Introduction and Guest Background

Hey, it's Nathan Crane, director of the Health and Healing Club and host of the Conquering Cancers Summit. And today, I am honored and excited to welcome you to a very special interview.

T. J. Hills speaks to women and their physicians about improving estrogen health for breast cancer and recurrence prevention. She explains how simple nutritional interventions, guided by genetic testing, can offer relief and answers about our bodies and risks.

She's a breast cancer survivor, patient advocate, board member of the Hormonal Cancer Foundation, board member of the estrogen Gene Test Company, and author of My Estrogen and Breast Cancer Treatment Diary Improving Estrogen Health.

She's appeared on national TV, radio, major medical conferences. Non not for profit and corporate wellness programs and a lot more. Her website is better estrogen.com t.j.

Thank you so much for joining us. Thank you for having me Nathan. My pleasure. I'm really excited to hear more about your story and help share with other women, empowering solutions for dealing with breast cancer.

So maybe you can start there. Share with us your experience with breast cancer. When were you diagnosed and what was the diagnosis and the prognosis? So I was diagnosed in 2009.

I was the first person in multiple generations of my family to ever be diagnosed with cancer. My first inclination, I mean, I just had absolutely no idea where it came from.

And I was diagnosed with stage three, breast cancer. The breast cancer was strongly estrogen receptor positive, progesterone receptor positive.

Breast Cancer Diagnosis and Initial Treatment

And so at the outset, you know, I was basically termed garden variety breast cancer. And I was told, and this is, you know, mind you, 11 years ago, that I had a 70% chance of being dead within five years if I did nothing.

And if I did successfully did everything that I was told to do, meaning surgery, chemo and radiation, that I would have a 30% chance of being dead in five years.

So I, And this these are the standard statistics that someone with quote unquote garden variety breast cancer is given. At the time, 11 years ago, I well, I still have young children, but I had, you know, I had, three or twin three year olds, and a nine year old and a young husband.

And I was just terrified. And and had no idea where this came from. So that was, you know, really where my initial diet, that was my initial diagnosis.

What was your background up to that point? Like, what kind of work were you involved in? Right. So I have been doing research of one form or another, primarily in finance and economics my entire life.

So I did not, both my degrees are in international finance and economics. And I had no background in biology, but I had an extensive background in research.

And so, and actually had a company, where, where that was my primary focus. So, so, at the beginning, I was so unprepared for my diagnosis that my first surgery, I just went to, like, a community physician guy, and I had a really

botched, first surgery, like, really, really back after surgery.

And so as a result of that, and the implications being that he cut into the middle of the tumor and there and didn't put markers and made the subsequent surgeries really far worse and basically contributed to the, cancer spread.

So once I learned that my husband and I, you know, kicked into high gear, and went the other way. Overkill. So, I live right outside in New York City.

I went to every single breast cancer surgeon in all the top hospitals in New York City. Then I went to all the top oncologists. And, I'm originally from Chicago and I consulted with my old internist, and she referred me to this guy who was doing bio.

He was a biochemist and who was doing, very, very cutting edge studies with the military and had been for several years. And she introduced me to him.

So so my research skills went into overdrive, and I met him and he introduced me to the whole concept of estrogen metabolism really early on in my diagnosis.

And I think that was in many, I was extremely fortunate in meeting him early on because essentially it gave me, a clue as to why I wound up with breast cancer.

I've met a lot of women, through through the, through my work as, breast cancer prevention advocate and in the doctor's offices and support groups, etc., and one of the, one of the big problems with breast cancer and I think other cancers is that no one knows where it came from.

So I met women who were, like, terrified. Their own, cleaning supplies or their shampoo or, you know, whether every single thing they bought at the grocery store.

And I think, because more than 80% of all breast cancer patients have no family history, you have this phenomenon where everyone's wondering, you know, how did this happen to me?

Right. Like and and and I did a lot of other research besides this, because I'm, I'm outside New York City or basically in New York City. I had the opportunity to do a ton of work.

I, you know, it was a long time ago, but nine, ten years ago, they were looking at cancer vaccines. That's only kind of now. Got in stride. They were doing all kinds of work with stem cell research.

And I had a lot of opportunities. And basically, this is the part this is the piece that made the most logical sense to me. So after reading hundreds if not thousands of studies, this is kind of the path that I chose to improve that.

Well, at the time was a 30% recurrence risk. So you had surgery, you went through all the complications. You had follow up surgeries. Right? And then was the, the treatment after the surgery, was it still recommended for chemotherapy and radiation?

And so trying to do that or you chose not to do that? Oh, no, I had I had everything. So I had, multiple surgeries.

