Introduction to Kevin Tran and APOE4

What do you wish the everyday people understood about Alzheimer's risk and prevention? I'd say people should not look at it from a fear perspective. I've seen it with a lot of members are very concerned about sharing their status, talking with their family members about it because then they feel like people will perceive them differently.

And I believe that that's something that we should change. All our members who have actually like politicians, who have actors, who have people who are very, very public, except they're using a pseudonym and they don't want it to be known because they feel that it will affect like the perception of their constituents and so on.

And I'm really trying hard to change that and to push that idea that knowing that you have it before, as long as you act on it, it can be such a powerful catalyst that then you actually become healthier compared to before and you're more able to do your job than before.

Welcome back to the Think Well, Age Well podcast. I am your host, Dr. Heather Sandison. And today's guest is someone who took one of the highest genetic risks for Alzheimer's and turned it into a catalyst for personal transformation and scientific curiosity.

Dr. Kevin Tran is a doctor of pharmacy with a rare blend of both lived experience, clinical training, and France's top geriatric hospitals. and a background advising pharmaceutical companies on Alzheimer's drug strategy.

I mean, this is a really unique set of experiences. And he discovered not long ago that he carries APOE4-4, what many people might consider in our world the highest genetic risk profile for later onset Alzheimer's.

He has refused, however, to adopt a wait-and-worry sort of approach. Instead, he has begun a rigorous, evidence-based exploration of what it means to really take ownership of your long-term brain health despite genetic risk.

And so in the months that followed his knowing, his diagnosis basically, that he has this genetic risk, he has completely rewritten his own trajectory.

He's reversed pre-diabetes, he's improved cardiovascular markers, he's significantly lowering his APO-B, he's elevating both physical and cognitive performance.

And now his journey, it's a mix of like science and resilience and persistence. He's also an entrepreneur and he's been shaped by a childhood that was marked by refugee grit.

Yours is a world ranked gamer and he's also a poker strategist. He has a lifelong pattern of beating the odds. And so I am grateful that Kevin is now on our team as someone working to support those who are struggling with dementia, Alzheimer's, or caring for people who are or facing a genetic risk like his.

So he's bringing a fresh lens, and I am so delighted to have you. Welcome, Kevin. Thank you for having me. I'm very excited to be here. I'm so curious, like take me back to that moment when you learned that you were ApoE44 positive.

Yeah. So it was actually a big surprise. I was already on a longevity journey. So just did a, uh, gene screening, actually just check my absorption to know which nutrients I should supplement or not.

And then I see these huge red flags coming in as cognitive risk, very high ApoE4. I didn't even know what that was. Even though I worked a bit in the Alzheimer's space and then I realized the risk because it goes up to 33x higher risk, especially for Asians.

So it depends on the ethnicity. For Caucasians can be between like five and 15. For Asians, it goes higher. Some other studies would show that the lifetime risk would be like 95% chance of getting Alzheimer's, which is extremely high.

In my residency in the geriatric unit, I've seen like Alzheimer's patients, I've seen when actually the patient's closest ones, the family members, they actually end up hoping that they die faster.

That actually already traumatized me at that point in time. I was already when I was like in my 20s already very scared of that. And then I discovered that.

So it was extremely difficult, especially because I was delaying gratification my entire life. I think that's part of the Asian culture of, you know, like working hard, focusing on career and having impact.

Facing the APOE4-4 Result

And then everything was shattered. When you realize that you might not even have an identity, like 20 or 30 years down the road, that everything that you're building might be useless because you don't remember it, it changes everything.

Yeah, how scary. Yeah, to have this mix of professional experience watching the suffering firsthand and then to realize that, wow, that might be me. Like, there's a likelihood almost.

I mean, you were saying up to 95% likelihood that you become that patient at some point in your life. That's terrifying. And I'm sure many people in your situation would freeze.

And what helped you kind of move to shift this potential tragedy into like a transformation? What helped you turn that fear into action? So to be honest, I froze.

I froze for three months. I was getting my psychologist to help me, friends as well. And the first Common answer that everyone will tell you is, all right, just relax.

It's still a risk. Try to enjoy life. But it seemed like very hard to do because the advice was to potentially semi-retire. So I was living out of Singapore, so I could have retired in Bali enjoying life because two main risk factors for Alzheimer's actually like stress and lack of sleep, which comes from having a big career or having like an entrepreneur journey.

