S2 EP 24 - Revolutionizing Breast Cancer Prevention with Dr. Jennifer Simmons Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Introduction

Okay. Hey everybody, welcome to the Eat Pray Faith podcast with Dr. Tracy. That's me. And today I have an incredible guest, Dr. Jen Simmons, who's a former top breast cancer surgeon turned functional medical pioneer.

Dr. Jen Simmons' Background and Journey

And she not only is the leading voice in re-imaging of cancer and chronic illness within women, but the author of the powerful and paradigmshifting book, The Smart Women's Guide to Breast Cancer. This is a must-read. And I have to tell you, every woman seeking answers, hope, and just agency in their health journey needs this book. So today, we're going to be talking about the traditional healthcare model, which is I feel failing women and how root cause medicine is changing the game and what women need to know and if they want to be truly well and not just symptom free. So Dr. Jen, I'm so glad to have you on my podcast and it was such an honor to be with you at the Annie Apple Seed Project and to meet you in person. So thank you for being here.

Thank you for having me and it was so much fun. You know, we don't get to do that a lot. We don't get to hang out with our peers so much. And so that was a really special time for me because you know I a lot of us we kind of live on an island, right? Like we just we're so I I at least me I'm a soul practitioner and I work virtually most of the time. So that was a really special time for me because I got to be with my people. I know it was great. I thought the convention was wonderful. You know, besides the fact that I may have said I need some steak. Uh that was very funny. that line will like go down in history hopefully because that that that's not as much as the of the plant-based mafia as maybe Beljansky is. That's really the plant-based mafia, but it's pretty bad.

They're like very they're very kind and plant-based at at Annie Apple Seed at at some of the others that I that I go to and I frequent. And you know, if I'm being honest, I am plant-based, but I'm not part of the mafia. I'm not like my way or the highway. Like, I I think that we need to meet people where they are.

Yeah. Right. Yeah. I think we should talk about some of that stuff, too, because I think there's a lot of food noise out there now when it comes to, you know, what is the real nutrition plan that you should be on if you're experiencing cancer of any kind or even breast cancer. So, I'm curious to know your thoughts. It's a legit question and and and one that needs to be answered because people are struggling with that. Yeah. So, your book covers a bunch. I mean, I love it and I thank you for signing the copy for me. I I will treasure it forever.

The Shift to Functional Medicine

So, you made a really bold shift coming from conventional oncology to functional medicine. So, what was the catalyst behind that transformation? Yeah, a great question. And um I'm really sorry if you hear my dogs barking. They always pick this time to start to fight with one another. Like the second I hit record, it's like they sense that. It's okay. We're dog friendly here. Go ahead. So, um, I should back up and talk about why I even got into the breast cancer space because people ask me all the time, you why did you become a breast surgeon or why breast cancer? And I I have to be honest, I didn't find breast cancer.

Breast cancer very much found me. I come from a breast cancer family. I come from a big family. My grandfather was one of was one of 13. and all the women got breast cancer and all of their children got breast cancer. And so growing up, I I really don't not remember remember a time in my life where I didn't know about breast cancer. It was really part of the tapestry of our family. And so growing up, I had a first cousin. Her name was Linda Creed.

Linda was a singer songwriter in the 1970s and 1980s. She wrote all the music for the spinners and the stylistics. She was beautiful, brilliant, larger than life. Walked into a room and lit the place up. Really truly.

So you my hero. Yeah. You take after her a lot. She was my hero. Okay. So she wrote 54 hits in all. 54. And her most famous song was The Greatest Love of All. No kidding. Wow. That's love that song. So like here I am a teenager and that that song is everywhere. I mean you can't not know that song, right? So my cousin is literally a rock star. Literally.

So she actually wrote that song in 1977 as the title track to the movie The Greatest, starring Muhammad Ali. But it really received its acclaim in March of 1986. Teddy's making his appearance. It received its acclaim in March of 1986 when Whitney Houston would release that song to the world. And at that time, it would spend 14 weeks at the top of the charts. Only Linda would never know.

Because Linda died of metastatic breast cancer just one month after Whitney released that song. Oh my goodness. I was 16 years old and my hero died. Yeah. And despite the decades in between, like I still can't tell this story without tears coming to my eyes. And I did the only thing I knew how to do because her life and ultimately her death gave birth to my life's purpose.

And I never wanted another woman or another family or another community to have to suffer the way that Iris suffered. And so I became a doctor, the first doctor in my family. And I became a surgeon and I became the first fellowship trained breast surgeon in Philadelphia. And I became the first plastic surgeon in Pennsylvania. Wow.

And I did that really well and for a really long time. Long enough for my aunt to be diagnosed. Long enough for my mother to be diagnosed.

