Don't Guess: Data-Driven Cancer Care Strategies Transcript

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Why Data Matters in Cancer Care

Many people ask me about how I support people in the counseling process, and the most powerful tool I know of is data. Not guessing. Not dogma. Not personal opinion, not my own, and of one experience, but using information from my patients to help me make better clinical decisions to better support them, improve outcomes.

So the methodology I've developed over 30 years of test access address never guess is what we're going to dive into here today. So the 30 plus years, as I mentioned, of creating, using and applying this methodology has guided me and hundreds of practitioners and tens of thousands of patients on a more sure footed path forward within the cancer wilderness.

The methodology of Test, Assess, Address is a critical path forward to guide your patient through a cancer or chronic illness illness. Wilderness. There is no need to guess here.

In fact, I find that that backfires terribly. Whether you're going standard of care or totally alternative care or a combination of the two. We have the technologies.

Test, Assess, Address Methodology

We have the resources today to know precisely where our patients are. To do something about it. So as I mentioned in a previous, in previous discussions, this concept of the terrain 10 and the bucket, our own little mitochondrial bucket that gets filled here.

This is where we start with our test assess address methodology. As we start to evaluate what drops are contributing to that bucket. At the genetically we can test we can test for metabolic health.

We can test for toxicant exposure. Microbiome. We can test for the immune function. We can test for inflammation. We can test for angiogenesis oxygenation and perfusion.

We can test for hormone balance in the way our body processes hormones. We can test for circadian rhythm and stress response. And we can test for mental and emotional issues all the above.

And so this is where we dig into the test success address is through each of these categories, in which we then find the priority in which to to start the patients.

So it's not so overwhelming. So one of the places I really want to start here is this idea that we are not average, nor should we be, nor should we strive to be average.

In fact, our lab values, even in a lot of the functional medicine testing community, are based on the average of the population in the region in which they're being tested.

So an example of this is if you live in, say, Alabama, which unfortunately year after year they test in kind of the bottom, you know, bottom of the barrel with regards to overall health and longevity.

Looking Beyond Average Lab Ranges

Whereas places like Colorado test in the top, of the of longevity and and health quality. So just being aware of that that let's say when they say you're diabetic at 100 in Colorado, they wouldn't say you're diabetic until your glucose levels get above 120 in Alabama.

That is not normal. Guys, that's not how we should be basing our care. We should be basing our care on the

outliers, on who is actually healthy. What you'll learn in another talk we're going to do here pretty soon is less than 6.8% of Americans, and likely all humans on the planet today, are actually metabolically healthy.

As such, you do not want to be compared to the other seven, you know, 97%, 97% of the population. When we look at your labs. So this is where we want to look at your lab values based on what is going to treat and prevent disease and optimize your overall health.

So here's just an example of a few of the labs I run on. Every single one of my patients, even patients that have never been diagnosed with cancer. I did this for many, many years in my own private practice, long before I ventured entirely into the cancer support space.

So things like a complete blood count, a see, a complete metabolic panel, what my patients have coined the trifecta, which are markers of inflammation, and I look at them as a collection.

C-reactive protein lack tasty hydrogenation, sedimentation rate, things like GT, which is a really good marker for glutathione status in the body and liver health.

Vitamin D3 all about how our immune system is functioning, as well as how how it's impacting our genetics, our dopamine levels, our hormone levels, our metabolic health, our full thyroid panel.

Core Metabolic and Inflammation Testing

How is the conductor of the entire system functioning? Our homocysteine level, which shows us areas of methylation, shows us chronic inflammation, shows us, cardiovascular risk.

But even more importantly, it's showing us how we're, processing certain pathways, metabolic pathways, if you are in fact cancer ring uric acid is another one that shows us how well your methylated, what kind of oxidative stress you're under, what type of metabolic health you're enduring.

Insulin hemoglobin one C insulin growth factor one C peptide. These are far more telling than a good ol glucose. Glucose doesn't mean much you guys. It's very transient things like urinary blood and breath, ketone bodies, the continuous glucose monitors, macronutrient counters and even nutritional physical exams tell us an enormous amount of data about the person's metabolic health.

