Introduction and cancer prevention focus

Well, Dr. Neel Butala. This this is, such an honor and pleasure to, to chat with you today. I mean, this is going to be exciting because we're going to be talking about things that.

And that's really on people's minds nowadays. I'm very excited. Thanks for having me. So so cancer I mean, we we've been dealing with the war on cancer for, for many, many years.

And obviously the best cancer to to have is the one that you never have. I mean, yeah, prevention is always the key. So how how have you seen. I mean, we've been focusing on attacking. Killing.

How are you kind of seeing the landscape of of cancer shifting. there's this last number of years. It's a great question. you know, unfortunately, I have not seen it shifting much.

I think, you know, the vast majority of money spent on cancer research still goes to treating cancer. once, you know, it's been detected. And at that point, as we know, you know, survival rates are incredibly poor.

Once you're sort of at an end stage, cancer. and so really, I think the focus hasn't quite shifted to, researching on prevention as much as we'd like to.

Right. I think over 90% of all dollars are actually spent on treatment, and not as much as sort of focused on the prevention aspect in detecting cancer.

But I think it maybe have the biggest impact. And so, yeah, and looking kind of at from an economic model, I mean, to me, it would make more sense financially if we can stop something from happening rather than deal with it when it's happening.

Yeah, I think so. I think it's really important to move upstream and start the conversation even prior to diagnosis. so people, you know, can recognize it, hey, look like different people have different risks and different people should maybe get screened at different intervals and then, and kind of going forward from there.

currently the, the major guidelines that, recommend screening for people for cancer, really take a cookie cutter approach so they only look at, you know, age.

And that's pretty much it age and gender in terms of recommending things to screen for cancer.

Why cancer screening needs personalization

I think that we've really evolved in terms of science as to recognize that some people may have higher risk than other other people for a variety of reasons, and it just takes a long time for the guidelines or recommendations around screening to change.

And so I think, that's another key point, which, I think there's a lot of room for improvement, really personalizing recommendations for detection of cancer to then be able to target exactly who should get screened earlier than other people.

So we, you know, like like you mentioned, we have, you know, there's certain cancers where we're able to screen more like, you know, colorectal. We got breast cancer, prostate cancer.

Yeah. So there's certain ones that have standard screenings but the majority of cancers do not. You know, so even some of the fast growing ones yeah they really don't have the appropriate screening.

So you know, in order to then be able to take a better proactive approach, you're talking about prevention. So how can an individual, you know to to prevent I mean what are some of the what do you look.

How do you see that prevention take place. And how do you see it look like in the future to be effective? I think it first starts out with quantifying your individual risk.

So that's why I, myself and a couple of my colleagues started, Catch. It's essentially, a company that allows you to quantify your risk of cancer. So I think, as we know, there's a few things that affect cancer risk, primarily smoking. Everyone knows that.

And we've really shown, you know, over decades that, you know, focusing on reducing, you know, smoking really reduces cancer. So there's things you could do to prevent cancer.

Everyone knows smoking is sort of the smoke that the major, you know, thing here. But there's a number of other factors people may not have heard about.

things such as, you know, eating red meat or, you know, drinking alcohol or some other sort of individualized things such as family history, which really give each person a different cancer risk.

you know, there's a number of factors that we can think about. And at Catch, we've actually done a pretty thorough search of all the available data out there as to what can lead to a higher or lower cancer risk.

And then we've developed, you know, a pretty advanced biostatistics model to translate that into an individual's cancer risk. So what one can do is, you know, you know, update your profile.

And what we have is that our sort of tool. And then that will enable you to learn your risk of, you know, over 21 different cancers and based on your individual profile.

And you can say, hey, look, I'm actually higher than average for these cancers or lower than average for these cancers, just based on my age and gender, as well as number of other individualized factors that we ask about.

And then that information can then lead you to take control in a couple of different ways. You know, if you have your own quantified cancer risk. Number one, you can actually, you know, decide, hey, look, maybe I have a higher risk of colorectal cancer compared to the average person population.