Chemotherapy, Radiation, and Side Effects

I had chemotherapy, which I tolerated extremely badly. So I almost died multiple times. In chemo. And then my, my treatment was aborted, after my fifth, I want to say, after my fifth out of eight treatments, you chose to abort it or what happened?

No, I was so I was I basically had no white blood cells. Literally. So I mean, I can give you the gory details about what happened to me in chemo. It's, you know, basically, I would get the, I would get the infusion, my drug, my blood cells would tank.

I didn't I didn't respond to any of the drugs for neutropenia. And I became, like, extremely neutropenic. I would have to go inpatient, like, they would call it inpatient, but I would spend my whole day getting antibiotic IVs for like a week.

I would recover, they give me the next chemo, I do it all again. And then on the fifth one I didn't recover. So I wound up hospitalized. How long were you hospitalized for?

Not that long. It was like a few days. Were you doing radiation simultaneously? No. Radiation happened. Started around a month. They gave me a little bit more time than normal because of how sick I was.

But then radiation started about six weeks later. So you did five out of the eight chemotherapy treatments, and that just totally destroyed you, your immune system, white blood cell count.

But then so you took some time and you did recover from that a bit. I did I did the radiation and then I did the full, full 30 days or 28 days, whatever it was of radiation and you know, I would say that in the long run.

So chemotherapy did a lot of damage. So at my first chemotherapy, I was, 43 at the time. I immediately went into what's called chemical castration. So it was the equivalent of having a hysterectomy.

It was just an abrupt an abrupt menopause. So in addition to everything else, I basically had you know, it's not the same as a regular menopause where you're gradually easing into it.

It was just boom one day, you know, I didn't have any ovarian function. And so, that happened to me and chemo plus all the white blood cell stuff. And so, you know, it took me a really long time to, recover from that.

But in the long run, I would say the, the longer lasting damage was from radiation. What was some of the damage that that has occurred? You know, I have, hypothyroid because, you know, in radiating this whole area, they radiated my thyroid.

So me as a human, I used to be like the Energizer bunny. And now I'm not, now I'm not. And, you know, I have arm lymphedema, from radiation. And I've got, all kinds of rashes that combined with the tamoxifen sun sensitivity.

And that's basically forever because, you know, radiation's half life is a long, long time after my death. So you're you're still alive today, though, which is a blessing, right?

Yes. After the chemotherapy and radiation, what happened? Did you, obviously, you got checkups. They were looking for, you know, as the cancer is still there.

What what kind of happened from that point forward? In traditional treatment. Yeah. So, I was put on tamoxifen about the same time as, radiation and over time that I wound up having trouble with my endometrial lining, which is a typical consequence.

But because I was really young, they were trying to get ten years out of the tamoxifen. So I wound up having, a hysterectomy on completely normal tissue.

About less than three years after after starting it. And that was supposed to be preventative. Was the reason for that or what was the reason? Yeah, it was preventative.

And it was it was a preventative surgery. I was very grateful for it. Many, many years later when my mother was diagnosed with endometrial cancer. So, but yes, that was preventative.

And I'm still monitored quarterly, basically. So you, after the surgeries, chemotherapy, radiation, tamoxifen, you went in for checkups. Did they say the cancer was gone?

Yeah. I mean, I'm in remission, and now I'm on an aromatase inhibitor. I think one of the other big side effects,

which is super common, is, combined with the onset of immediate menopause, you know, problems with my bone density.

I have osteoporosis. You know, that's a combination of, estrogen deprivation and everything else, I think. I think what's happened to me, while it may be a little bit extreme, is really common, I think everything that's happened to me is common.

Yeah, it is, and actually, I mean, I was just talking with someone yesterday who, you know, had just, you know, two friends that, went down, you know, did chemotherapy, radiation and, and and he chose not to and, and one of them, actually, he knows, person who has the exact same cancer that he did, and and they died and and he didn't.

He's still alive today. And his quality of life is, is is great, you know, and it's not to discourage anyone away from it. It's just, you know, your story is one of many that, many can relate to.

And, even worse. So there are many who don't live past those treatments. Those treatments actually kill them, right? So as I said, it's a blessing your life.

But obviously you've learned a lot of things and research along the way that, has contributed to, you know, still being alive today and having even with the long term, side effects and consequences from the treatment that has, you know, still given you some considerable amount of health.

Right. So those treatments. So what are those things that you've been doing naturally, holistically, nutritionally, anything that you've been doing that, that you feel has been contributing to one, not only your recovery from those treatments?

That sounds like they almost killed you. Right. But two has contributed to your ongoing health and remission today. So I, you know, as I said, I did a huge amount of research when I was initially diagnosed and chose to focus on improving my estrogen metabolism dysfunction, which which I feel based on everything I've learned about it.