Ferritin, a huge marker of of of how well you're doing with your inflammatory process, in your oxidative process and your oxygenation process. You can even get down to the nitty gritty of the health and vitality of your mitochondria using tests like FDG, using tests like the anti mitochondrial antigen, antibody, as well as buccal swabs like my nose swab and organic acids testing to really understand how the complexes and the Krebs cycle of your mitochondria are functioning.

We can even dive deeper and really know the blueprint that you were born with, and how best to manage it and empower it and mitigate risk by looking at single nucleotide polymorphisms.

And if you already have a cancer diagnosis on board, we'll look deeper into, fresh blood or fresh tissue biopsies to understand the personality of the actual tumor or tumor cell, to see what other targets we want to address.

And then finally, I've mentioned in the previous slide about the terrain 10.

Mitochondria, Genetics, and Tumor Profiling

These are the a questionnaire that allows you to do a deep audit on everything you're putting in, on and around you, which is going to have impact on your test results.

And then questionnaires looking into your personal, your medical history, your family history, even down to your Ace scores, your adverse childhood events, those are things that are going to beat those are considered tests to

look at your life beyond the tumor, beyond the symptom, and even things like imaging.

Okay. So luckily we've also we are going to be speaking with a lot of different imaging companies during this gathering. heart rate variability and other wearables, the blood pressures laying down, sitting up and standing up can show you how your adrenals are functioning.

Full physical exams and nutritional exams, as I mentioned, like reflexes can show you how well your thyroid is functioning. Functioning pupillary reflexes can also show you how well your adrenals are functioning.

These are the types of things along with tons of different functional medicine tests, from toxicants to hormonal metabolites to, heavy metals to micro toxin exposure.

These are the types of things we need to evaluate in every one of our patients, because these are the folks that are saying to you, I was healthy until I got cancer.

And I promise you, when you dive deep into their terrain with a test assessment methodology, you will understand exactly why they ended up with this diagnosis.

You will know exactly where they are in the moment and you will have a sure foot forward on what to do with this. And so finally looking at just again, this is kind of a for you to look at here metabolic markers.

This is what we want. We don't want high A-1 C.

Terrain, Lifestyle, and Biological Age

We want a normalcy peptide. We don't want serum creatinine too high or too low. We don't want high fibrinogen. We don't want both low albumin and protein.

That can show sarcopenia and KCA. We don't want high RDA which can show a lot of oxidative stress. We don't want high serum calcium, which can be an early sign of cancer in the body.

as well as oxidative stress. We don't want low electrolytes. We don't want too high or too low blood pressure that impacts our, ability to perfused and oxygenate our tissues effectively.

We definitely don't want to high or too low of ferritin. We don't want too high of triglycerides. All of these are metabolic markers that show us how well the body is tolerating all the things you're being exposed to on a day to day basis.

This is what the testing will start to reveal. And we'll give you the clinician and you the patient and the patient advocate areas to focus and prioritize.

And so one of the other things that I want to just leave you with is this concept of chronological versus biological age. Age is just a number. Our chronological age is just a number.

And you can be a very old 19 year old, as I was when I was diagnosed with stage four ovarian cancer. But you can also be a very young 52 year old, which my biological age today is 37.

So I am like Benjamin Button as I age. I'm working on all of my positive influences to impact my biological age, no matter what my chronological age is.

So how fast are you degenerating internally and how fast are you regenerating internally? This is where we talked about in previous, discussions about the CDC circadian rhythm, dietary influence in your community around you, and really focusing on your essential determinants of health.

All of these things will have positive influence on your biological age.

Whole-Person View and Closing Resources

And finally, as the well known, oncologist of the 1920s said, Doctor Eli Jones, do not get so taken up by the cancerous condition, meaning looking through imaging at tumors in the body, looking at tumor markers that you forget the most essential part of your treatment, the general condition.

So we want to back up. We want to take a broader view of everything involved here that's affecting the entire terrain in which that tumor made manifest.

So don't forget test, assess, address, stove gas. We dive deeper into it in the books Metabolic Approach to Cancer and Mistletoe and the Emerging Future of Integrative Oncology.

If you want to learn more, follow us on our Metabolic Matters podcast, Dr. Nasha or MTIH.org websites, or even take part in our Metabolic Health Day that happens annually on 10:10 of every year, October 10th of every year.

To know how you can be your best advocate for testing, addressing and assessing your own terrain. Thank you and be well.