Safe And Non-Toxic Imaging With Prenuvo Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and personal cancer journey

Oh my gosh! Andrew Lacy, what a treat. What a delight to have you here. I was talking before the recording of how you and the Prenuvo crew are honestly blessings in my life in such a big way.

I don't even know if you can begin to understand how big that how big this is. But for our listeners, I am a 32 plus year cancer thriver. And yet one of the biggest challenges I've had over my my entire journey is the impact of gadolinium poisoning on my kidney function.

And no matter how I've tried over all these decades, I can't seem to shake it. And so any tiny amount of contrast I, in a variety of ways, I've been able to monitor my own cancer history, has made me very sick, landed me in the hospital and put me into kidney failure more than once.

And so I just didn't do that. And I cannot even tell you how amazed I was when I heard the interview with Dr. Peter Attia and Dr. Tara, back in July of 2019, I almost wrecked my car listening to this, pulled over immediately, called your company and said, how can I get clients to you?

And this is when you guys were just in Vancouver and I was telling Christine, one of your PR folks here that we're pretty sure our community is helped bring you guys all over North America and beyond, because you were the answer to a lot of prayers for a lot of people bringing safe non toxic, highly sensitive and specific imaging, into this next century or this next generation of health care.

So welcome, welcome welcome Andrew. Dr. Nasha it's great to be here. Really cool to, such a great introduction. So appreciate it. Definitely. Well, how did how did you go from being a serial entrepreneur from even, like, the world of iPhone apps development and, moving into medical technology to get into where you are today?

Can you give us a little teaser of how this happened? Well, my journey is probably similar to a lot of folks. you know, I hit my 40s and I have been working hard my entire life.

And why do we work hard as we work hard? Because we imagine that that's going to make for a better future for us. And I remember waking up one day just feeling horrible and looking in the mirror and asking myself, well, how do I even know that this is worth it?

You know, how do I know what the future looks like for me? How can I get some more information about clearly the way my lifestyle is impacting my on the underlying physiology?

And so that was the journey I went on there, and I just found that there really wasn't a lot of answers. You know, there were people that did blood tests and there are people, you know, I got my colonoscopy and I did my got my skin checked and but there was no real one comprehensive answer.

And it just felt like so much of the body was really, you know, in shadow, you couldn't really see into it. And so, I eventually found this clinic in Vancouver, Canada, that Dr. Ross was running and he was doing these incredible whole body scans, and people were flying into Canada, which is not usually what happens.

Usually get going the other way with some very confused custom offices that they didn't quite understand what was going on.

How Prenuvo began and the shift to prevention

But just through word of mouth, I heard about this clinic and I went and got a scan and, back then, you would meet the radiologist immediately after the scan.

And it was such a interesting, magical experience where you would get a scan and, and sit down straight afterwards and go through your body from head to toe.

Now, we don't do this anymore because it's very expensive, to be honest, and to be able to keep, keep costs, you know, as affordable as possible. We now have the radiologist sitting in a dark room and spend all of that time really focusing on delivering the most accurate medical report they can.

But back then, it was this really wonderful conversation, you know, with my body. And I just felt like I learned so much about my health. And it was clear to me that, you know, I wanted to devote my entrepreneurial energy towards, bringing this technology to as many people as possible.

And, and if we do that, it will save lives. If we do, that will help people just we'll create great at peace of mind. We will create happiness in the world.

We can challenge the way our healthcare system does health care. and that's what we've been doing. Me and a very dedicated team of now hundreds of people are doing, around the US, day in, day out.

Amazing, amazing, amazing, amazing. You know, this is what's so interesting is I love that you started out with this concept of it just even. Okay, I'm not feeling my best.

I know it could do better, but even the concept of just prevention, which is not done well in our culture, we are more of a disease management system versus a health care system.

And I think Prenuvo really sets the stage for a different model, in health care in general, which is super exciting. But I want the listeners to know that virtually every patient that I've ever worked with in my career, directly or indirectly, has said to me, I was healthy until I got cancer.

I'm like, first of all, it's not possible. And second of all, there's two areas where we thrive where we can do really well in the cancer space. Number one is prevention.

Great. Like the only cure for cancer is prevention. And number two, early diagnostics. Right. Those are the places where we have our best shot at making a difference.