And my family history was definitely the deciding factor in what happened to me.

Estrogen Metabolism and Cancer Risk

So, you know, one, almost all of the leading risks for breast cancer are estrogen related, unless you've had some, unless you're a family history. So I'm not I'm not counting.

I'm just focusing on women who have no family history, no genetics, no predisposition, and estrogen positive cancers. So that's like 80% close to 80% of all of us, you know, it's basically how what your total lifetime exposure to estrogen is.

So it's things like, you know, hormonal replacement and old birth control pills that are very heavy. It's, you know, chemical exposure doesn't necessarily count.

It can be a different thing, but a lot of it is, you know, what's called endocrine disruption, all the plastics, etc., which basically mimic estrogen in your body as if you were taking a drug.

If Zino, Zino estrogens. Right. You know estrogens. Exactly. And so, the other thing that basically gives you more of an estrogen load is obesity. So, so estrogen is produced in your fat tissue.

The more fat tissue you have, the more of an estrogen load you're going to have over a lifetime. And all of those things are fine for women who have an estrogen metabolism that's functioning.

And so I think of it more of like a total load system. So let's say let's say, you know, you've got you smoked for 20 years, you use all kinds of pesticide laden things on your face.

Let's say you never buy organics and you live, you know, let's say you're just have, like, heavy, heavy exposure to pesticides. You've never had any kids.

All of these things are going to make your total estrogen load higher. Stress may compound all of that, but it's not in and of itself adding adding to that.

Okay. It may make it stress may contribute to how much you weigh that will that will increase your estrogen levels. But all doing all of this is not necessarily going to make for a toxic environment.

If you have a functioning metabolism system or detoxification is is really what all of this falls under detoxification because the, the pathways under which you would excrete all these extra loads, including xeno estrogens, are the same.

Right? You're going to, it's all going down the same pathway, whether it's drugs or estrogen or other things. I'm, I just specifically focus on the particular pathways related to to estrogen exposure.

If they're all functioning fine, you're not going to wind up, with the toxic load, which may lead to breast cancer. So even if you're experiencing more estrogen dominance for long periods of time, you're saying if your detox pathways are fully functioning, your estrogen metabolism and your lymphatic system and so forth, you're still not going to experience breast cancer?

Well, you know, it's you can't you know, I don't I don't know that. I would say like, cancer is a multifaceted, wily little beast, right. And this is not this is not the only thing.

Sure. I feel like it's a tipping point, right? You know, you may you may have another five. You know, you may have a lymphatic excretion problem, right?

That and your estrogen part of that is functioning optimally. But your lymphatic system is not. So that may that may be another toxicity, which is why what I kind of focus on is so very narrow.

Because you could you could also I mean take it the other way. You could have, completely messed up estrogen metabolism function, but not really be contributing to the total load.

Maybe you don't. Maybe you don't have a lot of xeno estrogen exposure. Maybe you've never taken birth control pills or done IVF or HRT. Maybe. Maybe you've always kind of by accident or by design, lived, clean pesticide laden pesticide.

Not not heavy life. And then you're fine, right? You could have every single one of those genetic mutations but not lined up with the toxic load. So I think it's really a combination.

The total load plus your genetic capabilities, that would lead to a toxicity of that. Got it. So I guess one of the main questions that comes up then is what contributes to, improving estrogen metabolism and what contributes to decreasing the function of estrogen metabolism?

Well, I mean, the first thing, the first thing is stop, stop the extra load, right. And I would never recommend that if you don't do the panels right, because let's say birth control pills for a teenager might be a really, really good idea.

You know, so, so that's why I'm, I'm like, an adamant advocate of getting the genetic testing. So the first thing is to stop the extra estrogen exposure as best you can.

But without my opinion, is without without having the specific information. You could even have breast cancer and still have a functioning, functioning metabolism system.

So, I think the, you know, the, the, the most rigorous thing to do is to get the genetic testing, because a lot of these things will help people. Right.

But let's assume you've got your genetic testing. You do have an impairment. Typically and most, most women with estrogen receptor positive breast cancer are going to have these mutations.

The, the the first intervention, apart from stopping, stopping the extra estrogen is germ or indole three carbonyl or broccoli mixes. So it's really, really simple.

Essentially what we're talking about is cruciferous vegetables cabbage and broccoli and cauliflower. But you can't eat your way out of this, you know, if you've had a toxic load, if you've already sometime in the past or currently have a toxic load, whether or not you have breast cancer and you have some mutations or in, you know, disability in your metabolism, health, you can't just eat physically, eat like, you know, to take the equivalent of a one of these pills would be like eating an entire room full of broccoli.

