Breaking Down Barriers In Breast Cancer Care Transcript

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Introduction and Guest Welcome

Welcome, everybody, to another episode of Breast Cancer Breakthroughs Summit. I'm Dr. Véronique Desaulniers, better known as Dr. V and your co-host for this summit.

So today I have a very special guest. Dr. Tony and I go back many, many years, and I had the opportunity of actually working alongside Dr. Tony at his Hope4Cancer Clinic in Cancun.

I used to host retreats there with our clients to introduce them to his clinic and to show them that Cancun was really a safe and lovely place to visit.

So Dr. Tony is the chief medical officer of the Hope4Cancer Treatment. He's a world leader at the frontier of integrative oncology. He has two locations one in Tijuana, one in Cancun.

And he's been at this for more than 30 years. You know, his bio says he's dedicated his life to the study, clinical research and implementation of integrative strategies.

That looks really good on paper, but it goes beyond that. I can tell you from personal experience that Dr. Tony comes from his heart. He really cares about his patients and everything he does and everything that he all the travel that he does and all the research that he stays on top of is to be able to benefit people like you that are listening.

He's written a fantastic book called Hope for Cancer. So he has the 7 Principles. I have the Seven Essentials, the very similar, but that's a wonderful book that I've enjoyed sharing with my clients as well.

So Dr. Tony, welcome and thank you for your time. Thank you, Dr. V. Always good to see you and to be part of such an important summit, because we know that cancer is going to be increasing and we'll talk about that now.

And 40% of our patients at Hope4Cancer are breast cancer patients. And we've had right now in our Cancun facility and we have patients from over 12 countries.

So this is not only as we all know, not a U. S. thing only. Right. It's across the world from small island countries like the Cayman Islands and Barbados and Bahamas to big countries, you know, where there's a greater population.

But the incidence is increasing throughout the world. So please share this information with others.

Breast Cancer Trends and Rising Incidence

And it's also vitally, vitally important, especially now in 2023. It is. It is. And you can see in the video that Dr. Tony has prepared a beautiful presentation and and just a few highlights.

He's going to talk about the changing face of breast cancer, breaking barriers to outsmart cancer and laboratory predictions of breast cancer risk and what you've observed, that's your center.

So, Dr. Tony, take it away. Thank you. Thank you for that. Dr. V and everyone watching. It's we know that there's changing trends in the incidence of breast cancer.

And the statistic that I show today is from the U. S. And this is very important data because it's a long term data collection that's over 22 registries.

This was put forth by the National Cancer Institute, breast cancer data work and outspoken patients were they saw

from 2000 that the incidence of cancer in the U. S.

dropped in rates early in the 2000, and that was most likely caused by the reduced use of hormone replacement therapy for menopausal women and more so indiscriminately, and synthetic hormone replacement therapy.

We have to be qualify that very carefully. But then in the mid 2000, breast cancer incidence raised rates increase in women and at a steady rate of 4% per year.

So you see this red line going from left to right. You see the increase. However, there was a drop in 2020 and of course with the spread to reduction in screening because of COVID.

And so but the trend continues to grow and this is the incident. But then look at the next slide and this shows that more invasive cancers are also increasing.

Since 2000, the rate of diagnosis of breast cancer of invasive stages has been growing at a rate of greater than 2%. So if you look at this, this is quite significant when you take into consideration the population, the number of people.

And of course, also there was a drop in 2020 again due to COVID and reduction in screaming and attacks. And so not only is the incidence increasing, but also the increasing number of more invasive, aggressive types of cancer.

And so this is why it's important to start now, not mañana, as they say, of Mexico. We're being proactive and following the seven essentials, following the seven key principles that I'll describe briefly and in a little bit.

And so this was evidence. It's been published out of JAMA, the Journal of American Medical Association Network, where the incidence of breast cancer with distance involvement among women in the U. S.

from 1976 to 2009. So what this showed, as we see in this next slide, is what's called APC the annual percentage change in the incidence of metastatic breast cancer per woman in the age bracket of 25 to 39 years of age has also increased sharply in the U. S.

over the past few decades. And I see that this increase increases. Yes, it's over the past decade that this study was done, but I have seen it over the past three or four or five years.

