Breast Cancer Isn’t What You Think: The Truth About Estrogen, Toxins & Overdiagnosis Transcript

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Breast Cancer, Trauma, and Diagnosis

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This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Well, thank you for joining me today, Dr. Jen. Of course. We're going to be talking a lot about hormones today because I know that you work a ton in breast cancer, hormones, but you have a different viewpoint than almost anyone else I've talked to because even when we're first talking about this, you're like, there's a load of toxins, infections that can also play a role in this.

Yeah. I don't know if I hear anyone else talking about that. Well, I think you have to be living under a rock not to realize that something's going on in our environment.

I mean, the boys wanna be girls, the girls wanna be boys, like everyone's confused, there's so much chronic illness, obesity is exploding, chronic disease is exploding, and there are teenagers getting breast cancer now.

Like the world has gone crazy And this is largely because of these various toxins that surround us.

Hormones, Toxins, and Environmental Drivers

And a lot of them are tangible things that people understand. I mean, people certainly understand that mold is toxic. People understand that mercury is toxic.

But then we get into these gray areas where we have people developing breast cancer because they've been in horribly, horribly abusive situations where they've been a caregiver for the last two years and it has taken every ounce of everything that they have.

And so everyone's immunity is so dropped down and then We had that thing that happened around the world a few years ago, and a lot, millions and millions and millions and millions and millions of people got something introduced into their system which completely took their immune system out.

And what breast cancer is, is the marriage between, that's a horrible word to use to describe breast cancer. It's the intersection between cellular damage, DNA damage, things that are mutating the cell and that cell is just going into survival mode, right?

Breast cancer is a normal response to an abnormal environment. and the failure of the immune system to recognize these cellular changes in its infancy.

So that's what's happening and that's why breast cancer happens. And yet people are still having this conversation about hormones causing breast cancer.

Like suddenly our ovaries decided that they were gonna make some toxic soup. No, of course not. Hormones are

hormones, are endogenous hormones. They don't cause breast cancer anymore than, you know, vasoactive peptide causes breast cancer or any other thing that's circulating around our system.

Hormones get blamed because it's an easy story to tell and it's an easy kind of picture to put together for people. And there's the convenience of somewhere around 60 to 70, maybe even 80% of breast cancers are hormone positive.

They have estrogen receptors on them. They have progesterone receptors on them. So it's an easy story for people to tell and for people to believe that estrogen caused this breast cancer because it's a hormone-positive breast cancer.

And what no one's talking about is the fact that, well, It's normal to have estrogen receptors on your breast cell, right? That is a normal variant. So the breast cancers that are hormone positive, that is a variation of normal.

It's a survival mechanism. It's, I'm gonna die because I'm living in this toxic land. I'm gonna die. I'm gonna put more estrogen receptors on my surface so that it can keep me alive because estrogen, is the hormone of life.

And when women lose estrogen, men too, but when women lose estrogen, that's really when dying gets accelerated. I mean, we know in those first 10 years after menopause, there is rapid deterioration of your heart health, your brain health, your bone health, your muscle health, your metabolic health.

Everything, everything goes and suffers and it happens quickly. So estrogen is not the villain and not to blame and not a culprit. And we need a far better understanding across the board with providers of what estrogen is, what estrogen does, and how to help people when they're struggling with hormone imbalance, either because they have disease and that is causing hormonal dysfunction, or they've gone through menopause.

Because even the people that just go through menopause and they think, oh, it was no big deal for me because they didn't have hot flashes or they didn't have sleep disturbance or they didn't have pain or whatever, those people are still having all of those deterioration in their body, all of them.

They're still having the cardiovascular disease. They're still having the neurodegenerative disease. They're still having the bone changes, the metabolic changes, they are.

So we as a medical community need to be far more literate in the area of hormones because ultimately it's going to matter for everyone. And if we don't know, we can't help these people.

