Decipher The Link Between Breast Cancer And Hormones Transcript

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Introduction and Dr. Simmons' Background

Dr. Jenn Simmons, it's such a pleasure to have you on on the cancer breakthroughs summit. You are somebody that is so extremely knowledgeable. And one of the biggest topics that all women that's on all women's minds is is obviously breast cancer.

So thank you so much. Do you mind introducing yourself a little bit to the audience? Because you come such a wealth of knowledge? I'm happy to. And I do realize, first of all, thank you so much for having me on today.

And I do realize that I come from a really unique position and I am so grateful to that. I originally come from a breast cancer family, and so because of the tragedy that I witnessed at a really, really young age, I mean, I literally don't remember a time when I didn't know about breast cancer and didn't know about the devastation of breast cancer.

And when I was 16 years old, I lost my first cousin to breast cancer. So I really at that time kind of dedicated my life to making an impact in this space. And I became a surgeon and I became the first scholarship train to breast cancer surgeon in Philadelphia.

And so I spent 20 years as a cancer surgeon working specifically with people with breast cancer. And at the same time, I was running an NIH accredited cancer program.

So I spent a good long time in that conventional medical space. But in 2017, I got my own diagnosis and did not opt for conventional treatment and went on my own journey, learned about functional medicine.

And once I did that, it was really a bell that I couldn't unring. And I completely shifted how I went about helping the breast cancer population. So I left surgery in 2019, and I opened Real Health, M. D., which is a functional medicine oasis for anyone at any point along their breast cancer journey to help them to restore health and in functional medicine and in integrative oncology, we kind of use everything.

So I marry everything that I learned in the conventional medicine space in terms of how to combat cancer. But the conventional medical approach is really tumor centric.

It's focused on the tumor. And so now I marry that with my understanding of physiology and functionality and health is not the absence of disease. Health is optimal function and the only way that we achieve optimal function is by ensuring that the system is working properly and correctly.

And so it's the combination of, yes, we have to acknowledge the tumor, but the tumor is in everything and the tumor is every bit of a part of you as any other part of you.

And so it's about really helping the woman in front of you or the person in front of you, because unfortunately, men do get breast cancer, too, but it's helping that person in front of you to restore balance in their life because cancer is a normal response to an abnormal environment.

So there's something that is triggering the cells to think that they're unsafe and they go into survival mode. That's essentially what cancer is. So being a functional oncologist or integrative oncologist or whatever you want to call her title, I Help to Restore a person to Health, whatever that means for them.

I love it. Yeah.

Finding the Root Cause of Breast Cancer

And that's the thing is that there's it's always as we are then addressing the tumor or addressing the lump that you're seeing or recognizing then the impact of whatever treatment that you're doing and are you then losing total ground because you're so tumor focused and forget about building health, restoring balance, you know, restoring whatever it was or or correcting whatever it was that drove that that tumor.

So I think I think that that is beautiful. Yeah. So so give me a little bit that I know there are several different things I want. I want to talk about hormones. I want to talk about testing.

I want to talk about the latest and greatest and also some hormone deprivation, you know, the impact that has on the body. Yeah, but tell me a little bit kind of what is that when when a person comes to you, what does that look like?

I mean, what what areas still. Where do I start? Yeah, where do you start? Yeah. So that's a really great question. And it's not going to be the same for everyone except to say that I always start with a history because the main thing that everyone needs is to arrive at their why?

Because unless we correct the why, unless we correct the reason why the cancer developed, what is to stop the cancer from coming back? Once you get rid of the original tumor, what is to stop the next manifestation of the illness?

Because for everyone, cancer is a symptom. It is a symptom or a manifestation of some kind of imbalance at the body. So where I start with everyone is asking the why, like what happened and I look at their history from the time that they were born or even the time that they were in utero in their in their mother's uterus up until today.

And I'm looking for clues, you know, so often people come to me and they say I'm healthy, except I have breast cancer and we've become so detached with our health that that state and somehow makes sense to us and we really don't know what it means or what to do.

We've lost the ability to understand what health is, and we were not in touch with ourselves anymore. So what I do is I kind of help people to understand and paint a picture.

