Transform Cancer Outcomes With Immunotherapy And Innate Healing Transcript

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Introduction to Patient-Led Oncology

Hello, everybody. Welcome back. I'm incredibly excited for our next guest. Mark Sean Taylor Holy cow. This man. someone who's been on his own journey, which he'll tell you a little bit about.

I'm sure that has brought so much knowledge to the oncology space, to the patients creating an avenue for patient advocacy, for patient awareness. Unbelievable.

what what what what he's done in the world. So I'm very much looking forward to diving in. We're going to really focus on this very thing that you see up here.

Patient led oncology. This really is the wave of the future. And Mark, thank you so much for being here. I can't wait to unpack this with you. Thank you Nasha It's a pleasure. Looking forward to it. Lovely.

Well gosh. How how did this get started? Tell us, tell us what? Let you know. You didn't wake up one morning. I think this seems like a really good place, right?

How did this. How did this process get started? yeah. So, I mean, the patient, the the name is, is more in the story as well. So, yeah, I had I had my own health crisis.

it was about six, six, seven years ago now. So I went through a period of, intense stress. I kind of did everything that I now know. I would put myself in a cancer in process, and, I was working every hour.

God send flying between Hong Kong and Istanbul. not looking after myself with, you know, bad habits of drinking and, had some family stress as well, and it all culminated with a burnout.

And so I ended up in hospital. And then I had, the normal at this point, it's the normal cancer build up where you, you know, you go for scans and there's something there, and they go for an endoscopies ultrasound. It was inconclusive.

Mark's Diagnosis and the Birth of the Facebook Group

and yeah, I'd gone through a process of multiple checks like everyone does. My, my tumor markers were elevated. but, when they did an endoscopic ultrasound and took a biopsy from my pancreas, that there was atypical, which is, puts you in the kind of middle state of, like, an a, I wasn't convinced.

And that's when I got approached by, a colleague, that I was working with who, suggested I looked at integrative medicine and some. So I still, I did a CT test and it came up positive.

and then I was in this middle ground, which I think a lot of patients are going to end up, in going forward. Now that we know about these tests, where, you know, there's a, you know, some some people say a few years, the ten year lead up from a single cell to a tumor being visible on a scan.

But now with advanced testing, you can detect it early. So. So in some ways, I was lucky I detected it early, but the oncologist wouldn't treat me. So, because it wasn't, it wasn't, confirmed on a biopsy.

It wasn't on a scan. so I had to go my own way, basically. so, but, at the time, I was not a believer in integrative medicine. I was actually very much in the conventional world, and, but I had no choice.

I, I so, so I, I ventured down, the, the murky path, of trying to work out what what what worked in integrative medicine. and I've done that's basically the concept of, of what we set up as an organization to, to help myself and help others try and piece together what works and intuitive medicine and what doesn't.

I love it, I love it, and so let the listeners know, when did you start this Facebook forum and what did you expect to come of it when it first was birthed, and how long ago?

And how many people now and how many countries are sharing this story with you? Yeah. so it was about five years ago now. And, and I, I read Jane McClellan's book that was kind of a starter.

And I think it was the, you know, it started this online online movement that's kind of growing by the day. and, yeah, I said, I read the book, and I wasn't a full believer at that stage.

And in a lot of this intricate stuff, and I wanted to know for sure whether it worked or not. And I could see in the groups people were trying to piece together whether it worked.

So I formed the Facebook group with the objective to capture data from patients. and yeah, we got 5200 patients now and caregivers, and yeah, I mean, from all over the world, but primarily English speaking.

So, you know, you could look at the English speaking population and it's, you know, America, England, Australia. and then it goes down to smaller places.

And for anybody who's not been on this Facebook group, it is it is an education of itself. You can go down so many rabbit holes. There's so much really well referenced materials or so many really engaging conversations.

There's some really good bitter bickering as well. But it's that's in any of the groups. Right. But it's it's a very, it's a, it's a place of for curiosity to brew and for people to share their own experiences.

And somebody like you Mark you then follow that. You're like, what, what, what could be like, is this working? Is it really like, what is the mechanism?

You started getting really curious of understanding why or why not. Some of these therapies or combinations of these therapies may be efficacious or not.

And so how about like letting us know, like what have you learned in these five years with this? What what types of things have you learned from patients in this process?

Yeah, I mean, the first patient was me. So, yeah. So I thought first I had no where to go and I had to guide myself. And I, I just literally reached out to, almost, 20 or so integrative doctors, in a panic, to be honest, my markers were rising without treatment so I could see I wasn't on top of things.

