Cancer Screening Limits and Overdiagnosis

for these typical epithelial cancers, you know, breast cancer, prostate cancer colon cancer ovarian cancer. They take decades to grow. And so the ovariant cancer we're diagnosed with at 70 may have started when we were 50. So for 50 years we've had this cancer growing.

and so all of a sudden on one day you get a cancer diagnosis and you're like, I was healthy yesterday and today I have cancer." This is Dr. Talks. Welcome everybody.

Thanks for joining us at this exciting plant-based anti-cancer conference or cancer protective conference. And I'm so excited today because I have the fantastic Michael Greger joining today to talk about obviously that nutritional excellence has incredible power to prevent, not just prevent heart attack and diabetes and blood pressure, but to really give people the opportunity to protect themselves against cancer.

underrepresented. So we got to talk about that today. Let's talk. All right. Yeah. Right. I just got introduced Dr. Gregor first, just a second, a few quick lines, because he's one of the superstars in the nutritional movement.

He's a founding member of The American College of Lifestyle Medicine, of course. he is an internationally recognized speaker on nutrition. And he the host of science-based nonprofit NutritionalFacts.org, which offers free online hosting more than know, 2,000 videos and articles on health and nutrition.

And he's also an acclaimed author with bestselling books, selling millions of copies of How Not to Die, the How not to die cookbook, How to Diet, how not age.

They all became almost instant New York Times bestsellers. The bottom line is, is that He's produced and worked on a tremendous volume of research and has a familiarity with a tremendously amount of data in the nutritional science world, and so we're really excited to have him to contribute to this event.

Obviously, all his work is nonprofit, is it generates tremendous support for nutritional science. And, you know, of course, since all sales of books and honorariums and everything are donated to the furtherance of nutritional sciences.

Okay. Here we are, Dr. Greger. Thanks for joining us. It's nutrition facts, not nutritional facts. I don't know where nutritional fact will take you on the internet, but it's probably some porn site.

OK. If I made that mistake, I'm terribly sorry. Nutritionfacts.org. All right. Okay, let's get into this now. So here's the thing, obviously, one of the main things we're talking about is that people have this over optimistic viewpoint that medical screenings, medical interventions, chemotherapy, radiation, that we are saving the lives from cancer or winning the war on cancer.

There's overly unrealistic viewpoint of what doctors can do and a very under realistic and They don't understand how powerful nutritional excellence is really to modulate and both give us the ability to prevent most common cancers and to even enhance lifespan, prevent recurrence, or even encourage remission in early stage cancers.

So give me your take on some of this. Yeah, I mean, surveys show that both the patients and doctors alike wildly, wildly overestimate the power of pills and procedures to keep them healthy.

So, for example, people think that cholesterol-lowering statin drugs are about 20 times more effective than they actually are to prevent heart attacks.

So no wonder most people rely on drugs to save them, right? But our leading killers aren't caused by drug

deficiency. The dirty little secret of medicine is that most surveyed said they would not be willing to take many of these drugs, like antihypertensives or antiosteroporosis or anticholesterol drugs if they knew how little benefit these products actually offered.

whereas treating the actual cause by clearing up our diets is not only safer and cheaper, but may be more effective in preventing and reversing, arresting some of our leading cause of death.

That's why I'm so glad that you're doing this. I am actually planning an 18-book series on cancer starting in 2027. I'm going to do a book on every cancer that kills more than 5,000 Americans, so there's 18 cancers, and so that is going be my life.

It's going all cancer all the time for the foreseeable future. And so, yeah, I am really looking forward to diving into the topic. That's great. I've been spending this year a lot on preemptive protection, too, because we've done so much on diabetes and heart disease.

We've got to devote to this because we're seeing radical benefits. And people don't just overestimate what medical treatments can do, but they over estimate what medial screenings can.

Nutrition as Cancer Prevention

They think you can get mammograms and prostate exams and PSAs and we are saving so many lives by early intervention, early detection. It's grossly false.