And you guys bring so much to that space. It just in a very powerful way. And then for those folks who are further down the road, you know, stage three and four, they have to be creative.

They've got to take on more opportunities. But they're already so sick and so burdened. Do we want to add more elements of things in already compromised organ function, already overly damaged DNA?

Do we want to introduce more radiation and more contrast dye that it's very harmful in those patients. So as you can see, this technology plays a beautiful role and offers a lot of support in all phases of this process.

But to your point, you can look under the hood and catch things long before they're a problem, long before they're big enough and bad enough to really capture our attention.

And I can think of a handful. You've met all these people, you've interviewed these people probably on your side of how many patients have come to me and said, I heard you talk about Prenuvo on a podcast.

I went and had this done and guess what? I accidentally found a brain tumor or a thyroid thing or something going on that I didn't know that was there, that you saved my life.

So you guys probably get millions of those stories at this point, which is beautiful, but. Well, I think, you. Know. To some extent, we're really trying to find a way to be provide people with information that can be a catalytic change in the way they live, their health.

And in the same way, like, unfortunately, a cancer diagnosis really sort of like clarifies and focuses, you know, how you're going to leave your health from that moment onwards.

Well, what if we could identify, you know, I guess like precursors, like chronic inflammation or, you know, in the intestines, which is something I had when I went and got the scan. I didn't even know about it.

But we know that inflammation and cancer are so closely linked. or showing a smoker, an occasional smoker, the inflammation in their lungs, you know, that happens to be in the place where lung cancer likes to stop.

So it's just providing that information and I think as humans, we're really good at ignoring if something isn't, if we don't see a picture, if it isn't right in front of our faces, we're we're not really good at sort of, living our lives today in order to optimize for the future.

And I think some of these pictures that we provide just are so tremendously catalytic for positive change in health. Oh my gosh. So, so, so perfectly set, so perfectly said.

And it's like that is you guys are in for imaging out there today. But how did this particular technology come to be. So really the challenge we were solving for initially was that everyone for a really long time has known that MRI machines, which is the technology that we use, has been is very sensitive, and is a great imaging modality for soft tissue.

And we get most of the cancers, for example, in our body, in soft tissue, in organs. but it's also always been very, very slow. And so that's why as a solution, it's only ever really been used to look at one part of the body at a time the head, the thyroid, the, abdomen, the pelvis.

And so the big innovation here was to invest, in custom research grade hardware and in imaging sequences that enable us to capture these images a lot more, comprehensively in under one hour than was possible before.

So the types of scans that we do today are actually pretty similar, except we don't use contrast to a exam that that is typically performed in a pediatric context for a pediatric patient that has a cancer predisposition syndrome.

So, Lou, from any or, Fanconi anemia.

Whole-body MRI, diffusion imaging, and early detection

And and in that setting, that scan takes 3 to 4 hours. And they often have to give those patients general anesthetic. So the speed up really has enabled the service to be viable, both on a cost viable economically.

And then also just from a tolerance point of view, no one really wants to be in an MRI machine for 3 or 4 hours. And then one sequence that we have really, really good at, is a sequence called diffusion.

Yes. And diffusion is a very, very new sequence in the field of MRI imaging. It's only been around for the last ten years, and we do more of it in the context of the entire body than anyone else.

It's a sequence that was started for stroke imaging, and it was actually used to identify people that had recently had strokes. and it looks for hardness inside the body.

Now, why is this important in the context of cancer? It's important because all cancers, these agglomeration of fast growing cells and those cells tend to be really tightly packed together.

And so this sequence enables us to find this the hardness of the cancer, and, in the same way that a woman might feel that breast lumps all cat not all lumps are cancer, but all cancer lumps.

and so we're able to do that digitally with much higher resolution, than you could previously. And that's a big part of why these exams are so sensitive.

for early stage cancer. So, so, so interesting. I love it, and it's just such an elegant solution. I mean, truly there. So, you know, there is a lot of controversy around people screening for, you know, screening asymptomatic individuals.

And yet I've already highlighted the fact that most people come to me saying I was healthy till I got cancer. So this is a tough one, right? How do you personally or maybe the, the viewpoint of of pre Nuvo weigh in on this debate?