Maybe I should talk to my doctor about getting a colonoscopy earlier. As we all know, we've heard about a lot in the news recently. Younger patients is that younger people under the age of 50, in particular the greater Colorado cancer, are going up.

And so, you know, maybe there's certain people who are actually more likely to get cancer than others. Those people need to be screened earlier. And and we can justify that based on sort of the distribution of, of people's risk.

and those people can then, you know, get screened and maybe, you know, even Catch things at an earlier stage. So one stage, one step, once you know, your risk is being able to screen and Catch cancer early, as we know that saves lives.

Quantifying individual cancer risk with Catch

the second thing one can do, once you know your own risk, is to actually take control and change the factors, that lead to your cancer risk. So, you know, we know there's a number of risk factors like smoking, alcohol, etc., but, you can actually do a number of other things to modify your cancer risk.

and those, you know, we can come up with an action plan or a risk sort of risk roadmap, if you will, and then focus on decreasing those behaviors or increasing certain behaviors like eating fruits or vegetables or some of the more things that are more subtle or less obvious can actually modify your cancer.

So not only can you use this information that helps create, and sort of get a better sense of who needs to be screened at an earlier age, but also, understand what you can do to take control and modify your own personal risk.

So this information, I think we found to be pretty powerful is being able to really individualize how we approach cancer and being more proactive towards prevention.

I mean, that's it's such a powerful tool because it's so hard for an individual, to account or think of all the different things that are considered risk factors and then position yourself in, in a, in a way to, to mitigate, you know, these risk factors to then to have a tool where you can then account for all the all the research that's out there and the the factors that are involved that you may not think of.

And, you know, there's only so many books that you can read and then contain information. So that's the beauty of these tools that are able to kind of hold on to all this information and then analyze lifestyle and patterns of an individual to then see where your position.

Yeah, exactly. And I think the goal is really pairing the, you know, powerful science with the sort of front end intuitive interface. Right. So my background I'm a physician, I do research.

you know, I see patients obviously, and I have a lot of that back in the biostatistics. So it really builds a lot of powerful, you know, bicycle knowledge and sort of being able to quantify these risks based on what's available in the literature.

And we've been a pretty thorough job of coming up with this. And it's continuing to evolve. my, my other, you know, my partners of the people who work with me, they're sort of, you know, experience building front end user facing platforms.

And I think some of the founding investors have actually, you know, created, you know, products that, you know, have like over a million members that really people can use to, to really change their behavior and things like that.

So I think pairing the, you know, powerful back end science, really with the accessible interface, will enable people to really be more proactive with their health.

I think, you know, there's too much, you know, science often just bottled up in papers. I get published papers all the time. But I think a lot of times, like, you know, scientists and doctors, we you're sort of cutting around bubble.

And it's hard to make that accessible to consumers and direct to consumer. So that's what we hope to do with Kat is really, you know, enable people to really access this research.

And we're pretty stringent in what we include. We're not just, you know, there's a lot of stuff you hear in the news and like, you know, there's pop science and we're sort of going through all that and really coming up with some of the stuff that's really backed by, you know, by good data.

And so that takes a lot of work. And, you know, we have pretty advanced methodologies to do so. So that's sort of we hope to bring that that level of rigor, to the, you know, this interface and make it accessible to, to everybody to, you know, be able to then, you know, take charge really of their health with this information.

So I'm curious because you mentioned a few risk factors that a lot of people probably are aware of. You know, like smoking, like, you know, eating red meat and probably eating, you know, lots of sugar and things like that.

Well, what are I out of curiosity, what are some of the risk factors that, that that are included that people may not think would be a risk factor? Yeah, certainly.

I mean, there's certain I don't have a full laissez faire in my head, but I think, you know, for like chemical hair straighteners or, you know, things that actually, are have potent carcinogen in them, which, have, you know, made

their way into our, our lives through, you know, consumer products.

So, there's a number of those sort of key environmental exposures that, you know, people that have a pretty significant outsize impact. I know, like where I live in Denver, like radon exposure is a big thing.