Challenges in Conventional Medicine

and with all the writing on the walls when I was arguably at the top of my game and I'm running the cancer program for my hospital and I'm running the breast surgery program and I'm a wife and a mother and an athlete and an author and a philanthropist and you know I have all these balls in the air and I go from being probably one of the most high functioning people you'll ever meet to I can't walk across the room because I don't have the breath in my body and I have this intense 3-day workup where at the end I am sitting in the office of my friend and colleague and physician and he tells me that I need surgery and chemo and radiation and despite the fact that these are words that I say all day every day without hesitation or reservation when these words are coming at do. I assure you they have a different meaning. And I was very much having an outof body experience because I heard him and I knew what he was saying was standard of care. I knew what he was saying he believed to be true and believed to be what I should do and the only way. And yet all I could hear in that time and space was, "There's something more. Go find it." Now, I was a conventionally trained physician. I went to a top medical school. I was a, you know, went through a surgical residency fellowship. Like I I was I was running an NIH accredited cancer program. I did not know that there was anything else. I had never heard of anything else. And you and I are women of deep faith. So I'm certain that this was God. But you can call it God. You can call it universe. You can call it whatever you want to call this force that took over my body. But I can tell you that all I could hear in that time and space was, "There's something more. Go find it." And I walked out of the office and refused treatment. And my friend told me the same exact thing that I had told thousands of women before when asked, "What will happen if I don't treat?" And he told me, "Jen, you're going to die." And yet I couldn't silence the voice. There's something more. Go find it. And as you very well know, God is good. And I in very short order found myself sitting in a lecture hall. And this tall, lanky guy, big toothy grin, walks on the stage and he introduces himself as a functional medicine physician. Now, at this point, I'm a doctor for 20 years. And though I'm sick, I am still very cynical. And all I could think about was there's no such thing as a functional medicine physician. What is this quack talking about? And then I remember that I'm sick and I'm there for a reason. And so I check my ego at the door and I tune in. And thank God I did. Because within the next two hours of my life, not only would I know exactly why I got sick, cuz I got sick so that I could be in that room on that day.

Not only would I know how I was going to heal myself, but this would actually telescope the trajectory of the rest of my life and my life's purpose. Because in that time and space, I realized that I was put here for so much more. So much more. And not that I didn't help people as a surgeon. Certainly I did, but that I didn't change the trajectory of the rest of their lives. I took them from one point to another. I made them maybe a little less sick, but I didn't heal them.

Right? If surgery healed anyone, I would be out of business, right? Surgery doesn't heal anyone. It just delays the inevitable. So, as it turns out, the quack was Dr. Mark Heyman and what he was talking about in 2016. So, you know, just to defend myself because I think a lot of people know who he is now, but in 2016, he was not so wellnown and many people still considered him a quack in 2016.

But what I would learn is how wrong we have it in conventional medicine. Because in conventional medicine, all the focus is on the symptom and especially in cancer, all the focus is on the tumor. First of all, what you focus on grows. So if all you're focused on is the tumor, then that's all you're going to get. But the thing is the tumor is not the problem. The tumor is the symptom of the problem. And the only way that we are going to solve this problem is if we back up 10 steps. If we ask ourselves why is the tumor there? What is happening? What do we have that we don't need? What do we need that we don't have? What is causing this imbalance in our body? Because cancer is a normal response to an abnormal environment. And never ever do we ask the question in the conventional medical space, what is causing this environmental shift? In fact, we almost don't care because it doesn't fit the narrative and it doesn't serve the purpose. So the purpose of the conventional medical system, unfortunately, is to use it. Right. Right? That's their goal. Their goal is to get you to have surgery, to get you to have radiation, to get you to have chemotherapy. And then as a result of said surgery, radiation, chemotherapy, there's lots of work to do cuz there's lots of symptoms to manage. And so their goal is to I mean, they don't want to kill you. Of course, they don't want to kill you, but they don't want to heal you either. They don't want to cure you because then you're not a customer, right? And just the way that our conventional medical system is set up, there is no way for it to succeed if it relies on your failure. And I didn't want to be a failure. I wanted to be a success. Yeah. So, I'm an early adopter. I get very excited about things and I'm a quick start.

So of course that day I enrolled in the Institute for Functional Medicine and I spent the next three years just submerged in the study of functional medicine and when I came out on the other side I knew that this was a bell that I could not unring and so I left surgery started my functional medicine practice and that's where I've been for the last six years changing the conversation around breast cancer.

and forever changing how we diagnose breast cancer, how we treat breast cancer, how we prevent breast cancer, and most recently, how we screen for breast cancer, because all of it really matters.

