Introduction to Breast Cancer Prevention

Welcome back and glad you're joining us on this cancer prevention summit. And today, of course, I'm so excited to be interviewing my daughter, Cara Fuhrman, a natural physician who's actually devoting most of her efforts to specialize in breast cancer prevention.

So it's really one of her tremendous interests and specialties. And obviously we work we work together in a lot of aspects of our careers. So, Cara, so I'm going to talk to you today, particularly reinforce some of these more controversial issues in breast cancer screening and of course, and prevention.

But you and I both are on the same page here that whenever we're talking about screening, that's not the most important issue. The most important issue is what really prevents breast cancer really can really save women's lives, which is not screening.

So if you could just reinforce the like 1 or 2 minutes, a few sentences on what real prevention is with regard to breast cancer, I have a really unique experience where you showed me something most kids never see throughout my whole entire life, and that's that.

Cancer is common, but largely preventable. And that's based on what you're eating. Our lovely acronym G bombs, greens, beans, onions, mushrooms, berries and seeds being some of the most anti-cancer foods.

Especially doing this in an easy way, like putting flaxseeds on your food makes a huge difference. And you've taught me that from the moment I was born and showing us that you can really control your outcomes with diet and keeping your body fat, low, exercising, having low stress, and living a lifestyle that is going to prevent you against cancer.

Right. And that's the main message is that we continue this has freedom from worrying about cancer and other diseases.

Why Lifestyle Matters More Than Screening

When you live a life with good exercise, good nutrition and reducing stress, right? So clearly the people miss the whole point. They think that and they think that like mammograms save lives, right?

They think that mammograms saved lives by 40. And they're just and and it takes the focus off there, the fact that they're in control of their risk factors by what they put in their mouth.

And they and they think that now they're it's all about medical care and not lifestyle medicine. Right. So let's just discuss that right off the bat. What is it. What about when people say, oh you're discouraging people from getting mammograms.

You're you're going to harm women and kill them because mammograms saves lives and reduces breast cancer deaths by 40%. This is what they throw out loose breast cancer deaths by 40%.

So I know we've talked about it. We just hit that hit that topic one more time about what is true here, how much mammograms can help or not at all, or mostly harm.

Well, you said that mammograms can reduce breast cancer deaths by about 40%. And first off, that's more like 5 to 10% or not. Not significant at all. When you look at the decades of data with more recent trials, including the most rigorous randomized controlled trials, including the Canadian National Breast Screening Study, which had a 25 year follow up, showed no significant reduction in breast cancer mortality for women aged 40 to 59.

And then you take a look at the Cochrane meta analysis that had over 600,000 women looking at all cause mortality, showing no difference in overall mortality between screened and unscreened groups.

And another point is that it's irrelevant to, say, breast cancer mortality, because if they're dying of another cause, why do we care if breast cancer mortality is reduced?

We care about overall mortality. And that's what she we should be looking at. So the picture is just not as clear and a lot more messy because the some studies show that modest mortality reduction but others show none and they all share the same message.

And that's overdiagnosis. We're finding cancers that would never have harmed a woman. We treat them aggressively. And then we call that life saving. But that women goes on five years later, then die of cardiovascular disease.

So it's not as simple as that one statistic. It's much more complex. And there's a lot more things to look at. Right. So any any person using the whole term reducing breast cancer deaths, throw that person that whole argument to be thrown out the window.

Because if breast cancer deaths even used a little bit or however to reduce, it doesn't matter if they're causing other deaths. You're saying, right. And you do that for all mortality, all cause mortality, right?

So overall mortality is insignificant affected.

Mammogram Limits, Overdiagnosis, and Mortality

But there's some. You know, there's some advantage to screening women, especially women who don't live healthfully. Right. So that's where I think that's where you and I have both invested into the science about imaging and been convinced to adopt it and use it as a modality that women who want to get screened can use imaging without radiation that can damage the breast, and without the misdiagnosis and overdiagnosis.

