

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Olan A. A Unique Set of Physiological Changes Which Causes Breast Cancer: A discovery with a novel method of finding non-infectious disease causes which combines multiple research. *British Journal of Cancer Research*. 2025; 8(2): 778- 77. doi: 10.31488/bjcr.205 (PDF updated March 28, 2025.)

1. Analogy to clarify a method

A **simplified analogy** which explains why we looking for a match between physiological parameters could be this. Imagine a large town. We observe it from the top. A person arrives to downtown for some *personal business* on a regular day. How likely this person meet a *friend* or colleague in a totally random place of the downtown?. Very unlikely. We observe this person is going to downtown for few days to different places and he never meets a friend or a colleague. Now, we observe from the top that some rare folks meet someone in downtown often and sometime in the same location. We know **there is a pattern explaining these meetings**, they are not random in most cases. There might be someone they have agreed to meet with before (a colleague they travel together with, a friend, etc). If we find these folks meeting we know we found very likely some pattern.

In this analogy, we can treat a downtown as a human body, a person arriving to downtown as a physiological parameter change caused by some disease causing factor. People which meet each other in the downtown are an analogy of physiological parameters which “meet up” as they cause a disease and not just a random meeting. If we find those folks who meet up we know there is some cause there. In the method presented, these “meetings” between physiological parameters are represented by “intersections”.

2. Mathematical foundation of the method

Here we will go into a mathematical foundation of the method in details. Let's look at the simple case of a disease where it was prior determined via experiments that multiple factors are causing changes in **only 2** physiological parameters of human body (parameters further).

Let the factors be **F1, F2, ... Fn** and the parameters be **C1, C2**. Now, let's look at the case where *F1, F2, ..., Fn factors separately causing only 1 change* in physiological parameters either C1 or C2 beyond 1-sigma (this actually often takes place in practice). That means that only C1 or C2 changes by some factor Fj (j ∈ {1,2,..n }). Let's **P1, ..., Pn**, where n > 2 be *the sets of all physiological parameters which are related to factors F1, F2, .. Fn* accordingly. For example, P1: { r12, r15, r29, 43 }, P2: { r15, r28, r34, r89, r34, r12, r98 }, etc.

Let's look at standalone factor **Fj**. As we know, a factor **Fj** (where j is some integer from 1 to n) impacts the specific physiological parameters either **C1 or C2** then we know that *this params C1 or C2 should be part of its set of Pj* as **it contains ALL the related to Fj parameters (a complete set)** . *Let's take a factor F1 such that its set P1 contains C1, and choose some F2 such that its set P2 contains C2* (it is possible as we know factors impact either C1 or C2), *then if we choose any other factor as F3 then its set of P3 must contain either C1 or C2 (as F3 also impacts these physiological parameters - either C1 or C2 and P3 is a complete set)*. *If P3 contains C1 then it intersect with P1. If P3 contains a C2 it intersects with P2. So P3 must intersect with either P1 or P2 (either in C1 or C2)*. In similar way we can apply this to P4, P5, ... Pn. So this brings us to conclusion that **a set of physiological parameters Pn, where n > 2 must intersect with either P1 or P2 either in C1 or C2**. This means parameters Pn intersect with each other either in C1 or C2. We can see representation of this set's behavior on the Pic 2. **All sets Pj, Pk, ... matching to Fj, Fk, ... on the Pic 1 are crossing and only in C1 or C2 but not both.**

We don't know the values of C1 and C2 but if we can find where parameters Pn intersects with each other we can determine a subset of physiological parameters **Pm**: { Ry, Rx, Rz, ... , Rt } which contains values of C1 and C2. This subset of **Pm** will be much smaller then set of all possible params included in P1, P2, .. Pn (as it is a subset and similarities in params of P1, .. Pn are not very probable and that is addressed below) but may contain more then 2 parameters and *only 2 parameters of this subset Pm* can be real physiological parameters causing a disease as they are C1 and C2.

