QT Scan: The Future Of Breast Cancer Screening Is Here Transcript

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Introduction to Breast Health and the Guest Expert

Hi, ladies. Welcome back to mess during the Menopause Transition Summit 3.0. I am still your host, doctor Sharon Stills, as always, a pleasure to be with you all, sharing information, introducing you to amazing experts you need to know and today we're going to talk about something that is very, very important.

We're going to be talking about breast health and breast cancer, which is very prevalent and very important to really get the truth about. There's just like with hormones, there's a lot of misinformation out there about breast cancer.

And this is one of my my favorite topics. It's something that's near and dear to my heart. I very early on in my practice, became an expert in breast cancer because I was practicing in one of the hot spots.

And so I have worked with women dealing with breast cancer for over 22 years now. And I've got my dear friend and colleague, doctor Jen Simmons. Who is it? Simmons.

And I say, you know, it depends. I mean, I guess right after Doctor Jen Simmons, who is, an expert, she is very interesting story because she actually was a breast surgeon.

And often we often say, you know, surgeon to surgeons, like everything is a nail and they've got a hammer and they just know how to cut. And she is a beautiful soul with a lot of knowledge bringing from her surgical background.

But now she is really spreading the word about the truth about breast health. And so we're gonna have a fabulous conversation. Grab your pads and papers.

You are going to learn a lot. So and you probably recognize her if you've been around the doctor talks family a long time because she was the host of, breast cancer Summit as well.

So welcome, welcome. It's great. Thank you, thank you. It's so nice to see you and be with you. And you know, as always, you are, one of the people that I look to because I think that your knowledge base, your judgment, your approach is just it resonates so totally with me that, I just love spending time with you.

Well, thank you. Same, same. So let's just. I mean, I'd love just real quickly because I think it's I'm always so fascinated. You know, I started out as a graphic medical doctor, so I've always come from this natural perspective, but I'm always so fascinated when someone comes from the other.

The allopathic training. But we we joined the other side. You can the dark side. Yes. Or the light side or the light side as a stream, I have it, yeah.

So listen, if I'm being honest, I didn't even know that naturopathy was a choice. I never heard of it. Never until I was a functional medicine doctor.

That was the first exposure I ever had to a natural path.

From Breast Surgeon to Functional Medicine Advocate

So I come from a breast cancer family. Like for me, the writing was always on the walls. Every single woman in my family got breast cancer, and when I was 16, I had a first cousin.

Her name was Linda Creed. She was a singer songwriter in the 1970s and 1980s. She wrote all the music for The

Spinners and The Stylistics. She wrote 54 hits in all, and her most famous song was The Greatest of Fall.

So I literally had a first cousin who was a rock star right? So she wrote The Greatest Love of All in 1977 is the title track to the movie The Greatest, starring Muhammad Ali, but it really received it to claim when Whitney Houston released that song to the world in March of 1986, and at that time would spend 14 weeks at the top of the charts.

Only Linda would never know because my cousin Linda died of metastatic breast cancer just one month after Whitney released that song. I was 16 years old when my hero died.

And her life, and ultimately her death, gave birth to my life's purpose. And I wanted to do every single thing I could do so that no woman, no family, no community had to suffer the way that my family and my community suffered.

So I did what I knew how to do, right? I became a doctor, became a surgeon. I became the first fellowship trained breast surgeon in Philadelphia. Try saying that five times fast.

And I spent many years doing just that, being at the top of my game. And I probably would have stayed there forever, except in my 15th year of practice.

I became a patient, and there's no greater perspective than someone can have then becoming on the other side of that table. And when faced with surgery and chemo and radiation, I said, no, and I said no to the very things that I told people to do all day, every day.

I said no to the treatment that I said every single day is the standard of care. I said, no, even when my doctor told me the same exact things that I told women all day, every day, when they asked what will happen if I don't treat my cancer?

And I would say that you'll die of your disease. And as I'm walking out of the office of my friend and colleague and doctor, he's like, Jen, you're going to die of your disease.

And I don't know what to attribute it to. Even now, you can call it universe. You can call it God, you can call it whatever you want to call it. Something pushed me out of that office that day in the search of something more.