And it's hard to say and hard to believe, but the truth is that 20 to 30% of the breast cancers that are treated every year, women who are treated for breast cancer, 20 to 30% of them in the United States, well actually that's a worldwide number of anyone who uses mammogram to screen, 20% of them are overdiagnosed and overtreated. Mhm. And we are creating we are creating that subset of patients actually creating it and it's horrible. It's horrible. So that's my mission. You know just a little small mission to forever change how we diagnose, treat, and screen for breast cancer. You know, if woman could do it, it's you. I feel that in my soul. Like I know it. Thank you for the confidence. I don't know how justified it is, but I I'll take it. I got a sign.

I'm gonna go out and tell everybody. But it's why I wanted to have you on the podcast. I can't tell you how many people I see on social media, you know, getting my mammogram and then they're over here with their pink ribbon and they get diagnosed and and what I think I've realized and I've had a couple of hormone specialists on and I've listened to these women and I'm I'm thinking to myself, there's two and so let's start with the medical community as a whole.

What you said, I I too agree and the medical community is for acute trauma. you know, if your arm gets chopped off, you need a surgery, like that's what it's there for. But or or you break a bone or even in acute appendicitis, right? Like there are acute medicine, it's as good as it gets. It's great.

Acute medicine, it's as good as it gets. But we used that that acute model to try to address chronic disease and that doesn't work. Right. and and it's it's a surgical pharmaceutical push to treat the chronic issues when it's really a lifestyle modification that you need. And so moving let me ask you something.

Do you think the problem is that they really don't know or do I think a lot of them don't know. I think even just your story, right? What you knew is what you knew. There's nothing outside of your scope. And when you try to go outside, all these people are quacks. I think prior to COVID, which really shined a light on the monster, right? So,

I've always been alternative. I've always been the weirdo, the tin hatw wearing, right? You know, tree hugging, Bible thumping. Put all the labels on me. You know, my my children who are 15 and 11 are completely unvaccinated. like before it was cool because I read a blog by Dr. Sher Tenpenney and I was like made me question. So I'm a seeker of knowledge. So I went down that rabbit hole and I remember fighting with friends and even my parents and not fighting but just having to justify why I was choosing not to do those things. And it was because I researched and that led me down other paths of like why why all these questions even so much so that you just talked about breaking a bone right now. There were things that I needed for my son who just broke his hand. I needed an X-ray. So I needed a physician to write that script. I took him in. He got an X-ray, came back out and in 2 and 1/2 weeks he was pitching from a mound on the baseball field. So and that came from all the holistic approaches. Now, if I would have put a cast on his arm and done the traditional alipathic, which I still had care from a physician that was qualified to look at the bone structure, but if I would have done the alopathic model, he would still be out for the season. Oh, yeah. Sure.

So, I think the realization of the medical community coming forth and setting their egos over here and saying maybe there is something to integrate of. And I really give credit to two branches that have allowed for integration from the functional side. One is cancer, right? So we saw that from the Annie Apple seed and the second one is cardiology. I think cardiology is the easiest because people know that lifestyle will prevent it. We hear that stress causes heart attacks etc. But still the two most abused arms of the medical practitioners and the alipathic field is a I think psychiatry. They can write you a prescription without one test. They're just going to throw medications at you. Uh if that doesn't work, let's try another one. They don't Well, none of them work, right? They don't do anything for underlying infections which the German of the journal of American medical association JAMAMA psychiatric edition did an entire article on molecular mimicry. They did an entire article about underlying infections and psychiatric disorders.

Nobody talks about it. The second one is women's health. That's another branch where I went in at 13, 14 years old. Nobody did any blood work on me. They didn't ask me anything about my lifestyle. They didn't ask me what I eat, how I slept, how I moved, nothing. I was overweight and they put me on birth control because I was having cramps. And I was on birth control from the time I was 13 until I was probably 32 years old until I finally realized that that was the last thing that I needed to change in my life. Like I had changed everything else. And then nobody thought of birth control as a medication.

Critique of Mammograms and Screening

So I guess at the root women are mistreated and mismanaged I guess is a better word in the alipathic because there is no blood work. They tell you to go to your OB/GYN and she doesn't run any blood work or he doesn't run any blood work. I've never had blood work by my gynecologist ever. Yeah. You're not just whistle and Dixie.

So we are we are actually and continue to be a social experiment. We we we really truly are. Um and I I think about this almost every day because you know I talk about the whole mamographic screening program and it's really I mean it is beyond disgraceful. We have known for 50 years.

50 years that mammogs do not save lives. And yet because they earn I had that number in my head. Uh I forget how many it is. Is it an $80 billion industry? I don't I don't it might be more than that. I might be light on my numbers.

Um, but because it is this like enormous beast, the the mafia, the the mammogram mafia just you you can't they they just suppress all the loud voices until mine mine's gotten pretty loud. I actually I got a text message from a radiologist that I used to work with when I was a surgeon just going off on me telling me that I should stay in my lane and you know Yes, I know people fear change. They're so afraid of change and we we have to know we have first of all we have to maintain our curiosity. We have to maintain our curiosity.