And then I would I would see a doctor. I mean, the doctors aren't cheap as well, so you get a one doctor in one location. And also I'm typically flying to places to get treatment.

because a lot of these centers are kind of, Yeah. And in remote places, emerging markets. So, so yeah, I experimented on myself and I, and I, and I went to, Dr. Lodi, I went to Aaron Colony, I went to Professor Drabs.

Dr. Kennedy, I saw, you know, a handful. So. And along that journey, I, I realized that no doctor was following the same protocols, and, and suddenly you into this world, and you realize that everyone knew different things.

and that's that sparked my I a bit. And the treatments were working, so I was I was obviously coming from a very low place because, you know, I knew the process of the counseling, situation and it was kind of short lived.

And the CTCs were very low in my test. so, I was seeing the treatments working against me, but it was costing a lot of money, as these treatments do. so that that was that was me.

And I was working, piecing together what was working for myself. And then. And then I ran, a controlled study of 100 pancreatic cancer patients, primarily stage four, and literally took every bit of detail of what they were doing from the group.

They volunteered themselves. And then I just look for patterns. So I took a at the time, I was like, you know, when you don't know about cancer, you don't know what to look for.

So I was looking for, you know, what time of day was I taking the curcumin supplements? And, every single dosing and what lifestyle activity that I did.

And then I ran that study for a while. It's still going on.

Lessons from Patient Data and Multi-Modal Care

There's still a few patients left in it, and, and then I look for trends. And, after about 2 to 3 years, a lot of strong trends started come coming through.

I mean, unfortunately, with time can it's a disease that typically, which stage for, you know, the prognosis is, you know, 7 to 11 months on average. so I could quite quickly get that tail data and have, like, who was kind of out living.

And then and then there were, some surprising trends I wasn't looking for, which I think, you know, as one thing patients do when they start this journey, they're looking for that magical drug. Right?

I know is is is the key man or is it that's the losartan or the appropriate, hyperbaric oxygen? And, yeah. And that wasn't the case. So I could see it was those doing, one of the big correlations for those doing well or those doing a lot of things, I call it the 30 plus category.

So the patients that were doing literally 30 items on my spreadsheet from doing daily exercises or meditating through to a single curcumin supplements to an off label drug, or, you know, more advanced things like cancer vaccines or combination checkpoint.

So, so we could capture a whole gamut. So yeah. And that surprised me. So it struck me that, yeah, it's and then when I started studying the cell biology, it all started making sense to me because as resistance comes, you have more pathways you need to block.

And you just giving yourself more and more and, longevity on the chemo, which is, pancreatic cancer backbone. I think that's really a good point to reiterate here, is that you've noticed that those who didn't many things, not just in the medications or supplements, but lifestyle modifications as well, had better outcomes.

And I think that's just you're speaking to that very clearly here, that there are multiple pathways and multiple targets happening simultaneously. We've really learned in the in the literature, in the and in the lab and in the office, you know, in the clinician environment that cancer is a very heterogeneous process.

It's it's you could have one tumor that has like multiple personalities within that tumor. And so and once you put a little pressure on that, it can certainly make a new personality or two.

And it can shed new information into circulation. That's even a different personality. And so you have to be a little bit, adaptive, I suppose, to that, to put it mildly.

Yeah. That seems like a big for you to realize it. Definitely. There's no one thing, there's no one target and one treatment, I think. I think that's one of things I love about your group the most, is that no one or and I think everyone still looks for that.

I think everyone's still looking for the single, you know, the Silver Bullet. But I think you go show again and again

and again and I see you caution people in the group who are looking myopically at a single treatment, single target.

You are really good at reminding them to back up and take this bigger, you know, broader approach and so on that note, what are the biggest mistakes you think patients are making today?

Both in both standard of care or integrative care or both, you know. Yeah. I mean, I mean, there were some other findings from the group. So, so I think, you know, if you're entering this integrative world, I think, you know, it's very confusing for the patient, you know, and I would say that confused patient and particularly if you're stage four panic and you don't have time to really piece this together and you're not going to, you know, you've been doing it, like 20 odd years and you're still learning, I'm sure, weekly.

And, as I'm, I, you know, it's it's just information always coming in. so, I think there's one problem that some patients have, and particularly if it's a caregiver running the vertical of just nervousness, you know, doing anything, stepping, you know, in this fearful world of, like, you know, and they're seeing the standard oncologist who's saying, no, stick to this backbone.