So I would say that is that is the foremost, intervention is, is to get it's it's basically simplifying it. It's it's from the mustard family. All of those vegetables are part of the mustard family, essentially.

It's really simple. You're talking about dramatically increasing your mustard intake. Yeah. I mean, cruciferous vegetables is one of the most, well understood and scientifically, you know, researched, or, you know, vegetable group of vegetables that we have today in relationship to.

It's a direct effect on cancer and all kinds of, you know, metabolic functions and so forth in the body, vitamins and minerals and phytonutrients and anti-inflammatories and all these different things that contribute to the body's ability to, you know, detoxification and removal of heavy metals from the blood, all these kinds of things, right, that contribute to the, body's ability to, heal itself from cancer.

And so, yeah, I do want to just add something there, though, at least from my perspective. You said no, you couldn't get, you know, all that amount of, nutrients from broccoli in a day.

You'd have to eat, you know, gallons of broccoli a day. But what I would add to that. So while I do agree with that, what I would add to that is if you do go on a high or completely plant based diet and you are juicing cruciferous vegetables every day and you're eating huge salads and you're adding them to big soups and you're, you know, adding them as every part of your day, morning, noon and night.

The amount of nutrients and fiber and phytonutrients and phytochemicals and antioxidants and anti-inflammatories that accumulate, over a period of time.

If you look at all the epidemiological studies from tens of that, hundreds of thousands of people for decades around the world, it's very clear that the more you increase these plants, as well as the intake of plants in your diet, over time, your risk of cancer goes down exponentially.

So there is something to be said for that that, well, you might not be able to get, you know, 20 pounds of broccoli into your body a day. It's also not necessary because you can take the supplements, right, that you're talking about.

But at the same time, if you really put a strong focus on your diet, you can make a dramatic impact over time. And it's been shown again and again. You know, that's just my perspective, what I'm sharing.

I don't know if you necessarily agree with that, but, I did want to mention that. Well, I think, you know, what you're describing is optimal. And my experiences that, is that, you know, there's not many people who will over time, over time, you know, consistently conform with that with that regime.

Right. If you're looking at like the amounts at least like just stick with the U. S., you're talking about a quarter million people every, every year who wind up with this diagnosis.

And that doesn't count all the people who are still living.

Genetic Testing and Targeted Interventions

Right. So now there's like millions of us and, and I would say that there's a pretty small percentage of them who are following your, your regime, if you can follow that.

And there's a whole bunch of other things that you can add to it then, then that would be great. The other thing I would say, though, is that if if you have stage three cancer, in addition and doing all of that, you might want to add some of these other things like do all that and take the pill and the and the supplements or the pills you're recommending, like, you know, they're all gene specific because the other thing is that if you are a cancer survivor and you have these mutations, this is for life, right?

You know, I think especially like when you talk about, you know, juicing and and increasing your thing, there's very few people who are going to be able to maintain that for years and years and years.

Right. The discipline especially like, take your I don't think there's such a thing as a typical breast cancer survivor, but let's just take someone who was eating unhealthily, had a, you know, high stress lifestyle, etc., then goes through the what I would call the spiritual experience of facing death, your imminent death, which normally transforms people.

Not always though, right? And then you go through this emergency stage and then and then not just you, but the medical profession after several years is kind of done with you.

It's like, oh, well, you're lucky to be alive. And then all the attention kind of disappears. And with it I see a lot of the discipline. So I'm, I'm over generalizing.

Yeah. No, I mean, if you bring a good point, though, and it is I mean, there's there's ideal scenario out there, what are we willing to do individually?

I mean, I had to go through my own sickness and, and health challenges and, and, all of that early in life to come to, to the point where I am now, where I eat the way I do.

And I'm very, you know, conscious of our diet and eat the way. Basically, I was just explaining for the most part, I still take supplements and, you know, and green juices and, you know, we still there's things that I still do that, that I think contribute to.

It's like, what can you do as, as much as possible, as effective as possible, as often as possible that you will stick with to contribute to your health and healing and longevity.

Right? I mean, that's the key. It's like there's one thing to understand, like knowledge, is confidence. Knowledge. The more you learn, the more confident you can be in your decisions.

But knowledge isn't quite power yet, right? So we've got to take action. We've got to implement. So it's knowledge plus action. Knowledge plus implementation that gives you the real power to move forward in your life.

And of course, that never guarantees anybody it's going to live another 10 or 20 years or improve quality of life. It never guarantees anybody they are going to reverse cancer or stay in remission, but it certainly gives people more hope and more chance and possibility to do so.