So it kind of made sense to retire. So I tried doing that, half retire in Bali, but The feeling I had was trying to enjoy like a train ride. You can feel the wind in your hair and it's great.

You look at the scenery, but then you see that the train is going super fast towards a bridge that is broken. And then you are still trying to enjoy the train ride.

Super difficult to do. I couldn't do it. So I decided to do the complete opposite and really take it into my own hands because I've seen that. There isn't much happening in the space for APOE4 carriers.

So a lot is happening for Alzheimer's in general, but we as carriers will present 70% of all Alzheimer's cases, but we're very rarely segmented in clinical trials when we're actually very different.

So I realized there was a big gap and then if no one is solving it, then I'll do it. So I did this entire 180 degree switch where in the end, now I believe that learning that I carry APOE4 is actually the best thing that happened in my life.

Something that I want to put out there. So having the gym is one of the biggest challenge in my life. But knowing that I carry it, as you mentioned in the intro, it made me the healthiest ever.

I am the sharpest ever. I'm the fittest. I can see the result. I feel like I'm my best self. I'm also living life in a more

present way, focusing on the most important things and not getting derailed by random drama or whatever you have.

So I feel like in the end, it was extremely, extremely positive that it was a catalyst for change. That's incredible. I mean, that's what I want for everyone who learns that they have an APOE4 copy or two, is to take that and make it actionable, right?

To take that and have it be empowering, not paralyzing. And you are just an incredible story of that. So many people, I think like 10, 12 years ago, it was easy to say, well, why would I test?

I don't want to know. If I find out that I have risk, It's going to do all of the things that it did for you for three months. I'm not going to sleep.

I'm not going to enjoy life. I'm going to be worried. I'm going to be sitting on this train knowing that I'm going to cross a bridge that's broken. That is so stressful.

And you really have taken this like bull by the horns and decided to do something about it. Now, something that's super unique about your story is that you have this deep background in pharmacy and geriatrics.

So I want to understand like, what of that are you bringing to this? So, okay, very frankly speaking, I do believe the system is a bit broken today. Especially when I tried to go directly to see neurologists and the classic healthcare providers, the first thing they told me was, hey, you don't have any symptoms.

I could give you the typical test, right? The Mocha and something, but at 35, there's no way you don't hit the maximum score. And then they're like…

Okay, you don't have any symptoms come back in 30 years when you are 60 or something. I do believe even back in Paris or the way the pharma industry is tackling that is very in a creative way.

They wait until you're starting to have declined act. I'm trying to take the complete opposite approach of focusing on prevention and personalized health and using interventions that are what I call like no regrets where Like let's say like it's in your diet or exercising, like nothing wrong will come out of that.

And you'll feel good not only in 30 years or 60 years, you'll feel good in like two months. So really the main focus will be to do that type of stuff.

That's amazing. And so does that, I kind of hear you saying I'm leaving that behind. Like the pharmacy, you are a doctor of pharmacy. So is there a way that you see that integrating?

I think in a way I understand the mechanism of actions.

From Fear to Action

It's way easier for me to like read research papers. it's also way easier to talk to because we actually partner with big pharmas to recruit for clinical trials and so on.

So having this understanding of how the whole industry is built and the different components is very, very useful. I do have a lot of hope in pharmaceuticals for the future, especially in personalized medicine.

Once we are with this entire flooding of the medical pipeline with the molecular pipeline with like, you know, alpha folds and all the AI that is happening.

So very, very hopeful future, I believe, as long as we move from this creative path of waiting until someone is sick to triplen. And that's really helpful.

That's the change is the paradigm, right? Where we say, instead of waiting for somebody to get sick and then doing something about it, that's not even personalized.

It's going to be one size fits all. Let's let go of that part. But do drug development that is based on personalized medicine and on prevention, on reducing risk.

How exciting. That is something to be excited and hopeful about. I think in the drug space in Alzheimer's, there's been disappointment after disappointment.

Just this week, there was a paper published showing that the GLP did not have an effect on MCI, on mild cognitive impairment, which I was hopeful about.

I was hoping that there would be at least a subset or some amount of that population. There were, I think, about 1,900 people in the trial. I was hopeful that we would see a bit of a signal there, that there was a reduction in risk that was associated with improvements in cognition, and there wasn't.

It was such a bummer. Yeah. And I really believe it's all about the design of these trials and also the way they select patients. What we've seen anecdotally among our members, because like part of what I'm building with the Phoenix community is helping people run experiments.