That's a lot of amazing information, and I'm kind of curious because you said, which makes sense, we've had estrogen forever.

Rising Incidence and Overdiagnosis

It's not new. No. Are rates of breast cancer accelerating with all the different other things that you mentioned, and how much? So when you look at the breast cancer incidence, It was pretty steady up until around 2000. Like it was going up a little bit, but the slope was really, really just in a tiny upwards.

And then you get to around 2012. And what happened in 2012, we came out with the digital breast tomosynthesis, or 3D mammograms. And we decided that breast cancer was so important that we were gonna look harder for it.

So before we started to scream with mammogram in the 1960s, breast cancer incidence was very, very steady. We start to scream with mammogram and it goes up.

We upgrade the mammogram and now it really goes up. And what we're finding is these kind of microscopic breast cancers that would have never become clinically relevant and we're diagnosing these people with breast cancer and treating them for breast cancer.

So the incidence of breast cancers increasing exponentially. Here's what's not happening. More people are not dying of breast cancer. So we're sorry, my dog is with us today.

So if you hear some weird noises in the background. So what's happening is that if when we look at autopsy studies, if you would look at autopsy studies of 80 year old women, probably 100% of them would have cancerous changes in their breast.

And if you looked at autopsy studies of 60-year-old women, probably close to 80%, 70% would have cancerous changes in the breast. This is happening all the time, all day, every day.

We're all making cancer cells from the very young to the very old, everyone in between. And our immune system is in charge of whether or not that becomes clinically relevant.

And most of these will not. And yet, if we use these techniques like mammogram to screen for breast cancer, then we are going to, first of all, we're gonna cause some breast cancers because it's radiation.

So please don't think that I'm saying that all breast cancers are caused by mammogram because I am not. And the proponents and the advocates for mammogram all point to its very low dose radiation, yes, that might be true.

And it might be true of one study, but no one gets one mammogram. We're starting to screen women in their 40s, and we're screening them for 50 years. That's a lot of radiation over time.

And a percentage, and I don't know what percentage, but a percentage of those breast cancers will in fact be caused by the mammogram because it is radiation.

And radiation in every other capacity is a known carcinogen. And you can ask any radiologist, does radiation cause cancer? And they will say yes. And then you ask them if mammograms cause cancer, and they will say no.

Right? It's like, it goes, it's in that bucket with, does estrogen cause breast cancer? And they'll all say yes. They'll all say yes. In fact, it was at A4M last year.

I don't know if you heard Michael Greger speak, but he was touting and getting mammograms and saying that hormone replacement causes breast cancer. And I went up to him afterwards and I said, like, How can you say that?

I mean, you're a researcher. How can you say that? Because it's simply not true. And he said, no, the Women's Health Initiative. I was like, the Women's Health Initiative?

That's been retracted. We shouldn't even be talking about that anymore. But there are decades of physicians who are under the impression that hormones cause breast cancer, mammograms are safe, And it's just all of this like-begets-like, and it's so hard to unlearn all of this.

So hard. You have physicians that are in practice. I mean, how long does it take to get new information, your information, into a textbook to the new age of doctors to get out into the public?

Because You're telling me this, you're educating me on things. Some of it, I don't know. I'm not a breast cancer specialist. That's not what I see. And so I'm learning this, but you learn this.

You finally stop practicing. Maybe you put a textbook together. You work at a university. You start teaching the new blood. I mean, it's going to take 30, 40 years for your information to get out there.

That's the problem. That's the problem is that I think this study show that it takes on average 20 years to change practice. 20 years. And we're already suffering for 20 years since the Women's Health Initiative was released.

That was released in 2003. You know, just listening to everything you said to me is some things that are just like

shocking to me. Things that just keep going through my head that I just have to say again is the diagnosis of breast cancer has increased, but deaths from breast cancer is not increasing.

So therefore we're diagnosing something and maybe there needs to be a new word for it.