Right. And I think that adding that piece of control, because essentially, you know, what you're doing is you are taking more control of your health and of your cancer and by extension, your cancer.

And so it's not just the gym or the end all three carbon, all the broccoli mixes, you know, the other things on that list are, Sammy, if required, heavy, heavy antioxidants.

And it could be real simple, like, if you go through every single gene on the panels, there's very specific recommendations. But I think they can all get boiled down to, you know, a gym pro, vitamin C and, stopping stopping the extra estrogen load.

Right. And trying to keep a low BMI. And, and and that's it. But that that's a hard regime, right? I know for myself, I struggle mightily with, with my weight.

And I think a lot of other breast cancer survivors do because of basically the forced menopause. And, and I think for most Americans, removing sugar is, is a real challenge, right.

So what I've done over the years as I've met more and more women and just trying to simplify this as much as I as much as I possibly can, but I, I also think that just the ideas, whether it's improving your estrogen metabolism or your detoxification function, whether it's for estrogen or, or the heavy metals or other things, because it is ultimately all going down the same pathway.

Gives people a feeling of, of control and like knowledge because as I said, most women don't know where they got it. You know, I don't know how much time we have, but what I, what I do want to just mention, is, is that there's some key clues for who ought to be paying more attention to this besides breast cancer survivors.

So the the, the the conditions that are stereotypically associated with estrogen metabolism, suboptimal function are polycystic ovarian, disease, fibroid tumors, endometriosis, severe acne that requires medication, and of course, any estrogen is running in the family breast, prostate, ovarian, or endometrial.

So and and I think those things running through the family can give anybody who might be listening to this a clue as to who needs to pay more attention.

And the big, big thing, that's real apparent is irregular bleeding for women. But anyone who has these things running through their family, you know, there's other clues.

So, like, for example, you can have absolutely no, no cancer in your background, but you might have a background littered with this stuff, which is basically what I found out.

So when I started doing my family history, instead of from a cancer history, my estrogen metabolism dysfunction history, it's literally everywhere. Like every single person, there's infertility and, you know, like so as you go back in fertility can be a euphemism for fibroid tumors because they didn't know what was going on.

They didn't have the imaging. They didn't. You know, if you're going back to your grandparents, you know, or even your older aunts, they don't they didn't have the imaging people were just given hysterectomy is without like full history, without full explanations.

So if you have a lot of that running in the family infertility, hysterectomy is under mattresses, fiber, tumors, etc., then you know that this this has got to be more of a concern for you.

And if you have irregular bleeding, that's like the big warning signal. So I was just going to ask, so the genetic testing that you're recommending, what is the test that, women should be taking if they're concerned or want to learn more?

And what are those markers, those genetic markers that, they should be watching out for? So, it's there, there is. It's either within the panels, it's either called the detoxification panel or it's called in an estrogen metabolism panel.

There's a few companies that do it Genesys, Genova Diagnostic, Nordic Labs, Toolbox Genomics, there's a few others and there's not many, but they're they are definitely out there.

And the gene it's it's a specific it's a specific place on these genes. So SciPy 1811B138 for CMT, STP one to I mean one 1T1 and sod, you know, they like for example, CMT is called the stress gene.

It's a certain place. It's a certain place. So these genes are going to relate to other detoxification functions. And and like for example you can't go to 23 and me and pull up your genes off of off of the 23 me panel.

Because every single one of these genes has like many, many, many places on it. So if you if you get a 23 me panel and you pull up the background or some of the other ones that are over-the-counter, it's not going to be testing for that particular detoxification pathway.

So I would caution people to to really do do the full, specifically focused detoxification panels. And then so when they order the genetic testing through any one of these labs that you, that you recommended, they can do that individually or they need to do it through their health practitioner.

Mostly it's through the health practitioner. Some of the companies will basically refer you to someone, and that's really the big obstacle. It's a really big obstacle, which is why which is why I try and put in like here the conditions, like if you have breast cancer and you know, any of those conditions in your entire family first, I'd be real surprised. But you, you know, you, you can kind of kind of gauge the, the urgency of going through the process of getting a doctor to order these tests right.

And do you guide women through this process as your website? I don't, I don't each genetic testing company. So I used to run an estrogen genetic testing company.

And so then, then we basically had suites of doctors that we could refer people to, and we would help enlist, you know, like, you could come as a patient.

We would send it to your doctor. But but I'm no longer running that company.

Diet, Gut Health, and Long-Term Recovery

So most of the genetic testing companies will help you find a doctor. And if you're seeing an integrative or functional medicine doctor or a nutritionist or chiropractor, any any of the, quote unquote, alternative medicine, professionals, they they can order one.