And there's something more that I found pretty quick was functional medicine. And I remember being in a lecture hall and this, like, lanky, toothy guy comes walking on stage and he introduces himself as doctor Mark Hyman.

And he's a functional medicine doctor. And I'm like, I've been a doctor for 20 years. Like, there's no such thing as a functional medicine doctor. What is it talking about? Right?

And then I remembered that I was sick and I was there for a reason. So I check my ego at the door, and I shut up, and I listen and thank God I did, because he telescopes the rest of my life.

And I realized that the whole reason that I got sick is because I needed to be in that room on that day, listening to him speak, because I needed to fulfill my mission.

If I was really going to set out and make an impact on the world of breast cancer, I wasn't doing it from that operating room. I wasn't doing it on the status quo.

I wasn't doing it with all my focus on the tumor, because we know we know the tumors are not the problem. The tumor is the symptom of the problem. And what we need to talk about with everyone is what the problem is we need.

That's all we need to solve. And for everyone it's going to be a little different. But when we get back to the basics, when we get back to health is not the absence of disease.

Health is optimal function. So when we help people to function optimally, we restore their health and disease goes

away. Now, it's not always that simple.

And as you know, health is not a destination, but it's a journey. But if you are on the right path, you will get there. I remember someone saying to me.

You know some people just like to go really fast, like just get it done, get it done, get it done. And the thing is, no matter how fast you go, if you want to get to Florida and you're going do north, you're never going to get there.

Like you have to be moving in the right direction. And I think that that is the basis of functional medicine, a natural path medicine. Like, let's figure out what your obstacles are and remove them and help you to give you what you need to restore your health.

And so that's my mission. That's why I'm doing this. So, all right, so now that we know what a beautiful soul and spirit you have and where you're coming from and that you've been there, let's talk a little meat and potatoes.

So let's talk just about breast cancer and perimenopause. Menopause. And what are the misconceptions and what are the truths that women need to know. So the biggest misconception, right, is that estrogen causes breast cancer.

And it's such a ridiculous notion. And yet it is probably the most widely believed lie in medicine. And so if you just think about that conceptually, and when I say estrogen, I mean we have a family of compounds that are estrogens, but I'm grouping them together for the purposes of this conversation.

So when we talk about estrogen and the fact that it causes breast cancer, that would mean that women were put on this earth for the sole purpose of developing breast cancer.

I mean, it's a ridiculous notion, right? And if estrogen were responsible for driving breast cancer, why don't we see it at the times when our estrogen is highest?

Why Estrogen Does Not Cause Breast Cancer

Why don't we see it in teenagers? Why don't we see it in pregnant women who have ten times the amount of circulating estrogen as anyone else? The reason is because estrogen isn't the problem.

Estrogen, as it turns out, is rather protective of our entire body. There almost isn't a place on our body that doesn't have estrogen receptors, and that's because estrogen is actually the hormone that protects life, that protects vitality, that protects youth.

And when we no longer make estrogen or when we take drugs to block our inherent estrogen, we run into a lot of problems. So when we look at the population of women who are treated for breast cancer and if they are either put into menopause or given drugs to block their ability to produce or use estrogen, these women are 2 to 3 times more likely to die of heart disease than their counterparts.

They have more dementia. They have more osteoporosis, they have more bladder infections. They have more everything. They have more heart problems, rhythm problems, sleep disturbance, personality disturbance, like it's all there.

Because when you take away estrogen, you take away life to huge problem. And yet the drug industry very much wants us to believe that estrogen is a problem because we've got a pill for that.

So I have two questions. And I couldn't amend more to what you're saying. Okay. All right. I'll just kick back and let her go because this is what I would be saying.

Yeah okay. So how did that do you I don't know if you have any idea, but it's like, how do you think that came to be? Because it's the same with men and testosterone and prostate cancer.

So like, is it just a drug company thing that if we say estrogen. Well, sir. Or is it something else? I think when you look at the cells, the breast cancer cells, 70 to 80% of them will have estrogen receptors on them.