The Impact of a Breast Cancer Diagnosis

I don't know. I'm not smart enough or maybe I'm just not influential enough to make that happen. There needs to be a new word. something needs to be diagnosed of something to watch, or let's look at this, let's pay attention to this, let's…

Well, we need to have an arm in this breast cancer population of observation only. But I'm so reluctant to go there because for me and my patients, it's not observation only, just like for you and your patients, it's not observation only.

because we were talking about before we started to record today that you have patients that come in and say, I want hormones. And they say that because they've read that they do this and they do that and they see it as their fix.

And I have this too. And my response to that is always, yes, and we need to first fix your mold. We need to fix your gut. We need to fix your metabolic health.

We need to fix your sleep. We need to get you moving. We need to optimize your weight. We need to optimize your health. And then we can talk about the role that bioidentical hormones will play in your long term health and longevity.

But you always have to do the work first. So for me, when someone comes to me with a breast cancer diagnosis, that's all well and good. But breast cancer is not the disease.

It's the symptom. It's the symptom of this dysfunction. And we all have to be asking, why is that breast cancer there? Why is this happening? Why are you having these cancerous changes?

What's going on with your immune system? So what's driving those cancerous changes? And why isn't your immune system able to help you, able to deal with this?

But that is for the person that has clinical disease. So many of these people don't have clinical disease. And they just had a screening study and they got thrown on this treadmill.

And a lot of people don't need to be here with a diagnosis. And we are over-diagnosing 20 to 30% of breast cancers. Over-diagnosing. So let me just give you a little perspective.

We will diagnose 300,000 breast cancers, new breast cancers in 2024, right? So that means that 60 to 90,000 of these women did not need to have this diagnosis because their disease would have never become clinically relevant.

They would have never developed a mass. They would have never developed a problem. They would have never had their long-term longevity affected by this.

These are just microscopic changes that the body probably would have taken care of or it would have never progressed or it would have never become anything.

And we know this because when we look at the studies and we compare The screening population, the people that screen with mammogram compared to the people that don't, and there have been very good, very controlled studies like the Canadian breast cancer screening study.

90,000 women, 45,000 screen with mammogram, 45,000 don't. the same exact number of women die of breast cancer in each group. And the only difference is that there is 22% more breast cancers in the group that's green than in the group that doesn't.

So the question I have, just because I think it's so important to touch into this, just getting diagnosed with breast cancer is not, it's not a small process.

Like this is not a small, You get diagnosed, they give you a pill, you take it every day for the rest of your life, like a thyroid condition. Yeah. No, it's horrible.

What do women go through when they're diagnosed? It's horrible. It's horrible. I mean, when we look at the breast cancer population, when you look at early diagnoses, around 30% of them will have some kind of trauma in their background.

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Forever changed. This is a bell that you will never unring for them. They will always be waiting for the other shoe to drop. They will always be waiting for some horrible eventuality.

And that's because if you are diagnosed in our current conventional medical system paradigm, we're doing a horrible job. We are. We are cutting out the tumors.

We're burning the people. We are giving toxic, toxic, toxic medications that they are so much worse off after than they were before. And someone with a breast cancer diagnosis, this is already someone's body screaming out for help.

This is already the body saying, I cannot handle what's happening here. This is toxic overload. The breast is a canary in the coal mine. It's where women store their toxins because most toxins They're fat soluble.

And even if you have a dense breast, even if you have a lot of glandular tissue in your breast, you're still going to have a lot of fat. It's where the body puts fat cells.

So as a result, you're going to store a lot of toxins in there. If we are doing our detoxification and moving and getting our blood circulating and sweating and doing all the things that we know help with detox, then maybe it won't have that much of an impact.

But what are most people's lives now? they are stressed to the max, right? We are supposed to spend around 5% of our time in sympathetic drive in that fight or flight state, right?

