Genetic Roadmap to Success in Testing and Treatment Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to the Cancer Center for Healing

Hello, everybody. I'm Nathan Crane. Welcome to the Global Cancer Symposium 2.0. I'm really excited to be here at the Cancer Center for healing, to be bringing you this series of extraordinary interviews with an amazing team that's right here in Irvine, California.

Today, I'm sitting with Dana Morgan, who is the coordinator on the director of Patient services for the Cancer Center for healing and welcome. Thank you. The director of Patient Services.

So she is at the forefront of basically helping everybody get on the track to success when they come here on their cancer healing journey.

Dana Morganu2019s Role in Patient Services

Right? Absolutely. My role is to facilitate their healing journey, but also to educate them along the way of the process of healing and why we do what we do.

So what does that what does that look like? So somebody reaches out to the Cancer Center for healing. They're going to speak with you. They're going to speak with me initially.

I'm going to set them up with one of our physicians for either a zoom telehealth kind of consultation or an in person. And then we create a very individualized personal treatment plan.

And so you have something you call the the roadmap to success. That's exactly it. It's called our GCC. It's known all over the world as the Greek test.

They were established in 2004, in Switzerland. Their main laboratory was in Greece. A lot of people know it as the Greek test, but now they also have laboratories in both India and Germany.

Nothing in the United States, not the United States. So we do the bloodwork here and then we ship it to send it there. Absolutely. Takes about 2 to 3 weeks, and it comes back with an explanation about what will work for each of our patients individually.

So our GCC test. So what is that looking at exactly.

How the GCC Genetic Test Works

It's looking at well there's many different tests. The position decides which test is going to be best for them. For example, if we see on the test that chemo king a little work for them, then we use those chemo agents and apply the low dose chemotherapy only IPT.

Yes. Exact. Very targeted, very targeted. Low, small amount. It's not that we believe chemo is great for everybody. Sure. But oftentimes the test results will say it's a good thing to do.

And what's so interesting is I get calls from people from all over the world, how will you treat my prostate cancer? How we are and we say always, we don't do it based on cancer type.

We do it based on personalized plan for you. We believe cancer's only 3% genetics. So we have to look at what's going on with you. So what is this? So is this an actual genetic test?

What is a genetic test? This is the leading authority in genetics, personalized treatments based on the results. So

how does that how does that work? Somebody has cancer.

Or even they're trying to prevent cancer, right. They might they might get this test. Right. Exactly. And what's it going to tell you based on genetics, if we know cancer isn't actually primarily genetics, but everyone's genetics has differences, right?

What is it telling you about genetics of the patient or the person that's actually going to help you create this personalized cancer treatment plan? Very good question.

Most of us aren't aware that in oncology journals across America are going to be shocked. It states chemo, surgery and radiation cannot destroy cancer.

Stem or tumor cells, which guess what causes 90% of metastases, which are death? Can you say can you say that again?

Personalized Treatment Plans and Test Results

Yeah, it's pretty fascinating. Yeah, yeah. And the oncology journals across America, the astronaut colleges, they'll show you that it states chemo, surgery and radiation cannot destroy cancer stem and tumor cells which cause metastases, resulting in 90% of cancer deaths.

Then why is that the number? The top three treatment protocols. Absolutely. When patients learn this, that's their question to me. Oh my God, are you kidding me?

And especially those patients that have a cancer diagnosis again. And when it's reoccurrence it's even worse. Yeah. Yeah. So so you get this test. You're looking at genetics.

You're looking at what a number of different things will be. The cancer stem cells. It will tell us what natural things will fight that because I just said that chemo surgeon radiation can.

So that's one aspect. It will tell us what immunotherapies will work. It's a full four, six, ten pages of information. We addressed a very good question.

Some call me after they've been through traditional treatment. I want to make sure I'm cancer free. You know, it's interesting a Pet scan does not determine or see cancer.

Two years, 8 to 10, right? RGC years 1 to 2. Really? How much of a relief is that? Wow. So we get a little identify cancer cells as early as 1 to 2 years in their development.

Absolutely. All any cancer, any cancer cell, any type that is organs that will work on it works for every type of cancer. So for example, that's not really I mean for prevention.

Oh that's incredible right. No. Oftentimes I get calls geez, me and my friend has cancer. My mother or my grandmother might be going to get it. And so that's a great test for them.