More recently, for example, we have a patient now in our control center from only 25 years old with metastatic breast cancer. I mean, I didn't see this 30 years ago when I started in ontology.

Our average age. Dr. V and Everyone for a breast cancer patient was 60 to 65. That was a main and now I would say is 35, maybe 32 to 39, 40 and as young as 24, 25 years of age.

And I must say that this is not only for breast cancer, it is also true for other types of cancers and specifically colorectal cancer. We're seeing much younger patients.

But as you see here, yes, Dr. V? Okay there she is. So why the increase? Yeah, it's it's interesting because look what it says in this study. It says the potential risk factors discussed that could be triggering this change is processed foods, obesity, sedentary lifestyle, alcohol, microplastics.

I think the list goes on and on, including stress. I think that social media and what's happening in society now is contributing a lot. As our good friend Dr. Lenhart from Germany says, there's three main toxicity of these aluminum, glyphosate and EMFs.

And when we do testing at our centers, we're seeing that 90%, if not more, of our breast cancer patients have high levels of aluminum and very toxic, of course.

So we're getting that from the air, from the environment, and hopefully not from, you know, cosmetics, because we

know better than using those types of toxic substances.

Smart Cancer and Quality of Life

But, you know, that's that's the end of the breast cancer diagnosis per 100,000 women age 25 to 29 in the U. S., look at that from 1.5 per 100,000 to 2.9 per 100,000.

Statistics are getting even scarier, right? They say that one in every six women will have breast cancer sometime in their life. So enough with the with the statistics and the things that we don't want to anyone's to be scared or afraid but be empowered.

That's why we show statistics and data is that we have evidence, objective evidence that this is not just Dr. V or doctors in the breakthroughs. Summit, saying this or myself.

It's reputable. Not that we're not, but, you know, groups that are kind of in the standard of care, right. The JAMA and the National Cancer Institute saying what we are seeing clinically in our in our centers every day.

So then the question is, what do we do? And Dr. V mentioned about smart cancers, we know that 90% of cancers are smart cancers. Very few cancers are stupid cancers that Dr. Sledge said out of Stanford.

His lab is the head of clinical oncology at Stanford and the former head of the Emerging Cancer Society. So there's two types of cancers, smart cancers and stupid cancers.

Smart cancers are 90% of course breast cancers are in that category. That means that these cancers that are smart have many driver mutations are my hand is a tumor and my fingers are driver mutations on that cancer, smart cancer that many driver mutations.

And so if we suppress one with immunotherapy or a gene targeted therapy and might slow down the cancer for a while, but then the other mutations kick in and cancer cells, Mark is going to bypass that mutation.

So if any of you out there are having immunotherapy or gene targeted therapy, remember that that's not a means to an end that can be used for a short amount of period to subdue a bit of cancer growth.

But you have to engage in a holistic treatment plan or multi centric treatment plan. And so as we look at treatments, what about quality of life? Dr. Lee It's so important that if we're going to live another year or another 50 years, we want to live the best quality of life.

And then this work that was done at the University Cancer Center in Hamburg, Germany, they found that the effect of conventional therapies on health related quality of life in breast cancer patients really took a toll.

So if you see here the arrows, the red arrows pointing down lowering radiotherapy during chemotherapy and one year post-surgery, there was a drop in health related quality of life with these conventional therapies.

And we might say, yes, we know this, but now this is this is a group, a university group showing us that what we've seen is so based and long term studies.

And this was 1123 breast cancer patients, and they matched them with over 3400 controls. So we see very clearly and they followed these patients for five year old diagnosis and post diagnosis, and they saw that the survivors mostly improved their health related quality of life from the 12 to 10 year follow up, but remain negatively affected for most functioning and symptom scales compared to control.

So that mean if you look up the bar on the left, that's before diagnosis, you see that almost 80% and never even at five and ten years it never got back to that level.

So not only was the health related quality of life being affected during the therapies of radiation and chemotherapy

or one year post-surgery, but even 5 to 10 years later, when these patients survived, they never regained that quality of life that they had before the diagnosis.

Very important data then. So what have we done for cancer? We also take very seriously into account the quality of life. So we've invested some time and looking at our quality of life.

This was 56, 54 patients with breast cancer that we tracked during their initial three week stay at the clinic. Remember, 75% of our breast cancer patients are stage four.