Why Screening Should Focus on Prevention

We are modern beings living on a very old gene code. So our whole sympathetic parasympathetic system, this was built during a time when you came out of the cave in the morning, saw the saber-toothed tiger, you ran like hell and you either got away or you were eaten in 30 seconds, right?

Now we are surrounded by saber-toothed tigers And we're not running away. We're sitting in a car in traffic. We are behind our desks. We're on deadline.

We're not sleeping enough. We're not burning off all that cortisol. So our cells are just bathing in it. And part of that cortisol response, as you very well know, is you're going to shunt blood away from and circulation away from non-essential organs and put it all towards the things that you need to run away from said tiger.

Right because we're not sophisticated enough our brains aren't sophisticated enough to know the difference between saber-toothed tigers and deadlines or phone calls or Getting into a car accident or getting stuck in traffic.

It's just all saber-toothed tigers to us so when we're shunting our blood to our muscles to run away and We're pulling it away from things that don't need it.

And one thing that doesn't need it is the breast. It's a non-essential organ. So we're gonna take the circulation away from the breast. And so those toxins, they're just sitting there and they're bathing the cells around them in toxins.

And this is why we see so much breast cancer now. It's our environment. It's the effect that our environment is having on us. And I mean that in totality.

I mean through what we eat and what we drink, what we put on our body, but also what we think, what's surrounding us, what's in the air. It all matters, unfortunately.

And most people's lives are toxic. And it takes such awareness and a lot of work to create an alternate environment, especially in this day and age. So talking about all these causes, stresses, and the fact that you just said potentially 60 to 90,000 people have maybe a risk of breast cancer, maybe a sign that it could be a breast cancer in the future, but they're not there yet, even though they're now getting diagnosed.

What should these people, instead of potentially going and having surgeries and chemo's and all this, what should they potentially be led to? What would be a better option?

Yeah. So I would love it if that was a call to action, right? This is your opportunity to take stock. to look in on and around you and see what's driving this.

Why would you be having this response? And take this opportunity to really optimize your health. We don't have a health care system, as you very well know.

We have a sick care system. And in this sick care system, the only way to get into the system is to get sick, is to not be well. And when you go to the doctor now, no one's going to the doctor.

I mean, at least not in my practice, maybe in yours. No one's going to the doctor and saying, hey, doc, I want to be the healthiest, optimal version of me.

How do I do that? Not many. And if they were, If you went to your GP or your internist and said that, they would have no idea what to say to you or how to help you, right?

It's just the system's not built for that. We're not taught that. I went to medical school a little before you, but I'm willing to bet that when you went to medical school, they didn't teach you how to make people healthy.

No, we didn't learn any of that. Yeah, none of it. I mean, we had 15 hours worth of nutrition training around nutrition in my first year of medical school.

And I basically learned about scurvy, rickets and how to write TPN, write IV nutrition for people in critical care. And that was basically it. And from medical school, I did residency.

I did a general surgery residency. We never talked about it ever, ever, ever. I did a fellowship in breast disease and breast cancer, never talked about it, right?

It wasn't until I got my own diagnosis that I was like, wait a minute, we might be getting it wrong. And so, I think that person that comes to you with subclinical disease, right, they have a finding on a mammogram, they have a biopsy, a piece of paper that shows that they have breast cancer, but they don't have a lump, they don't have a mass, they don't have significant disease.

This is the perfect person to say, let's look at what you're eating, let's look at what you're drinking, let's look at your metabolic health, let's look at your immune health.

Let's optimize your health and maybe you don't need to be treated for breast cancer. Maybe you don't need surgery and radiation. Maybe you don't need anti-hormonal drugs because we know that in the long term, these treatments have very, very significant detrimental effects on people's life going forward.

They're never the same. They don't find a new normal that is anything like normal. And almost universally, when treated for breast cancer, if you have surgery, which can be very deforming, when you have radiation which has a number of effects on both the breast tissue, but everything that's behind the breast.

because behind the breast is the muscles of the chest wall, your ribs, and people who have been radiated for breast cancer, their lifetime risk of rib fracture is exponentially higher.

