# Uncover The Future Of Integrative Cancer Care Transcript

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## Introduction to the Future of Cancer Care

All right. Welcome back, everybody, to one of my mini sessions. This one we're going to focus on the future of cancer care. All right. So the future of integrative oncology being told that there's no research in integrative ecology, being told that folks applying an integrative approach, their patients are simply charlatans just wanting your money and, people just not even being aware of the options they have out there.

That's a time that is bygone era. Okay, let's we are stepping away from that and moving into a much more hopeful and integrated future. I spent the first 15 to 20 years of my career following my own terminal cancer diagnosis, where I was given no options from standard of care and sent out to die.

I spent the first 15 to 20 years trying to actually fix the current system. I really believe that I could, I thought if I just gave them enough data, showed them enough, you know, patient outcomes that someone would listen.

And over my career, with literally thousands and thousands of miracles of people that should not be on this planet, myself included. Not one time did I have an oncologist say to me, that was interesting.

What were you doing? So this, I think, is changing. And this summit hopes to also lead the way in these conversations.

## Personal Cancer Journey and Why This Work Matters

So what I want you to know is instead of me trying to fix the old what I've dove into for the last ten years or so and will be the rest of my long legacy in life's work, is about building an entire new system.

But first, a little bit about why I'm here. All right. So 32 over 32 years ago, in the fall of 1991, I met cancer head on myself. I was misdiagnosed for many, many months.

And by the time I landed in the hospital near dead, when they finally did proper workup, they finally realized I was in the end stage ovarian cancer. Now, back in 1991, I was a zebra.

This was not normal. This was not common. Unfortunately, today it's a lot more common. Still not normal. In fact, one of the oncologists that I've taken through my training program, the reason why he started following my work is because he started seeing more and more young girls under the age of ten with stage four ovarian cancer.

That's when he got curious and started asking questions. Despite the fact that the rest of the people in his academic institution still have no curiosity as to why that's happening, or have any curiosity about doing something different about it.

One of the big reasons I'm here is that I recognize for myself and the clinicians I've helped train over these years, that we're struggling to keep up with the data.

There is so much information to mill through, and so focusing in that arena has been an absolute joy for me to help my colleagues be better equipped to move into this next era.

The other reason I'm here is patients are still struggling to find practitioners who see them as a whole, not as a tumor. They are not a tumor. Board.

They are not a breast cancer. They're a person that happens to be dealing with a cancering process. And so patients are tired of being labeled as a tumor.

They know that they're far more than that. And they're looking for people trained in this methodology to support them on a new way. We also need to stop giving so much attention to just the tumor.

We have enough research now that says the tumor microenvironment is likely more important than focusing on the tumor itself, and the internal environment around that tumor microenvironment impacts that even further.

We need to establish consistency in education and the application of these tools across the United States and beyond.

## Why Patients and Clinicians Need a New System

For doctors, using an integrative approach in their practice. And we need to forge a very different definition of health care in the cancer writing process.

So how am I doing this? Me and a lot of other people have come together, and this group of innovators are growing. We're building a new and innovative health care system to support this metabolic approach to cancer, chronic illness, health creation and longevity.

And we're doing so through this concept of reach. Health is within REACH through research, education, advocacy, community and hope. We support and drive innovation through this process.

Making health within reach. So let's start with research. What's changing in this arena? Number one, the biggest thing changing is in April of 2024. Metabolic train Institute of Health opened up the first ever nonprofit discovery biomarker and metabolic function lab in the world.

This is where innovations in the space, metabolic oncology of metabolic wellness, not just in oncology, but in psychiatry, in, nephrology and neurology and all things metabolic in nature is taking root to help innovate novel therapeutics, novel applications of therapies that have already been on the market, as well as as research and development of ones that have yet to be due to be determined.

So this is a big one. We're also applying a lot with Citizen science. We're creating a lot of partnerships with various research institutions, academic institutions, biotech companies around the world.

Because we have such a large reach of patients who work with one of our clinicians that say, hey, I'm here. I want to be part of moving science forward.

I'm here to help. So we have a lot of people that are basically community science, crowd science, crowdsourced science, civic science, participatory monitoring, volunteer monitoring.