Grossly, false, right? Well, there's a sense that we are preventing cancer through screening. Of course, by definition, we're not preventing cancers. We're just picking it up.

But the idea is that, look, if we caught it early enough, maybe we would actually be able to save some lives. And that's not the case. There's no difference in all-cause mortality for PSA testing for men.

No difference at all in cause mortality from mammograms for women, regardless of what frequency. And there's actually very few screenings. So certain types of colorectal cancer screening and cervical cancer screen actually may save lives.

But beyond that, for example, doctors teaching women to do breast self-exams was actually worse than useless. See, the risks actually exceeded the benefits.

Skin cancer screenings also, actually, there was a huge trial in Germany that suggested that the risk actually exceed the benefit. And people don't understand.

It's like, what do you mean risks? What is the risk of a screening procedure, right? You get a blood test. I mean, what's the big deal? Well, there certainly are risks for certain procedures like colonoscopies, but people don't understand it's not just the risks of false alarms.

Like, wouldn't it be scary if they said, oh there's something that we see in the mammogram we're concerned about, do a little biopsy, and you wait all the time.

It turns out it is nothing. It's not just that kind of anxiety. The biggest downside of cancer screening is what's called overdiagnosis, meaning we detect a cancer and we treat a answer that with all of our armamentarium, right, chemo, radiation, whatever it takes, for a cancer that you never would have known about had you not done the screening, that he would've died with the cancer rather than from the catch.

You wouldn't even have know you had the cancers. Some breast cancers come and go, they just disappear on their own. And ironically, those people who are cured from cancer are the biggest cheerleaders.

You know, PSA tests or mammograms, they found cancer early, got rid of it, and now I'm all better. But ironically,

those who are most harmed are actually claimed the greatest benefit.

And getting that kind of irradiation to the chest increases risk of heart disease for women, etc. That's why, even though we may be able to prevent some breast cancer deaths, we don't see any reduction of deaths overall, and that's unfortunately because there's these very serious risks of overdiagnosis.

Yeah, and they're getting chemo when they don't need it and the chemos are the problems and other causes of death and causes cancers. And I think our point here is that we're making this point that if people had a realistic idea of the lack of efficacy and real safety in conventional screenings, which is not the important point.

The important is it would make them more likely to embrace what really does work and what is important that they are not embracing. And that's our main point, you know, do what's really gonna be effective.

Do what is really going to change your life and that is change you diet and change the lifestyle and stop incurring the causes of cancer thinking doctors are gonna protect you because they're not.

It's you that has to protect yourself. And then the things you can do that are really, really effective that underestimated. I'm so glad you bring up that point.

When I do videos talking about how ineffective statin drugs are, for example, statins drugs actually are remarkably effective on a public health scale, saving thousands of lives every year, but on an individual basis, most people wouldn't consider taking them.

The point is not, oh, these drugs that are terrible. No, there's actually something that can dramatically decrease your risk of heart disease. And it's only because you think these drugs are so effective that—and so, in fact, people that are getting screening, there's actually concern there is a licensing effect.

It's like, oh, I don't have cancer? Oh, then I do not have to change my diet, right? I've been screened for colorectal cancer, so I have not to worry about whatever, because I'm now getting kind of a stamp of approval.

Oh you have normal cholesterol, normal blood pressure. even though we're in a society where it's normal to die from heart attacks and strokes and all sorts of other problems.

And so that's a further kind of downside. Right, but we are not railing against screening because of all this evil doctor conspiracy. We're railed against the efficacy of screening.

And look, it's your body, your choice. If you think the benefits outweigh the risks, then go for it. That's the current USPSCF recommendation for PSA screening, for example, is every person should be described the risk and benefits and make up their own mind.

And, look I'm entirely in favor. I look at that data and like, no way am I going to get a PSC screening. But look you may be different. Right, the point is there are actually powerful things we can do to live long, healthy lives, and so we just cannot rely on the kind of traditional, we really have to take responsibility for our own health.

I'm so excited you're doing this kind summit to put those tools into people's hands.

