One document, countless lives assured, an industry enabled; 5 documents, the abrogation of diminished human outcomes.

https://downloads.regulations.gov/FDA-2020-D-1138-0112/attachment_15.pdf

https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/information-health-product/drugs/nitrosamine-impurities/recalls.html

https://www.fiercepharma.com/pharma/novartis-sandoz-following-pfizers-lead-triggers-second-carcinogen-recall-week

https://www.bloomberg.com/news/articles/2022-09-01/drug-recalls-for-nitrosamines-could-cost-big-pharma-millions

https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-and-press-announcements-nitrosamine-varenicline-chantix

https://www.europeanpharmaceuticalreview.com/news/169513/blood-pressure-tablets-recalled-due-to-high-levels-of-nitrosamine/

The Federal Register Administrative Agency rapidly republished this artifact regarding Food and Drug Administration notice of prospective rule making. The document was submitted in the notice period of the federal register because of its merit a scientific document. This vindicates these draft documents which are difficulty formatted, have voluminous data and have not been thoroughly proofread because of their size, volume and rapid integration of new information, all of which seem to be a challenge in translational research and translational medicine, particularly unfunded translational research and unfunded translational medicine. Resultantly of such publication, recalls of therapeutics, products and services occurred because these clinical indicators are powerful causal and participating factors in diminished clinical and behavioral outcomes. The new documentation set is immensely more powerful than this document, however, the following articles and news present only a minuscule aspect of how this document and the documents which accompanied it, both in submission to the federal register and in publication to regulations.gov website, have empowered clinicians, researchers, pharma. This document and the documents which are to follow, drafts of which are in the github link in the profile on linked in, are likely to change healthcare spending by trillions of dollars in the coming years. Methylene bridge level analysis, are likely to enable abrogation of diminished human outcomes including those resultant of aging, disease and those linked to diminished behavioral outcomes.

It is worth wondering if these artifacts, the program aggregately, and its objectives had been formally funded, if disease and detrimental Human outcomes would even exist any more, although it is also probable that artifacts and outcomes may have been skewed to the status quo in conventional funding contexts? Regardless, the work is obviously disruptive to the status quo. Rock on folks, Rock on.

We have not received any acknowledgement, remuneration or known benefit from information submitted, or the information on the github link which extends this document, although some of knowledgeable industry opinions suggest that the this document and ht information on the github

link represented a comprehensive care tensor able to alleviate or prevent disease, detrimental aspects of aging, impairment, injury and diminished behavioral outcomes among Human populations.

The application of the health industry knowledge linked to this profile is able change about 75 percent of all healthcare spending in the world with dramatic increases in optimal Human outcomes, producing proactive payment that is not destabilizing to economies while producing dramatic proactive prevention of diminished Human outcomes.

The resources are there. Do you already believe that the human experience is to surmount impedance to its assurance? Where do you want to go next and today? Thus, while all among humanity work to change the world into what it requires for the transcendence of Humanity, surely, we will find you out there on the road ahead.