So that same person that had difficult periods and gut problems and constipation and acne and struggled with fertility and had irregular cycles and now is presenting with breast cancer, I help them to see that like this didn't just happen right?

Or almost everyone, when you talk to them about the year before their diagnosis, they're gonna have the straw that broke the camel's back. There's going to be a job, change an illness, caring for a loved one, a death, a divorce, a move.

Sometimes it's a marriage. Sometimes, you know, there are things that are especially stressful. They don't all have to be sad things, but there are things that are especially stressful and we are actually not built for chronic stress.

And when you add chronic stress onto the toxic soup that we live in, because we live in an increasingly more toxic world, when you add that together, if that ends up being the perfect combination for cancer development.

So I'm really helping people to arrive at their why I'm looking deeply into their history to pick up clues of what I should be looking for and then I use functional testing to determine what needs to be adjusted, helped, supported.

So, you know, our bodies have an inherent ability to heal themselves and sometimes we just need to get out of our own way. We need to give it our body, what it needs, and we need to take away those things that are interfering with our inherent ability to function.

So it's a little bit of detective work, but and everyone's story isn't the same, but the approach to everyone is the same in that I kind of want you to tell me everything and then I'll decide what's important and not important, because when you allow people to to kind of tell their own stories, that's great.

But they often tell it with a significant amount of bias and they don't understand how important everything is. So we we are kind of trained in the conventional medical world to segregate things into different organ systems.

So, for instance, people don't understand that they've been suffering from chronic sinus issues for years and years and years. But they they won't mention that when they're telling their breast cancer stories and what they don't realize and what goes off in my head when they tell that story is, oh, you had chronic sinus issues.

How many how many rounds of antibiotics have you had? We know with each round of antibiotics, we increase the likelihood that we're going to get cancer.

And this is something that we don't frequently talk about. And so someone wouldn't can someone wouldn't give automatically give you information on their sinuses because they wouldn't connect it.

So it's about like really taking in all the information and you connecting the dots. I love that. Yeah. I mean, the and that's the key is that you you have if you don't find the drivers, you know, like you're saying the why, you know what?

You know, the cancer doesn't just show up just because there is always a reason. And so you can just isolate the cancer from yourself. You get a you got to see, you know, what, what, what, you know, what, what transpired.

And it's not always just this last year. It is something like you're saying that maybe the last year was the straw that broke the camel's back. But there was a lot there were a lot of straws built up over time.

Yeah. Until last. Slowly. Yeah, absolutely. And you know, when when I talk about finding the reason and getting to the root cause, so many people respond.

And I know that they're coming from a place of fear and guilt. But so many people respond with, don't blame the victim. And trust me, that's not what this is about.

This isn't about saying like wagging of the finger and you did this and so you got breast cancer. The vast majority of the things that happen over the course of people's lives are completely involuntary, and they're things that they are unaware of, and we don't connect it.

But I say, you know, even people who smoke, they don't smoke with the intention of getting lung cancer.

Hormone Balance and Bioidentical Hormone Therapy

We know that it's a consequence, but they do not smoke with the intention of getting lung cancer. No one lights up a cigaret saying, wow, I really hope that I get lung cancer here.

And so, you know, eating in a certain way, living in a certain environment, not exercising, you know, being sedentary, not prioritizing sleep. This isn't about blaming, you know, it's about opportunity because if we know that these things are difficult for you, we know where the work is and we know how to help you.

So it's really not about blame machine. It's about identifying opportunities for health. And when you pursue health, by the grace of God, disease goes away.

And one of the really important and this kind of relates strongly to breast cancer and I alluded a little bit earlier that we're going to talk about it.

As you know, hormonal optimization, you know, and obviously a healthy individual. Are there hormones are where they need to be. Yeah. And, you know, a lot of people rely then on supporting themselves, using them by identical hormones.

What what is your take in regards to, let's say, a person has a, you know, a hormone, you know, estrogen or

progesterone receptor positive? What what what is your take in regards to that?

I mean. Well, so let's talk about hormone balance first. And when we talk about hormone balance, we have to think of it in two separate areas. So we have to think about premenopausal hormone balance and postmenopausal hormone balance.

So in the premenopausal population, women who have not yet reached menopause and I'm actually going to put the perimenopausal like the women who are becoming symptomatic, I'm going to put them closer to the post menopausal population.