In order to eliminate the incorrect parameters from subset **Pm** we need to notice:

- 1) that the params C1 or C2 should **be such so all P1, P2, ..., Pn intersect in them** and if some parameters of **Pm**: { Ry, Rx, Rz, .. Rt } don't fit this rule *their need to be eliminated*. Practically it means this. We take random (or using a common sense) a combination of some 2 parameters **Rk** and **Rm** from a set of **Pm** and

*check if the P1, ... P2 all intersect in them if not then the Rk and Rm combination is not a valid set of C1, C2 and we may need to check another set of 2 parameters **Rk** and **Rg***

- 2) if some parameter of set $P_m: \{ R_y, R_x, R_z, \dots R_t \}$ is known as not changed beyond 1-sigma it should be eliminated as disease is caused by change in param beyond 1-sigma (as per our model).
- 3) if some parameter of $P_m: \{ R_y, R_x, R_z, \dots R_t \}$ is causing some set P_n intersect 2 times with some other set P_k then it should be eliminated as factors $F_1, F_2, \dots F_n$ can only impact 1 physiological parameter in this case and cannot impact / intersect 2 or more due to this.

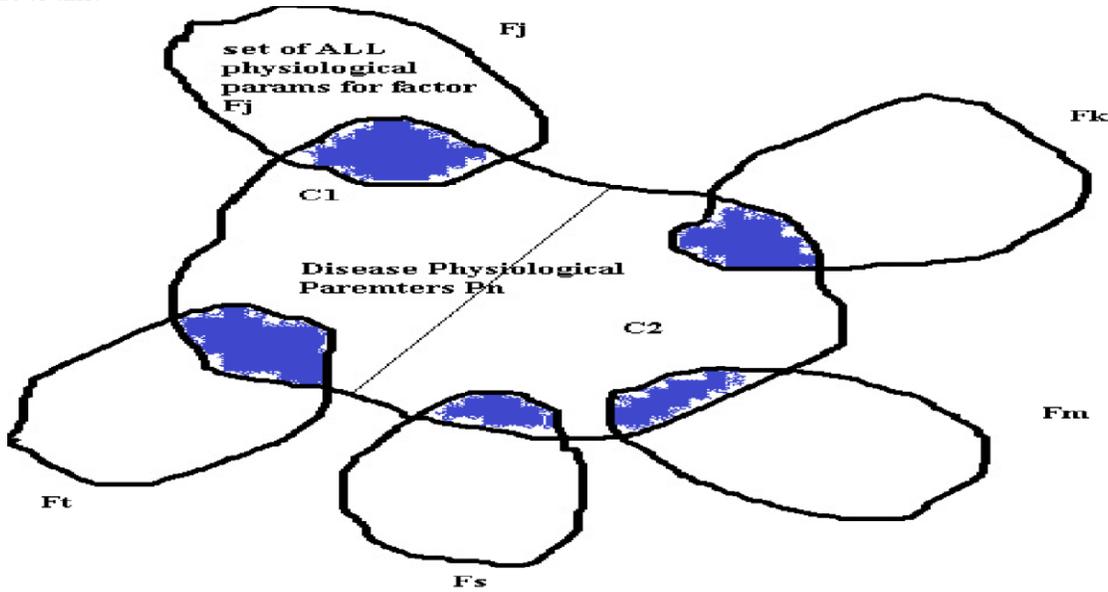


Figure2. (Blue areas are area where P_j, P_k , etc for factors F_j, F_k , etc. intersect with a set of physiological parameters C_1, C_2 which are part of set P_n and which are causing disease)

The method above was described for a case of factors F_1, \dots, F_n impacting **only 2** parameters but it can be extended to 3 and more parameters.

How likely are random matches between physiological parameters?

As we discussed above the set of physiological parameters $P_m: \{ R_y, R_x, R_z, \dots, R_t \}$ where we observe intersections may contain more parameters than needed (more than 2 in our case and due to other reasons).

We need to be concerned with a question such as if we find one intersection of sets P_1 and P_2 in a physiological parameter belonging to 2 different external factors how likely it can be a random intersection? To answer this question let's formulate the problem mathematically.