And we know people with rib fractures, there's a significant mortality associated with rib fractures, and they can get it from sneezing. Like, it takes very little trauma to break a radiated rib.

And then there's the lung underneath, and people have long-term lung problems. On the left side, there's the heart, and it accelerates cardiovascular disease.

And beyond that, it also thickens the heart muscle, and people get what's called cardiomyopathies. This is a disaster. And for someone who never had clinical disease, and now we're giving them heart disease, we're giving them lung disease, and then when we start to talk about the long-term effects of the anti-hormonal medications, because most of these cancers are hormone positive, then when you take away a woman's estrogen, she has brain fog, she's depressed, she's anxious, she can't sleep, her bones hurt, her joints ache, she gains weight, especially around the middle, feels unattractive, has gut problems, digestive problems, and then there is the issue of your self-image, your sexuality, they have vaginal dryness, pain with intercourse, sex is unwanted, no libido, their relationship is suffering, I mean, the price that they pay is enormous, enormous, and all for something that was never clinically relevant.

So we need to do so much better. And I want to be clear.

Safer Screening Options and Closing Thoughts

I am not saying that breast cancer isn't a horrible disease. It is. I am also not saying that people don't die of breast cancer. They do. But we have to be sophisticated enough to be able to determine who needs treatment and who doesn't.

And I think we are obligated to these women to take that subset of people that do not have clinical disease and get them on a health plan. Because everyone who gets a breast cancer diagnosis They get a treatment plan, 100%. How many of them get a health plan?

I'm guessing, unless they come to someone like yourself, zero. Zero. Zero. And that, in fact, is the thing that they all need. And they need the most, and they need badly.

And I just pray that my impact over my lifetime is that I am going to change this conversation around breast cancer because we are hurting women. We are hurting them.

We are hurting them with mammogram and we are hurting them with unnecessary biopsies and we are hurting them with unnecessary diagnoses. We will always need a way to treat clinical disease.

That is for sure true. And I don't think that any of the research in looking to how to treat clinical disease should be interrupted. but we need to focus the same time, attention, and resources towards prevention and reversal of these early processes.

That should have as much attention as the develop the new drug, the new thing has been getting. And when you say prevention, it's not just mammogram, which is considered prevention now, But it's not prevention.

Mammogram isn't prevention at all. I mean, that's probably one of my biggest like soapbox moments is when we talk about screening mammogram, right? We're talking about screening.

We're talking about the normal, healthy population who we have no reason to believe that they have the disease. That is what screening is, right? If you have a lump in your breast, that's diagnostic.

That's we need to figure out what's going on. Screening is you have no symptoms, you're perfectly healthy, and you just want to make sure that you don't have the disease, right?

And then what do we do? We give this perfectly healthy person radiation to her breast under compression, under like 20 some pounds of compression. maybe even more than that.

And so the tissue already is inflamed in an inflammatory response, and then we radiate it. and we do that year after year after year. So we're using a test that causes cancer to screen for cancer.

Now there are some instances where I think that's okay. So when we talk about the population of people who have smoked cigarettes for more than 20 years, right?

These people are very, very, very high risk of developing lung cancer. And the best test that we have currently to screen for lung cancer is the low-dose CT.

The CT undeniably delivers a lot more radiation than mammogram, but that population of people are not normal. And we have a big reason to suspect that they have cancer.

So in that instance, I'm in full support of that for screening. But for normal, healthy women who do not have, who we do not have any reason to believe that they have the disease, we should never, ever be screening them with a mammogram, ever.

And I actually could make the argument that no one ever needs to be screened with mammogram. Now, is it a diagnostic tool? Yes. Should we throw the baby out with the bathwater?

No. I think that there is a role for mammogram. If you have a change in your breast, I think that people should go have that investigation. But I do not believe that it should ever be used as a screening tool.