Well there's kind of two pieces. There's one piece that we can weigh in directly and there's one piece that we can influence. Okay. Where we try and weigh in directly is whenever we image a patient and we provide a very comprehensive report of things that we see, we now have a standardized framework for how we describe what we see.

So we have a risk stratification process for everything. And that way we can be really clear about things that are benign that you don't need to worry about from things that are very concerning, that require follow up tests.

Sometimes very urgently. And those standards, we have adopted them from what was available out there in clinical practice. And in some cases, we've built themselves and published them.

And now other people are starting to refer to the standards that we've put together. the second piece really is working with physicians to educate them on how to read a print of a report.

You know how to you know what things need to be followed up, what things don't. Because we have a health care system which is very prone to over testing.

Right. and some of those tests, as you mentioned, you know, involve radiation or involve contrast. And so we want to be really careful about when we're, when we want to employ those very, very powerful, but also not free in the sense that they sort of hurt us.

At the same time, those tools, we want to be careful how we use them. And so this risk stratification approach, together with the education we do with physicians, really helps, kind of contextualize the findings and make sure that we don't end up in this sort of, sort of cascading of unnecessary care.

I love it, and I really appreciate you guys. I mean, just first hand, again, the clinicians we've now trained over, you know, almost three clinicians in 39 countries, not all of those folks have access to pre Nuvo.

Knock on wood. Someday that will change. but but the those in North America in particular, and we have a lot of patients who will fly over from other parts of the world for this.

We really do appreciate how much you handhold the clinicians and helping them understand what it is that they're looking at, so they can deliver this information to their patients in a very thoughtful way, in a very informed way.

So I think it's really powerful that you guys have gone through these additional, standards of delivery. What? It's crazy for the physicians, just like it's crazy for the consumers, because we deliver a report that literally goes through every organ in the body.

And here's what we say. Here's what you should do something about here. I think some of it, Brian. Oh, by the way, doctor Nashville, you've got like a congenital difference in your, you know, in your cerebral arteries.

But don't worry about it doesn't mean anything. I mean, it's so comprehensive, you know, and, you know, it's it's something that most physicians have never seen.

I mean, they spend so much of their time sort of Sherlock Holmes ING, you know, just symptoms and trying to figure out what the answer is. And then just getting everything means, you know, initially sort of like a big set of jaw dropping, jaw dropping moment.

But then it helps refocus those physicians on, well, how can I actually now work with my patient to make them

healthier, rather than spend all this time trying to figure out what they have?

It's so, so huge. And, you know, this makes me think of another question because we talked about like the there's the controversy around, are we doing harm by over treating or over evaluating for folks and like early diagnostics, we talked about that piece.

And I think you're handling it really well with how you've broken it down. But the other big one that we face as clinicians and we face as patients. So as someone who's been on this side, the concept known as scan society is very real.

Okay. So I'm curious how your team advises, the patients, the people that come to you for imaging how do you support someone who's highly anxious about this information that they could be gleaning from your, you. Know, it's I mean, we put a lot of time and effort into this, and you see this in the facilities, when you and your physicians visit them, a lot of people will say, you know, facilities like a spa.

And I sort of it's true, but I don't really like that way because it makes it sound like it's somehow exclusive. And that's not really the motive behind doing what we do.

Managing screening concerns and patient anxiety

We wanted to make sure that the facilities didn't feel like a regular, sort of health institution because our health institutions, being so reactive, very, very scary places, nothing good happens in a hospital.

Right? And so we didn't want to trigger any of that. And that's why you won't find any white walls and you won't find people wearing uniforms. And everyone is very friendly.

And, we have a lot of time to make sure that people feel comfortable. And then the second thing we did was we invested in these wonderful machines we have, which are much bigger than a regular hospital MRI.

So a real husband MRI can be quite claustrophobic. And these ones that I mean, I think of it more like sort of like sleeping in a bunk bed as opposed to, you know, being under the covers, it's it's much less claustrophobic.

And then thirdly, we've managed we figure out a way to put, streaming television inside the MRI machines themselves. Very low. So we have people that will, you know, watch a show, on, on streaming television or listen to some music, or maybe they just want to meditate and see some natural pictures while they're in there.