And then they're just fearful of doing anything. You know, that's, and, and. Yeah, and then you can get people into literally trying to research and understand everything along their journey. And it's too late, you know?

So you got. The spectrum of the paralysis by analysis doing nothing. And then you got the spectrum of I'm throwing way too much at it. And like just spinning wheels here and not being intentional about the approach.

So either end of that spectrum seems problematic. Yeah. Yeah. No I agree. Yeah I mean yeah you get and that's, that's very difficult to navigate. in the book I'm Gabriela writing, we're trying to do a section on managing the chaos at the start because there are certain, you know, when you do that, when you do the analysis or which supplements or off labels, you know, work across, you know, multiple backbones that, I mean, I backbone, I mean, a targeted therapy, a chemo, radiation.

I mean, if therapy, there are certain things that, you know, you can't go wrong with, like melatonin, for example, or Cat came in, for example, you know, and I think I think that needs to be kind of like getting everyone together and in that chaotic period, you know, consider these things. I love it.

like, like you're helping layer the level of playing field a little bit of like, here's some things that are probably good starting points. And then you can get nuance to your own individual path.

One word that you said in your description of, of, of, of this sort of chaos here was this concept of fear. Yeah. Can you speak to the role of fear in a cancer diagnosis or cancer prognosis?

Oh, wow. Yeah, it's a tough emotion. Me talking about it. Yeah. I think everyone knows that, and it's, it's a good sign because, you know, from from the work I've done on the, on the more softer side of things.

you know, I'm realizing if I'm holding emotion, I haven't processed it fully, you know, and, and, you know, I think everyone knows that fear at the start.

You know, it's, it's when your world is going in one direction and then suddenly everything's spun out of place, and, and people are spinning wheels at the start, and, you know, I think with that fear, you also lose the ability to think straight and, and then you have a limited capacity to add on additional fear on top of it.

so, you know, and when you went to, you know, when you're starting to think about which off label drugs to take and which supplements to take, or whether to go to a clinic and spend money, all these things, and very difficult.

And what's a very, very difficult situation, you know, and it's, it's paralyzing and it's very difficult to solve for a lot of people, and particularly if you don't have, you know, a long prognosis to, to deal with, and, you know, the tools that exist in, in mainstream psychology, I would say, on that. Great.

Fear, Psychedelics, and Emotional Healing

unfortunately, and for me, it was a psychedelic experience that, I had a very strange situation leading up to my diagnosis because I, I went to a conference in NYU, coincidentally, like, literally six months before my diagnosis where the head of psychology, NYU, was talking about the psilocybin study with cancellations, and it was the first thing I went to, to, to deal with my own situation.

And then literally, within, you know, within one day of doing the high dose experience, we did a test, the dose and then a high dose, I was I was at a higher level of anxiety, lower than even really getting sick.

Wow. And and you hear it time after time, you know, the power. And I think that's going to be one of the transformative things, in cancer care. I think, and the ability to really like reset in the nervous system because most people are not even aware of it, but they're in a state of fight or flight for a long period leading up to that diagnosis.

Yeah, well, it's who I am. First of all, I'm so grateful that you were vulnerable about sharing that, because I find that fear is often the biggest barrier we have to meet with.

Helping somebody achieve maintenance or full remission. Like, it's just it's really, unfortunately kind of a game like a game changer in a not so favorable way unless you can remove that and I also want to speak to you, I did not know that part of your story.

And I'm not very public with this part of my story, but I too had an accidental mega dose of, psilocybin after my terminal diagnosis, and it was more in my effort phase, like I'm dying anyway, so I might as well just do this. And, I had a long story behind that.

But basically ingested over ten grams by myself, you know, around and, my life has forever been changed. So let's I think you could probably tell that, you know, here I am, three years later, from terminal two to.

Oh is where I can know it in that moment. And but I think the biggest thing, it wasn't that the psilocybin changed my chemistry to make me fight cancer better.

It changed my psychology to make me be calm and present in whatever was to come. And that is that was really huge for me because I was a very anxious person.

Still have my moments. But, that was really powerful. So I really appreciate that you brought that conversation into the to the room here. I'm not I'm not certain if we, interviewed anybody in the psychedelic medicines, I'd like to bring that conversation into future summits, because there is definitely utility of how integral this is.

And I've even had patients go through that. through some of these studies, in these clinical trials that were all had to be hospice. But, you know, they had it all me six months or less to live to get in. And, all but one of those of the 12 patients I had who went through these studies over 12 years ago, all but one of those are still here.