But in the premenopausal population, the way that you know that your hormones are balanced is that you have regular menstrual cycles. You don't suffer with your menstrual cycles, you don't have headaches, you have energy, you're sleeping well, you're moving well.

You're able to do what you want to do when you eventually pursue pregnancy. You don't have any difficulties with pregnancy. You don't have any difficulties carrying pregnancy.

You don't lose pregnancies. So all of that is indicative of hormone balance. And if you're having irregular cycles, if your cycles are are are painful for you, if you're suffering with mood disturbances in and around your cycles, if you have acne, if your hair is falling out, all of these things are signs that you do not have hormone balance.

And that is someone who needs investigation and help. Right. Help balancing your hormones. And it's not just estrogen and progesterone and testosterone that I'm talking about, because the truth is that our hormones are a symphony and a symphony and a balance between orders, all your thyroid hormones, your sex hormones, melatonin.

I mean, there's a whole symphony going on there that if you're having disturbance and all those things that I talked about before, that is the time to work on that because that unattended to is the person that winds up in my office with the breast cancer.

Right. Because they've had that inflammation that is disturbing their hormone balance for for a period of time and at the end of that road is a breast cancer diagnosis.

Now that is to. Oh, go ahead. No. Yeah. So my my question is, I mean, so you work upstream. I mean, obviously you want to work upstream when there's an imbalance and no hormones and you think pituitary hypothalamus, most thyroid, adrenals and all of that.

And then, you know, looking at progesterone, estrogen, testosterone, DHEA and all of that. So is it safe? You know, let's say you work then correcting upstream, you know, things look good and they just need to have that boost with bioidentical hormones in order to be able to feel good.

Is it safe in your mind to do that? And while you know, with the concern of of a breast cancer diagnosis. So I don't have any concern in giving people hormone replacement who you've proven that they are, for whatever the reason, having premature ovarian failure or they're menopausal.

And so it may not be premature, but they have ovarian failure. There is no evidence to support that those people are at increased risk by adding in hormone replacement, and it doesn't even have to be bioidentical.

I mean, the numbers are not that different in this synthetic hormone replacement. Here's the thing. There are people who you put on hormone place, chromium replacement that are going to get breast cancer, just like there are people who you don't put on hormone replacement that are going to get breast cancer.

And it is we're just talking about modifying your risk. Right. And the things that you can do to modify your risk are you can follow a whole food unprocessed, low glycemic, plant based diet.

You can make sure that you're getting proper movement and and frequent movement throughout the day. You can have stress management techniques. You can mind the toxins in your environment and try to decrease your exposure to environment until estrogen.

That is of tremendous importance for everyone. You can have detoxification practices in place. You can prioritize sleep. So all of these things will be tremendous factors in who does and does not get breast cancer.

But what is not changing that risk factor is who does and does not go on hormone replacement. So there is no more incidence of breast cancer in the hormone replacement population than there is in the general population.

So hormone replacement is perfectly, perfectly safe and I am a huge advocate for it, as Annika Becker would say, menopause is mandatory, but suffering is optional.

And I don't think any woman should have to suffer with menopausal symptoms. I love that. Yeah, because it's I mean, there's so many health concerns that come along with non optimal hormonal levels, like your heart, your bones, your skin, your brain, your mood.

Absolutely. I mean, it's life can just become miserable without the appropriate support in that area. Yeah. And quite frankly, even if you're not having what we call the like lifestyle effects of menopause, so the lifestyle facts are mood disturbance are loss of sexual desire or painful intercourse from vaginal atrophy.

So those are, you know, considered to most people like secondary. And that's the stuff that you're supposed to just white knuckle your way through. But even if you don't have those, it is undeniable that estrogen is protective of the heart, protective against cardiovascular disease, which is by far and away exponentially the number one threat to a woman's life from 40 years of age on exponentially more women will die of heart disease than have breast cancer.

And in every decade of a woman's life from 40 on. So we have to think about protecting the heart must do. And we know that hormone replacement after menopause is protective against cardiovascular disease.

It's also protective against osteoporosis. And none of the bisphosphonates come close to the protection that estrogen in a post metal puzzle woman affords.