We have a lot of patients who are microdosing JLP ones. And of course it's anecdotal, it's not in a clinical setting, it's not controlled, whatever, but they are seeing results.

And those are people who might be on the edge of MCIs and so on. So it might be that it's a population selection problem or not. We don't completely give up.

Yeah. And we say, you know, back to your point about precision-based medicine, we certainly use GLP-1 selectively for people who do struggle with obesity, elevated A1C for fasting insulin, you know, all the litany of sort of that metabolic dysregulation.

We find them to be very helpful and I think part of a complete approach, right, that they're a tool that we can use for the right person. Okay, I want to understand about your transformation personally, because you mentioned you're feeling the healthiest, sharpest that you have basically in your adult life.

Was there One thing that really stood out, like one symptom or one metric that convinced you like, all right, I'm on the right track. Sounds super superficial.

The way I look at the mirror, I think I'm super happy of that change, the very physical changes and now being able to run much longer or do like much more strenuous physical activities.

That's kind of the very fast feedback loop that you get as soon as you, you know, like fix your diet and exercise more. And that is great for, you know, like a big catalyst for continuing to push forward.

I think that's the main one. I think you kind of just mentioned it, but what were the levers that you pulled first, like diet and exercise? And do you feel like those were what made the biggest difference?

Or is there anything else? So diet and exercise, definitely. But I'm talking about like 20X-ing the amount of exercise that I did before, which was probably like one session of the gym per like two weeks and now I'm doing like 12 or 13 hours per week.

So it's definitely focusing a lot there. Diet helps a lot, but that goes with the gym. I'd say that a few things that are super high level, which you talk about in your book as well, which is managing stress and sleep, especially sleep, because everything comes from that.

I believe that once you have good sleep, you have good discipline. And when you have good discipline, then it's a

waterfall to being able to manage like diet and sports.

And what I didn't have, but what worked for a lot of our members is removing any toxins, like heavy metals, plastics, mold in the environment that helped us as well a lot.

They could see the impact after six months or one year. Was there anything that surprised you on your journey? Anything that really stood out as like, wow, I didn't expect that.

really, I'd say I think the majority of people know what they should do for their health. I think it's really the little push to actually do it that changes everything.

Because if you really ask the common person, they know like what type of food they should eat that is healthier, they know that they should exercise, they know that they shouldn't look at their phone right before sleeping and that kind of things are quite obvious and those are the highest impact.

I know a lot of People try to think about, oh, is there like a miracle pill because it's easy, you know, you just take a pill a day and then it fixes all your problem.

But unfortunately, I think the different things that really work are the things that are difficult to implement.

Prevention, Pharma, and Personalized Medicine

Right. And I have this conversation with Dr. Bredesen all the time. The most important part of the Bredesen protocol is the implementation, right? It doesn't work if you don't do it.

And so what helped you to actually do it? I mean, it sounds like certainly the catalyst was learning your APOE 4.4. But for three months or so, that was paralyzing.

That didn't actually get you going. So what was it that helped to actually motivate you to implement a diet and exercise lifestyle sleep stress management program?

And what keeps you going? Yeah. So I'd say the trigger point was when I realized that no one is going to save me and that it's not aligned with, I think it's a personality thing as well.

You realize that you have two sorts of people. You have the people who like to hide their head in the sand when they discover it and they don't want to hear about it.

Even if they hear that a family member carries APOE4, they don't want to get tested. And that's completely fine, understandable. And then you have the other type of people who are willing to take agency over their own lives.

And for me, I guess it took like three months to go back into that mindset of who I was there. And then on your question of how to keep going, I believe having accountability partners, writing it down.

Like I'm doing that very openly with all my members, which means that. I have to like walk the talk as well, but what works really well is setting like clear goals, having a journal where you track progress, like in marketing and sales, right?

What you track can be improved. So I started having like tons of wearables, like a newer ring, I have like a Garmin. All of these, where you see those metrics that are objective, that are improving, all of that is extremely motivating.

And I believe it's all about momentum as well. Yeah. So for someone who is excited about this, who does have agency, who wants to do something like this, you've developed the Phoenix group, your community.

And I'm curious what you tell them. If they're overwhelmed as they get started, what is the simplest starting point? Yeah, so we actually have a very simple guide of the main no regrets things.