So I do have a screening program that I, that I give to everyone because screening can be part of your prevention plan in that you want to make sure that there's nothing wrong.

You don't want to be irresponsible or throw caution to the wind, but there's nothing about screening with mammogram that is preventative, but What I tell people to do for screening is I tell everyone to do self-breast examination every month.

Everyone thinks their breasts are lumpy, 100%. You just need to know your lumps, own your lumps. It is what it is. There is a test called the ARIA test, the tears test.

I don't know if you've seen it. I haven't. It's pretty amazing. It is just a piece of litmus paper that you put in your eye and in the corner of your eye, just close your eyes for five minutes, take the paper out, send it off.

It measures for two proteins, the S100A8 and S100A9 protein. And these proteins are increased in the early inflammatory process of breast cancer. So it has a 93% sensitivity, which is better than any of the screening tests that we have with the exception of MRI.

But I also don't think that MRI should ever be used for screening because it requires gadolinium, which is a heavy

metal. And then, yeah, you just have to detox that.

So this test has a 93% sensitivity. and have 58% specificity. So just because you have those inflammatory proteins doesn't mean that you have breast cancer.

But either way, if you have those inflammatory proteins, you know that you have inflammation that could potentially turn into breast cancer. So you have opportunity.

I love this test because this test is like, hey, you may want to think about this. You may want to look at your weight and look at how you're eating and what you're drinking and how you're moving and how you're thinking and how you're sleeping and what toxins are around you.

Here's your opportunity. I'm giving you your opportunity to wake up, see the environment around you and optimize it. so you don't develop disease. And it's not just breast cancer, because at the end of the day, breast health is health.

And the same exact things that you're going to do to have healthy breaths are going to give you a healthy brain, healthy heart, healthy gut, healthy skin, healthy bones, healthy muscles, healthy everything.

Breast health is health. And so I think with doing that for screening, doing your self-breast examination, doing the ARIA test twice a year, and then I also have people getting imaging, but with something called QT imaging, where we're screening for breast cancer without pain, without compression, and without radiation, without contrast.

So it's actually a lovely spa-like experience where people come into Perfection Imaging, that's the name of my imaging center, and they lie down on a table, their breast goes into a warm water bath, and they essentially take a nap.

And ultrasound waves are sent 360 degrees around the breast and they collect 200,000 times more data points than MRI and create a 3D, true 3D reconstruction of the breast.

So it's amazing technology. It will forever change how we image the breast. And in the meantime, There are amazing, amazing options to screen for breast cancer that do not put you in harm's way.

And it is unethical for us to be putting people in harm's way to screen for a disease. Well, this has been enlightening to me as someone who is not an expert on breast cancer.

My mother's been through thyroid cancer, and I will absolutely agree with you. Just going through cancer for someone, it changes everything. It's traumatizing, like you said.

It makes you face your mortality. And you do not wanna put people through that, because I've watched what it's done to so many people that don't need that.

And you've given so many good options and nuggets of information to be able to empower women to have safety and confidence in their body without putting themselves at risk with the ARIA test, with going to your imaging center and getting a test that seems like a whole lot less risk, seems like no risk, compared to a mammogram who is going to give risk.

So I think that's a amazing way for us to just close out today. I wanna thank you so much for your information and educating me for all the women in my life.

Amazing. Well, thank you so much for having me. It was a pleasure. And the truth is that breast cancer will touch absolutely everyone because if it's not your mother or your wife, it's going to be your neighbor or your colleague.

I mean, it's literally everywhere. And I think it's imperative for us to do a better job of figuring out who needs to be treated who doesn't need to be treated, how to screen for it, and how to work to reverse it and prevent it.

Because the truth is that our bodies are brilliant and they know how to heal and they know how to be well. And we just have to be far more cognizant of giving the body what it needs and taking away what it doesn't.

Well, thank you for today. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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