These are concepts where people are basically putting themselves out there to say, hey, no one else has anything for me.

## Building the REACH Model

So let's try to figure this out together. All right. That's a huge thing. We're also partnering with a lot of different family foundations and nonprofits to further their research endeavors, to also further their pain to purpose, many of which a lot of our research dollars are coming from families who themselves dealt directly with a cancer diagnosis.

That standard of care was simply not able to help. We are also knowing that with this research approach, we are moving what's known as the 17 year gap.

The average time it takes for something to come from the bench to the bedside. So we are shortening that gap. We're doing bedside to bench research simultaneously with bench to bedside research, making things happen more quickly and more cost effectively.

It should not cost over $1 billion to bring a new drug to market. That's the current price tag to bring a new modality to market. It's also really time for us to get rid of people saying, well, there's no research in this.

Well, no one wants to fund the clinical trial I talked about with mistletoe at Johns Hopkins in a previous lecture that was not funded by the NIH, that was not funded by academia, that was funded by citizens like you and I, who were not served by standard of care.

That standard of care left out to dry. This was donation. This was philanthropic. This was money raised over time. You would not believe the number of individuals coming forth saying, I'm tired of giving my money to these big organizations.

Let's do something different. Let's leave a legacy of change for the future. We're also pursuing investment opportunities outside of our nonprofit research lab.

We also have a data platform that is a for profit opportunity for investors who want to take all of this information that we gather. If you went back and saw my lecture on test access address, don't guess.

## Research, Citizen Science, and Faster Innovation

You will understand that we're looking at millions of metrics, and as such, that's a burden on the clinician to take the time and have the skill set to even know how to translate and interpret that data and do something with it.

This data platform is a clinical decision making tool that will translate volumes of data. Scale. This approach globally and support clinicians doing better care for their patients and therefore enhancing their patient outcomes at the end of the day.

Think of this as putting the patient back in the middle of the equation versus the tumor or the institution, or even the doctor, and that the patient is what drives this this end of one care can happen with the right uses of technologies, laboratory evaluation and interpretation and translation of that information in a way that's never been done in standard of care today.

And so here's just an example of what that data platform looks like. Very, very, very high level of taking in massive amounts of of data and translating it to understand what are the best therapies to apply, at what dose, duration and combination.

This is what the future of medicine holds. Furthermore, we are digging deep into the rest of reach through education, advocacy, and community. These three absolutely play well with each other.

And so this is where, beyond educating clinicians and allied health professionals, and even, educating the, the direct to consumer population. We are building community globally.

We're building community through, cost sharing. We're recruiting advocates and activists from all over the globe. We're recruiting and encouraging new models of practice, new models of data aggregation, new models of interpretation of that data, and new novel delivery systems and new novel applications of therapies, some that are that already exist and some that are are coming to market.

We also, in this day to date, by the time you're seeing this, we have trained over 236 clinicians and 382 allied health care providers in 36 countries.

We've awarded over 100 grants to physicians and advocates who otherwise do not have access to funds or resources to take this type of education.

## Education, Advocacy, and Global Community

And we even have, global pricing now, so that if you live in other parts of the world, you're not paying the same U.

S. dollar. You're having the global pricing applied to this as well.

This network is growing exponentially. We bring on two new cohorts of each every single year. If you want to learn more about our education platforms and what's to come, here's some of the resources for you to do so.

But now let's talk about what's currently the definition of integrative oncology. This is a patient centered, evidence informed field of cancer care that utilizes mind and body practices, natural products, lifestyle modifications, and different traditions alongside conventional treatments.

Integrative oncology aims to optimize the health and quality of life and clinical outcomes across the cancer care continuum, to empower people to prevent cancer and become active participants before, during, and beyond cancer treatment.

This was a definition that was curated over many, many years of a lot of powers that be. And what this really shows us is where we're moving is into this new arena of metabolic oncology, where we get to apply the metabolic approach using variety of targeted interventions, using the right tools at the right dose, time and duration to keep the patient on the path of healing.