None of them even come close. And actually, I could argue that they make things worse for people because we we see a whole host of atypical fractures.

And every single year, the women that die of a complication of a fracture that is equal to the number of women that died of breast cancer every single year.

And yet we are not talking about it. And we have the solution. We have the solution. And it's putting people on post-menopausal hormone replacement. In addition, it protects your brain, so it protects against Alzheimer's, which is most women's greatest fear.

And so even if you don't have the hot flashes and the mood swings and the loss of libido and the vaginal symptoms, even if you don't have them, I can still make a really, really sound argument for putting you on hormone replacement after menopause.

And I have absolutely no concerns that I'm going to increase your risk of getting a breast cancer.

Environmental Estrogens and Detoxification

So if an individual that has the diagnosis you feel, you would feel confident that that would still be a good idea. So that person I am taking extra special care to make sure that they do not have a hormone metabolism problem.

So I'm looking at their genetics. I am looking at how specifically they are metabolizing their hormones, what pathways they're using and making sure that I'm giving them everything they need to support those hormone

metabolism pathways.

And those are also the people that you have to be extra especially careful about exogenous estrogens. So you have to make sure that these people are filtering their water, that they're not drinking out of plastic, they're not cooking in nonstick, they're not storing in plastic, they're not using fragrance, they're not using traditional health care products, personal care products.

So these are the people that they want to be supervised, vigilant about, those exotic estrogens, those Zino estrogens. And if that's in control and you're supporting them with detoxification when they have detoxification measures in place, those are the people that I'm comfortable supporting.

Yeah. And, and these, these Zino estrogens or exogenous estrogens. I mean people on recognize how the quantity that they are exposed to on a continual basis from all of this income.

Yeah. And then comparing that to the little if you do by radical hormones or hormones, you know that there's, there's no I mean yeah. You can't compare. It's nothing.

It's, it's, it's like a fraction and it's controlled. Whereas, you know, I think we need to do a much better job of educating people on where the real risks of breast cancer are coming from.

Because, you know, our hormones haven't changed, right? Like thousands and thousands and thousands and thousands, millions of years. Our hormones haven't changed.

The only thing that has changed is our environment. And we are not living on our mother's earth. We're certainly not living on our grandmothers years.

So our numbers look diabolical next to theirs. And this is why we're not suddenly making more estrogen on estrogen is not the problem. Right? Our endogenous estrogen is not the problem.

Estrogen does not cause breast cancer. Like I can't say that enough. I'm going to shout it from the rooftops to anyone and everyone that will listen. Estrogen does not cause breast cancer, and it's ridiculous to think that it does, because if estrogen caused breast cancer, we would see the preponderance of the disease in the populations of women that have the most estrogen, teenagers, people in their twenties, pregnant women.

But that's not where we see the disease. When do we see the disease? When estrogen is scarce, we see the disease when people are post-menopausal, that's when they that that's when the mass mass majority of breast cancer happens in the postmenopausal population where estrogen is scarce.

But you know, what's not scarce in that population is, you know, estrogens. And they build up in people. They're stored in our body, they're stored in our fat, they're stored in our bone marrow, and they're stored.

And so these this is changing our physiology. It's changing our internal environment, and it's causing toxicity. And that's where all of this that's where all of this breast cancer is coming from.

And once by we're seeing breast cancer younger and younger because our our parents did like my mother did not have to deal with a fraction of the toxins that we have to deal with now all day, every day, as you said, they surround us.

And so, you know, you have kids who from the moment they came out and they're on formula in plastic bottles and it starts there. And we know that there are over 250 toxins identified in cord blood.

This is like before we even hit this outside world, 250 toxins identified in cord blood. So and it just gets worse from there. And the issue and the issue becomes these these xeno estrogens, the exotic genus and plastic and all of that.

They they stimulate the estrogen receptors so much stronger than our our normal, you know, that that we make ourselves. So if we are then deficient in our own hormones, then obviously we're going to have less of the weaker stimulation on those receptors.

And we only going to have them these strong, exhausted gymnasts from our make up, from our chemicals, in our environment that are really driving that that cancer.

So by optimizing hormonal system and then opening up the detox pathways like what you're doing, you're going to create a completely different environment.