But the whole idea is to make it much more comfortable. And and what's the result? The typical sort of, claustrophobia rate in outpatient imaging is about 10%.

That means 10% cannot get through the exam. There's another percentage that tolerate it. But, traumatized by it. we only have about 1% of people that kind of get through the exam.

So it's about ten times more comfortable than a regular, imaging facility. I'm so glad you say that, because I can already hear my husband and my sister in law saying, oh, hell no.

Am I ever getting one. Of. Us? And there's a lot of people who feel that way. And so I've explained that to them as well. So I love that it's coming out of your mouth of just like, this is very a different experience.

And again, we're revisiting that concept of disease management versus health care and health creation and disease prevention. And you guys are leading the charge in that.

You're changing the paradigm there, but you're even changing the paradigm of the patient experience. And I think that is so big because we are facing more chronic chronic illness than ever before today.

So everyone kind of knows if you're going to go to the doctor, you're going to probably find something you don't

want. So you guys are helping to sort of support that process, you know, in real time for folks, help them know, let's make this more of a, of an, of an experience of empowerment versus one of, you know, free freeze and fight and fight or flight, process, which is huge here.

So I'm curious though, because I get a few things when I, when I early on, especially last to the last bit, you guys are doing a really good job in educating the masses.

But let's say a year ago I had more radiologists telling me that there was no way they could. There's like, oh, this is bogus. We're gonna just throw this in the garbage.

We're not even going to look at this information that it's not relevant, that it's not somehow like, I guess the point is there's extreme resistance to what it is that you are offering.

So a couple parts to this is, first of all, how do you answer those people who say these reports aren't valid? Number two, how do you buck against a system that is pretty resistant to new technologies?

And number three, where do you think we are going in this space, in the coming years, or your hope, I should say, in the coming year? There's a lot of there's a. Lot, a lot. It's a lot.

But it all kind of weaves in. So you take it, you break it down. However it feels a bit. I mean, it depends on whether it's a good day or a bad day. I feel like on a bad day, I like to my, my medical team likes to point out that no one has publicly spoken out against these scans and actually is qualified to read them.

So, you know, a lot of the people that are opining about this space really don't actually have the experience to even form a set of. Opinion. Critical and clinically relevant opinion about it. So, so, you know, on a good day, I think I look at just even the last 3 or 4 years.

I mean, doctors don't change very fast if you know, oh, you know, what drug a doctor is going to prescribe you for a given condition. The leading indicator is what they learned was what was the like most popular drug at the time they went through medical school, right?

I mean, it takes time. And so on a good day, I actually point to the fact that I think 3 or 4 years ago, there was a lot of resistance. I would say now there's a lot of indifference slash curiosity.

I agree, I agree. Yeah. And that doesn't sound like much of a change. It's a. Big one. But it's a really big one because 3 or 4 years ago with a physician, and radiologists were like friction because people were to reach out to them and say, hey, I'm thinking about doing the scan.

And they say, oh, you're, you know, you're crazy if you do that and three years later, I think now they've seen most doctors have seen at least one of these scans, one of their patients, or they might have referring people and, you know, not.

Their own, but. All of them are saying, I'm doing this for 100 of my patients. I mean, there's still education and work to do, and we're not even in all the markets where, you know, physicians are located.

But I think many more of them are now saying, you know what? I've seen these before. They seem pretty good. You know, if you feel like you want to do it for whatever reason, you know, I'm not going to stand in the way.

And I think that for me is a big shift, actually in the last 3 or 4 years. And I hope in 3 or 4 years time, again, all of those people that were indifferent, curious, then very supportive, particularly as we start to call, you know, we're collecting evidence along the way about the accuracy of these exams.

And people are getting real firsthand clinical experience with what happens to their patients that, you know, we catch something early for or we, you know, we clarify things that might otherwise take a long time to clarify about their patient's health.

I love it.

Physician adoption, skepticism, and growing validation

And, you know, because I've been on this journey with you guys since, like I said, summer of 2019 and starting to watch these come off, I saw exactly what you just described extreme resistance.

Now, more of indifference and a bit of curiosity and a lot of that curiosity, to be really frank, is because of doctors themselves going and having this kind.