That's all of us across the board. And as the information changes, so too must our minds. Our minds must change as the information changes. And what they were taught in medical school and in residency and in fellowship is what I was taught in medical school and residency and fellowship. It just doesn't happen to be true. Right? So the mamographic screening and incidentally like anyone with a logical brain knows this intuitively anyway. So the fact that we cannot convince the radiologists that mamogs are dangerous, it just blows my mind and just shows you

how how completely tunnled and blinded they are. Right. It's like almost like a cognitive dissonance like they hear it but they're not going to do it. And if they thought they were so safe, then they should stay in the room. That's why I was on I was on with Dr.

Loi last night. Do you know Load? Uhuh. Tom Loy. He is a trip beyond anything that you could ever imagine, a trip. Um, but he's that's exactly that's exactly his response. If mamograms are so safe, why don't you stay in the room?

Right. Loading. So this is the part that's so amazing to me that first of all women go along with it. Mhm. Women go along with it. This would have never this social experiment would have never happened to men. men at the very suggestion that they should have anything put in between two plates and have 20 to 50 pounds of pressure applied to it. Where do you think that would have stopped at its conception? They wouldn't have even gotten a volunteer to try it, right? Would never have happened. That would have never ever ever been a screening program for prostate cancer ever. End of story. And yet women are like, "Okay." Right. All right. It's unbelievable. Unbelievable.

Back to the statement you made that we've known for decades that mammograms do not prevent breast cancer. I just They don't save lives. Well, they certainly don't prevent breast cancer. They cause breast cancer, but they don't save lives. And it's the same thing that I was taught. I'm sure it's the same thing you were taught when you were when you were coming through your training, right? Because that's what we were all taught. And we also all assumed that if this is such common knowledge, someone must have done the due diligence, right?

Like the data must be somewhere. I don't need to ask for it because it has to be true. Everyone's saying it, right? So when the mamographic screening program started in the 1970s, it was based on a very logical, very comprehensible paradigm, right? It was built on this foundational understanding that breast cancer growth is both linear and predictable, right? So that means that breast cancer starts off small, grows to some critical size, at which point it is more likely to metastasize.

So if you found it before that critical time, you could save lives and save breasts. This is a very logical narrative, right? A very reasonable narrative. It just doesn't happen to be true.

breast cancer growth is neither linear nor predictable and breast cancer because there are linear and predictable cancers. Colon cancer is one of them. It starts off as atypia and then it's a polip and then it's a malignant polip and then and then and then right so we can very much predict colon cancer. Same thing with cervical cancer. It follows a very orderly progression. So if you find it early, you can make a tremendous difference. You can prevent the clinical ramifications of that disease. This is not true in breast cancer. Not true at all. Breast cancer is what it is from the very beginning. And if it's an aggressive process, it doesn't matter that you only found a small tumor in the breast. The only thing that finding a small tumor gets you is what we call lead time bias in that that woman is going to die of her disease if she has aggressive disease no matter what. So if you find her tumor when she's on a screening examination, she might live for 8 years but then die of her disease. If you wait for it to be palpable, she might f, you know, it might be found five years later and then she'll only live for three years. It's the same 8 years. I see. Right. Mhm. It's just lead time bias. Now, unfortunately, what lead time bias did to the statistics is we used 5 years as the cutoff. So the woman who who cancer was picked up on a screen and she lived for f for 8 years, she survived. But the woman who was clinically presenting and lived for 3 years, she died of breast cancer. They both died of breast cancer cuz we're not using the right thing. We're using this surrogate endpoint. We are not using overall survival because when you use overall survival as the end point, mammograms do not save lives. They do not save lives.

Now we have some very very very big studies that demonstrate this. So we look at the Swedish studies, 600,000 women because they have universal health care, they all have the same access to care and the care that they get is equal.

The Canadian Breast Cancer Screening Study

300,000 screening with mammogram, 300,000 just doing physical examination, and maybe they're seen by their doctor and getting a professional clinical examination every year. The same exact number of women die of breast cancer in each group. The only difference between them is if you screen with mammogram, you will diagnose 20 to

30% more cancers. Now maybe that might be true across the board, but maybe we can make a difference in younger people, right?

Maybe it's better to screen younger people. we don't have to worry about the older people. Maybe maybe mamogram isn't helping them, but maybe mammogram is helping the younger people, right? So, let's look at the data. The Canadian breast cancer screening study, 90,000 women aged 40 to 59, 45,000 get screened with mammogram, 45,000 just have routine physical examination every year. the same exact data, the same exact number of women die of breast cancer in each group.

Overdiagnosis in Cancer Screening

And the only difference between the groups are that if you screen with mammogram, you diagnose 20 to 30% more breast cancers. And legit breast cancers or no?