So, yeah. So you get kind of humbled on where you see that there are utility. And and all of them would say it changed their way of seeing life and death, and it allowed them to be more present in the process and market.

Doesn't sound like your experience was too far off from that. No, no. Yeah, I know, it's, And we with the clinic I work with in Valencia now, we work with a therapist who is, you know, offers therapy to the patients there.

And, yeah, you know, you notice the difference in patients, you guys. So. And I think, you know, the I think the there was two studies, one at Johns Hopkins went to NYU and, you know, an 80% response rate in in reduction of anxiety and depression, you know, like clinical you know it's a it's a it's amazing.

There's nothing like it. So I think that when that you know, it's it's it's I think it's in phase two right now and it still needs to go for a phase three.

you know, I think once that gets into, into mainstream medicine, I think there'll be a, you know, a very big impact on cancer patients. I mean, probably on outcomes.

You know, if you look, if you if you go back through the chain of, like reducing stress in the system and, you know, mechanism and system support the clearing severe cancer versus fear helping promote it.

so but at least the experience and. Beautiful absolutely beautiful I love that. And you know, one of the things that you have, because of all your years now doing this for yourself, started out with your what my patients like to call your save your ass university is where you started with this, and now you've developed a university environment for many, many others on this journey.

But I imagine that you have stumbled across a few tools that really excite you on the horizon, both personally and for the masses. Could you speak to a few things that are really lighting you up and giving you hope that there might be some better choices in the future?

I mean, I think split into two, I think, and I because, I've done two journeys, you know, since, since then. So I've done the research and there was a, the research through my study, and then there was a, a very clear subcategory of patients who went to experimental clinics who did very well.

and that sparked the second study of, of, of basically just following patients going to these experimental clinics. So and through that, I managed to work out by accident a way of spying on doctors.

Right. So through the patients in my group, they come to me, they share what they're doing. I'll literally get a breakdown of costs from my clinic. The results, the drugs that I use.

And then, myself and my researcher, Gabrielle Gabelli, we will start researching the drugs that doctors are using to kind of piecemeal the thinking behind the doctors. So.

So there's that side of things in the, complex oncology space. I would say it, you know, I think that the game changes that will be there in immunotherapy.

And, I can talk a lot about that, you know, later, later on when we talk about, the book I'm writing, and I think that that the main thing that's missing in there right now is, is, is, training the immune system to see the cancer.

You know, we can see from the conventional world, you know, the cancers that respond, lung cancer for people who smoke a lot. And we've got a huge amount of mutations, melanoma for, people who've been out in the sun and got a huge amount of mutations.

Lynch syndrome, people have got a huge amount of mutations. It's very clear, you know, which which cancers are responding to immunotherapy. Those the whether the immune system can see the cancer, you know, and with the vaccines that are starting to be done through trials, I think that will be the big shift from what currently today is a chemo heavy, targeted, therapy heavy, standard of care into, you know, amino acid immunology, immunology based treatment.

And I think that will be the game changer in the ecology world. And so, yeah. And then, you know, and increasingly now these, these medicines are available or treatments in the private sector.

so that's a growing field that unfortunately still fairly expensive. I think. Exactly. And just curious because, you know, I've, I've watched the sort of evolution of the immune checkpoint inhibitors in particular come onto the market.

And I've watched, like you said, who who does well, who doesn't do well. you know, I in 2018, MD Anderson put out kind of this prognostic score, which helped evaluate who might be good candidates and who not.

And it's ironic that they don't really apply that same diagnostic scoring to their patients. They just kind of threw

everybody on the same thing. Like because you do find so for instance, everyone's been I even saw it on your Facebook page this week.

everyone talking about Doctor Lewis. Yes. Study with the 12 or 18 patients he had with Lynch syndrome. And so everyone's like thinking it's the Eisai that did it, the checkpoint inhibitor that was the magic.

And what people don't understand is that if you actually go through the MD Anderson prognostic. So if you're over the age of 52, you have a higher incidence of not responding or having a bad response.

If you have a poor ECOG score, meaning daily functions are not at their best, you already have a bad reaction. If you have an elevated lactate dehydrogenase, that's a that's a nick against you.

If you've got an elevated neutrophil against you, a low lymphocyte against you, liver involvement of any kind, that's against you. And so basically out of these seven items, if you've got more than three yeses on that scoring, you are a poor candidate for these, you know, medications, you can backfire pretty bad.

I can put people either in no response or a hyper response into autoimmunity. And so we can actually know in the integrative world how to assess those folks and get them ready, like prime the field to be a better responder.