That's so common in mammograms, right? Yeah. I'm not telling women that finding cancer is a bad thing to do. I'm saying that mammograms aren't the only way to find it, and they create far too many false positives and false negatives, and they expose the breast tissue to radiation.

They expose you to unnecessary going for unnecessary biopsies, and all of that matters. And now we have a better technology that exists. So it's not don't screen.

It's luring your options and see what else is out there. And be informed before you go into your doctor's office and deciding if you want to get a mammogram, right.

So cute is how does she prevent overdiagnosis? So we're saying that imaging will prevent the woman needing to go for a biopsy, because the biopsy readings are not by the pathologists, are not accurately diagnosing cancer.

They overdiagnosis cancers and they send people into treatment cascades that are not needed. And how does Kutty prevent that? Because she is 40 times more clear of a picture than MRI, and 20 times more clear of a picture than mammogram.

And it can see masses very, very, very clearly with a 3D imaging calculating their volumetric size. And so with Kutty, if we find something that looks suspicious, meaning it, you know, has a clinical cancer appearance that the density and the clinical context we can send you for a biopsy if it's straightforward like the mass is speculated, it's a solid mass.

But most findings that we're finding with screening, whether it's mammogram MRI, aren't clearly suspicious, they're ambiguous. And they have a similar form to assist or a fiber adenoma, a non-cancerous, a benign abnormality, let's say, in the breast.

And so we can change the game where it can measure that size very accurately, instead of biopsy, something that we're uncertain about, we bring you back in 4 to 6 months to reskin it with no harm to radiation, with any radiation.

And we measure the size of the mass 4 to 6 months later to calculate how fast it grows in size. Because average cancers double about 120 days, some can be less, but benign things take a lot longer.

They might even get smaller. Or maybe not take maybe not double in size at all, but it could take 300 days or longer. So we know that if the lesion hasn't grown meaningfully in 4 to 6 months, we know that it's not the threat we're worried about.

And the biopsy then becomes unnecessary, which is very, very important because the biopsy is the problem. The biopsy is what's leading to overdiagnosis.

And with Kutty using this approach, we can prevent about 80% of biopsies in this country that are done on benign disease. And that really matters because the pathologist looking at the dead cells under a microscope cannot tell if this cancer is aggressive and needs to be treated, or if it's benign and doesn't need to be treated.

But what can tell is the doubling time with imaging, right? So cutesy imaging is more accurate than the biopsy in many cases. Except of course, when when you know it's more of a definitive cancer, then you might go straight to a biopsy if the identifies it as cancer right off the bat.

How CUTE Imaging Reduces Biopsies

But I think that's the issue here is people don't realize that radiologists are taught if there's one in a 50 chance of something being abnormal in the being cancer, just 1 in 50, by the way it looks.

They send it on for ultrasound guided biopsy, right? They send it on to the next step and then into those. So even 1 in 50 chance you send for a biopsy.

So all these thousands and thousands of women calling for biopsies all the time creates an unbelievable amount of fear. And then you get mistaken readings from the biopsies that aren't accurate which further compounds this.

So this is more information. So yeah. So I think that was good. That was good. You said all I guess the next question I have is that since you and I are so lifestyle medicine driven and convincing the population that nutritional excellence and the portfolio and nutrition and diet is so incredibly protective against breast cancer, then why do any screening, why why are we advising, imaging or are we advising imaging?

In other words, why bother with any imaging if you're going to be protected with your lifestyle? Yeah, that's a really good point because screening is not as important as eating right.

But many people haven't eaten right for whole life since childhood. That's very rare. Most people that start eating rates in the last six months, most people I see when they start eating rice the last six months and last two years, and they're already 60 years old.

So we're using this screening method that has no harm to look, you know, really look at all the different avenues to prevent someone from wondering what's going to happen in many years.

But we have something that's more accurate that won't harm you. And we know that diet is really powerful at reducing risk, but it doesn't mean 100% protection if you haven't been doing it since childhood.