Let's have a set A of integers from $k = 1$ to very large N . Let's randomly select n numbers in set of $P_1 = \{ A_k, A_g, \dots, A_t \}$ and then randomly select n numbers into set $P_2 = \{ A_f, A_s, \dots, A_l \}$ from our original set A ($k = 1$ to N) such that each element repeats only once in set P_1 and only once in P_2 (it is a unique element to sets P_1, P_2). For example, if we chose a number 3 as part of the set P_1 then it only exist one time in the set P_1 . What is a probability that we find element A_i in set P_1 and P_2 ?

To answer this question let's do next steps. Let's limit set A by some top element enumerated by t (so set is not infinite).

1. We can take n elements from t elements of set A with number ways tC_n
2. Number of ways to take n elements with an element A_i equals the number of ways to select $n-1$ elements (we exclude A_i) from $t-1$ (set of A elements) and is $t-1C_{n-1}$
3. Then probability to take n elements which include element A_i in set P_1 (or P_2) is $P(A_i \in P_{sel}) = \frac{t-1C_{n-1}}{tC_n}$, where P_{sel} is P_1 or P_2 sets
4. The probability that element A_i will be in P_1 and P_2 is $P(A_i \in P_1 \text{ and } A_i \in P_2) = P(A_i \in P_1) * P(A_i \in P_2)$ as events independent.
5. So probability $P(A_i \in P_1 \text{ and } A_i \in P_2) = P(A_i \in P_1) * P(A_i \in P_2) = \left(\frac{t-1C_{n-1}}{tC_n} \right)^2$

6. Or finally, the probability that element A_i will be in P_1 and P_2 is $P(A_i \in P_1 \text{ and } A_i \in P_2) = \left(\frac{t-1}{t} \cdot \frac{C_{n-1}}{C_n} \right)^2$

Using a formula above let's calculate a probability of match in element A_i if we take randomly elements from a sequence of numbers from 1 to 1000 ($t = 1000$, assuming so many physiological parameters exist) and take only $n = 10$ elements into sets P_1 and P_2 accordingly. $P(A_i \in P_1) = \frac{999C_9}{1000C_{10}} = \frac{2.63 \cdot 10^{21}}{2.63 \cdot 10^{23}} = 1 / 10^2 = 0.01$ the same is true for $P(A_i \in P_2) = 0.01$ and so the probability of getting element A_i in sets P_1 and P_2 is $\left(\frac{t-1}{t} \cdot \frac{C_{n-1}}{C_n} \right)^2 = 0.01^2 = 0.0001$

This is a probability of random match. **The probability of non-random match is $1 - P(A_i \in P_1 \text{ and } A_i \in P_2) = 1 - 0.0001 = 0.9999 \approx 1$** so very close to 1. It means ***if we see a match between set P_1 and set P_2 in some element A_i it is extremely likely it is not random.*** This is an important conclusion. *The only matches we find practically are not random but are caused by some reason* and in our case it is due to some physiological parameter impacted by 2 different factors. We need to notice that number of parameters actually much more as most agree that there are around 20,000 different proteins in our body and each is a potential physiological parameter. So the probability of the match selecting 10 of 20,000 will be much smaller! In practice there are about over $t=150$ physiological parameters known to medicine and for a single factor we usually find about $n=30$ related parameters. Doing calculations for this case we get $P(A_i \in P_1) = \frac{149C_{29}}{150C_{30}} = \frac{6.43 \cdot 10^{30}}{3.2 \cdot 10^{31}} = 0.2$ and so the probability of getting element A_i in sets P_1 and P_2 is

$$\left(\frac{t-1}{t} \cdot \frac{C_{n-1}}{C_n} \right)^2 = (0.2)^2 = 0.04$$

We see the probability of random match is higher in practice (4%) and so in practice we can see more random matches. The probability of at least one random match will also increase as we find intersections for dozens of different causation factors.

This random matches still can be eliminated with methods described in this article by applying other restrictive conditions, including using our criteria for disease causes.