Immunotherapy, Clinic Strategies, and Accessibility

We've also learned so much, you know, in this, in this world, about how we can really heal up the microbiome. So it can also be a good responder. We've also learned maybe less is more with regards to these therapies that maybe I mean, we also want to wait.

We also want to apply these therapies well before the immune system is totally destroyed. So they're not meant to be a last resort. They should be a first resort in these things.

And we're Doctor Lewis jazz paper was so amazing is his patients. Basically they were all less than three on that. And Dr. Anderson score. They were all under 50.

They were all Lynch syndrome. So they all had one particular mutation. They were all treatment naive, which likely means that they had good liver function, good LDH function, good neutrophil to lymphocyte ratio function good.

I missed the platelets. Still a decent platelets like they were probably still function along pretty well right. And so that is when we apply these therapies at the right time at the right dose the right duration or the right combination in the right population, magic happens.

But our system of medicine is not set that way. So could you speak to how we could be doing better and what you're seeing being done better in some of these private sectors that you have had the, the privilege of, of exploring?

Yeah. I mean, depending on the clinic, there's some that do well and some that not so well. you know, when you really study, the biology of what's required to get the immune system going against the cancer, and there's a, there's a series of steps that you need to go through to, to ensure that you are going to get a response.

And, you know, I think that the, the most important part is the immune system needs to see the cancer. All right. So, so, you know, and that's what, these cancer clinics can, can give you either be it, you know, neoantigen vaccine, single antigen vaccines, dendritic cells can help engineered T cells immunogenic cell death.

And due to the doses. So a lot of the low dose metronomic chemo clinics will, will use chemo to bring on an immune response. so there's a lot of tools they can in that space.

But one of the big problems that's happening in the patient space is they don't consider these treatments from these private clinics until right at the end of their journey.

And by that stage, a number of things have happened. So their immune system is, you know, we see, like at the end of a high dose chemo journey, almost everyone's white blood cells are tanked.

they've got systemic inflammation everywhere. you know, talked about like prognosis. They LDH is high, but not nothing's off in their favor. And also what we've researched, quite heavily is, how the checkpoint start activating.

so beyond, you know, there's this broadly three and standard of care the PD, PDX, ligands and receptors, you've got the Ctla four and the like three. There's a number that are not inside of the care yet as well. And and what's happening with high dose chemo, what seems to be happening is more, the checkpoints up regulated as a response to stress.

So, so, so also you get to a situation where even with the checkpoints in the market, even if you've done a vaccine, it won't respond because you can't get access to the checkpoints.

Wow. Yeah. Huge. Yeah. So so yeah the big the big you know, the big mistake people are making that we see from people going to these clinics is, you know, leaving everything to the end.

If you are going to spend that money, go early or not at all. And like, because, you know, I, we saw that in our study. If you go very early on with panc one, you know, the majority that we saw going to these, the good clinics were doing really well.

And I thought like five years, a seven year survivor out there, I went to see Cliff. still still going. yeah. And but yeah. And then a lot of people though, you know, just the natural behaviors they don't find about this world until very late, and then they deliberate spending the money, they start questioning, is this trustworthy?

All these, you know, these, yeah. Are these real treatments, and then they go right at the end and then they end up wasting a lot of money. Yeah. And, you know, let's speak to that a moment about just the accessibility of these types of therapies.

Because really, at this point in time and this is part of what my mission vision is on this planet, is to make this type of approach available to all, despite your bank account.

right now, your speaking to that, it takes an enormous amount of resources to basically save your life. And in, in many of these situations and I it's I think it's just a harsh reality.

Can you speak to that and maybe what solutions you might see on the horizon, if any? the costs are coming down. Even since I was on this diagnosis, I was paying 500 pounds or six, six, $700 for vitamin C infusions when, when I, when I started this journey, you know, it was quite shocking.

But, you know, those costs have come down by, you know, at least 50% in a lot of places. so I think that's happening, I mean, there's that GoFundMe maze that, that people are doing.

And then I think there's, there's, you know, those that are can get the right knowledge, can play the game a little bit, in that if you if you can get enough testing done early and enough knowledge early, you can use the clinical trial system, in particular in the US to try and access various treatments. And we see people doing that.

They know that the vaccine is going to be expensive. So they've got a filter on the clinical trials to look for any vaccine trials and going to and bringing in the expensive things, to support, you know, what what, you know, is an incredibly expensive journey.