And that's what we cover. We're trying to fix one thing at a time to not overwhelm people with adding 12 supplements, changing your diet, doing sports, because then you would not even know what works or not.

And then you end up with a situation where you're potentially doing all of that for life, taking those 12 supplements daily without knowing if they work synergistically, some of them don't.

And also like going it slowly, there's still time, even if we feel like running against time, depending on your age, but going slowly and validating. I believe that validating and having the certainty that when you're doing something, it works, the motivation is there.

And it's extremely difficult to validate some supplements, let's say omega threes and so on, because you don't really feel the effect. So it's all about adding on blood work or the test to be able to at least isolate each intervention for let's say two to three months, not change anything else, only changing one parameter and validating it, whether it's through blood work, cognitive tests or whatever that it works.

And then putting it in our stack and not like doing an entire stack by itself, like straight from day one. That's interesting. And perhaps that's a lot more accessible for people because we have the opposite approach.

We say, do it all today, yesterday. And a lot of people that we work with have cognitive impairment already. And so I actually don't want to wait to add one thing and then test it 12 weeks later and make sure that it worked.

I want to be adding a lot. I want to be doing diet and exercise and sleep and stress management and vitamin D and omegas and curcumin, you know, I want to be doing all of the things that we have evidence work and then see if things are better.

And to your point, I think, you know, you might end up on things for life that aren't supporting you, but we want to be precise, right? Like if you don't have elevated levels of inflammation, you don't need a bunch of proresolvent mediators and a bunch of natokinase and a bunch of curcumin, right?

We can skip that. And if your metabolism is good, but you have TBIs, we're going to do something different. But we still want to be kind of all in because we see that if you just do pieces of it, you don't get the cognitive benefits as quickly.

And we're like, it's a ticking time bomb. Like we need to do this yesterday. I think For you, being younger and working with prevention, that does make a lot of sense.

I think what in your point, right, it depends on if you feel like you have time or not. I definitely agree that if you still already feel that you are close to MCI already in that stage, then yeah, there's no regret in adding all of those at one go because like any positive benefits, no matter where it's coming from, no matter if you don't know if it's coming from something, you'll still take it.

Yeah. As you've expanded this community of AboE4 carriers, what are the most common misconceptions that you hear as they join your community? So a lot on diet, a lot of people focus on the keto diet, but then they don't realize that what we mean by keto diet for AboE4 is actually low saturated fat keto diet.

So that's a big one. So they come in and I'm on the keto diet, but then they eat like a ribeye steak and barbecue and so on. And that's like terrible because at AboE4 we have like impaired lipid transportation.

So that is the main one that we see. Our keto diet is the more like very low saturated fat keto diet. And how do you feel about coconut oil?

Lifestyle Changes and Early Wins

There's a little bit of debate in the field around this, around APOE4 carriers and coconut oil because of, as you mentioned, there's some lipid metabolism dysregulation with APOE4 and particularly with saturated fats, which

coconut oil or MCT oil is, but it's medium chain, not the longer chain.

So as a pharmacist, what is your take on that? So I differentiate coconut oil and MCT oil because MCT oil is a pure version, right? And definitely MCT oil, it bypasses the entire mechanism and then it's converted super fast ketones, which is great.

I wouldn't take coconut oil, I'm taking MCT oil. So for APOE4, use the pure version, just use MCT and you don't have to worry so much about the saturated fat issue.

because it's converted. So not all saturated fat is equal as mentioned. But yeah, it's a good one. Good misconception as well. That's great. Given your background and what you've learned on your personal experience, what do you wish that everyday people understood about Alzheimer's risk and prevention?

Yeah, I'd say people should not look at it from a fear perspective. I've seen it with a lot of members are very concerned about sharing their status, talking with their family members about it, because then they feel like people perceive them differently.

And I believe that that's something that we should change, like among our members, we have actually like politicians, we have actors, we have people who are very, very public, except they're using pseudonyms and they don't want it to be known because they feel that it will affect like the perception of their constituents and so on.

And I'm really trying hard to change that and to push that idea that knowing that you have it before, as long as you act on it, it can be such a powerful catalyst that then you actually become healthier compared to before and you're more able to do your job than before.

You grew up in a family of immigrants and you, like really a family who repeatedly has beat the odds, it sounds like. In what way has that shaped how you approach health?