And the risk reduction you have from eating a healthy diet is proportional to how long you've been following the diet. So screening really is a personal choice, and I think that's important for everyone to know as well. Right?

You don't have to be screened if you don't want to know. Right. But I think there's some other advantage there because let's say a person has DCIs, right?

Let's say the screening picks up inside two, and we're both agreeing that ductal carcinoma in situ shouldn't be called carcinoma because it's not cancer.

It never kills people. It doesn't metastasize. It's not invasive. Cancer shouldn't be called gains. It just gets people nervous and scared for nothing.

I mean, sure, a tiny percent could go on to become invasive ductal carcinoma, but in any case. So now we have a woman who we identified ductal carcinoma in situ, which is a precancerous lesion.

It's not cancerous, but knowing that may be motivational important. So this woman now can change a diet, take the right supplements, lose weight and prevent that pre-cancerous from decision to ever going to become cancer.

Even the very tiny chance it has it can actually go on to cancer. It's like getting a person's cholesterol level and saying your cholesterol is high. You don't have a heart attack or heart disease yet, but let's get the cholesterol down.

So here you have some changes in the breast that are that are precancerous condition like DCIs. Now on the conventional treatment doctors, they'll put a with a mammogram, they'll find DCS and they'll go to biopsy and they'll go to have an surgery and start treating these people right.

It was crazy. Right. And we can use early screening and early detection to as motivation for people to go harder on the diet and to supplement properly to exercise when before it becomes something that's really severe and really aggressive.

And then you could follow the cut down the road to confirm it's not growing each year, let's say, or every two years. And the woman is no at risk. She's actually showing that DCIs is actually shrinking, regressing or stable.

We don't just let them develop invasive cancer, even if woods chance of developing cancer from it is 1%. Right. So it's so yeah. So I think that there is an advantage in women picking up early disease that's not cancer, that we can identify it and then we can.

Dense Breasts, Radiation, and Repeat Screening

And even if it is a non aggressive cancer, most the vast majority of the vessel doctor carcinomas and invasive rather carcinomas, the most common postmenopausal cancers aren't responsive to chemo anyway.

Right. And still and that means they're more responsive to dietary interventions. You know. So it's we're still back for the same same thing here. But yeah it's like motivational to add to see people like to know what's going on in their body.

Yeah. So that's why we say it gives you freedom when you're eating a healthy diet. But then screening also gives you a peace of mind to know that you're on the right track.

And if we do catch something early, you can go harder on the diet. You can use those nutritional therapies and everything. And the really awesome thing about screening with is that you don't have to worry about if you have an abnormality in the breast or something like DCIs, that you're radiating the breast, and you keep adding that radiation exposure on by mammogram.

And the thing about people who have an abnormality to watch, like DCIs, they're usually recommending that they're getting mammograms more frequently and then exposing their breasts to radiation more often, which the the dense breasts and people with DCIs, that breast tissue absorbs more radiation.

And just putting it down right. There could be more damage from the radiation from the repeat screenings to make the DCS more likely to advance, to become invasive. Exactly.

So we have this imaging with no radiation. There's just no harm in following your case with imaging, whereas there is harm in following the case of mammogram.

Right. I wasn't thinking about that, that DCIs actually in conventional mammograms are getting more and more screened because people say, oh, the radiation you're getting from a mammogram is just like riding on a plane.

It's insignificant. You want to address that quickly? Yes, that's a good point. It's because that is a really common myth that we hear all the time that it's the same as a plane, it's the same as a computer, it's the same as a cell phone.

But that's simply just not true. And the radiation that we're getting from a mammogram is concentrated in the breast tissue. It's not spread all over the body like when you're sitting on an airplane.

And the ionizing radiation to sensitive tissue accumulates over time, with repeated views and further screenings over decades that we continue to get.

And the other important thing here is that the breast tissue, there's three different tissue types of tissue that are encapsulated under the skin, in the breast that's glandular tissue, which is the tissue that produces milk.