Well, they are all invasive cancers. We didn't count DCIS in this category. But when you say legit, I will say to you, we are diagnosing women with a disease that would have never presented clinically. Because if you do autopsy examinations of women in car accidents, right, who didn't die of breast cancer and all comers, all ages, you know, you're going to find breast cancer in a majority of those breasts. If you look hard enough, you're going to find it. It's the same thing with prostate cancer. If you look hard enough, you're going to find it. There's a brilliant book called Overdiagnosed by Gilbert Welch. Do you know this? Do you know this book? I've heard of the book.

Yeah. Yeah. And he And we're not just overdiagnosing breast cancer or prostate cancer.

The Consequences of Over-Treatment

We're also overdiagnosing thyroid cancer, which incidentally is exactly what happened to me. And of thyroids just in general. Yeah. Way too soon. Way too much. All I mean all the time. It's ridiculous. You have a TSH that's slightly elevated, you get put on Levo or Synthroidid or something like they'll put you on something. And I'm just like, hold on a second. Why Why are we just throwing meds at people? Because they can and because that's they scare you. It's ridiculous. That's also a way to guarantee that they're a long-term customer because as you start to do that, then you completely interfere with the body's own natural mechanisms and natural response and you actually shut down the normal functioning of the gland. So they it's a way to make them a lifetime customer.

Yeah. So totally. So, so we have a huge problem because we are diagnosing 20 to 30% of these women with a disease that would have never threatened their life, would have never become clinical disease. And if treatment for breast cancer were some benign thing, that would be one thing. But when you tell a woman you have breast cancer, when you say those four words to her, you forever change her life and not for the better. Not for the better. And treatment for breast cancer is actually harmful in and of itself. No one ever got healthier by having surgery and chemo and radiation ever. No one ever got healthier by having those things. And in fact, this is the title to my next book, The Forgotten Woman. When you treat a woman for breast cancer, you are increasing her risk of cardiovascular disease by two to three times. This is cardiovascular disease is already exponentially exponentially the number one threat to a woman's life. And then we're going to take a woman and treat her for a disease that she didn't need to be treated for, that her body would have taken care of on its own, and we're going to give her cardiovascular disease, accelerate her risk, accelerate her disease. I mean, what are we doing? We We took an oath. First, do no harm. This does not fall under that category at all. or we're going to radiate her and accelerate cardiovascular disease, give her a risk for cardiomyopathy that she would have never had before, or lung cancer or restrictive lung disease, or even a fracture. How many women die every year as a complication of a fracture? When you radiate the chest wall, people can fracture their ribs because they become so brittle from a sneeze, from a cough. And rib fractures have a mortality rate, right? That is not insignificant.

So, and then there's the whole hormone blockade and putting women into premature menopause and taking post-menopausal women and wiping all of their hormones out entirely.

The Need for a Health Plan

And this comes at a huge price. A huge price. And so many times I hear, well, you know, I wasn't even symptomatic when I went through menopause. I didn't have hot flashes. I didn't have mood swings. I didn't have I didn't have I didn't have. Doesn't matter whether you had the symptoms or didn't have the symptoms.

What's happening in your body and the deterioration that's happening in your body, that's happening and it's happening in everyone. And our heart our heart dis our heart health is rapidly deteriorated. Our brain health our bone health. Every single year the same number of women that die of breast cancer also die of a complication of a fracture. So you know we can't solve one problem and cause three more. Right? and it's not weighing in favor right now.

Right now, we are causing way more problems than we're solving. Now, I want to be clear and I am not saying that no one's breast cancer should be treated. I am not saying that there that there are not aggressive breast cancers that need every single thing that modern medicine has to offer. There are, right?

However, what we need to do is do a much better job at figuring out who does and who does not need to be treated. And in addition to that, what treatment should look like is yes, you you may need some some things that kill cells maybe, but you need a health plan. You need what no one's getting, right? Because everyone who gets a breast cancer diagnosis gets a treatment plan. But what everyone who gets a diagnosis needs, they need a health plan. They need to figure out how to eat, how to think, how to drink, how to move, how to sleep, how to create a healing environment, how to pray, how to believe, how to be hopeful, how to have joy. This is what everyone needs. This is what makes the difference in the end because the way that we're doing it now, we are consigning these people to a horrible, horrible life. Because we tell these women who have been treated for breast cancer that they should be grateful to be alive and they are grateful, don't get me wrong. But it is very hard to feel grateful when you can't think. When you can't remember your words, you can't sleep. You're anxious. You're depressed. You have palpitations. You don't feel well. You don't have energy. You're dizzy. You have vertigo. You've gained weight. Your breasts are mutilated or absent. You have no libido. Sex is unwanted and painful. You have dry skin, dry hair, dry everything. Your relationship is suffering. It's very hard to feel grateful when all of this is going on. And yet, this is how we leave women after breast cancer treatment. Almost universally, this is how we leave women after breast cancer treatment and tell them that they should be grateful to be alive. And it doesn't feel like life. We're doing the wrong thing. And we're doing it unnecessarily 20 to 30% of the time. So, you know, if you use an unsophisticated tool, a barbaric tool like mammogram to screen, this is what happens. And for every 2,000 women we screen with mammogram over 10 years, you may may save one life.