Building a Protective Food Portfolio

Right, so exactly. People, they think that treatments, and they even go to alternative medicine treatments that are, it's either medical conventional treatments or alternative medical treatments where the thing that really does work, which is not any type of, It's not treatment.

It is the food. Right. And these doctors are bad. So I'm going to get a witch doctor. to cure me instead. How about treating the cause of the underlying disease?

But we don't want to talk about that in this society because then it lays blame at the feet of these poor, sick people. But look, that's one way you can look about it.

The other way to look at it is this tremendous optimistic view. You have tremendous power over your health destiny and that the vast majority of premature death and disability is preventable with a healthy enough plant-based diet and lifestyle.

And so, no, that's good news that you had a role in your breast cancer. You had role on your heart disease. quirk of some genetic roulette wheel, well then that's terrible news, because then at any time you have no control over anything.

No, we have tremendous control, and it's never too late to start moving, to stop eating healthier, stop smoking. We really do have the power. Right. So let's now go into some of that power and give representatives certain, because my motive of a mission is to put together, you know, obviously the dietary portfolio, help people put to get a dietary profile of substances that really do protect their lives, and there's so much data out there, there are so many studies out, hundreds, thousands of studies showing the protective effect of these foods that people don't even understand or haven't ever heard about, it's not promoted in the media.

And I love that approach. There's this portfolio diet, thanks to David Jenkins at the University of Toronto. Look, there's different cholesterol-lowering foods, so in addition to being a plant-based diet— getting rid of the saturated fat, trans fat and cholesterol that's increasing in cholesterol— let's add foods to the diet that actively pull cholesterol from your body.

a variety of different mechanisms, so you can use a portfolio of foods to pull cholesterol down—the most powerful dietary intervention to—to pull down cholesterol as effective as first-line statin drug, and so why not?

Look, there's all sorts of food that decrease your risk of specific cancers. Let's have a different portfolio. There's the sense that, oh, eat more plants.

No, that's iceberg lettuce. Right? And then there's collard greens, right? There's bananas and then blueberries. We cannot—there's specific foods with specific effects.

Yes, there are some nutrients like vitamin C found widely throughout the plant kingdom, but there other things like the lignans and the flax seeds or the glucosinolates and cruciferous vegetables that if you are not eating crucifers vegetables, you're missing out.

If you are not eating flax seeds, you aren't just missing out on this very powerful anti-cancer compound that you're just not going to get out, get eating other kinds of foods about a hundred times the concentration of lignans compared to most other foods, although sesame seeds do have some.

And we have not just epidemiological studies, observational studies. But we do these studies where you take women with breast cancer, and we have biopsies before and after six months of randomizing people in a double-blind manner with flaxseed-companying muffins.

You can't tell who got the flexi-muffins versus the placebo- muffin, right? And you actually see differences in the expression of some of these cancer markers six month after in those who were randomized to the Flax.

So we actually have this high-level evidence of specific foods that can have specific effects, and why aren't we talking about it more? Because there's not a big flex out there, but we can get the information out and help change people's lives.

Right. You know, it's funny that these interventions are studied independently. It just takes the flax as the only variable. Right You just add mushrooms, you just that green tea, You're just dead berries.

There's just one variable and it is really, what happened if you changed 30 variables? Right And took away all the

other garbage people reading it. So we're talking about incredible power that cancer is, really that we really can prevent cancer just like we can't prevent heart disease.

Let me go back to this flex thing again, too. How much flax or chia, like I personally mix f lax, grind flax and grind chia and mix it together. And I put a couple tablespoons on that, on my morning oats or something.

How many flex, chia. We're going after nutritional variety too. Flax, Chia, hemp, both omega-3, all omega 3 seeds. How much do you think people should use?

Lots of soluble fiber, but you're not getting the lignans in some of these other seeds. And so that's why part of my daily dozen of the checklist of all the healthy foods I encourage people to fit into their diet, kind of like the G-bomb equivalent in the nutrition facts world, is a tablespoon of Gramflex seeds a day.