That's exactly right. So you have to put less in. And as you were saying, you know, it's kind of you think of it like a lock and key mechanism. So a normal estrogen molecule will hit on the receptor, do what it's supposed to do.

And because it's shaped correctly, it's going to dissociate it away. But the zero estrogens, they're going to be shaped differently and they're going to yes, they will get into the receptor just like sometimes you can put the wrong key into a door, but you have a bugger of a time getting it out.

That's the same thing that's happening is these xeno estrogens are locking on to the receptor, but they're staying there and they're not dissociating at the same rate that a normal estrogen molecule would.

And so they're overstimulating and and this is the problem and they are outnumbering our endogenous estrogen, especially in the postmenopausal woman who's estrogen whose endogenous estrogen is so depleted.

And talk to me a little bit about one of the strategies, obviously, is then things like Tamoxifen or, you know, where they are working on blocking your estrogen or blocking your hormones and and, you know, women feel horrible on it, but they feel they have to do this in order to be able to reduce my risk for breast cancer.

But then the risk for other cancers increase. Yeah, that's exactly right. Because, you know, for anyone who is hormone phobic, Tamoxifen is an estrogen.

And that's why we see the side effects of Tamoxifen being DVT is boycott's because they act just like estrogen. And estrogen can increase blood clots in some women and Tamoxifen while it acts in a protective way in the breast, in the uterus, it actually has the opposite effect.

So in the uterus, it's having that over stimulatory effect. So we see an increase in uterine cancers in women who are on Tamoxifen. And while it does decrease the recurrence rate of breast cancers, there's only a fraction of women that actually respond to that to Tamoxifen favorably.

And that is for a couple of reasons. The first is that tumors are not necessarily homogeneous. So in in the average tumor, some of the cells will look one way, but not all of the cells look the same way.

So maybe Tamoxifen is an appropriate drug to help prevent against some of the cells in the cancer. It's not going to be protective against all of the cells in the cancer.

The other thing is that Tamoxifen is actually in its in active form.

Tamoxifen, Detox Pathways, and Supportive Care

So when you take Tamoxifen, it has to be converted in the liver to its active form, which is called end oxygen. And that work is primarily done by one of our c y enzymes.

It's called cp34. And if you are someone who has an active CYP3A4 enzyme, you are able to make that conversion. But there are lots of us who have a genetic makeup that prevent us from having a very active CYP3A4 enzyme, and in those people they're taking tamoxifen and getting no benefit.

So it's no benefit. It's all side effect. And if that has to be then detoxed through the estrogen pathway, so it's even putting more burden on the system and no and no benefit.

So for me, I would rather see someone with a hormone positive tumor do their very best to get the Zino estrogens out of their environment. So stop putting in so many estrogens and then really work on their detox pathways, know how their detox pathways work and support their detox pathways as much as you can.

So making sure that you have a healthy gut because my beta glucan it is, which is an enzyme made by some harmful bacteria in the gut high beta glucan a disease will interfere with your ability to clear out those estrogens and you'll just resource them and get higher toxicity.

So having a healthy gut and also making sure that you have the support for our estrogen detoxification systems. So eating lots of cruciferous helps cruciferous vegetables, helps with phase one detoxification, and then phase two detoxification, making sure you have adequate levels of B6, B9, which is folate, B12, magnesium, all of these things end up being really important.

And that's why we're so focused in the functional world on making sure that you have adequate nourishment because it's all these nutrients that help our body to do what it's supposed to do.

Yeah, absolutely. And so and what study wise, I mean, you're what what is kind of the latest and the greatest in regards to this field? I mean, what what are they explore doing?

I mean, is this something new that has come? I mean, because you're you have your finger on the pulse on. Yeah. So I don't I don't think we have a lot of new things in treatment.

I mean, we have new drugs approved all the time and people get really excited about an increase in three months of survival. I actually don't I don't get excited by studies like that.

I think that three months is really meaningless, especially when those three months are not quality, three months at all. And listen, I'm not spending anyone's time for them.

And if you want to take a drug that is highly toxic but but gives you three more months to live, God bless you. And I think that you should have access to it and do whatever you want to do.