That means they fail conventional therapy and they come in dire straits. They come with significant quality of life issues, whether it's like a property where there's lots weight or there's fatigue, tiredness, sleep, pain.

We found that 92.6% improvement in their functional and physical quality of life patients that were maybe in a wheelchair or very difficult to walk across the road doctor we Kanter on going to the center to the hotel where they were They sleep 90.6% improvement in the physical emotional state of emotional how important is that we know that just having the focus, feeling empowered, feeling love, getting more, that in itself improves your prognosis and improves your quality of life.

So if you're going to a physician or a clinic that doesn't know strains of love and generosity, that there is no love and hope and positiveness you need.

I don't know if that's work, but being positive go change. Go to somewhere where there's it's vibrating, there's good energy, there's drugs, there's love.

And Dr. Reed is one of our masters in showing that. I mean, why not? No. So emotional improvement in quality of life and then cognitive, 83.3% improvement in cognitive health, you know, because of chemotherapy, chemo, brain.

So Profumo brain and and then the overall perceived quality of life. So this is where you ask the patient, you know, how do you see your overall partner life taking into account all factors sleeping, socializing, appetite, all of that?

It was 81.5%. And this is only in the three weeks of the there. And so we we then went a little further and we looked at what happens at three months time because they're three for three weeks and then they go home.

Unfortunately, this is a short group of patients. This is only time. This is hard work and it's work in progress. But out of these ten patients that filled out all their surveys and collaborate rated a contributor to the data collection.

Look at that, 100% of them at three months.

Hope4Cancer Outcomes and Survival Data

Well, not 100% of them. They had a 100% functional and physical improvement. 90% had more than 90% cognitive. 80% received overall quality of life. So what this means is that if you stick on a healing program, if you follow the seven essential, the seven key principles and are discipline and committed, you're going to get to resolve the problem and the challenge challenges, you know, got to be very well for having done this so long, is that once they leave, once, you know, they start doing other things or they they slack.

And so we even see it sometimes in order to want a center that's an inpatient facility. Once the patients leave and they're claiming the room for the next room, they they find the cleaning staff finds hidden in the in the drawers or in the closet.

They find, you know, things that they shouldn't be consuming, like Doritos and things like that. So, you know, we've got what we could do, right? But the point here is to stress that you can sustain that quality of life over a long period of time if you do what is best for you as recommended.

I don't have the slides here on five year survival data, but it's a question that of often asked. So we did five years

survival data for 2462468 type of parents.

One of them was breast cancer and this was a total of just under 2000 patients from 2015 to 2019. And as I said, this was eight different types of cancers.

But for breast cancer, the five year survivor, remember, 75% are stage four cancer patients. The five year survival for breast cancer was just a the of 50%.

And I asked my research and education team when I saw those numbers. And you were fine with that. They did. They came back two weeks later and so that's correct.

For example, from pancreatic cancer was 35%, five year survival in the stage four. And that's quite spectacular because we know that the NCI data is 2.5%, five year survival, 4.3 out of cancer and we were at 34%.

Wow. So for breast cancer, we're at 50%. And then what we did also, doctor, we are a research and development team, education team. We did what's called a longitudinal study.

I was told by a colleague at Harvard, Hey, Dr. Tony, you are hopeful cancer should two or three months longer total study. Because if you show that your patient survived three months, you're golden.

And I'm like three months, you know, just but through stage four, what does it matter? So we went further and we did a one year survival longitudinal study.

And for breast cancer, we have 60% and remember we're talking about around patients and so forth. So we are 60%. And I must say that for the SEER data for the NCI National Cancer Institute, it's 69%.

But they have their patients from the beginning right. That the referral when they're not after they've failed or were. So that was that significant. So I wanted to point out also this study that we did for.

One. And so now to get a little bit more on the practical situation is looking out. As Dr. Ryan noted the seven key principles of cancer therapy. And I'll just highlight them very quickly because of course we don't have time to go into all of them.

And these are a nontoxic cancer therapy, two or three of the most popular, most effective cancer therapies that we have are also cancer sono using sound and light.

As a matter of fact, Dr. V, it was just announced that the FDA approved stone therapy for liver cancer and that was work that was done at the University of Michigan and University of Wisconsin.