Yeah, I think it's all about resilience. So bit of history, my great-grandparents, they fled famine in China, they went to Cambodia. Then one generation later, there was this entire genocide in Cambodia.

with like the Khmer Rouge and Popa, then they fled to France. And then me, I go back to Singapore to live and now in San Francisco. So it's like a lot of moving around.

It's all about knowing that you can make it no matter where you are on the planet, I'd say, and having that sense of resilience that you can forge your own life and that you have like full agency, no matter what happens in your environment.

This is really about mindset. How much of your community and your program is about mindset? I believe a lot, a big percentage, a good like 60, 66 percent, like two-thirds of it, it's about the mindset of not giving up, not feeling that fear, but feeling empowered by knowledge and acting on it and doing our best.

I also want to point out that it's not about trying to focus on preventing Alzheimer's and only doing that our entire days, our entire life, because then it defeats the purpose.

You're not living because you are too concerned about it. So it's like striking that balance about living our best life while doing the main levels to prevent it.

Yeah, I think that is something that comes up a lot for us in our coaching programs too is like how to hold both, right? We want to dive in fully. We want to be fully committed and we don't want to beat ourselves up when we don't get it perfectly right because it's, we're never going to achieve perfection on this.

It's every day is building the habit. It's like, you know, coming back to the lifestyle. So I love hearing that, you know, you've kind of found the same thing.

It's like, we need to be able to hold both, fully commit and not be a perfectionist about it. Yeah, I think it's all about having a baseline, right? I mean, I'm French, so I love my cheese.

I love my wine. And I was like, if I completely remove that out of my life, I'll be so miserable. Yeah, it's about striking a balance, having a good baseline of, let's say 95% of the time, we're doing the perfect thing.

And then 5% of the time, then it's okay to like leave a little. Right. Yeah. We talk about that all the time. My classic thing is like, if you go to Italy, have the pasta, have the gelato.

But when you come back, make sure you get back on the plan, right? But you want the whole point of this is so that you can fully engage in life. And if you feel restricted all the time, then we're kind of missing the point, right?

Totally agree on that. You've lived in several like brain heavy worlds, the chess world, the competitive gaming world, the poker world, pharmacy world.

What have these all taught you about cognition and performance in particular? Oh, okay. Good question. I'd say I'm always surprised by the amount of daily variability and the amount of impact that a bad night's sleep or having something on your mind has an effect on.

And then that reflects a lot on when we all members are trying to do like those cognitive tests to measure if whatever we're doing is working or not. The impact of whatever is happening around us has such a big impact on those tests that it creates a lot of noise.

That's number one. And I'd say second, it's like everything. It can be trained, whether it's sustained focus, it's being able to be in the zone, being able to perform at the highest level.

All of that is like a muscle. Like it can be trained and the more we do it, the better we are.

Building Momentum with Habits and Accountability

Wow. Okay. What are your daily or weekly habits? What's non-negotiable for you? And I know there's a 5% and you like your wine and cheese, but your habits, what are they?

What does a day in the life of Kevin Tran look like? Yeah, so I wake up at 5.40 to go for a crossfit at 6. And that's great in terms of waking up and also having your brain properly vascularized so you feel better.

Doing cardio helps a lot. So that's a non-negotiable to start the day there. Even if I'm tired, even if I didn't have enough sleep, I feel like if the day starts, it sends the wrong message to the universe to go back to sleep.

Like, hey, I don't want to start my day. Like you want to start your day. It's a great day that is coming. And somehow having the mindset that everything will work out eventually.

We don't know how, but it will work out. So that helps at the beginning when you have like the sunrise and everything. And then it's a lot of deep work that is coming right after.

Cause as soon as you finished exercising, I feel like you have that window of two to three hours of enhanced brain performance or even during the session, actually you think like clearer, you solve problems randomly.

For some other people it's under like in the shower or something, but usually when you run and then when you don't listen to anything and actually stop listening to music, a podcast while exercising because somehow I solve my problems doing that.

So that's an interesting insight. So I have that like period of deep work between like six and let's say 11, at 11, 12, I start eating. After that, it's like more, less deep work, like email and everything.

And some other sessions until four, five, six, where I have like my last meal and either I go to the gym right after. or right before, and then I have like a wind down routine.

That's great. Yeah, so really heavy on diet, exercise, but also mental engagement. And that focus time, that really intentional time for deep work, that's an interesting, even people who are retired, capturing that morning after exercise, are you fasting in the mornings?