And, you know, radon mitigation actually has a big impact. you know, population level things like these environmental exposures, probably responsible for the vast majority of cancers.

You know, I think oftentimes people think about cancer is, you know, something random or something bad that's going to happen to you. I think this shift in the paradigm paradigms really shifted to where, you know, the, the vast majority of, of cancer risk factors are actually, modifiable in some sense.

And, chunk of that smoking and alcohol, obviously, but still, I'd say, you know, it's not just bad luck, but there's a lot of sort of other things one can do to set yourself up for not having, that, that the acute event that leads to a cancer.

Unexpected risk factors and environmental exposures

I'm happy to talk about that a little more, but, there's a little sort of, there's different approaches to thinking about cancer. I think that really needs to be, you know, I think more widespread.

And people we get so hyper focused on, genetics and thinking that genetics are what's driving all these processes all the time. And yes, genetics play a big role.

But like you mentioned, I mean, we we are learning that more than 95% plus are lifestyle factors. And to be able then to really recognize which lifestyle factors that are important in regards to cancer, I mean, to me, that is how we are then able to change this time that we're seeing where, you know, the numbers of cancers just increasing is getting worse and worse.

Exactly. Yeah. I think, again, just thinking of cancer in some sense is like a chronic disease is a syndrome a different kind of paradigm. Right. So I'm a cardiologist by training.

And, you know, I think it's pretty common for both. Think about as you, you know, don't eat, you know, if you eat, you know, unhealthy foods, you don't exercise.

We think about plaque sort of building up in your coronary arteries, and that plaque can lead to sort of problems. And eventually at some point, one of those plaques can rupture, almost like a pimple popping inside your artery.

And that could lead to a blockage, which is a heart attack. Right. So that sort of process of some sort of chronic thing laying the groundwork for something like a heart attack is sort of well versed in the, in the cardiology world.

I think in cancer, we still think about it as like, oh, a random thing happened, a cell mutated and got cancer. I think the paradigm shift it to where, you know, we realize that, hey, look, there's these chronic processes like inflammation and, you know, excessive growth factors based on diet and other other things.

Those create a milieu, that enables cells to then, in the setting of environmental carcinogens, enable cells to then develop mutations and chemo like mutations.

And eventually an acute thing happens, like, you know, a mutation in a pathway that leads to cancer, cancer, it can acutely happen. That sort of then leads to a tumor, the same sort of there's a chronic underlying process ongoing that one can modify with, with lifestyle factors that can hopefully, you know, you can reduce that, process to then reduce the acute event of cancer cells sort of developing and spreading.

So that's sort of I think the the paradigm shift we're thinking where cancer, we often don't think is a chronic disease, but really there's underlying chronic factors that we can, can modify, similar to how we think about for heart disease.

Yeah I love that. Yeah. Because it, it because we, we've really evolved a lot in regards to preventing heart disease. And then also we're moving more also towards doing the same in diabetes.

And then too like you're saying brain cancer into the same discussion where we are looking upon it as, as lifestyle factors. And how can we just like with, you know, heart disease, you know, if we eat cleaner foods, you know, less inflammatory, less bad fats, exercise more, you know, do all these lifestyle changes, you know, then we are less likely to have heart disease.

And then being able to translate that into the cancer space to by, to, to kind of have the same kind of effect of, of curbing this tie that, that we're seeing.

I think that's really powerful. Yeah, exactly. And when we say lifestyle factors, we talk about there's obvious things, as we said, you know, diet, exercise, smoking.

There's also a number of other, you know, pretty, you know, random things that people don't think about that actually have a big impact, as we said, you know, that we find we find a lot are actually carcinogens.

That's what we hope to sort of bring to people with this product, being able to actually understand, like their holistic risk of cancer. Right. So, I mean, you'd be surprised the impact of like reducing your risk of gum disease has on certain cancers, right?

It's just like things like this that sort of are pro-inflammatory. I just need to sort of, and heart disease as well. You know, there's things that are sort of we don't always think about, that can actually have a pretty outsized risk and relatively easy to change.

So those are the kinds of things we want to point to with, with our with our, with our tool here.