And just like 3 to 3 weeks ago, the FDA approved using sound therapy for liver cancers. And I expect that in the near future that will be extended possibly to other cancers.

So with breast cancer is so useful because it's obviously not a deep cancer like a colon cancer or lung cancer for using some. And life is one of the market for cancer.

Hyperthermia is unique in the sense that so or sensitive to it or normal human cells are resistant to heat. So combining in whatever therapy you're doing, even if you're doing conversion therapy, hypothermia, going to improve your results and decrease toxicity.

And then a lot of I with Tomahawks from from well, they are frankincense incrementally it's of course a more common one. So vitamin C, B 17 regulator, we're using our green tea ABC V intravenously that has been shown to kill circulating tumor cells or cancer stem.

So many botanicals, resveratrol or antioxidant. We know and we're in the process of developing a few other things or health accounts. It's one of the new sensitizes activity that we're using for photodynamic.

Terapie is using methylene blue intravenously and we had a patient not breast cancer but anyway, stage four and she's doing fantastic. Now with the resolution of ten brain tumors completely dissolved, the interesting thing is that her face turned blue because of the methylene blue and it's absorbed systemically very well.

But it's temporary interventions that can cause anything. She just at me like I mean people thought it was fine. So mentoring blue intravenously is very effective.

We're seeing in addition to not realizing it and putting it topically on the front and then doing the photodynamic therapy through the process, very important.

Immuno modulation is the second principle. The third one is full spectrum nutrition. Next is detoxification four or the next one is oxygenation six of restoring the microbiome.

And that's the oral dental microbiome. What's different about the brain, the parts, all the microbiomes that we think about, including the external microbiome, we said, what are we export to our home world?

And then the seventh principle is the emotional and spiritual aspect of it, which I consider to be the most important one. So this is the focus of the first point that our goal for terms of seven principles to remove fear and empower your feelings.

For me, what I want to say here is I don't have a slide, but I want to mention this to your group. So those are ten reasons. The breakthrough, some of the reason that we're in the process of putting together our final process, the 11 integrative hallmarks of cancer.

So we know that in 2000, Dr. Hanna Hammer and one were really in sciences out of Boston College in Stamford, developed six biological hallmarks of cancer.

These are characteristics of oral breast cancer, whether it's invasive, whether it's estrogen receptor positive or negative or tumor negative or positive, all cancers have these hallmarks.

And then over the next two decades, they came up with eight more biologic hallmarks, and now there's 14 biological hallmarks, like one, like all breast cancer in the blood supply, angiogenesis, all cancers evade the immune system.

Seven Principles of Integrative Cancer Care

So there is 14 of these biological hormones. But what we did with the 11 integrative hallmarks of cancer is that we look then at the root cause, root causes associated with the incidence and the progression of cancer.

And this is where we developed the 11 integrative hallmarks and I mentioned them briefly. The first category is systemic dysregulation. That means everything from energetic dysregulation, metabolic dysregulation, the microbiome and the immune system.

Then the second one is environmental and biological influences. This is, as it says, toxins, epigenomics, epigenomics type of thing. And the third big category is habits and behavior, how to sleep deprivation, nutritional imbalances, lack of physical activity.

How do they contribute as a root cause to breast cancer? So look at yourself. Are you sleeping adequately? How is your nutrition and your physical activity?

And then the fourth big category of the 11 integrative for Mars is, again, the emotional and lifestyle imbalances. Right? And so we got more out the root cause and tied that in with the seven key principles because the principles are therapeutic, but the 11 integrative hallmarks are root causes.

So I know it's a lot, but there's still no it's important to not only know how to treat it, but know the characteristics of

cancer and then the root causes of them.

Okay. Well, the book is now in English, Japanese and Romanian and being shown in Spanish and German. So let's look at some laboratory parameters of biomarkers that we must follow even if we're not diagnosed with cancer because we want to decrease the risk of breast cancer and and also how to monitor progress.

So we know that fasting blood sugar is very important. Cancer cells are likely to use excess glucose in the bloodstream to generate energy for their growth.

So here, the important factor is access, because I'm one that has always said that you can't just cut all sugar out sugar from foods. It's okay. But excellence, healthy cells need glucose for their energy as we know.