Yeah. But there's this time when your brain seems to work best and really furnishing that. And I think for other people, it's easy, at least the people in our communities, it's easy for them to schedule a doctor's appointment then.

And now their entire day is derailed. But really prioritizing that time for the deep cognitive work, for working that mind muscle, thank you. That's an insight for me as well.

I'm already thinking, can I rearrange my schedule so that I can just block out the mornings for that deep work? And then, like you said, do emails and things that are a little easier.

the catch up in the afternoon. Interesting, interesting. And I feel like if you have like five hours of deep work, let's say between like seven and 12 in the morning, you have achieved so much by lunchtime by half your day that you don't feel that much pressure in the afternoon because everything, during the deep work, obviously you focus on the most important task and the hardest task.

And then when you have achieved them, like the rest of your day seems like quite chill in the end. And then it's like, it's great. Yeah. I mean, it's part of like winding down, resting a little bit more.

I'm curious, you know, reflecting on your habits and the science and the community around you, when you imagine your own future, how do you imagine it, right?

Because so many people, when you get that APOE4, I don't want to call it a diagnosis. It's not a diagnosis, right? But it's this genetic information. When you get that information, I think the initial, like you even described this, right?

The initial thought is to imagine yourself as that person in the wheelchair who can't respond, who's in a home, who's living this terrifying kind of existence.

So when you think about it now, what is it that you imagine? So I actually think about that a lot about my ideal life at 80 years old. So caveat is I believe I'll live until like 120 or more.

I am very, very bullish. I'm very optimistic towards the science that is coming and the way is evolving, the rapid improvement of healthcare and so on.

So quite hopeful that at least past 120, I want to say 160. So let's say at 80 when I retire, I have this very vivid image. where I'm chopping wood. I've never chopped wood, but I see myself chopping wood as an exercise thing in a chalet with snow around me.

I have my dogs around me chopping wood. I'm carrying the wood back and fishing some salmon in the stream next to me.

APOE4 Misconceptions and Practical Nutrition

I have this chalet, I have a wife at home and I also have an autonomous helicopter that is there because it's coming as well when I'm 80. It will be there to be able to bring the groceries or friends to me in that chalet secluded and living a life that is like quite simple in the end, having my own garden and having like a few animals there.

That sounds ideal. It sounds amazing. Especially because I live in a big city like my entire life. I've been to Singapore, France, Paris, and now SF. So yeah, I feel like going into nature would feel good.

And probably I'll not wait until I'm 80 to do that. I hope not. I hope not. And I hope that a helicopter comes around. It can come pick me up. I'll come visit you.

You talked about the tech and about the advancements in medicine with AI, I mean, with everything, right? And what gives you the most hope right now, specifically in Alzheimer's research and prevention?

Yeah, so I'm quite hopeful on CRISPR. I've been very, very bullish on CRISPR gene editing. There have been quite a few studies where they managed to swap out ApoE4 for ApoE2.

So ApoE2 is the protective gene, ApoE4 is one that increases risk and APOE3 is the one that the major part of the population has. CRISPR is one I also believe deeply in like medtech as well.

So we've been experiencing with photobiomodulation and so on that is already there. Other than purely for Alzheimer's, but like artificial organs, 3D printings, being able to like purebite all these different elements that might fail in one's body, right?

Because if you are maximizing only for Alzheimer's and somehow your heart fails, it's kind of the same reason. Right. And then nanotech as well, especially to transport whatever molecule to the target so we don't have side effects and to have proper precision medicine.

I think we have these different technologies that are evolving at the same time that will be able to synergize properly, having the proper therapeutics at the proper site and not having it spread out.

That's exciting. You're certainly a tech optimist. I mean, self-described, but I love hearing that. I think, you know, we've heard a lot lately about the AI bubble and the fear of AI and like there's fear around technology these days.

Now you live in San Francisco. It's probably the most tech optimistic place in the world. But I think that there's, again, it's sort of like holding both of like, how do we take these technologies and make them you know, tools that work to our benefit versus like the way social media and our phones kind of use us as tools sometimes.

And so how do you, how do you like see us navigating that? It's tough because it's moving very fast, right? I think us as humans who have never been cured to adapt so fast to technology, and that's why we're seeing now, as you mentioned, like social media, the impact it has on on younger folks and even like AI and everything.

