A Safer, Smarter Way To Detect Breast Cancer? Transcript

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Introduction to Dr. Jane Simmons

Welcome back everybody to the plant based cancer solutions summit. And I'm really excited to have a guest today Doctor Jane Simmons. She's really a phenomenal individual and trailblazer in women's health with some incredible new technology and information to share with us today.

So let me tell you a little bit about her before you get started. This. She was one of Philadelphia's top breast surgeons for years. And then her own health crisis sparked a powerful transformation.

And today, she's not only a breast surgeon, but an integrative oncologist specializing obviously in breast cancer, and the author of The Smart Woman's Guide to Breast Cancer and the founder of Perfection Imaging, which is a completely new technology.

We're going to talk about that a lot today. And this new technology is revolutionizing the way women should be screening for breast cancer. And it brings up into our awareness the lack of efficacy and safety of mammograms.

So I'm going to discuss then further detail with Doctor Simmons. Yeah. Okay. Welcome. Thanks for joining us. Thank you. I'm so happy to be here with you two weeks in a row.

I feel so special. Yeah, that was great. All right, so let's discuss a few things. But let's start with this idea that, people think that mammograms are saving lives left and right, and women are benefiting from this.

And there's so much. And the whole breast cancer awareness movement focuses on mammograms and nothing else, and it's not really the right way that women have to think about this, right?

Yeah. Yeah. I mean, listen, didn't you come up through your training and through your professional career being told that mammograms save lives? Yes. I mean, and I know that there's a tremendous amount of, you could say propaganda within the medical profession because there's so many billions of dollars into investments in certain technology, and they need the customers to utilize the technology to make the money back.

Will those big investments and we've invested, invested in the wrong, technology. Now we put it on, you know, our we hit star wagon, pitched a wagon, we hit star proverbial wagon.

Right. And so, you know, there is this kind of pervasive thing that if you get told something enough times, you start to believe it. Whether or not it's true.

I mean, we saw that demonstrated across the board in 2021, right? So it's it's it's not impossible for this thing to be happening. And with regard to mammogram, it's been happening for 50 years, for 50 years since the inception of the Mammographic screening program.

Why Mammograms Fail Women

We've been told that mammograms save lives and you're probably very similar to I am in that, you know, when I was in medical school, the things that were taught to you, you kind of assumed that if they were teaching it to you and it was a critical part of the curriculum, that someone must have done the due diligence.

Right. And then it's true. And I believed very much that it was true in medical school and residency training and fellowship training. I was told that mammograms save lives, and I believed it, and I believed it for a very long time until I had my own health crisis, which forced me to look at all aspects of medicine through a different and discerning lens.

And, you know, you can liken it to how much training around nutrition were you given in medical school, right. How much importance was put there to were we ever taught to believe that food is medicine?

I mean, I know in my training I was never taught to believe that food is medicine, right? But I have a unique story here. But of course we had to work hard to gain our nutritional knowledge and nutrition.

That's exactly right. Incomes have to work really hard. It does not come from within the system and from within the system. There is a very different narrative, a very different narrative, and the narrative, the pervasive narrative around mammograms that mammograms save lives.

But we have actually known for decades that that is not true. Decades. So when you actually dig down and look at the mammographic data, and I do want to say that when the Mammographic screening program started in 19, in the 1970s, I do think that it started with the best of intentions, like anything else, and it was built on these foundational beliefs that breast cancer growth is both linear and predictable, such that a breast cancer will start as something that's very small or maybe noninvasive, and then progressed to something that's invasive and then progressed to something that's node positive.

And then from there it will like reach a critical size or stage, at which point it's more likely to metastasize. So if you caught it before that critical point, you could save lives and save breasts.

And so it was really believed that you could use mammogram to detect things early and to prevent deaths from breast cancer, but also to decrease the severity and amount of treatment that women got.

And it's a really logical story. And it's it's a lovely concept. It just doesn't happen to be true. Breast cancer growth is neither linear nor predictable, and small things in the breast, which are aggressive are going to behave aggressively no matter when you find them.

Because in the world of breast cancer, it's all about biology. And things are what they are from the very beginning. Now there are cancers that whose growth is both linear and predictable.

Colon cancer growth is linear and predictable. Cervical cancer growth is both linear and predictable. So those models and their screening models work very well and do impact lives and severity of treatment.

But it is not true in the world of breast cancer and in the world of breast cancer, no matter how many mammograms you do, the same exact number of women die of breast cancer every year, no matter how many mammograms you do.

The same exact number of women present with aggressive disease. With advanced disease, we are not affecting the bottom line. We are not affecting survival.