I, I don't want this to be interpreted as I don't think people should have access to drugs. But there there is a population study out of Great Britain of 500,000 women and they looked at survival according to year of diagnosis.

So they broke it up studying women from 90, 95 to 1999, from the year 2000 to 2004, from the year 2005 to 2009 and from the year 2010 to 2015. And what's really promising is that we do see survival increasing with each five years that we get ahead so that women who are diagnosed with breast cancer now have a much greater five year survival rate than women who were diagnosed in 1999.

Now, there are a couple of caveats to that. The first thing is, when we look at women die. No, before 2010, we were not identifying women with HER2 positive disease, which ends up representing somewhere between 13 to 18% of women with breast cancer.

So if you're not identifying the HER2 positive population and not using anti HER2 therapy, you are going to see a decreased overall survival, especially in the first five years, because that represents aggressive disease.

And the wonderful thing about having the anti HER2 drugs on the market is that they leveled the playing field. They kind of took that per to positivity away.

So we aps that that is absolutely something to celebrate that we have anti HER2 therapies on the market. The other thing that we have to talk about is that over that time our screening has increased tremendously both the number of women that we screened, but our ability to pick up changes, the sensitivity of screening mammogram.

And this unfortunately is a double edged sword because the number of women that we're diagnosing is exponentially more. So we're diagnosing 2 to 3 times more women with breast cancer.

Screening, Treatment, and Surgical Choices

That is partially because our environment is becoming more toxic, partially because our screening is just getting better. The thing is, the exact same number of women die every year of breast cancer and that has been stable.

So I worry that we are diagnosing and treating a whole group of women that maybe don't need to be diagnosed and treated. And maybe our screening is a little too sensitive and maybe we're more people for breast cancer that really don't need to be treated.

And if our screening method were benign and our treatments were benign, it would be a different story. But we're using X-ray or using mammogram to screen for breast cancer.

So over a woman's lifetime, we're going to cause some of those cancers and our treatments for breast cancer surgery, which certainly is not a benign treatment.

And it's especially not benign in the women who undergo mastectomy because those women will never and for one day in the rest of their lives, they will never forget that they have breast cancer.

So if you have mastectomy, no matter how great your reconstruction is, there will never come a day following your surgery where you won't remember that you have breast cancer.

And I think that that takes an emotional toll and even with even with breast conserving surgery, it's still deforming. And then you add on the other treatments, you add on radiation, which on the right side causes lung fibrosis on it.

It damages the rib cage on both sides. You can have a fracture from very minor trauma, like coughing or anything like that. And there is a significant morbidity associated with rib fractures.

And on the left side, the heart is underlying the field. So you get accelerated cardiovascular disease and that is a disease that is far more deadly than breast cancer is in every generation.

So certainly radiation is not a benign treatment. And then we started off talking about the fact that our treatments often make people a lot less healthy than they were when they got their breast cancer diagnosis.

And chemotherapy is front and center there. We drastically interfere with people's health during chemotherapy. We take their immune system out, we take their gut out.

And in doing so, we actually make people quite sick. And the recovery from chemotherapy is not insignificant. And for some people, the effects of chemotherapy affected the quality of their lives.

For the rest their lives. And so it may be necessary, but there are so many measures that we can take to protect people while they're getting chemotherapy for the people that really need chemotherapy.

And we're not taking those measures. And that's a big problem. So and then, of course, there is the hormone blockade and all the problems associated with hormone blockade.

So we're taking a whole group of women that were identifying these minuscule screen cancers that may or may not have ever become clinically relevant. And we're subjecting them to a lot of treatment that they probably didn't need that will adversely affect their health for the rest of their lives.

And I have issue with that. I really do. So I think that we either well, I know that we need a different screening paradigm, but I don't think that we should be using a test that causes cancer to screen for cancer, especially as liberally as we're using it.

And think when when, you know, we developed the mammographic screening program in the 1970s. We intended people to have a mammogram a year that for the vast majority of women, that's not happening.

They're having two mammograms a year and they're having that for multiple years in a row. And you know that all this radiation adds up. It's not insignificant and it's just it's staying in people and it's increasing their toxic burden and in a person who's already close to their ability to clear their toxins or just were just worsening their toxic load.