And so it's like, and then they're like. Yeah, doctors out the healthiest people in the world to. Be exactly like, we are the worst patients ever. So I say that, you know, you know, just in putting, throwing myself under the bus here.

But, also what is also changed and is showing me that you're making a ripple is that there are other companies with similar technology offerings coming to market.

And so, you know, that's where I learn about new ones every day. And this is I'd love maybe for you to take us and show a comparison contrast from a standard MRI to you.

You've already talked a little bit about the, the the components. So you don't have to spend too much time on that of what you'd get in a typical hospital MRI environment today.

And then maybe if there is anything to compare and contrast yet to any of the new ones coming on the market. I mean, I think for me that shows that you've made it is when there is competition.

Right? Yeah, it's it's it's, people are noticing what we're doing. I think the main difference here is just that this is really the only thing that we do.

So every decision we make as a company really is driven by how do we make this exam the most accurate thing that we can do. So we're not like an imaging network that says, well, I have MRI, so why don't I try and do this on the side, where not companies that work through other people's imaging networks to, you know, put patients through, a protocol that may yield widely different accuracies depending on which machine and which clinic and which technologist is sort of like, you know, performing the scan.

So this is real advantage to being sort of vertically integrated and, controlling every step of the way, not just for the patient experience, which is really important, but also for the accuracy of the scan itself.

So, you know, I think on the on the one hand, I think that more people are looking to do this is validation that these techniques are sort of interesting for the medical system at large.

And I think doing any scan is better than doing no scan. but yeah, it's, for us, this is sort of our business. and, and it's the main thing that we do.

The only thing. Yeah, the only thing. Exactly. The only thing here. And, you know, I'd love for you to tell us a really, like, a story that stands out to you, maybe a client case that really just makes you go, this is our Y that you might share with the listeners.

Wow. I have so many tons. I have, I had one guy who I knew, sort of tangentially, who came into one of my clinics, and I always sort of thought of him as a pretty grumpy guy.

and he, you know, we asked him why you coming in? And usually mainly it's because I was twisting his arm and, you know, he didn't think, yeah, everything wrong with him.

And he came in for a scan and he found out that he had severe colitis. and, you know, and for me, it was such a he didn't know it was there. Obviously.

It's very, you know, of a self it's an important, medical condition, but also raises a risk of colon cancer. tremendously. and didn't know about it. And it was sort of testament to this problem as humans that as our health can deteriorate at such a slow rate over time that we don't notice.

Yeah. I don't remember what it was like to wake up 20 years ago. I probably felt a little healthier, than I do today. But I don't know that I you know, we only remember what most recently happened to us.

So he thought everything was normal. Going to the bathroom many times a day was normal. Yeah. So having pain after eating was normal. you didn't remember a time when it wasn't so that, you know, I think it was just such a it's not a cancer example, but I think it's just an example of how, you know, these underlying disease processes can, can play out over years.

And there's just such tremendous opportunity to identify it at any point during that journey. And you can change the destination. you can change the outcome by creating awareness and, you know, changing lifestyle, ideally, and not even having to, you know, go and get drugs or access the health system.

I love that. And, you know, one thing that we've not mentioned here that I think it's important for folks knows the potential, the power of using this as a follow up tool as well to see if whatever interventions you brought on board were impactful.

Yeah. So I think that it's not this isn't a one and done of like, okay, let's get a baseline, which is very important to you guys very much preach the importance of baseline testing and awareness and empowerment of the patient.

But you're also really great at our follow ups with our patients because you guys also go to really extreme measures to, compare and contrast both and really highlighting what's changed, what's stayed the same, what's worse, what's better.

And it's just such a tell, such a story, for the patient and their process and.

Follow-up scans, quantitative tracking, and new biomarkers

Yeah. Well, it's it's something that we're actually investing a lot of time and, and effort into is getting even more quantitative around these changes over time. So, for example, we have a lot of people at a trying out new weight loss things these days.

there's a lot of question marks about, well, what why do you losing? Are you losing muscle? I use losing subcutaneous fat. I using visceral fat. What happens to pericardial fat in the process?

You know. And we now are able to measure quantitatively all these different. so I guess like I don't what you call regions of interest are organs in the body and start to really start to connect the changes that you make, either therapeutically with, drugs or ideally with lifestyle.