And when we look at the data and there are very big studies like the Swedish trial, 600,000 women, 300,000 are screened with mammogram, 300,000 are getting physical examination because it's universal health care.

Everyone has the same access to care and the same kind of care. So that part of the experiment is complete, controlled. And when we look at the outcomes, the same exact number of women die of breast cancer in each group.

And the only difference that we find is if you screen with mammogram, you are going to diagnose 20 to 30% more cancers. Now the question is why? Well, some of them you're going to be causing those cancers because if you X-ray a woman's breast year after year for decades, you are going to expose them to enough radiation that you're going to cause a cancer.

I mean, it's it's inarguable that radiation causes cancer. And even though we gave mammogram a nice name, mammogram, picture of the breast, it is what it is.

It's a breast X-ray. Right. So a certain percentage of those we're just going to cause and a certain percentage of those are subclinical in that they would have never progressed to the point that they would have changed that threatened the life of that woman.

They would have never become clinical disease. And yet when you use an unsophisticated tool like mammogram to screen, this is what happens. You get over biopsy, you get overdiagnosis and you get overtreatment.

Now there was this let's say that people are under this misconception that if you do a biopsy and the pathologist says you have invasive lobular carcinoma or invasive ductal carcinoma, and they saved your life, and they don't recognize that that diagnosis is wrong, probably 60 or 70% of the time that, in other words, that the doctor, the artist is always making a guess.

He can't know for sure. You can't tell those things to these cells. And so what we want. So women wind up getting treated and they wind up living with thinking they have this horrible cancer, when it may not have been even a cancer to begin with.

That's right. And not every cancer like if we biopsied every single woman, do you know 80% of them would have cancer cells in their breast because everyone makes cancer cells from the very young to the very old and everyone in between.

And so now just finding cancer is not relevant. And that is what we have seen time and time again. And that's why when we look at the data from all of these studies, the same thing is, is shown in that if you use a tool like that, like mammogram for screening, you are going to over diagnose breast cancer, because these things would not have come to anyone's clinical attention.

They would have never developed into disease. They would have never affected you and your your your longevity, your health over your lifetime. Either your body would have taken care of it on its own and reversed it, or it just would have never progressed to become anything but.

The second you diagnose someone, you commit them to breast cancer treatment, which from the system standpoint is exactly what they want. But it's not good for the woman, for the individual.

Now, I want to be clear, and I am not saying that breast cancer is not an issue. I am not saying that breast cancer is not a disease. I'm not saying that no one needs to be treated for breast cancer.

Of course breast cancer is real. Of course it's a disease. Of course there are some people that require treatment. Of course there are some women that die of the disease.

Of course. However, we have created a whole subset of patients that did not need to be patients. And these women really suffer because treatment for breast cancer is not benign.

This is not benign. And we have 4 million women living in the United States today who have been diagnosed with and treated for breast cancer. And they are not living well.

They are not living well for million survivors. And we tell these women that they should be grateful to be alive, and they are grateful.

Overdiagnosis, Overtreatment, and Harm

But it is very hard to feel grateful when you are suffering under the side effects of breast cancer treatment, which are, which include but are not limited to depression, anxiety, overwhelming fear, difficulty sleeping, memory loss, word searching, palpitations, cardiovascular disease, bone loss, bone pain, joint aches, weight gain.

Your breasts are deformed or absent. You don't recognize your body. You have no libido. Sex is unwanted and painful. Your relationship is suffering or absent the it's very hard to feel grateful when you have all of this going on.

When this is your life, when this is your reality. And yet this is how we are leaving most women after breast cancer treatment. So we really have to ask ourselves if we are over diagnosing by 20 to 30%, are we really doing the right thing here?

I mean, in the big long list, you left out that the chemo could kill people from a secondary cancer, or even worse, with a heart attack because was worse.

You caused this. Yes. And so when we treat a woman for breast cancer, we increase her risk of cardiovascular disease by 2 to 3 times. Cardiovascular disease is already far and away the number one threat to a woman's life.

Exponentially. After the age of 30, women die exponentially more of cardiovascular disease than breast cancer in an every decade of life past the age of 30.

And yet we give almost no attention to that as compared to what we do for breast cancer. And and people have it wrong. And I think that it is actually unethical for us to claim to cure them of breast cancer, when that cancer would have never threatened their life and in fact, give them a worse disease.

Because if you're increasing cardiovascular disease, if you're increasing nor degenerative disease, if you're increasing onset osteoporosis, I mean, we can't forget that every single year, the same number of women that die of breast cancer die of a complication of a fracture.