And so maintaining good, adequate, optimal blood glucose levels within a healthy window of 60 to 80 milligrams per deciliter. Fasting is very important and many of the risk factors of breast cancer related to what we call insulin resistance, so those cells are not responding to insulin or insulin is produced that are small amounts and sustaining normal insulin levels in the blood is also imperative to ensuring the proper metabolism of glucose, of the breakdown of food, which is important, and so that we can live in an optimal state of balance between circulating glucose and stored.

And that way breast cancer cells don't now and course to thrive and to progress and metastasized. So what we looked was access to and feed cancerous cells, which is why maintaining optimal concentrations of blood glucose is essential to prevent or control progression of the disease.

But this is important because often times we hear that sugar feeds cancer, but we have to control that very careful. And then we look at our fasting glucose levels in our patients.

And what we consider to be low is below 60 ideal or 60 to 80 milligrams per deciliter at risk is 80 to 100. And of course beyond a hundred. It's very high risk.

And we're talking about fasting blood glucose here. So how do breast cancer patients fare with this at our center? So we saw that on the average. We found that most level, most levels were in the high risk range.

So this is interesting because if you look at the intake of 97 patients and we saw that their intake when they were admitted, their fasting, it was 88.5.

So during the three weeks it went down a little bit, 85.6, which is good because, you know, these patients tend to be metabolically compromised and surrogate and so forth.

But what I didn't like with this is that we followed we were able to follow 39% of these 97 for three months and it went up to 90.5. So that tells me that they're going back to a stressful situation, to a situation that's not conducive to maintaining an optimal maintenance level.

So going back to their old habits that put them in that situation in the first place. Yeah. Exactly. And that's why you and circle for cancer spend so much time in our aftercare, right?

What happens after the initial engagement with the patient? The aftercare is so very important. So that was very interesting.

Root Causes and Integrative Hallmarks

And so the tip there is work towards keeping your blood sugar and ideal when you're far beyond when someone is holding your hand right and guiding your therapies and treating you and all that.

But what's happening at home and and so this is the insulin. Insulin. No, insulin is less than 8.9 and normal. We want it to be a point 9 to 28.4. Beyond that is time.

So we saw that at the intake. It was very low for on average this is ten patients are this is something that we're starting to track more now. But after three months this was nice of these ten patients are insulin levels went up significantly however still quite low beyond the 8.9 reference.

So the average intake insulin levels of 20 patients that we tracked separately was 5.5 well below normal also. So the need to here with the glucose and insulin of these breast cancer patients that we have to take seriously and maybe in our next get together, doctor, we will have a greater patient population so we can look at this even further.

But preliminary information tells us that we have a lot of work to do to guide patients and make sure that they are responsible in keeping these figures getting better and better.

Eight out of ten patients showed improvement in three months of treatment. However, as we've said, it was still quite low, but that's a good sign at least that they're adding some.

And so low insulin and high blood glucose levels are connected. So that's when we not only look at glucose level, your insulin level as well. And then as we know for all characteristics of all other inflammatory, we're acidic, they're low temperature and very low oxygen.

So you take anything away from what I said today in this brief summary interview, remember this lower inflammation, reducing acidity, heat up, do your Sonos exercise, drink warm fluids, not cold fluids, out foods.

And then increase your oxygen stores. Because the improving these characteristics here you're well on your way to knowing much better results. So we also look at inflammatory markers and we looked at high sensitivity or ultrasensitive CRT and we did this in 126 patients of all cancers in all phases.

And we saw that 69% that's 87 patients out of 123, 26, sorry, are mild to excessive inflammatory condition, as measured by C-reactive protein. But then we looked at breast cancer patients and the average C-reactive protein for breast cancer patients of all stages was 11 point very high, very, very low, because we want this number to be depending on the range of your lab.

But we wanted to be between one and two, less than one depending on the lab. Some lab say normal is up to three, depending on the reactive agents that they used, but very high, low 1.5.

So we must reduce inflammation. And then looking at tumor markers, we looked at 15 three and normal is zero of 35 and we looked at the reason we look closely, even though it's not appropriately a breast marker, is our breast cancer patients or a later stage is three and four and the CIA gives us a more general marker as opposed to only breast location or say or more systemic marker.