Now, 100% of normal breast cells have estrogen receptors on them. So that's not such a newsflash. But what happens on a transformed cells? Because when we when we think about what cancer is, cancer is a normal response to an abnormal environment.

And we know that most cancers happen. Most breast cancers happen in a postmenopausal woman. So what physiologically happening in a postmenopausal women.

Her estrogen levels are coming down right. They're getting depleted. They're going away. So as a survival mechanism, to this estrogen deplete environment, that cell is going to upregulate its receptors.

So we see more estrogen receptors on a breast cancer cell. So we take from that. Oh this must mean that estrogen causes breast cancer. So we have to remember that it it does not imply causation.

It is a source increase increased estrogen receptors are associated with some not all some breast cancers. But that does not imply causation. And we have let it imply causation for the purposes of selling estrogen blocking drugs.

So it was a very convenient explanation that stuck. So what would you say to the woman listening who says, well, I have positive cancer so I can't take hormones?

Yeah, I would say that, there have been I think, 65 studies between. Yeah, that's right, 65 studies between 1979 and 2001 looking at hormone replacement, either estrogen replacement alone or combined hormone replacement.

And 90% of them showed either no increased risk or a decreased risk of breast cancer in women who do hormone replacement. There are even 30 studies of women who had breast cancer who then went on to do hormone replacement afterwards, and they do not have an increase in recurrence.

And the woman who got breast cancer took hormone replacement and had a recurrence have better outcomes than the women who don't. And I'd like to just add to that that these studies are on synthetic estrogens.

Yeah. They're not they're not even on the bioidentical ones, which blows my mind because I don't like ferric estrogens like, you know, I don't approve of that.

Right. But but that's the data that they still help. I know it's crazy. So and so, you know, you can only imagine what the real numbers would look like if we were studying bioidentical hormone replacement.

But who's doing that study? No one. And the reason that no one's doing that study is this, first of all, no one can make any money off of bioidentical hormone replacement.

The second reason is that why would I why would a pharmaceutical company want to prove that hormone replacement is superior to, and I'm going to go through a long list, because all you have to do is take one supplement hormone replacement to improve heart health, improve brain health, improve bone health, improve muscular and joint health.

Improve skin health, improve vaginal health, improve urinary tract health, improve gut health. Right. So one thing does all that. Or you can take an antidepressant.

You can take an anxiolytic. You can take pain medicine. You can take sleep medicine. You can take heart rate medicine. You can take blood pressure medicine.

You can take lipid control medicine. You can take bone health medicine. And I can go on and on. Right. So there is no benefit to the pharmaceutical companies coming and saying, hey, hormone replacement is really the way to go.

Like they can't make any money off of that. So there's no motivation for them to do that. And in fact, you know, all of this kind of belief, this false belief, came out of the Women's Health Initiative study that was halted in 2003 and stop the presses and hormone replacement causes breast cancer.

In fact, a retraction was printed in 2017. No one read it right. No one read it. So there are plenty of doctors, decades of of physicians and training programs that they were taught that hormone replacement is dangerous and hormone replacement has no benefits, and hormone replacement causes cancer.

And no one bothered to read the retraction. And it's still happening today. And I still have women who call me begging. Can you help me? I want to be on hormone replacement, but I had breast cancer.

I said, so like if you had breast cancer or if you don't have breast cancer, why? Why are we letting these women suffer? Yeah. And even I mean, I, I use bioidentical hormone for prevention to prevent recurrence.

And I also actually use during active treatment. That's correct. Now it's real. It's a study that shows because what what is happening and this is one place where the role of aromatase inhibitors does come into play in the tumor microenvironment.

If you have an intact tumor in the breast, in a tumor microenvironment, it is going to upregulate a promotion, meaning that it's going to take the circulating testosterone in the area, convert it to estrogen to help it grow in the local micro environment of the tumor.

Hormone Therapy After Breast Cancer and Menopause Myths

So that subset of women with an intact tumor really does benefit from an aromatase inhibitor for those purposes, and adding bioidentical hormone replacement so that the rest of their body flourishes.

Yeah. There's you know in my and I love how you put it because it really is true. And I kind of you said it so elegantly and I say that a lot to patients.