You said it so fast, eight against a little. So a tablespoon of ground flax seeds a day. One tablespoon. That gets you your 2.2 grams of alkalin-alanic acid and the lignans.

I'm concerned about long-term consumption more than like a tablespoons and a half, unless it's cooked. But yeah, a table spoon a days, that's part of my daily dozen.

And what I do is I mix it because I was really impressed with the body of literature about spermidine as an autophagy booster, writing my latest book, How Not to Age.

And so I added wheat germ, which is the most concentrated dietary source. So I actually mix wheat, germ and flax in a one-to-one ratio. And I sprinkle that on stuff.

In fact, I've added to that all sorts of other things that have a neutral flavor that I want to add multiple times in my diet. I'm doing phytosterols, adding psyllium, I'm considering adding taurine, interestingly.

This is not specifically for cancer, but for other issues, mostly decreasing LDL as much as possible. Some other things I am adding. So you don't use chia seeds?

Oh, I mean, not daily. I have chia seeds and I use them for specific recipes. They have about a third the amount of lignin compared to flax, and they've still got, you know.

A third? A one third. Yeah, one-third the number of flexes. It's just a thought of a lot. Flax is 20 milligrams per tablespoon, so seven milligrams of Lignins.

Oh! I'm impressed. Okay, okay. Yeah, well, yeah, we're saying that more diversification of different, that have the simple, but okay, so that's great.

So you're going, you adding the wheat germ, which is great, and you getting, of course, it's like a raw organic wheat term. Yep. And it dirt cheap, right?

Because it is a byproduct of the milling industry. Right. Cool. And so, right. And of course, the reason we don't do this portfolio approach in the scientific realm is because we want to control as many variables as possible.

Diet for Cancer Treatment and Recurrence Prevention

We just want look at flax, because if you do faxy broccoli, who knows if it's the fax of the broccoli? And as practitioners, we're like, Who cares if its the fax of a broccoli.

Right? Let's do both of them. In fact, let's all 20 of those. Because look, it sounds like life or death, and look maybe some of these have similar mechanisms and don t have kind of additive effects upon the others.

Who Cares? Right? I mean, we're talking about safe, simple, side effect free solutions with no downside. Let's

throw it all in the mix. Right. And so greens, you're doing cruciferous vegetables, raw and cooked, and raw lettuces too.

What are you doing as far as your green consumption? So I do kind of the hack and hold, right? So, I'm eating them cooked, but I am chopping them first, waiting 45 minutes before cooking them, so I get the sulfur vein, which is heat stable.

And so every morning, and so right now I have my chopped greens. I pressure steam them for, you know, a minute in an instant pot. So it seems to be the most kind nutrient preserving.

You know I, do two pounds of crucifers a day. Usually kale. My favorite is the Los Anato kale, the dinosaur kale the black kale of course I can't get it where I am.

But when I get back to civilization, I'm kind of in the rural, stuck in rural Virginia these days. When I go back civilization I'll get my favorite kale I stuck with green curly as we speak.

And so you're not doing broccoli sprouts and lettuces and then raw onion or scallion? You know, I should be doing a broccoli sprout. I got out of the habit when I was traveling because I just couldn't keep them from molding over.

But now that I'm stuck here in the winter, should get back. That's an excellent recommendation. Yeah, with scallion and onion in the salad too, you know, and you chew it with your teeth.

You're making me hungry. Yeah. There's some advantage to like mixing it, whether your saliva and your, teeth and the bacteria in your mouth and all that stuff and chewing it really well.

Good for your. Teeth. But anyway, I'm encouraging you. I'm encouraging you to chew a salad, too. Okay, good, great. Do you incorporate mushrooms in your program?

Of course, right? Because we're getting the ergothionine and the spermidine, all these micronutrients you can't get otherwise. And so, yeah, I am a big fan of porcinis.

But yeah. Doing mushrooms every day. If it was a baker's daily dozen, the mushrooms would be the 13th. Yeah, okay. All right, so what do we, of course, we're talking here about, you know, wild blueberries, blackberries and stuff.