So I think, I think there's, you know, I think that's that's a it's not really talked about in the groups, but I think as a, as a strategy, it's an intelligent one for those that can't afford things.

Amazing, amazing. And so, you know, one of your biggest gifts is being, like you said, you've been on this journey yourself. You've done a ton of vetting of these therapies.

You've collected meaningful data. and metrics to help people. Maybe narrow in the options. I mean, I think back in 1991, when I was diagnosed, there was no Doctor Google.

There was there was nothing. I mean, my only choice at that time was basically person therapy, because that's all I could find. And so like way back in the day. Right.

And so it's just so ironic. Like I feel in some ways I it was easier for me because I was not overwhelmed with all of the options and all of the well-meaning, sometimes misguided advice and opportunities.

And so what I'm very excited about is her. So this group that you had the patient led oncology Facebook group, but it also you have a book coming out.

Can you tell us about that? I mean, I am like chomping at the bit for this bad boy. So tell us about it. So yeah, we're calling it, rather quickly, the end game.

myself and so I mean, along along my journey, just through being, which is turning out to peer into all the experimental doctors in the world or the vast majority and see what they're learning.

You know, everyone's going off and doing some really good research and pulling it all together. And then, my partner Gabriele Cabezas is a, you know, an avid, like, literally addicted to research.

And he's looking at about we've, we've we've cataloged, 3000 actionable clinical papers. Yes. so and then we started seeing a picture and we started saying, okay, well, are we seeing, you know, I think we can kind of come to the conclusion that the, the end game is recording this book is going to be immunotherapy.

You know, I think, you know, we know that the smallest, smallest amount of cancer in the body, the immune system can take care of it. You know, if you've looked after the body, you know, and I think as we now pull in these paper things that, you know, the additional checkpoints that we need, these are things dealing with immunosuppressant proteins in the blood, vaccines.

a picture starts forming of, you know, what a final solution for oncology would look like. And, so, so you got this immuno, immunology, you know, prerequisites to make the immune system work.

And then, you know, the big issue also is, synergistic treatments. So high dose chemo, unfortunately, you know, just makes things worse. You you're, you're winding down a wheel that's going to eventually fail.

but you go into low dose, metronomic, and then you can make it immunogenic as some of these other clinics do. And then with some of the monoclonal antibodies, they end up they act effectively as an immunotherapy by themselves.

so so you can almost create like an immunotherapy construct and then you can put in the middle of it, cool treatments like metronomic chemotherapy, which support it.

And, and we'll kind of, help the response, you know, while you're getting like the immune system trained on your cancer and, and dealing with the checkpoints.

So, I mean, what I'll do is I can show, you know, what we came up with in terms of our, it's still in draft, and, we have, we have an amazing graphic designer.

Jesse, you know, I'll help pull this together. So. So this is, you can grab it on and eyes, you know, viewpoint currently of what we think is needed, to build the perfect, treatment plan, you know, of the future.

And what's some beautiful thought this is there's things that are very accessible and things that are less accessible, but there's also many ways that you can really assess whether this person like you can test for TGF beta, you can test for IL six, you can test for you know, a lot of these things even in in basic labs, we can even get a lot of these

tests done now in blood and tissue biopsies.

so you can really get a focus. You can actually in the US, we have a company CI Rex. labs does, lymphocyte mapping so we can actually look and see if someone's, you know, in their T 22 dominance, we can really look at their cytokines, we can look at their inner loop, you know, all of those pieces to know all of these places, we don't even have to guess.

Because when you see this, I'm imagining some patients eyes cross. I get really excited because what I see is the opportunity to kind of plug and play and mix and match based on the individual oil.

And so like, this is what's so beautiful. Let's say the patient has a has a PD one target and they're tissue testing. But they come back and they've got a five out of seven on that M. D.

Anderson prognostic score. And they have a low TMP and a low MSI which are markers to show their response. And then maybe a few other genetics that show maybe they're not going to be a good responder to these drugs.

So just because it said, hey, you got a target for this, you still have to work on the microenvironment around the tumor and, and this systemic environment to make sure this treatment can be received and utilized well.

And so I think that's where standard of care is failing, is that they're not taking advantage of all this information and translating and putting together in a unique way.

So it looks to me like you guys have that system thinking brain. Well, well. Yeah. I mean, yeah, I got we got a mathematics background covered anyway.

So we took we took it like a mathematical problem. We said like, you know what's required. Looked at all the studies where resistance came to, to a checkpoint inhibitor or immunotherapy and then just went through it, bit by bit.