We can't we can't say that we're curing breast cancer and contribute to osteoporosis. If we do that, how are we helping women? We're not, we're not, we're not.

I'm just saying that the whole person, the whole life and all these things considered you're that breast mammograms start that ball rolling to then increase other causes of deaths that are not breast cancer related.

Even it starts this ball rolling down the wrong path. Yes feels people the wrong emphasis. Instead of focusing on prevention, health, nutrition, the mind or emotions, being wise and and getting do the things to protect against cancer instead of that, we think mammograms are going to protect us and it's so false.

It actually is causing lots of harm. And then of course, we're into this whole idea where chemotherapy is the only answer. So it's it's just leads to a whole vicious cycle.

That's exactly right. And the way that they're getting into this vicious cycle is because we are using this unsophisticated tool that actually causes cancer to screen for cancer.

And beyond that, I mean, just looking at the numbers, if you take 2000 women and you screen them yearly over ten years, you will maybe, maybe, maybe save one life.

You will cause ten women to be unnecessarily diagnosed and treated for breast cancer, and you will have 100 women come back for unneeded studies, unnecessary biopsies.

And you know, once you do that to a woman, that's a bell. She can't unring. Once you tell her that her breasts are abnormal, she believes are abnormal.

Right. So it creates a tremendous amount of anxiety. And the cost to the woman is tremendous. So when we look over a population, not only are we not saving lives, not only are we not helping, people were really hurting them.

80% of biopsies, which all starts with the mammogram, 80% of biopsies are done for benign changes in the breast, 80%. We are only correct when we biopsy a woman by 20% of the time.

So I don't believe in using and you know, I could talk about more studies. The data is very clear. Mammograms do not save lives. And they just lead to overdiagnosis, overtreatment, and unnecessarily unnecessary and early death. So I never present a problem without presenting the solution.

Right? Because for a long time we really didn't have one. But there are ways now to safely, effectively, painlessly screen for breast cancer. How were you lucky enough?

Or how would you searching for to find new technology that doesn't radiate the breast and allows women not to result in over biopsy? And how do you, like, fall into this dumb new technology?

Because God is good. And I happened to be at a conference, two years ago or two and a half years ago, and someone told me that they had this scan where they lie down on a table and they put their breast in a warm water bath, and there's no radiation and no compression.

And they had this screening test for breast cancer. And I'm like, listen, I'm a breast cancer doctor for 25 years. Like, what are you talking about? There's no such thing.

They were like, yes, yes, yes, there's such thing. So I said, okay, tell me, introduce me. I need to hear, I need to, I need to learn about this for myself.

So I got introduced to this gentleman, Doctor John Clark. So Doctor Clark is a medical oncologist by training. He ran the cancer program at a at the University of San Francisco and he's a brilliant man, just an absolute genius.

He has 13 unique inventions and patents underneath his name. He invented the cardiac calcium score. He invented the virtual colonoscopy. The CT colonoscopy.

Safer Breast Imaging with Perfection Imaging

And the NIH actually tapped his shoulder to say, listen, we're right now we have no good option to screen these high risk women. Mammogram doesn't work for women with dense breasts.

And we can't we can't use MRI for screening every year. It's dangerous for gadolinium. There's access issues. It's expensive. It's unpleasant. Can you come up with something or screening the breast of high risk, dense breasted women.

And it was really meant to replace Mr.. That's really what the intention was in the very beginning. By the way, people should know that, breast MRI's and ultrasound also overdiagnosed cancers and we lead to unnecessary biopsies 100% wasn't a mammogram.

So they're not an option, you know, 100%. And I want to say about Mr. Miller is especially notorious for overdiagnosed saying the number of false positives with Mr..

Is is unacceptable. And I have known way too many women and actually you know, I am guilty of doing more surgery on people than they should have had because the MRI said that there was extensive disease in the breasts and I believed it.

Right. And women undergo mastectomies in which they have their entire breasts removed because an MRI said that there was diffuse disease. And then the pathology doesn't show any cancer at all.

And this happens, and it's not infrequent that this happens. So Mr.. Is not an acceptable screening tool. So in any event, Doctor Clark solved this problem, and he solved it so well that it's really applicable to the general population.

And because it's a very simple test, it's an inexpensive test. There's no radiation, there's no compression. It uses sound waves transmitted through a water bath to collect 200,000 times more data points than MRI, and creates a true 3D reconstruction of the breast, all without pain, without compression and without radiation.

And the one thing that this test does that none of them, none of the other ones do, which will save people from unnecessary biopsies and overdiagnosis and overtreatment, is that this actually has functional capability and what I mean by that is the way that things are measured on more or on ultrasound or even on mammogram is that, you

know, they take calipers in each direction and they measure the length and the height and the width.