Innovative Screening Methods

You will cause a hundred women to be brought back for additional studies and biopsies that they didn't need and you will cause anywhere from 10 to 50 women to be unnecessarily treated for breast cancer. These numbers don't work. We are hurting people and it is unethical to continue to do this. I just I just want to like drop the mic right there and be like, "Thanks for but but I mean that I I'm I'm lost for words, which doesn't happen to me a lot." Um, wow. But I'll just say and I wish and I hope that people listen to this over and over again and also your podcast which we're going to make available in the show notes. But I want to get in to the last, you know, 20 minutes of this podcast or whenever you have to get off 10 minutes, whatever you have. I need to know what you do in the industry as a physician now on the functional side. How do and what are your plans because you got big plans with your hear about that.

The Importance of Self-Examination

So yeah, let's let's go into here's what we should be doing by Dr. Yeah, absolutely. So, first I I do have a screening paradigm, my trilogy that is 100% safe because if you're using mamogram to screen for breast cancer, besides all the false positives, besides the over diagnosis, it's actually causing some cancers. Some of the breast cancers are actually a result of getting a mammogram year after year after year because it's radiation and I don't want to hear mammogram saved my life because it's great that your life is saved but statistically speaking it's not true and no matter how many mammogs we do every year the same exact number of women die of breast cancer.

The Auria Tear Test

So mamogram is not changing that bottom line. So to screen for breast cancer and when we're talking about the screening population, we're talking about healthy women, right? We're talking about women who we have no reason to believe that they have disease, right? They don't have a lump in their breast. They don't have any symptom. They're healthy women. So for a healthy woman, first of all, everyone needs to be doing self-examination. No one is ever going to know you better than you know yourself. Spoiler alert, every single woman thinks her breasts are lumpy. Own your lumps. Own your lumps. Know what your breasts feel like when they're normal so that you can know what they feel like when something has changed. If you are premenopausal, you're going to examine yourself day seven. So, if your period is day zero, day seven. And then if you're post-menopausal, just do it on the first of the month or any time that you're going to remember. So that's that's the first thing. Everyone should be doing self-examination. If you don't know how to do a self-examination, there is a self-examination pinned to the top of my Instagram page. So just head on over there. Okay, that's the first thing. The second thing that I am using for screening is a test called the Arya TER test. A U R I A. Have you heard of this test? Yeah. So, what this test does, it's not it's not a yes, you have breast cancer. No, you don't have breast cancer test. This is a test looking for the inflammatory proteins that are associated with the very early stages of breast cancer. So, this test is done, it's an atome test. It's very inexpensive. You put a little litmus paper in your eye, close your eye for 5 minutes, take it out, put it in some fluid, and send it off. Send it back to the company. You get an answer a week and a half later as to it's either normal or you have a clinically significant result. Now, what this test is looking for are two proteins that are that are upregulated. There's more of them made in women who have breast cancer and they for whatever the reason become abundant in your tears. Don't ask me why. I don't know the answer. If you this test has a sensitivity of 93% which is way better than any mammogram ever ever while being 100% safe. Okay.

93% sensitivity. So, it's only going to miss 7% of breast cancers. And the breast cancers that it's missing according to the data are the more advanced ones. So, something about this protein must go away as cancer progresses. So, but if you have a large mass in your breast and lymph nodes, this is not screening, right? So, it's not a test to use if you have a good reason to believe that you have breast cancer. If you have a good reason to believe you have breast cancer, please, please, please go get help. Go get treated. Go see a breast specialist, right? Don't try to figure this out.

Don't get the ARA test and feel good if it comes back normal. Like, do not pass go. Do not collect $200. Just, you know, straight straight to the to the specialist for help. Okay. The specificity of this test meaning that the person that doesn't have the test but and and is identified as negative, right? That doesn't have breast cancer but is identified as negative. That's 58%. That means that 42% of the time if you don't have breast cancer, this test is going to be clinically significant. Now, this is where what this test is and what this test does comes in. I will tell you that there are no false positives on this test. If this test is clinically significant, you do have the inflammatory precursors to breast cancer. So, everyone who has a clinically significant result needs imaging to find out if you have breast cancer right now. However, a lot of women are not going to have anything seen on imaging. But what you have is opportunity because you know that you're on the trajectory to develop breast cancer. And if we follow those women, every 6 months another if you do nothing but follow them, every 6 months another 11% will develop breast cancer.