And what's, what's kind of a bit interesting is the Chinese are doing all the research in this space and not not in the westernized development world.

And all the recent papers, you know, that they seem to be pushing hard, to really try and find the answer in this space. Well, it's taken over their culture.

I mean, cancer is. Yeah. Yeah. They're so it makes sense. They're like desperate, right? Yeah. Yeah. Wow. This is so beautiful. So in this book, you're going to be speaking to how like the I'm assuming can you give us a construct of the book itself that you're going to be. Yeah. So, so, so this, that the first section is, you know, the intro and what we're trying to do and then and then what we're trying to do is, give a human element to, you know, the the journey of a patient to, to, to frame it, you know, like, so there's some sort of questions people need to ask.

for example, you know, for some cancers, standard care is fine. Yeah. Yeah. So, you know, increasingly in a prostate, you know, you can get pretty good results with a breast cancer. The drugs are coming in quickly.

They've got a lot of research money coming in. So the breast cancer treatments are doing pretty well. But for pancreatic you know standard of care just isn't there.

And and then there's cancers in the middle right. So I think you know there's things like understanding what's your you know what your prognosis is to to start a decision making process about, you know, how far you go into the experimental world.

The End Game Book and Future of Oncology

and then obviously, you know, if you're in the experimental world is costing money, you know, you need to know your budget, you need to know your willingness to travel somewhere.

if you're a 40 year old mother of two, it's also probably a different construct to, 82 year old who gets cancer. You know, you're going to treat the problem differently.

So the first section is really about the human elements of how you navigate this kind of interpretive journey. we talk a lot about self-education, you know, because I think a try to develop, a model for helping someone navigate the chaos and the pay because, you know, do I do carrot juice thing?

Do I, do, you know, coffee enemas? Do I do a vegan diet? You know, it's a it's so difficult for the patient now. And and, you know, someone is someone's proofreading our book Eleanor.

And she said we need a new term for this new anxiety the cancer patient have because they presume there's an answer out there and a bombarded with all this information.

And, you know, they've got another level of stress. You know, they're like, if only I find the right post on Facebook, I'll find the cure. You know, it's a.

Exactly which is that's why I appreciate sites like yours, the book that's coming. You know, what we're trying to create here is to kind of like dampen the noise and really get down to what may be effective and and to continue, continue to remind people that this is a very and of one experience and that you do have to take there's so many factors there, so many factors here.

And so it sounds like you're helping people kind of make sense navigating this world. Yeah. And I'm assuming is it also a resource. Are you starting to give resources of where they can look into the research or look into some of these clinics, which you've really gotten excited about?

Yeah, yeah, we'll pull together, you know, you know, sources like your, your organization and, and, websites that go just the life and, old, you know, just because everyone needs that presented, it's like a bundle is like, you know, this is where to go for the kind of good information along your journey.

so, yeah, books to read. and then and then it goes into, we try to keep it, you know, human study based, you know, when we started looking, we were, you know, we've got 3000 studies in our database.

We couldn't put it all in, so we said, like, let's keep it human studies. So. So, you know, there's not there's not this kind of debate about, you know, oh, well, you never know what's going to work in humans. You.

Yeah, yeah, yeah, yeah. So, but then there's certain elements where they've not had time to do human studies, so we've had to go into kind of rats to go articulate a scientific point.

And, and then we give, you know, we call it hacking or optimizing chemo, hacking surgery, hacking, targeted therapy, hacking, immunotherapy. Just a kind of rough guide.

and then and then we do what we, we put it all together in the final chapter, which is the end game, and it's our proposal for, you know, the perfect protocol.

but, you know, that's that's not something people are going to be able to get, you know, unless they're multi-millionaires, which hardly anyone is, you know, and they're willing to travel and spend a lot of money.

but I think it can guide people, go like, well, I can't get this, but I can do this alternative. Right, right. Well, and to your point, like you even noted, okay, at $500, $300 or pounds a pop for an IBC, that's I'll have that price.

What I'm also hoping is at volume, we can take some place of some of these treatments, like there's some really innovative treatments in perfusion hyperthermia for instance.

But at 175 K most people can't afford that. But if you had enough people, you would drive that price down pretty drastically or eventually just have it covered by insurance is our goal is we do more the research.

Same thing in some of these really powerful immune studies. T-cell dendritic vaccine studies like that are doing some good stuff, but to go and pay for it out of pocket, you're dumping 7550 K most people don't have the resources for that.