When someone's breastfeeding, there's a lot of fat in the breast and there's connective tissue that holds it all together. So when you have more of that glandular tissue, it means you're breasts are more dense.

And that's about half of our population. And those dense breasts also absorb more radiation and sustain more damage. And then going further into dense breasts, people are often called back because mammograms cannot tell the difference between a dense breast and a mass.

They both show up as white, so masses and cancers can hide within dense breasts, so they often require people to have extra views and repeat scans, which then just further increases that cumulative exposure to radiation.

Right. Yeah. So it's a real it's a vicious cycle. It's good. We're talking about this because this is that's very difficult for women to grasp this because they're so not only misinformed, but they're brainwashed to like a religion, to believe that mammograms saves life, to repeat something over and over again.

And it's like drummed into their, their, their persona, you know? Right. And we're not saying that, you know, the radiation from one mammogram in your lifetime is going to cause cancer.

It's not the single mammogram, but it's the cumulative effect across a lifetime of screening. And that deserves more informed consent. And the main point here is that when we have new advances in technology, we have to pay attention to them and at least be open to change to learning about these new technologies is just a better option with 20 times more clear of a picture and no radiation.

So I don't really even understand the debate.

Responding to Criticism and Building Trust

Yeah that's great. Anyway, so I noticed in your social media you must have said something on social media because I notice somebody said, well, you know, well, you're not an oncologist, you're not a radiologist.

What are you talking about? You're not a breast surgeon. What? Some why are you talking about breast cancer? And why should we trust you in order to have this information, you know, to be giving us information.

So there was this such what's the word backlash? Because imaging is a new technology and the manner is entrenched. The industry and the are entrenched into the, you know, in the medical, pharmaceutical, monetary complex.

So you're going to get a huge amount of pushback with any new technology or ideas that doesn't fit conventional framework. And they'll do it by attacking you personally.

Or, you know, I have plenty of personal attacks just because of my outspoken stances on things, too. But how would you how do you respond to that? Oh, great.

So I have a great role model model here. My mentor is also being attacked. I know, I really I came to the medical, the medical industry, being from a medical family.

So it's like in Hollywood where someone's an actor and they call them a baby, right? Where their parents were also an actor, some kind of like a Nepal baby in the medical field.

And I know a lot of doctors, especially you, my great mentor, that's showing me cancer can be something we prevent through lifestyle, and that it's not luck of the draw.

But that isn't the only thing I'm leaning on. am not claiming to be a radiologist and not claiming to be an oncologist. I'm a licensed natural doctor specializing in breast cancer prevention.

I am working to understand the data. I work with patients to prevent and help supplement their treatment and educate them on what the science is showing us to optimize both prevention and screening.

But I do work with a board certified radiologist that did her fellowship in breast. She's a she, you know, had many years of looking at mammograms and MRIs and she's viewing cuts.

I consult with her. I also have a PhD researcher on my team who's saying up to date on all the best nutritional research and even research when it comes to screening.

And then I also am referring people to one of the best breast cancer surgeons in the country, in the LA area. She's absolutely amazing. And I also ask her questions when I have them.

So I have a lot of guidance, I have a lot of my own knowledge, and I practice within a supportive environment of highly trained and experienced professionals, including you.

You are someone that I can always go to every single day as my father, as my mentor, as an amazing doctor. In addition to all the other doctors, PhD researchers and radiologists that are also on my team.

So I'm not working alone, and I'm not the only one behind the care of these patients, right? Right. The cutesy imaging, we're not reading it, the read by a board certified radiologist with a fellowship in breast and breast imaging who are trained in.

Cute. Right. So it's like they're knocking you from and and and not sharing. Sharing this information on social media isn't stepping outside of my lane.

I'm getting those comments. A lot of you know, you're not a radiologist, so don't share this. I even actually got a comment where someone said, you're not a breast cancer survivor, so you cannot speak on this.