So what do we do? Well, again, this is opportunity.

Revolutionary Imaging Techniques

You know what trajectory you're on. You also know that you have the opportunity to change it. So I have developed the breast cancer uh prevention program and if you get a clinically significant result, come join my group. Come join my group so that we can help you to turn that pathology around. Turn that physiology around.

Turn that process around so that you don't have to develop clinical disease and so that you don't have to get treated. Instead, you can just foster your health. Because when we foster our health, when our health grows, disease goes away. And that's what I want. What I want for everyone is prevention.

I don't want you to have to develop the disease and have to and have to work that hard to reverse it. Let's just halt it in its tracks. Let's prevent it before it even becomes a thing, right? So we can get it before we can get at the roots before anything really comes out over out comes out over the ground.

So that's part two. I have everyone do the Arya test. Now even with that, women want imaging. They just want imaging. I don't know if it's we've been so trained. I don't know what it is, but women want imaging. So I have two suggestions. The first is I opened the first Perfection Imaging on the East Coast in August of 2024. I have 50 planned in the next 5 years and I want to make sure that every single woman who wants access to this imaging gets access to this imaging. This is revolutionary soundwave imaging that's transmitted through a warm water bath. You've had the scan yourself. You can attest to it is a lovely experience unlike anything you've had thus far.

Yes. Very very different. An extreme different. And I personally didn't have the scan. I went with Amber, my assistant. Had the scan because we went through that gamut where she was DCIS and they wanted to do a double mistctomy and etc. And I was like, "Hold on, we're we're going to Dr. Jen." Okay. It was so lovely. Your facility is beautiful. First, your staff is amazing. And we went in there and it was quiet and peaceful and serene and it was just it was almost like being in a spa. That's I said to Amber, I was like, "Are are we in the right place?" Like I was like, "Is this really an image?" And so, yeah, she was lowered in. That's very intentional. Yeah, it's it's extremely relaxing. And even afterwards, there was no rushing you out the door. They were like, "Have a seat." You know, so and it was it was non-invasive. It was quick.

It was quiet. Nothing like there was no smell of hospital chemicals and cold and I would never allow that in my space. Oh, I know that. I knowestrogens are allowed in there. So, it was absolutely wonderful.

Empowering Women in Healthcare Decisions

And I think the piece that you provide women walking in with just the uh atmosphere and the way that your staff is trained and the whole experience itself is intentional for the central nervous system to reset itself. I think it's a huge part of what you do.

So it is. It was wonderful. It is. So I'm on a mission to open 50. So just know that there will be a perfection imaging near you soon. If you cannot come to us, we have one in uh the suburbs of Philadelphia. We have one in um Nevada, California, so right outside of San Francisco. And but if you can't come to one of ours, then ultrasound is a very viable option. Is it as good as QT? No, it's not. Will it pick up everything that QT can pick up? No, it won't. But it's okay. It's okay because if you're having the Arya test and you're doing self breast examination and you're staying on top of it and you're being proactive because that is the main most important thing if you are being proactive then we can prevent diagnosis.

We can prevent that and this is the way to do it. So this is my big mission. This is what I'm going to spend the next 5 or 10 years of my life building. Um, so I'm going to do 50 and five, 110. And you know, I I'm I'm 100% certain that I'm going to change the world. At the same time, I still do care for women with breast cancer. and my my medical practice which is called Real Health MD, we are um helping women at every single stage.

So if you're just diagnosed, if you are in treatment, if you have completed treatment and you're wondering now what because there are a lot of women, 4 million women in the US in that position.

um or if you are a brocha mutation carrier or at high risk, you're trying to to be preventative or you're living with metastatic disease. If you're in any of those buckets, we have programming for you and we have programming that is really tailored to you because we're looking at your genetics and we're really trying to give you what you need.

and it's very personalized and um very individualized and at the same time I have an enormous support community. So we're I I'm really I want to obviously prevent this disease. I I don't want women to have to suffer with this, but if you do develop this disease, I'm here for you. And that's why I wrote The Smart Woman's Guide to Breast Cancer because right now what's happening to women as they get this diagnosis is horrible. They are being filled with fear. They are being placed on this runaway train of treatment without being given the opportunity to think, the space to think, the information that they need to make an informed decision. I mean, it's just not

happening right now. And if you think about it, probably you have breast cancer are the four worst words a woman can hear, right? And we go right into our danger response. I mean, our body really only understands two states. It understands safety and it understands danger. And the second we're in danger, the cognitive part of our brain, it's done. And it's very intentional. I mean that's a survival mechanism, right?

