

The other thing is we should know that if we decide to go the route of combination therapy, that's not the patient you're going to say, OK, here's your dose. Come back next year for another checkup. No. Combination therapy requires a more intense level of follow up of this patient.

I would like to see that patient every three months, make sure that everything is OK, there are no side effects, do an EKG every now and then, make sure that everything is OK with that patient, and then gain some confidence and learn that that patient is not going to be in trouble just because you started something that-- for which we don't have a lot of data to support that could be beneficial.

Now, in my experience, after I do all that, half of the patients will write to me and say, Dr. Bianco, you changed my life, because you put me on some combination therapy. But that happens very rapidly. It doesn't happen six months later. It happens one week later. Patient will write an email saying, you changed my life. Now I'm seeing. Now I do this. Now I do that. I have many, many of those emails.

Now, is that because T3 levels are higher? Is that a placebo effect? Some of those patients say, oh, yeah, I did much better in the beginning but then came back everything again. Or some patients will say, I cannot live another day without taking T3. And they will stay adamant about that for years, and years, and years.

So I'm convinced that there are some patients that do benefit from T3 combination therapy. How do we identify these patients? It's difficult. We have to eliminate all the other conditions that caused those symptoms and ultimately do a small clinical trial, a trial with that patient, and see how responsive that patient is.