You'd eaten that with breakfast. Where do you put that into? That's my breakfast, yeah, I do mix berries with, a combination of groats. So oats, barley, purple barley rye, groat and lentils together in this kind of broiled prebiotic mix.

And then I mix with berries, white blueberries. Mix the black berries. It's pomegranate season. Of course I'm adding fresh pommegranates. This is the- Really?

Me too. That's what I do. You know what? I take black lentils. I cook them in the… Oh, of course. Black lentil, right? Then I mix it with a little grain.

And I put the wild blueberries… I love it….and I've mixed the white blueberries with the pomegranates I have in my freezer. So I mixed a wild… Great minds think alike.

Yeah, that's cool. Right. Then, I'm adding pumpkin seeds and the flax mixture and, you know, whatever, strikes me. Oh. Walnuts. Yeah, for sure. All right.

Great. Let's see. What did we miss? Well, green tea, right? Yeah. Green tea. Yeah Yeah, exactly. The EGCGs and all that stuff. You remember that study from the Asian study where they had women who, this was a study that followed women for like 20 years to show the protection against breast cancer, because they ate some mushrooms every day.

But the ones that had the green tea and the mushrooms. And the 90%. Yeah. Like a 90% reduction of cancer. Oh, 90%, yeah. Yeah it's crazy. Can you imagine if a drug could do what food could?

Oh my God. They would make billions of dollars. Well, there is a drink that food can do. It's called ozempic. Boy, is it a trillion dollar industry. Well, I don't know if I could do what food can do.

You're right. Food is just so incredibly powerful. And the portfolio we're putting together here, and we'll go over this later with people, all the list of all of the things we are recommending.

But the full portfolio preventative, before we close, we've got to talk about this. These things that work synergistically, that you include in your diet that have such powerful effects to protect cancer, are also effective when a person has an early stage cancer or has a treated cancer and prevent recurrence.

They also show their effective extending lifespan with cancer, and they're more effective than conventional treatments are at enabling people to extend lifespan, even people with a diagnosis of cancer.

Yeah, that's a critical recommendation of the American Institute for Cancer Research, World Cancer research fund. The same diet that prevents cancer is the same that you use to treat cancer.

And it's important to remind people of this kind of artificial delimitation line between prevention and treatment, because for these typical epithelial cancers— you know, breast cancer, prostate cancer colon cancer ovarian cancer— they take decades.

to grow. And so, the ovarian cancer we're diagnosed with, 70, may have started when we were 50. So, for 50 years, we've had this cancer growing. All of a sudden, on one day, you get a cancer diagnosis, and you're like, I was healthy yesterday, today I have cancer.

Right? No! You've have had cancer for fifty years! And, so all the while you were, quote-unquote, preventing cancer, no, your were treating your cancer!

Your were slowing down the rate of growth in hopes that you'd never even have to worry about your own cancer any time within your lifetime. And so it's critically important.

So when you do these autopsy studies of women in their 30s who get killed with an accident, and you look and see these microscopic breast cancers, or you see microscopic prostate cancer tumors or thyroid cancer tumor, cancer is a common phenomenon, but we are constantly fighting back against any budding tumors, so you don't wait until the cancer diagnosis to start eating healthier.

You do it beforehand and think you're preventing cancer, any cancer that you eventually get diagnosed with because it's large enough that they actually pick it up.

or preventing it from ever being diagnosed and you never even knew you had cancer. Even better. I love it. Obviously, the point we're making is now's the time to do it, now is never too early, it's never to late, just do because this is super effective.

Super effective! And then later on when people have cancer, they go for treatments like they've been in garden variety, estrogen positive breast cancer or slow indolent growing prostate cancer and they have radiation or chemo and do these treatments.

and they do not focus on their dietary excellence and the portfolio of foods that we're talking about, which is more effective than the medical treatments.

And what's important to recognize, regardless of what conventional treatments you choose, you can always also improve your diet. Right? You want to go all in, chemo, radiation.