Where frequent testing enables this and a clinical decision making tool also enables the clinicians ability to do this and scale this to, support their patients, to constantly reassess and adjust course as they need.

Currently, Standard of care offers these options surgery, chemo. Radiation. Immune therapy, hormone known as endocrine therapy, targeted therapy and stem cell therapy.

What's also currently known and and defined for integrative oncology is all of those things I just described with the backup singers of things like yoga and exercise, meditation, acupuncture, nutrition, dietary supplements, and massage.

## From Integrative Oncology to Metabolic Oncology

I mean, no offense here, but these should be what we all do all the time. Cancer or not, this should just be kind of common sense and should just be is not, should consider bringing on.

And we should not be spending more and more millions and millions, if not billions of dollars on these therapies that we know have been used for thousands of years, effectively to support people's overall health and vitality.

Notice here that what we consider integrative oncology today are mere backup singers to standard of care. That is not the future of integrative oncology, folks.

The future of integrative ecology is what stands over here at the metabolic integrative approach. This is where we properly evaluate for and prepare our patients long before they undergo surgery, chemotherapy, radiation, etc.

we know exactly what they're dealing with before they even take their first step into treatment. We then know exactly what chemotherapy matches that patient's tissue or blood biopsy, and then we know how to use it in a micro dose at a much level, lower level of the dose, so as not to overwhelm and overtake the body.

And when we pair that with other therapies, we can add extra pressure to the system. We can also time that chemotherapy. So it's at its most effective with its least amount of side effects.

We can also use radiation in a very different way. We can use lower doses of immune therapy and and immune therapies injected directly into tumors to prevent these huge systemic experiences.

We can even use short term and lower dose, properly matched endocrine therapies. So, for instance, people with ESR, 1 or 2 snips or genetics, they don't respond well to aromatase inhibitors.

Or people with Cyp2D6 snips don't respond well to selected estrogen receptor modifiers like tamoxifen. And so we can find better options for those patients in endocrine therapies.

We can start to use more targeted mindfulness strategies. Don't just throw the kitchen sink at it and see what sticks. You are going to hear from the community of liberate how we can actually get into precision emotional healing and target people's needs even in that arena.

We can use therapies that have actually already been approved and standard of care for cancer treatments, such as photodynamic therapy. So no dynamic therapy.

Heck, most of you've probably heard of histo trypsin. Now it's making all the airwaves. We can use the multitude of off label drugs. We can use diet to add additional pressure.

Intermittent fasting, therapeutic ketosis, methionine restriction where is where it's tested and appropriate.

## The Vision for a New Integrative Metabolic Hospital

We can use fever induction therapies such as mistletoe, Coley's toxin, interleukin two along with other hyperthermia as etc. the point is, is that we have a lot of tools that enhance the effect and lower the toxicity as standard of care and help us create a truly and have one experience and of course, yoga and meditation and acupuncture and all those tools should go without saying along for the ride, but they should not be considered alternative or integrative oncology care.

So that's where I hope that you feel hopeful that there are some bigger changes that are more partners around the table versus backup singers. And finally, I want to leave you with this.

We are in our capital campaign of raising funds for the first integrative metabolic medicine hospital in research institute in the world. This is against a 1200 acre backdrop of regenerative, organic farming.

This is an intentional community, a little micro city of things like, mixed use residential, mixed use commercial, all from kind of the green clean space.

All, our hospital itself will be completely off the grid. Everything will be hard wired. Our patients suites will have every single building. Material used on this campus will be completely non toxic.

They'll be farm to table cafe in the hospital itself, as well as farm to table restaurants on the property. Our hospital will offer a teaching kitchen as well as there's a culinary school on this campus, an event center, a wellness destination environment.

So you can also come for nourishment and wellness creation, not just disease treatment. And this will be against a backdrop of extreme nature density.

The indoor this biophilic concept where the indoors blends seamlessly with the outdoors and vice versa. And so what does all this lead to at the end? The most important part of reach, which is hope.

And in the beautiful parting words of Maya Angelou. They who have health have hope. And they who have hope have everything. Join me in making health within reach.

## Closing Message of Hope

Thank you so much and be well.