So I think that we need to rethink our screening program and we also need to rethink our criteria on who does and doesn't need to be treated. And I hope that the focus in the future is on developing a genetic test which identifies which tumors need treatment and which tumors do not.

So if somebody, let's say somebody has a lump and and then comes the question, yeah, we talked about lumpectomy, mastectomy, then radiation and chemo.

You know, so walk, walk. And then you have the reconstruction, you know, then the the choices between, you know, am I going to do an implant? Am I going to do for my own tissue?

What if I don't have enough for my own tissue in order to be able to do the reconstructive kind of walk through that process a little bit through me, you know what?

What should a woman think of, you know, should they opt for the lumpectomy? Should they say no to radiation? Should they say no to chemo? You know, where is the tipping point and the risk with breast implants?

And you know what? Walk through that a little bit. Yeah. So first of all, I don't think there's any increased risk of breast cancer. And just from having breast implants alone, we can talk about breast implant illness, but that is a whole separate category.

But I do not think that there's an increased risk of breast cancer in people who have breast implants because of their breast implants. When you have a breast cancer and you have a lump, you you have the option of doing whatever you want to do.

So there is no increased survival in mastectomy over lumpectomy. And the vast majority of women who opt for mastectomy opt for mastectomy out of fear.

And that fear, unfortunately, is really supported by the medical community. And I think that people are way too fast to recommend and have mastectomy.

And I fully believe in breast conserving surgery. And I think that there are there are likely out the majority of women with early breast who do not have aggressive biology.

These women would probably be fine with lumpectomy alone, but it's not the standard of care. So if you have lumpectomy and you are being treated within the confines of the traditional or the conventional medical system, they are going to almost insist that you undergo radiation.

But the data on radiation is pretty clear in that it does not increase survival. It may decrease your risk of local recurrence, meaning having the tumor come back in the breast, but it does not impact survival.

And for me, it's all about the survival. So I'm not going to accept a therapy that is going to interfere with my long term health if it doesn't impact survival.

Now, as far as chemotherapy is concerned, there are there are tests to identify who does and doesn't benefit from the addition of chemotherapy. I think it's generally accepted that if you have a triple negative tumor, this is quite aggressive biology and kind of by definition you would benefit from from chemotherapy.

I think the only time that it's not offered is a very, very, very small triple negative cancers. I don't so much believe on

treating size over biology.

I think that biology kind of trumps everything and the vast majority of triple negative cancers have very aggressive biology. And the fact that you found it small is just a function of time more than anything else when we're talking about hormone positive disease.

So ERPR positive disease, the archetype is kind of the definitive test to say who will and who will not benefit from chemotherapy. But I when I work with people, I do like to take steps a little bit further because.

Closing Thoughts and Where to Find Dr. Simmons

If I have someone who I believe has aggressive biology and in general I'm running in RGCC, that's the great test and that is going to tell me really specifically about your biology, your risk of having metastatic disease.

And it's also going to tell me what therapies are going to be effective for you, and you just continue to monitor that over time. And it allows you to customize your treatment both with traditional chemotherapeutic agents, but with natural agents as well.

And so for people who have aggressive disease and certainly for people who are not responding to treatment, that is my go to space in how we we proceed forward in a positive direction.

That's wonderful. Dr. Simmons, it's been such a pleasure. You're such a wealth of of knowledge and information. And I'm so glad that you're functioning in this space versus your prior profession.

So, yeah, you can just have a greater impact. So thank you so much for all of this. Thank you. It's my pleasure to be here. My favorite thing to talk about, and I only hope that people come away from today realizing that you have so much more power than you think and that the key to health is really in your control and you just need to kind of rise to that occasion and know that the power is in you.

I love it. And and for people that want to find you, where do they go. Now so you can find my website is Real Health, MD(realhealthmd.com) and you can follow me on social media.

It's Dr. Jenn Simmons and my Jenn has two Ns and I do have a Facebook group where you can ask questions and be part of our community and it's called Keeping Abreast with Dr.

Jenn. So you can just head over to to that Facebook group. And we're we're happy to have you there. And stay tuned for my podcast, which will be out very shortly.

I love it. That's wonderful. Thank you so much, Dr. Simmons. Thank you. My pleasure.