It's like we're not just going to do bioidentical hormone replacement because you have a whole terrain that these hormones need to exist in. But if we're talking about cancer prevention and or healthy aging, like the knock it out of the park, the you know, there's going to be a magic bullet.

It's going to be the bioidentical hormones. Because just like you listed off, then you're sleeping, then your bones are out, you know? So it really is such, And it drives.

I'm sure it drives you crazy. Two. Right. It makes me sad when I see I have patients who come in 20 years ago and and had cancer, so no one will give them hormones.

And they're anxious. They're not even verbal. Right. It's it's it's, it's just so unfair and not a primary. So we're both on the same mission here for sure.

Yeah. For sure. And you know what? I will stand on that soapbox until the end of time. I just finished my book and in my book, The Smart Woman's Guide to Breast Cancer, I say, if there is one thing that I want you to take away from this book, and this book is 16 chapters and 60,000 words, and if there's one thing that I want you to take away from this book, it's that estrogen does not cause breast cancer, and you simply cannot be healthy without it.

You know, we we base this judgment about, well, you should go naturally into menopause. And it's something natural. You know, women do not live until fifth day.

We don't know what was natural because we got eaten by saber tooth tigers. There was no natural life span. We're living that natural lifespan now. And you cannot live.

Unfortunately, you cannot live well without hormone replacement, but it should be bioidentical it. That does not

mean it's not synthetic. And and people get that confused all the time.

It is all going to be synthetic like we're making it for sure, but that it is the same exact compound as what circulating in your body as opposed to what we saw in the Women's Health Initiative study, which is, essentially estrogen made from horse urine.

And at the same time, I want to say that tamoxifen, you know, for all the people that think that estrogen is bad and that estrogen causes cancer, tamoxifen is a synthetic estrogen.

That's exactly what it is. So, you know, you can't have it both ways. I'm sorry. You either have to you either have to agree that estrogen is protective or not.

But when you start to get into these synthetic estrogens, this is when you start to have problems. Because tamoxifen is a class two carcinogen, it may be protective in the breast, but it's not so protective in that uterus.

Exactly, exactly. And so I think that again, it comes back to we have to get back to as close to nature as we can. We have to stop fighting nature. We just sleep when it's dark out.

We have to be active. We are nomadic people. We have to move. We have to have lots of variation in our diet, and we need estrogen and progesterone. We need sugar, you know, all the hormones.

So I need all the things I want to track back to one thing you said, and then I want to go in a different direction to wrap this up. Because you said like, oh, I want to I hear this all the time.

Oh, I'm going to do menopause naturally, so I'm not going to take hormones. And if you're thinking about root cause medicine, when you go through menopause, you don't become deficient in black cohosh you don't become deficient in mocha, you become deficient in hormones and so it is the root cause to replace the hormone.

I've seen so many patients over the years. No, I'm just going to do it with diet and herbs. And when I finally they come to my office and I have a conversation with them, and then they go, oh, okay, that makes sense. Let me try the hormones.

They always come back and say, oh my God, I can't believe I wasted so many years. I feel so much better now. My Dexa scan is better. This is better. That is better. So.

So I do want to add that even for the woman that doesn't feel symptomatic, that doesn't think she needs it, you need it. Yeah. Like you need it that way that you're going to protect your heart.

It's the way that you're going to protect your brain. It's the way that you're going to protect your bones. Yes, absolutely. And your immune system and your lungs and I mean, I we can go on and on and on.

Yeah. So but I don't want to I don't want people to confuse. Oh, menopause was no problem for me right. I that's what you think. Menopause is a problem for everyone, right?

Some of us don't have symptoms, but you case inside. You can't. So that is a very important thing. And I stand by that 100%. That is what I tell all my patients.

It's we're not just doing you know, it's great. I love when someone comes in. They don't feel good and I give them hormones and they feel better. I love helping women feel better, but I always tell them, you know, that's that's just a side effect, a good side effect.

The reason we're doing this is for prevention, to support aging, to prevent dementia, breast cancer, etc.. So what I want to now ask you, because I know everyone listening is like, okay, we've got a breast surgeon here.