Lifestyle change, lifetime risk, and behavior motivation

So, so what are you seeing kind of as a patient is taking through this journey, you know, I mean interfacing then with, with catch, I mean, what what what are your goals and what are you seeing, you know, an individual progressing through the process, you know, using this as a powerful tool.

Yeah. So I think the key, the key aspects of our interface again, are making it really easy to access this information. Right. So you fill out, the initial intake, you know, interview, online and then you within sort of, at the end of that, you essentially quantify your risk for 21 cancers, for cancer overall.

and in addition to that, you then get, specific action items tailored to your particular cancer risk. Right? So, you know, you get a risk for, you know, the top ten cancer risk factors.

And, in terms of the magnitude of change you can have in your personal cancer risk. And then we actually, translate that and it's it's only a website, an app on your phone that you can then use to, you know, select the action items, act your action plan.

And then we have sort of periodic reminders and things to motivate the behavior change. Right. So, a big thing that, you know, we see, at least for me, in talking to my patients, right.

Like I see them maybe 15 minutes. And, you know, it's, it's hard to oftentimes, you know, make a lifestyle change in sort of one 15 minute visit over, you know, whatever interval, three months, six months, whatever it is, being able to access, that type of information, frequently through an app like interface is really intuitive, helps people engage and actually helps motivate the behavior change.

Right? So I think, and we can incentivize that in, in various ways. There's a lot of actually science behind behavior change that we we're also incorporating. Right?

It's not just the science of the stuff going into the models. It's also how to motivate people, to do the right things for their health. And so that's also integrated into the product in that sort of easy to use interface.

So, they thought, you know, someone would fill out the survey, someone would get the, the risk factor, you know, their risk map their top risk factors, they can select action plans and that sort of gets into the cycle of where, we can then come up with a way to motivate that behavior change.

In addition, they get a personalized screening plan. Right. So based on your risk factors, you know, these are the things that these are the cancers that you have higher risk for.

And these are the cancers that you may want to consider getting screened for at this type of age. And I think it's actually, and you said patients, which actually I think is, it's important to think about this is actually meant to be direct to consumer. Right?

It's not meant to necessarily bypass your doctor, but it's meant to, be accessible to everyone. Right? It's it's hard enough for me as a doctor to find an appointment with my primary care doctor.

I can't imagine the average person driving it. Primary care doctor appointment and also finding a doctor that has time to actually talk through all these things, right?

So we hope to supplement that type of experience with knowledge. And then, you know, when you go to see your doctor like, hey, look here, things that I learned about myself that may be worth pursuing in that, that targeted conversation me and enable you to get further towards proactive, healthy behaviors.

So again, it's not necessarily for patients, it's for consumers. and I think that's actually super interesting. And the other aspect is other technologies are evolving. So you may have heard, you know, there's almost there's direct to consumer marketing for a lot of this, cancer prevention diagnostic tools, these direct to consumer market things like, you know, full body MRI or like liquid biopsy.

Right? Doctors are not going to recommend that anytime soon. And that's it. Maybe rightfully so. But the data, it's so new, right, that the data isn't quite there yet.

Right. So for me to recommend it to my patient, you know, I want my standard is pretty high as to, you know, what I've seen. And that's just how science evolves. Right.

Medical science is pretty slow to uptake. You know, if I publish a paper on something new and I'll take on average, ten years for that to get incorporated, the average clinical practice rate, the diffusion of innovation, and so slow.

But it's great. These companies are doing direct to consumer. You know, getting people who are interested in getting people into, you know, their own proactive health, healthy behaviors by offering things like full body MRI with the biopsy.

Well, I think consumers are then left in the struggle about, hey, look, what do I really need this test? Like what? Well, you know, there's how do we navigate this direct to consumer landscape.

And I think that's where we can actually help fill this gap where, hey, look, maybe based on your cancer, you know, profile, your individualized profile, you may actually be at high risk for these cancers.

And so maybe it makes sense to get this diagnostic tests and maybe talk to your doctor about that. Or maybe hey, look, you're actually pretty low risk.