And they they say that's how big the lesion is with its actual volumetric measuring. So what what we're doing when we see a lesion in the breast and it's subclinical, you know, because we're doing these these scans as screening.

So you can't feel it. And we're we're getting an image and a picture. So we're able to see what it looks like what what its character is or light. Is it regular or is it not regular or is it cystic.

Is it solid. And all the other modalities are doing that as well. But what we're able to do is get a volume and then bring that person back in 60 days, repeat the scan and measure the volume again, and measure a doubling time and we know that cancers have a doubling time of less than 100 days.

And things that are either not cancer or not important have greater doubling times. So if you about something with a doubling time of 300 days, we say, okay, so you have a mouse in your breast, it's not going to hurt you.

Come back next year and we'll take another look and then come back next year, and we'll take another look. And we continue to measure the doubling time is it converts to something else.

If it transforms okay, you deal with it then. But most of these things won't most. And then they're not exposing themselves to radiation to take another look at it.

If they want to see if it's growing. That's exactly right. That's exactly right. So no one is hurt, no one is harmed. It is 100% safe. And yet we save people from a lot of heartache, from unnecessary radiation, from unnecessary biopsies, from unnecessary treatment, from overdiagnosis.

And this is going to make a huge impact. This is going to forever change how we screen for breast cancer. Now, I don't want to oversell, right? Like no imaging is perfect.

This is not going to pick up absolutely everything. And you know what? I'm okay with that. I don't need it to pick up absolutely everything. I think the 50 or 60,000 cases of DCIs, ductal carcinoma in situ that we are diagnosing every year, we're treating these women like they have breast cancer.

This is a travesty. I don't want to pick up everything. However, you know, the critics say, well, the only way you can see calcifications is if you do a mammogram.

Actually, it's not true. We see calcifications on q.t and if they are associated with soft tissue density, then okay, we're suspicious that maybe there is something there.

And so we bring them back in 60 days and take another look. But we're not calling everyone with calcifications and telling them that they need a biopsy, because I don't believe they do.

You know, let's say. Yeah, yeah. So what? Let's get into a few more things. But what if there are particular women listening to this? Yeah. And they think that well, I'm going to I want to stop doing mammograms and maybe try to use this cute new imaging would be a safer technology.

Yeah, I know there's some limited limited availability, but it's limited availability and number or a website. They can go to to find the nearest place to their own home or how they can travel to I mean, literally, you can Google imaging and it will tell you all of the sites that currently exist in the United States.

There are 17 you to imaging that are seven there. Yep. Two imaging.com. And there are seven sites I own two of them. My sites are called Perfection Imaging.

So perfect. I imaging, but I list all the sites on my website and I list all the sites on my Instagram. So if you follow me, I doctor Jen Simmons and my Jen has two and so Dr. GNN.

But I also want to say that I am not using imaging alone to for me to decide who does and who does not get imaged, biopsy treated, that kind of thing.

Holistic Screening and Prevention Strategies

Because I think that breast cancer screening should be as holistic as all the other things that we do. Right? And so, first of all, I tell everyone you should be doing self press examination.

I think this is an totally underutilized tool. I think that is extremely important. Every single woman thinks her breasts are lumpy. That's okay. Just own your lumps.

Know what your breasts feel like when they're normal, so that you can know what they feel like when there's been a change. If you are premenopausal, if you're still getting your cycle, I tell people to do it on the seventh day of their cycle, or the seventh day after their cycle starts.

If you are post-menopausal, you can feel them on the first or whenever you're going to remember to do it. And a breast exam includes looking at your breasts and feeling your breasts, examining your breasts.

So I think everyone should be doing a breast examination. The other thing I think everyone should be doing is the Aria test. Do you know about the area test I ever talked to you about this?

This is this is the tears test. So this is a test that's done on the fluid in your eye, where you take a tiny piece of litmus paper and you put it inside of your lid and you close your eye for five minutes, take the paper out, send it off to the company.

A week and a half later, you get a result that it's either normal or you have a clinically significant result. Now what? This is not a test for breast cancer.

This is a test for two inflammatory proteins, the S 188 and S 109 proteins that when they reach a critical level, they are highly associated with the early stages of breast cancer.

And so this test has a 93% sensitivity for breast cancer, 93% better than any imaging with the exception of MRI. The specificity of this test is 58%. Now, that means that 58% of the time if you don't have breast cancer, your test will be normal, and 42% of the time, if you don't have a demonstrable breast cancer, this test is still going to be positive.