And I'm thinking, does your gastroenterologist have colon cancer? Do. Do you want to take advice from people that have already gotten cancer? Don't you want to take advice from people who are preventing disease?

And I find this as us doing our job, helping so many people navigate breast cancer through evidence based nutrition, lifestyle, supplemental protocols and inform screening decisions.

So our goal is to help patients understand their options and have more access to these comprehensive conversations around breast health. Right. Yeah, I think that was good news.

And you express it pretty articulately.

New Technology, Education, and Patient Choice

And what so obviously there is a kickback and difficulty in gaining acceptance of our methods and the new technology, in spite of the fact that we have that we work with a highly respected and, and, you know, medically medical team and in spite of the fact we have tremendous experience and focus on research and and the science supports what we do, not the conventional treatment, the science we have, we can back up what we're saying with scientific references.

and I just wrote or we just wrote a like a 50 page booklet about this, right? That people can download a 50 page booklet about advances in new technologies and breast screening and preventing breast cancer.

So and with with all the references people, all the scientific references. And it's not to scare people, it's to offer education and for people to be able to make better decisions.

Because as we were talking about before, this is all a personal choice. We're here to share the science, the education with people, and they can do what they want with it.

And so that's why we made this, you know, Breast Health and better screening options booklet where if you're in San Diego, we're handing them out to anyone that wants one.

Or we can send it to you on the internet to download as an e-book. So we really just want to get the word out there and tell people that there's better options, right?

It's kind of interesting, though, that, you know, we're finding out how vehemently and aggressive when you can be attacked, when you're in some way speaking against the conventional, authoritative recommendations from medical industry and all the money behind that, how you could so how better, better technology is so hard to go in to move the old technology out or to get accepted because there's such a we're learning it's very difficult for a new technology to push aside.

An older technology is not as good. I don't even hard to understand. Well, you know, it's my money to a degree, right? Absolutely. And if you think about that in your everyday life, let's take the iPhone and AI technology.

We're all half robot walking around with our iPhones and AI computer systems. If we were as far behind in personal technology as the medical field was and medical technology and accepting advancements, we would still be using landlines with these cores at in our houses and not taking them out with us as cell phones.

Right? Like, to put that into perspective, it shows you how resistant the medical field is to new advancements in technology, whereas the modern day human is walking around with the next best thing that comes out yesterday.

Yeah, that's no questions to question. If that technology is bad for us, right and right. And we're and and the bottom line is the clinicians, the doctors, the surgeons, the radiologists working with this new technology are finding it more informative, more accurate and more helpful to guide clinical decision making with their patients.

Absolutely. And the last thing I really do want to point out in talking about overdiagnosis and better options, is that we do have to realize that when we're treating people for breast cancer and they don't need to be treated, we're putting them down a rabbit hole down a path of severe suffering, anxiety of a cancer diagnosis.

A lot of the treatments put them into early menopause if they haven't gone through menopause already, and that causes a lot of brain fog. It causes vaginal dryness, and most of the treatments for breast cancer are increasing your risk 2 to 3 times of cardiovascular disease, which is already the leading cause of death.

I think it's really important to point that out is that with this new technology, we are able to reduce the number of people that are unnecessarily being treated with very harmful treatments where you really want to weigh the pros

and cons. Right.

All right. Well, I think we it was it's good we didn't speak for. We went we covered the main points. Limited time not to make people go on and on forever in the same subject.

But thanks a lot for putting your input into this and help people understand the concept between that we're talking about and why we are. Wiley kind of joined the bandwagon on cue as an ad, as an adjunct to to aggressive lifestyle medicine or aggressive nutritional excellence.

Right? Absolutely. We all know someone that was diagnosed with breast cancer or has breast cancer, and we're here to help those people reduce those rates and help everyone live a happy life.

Okay, okay. Good luck to you all and get back. And please follow through on this and give us your feedback and your questions. We really just want to be available to be of assistance to you.

Absolutely. Bye