What about mammograms? Yeah, yeah. So, you know, the Mammographic screening program when it started in

the 1970s, started with the greatest of intention, right.

It's based on this foundational belief that breast cancer growth is predictable. And so if you take a breast cancer and you find it before it reaches some critical size, then you can save a woman from metastasis.

You can save a life. You can, prevent having to go through a treatment. You know, there was a lot of good intention behind it.

The Problems with Mammogram Screening

And it was a lovely theory, except it wasn't true. Breast cancer growth is neither predictable nor linear. So it's not like breast cancer starts really small and grows to some critical size.

And then metastasizes or it follows some progression like it starts at DCIs and then it becomes minimally invasive and then it becomes invasive and then it becomes metastatic.

Like it doesn't work like that. As my 18 year old son tells me all the time, breast cancer is what it is from the beginning. If it's going to be an aggressive process, it's going to be an aggressive process from the start.

If it's not going to be an aggressive process, it's never going to be an aggressive process. So when we look at the Mammographic screening program and what it set out to accomplish and what it's actually doing, there's two very different things because it's set out to save lives.

And that's not what's happening. What's actually happening is that the Mammographic screening program is causing 5000 breast cancers each year, and leading 185,000 women each year to be treated for a disease that would never have threatened their life.

These are staggering numbers. Yeah. It's amazing. We have taken millions of women, shortened the duration and lessened the quality of their life because when we treat someone for breast cancer and let's not even, not even talk about the emotional and psychological devastation that comes along with that diagnosis.

Even putting that aside, treating a woman for breast cancer is painful. It's traumatic. It's deforming. It accelerates heart disease, accelerates bone disease, accelerates brain disease.

I can go on and on. And so if we are if we are creating worse problems, then what if existed without it? What are we doing? And when we look at the actual numbers, no matter how many women we screened every single year for breast cancer, the same exact number of women present with advanced disease, no matter how many women we screened every year with mammogram for breast cancer, the same exact number of women die every single year.

We are not impacting the bottom line at all. And is there ever a reason would like what about the woman who says well the mammogram found my cancer and saved my life.

What do you say to that. Maybe. How do you know. Right. How do you know? When we look at the Swedish study and we look at the population of women that screened in the population of women that didn't screen, there was only a 4 or 5 millimeter difference between detection of self-examination or physical examination by your doctor.

Once a year and what was found on a mammogram. So 4 to 5mm is not going to make a single difference in the world. So to that woman that thinks that the mammogram saved her life, I mean, listen, I'm delighted that your life was saved, but my my problem is 185,000 women every single year are treated for a disease.

Wouldn't have threatened their life. So how do I know that mammograms saved their life? Maybe that mammogram cost them their life because maybe that same woman is now going to get heart disease and die prematurely, right?

When you say 185,000 women, which I did not know that statistic, that's very sad. And are you talking about just

185,000 women with DCIs, 40,000 women a year with DCIs, and 145,000 women who would never have had clinical disease.

So it's a hard pill to swallow. Yeah, it's a hard pill to swallow. And for a long time. Listen, I wrote for more mammograms than I care to remember, right?

I mean, I spent 20 years as a conventional medical doctor writing mammograms for my patients every six months. So I was right there believing that mammograms save lives.

But when you think about it, when you actually think about it, if you asked and a physician does radiation cause cancer? They all say yes. Like, yes, of course it causes of course radiation causes cancer.

Then you ask those same doctors if mammograms cause cancer. And what today say no, they save you, right? I know it's right. And it's like, hello. Because we gave it a nice, sweet name because we didn't call it what it actually is, which is a breast X-ray.

Right. So we gave it a nice name, just like we gave mastectomy a nice name. Mastectomy is a breast amputation. We need to start calling it for what it is, because people need to be informed when they make these decisions.

And if women knew that mammograms cause way more problems than they solve, I don't think they would do it. There is absolutely no survival benefit to screening with mammogram.

None, none. There is no survival benefit. And for every one person whose life is saved, we will treat ten women for breast cancer. That would have never, ever threatened their lives.