Yeah, they can pull your labs, but and they need, you know, they need to know how they need them. Might be 100, $200. It's, you know, we're talking for breast cancer survivors or people who have had, like, very significant exposure and, and their families littered with those conditions.

I think it's well worth the investment because because you're going to stay on this for a long time. So if you could, knowing what you now know today, if you could go back to, when you were diagnosed, I think you said 2009, right?

Yeah. Knowing what you know today, what would you have, if anything, what would you have done differently than surgery, chemotherapy, radiation? Would you have still done that or would you have done something differently before that?

No, I would not. I mean, I would this is this is an adjunct to traditional, traditional cancer treatment to decrease. So when I was diagnosed, it was like 30%.

And then, ankle type testing, I did it. I did it later. Then my, then my recurrence odds dropped to like 13% still really high, 13% dead and five, you know, I mean those are really high.

And now there's a lot there's a lot more genetic testing that will be done when someone's initially diagnosed. And I and I keep running back into those panels like finding out what they're about.

And fortunately for me, no one's no one's saying that my treatment should have been different. 1 or 2 lymph nodes later, your treatment can be different.

Like for older women. They're not even recommending chemotherapy. So. So you still would have done surgery, chemotherapy, radiation. Yeah. And would you have done anything differently before?

I would have done so much stuff differently before. Like what? Tell us some of those things. Because we may have

women tuning in who have not chosen, surgery, chemotherapy, radiation.

They're still deciding what treatment protocol they should follow. Not quite sure yet. Depending on, you know, what their prognosis is. And looking for more information and guidance.

And obviously it's different for every person. But you're talking you're talking about women who have already been diagnosed. Yeah, exactly. And so, you know, what would you have done differently before doing surgery, chemotherapy or radiation?

Oh, that. No, I mean, my you know, I was right at the cusp, of where a lot more information was about to be sent down the pipeline. So, for example, younger women, it's generally recommended in my, in my case that they have, that they have chemotherapy.

They're basically completely changing the protocols for post-menopausal women. So you don't have to have chemo. You don't necessarily have to have radiation, you have surgery, and you just go on one of these aromatase inhibitors for 1020 the rest of your life.

The, anyone who hasn't started all of that, I would urge them to make sure that their oncologist has has looked at all of these. They're relatively new, right?

They're relatively new only in the last few years. Mama print. Different different types of genetic tests that have nothing to do with what I was talking about before, which can really refine how much chemo, if any chemo, radiation, if it's necessary.

And then they could avoid everything, especially for, like, older women. And what I mean by that test is called mama print. Yeah, that that's one of them.

There's three big ones and the other names are not coming to mind, but one of them is called Mama Print. They're all they're all basically doing. And this information is just relatively new.

And and it's changing all of the protocols, particularly for women who, who are Perry or post-menopausal and that that's a huge game changer, right. To have surgery and just go on a pill.

It's just skip, skip chemo and radiation. That's a big game changer. It's not really changing the story for pre-menopausal women, but fortunately that's still although it's unfortunate a growing number of women, it's still it's still the, the, the much smaller minority of women who are diagnosed.

So would you have done any other, personal protocols, nutritionally wise, before doing any of the conventional treatments to maybe support your, treatment outcome?

You know, I mean, I think 11 years in oncology is like nothing, and it's a really long time. So what I've seen is that the American Cancer Society and like regular traditional medicine, is getting more in tune.

They don't eat sugar because at some point it's like, why are you even why are you even taking tamoxifen if you're drinking five Cokes a day, right? Like you're you're negating you're negating the efficacy.

If I could do I think that it was a while before I got serious help with my gut, I had, you know, I had I. V. antibiotics every single day for, like, an entire summer.

I did antibiotics. Wow. And and it completely destroyed my gut health, which then completely destroyed my ability to absorb even the poisons they were giving me.

No. And it's true. I mean, destroyed your immune system function, and and I don't talk about it within the constraints of what I'm talking about here.

But I think I think paying attention to your gut health while you're going through all of this is is vital. And it was many years later before I, I was with a physician who basically did a bunch of panels and improved my, my, my gut health so that I could absorb the tamoxifen and absorb all the supplements that I was taking.

Because, you know, I had like an extreme case of leaky gut. So we have a great, great interview with doctor Tom O'Brien and a couple of others during this, summit.

I encourage everyone to go listen to specifically about gut health and what you can do, because it is so critical to, you know, the overall health and healing of our entire body.

Yeah. I mean, if if you're going to I would, I would for most patients recommend traditional therapy. Plus this 30% 12% not acceptable. That's not an acceptable risk to be hanging over your head.