Because we don't understand these sophisticated dangers that we're dealing with these days. We understand sabertooth tiger on your tail. That's all we understand. So our only response that we can come up with is run. So if all you need to do is run, all the blood is shunted away from your from your forebrain towards your monkey brain because it doesn't want you to think about h should I take a right or a left or maybe I should go the way that I went last Tuesday like no run just run. Right? So, how are you going to make a decision that's going to affect you for the rest of your life?

How are you going to carefully consider the details when all your brain is saying is run? You can't. You can't. And yet, these women are like forced like, "Oh, I I got to get you on the schedule. Got to get on the schedule. We have an opening next. You got to get on the schedule." Very rushed. Very rushed. Yeah. And it's scary and it's terrifying. And that's intentional. I think that's intentional. It is intentional. Of course, it's intentional because if they get if they're given the time and space to think and educate and consider and learn, then they'll make a different decision. They will. Women will choose something that's bad for them when they're in that when they're in that stressed state. And they won't make that same choice when given the opportunity to relax and think and you know and these decisions affect these women for the rest of their lives. Mhm. And sometimes they impact the rest of their lives terribly. So you something from the stage when we were at Annie Apple Seed. who said, "A woman that has a breast removed because of cancer is always going to think she has cancer and always remember that she'll never she'll never come another day, right? Forget that was really profound. I was like, "Wow." Um, you know, and we talked about this at the convention. You know, any decision made out of emotion is a bad decision. Whether you're in love and gonna get married in Vegas or you know you are sitting in front of somebody who's saying we got to get you immediately into chemo and radiation there's always space to think and that's what happened to Amber and I she called me and I said you're not dying today like and we're not making a decision today so we're going to go home. Well and statistically speaking with DCIS you're never dying of that disease. I mean everyone's going to die right but you're never dying of DCIS. No one ever dies of DCIS and yet women are pressured. And you know that that is another thing that I want to talk about just briefly about mammogram is that you know even if it wasn't saving lives but it was saving breasts that would be a worthwhile endeavor but the data around mammograms is that when you use mammogram to screen the mastctomy rate has increased by 20%. increased. We are not saving lives. We are not saving breaths. Yeah. So, it's really really important that we respect the change, right? That we know that the data is not there in support of that program. And we have to now change our minds, change our ways, change our practices. And the truth is that at the end of the day, the doc the the patient is the doctor of the future. And that is not to say that you have to be your own doctor and make your own decisions. But the truth is that no one is going to care about you as much as you care about yourself. And the decisions that you make are affecting you. And that doctor that is dictating something from across the table, that doctor goes home to their life and their family at the end of the day. And they don't have to live with the consequences of that decision. Only you do.

Final Thoughts

And what we all need to remember is, you know, no one ever got healthier inside of a doctor's office or a chemotherapy suite or a radiation suite or a hospital. Like that's not where health happens. Health happens at home with the things that you do every single day. And you have so much more power than you think. And your power lies in the fact that if you build health, disease goes away. And you have the power to build your health.

Love it. Well, I could listen to you all day. All day. I could just sit here and just let you talk forever. And I'm sure everybody's probably thinking the same.

So, I'm sure a lot of people are, you know, listening to this for the first time having that epiphany and it's probably pretty scary. So, I am going to make all the links that Dr. Jen talked about from her group to the tear test from her um anything that she talked about her Instagram, her book, I'll put it all in the show notes. That way, if you need to connect with Dr. Jen Simmons, you certainly can. or her staff will also give you a list of where you can find her her QT scans. Um, wonderful. So, Dr. Jen, thank you so much for your courage, your compassion, your deeprooted

commitment on changing how women experience health care. I mean, your story is such a beacon of hope for women everywhere who are searching for more than prescriptions and more than just the alipathic model of this is what you have to do today.

right now the second uh they're looking for that partnership, that truth, that healing, and I think they'll absolutely find it where you are any place on the earth. So, for those listening, if this was something that you feel you need or somebody else needs, please share this. Make sure you grab a copy of Dr. Jen Simmons book, The Smart Women's Guide to Breast Cancer. You can find that on her website and on Amazon and other places. And please learn how to protect your health, and you will learn how to own it. That's for sure. So, would you like to leave us with any parting words, Dr. Jen Simmons? Oh my god. I think we've said most almost all of it, but I I will leave you with my mantra, which is that breast health is health and the same exact things that you're going to do to have healthy breasts are going to give you a healthy brain and a healthy heart and healthy bones and healthy joints and healthy skin and healthy mood and healthy parts. So just remember that we are all one system and we are charged by God to take care of this vessel that you are in on this earth. This is your responsibility to do. And when you assume that responsibility and take charge of your health, it is really a beautiful, beautiful thing.

Amen. Well, thank you again for being here. Thanks everybody for listening. Make sure you subscribe. Make sure you share this podcast and we will see you next time. God bless.