LVA surgery is not successful, would it preclude the possibility of future stem cell therapy? We want to ensure that pursuing LVA does not eliminate other potential treatment options.

LVA surgery is a physical procedure to create a clear pathway to drain CSF/ISF and toxic proteins from the brain, lymphatic vessels are the only vessel system to be able to carry protein down to our whole body circulation. Please see our simple video illustration attached. Stem cell treatment we do not have any patient

performed yet but it should not interfere with our treatment as we are not targeting specific proteins, our principal is about drainage and changing the nerve and brain environment to facilitate metabolic and fluid exchange from the brain to our body's circulatory system. We do have plenty of patients who are on Leqembi infusions and they also perform the surgery without any problem.

3. **Risks and Side Effects:**

You mentioned swallowing difficulties, blood pressure fluctuations, and cervical nerve damage are commonly observed in patients with *severe* Alzheimer's. We understand these can be related to the disease itself. Our concern is whether the LVA surgery *itself* could exacerbate these issues or introduce new complications. Could you please clarify this point?

We do not have any report of these issues being reported to keep worsening from our patients or new complications other than general aging. We also do not have any patient that is deceased due to the surgery. Surgery is a very precise supermicrosurgical procedure, Prof. Xie's experience with lymphatic surgery has been over 30 years.

You mentioned nerve traction during surgery. While you mentioned most patients recover within 3-6 months, are there any cases where this nerve damage has been permanent?

Not in our practice. We are very matured on how to minimally reduce nerve damage, but we don't have any feedback about permanent damage.

4. **Surgical Procedures and Hospital Arrangements:**

You mentioned preoperative CT scans and evaluations. Will these be done immediately upon arrival, or are they scheduled separately? Knowing the timeline will help us with travel arrangements.

CT SCANS and other necessary tests will be conducted 2 days prior to surgery. We can schedule immediate tests right after arrival.

We understand examination fees will be charged if the surgery is not performed. Could you please provide a breakdown of these examination fees

The fees will be within the range of 600-800 USD for PET-CT -TAU Scans.

Thank you for confirming family accommodation. Will this accommodation be free of charge for family members?

It is complimentary in our hospital. We have guest suites for up to 3 additional guests.

5. **Post-Surgical Support:**

You mentioned follow-up via a dedicated software platform. Could you provide more details about this platform? Will it involve video consultations, or is it primarily for data sharing? What kind of support will be available through this platform?

We have just developed a questionnaire for private and secure data sharing and also we will include more information as we progress this year. Video consultation is through WeChat or Zoom. As we just started our international patient intake, we expect to create an English version of the questionnaire soon or later this year.

We have a few urgent matters to discuss regarding scheduling and logistical arrangements for my mother's potential LVA surgery.

Given that my mother is in the advanced stage of Alzheimer's disease, we are hoping to schedule the surgery as soon as possible. Could you please let us know the earliest available dates for the procedure?

Please schedule after Mid May 2025. That would be optimistic. We have another US patient expecting (middle stage AD with leqembi infusion treatment parallelly, his recovery is fascinating MMSE improved from 11^{th} to 17^{th} in 2 weeks time, she posted frequently in QUORA, her name is CATHERINE COLE). In April, Prof. Xie is in the EU the whole month for his visiting professorships and committees for AD-LVA surgery and WSRM. Therefore, he is not in China.

Would it be possible to receive the necessary invitation letters or supporting documentation from your center at this stage to facilitate the visa application process? We understand that further medical evaluations may be required, but having the initial documentation would greatly expedite the visa process.

Of course, if you need assistance in getting the invitation letter, please

indicate the personnels who are coming in their legal names. I will provide the letter accordingly.

Finally, we would like to inquire about payment options. Due to certain international transfer restrictions we face, would it be possible to make the payment in person upon our arrival at your center?

Yes, that is not an issue. We can take Cash or Wire transfers and provide you with an invoice.

How many AD patients have received this surgery and when was the first surgery performed?