So that test is just a simple cancer stem. And to start cancer stem and tumor cell test. You can take it further and do that. Plus the extracts that work for it which we carry here at our clinic.

Or you can take it further and do the chemo agents and believe it or not, the same company. Guess what? They have ability to fight viruses, so they have immunotherapies.

For example, you've heard HPV head neck cancers.

Early Detection, Prevention, and Viral Links

Western medicine is now linking Epstein-Barr to both lymphoma and prostate. So if you don't eradicate the viruses completely you're not going to get rid of the cancer because of that consistent chronic infection.

Absolutely. It's in the body and it's working on that and not fighting the cancer. All of us have cancer cells. Our immune system takes care of it. When it doesn't then it's other thing is going on.

So RGC can eradicate the viruses. So our DCC is not only a test, it's actually a blueprint that gives you a treatment protocol. Absolutely. Oh, absolutely.

You implement that treatment protocol here? Yes. We center. Is it stuff that you can have people do at home as well. Yeah. Good question. There's also the things that we do at home are oftentimes the extracts.

So we cycle those in it. We plant extracts to express all different types of things. For example, they'll tell us at mistletoe, others go, it'll tell us of hyperthermia. It's good.

It'll tell us do they do really good with vitamin C? So we know what to bombard their bodies with to fight the cancer. So that's based on the cancer type or it's based on what's the base?

It's not. Well, it wouldn't be the type. It'd be just the person's own genetics. Okay, so two people come to me, they both have breast cancer. If they each do the test, two completely different reports and even though the exact same diagnosis.

And if you think about it, the way we treat cancer in America, that's how we treat it. Yeah. Oh, will you have, breast cancer, Her2 positive. Let me pull the journal.

Oh, says give you this, this and this. Well, it should work for you. It works for other patients. It doesn't work. It doesn't know it. Yeah. And then you're exposed to all those chemo agents, etc., which what what does it do to your body destroys the whole immune system.

So back to chemotherapy. Even in the oncology journals as you said, that it doesn't actually kill the cancer stem cells. How does then IPT low dose chemotherapy actually help when someone has cancer?

Oftentimes. Good question. Too often times it's just used to reduce the tumor burden. Yeah. Because when you have high tumor burden your body is very, it's very difficult for the immune system to get in there.

Integrative Care, IPT, and Closing Remarks

So oftentimes it's for that reason and it's and and basically and we're and we're actually doing an interview with one of your other colleagues here at the center about IPT.

So we can get it, get it right. Yes. So what's that interview. Yeah definitely about Lotus chemo. Lotus chemo just to address that. I mean, if you need to do chemo, which sometimes you do, it's a wonderful way.

Been around since 1930. It's not new. Yeah. It's not an end all solution. Right. It is a it's a one piece of a larger holistic or integrative protocol.

Right. And we'll get into that too. But when we do it we combine it with a lot of healthy things with it. Yeah. So to rebuild the immune system right.

While we're doing it. So yeah, I mean this is pretty fascinating to see. So this is something anybody can just call here, come in person, get the test.

How does that were the leading provider in the world for the RGC is not something you can go to a regular lab okay. It's physician trained. So you have to go to typically to a physician's office.

The headquarters for RGC for the United States is in Texas, somewhere where patients go with their local, they go there or there are some other physicians.

But we are in the number one provider. Beautiful. Well thank you. I mean, that's really fascinating. I think it's important for everyone to have access to this kind of really early stage testing and to give you also more of a blueprint or more integrative protocol that you could follow.

Yeah. My question would be, why would you not want to have the RGC retest? Why would you trade someplace where they're not offering that? Yeah, because it's the answer sounds like it's going to become a standard here.

I'm hoping that we're seeing in the ecology journals start to accumulate. Pointed out yesterday it said coming soon genetic tree genetic blood tests for treating cancer.

Interesting for it's. Well thank you so much. I appreciate your time. Oh you're welcome. Thank you for taking all the good work. It's a great mission. We're so appreciative.

Yeah. Thank you. And thank you all for tuning in. Make sure to share this with friends, family, anybody who needs to hear this life changing information and, appreciate you here for being part of the Global Cancer Symposium.

We'll talk to you next time. Take.