Right. And you can see from one year to the next. Okay. What happened? Well, what what did those changes I went from, I don't know, eating meat to being vegan.

Well, what change did that make to my visceral fat levels or to my overall level information like the volume of my spleen, for example, or things like this.

So I think we're there are metrics here that we know a very helpful. And I think we're also going to, in the process of building these metrics, learn new things, build a new set of biomarkers about health that don't exist yet today.

You're giving me chills because this is exactly where I wanted this conversation to go, that, maybe a year or so ago, I was inquiring with you guys about fatty liver and fat around organs, and you're like, we can't say anything about that yet, right?

You were just in a place where you were working towards creating the the due diligence to actually be able to characterize what it is that you were finding and quantify.

What is it you're finding? So I'm very pleased to hear that, that, creation of new metrics and using this tool and in other really powerful ways is on the horizon, happening already in real time, but continuing to be so.

Yeah. And what we have running internally is a little bit ahead of what we have. first I would say obviously, because these tests are, sort of driven by I actually.

So we have a computer model that can measure at a very, a very precise level to two decimal points, the amount of fat that's in your liver, for example.

But because there's a computational test, they have to go through an FDA process and that process can, take, take a little bit of time. but we're excited to the great thing is, as soon as we get them, in fact, we'll be able to run those tests.

retrospectively against image data that we collected over many years. So for people that have come in multiple times, we'll actually have a really good sense of the trajectory of their health.

Oh my gosh. This is like again, music to my ears. You guys are taking this tool to the next level. And that's what I was just going to ask ahead of taking us home for the end of this conversation is what are you most excited about on the horizon of what Prenuvo is bringing to the health creation space?

What echo really as a company is to figure out how we can push these machines to the limit. where imaging just now for hydrogen and hydrogen is a really important element because it's in all, you know, a lot of the compounds that we find in our bodies, like fat is for hydrogen.

water is got a different hydrogen signal. So there's actually a lot we can tell just looking at hydrogen. But, you know, over time, these images can image for any odd numbered element in the periodic table.

So we can start looking at sodium for example, which is very important. later in the brain, potassium, there's a whole bunch of different things that we could start looking for.

we're working really hard to bring the time of the scans down. we sort of take the scan as almost. The scan takes about 50 minutes and it takes 50 minutes, because that's how long we think someone can stay in the machine and still feel comfortable.

so as we make the scan faster, we we free up time to add more and more diagnostics.

Future MRI capabilities and closing reflections

and, you know, we hope that the scan that you're doing today that takes 50 minutes will take 20 minutes at some point in a few years time. And we may well just have a 20 minute scan option.

But the 15 minute scan, then we'll be scanning for a whole bunch of other things as well. We've just scratched the surface of MRI technology, to be honest.

if which sounds weird to say because it's a 30 year old technology, but it's really incredible. And, the sort of, the sort of use cases that we're piloting internally and the things that we're thinking through, I mean, we have a roadmap for many years of medical insights and hopefully, you know, hopefully, really we can move the science of human health forward.

together with, other pioneers like yourself. Oh my gosh, Andrew, I've got such goosebumps. It's such like I said, you were a game changer in my own life and in that of thousands of patients, I've had the absolute privilege of serving and supporting.

And I just know this is going to continue to, to, spread like a mycelium net all over the planet. And so thank you for all you and the Prenuvo crew do.

I was just telling your staff, your team behind the scenes that I, I've been trying to get a scan with you guys for four years. Right. The timing. I travel so much for work. I live in Mexico.

You don't. You aren't here yet. but I'm going to get my first scan next week, and so I'm very excited. It's also really, you know, I feel that scans i.t.

Because I have a long history, but I'm feeling very confident of where I am right now, and I'm looking forward to seeing what is there for me to know about myself that I didn't know before.

And so thank you for being the helping reveal, mysteries of ourselves. Yeah. No, I appreciate it. And we hope to bring this screening to as many locations as we can, because I know you have followers that are, you know, driving sometimes overnight to come to one of our clinics to get a scan.

And I hope that's, you know, give it, give us another year or two. I hope that we can put a machine, you know, within a couple of hours that most anyone in the country can't wait.

Andrew, thank you so much for what you do. Looking forward to what's to come. Thank you. It's great to talk to you.