And so you probably should not spend the X amount of dollars in a full. But you know, so this could again help, this sort of quantified information that's sort of backed by science can help you navigate the direct to consumer landscape of, you know, diagnostics so evolving.

And so that's another piece that we're trying to, help address. You know, it's not just for patients, it's for consumers, for everybody to then empower you as you talk to your physician, about these things and then definitely empower you to change your behaviors.

And so that's sort of a part of where we're trying to to meet this need and that, that we're seeing. Yeah. And that's a that's a hugely important point.

Yeah. Because people don't recognize that. Like you're saying what is well what is put into standard of care is something that's been research, you know, at least a decade or so ago.

And we know technology and science are advancing so fast. So we are always going to see medical care being so behind, you know, what the most optimum treatments and optimum care, you know, is is so to then have a tool that is, where the consumer can be empowered and, and instead of having to wait for the, the doctor, they can then empower and kind of recognize and analyze their own risk.

And then also like you mentioned, there are a lot of labs and tests out there that's available that are direct to consumers. you know, like if you want to check your circulating tumor cell counts, you know, there there are things that you can check for that or other type of, you know, blood tests that are available.

And so, you know, to know then your, your potential risk and then know what it is that you can change and then also know what you need to, look a little bit further.

I mean, that, that that's. Yeah, that's that's amazing. That's amazing. So, so how, how do you feel? I mean, because obviously you've changed and you mentioned that you have because it's hard enough for a person that smoking to stop smoking.

Yeah. That that's a that's a big deal. So how do you feel that this kind of tool will drive an individual to change habits that are then hard to change?

That's a great question. And that's, I think what we try to do with our interface is be be able to inform people a lifetime risk. Right. So, we think about, you know, someone my age or your age, right?

Your, risk of cancer over the next five years is probably on the lower side. However, if you add up and so let's say by eating one more serving of food a day, right, your risk lowers by x percent.

But still know that I'm interested in that being pretty small, right?

Healthspan, proactive care, and system limitations

In a, you know, year or two basis, however you're able to quantify it over your lifetime. You know, these numbers are going to be pretty high, right? All these numbers aggregate over time and they get higher and higher as you, as you get older.

And so by being able to quantify your cancer risk over the entire lifetime, we can really see the impact of behavior change, right? So if by eating one more serving of fruit, maybe my cancer risk goes down by x percent, you know, it's a tiny number.

over the next year, if I live between now and by the time I'm 80, it's a pretty big number. Right. So I think being able to see the true impact of these changes over the entire lifespan is not something we've been able to do previously, and I think we're actually using cutting edge by statistical tools to quantify that.

So that's sort of a key piece that, I think is missing and that actually trying to publish, it's sort of we have we have a manuscript in the works that, quantifying lifetime cancer risk for all cancer.

I think that's something that's never been done before. And we're able to do finally. So, you know, projecting it out

at least so that being able to see the magnitude of these changes or the lifetime, I think is really motivating for people, in addition to just realizing, hey, look, by by seeing like one step at a time, you don't have to go from, you know, eating ten servings of processed meat a week to zero, going from tended to or 10 to 5 or something, still has a lot a major impact over the lifespan, right?

And the goal is to being able to, you know, understand that. And our interface helps people sort of play with that and talk about that a little bit. So that's sort of one of the key aspects of of sort of connecting the dots, if you will.

Yeah. And, and and that's, I mean, we know and, and investing, you know, the compounding interest, the, the power of the compounding interest, where just a little bit, you know, starting early with a little bit and, and how that can build up to a huge number at the end.

So it sounds like what you're saying is, is kind of in the same vein that, you know, even these small little course correction over many years, it will have a tremendous impact and really lower the risk.

Yeah, right. A huge amount even just bringing in some blueberries or, you know, some some anti-cancer foods, you know, in the earlier part of your life and, and what that's going to do.

Exactly. And I think that I love that analogy of compounding interest circle and a little course correction can make a huge impact. Right. the other thing to think about is, you know, we think about life span versus health span, right?