Yeah. These these are unacceptable numbers. Unacceptable. Well, I could say I am 56 and I have never had a mammogram. Mammogram? Good for you. I do, computerized regulation, thermography, which is from, Germany, which is a functional way to see how your lymph is and your teeth and all the things in your breast tissue.

But I don't want to talk about that now because I have a whole talk on that. I want to talk about what you what your new exciting thing is because I love what you're doing, and I feel it's what I send women for.

It's like, do a CT scan, do a CT with me, and we've got good things going on. But I just happen to live in Scottsdale where there happens to be a scan, but a banner.

Yeah, bring this up. So tell us what you're doing. Yeah, absolutely. Yeah. You know, for so long, we believed that we knew the shortcomings of mammogram, right?

I mean, beyond they compress the breast and they're traumatic. And you know, beyond all of that they miss 40% of cancers in 40% of of the population, which is women with dense breast.

So it's really not a useful tool. And for so long we thought that MRI was going to be the solution. But MRI's can't ever be the solution. They are there are uncomfortable but and they're expensive.

But that's not their biggest problem. They use gadolinium which is a heavy metal which is just building up in the body.

A New Breast Imaging Alternative and Closing Remarks

And there are access issues. I mean, not everyone can get access to MRI. And so there was definitely a need and a void in the industry. And about, about a year ago, I was introduced to a man named John Clark.

And Doctor Clark is a medical oncologist by trade, but a serial inventor, and he has a number of very, very famous inventions under his belt. And his latest invention is called the CT scan.

So this is a way to image the breast to screen for breast cancer. That is painless. No compression, no radiation. It's fast. It's affordable. It is 100% safe.

It has 200,000 times more data points than MRI and 40 times the resolution of MRI. This will forever change how we image the breast forever. It will forever change how we screen for breast cancer.

It is the only functional testing on the market, meaning that we can see down to the cellular level. We're able to count cells and measure doubling times.

So if you were to come in and have a study and we saw something, we would ask you to come back in 60 days and recount the cells. We know that cancers have a doubling time of 100 days or less.

And things that are benign or meaningless have 100, have a doubling time of more than 100 days. So if you come back in 60 days and you have something that has a doubling time of 150 days, we say, see you next year.

We're not over by 18 people. We're not over diagnosing people. We're not over treating people because this has to change. And this is the change that we've all been waiting for.

So I'm so excited to be involved. I am in the process of opening up seven centers on the East Coast this year. Next year I'll open 20 and I'll have 100 open in five years.

So stay tuned for Perfection Imaging if you follow me. If you go to our website, you can get on a list and you'll be updated as to when it's coming to your town.

And what is that website? Is it real health.com perfection imaging.com. But perfection is spelled with cute in the middle I saw that. That's very cute I love it.

Okay, well, that is amazing. This is definitely one of the most important talks that you are going to hear at this summit. Just, you know, learning the truth about mammograms, learning the truth about estrogen and breast cancer.

Just thank you. Thank you. Thank you so much for sharing. My pleasure. And what you're sharing. It's just, you know, my pleasure. And for anyone who is struggling with a breast cancer diagnosis, if you know someone who is struggling with a breast cancer diagnosis, my book, The Smart Woman's Guide to Breast Cancer came out this year and it is an an invaluable resource for you or anyone that you know that needs guidance along this journey.

Because as you and I know, there are so many people stuck in that conventional medical treatment paradigm. And as we discussed, we are not doing the right thing by them.

And it's so important that they know that they have options and that health is possible, achievable. And they can they can reach out and get it. Because the only person that can make you healthy is you.

Yes. Go pick up that book, follow Doctor Simmons on Instagram, go to her website and stay in the loop. So thank you so much for being here and educating us.

And I told you all this was going to be a good one. So listen again take more notes. You know if this is like so far out for you, you might not even I digested you and still might be stuck back on like the first sentence, like estrogen doesn't cause breast cancer.

So, listen again, this is all truth here. You know, 100%. This is what I see in practice, what I know to be true. And that's why I wanted to bring Doctor Simmons on to speak with you all.

So we'll be back with another interview stating good bye.