And so but collectively you're you're bringing to the masses awareness. And you're also then bringing to the masses the awareness to even start to demand these types of therapies become more available because you're showing good, evidence informed pieces or things that are in clinical trials now, but things that are also like we have the data to say that this is reasonable to consider.

And so I really love it that you may be part of a movement to help make these things more accessible and bring the even the cash payers price point down to a way that's a little more reasonable.

Yeah, I think it's you know, you see the trend, you know, these things are growing, you know, like you know, there's podcast coming out everywhere and you can see the, the size of the groups.

And the patients are becoming more informed and more aware. And I think now, you know, collectively, I suspect that will happen. You know, I think there's going to be this collective movement and then accessibility will open, you know, from, you know, if someone was put in charge, it wouldn't be that hard to fix.

But the problem is no one's in charge. And those who are are actually. And this sounds so conspiratorial, but it's not. It's the people who are in charge don't have any incentive to change.

Change. Yeah, yeah. There's no model to make it happen. Yeah. And it's difficult. Yeah. Which is unfortunate. My gosh Mark, is there anything else that we didn't that I didn't ask you today.

You really feel compelled to share? a small one is more on the emotional healing. I, we've spoken about it in the past, and, you know, I didn't get a chance to elaborate, but, you know, the importance of, of the psychology in the outcomes as well, you know, with the we talked about this kind of very expensive, treatment approaches you can get in these private clinics, but, almost every experimental doctor says the psychology is like that must pay for the treatment.

And, you know, and, and I think, that's another thing I think patients don't get right is that they go, 99% of their energy into finding that magic treatment online and maybe 1%, you know, thinking about meditation classes and, and, and when you go into that world, in the world of woo, let's say, or semi woo, I was also very suspicious.

There's a huge amount of very powerful, therapies out there, that I found through, through my first year massage, you know, trauma release, you know, through the fascia, breathwork, somatic therapy, which which I think people will be shocked by.

I was when I started doing these things, I'm like, wow, how come I didn't know about this until I got sick? And and then and then you start, you start questioning, you know, you see a lot of people, they get locked into how they feel because they felt like that all their life.

You know, through this process, they lean into that space. They'll suddenly learn that they can feel better than they've ever felt through leaning into these tools.

I love it, I love it, it's beautiful. You bring this up because I think especially when people see the complexity of that beautiful image you shared with us, I think people like, oh good, got the pen and paper, which which pathway am I going to block next?

Like everything good. So hyper focus. I love the tangible, right. But I as a clinician and a person on this journey for over 30 years, I will tell you the biggest barrier is I mentioned fear we talked about earlier, but this psychological barrier is also massive.

I don't see as good about comes if people aren't addressing that at the same time. And so one thing that's really

cool about this summit is that we've got a couple folks who really shine in this space.

Cathleen King is one of them who does amazing work for her group, Primal Trust, which I just love the name of it. she does some amazing stuff with, with, kind of cell danger response and the Polyvagal syndrome, polyvagal nerve and like, basically helping your nervous system be able to receive healing.

Right. Amazing. And then, Raj Jana and his company Liber8, which is this, precision emotional healing tool that helps you map your own process to even understand what your personal triggers or emotional issues are and then helps you find kind of like my approach to Tessa says address no gas and oncology.

They're doing the same thing in the emotional to help you even fast track and find the best tool to support that particular emotional pattern, which is so cool.

It's like they're doing what you just did, like, these patterns seem to fit with this approach. They've done that in the emotional space. So I'm excited that those two or conversations that are coming in to back what you're saying and, and myself as well, just like it's you can't get you can't get out of this one without touching going into that abyss.

So, yeah. You need to cry. You need to do a lot of crying to get better as well. Yeah, like cry game is part of your healing. Mark. Thank you so much.

I can't wait for people will have lots of links to how to find you. I cannot wait to get this book out there. I believe you're offering like a an update.

as the as this goes live of how to find your book as well and. Yeah. And, you know, people like we talked about getting the scale if, we're trying to approach clinics, they want to work with us and, and explain the, you know, the end game approach that we've developed.

And to get more clear because, you know, to be honest, a lot of clinics aren't up to scratch. You know, I think I think there is a lot more that can be done for the patients.

And we want to try and kind of show some of our science to some clinics as well. I love it, I love well, I mean, I go visit two of them that you've, worked with the summer.

So I'm looking forward to that. And, and I hope that you also can be a good consultant in the clinics, clinic spaces that we have been working to train and support as well.

I think bringing all of this together will have multiple resources around the globe to take this approach on. So Mark, thank you. We do thank you very much.