So, oftentimes, I mean, a lot of people I'm sure have talked about this. Our goal is not just increase lifespan. That's I think that's what a lot of traditional medicine, unfortunately, has been focused on right now, where, you know, you wait until you get cancer and then, you know, we give you a ton of medications and things like that to make you live longer.

But, you know, they may not be a healthy, enjoyable life at that point. The quality of life really suffers after that diagnosis versus, you know, by doing these things upfront.

And you said early on and what tiny cost corrections can actually increase, you know, your entire health span by delaying the diagnosis of cancer, but eliminating it altogether.

And that has a huge impact not only now, but also when you're older, when you're actually, you know, the goal is to eliminate chronic disease or reduce the risk of chronic disease pretty significantly to where, these things are doing, affect the quality of life and really improve the health span.

so that's another sort of approach we're taking. Yeah. Because the medical doctors, I mean, they're very limited in what they're able to do for their patients.

I mean, you you mentioned time wise, but also tool wise, you know, what a, in their standard of care model. Yeah, they really they treat disease rather than promoting health, you know.

So we need them to have a, a, a tool that kind of fills that gap instead of just kind of waiting for something bad to happen and then, you know, step into action, then to have a tool where people are empowered and know that they become kind of the captains of their own destiny and, and able to make changes and take purposeful action in order to be able to then, you know, move themselves towards a place where they hopefully don't need to have these strong interventions, but then can enjoy, like you're saying, that the health span and brain span and all these different things that takes place when you choose healthy behaviors, healthy lifestyle factors, and then also recognize and what what in our environment, you know, what what our you know, what are the risk factors and how do I mitigate that?

How do I analyze what I'm exposed to and mitigate that? Yeah, totally. And again, I'm a medical doctor. Right. So I think, you're right. I mean, the framework we're taught oftentimes focuses on disease.

Right. but I think forward thinking medical doctors really do want to focus on prevention. And primordial prevention

is sort of the new term there where it's even before diseases, you know, a place right before you develop plaques in your arteries or before you develop this inflammatory milieu for cancer or whatever.

you know, disease vertical you want to talk about? I think doctors are starting to think that way. Is just the current system is structured to where it's hard, right?

It's not incentivized. Right. A lot of the health care system, a lot of thinking about this, a lot of the health care systems incentivize for doctors to respond as opposed to be proactive.

And I think unfortunately, because of the just the way the system is structured, I think doctors, medical doctors, you know, the the system is, you know, everyone.

I think everyone's really, you know, wants do the best for whoever's in front of them. It's just the way the system is structured, you know, oftentimes does not permit to me to have that conversation for, you know, an hour and a half about, you know, changing behavior for, you know, for somebody when there's other competing interests and other sort of competing time demands.

So I think doctors in general are well intentioned for this. I think the system unfortunately, the way medical care is organized, like in the US at least, does not quite incentivize these types of conversations.

I mean, certain setups are really great for that. Other setups notorious for not being able to do that. so I think it's more of just, the idea of like, hey, this may be a function of how the health care system is in the US despite, you know, doctors being well intentioned.

I think it puts the onus on people to be more proactive. and I think this tool helps fill that gap. And so that's, that's sort of having seen, experienced, you know, many sides of the healthcare system.

As a physician, I think this is something that I, you know, I, you know, as a cardiologist, for instance, I only see most people I see actually have they've already had a hard day that, you know, I'm an adventure cardiologist.

I see people when the first time they're having a heart attack, a lot of times you know, and so, you know, that's two way right. I wish so many times, like if I talk to you literally, you know, ten years ago and told you do these things, I wouldn't be seeing you.

Expanding the platform beyond cancer

And it's like better for everybody, right. And so I think just the way the system is structured makes it challenging for physicians to be this proactive.

That's why we want to fill this gap upstream. So hopefully I don't see people in my in my clinic. Right. I don't want to see you guys is, you know, having a heart attack or, you know, obviously LGBTQi people having advanced cancer.