That's no excuse to not, in fact, it's even more important to improve your diet because you have to counter the side effects of the treatment. And so that's the nice thing about diet is that regardless of what else you do, you can always choose to eat the healthiest and give your body the best chance to survive them.

Yeah. Of course, the other aspect is when you're doing all this, Even if they have chemo, there could be stray cells that escape the chema, and these stray sales that are scattered throughout the body that escaped chemot.

Chemo doesn't kill every cell. The body has the ability to seek out and destroy individual cells and create apoptosis of cells, that could actually grow back and created a recurrence of cancer that causes the person's death and secondary occurrence.

Supplements, Fiber, and Gut Health

And that's where nutrition and my lifetime experiences as a clinician taking care of people with cancer, That's what we've seen a tremendously effectiveness preventing recurrents of these cancers because of this of nutritional excellence.

Yeah, yeah. No, no. And so they're right. So that's why, for example, women that consume soy, we now have half a dozen studies looking at thousands of breast cancer survivors, those who have soy significantly lower risk of cancer recurrence, as well as a significantly low all-cause mortality than those women with a diagnosis of Breast Cancer who don't eat soy.

Yep. All right, so we're hitting on all these individual facts. I'm so excited. This is exactly what I was going to do in the cancer series. It's like, okay, every single food that's ever been associated with survival of lung cancer goes in a lung-cancer book.

So there's a portfolio of foods that best fight lung cancers. And so this is the daily prescription. I mean, I am so exited. See, Antonia, great minds.

Great minds! Yeah, so that is where we are going put together a prescription for people. to give them the diet and give the right type of extra additional conservative use of supplements, just the, and all these things that they could do that are really very effective, inexpensive.

Oh, so what's a supplement? Give me an example of a cancer-prone supplement. Okay, like turmeric and green tea, EGCG from green T. Okay. And possibly the, you know, the mixed mushroom extracts from a variety, a huge variety of mushroom.

I see. Right, right. Yeah. Interesting. The herbs and spices too, sage, rosemary, thyme. Rosemary and, all these things that are expanding our exposure to the natural plant world's natural protective compounds.

It's like we've changed our thinking in the last five years instead of thinking like, okay, we're going to eat like kimchi or yogurt to get the right probiotics, the bacteria or take a probiotic supplement.

Now we realize it's the variety of fibers, phytochemicals and diversity of the plant kingdom that leads to the most healthiest immune system and variety of these substances do work effectively with each other and synergistically.

We have this unique opportunity in human history to get these, to like make our diet have these wide variety, these protective substances that a person wouldn't have, this knowledge, wouldn''t know how to do years ago.

Absolutely. People don't understand that the word fiber is this catch-all term for literally thousands of different indigestible carbohydrates that fit under that, and they all may feed different subpopulations of good gut bugs.

And so that's why people are like, oh, fiber's good, I'm going to take some kind of supplement, a fiber supplement as opposed to having 50 different foods a week or whatever the different kind diversity challenge you go to because you're feeding the wide range of different good gut bugs with prebiotics, with the good-gut bugs each,

rather than taking probiotics, which are just going to die.

The reason that you don't have good gout bugs is because you're obviously creating a bad environment in your gut, and so if you take that, they're going die off just like the other good, gut-bugs died off.

And so that's why you actually got to create a good—you got keep coming down that hatch with these wonderful, bounty. And so they will, you know, be fruitful and multiply all on their own.

Well, great. Michael, I think we, we talked, covered a lot in a short period of time. Yeah. Valuable things here. I'm super excited. Are you going to do this into a book or something?

I want to see what your cancer portfolio is. Not really. You know, I make little pamphlets or booklets for people with, you know. All right. Well, send me your booklet.

Yeah. OK. I don't really make it into a total book because I'm like past that point in my life. Give me the pampha. Send it to me. Okay. Sounds good. Alright.

Thanks again for your contribution here. Great to see you. Keep up the great work. Okay. Take care. All right. Good. Everybody, thanks for joining us and don't miss the rest of the series.

Bye-bye, everybody. Thank you for tuning into Dr. Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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