And we saw that to see a first team three. Interestingly enough, in 97 patients we had 715.9 was the average.

Biomarkers for Risk and Monitoring

And this three weeks later, it increased, but quality of life improved. So this is where we have to think, is this because of tumors? So by off or is this because of progression of disease?

So if objectively you are seeing that you're feeling better, your weight is stable, you have better appetite. All your quality of life parameters are improving and and the markers going higher.

Don't panic. Wait till later and look at the markers over time to see what happens. Because I'm sure you see, I've seen this as well. Doctor B. Yeah. So then our follow up or reporting to patients of the 97 around drug slightly so trending down three months of very complex disease.

Remember these are both the quality of life and with improving on the other side. What's interesting is look at the CTA, the same 97 patients who entered the CTA was 69.4.

We wanted to be on the 0 to 10 range, but then at discharge it jumped because we're doing a lot of therapies that are killing cancer cells in a jump. But then look what happened at three months follow up.

Most follow up patients showed a steep drop in CEA was wonderful the initial one. So this is telling us that the systemic load of the trauma of the cancer is has decreased even though the breast cancer marker itself was fluctuating up and then slightly down.

So this was some significant inflammation. But again, we're pursuing further with our research and education team. So we've got we've got a few more minutes left, Dr.

Tony, to wrap it up. So Vitamin D, is so important, as we all know. And what I want to say here is that most patients, 62% of patients overall, all cancer patients out of 139, that 62% are below optimal vitamin D levels.

Breast cancer patients for that for some reason, they were not down 70.3 when they came in. So I think maybe Dr. V a breast cancer patient was a little smarter and then taking supplementation and so forth before they come to us, maybe a senior somewhere in your podcast and know about.

Right reading my blogs, I guess that's good to know. Yeah. So this is this is nice. This is nice. And so 75% of patients improve vitamin D levels up the follow up.

So they're vitamin D levels of when they came back three months before level. So I believe that's my last slide. And I'm happy to answer any other questions you might have Dr. V You know, Dr. Tony, you you've pointed out so many different factors.

What I appreciate about, you know, your work and your philosophy is that you don't want to just cover up the symptoms. You want to get to the root cause and most importantly, you know, with your seven principles, you, you know, the emotional, spiritual aspect is really, really key.

And I know I've seen that in our clients. You've seen that in our patients. So you can do all that stuff, right? All the therapies, the pills that if you, you know, if your heart is not right, if you're carrying a lot of emotional burdens, you know, your body just won't respond.

So if you want to add a little bit on that. Yes. And I have so many experiences with that. I remember one example because we remember stories, right? So Quick story, we had a patient with the right breast cancer, male side, she's right handed and we're treating her.

She's doing well. But that's not we're still there. And that was this is years ago. And as I was learning, the biological connection to to breast cancer and the conflicts and the trauma behind it, I started to ask the right questions.

We need to ask the right questions in a loving, gentle way. And it turned out that she was having an affair with a priest from the Catholic Church. She knew that this was not right and knew that it was not right and this was eating up her emotionally.

She was distraught and she was a shame and she was being affected. So the story might sound like it was scripted, but it was. And as soon as I, you know, help her, let go of this and break that relationship, the tumor was not there anymore.

It disappeared. If I didn't see it Dr. V, and everyone, I wouldn't have believed that.

Emotional Healing and Closing Hope Message

But I have many stories of breast cancer patients out here are that progression have decreased significantly when these biological conflicts that were sudden acute trauma that they didn't let go of.

And we're still there. Right. Knowing of them once they let go and liberated and freed from that with cancer have no

reason to be there because of breast cancer.

I truly believe it's an opportunistic disease that settles in a brand that's affected mostly by emotional and spiritual trauma. And then all the other physical stuff on top of that compounds it.

Absolutely. I know Dr. Jenn Simmons, who's co-hosting with me, she says cancer is rarely a medical emergency. The breast cancer is rarely a medical emergency.

It's an emotional emergency. You know, you really have to deal with that that root cause. So thank you so much, Dr. Tony, I know you're a busy man and I don't know how you do what you do, but God bless you for that.

And I look forward to meeting up with you again soon. Thank you, Dr. V Thank you all and God bless you. And remember there is always hope for breast cancer.

It's very true bye everybody.