So I think general doctors are well intentioned. It's just the system is structured that way, which makes it challenging. yeah. And you have I mean, obviously if you have somebody that's dealing with a heart attack versus somebody that is healthy and needs lifestyle, changes, you know, you got to deal with what's most urgent at the time.

So your time gets focused on the, the urgent, more critical things. And then this other area that is so vital and so needed. Yeah, it's just left behind because, you know, like you mentioned this, the system is just not structured to support that arena because it just isn't.

Yeah. And I wonder if you know, other countries do a better job. I think that's something that, you know, again, an active area of research. But I don't think any country found the silver bullet to incentivize that.

And I think really, you know, proactive people and particularly here, like, you know, many patients I see, like how

many people I see are very proactive about that, that that's where, you know, we're here to meet that need. Right.

And, you know, the goal is to really empower you with information to, you know, put you in control of things like cancer risk. Right. So we talked about cancer for a lot of this.

But that's just where we're starting. Right? I think that's where it's the most, paradigm shifting if you will, right. Where people don't think about it as chronic people and think about it as something in your control.

But the goal is to, you know, take that same framework and, or interface and, and use that for cardiovascular disease. So that's stroke heart attack. same thing for metabolic disease as you suggested.

You know, like preventing diabetes and, and sort of other sort of cardio metabolic issues. And then also for neurogenic disease. Right. Our goal, our vision is to address all realms of chronic disease.

starting out with cancer first is sort of one of the I think one of the key things that is, you know, overlooked. But I think overall, the same framework, the same ability to use, you know, advanced literature review tools to really understand what's out there.

I mean, spastics to quantify that risk over the entire lifetime and then being able to use that rigorous science in a user interface that's accessible to consumers, not just patients, and then really enable behavior change, that whole path.

We want to start with cancer and then really expand to, you know, all other chronic diseases to really expand the health span, you know, even beyond just what you can see with cancer.

That's our overall vision with with sort of what we're doing. And I like you mentioned, I mean, the with diabetes and cardiovascular, I mean people are already thinking in that direction.

But within this and the cancer space, it becomes such a paradigm shift, you know, so it becomes such a, you know, kind of shift in mindset in regards to it.

So, so that's why it's so powerful what you're doing there. So how how can people. Yeah. So so this is technology that's becoming available. How can people learn more and where can they go to learn more.

Because I know that it's not fully available quite yet yet. So we're still in beta testing. We're just sort of ironing out all the kinks with the interface in particular.

so we'll, I guess we'll provide a link to a website where you can join our waiting list. As soon as we open it up, people can sign up. Right. So the the goal here is to, you know, create a product that's actually accessible to the vast majority of people.

it's, you know, well, priced in a pretty, you know, low, low range to then get access to this platform, be a member, and then you sort of get periodic updates.

And as things change in your life, you can update your your risk and you get a new risk calculator. As you do an action item, you change your behaviors.

You can basically quantify and track your risk in real time. So the goal is to have a longitudinal relationship with people. and but again, we're we're still in beta right now.

we have a waiting list that, you guys can sign up for, and as soon as it's available, we can certainly, yeah. You know, our plan is to scale pretty rapidly, leveraging again what we've done with my partners at other, you know, other, similar companies.

you know, I've before this, I'm, I'm a physician and cardiologist and a researcher. I've also, I built another company

that uses AI in the medical record space and that scale pretty quickly.

So we hope to leverage our ability to sort of bring, you know, more advanced things to the, to the market. you know, from a business standpoint to really get, this sort of critical knowledge tool out as quickly as we can to have a big impact.

so, I hope that answers your question, but happy to. Expand on that. That that's great. Well, Dr. Butala. Beautiful, I mean, thank you so much for for stepping forward and kind of bringing forward this, this, these type of tools, for people to become empowered and, and this because cancer is such a scary word and none of us want to have that word be attached to us as a person.

So then to have a tool that can mitigate that risk and empower us, you know, on our journey to support and healthspan, is so powerful. So I really, really appreciate you, putting forth all this effort and stepping forward to to do this.

Yeah. Thank you. It's been great chatting. And thank you for your time. Before we continue in the future. Thank you.