Right. Gee, you're going to be dead in 12 and you have a 12% chance of being dead in five years, not a 30%. Well, I'm like, oh, well, I'm real grateful for that.

12% is not great, right. So I would like strongly encourage everybody to be doing everything they possibly can. I think in, in general, you know, the real problem and what I really commend you for is that, that, you know, there's like a crisis period when you're diagnosed, you know, you, you, you whether the crisis you get through it, you become stable.

Most people are not going to get as sick as me. And, and then and then there's a tendency even in the traditional medical field, I'm just like, okay, you're done now, and you're never done, right?

You're never done. You know, cancer gone doesn't exist. You're either in remission or you're not. Right? I mean, we're producing cancer cells every single day in our bodies.

Yeah. You know, it's it's a matter of does our body, is our body functioning well enough to remove those cancer cells as a natural process that it's designed to do?

Or is the cancer proliferating and basically outnumbering our body's ability to to remove it? Right. So it's you're right. I mean, you're never done. Doesn't mean you have to live in fear every day just means we have to do everything every day to take care of ourselves and take care of our health.

And when we do, we feel better anyway by doing it. So we want to do it more often. I know it's true. For my case, it's like when I eat well, I feel good, I have more energy, I sleep better, so I want to keep doing that.

If I eat bad, you know, like I, I didn't eat fast food for like probably two years and then 15 years ago I went and had a fast food hamburger from some fast food joint that made me sick.

And that was the last time I ever had fast food again. I was like, okay, I don't need that in my body, right? So it's paying attention and just doing everything we can, as you said.

Yeah. I mean, you have to maintain the discipline and discipline. I don't I mean, I struggle with it constantly. I don't struggle with a lot of things because I wasn't that bad of an eater before.

But still, I've always I've always fought the sugar. And now, even without the sugar, I'm fighting my weight. You know, you know, I basically went into menopause at 43, and, and that has that has serious consequences.

And I think that's a pretty that's a pretty typical story for women in my position. But but again, just to briefly answer your question, if I could do one thing, one thing before all this is, I would I would really improve my gut health, not only not only to strengthen my immune system, but to strengthen my absorption of all of this, including the poison.

If you have to have chemo, let it work. And it's it's not going to work as well is if your gut is destroyed. Yeah. It's such a good point. I mean, you know, taking care of the gut health is so critical for so many functions.

So as we kind of wrap up here, maybe you could give us a quick, like consolidation of what you shared in terms of the, the things that contribute the most to, you know, excess estrogen production.

So again, just if you could repeat those quickly so we know what to avoid as much as possible. Right. And then some of the, the keys and tools and things that you've used to, you know, just help your body to, to function at a higher level, and to keep estrogen levels more, in balance.

Prevention, Hope, and Final Advice

So, you know, the critical things, estrogen exposure, which, you know, may be good for you. I mean, the bad things are the exposure and the exposures to the xeno estrogens.

Those are bad for everybody, whether in their in cosmetics or food or pesticides on your lawn. I had an ecologist right in the beginning who asked me what I was using on my lawn, which I hadn't thought of even doing all this work, and he went hysterical when he found out the product name.

And, you know, so it might kill you, but, you know, you can't put any of that on your lawns. It can't be seeping into your into your water system. You know, the the plastics, even water bottles, the sunscreens, the water itself, irrespective of the bottles.

You're doing barbecue every single day, for example, on, on charcoals. Then you have the things that you, you that may or may not be good for you, which is, you know, birth control pills, infertility medications and hormone replacement, whether it's pharmaceutical or natural.

Those are what what do you mean may or may not be good for you with those? Well, you know, if you don't have a problem with this or if you only have one mutation and you don't have all of this other stuff going on, then you know hormone replacement is going to be good for most people.

Birth control pills are going to be good for most people. They're going to, you know, being pregnant when you're 16 is not optimal. Like, you know, having a baby when it's not a good time, maybe more destructive than anything else.

So, so, so so you're talking more about weighing the balance of the good versus the negative impact. You're not saying birth control pills are good for your body, right?

You're saying that they they could be good for your life at that time because you're not, you know, having a child 15 or 16 years old, but they still are going to have a negative impact on biologic on your body.

Well, you know, well, what I'm saying is that is that if you can do it get the genetic testing. Because then you can make you know you're talking about like your lifelong fertility and because, and this is a whole many our topic.

But you know the fertility curve has essentially moved down. Right. So girls are starting menses when they're much younger. And and so then therefore they can have they can the their ovarian function is ending earlier.

Basically it's moved down by like 2 to 3 years. And so so for example, you know an 11 year old in severe pain at 11, right, is is trying to go to like not even middle school but grammar school, right?