So that's both a positive side, the speed at which it's evolving, because it means we're probably unlocking a lot of things like very soon. But in terms of adaptation, it's definitely difficult.

Like the usual analogy that people bring is during the middle age in the 1400 or something, like 95% of the population were farmers to be able to just feed the population.

And then when you had the steam revolution and electricity and everything, then now it's probably like 0.01% of the population are farmers.

Mindset, Resilience, and the Phoenix Community

But that entire transition happened over I have no idea, 50 years or a century, but now with AI and internet and everything, it's happening over like 10 years or even sometimes less.

So the ability to adapt to it in such a short timeframe, I think it's very critical. Being able to be very open-minded, testing all the tools, reading the news properly on what is new and actually being hands-on on everything.

I think that removes a lot of fear because then you understand the tech better and you understand how to leverage it. What is one belief, going back to this APOE4 status, what is one belief or insight that you've gotten on your journey that you wish every APOE4 carrier could internalize?

That our gene is definitely not our fate and that we have the full control over it. That's huge. That's amazing. Kevin, would you please also describe Phoenix?

Tell us a little bit more about where people can find you and find out more about the community that you're creating. Yeah, of course. The Phoenix is a community of equity for carriers.

What we do for the members is we help each individual find their interventions, finding what works for them and run those N equal one experiments to validate that it actually works for them.

Then we zoom back and we look at the community data where we're able to find like, all right, we have Heather doing these five interventions working really well.

She has this type of genes, she has this environment, these habits. And then we have these five other people that seem to form a cluster with her because they have the same genetics, the same environment, the same habits, and the same type of interventions seem to work for them as well.

Then we look at what works for these people in your cluster, and we give you that insight. What works for them and they are similar to you is likely to work for you at the same dose.

So that shortcuts a bit the experiments because no one has time to experiment for three months at one go and on 15 interventions, you take your decades.

And then we take again, another step back. And the idea is to look at the entire committee, not just the different people that form your cluster, but build those digital twins that are simulation of your anatomy, of your biology and running AI that will run these experiments for you on your digital twin that is able to then determine which is the interventions that has the highest likelihood to work for you.

That's what we do for the members. We use all of this data to help pharma and medtech recruit for clinical trials. What I mentioned earlier about finding hyper-responders for specific molecules and so on, it comes from having a very, very large and rich longitudinal data over a longer period of time, basically knowing if someone has lower cholesterol from blood test A to blood test B, what is the reason?

Is it because they changed their diet, they meditated, they did anything, supplements and so on. And having this information helps pharma a lot to recruit.

So we do these two things. You can find the Phoenix community at dphoenix.community, so t-h-e-phoenix.community. And I also have like a YouTube channel, Dr.

Kevin Tran, where I do a lot of videos, educational videos on APOE4 cameras. That's fantastic. Thank you so much for making that available. You really have this very unique expertise and experience finding out that you are personally APOE4 for a positive.

And I just love, I absolutely love your story and how you are really transforming not only your life, but helping other people transform. There is this Phoenix idea, right?

To rise from the ashes, to have this devastating information come your way, but then to be able to harness it and use it for good, use it for agency and make it be something you're grateful for, this thing that has transformed your life for the better earlier, now.

Kevin, thank you so much for sharing this story and the science, your understanding of it, your perspective with just honesty and I love it. It's really an engaging, wonderful conversation and it's refreshing to hear from someone who's who's done this, who's gone through this process of fear and paralysis and transformed it into agency and clarity and real purposeful action, not only for yourself, but in a way that helps others who are on a similar path.

And so for those listening, I hope that these insights help you feel more empowered and more informed. And I hope

that you'll reach out to Kevin. We'll have, of course, the link and the show notes.

This really is an insight. And I think there's so many people who are wondering, if I do just the reticence protocol, great, but what are the medications?

What is the science? What is the technology? What's next? What else can I add onto that? And it sounds like you're really filling that gap. So thank you all for, thank you first, Kevin.

Is there anything else that you'd like to add before we sign off here? I think we're good. Like it was a great conversation. Thank you so much, Heather, for having me.

Oh, it's been such a privilege. I'm excited to run into you at a conference or something and dig in more and learn more about your community and also just like stay in touch because you're clearly on the cutting edge of all of this science and technology and it's really fun.

Thank you for joining us and thank you all for listening to another episode of Think Well, Age Well. Until next time, do continue taking those steps like heaven is that support your clarity, vitality and longevity each day.

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