I want to be clear there are no false positives for this test. If your test is clinically significant, you do have the inflammatory precursors for breast cancer.

And if you do nothing, if you change nothing, 11% of people every six months will develop a clinical breast cancer. So this is clearly an indication that you have you are on the path to getting a breast cancer.

And what I consider this is opportunity. This is your opportunity to take charge of your health and actually prevent a breast cancer diagnosis by doing all of those things that you talk about by it's like reverse if you see it coming on early stage.

Cancers are a reversible condition. Yes. And by doing everything right, it's just like we try what people have high cholesterol, high blood pressure or they have diabetes.

They can get rid of it through nutritional excellence. Yes, you get rid of those things and you can get rid of it. Early stage breast cancer. Yes, that's correct.

You can avoid ever getting a diagnosis right by by doing all those things that you talk about. And so for me, I think this tests and there's going to be plenty others like it.

Lots of people are going to knock this off because it's just too compelling that the the data is too compelling. So this test, I believe the one that I'm talking about is the Aria test.

A you really care and if you want to use my discount, it's Dr. GNN 20, which will get you 20% off. And it is like $130 test. So it's extremely affordable.

And this test and test like it will be the determining factor on who does and who does not get imaging in the future. Because if you have a clinically negative Aria test, there won't be a reason for you to get imaging because the likelihood that you have breast cancer, if you have a normal examination and a normal Aria test, is nearly zero.

So I think things like this are going to revolutionize how we screen for breast cancer. And then if you do have a clinically significant result which like, let's face it, we have a pretty inflamed population.

So if you do have a clinically significant result I recommend two things. First of all, go get imaging. But get safe imaging right. Get a CT scan, come to Perfection Imaging or go get an ultrasound.

An ultrasound will absolutely, positively suffice in this instance. And then do everything you can to reverse that condition. I mean, that's why I wrote my book, The Smart Woman's Guide to Breast Cancer, so that women could take control of their health because right now we are such a reactionary society.

But that's not what we want to be. We want to be proactive about our health. We want to not only protect our health, but build our health. Right? And so in my book, The Smart Woman's Guide to Breast Cancer, that's exactly what I'm giving you.

I'm giving you your roadmap map to health.

Building Health to Prevent Breast Cancer

I also have a group, I have a breast cancer prevention program where people can learn exactly how to build their health so that we can prevent disease because as you, as I, you and I know when you build your health, disease goes away.

Yeah. It's a, it's that it's a very important thing we're talking about. That's why I'm very proud of this summit and particularly the information that we're presenting, because half of the women walking around with a breast cancer diagnosis not never need, never have a breast cancer diagnosis.

They shouldn't have that stress on their life. Number one. And number two, the other half who really do have breast cancer could have prevented it if they learned about nutrition, excellent nutrition and precision nutrition and really took their health into their own hands, they would have, you know, the vast they would have never gotten breast cancer to begin with.

We have this opportunity in human history right now. We can win the war against breast cancer, and not the 60 billion they spent on trying to find a chemotherapeutic agent that would work more effectively.

But we have the we have the basic lifestyle factors people can instill in their life. Right now we have all the technology, but people don't have to date breast cancer anymore.

But it starts to start with what people do in their own home. They've got to start taking better care of their health. That's exactly right. And you and I know that, and it's very logical.

But the problem is that we're fighting a system that only rewards disease, right? Like, you may get people to come to you because they want to be the best versions of themselves.

But most people don't engage in the medical system until they have to. Most people don't engage in the medical system until they've failed. And in the area of cancer, this is big business.

You know, cancer is the number one moneymaker for every single hospital program. So prevention is not a popular thing. It's not popular programing with hospitals because that's where they make their money.

And I don't think there's ever going to be a chemotherapy that cures, because why would they want to cure the disease? There's no benefit to them curing the disease.

The benefit to them is prolonging lives, but not building health, not curing anything. So our system is just so very broken. And until we start to reward health and wellness, it's going to continue to be broken.

And you and I are going to be, you know, talking about what we're talking about to a select group of people who get it, but most people don't. And there are a lot of people that just don't want that responsibility.

They've been so ingrained to farm out their health, right. And that that, that they can do whatever they want to do or do whatever they've been doing.

And the doctor will just take care of it. I know, you know, well, this is really important stuff. And people that are listening to this program, they're getting a huge benefit from this.

And we appreciate your contribution here. And thanks for all you do and thanks for being part of the summit. And thanks for being my friend. Well, at all of it, it was my honor, my absolute honor.

Take care of you. I wish you all great health, much happiness and join us in the next session.