Then her mom's making all these decisions and this is happening like more frequently and more frequently. And and not just here all over the world. These people, they need to have a genetic test to figure out how much damaging are you doing?

I mean, in and of itself, you don't want an 11 year old on anything like this, right? But you have to weigh the pros and cons. If that genetic test comes back and says your estrogen detoxification is severely impaired, then it's too bad.

You're going to have to figure out how that 11 year old gets through. You know, the rest of middle school and high school with this condition right? So, so so that's why I've become such a staunch advocate of getting the genetic test.

Because because if you don't have cancer and maybe you don't even have these conditions in your family, like endometriosis and fiber tumors or, you know, irregular bleeding, but you have, you know, just what's happened to us.

And it's again, because is that a estrogens? That's a whole nother topic. But, you know, it would allow you to plan your fertility life. It also, you know, allows women to figure out whether they not should be doing egg harvesting.

It allows them to figure out whether or not they're going to be like, so maybe you're 25 and you know that you have every single one of these mutations.

You're not a candidate for fertility treatments. So then does that what does that mean to you? Does that mean you're going to blow off having children?

Are you going to risk it? Are you going to harvest your eggs? Are you going to, talk to your doctor about it? Are you going to take 20 damn probes a day?

You know, what are you going to do? So I I'm that's why I'm such a, a heavy advocate. Because these are fertility decisions. And, you know, I'm talking about what happens when you're younger, but again, for for menopause or women, HRT can be a really good thing.

I wouldn't recommend, the pharma ones, but, you know, there's a whole bunch of other ones that could be life changing and even protective. But not for women who have estrogen metabolism, metabolism dysfunction.

So that's why that's that's why I push the genetic test, which is hard to get, right? I mean, it requires work. You got to get a doctor involved, or you have to have a good relationship with your existing doctor and go to them and say, can you please order this for me?

So as we as we finalize here, what what words of hope or wisdom or encouragement, would you, leave our our viewers with women with breast cancer really trying to figure out what to do and you know, how to get to the next level of their own healing.

Or women who are just wanting to prevent, breast cancer. What what are maybe some final words of encouragement you might share with everyone tuning in?

I would urge them to watch, a lot of the professionals that you brought into your program, and I think that at least for me, because I was fortunate enough to have the time and the money to invest in functional medicine doctors, it can get really, really overwhelming, really overwhelming, really quick, insanely expensive, and just overwhelming.

Right. And what I would say is force yourself to do the research until you find a doctor you trust. Like, because it can be really hard. You have cancer, you're exhausted.

You're done. You don't want to deal with it anymore. I would I would find a medical profession who you think you can work with, who's rigorous, and then choose which of these interventions, whether it's estrogen metabolism or focusing on leaky gut.

But, you know, find someone who's methodical because a lot of these professionals will just throw everything in the kitchen sink at you. And then and then what I've seen is a lot of people just throw up their hands and say, that's it. I'm not doing it.

So I would I that's what I would say. Find someone you trust and try and stick with the program and do as much as you can do and don't fault yourself if you fall down.

Beautiful. Well thank you TJ. Thank you for being willing to share your story and your journey with all of us here. I mean, you're a great example of somebody who's really you know, followed an integrative approach, right, who's done conventional treatment and who's implemented, you know, natural therapies and, nutritional intervention and so forth.

So I think your, you know, your story, your own experience is such a great experience to share with so many people here, because what we're really about here is giving people all of the information, right?

People who've who've reversed cancer using purely a natural, holistic, path, others who've used, you know, conventional with, like yourself with some nutritional therapeutics and so forth and, and everybody in between and sharing what's working in all fields of medicine so that everyone tuning in can have, a deeper understanding of all of their options.

Right. And that's the key, because when you really know, when you understand this more, you understand cancer, more you understand its causes, more you understand it solutions more, and you understand what you actually have access to.

Especially through an integrative approach, you can be so much more empowered to really take back control of your health and, and make better decisions for your health.

So thank you, TJ, for being here and for sharing, you know, all this great information. And, just appreciate it. Yeah. Thank you for all of your work.

You, you are, beacon, a beacon of hope. Really? Seriously. Thank you very much. I even in preparing to meet you, I learned so much. And I have the list right here.

Of all the doctors I'm going to go watch, so I really thank you for all of the work you're doing. Awesome. Thank you so much for that. And it's truly my pleasure.

And I want to thank everyone for tuning in to the Conquering Cancer Summit. Please share this with friends and family. Together, we truly can make a difference for the future of humanity in ending the cancer pandemic.

Thank you and I wish you ultimate health and happiness. Be well.