The surgery was first performed by Prof. Xie was his first case at Hangzhou Qiushi Hospital in Dec 2019. We have until now performed over 500+ cases with at least 300+ as AD, we are also able to treat most brain degenerative diseases such as ALS, PD, MSA, even stroke.

How many AD patients from other countries (specifically from the United States) have received the surgery?

We just started promoting this treatment outside China. We have 2 US patients, one with PD in 2023 and the other patient with FTD who is actually under treatment right now, we will closely monitor her progress as well. We received many inquiries now from outside China patients and we have experience taking care of international patients with a 24/7 translator on site.

6. **What have been the results:**

Are the earliest patients still doing well?

Yes, as of now, our longest follow-up is 3 years and they have seen continuous improvement and some early action takers (early-middle stage patients) have almost recovered. Please review the video clips on our website, under case study. We will be posting more cases when possible while protecting their privacy.

Have any reverted back – improved and then began getting AD symptoms again? What percentage improvement would you give after surgery: little to no improvement, some noticeable improvement, or major improvement (almost back to their condition

before Alzheimer's)

For the patient's recovery, the most effective patient will be the early-stage AD patient who has just started memory loss. After surgery, the recovery is back to normal status without any rapid declines other than general aging. Mid to late-stage AD is what I treated most; it is also a paradox that people tend to treat their disease only when it is a bit severe. However, changes are still optimistic, mid stage AD patients who experience rage and illumination will see a much calmer state after surgery, memory loss may not come back as a whole but long-term memory is coming back step by step. Illusions may not disappear altogether, but it seems less frequent. I will say nearly all patients will require a lower level of personal care because of the mood change and also, they are able to make commands to the caretaker (ie: washroom, ask for food, etc).

For patients experiencing motion deficiencies such as trembling and tilting and muscle spasm or MSA combined AD, their recovery is most observable as these are motion changes. The improvement is spiral improvement, most patients see improvement up-to a year, that may be the final improvement they can get from the LVA surgery. After a year, you may see a 30% reduction in motion improvement but still much better than untreated. Also, 50% patients continue to improve after one year and eventually recover much better as stated in our first paper written with Cleveland clinic on PRS.

7. **Has there been or are any collaborations with U.S. doctors planned, other than with Dr. Chen and Dr. Louveau at Cleveland Clinic?**

In the US, our Primary PI will be with Cleveland Clinic, as you may know, not all plastic surgeons are supermicrosurgeons who are capable of performing such LVA with precision of 0.2mm. Prof. Chen I believe is capable, later on when the US started human trials, if any, to perform such surgery under guidance. For research and paper writing purposes, we have in collaboration with Stanford university and university of W-M. Still, we are open for academic collaborations with the US academics to further solidify this mythology. Prof. Xie is a clinical doctor with expert knowledge on clinical treatment, but it is not a one-man show when it is something this huge.

8. **Have there been any discussions on any collaborations of performing this surgery on AD patients at any hospitals here in the U.S.?**

   Please read the above. Although Singapore and Japan will start their clinical trials this year hopefully, Taiwan has already approved one clinical trial of this surgery led by Johnson Yang.

9. **What is the current wait time after scheduling to have this surgery performed?**

   The earliest time to accept an international patient will be in March and May, 2025. Prof. Xie is on his visiting professorships in the EU for this entire April month.

10. **What is the specific process if an AD patient from the U.S. wants to receive this surgery?**

    Please provide us with a clear diagnosis of AD from your medical institution with MMSE and MOCA tests, PET-CT, MRI (if available) examination prior to admission. Our surgery is a supermicrosurgical procedure on the cervical sites so the patient will be physically suitable considering the age.

11. **What accommodations for an AD patient's caregiver does your hospital have (waiting rooms, etc.)? Are hotels nearby?**

    The fee of 40k USD includes two weeks of hospitalization and the super-microsurgery performed by Prof. Xie. Caregivers can stay in the hospital guest room with no extra charges.

If you have any more questions, feel free to reach out again!