Why Breast Cancer Treatment Is Never One-Size-Fits-All Transcript

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Introduction to Dr. Alvarez and ITC

Hello and welcome everybody. Today it is my pleasure to have in the studio Doctor David Alvarez. Doctor David Alvarez is a board certified physician who heard his medical degree from university Xochicalco he is also certified in advanced cardiovascular life support by the American Heart Association.

Doctor Alvarez is working at the Immunity Therapies and also known as ITC, for more than ten years. Doctor Alvarez, alongside Doctor Carlos Bautista with ITC founder, worked as an assistant medical director.

This year, he was appointed medical director, assuming expanded clinical leadership and greater responsibility for patient care and medical operations.

Congratulations on that. Thank you. In his role, Doctor Alvarez provides daily Hansen patient care while leading the development of individual treatment plans.

He also serves on its medical board, where he contributes to the research, development and continuous improvement of the center's integrative treatment programs.

Known for his clinical expertise, compassion, and passion centered approach. Doctor Alvarez is dedicated to helping patients achieve the best possible health outcomes through personalized, evidence informed, integrative care.

His philosophy and Pfizer's treating the whole person, not just the disease, by combining advanced medical knowledge with a comprehensive and holistic approach to healing.

Doctor Alvarez, welcome to the Cancer Breakthrough Summit. Thank you so much. It's a pleasure being here. Thanks for the opportunity. So it's great to having you today, and I am delighted that you have chosen to speak to us about the ITC healing approach to breast cancer and integrative and personalized path to care.

And I think it is so important to have so many options about treating breast cancer, because it is such a, I mean, killer for when it comes to, to women and cancer.

But first, I would like to know you did not go to to medical schools thinking you would want you wanted to become an integrative doctor. Did you are and how did you come to specialize in breast cancer.

So typically on medical school. So there's a certain amount of years that you go into literally school.

How Dr. Alvarez Entered Integrative Oncology

Then you go into practices and then you do an internship and some social work. And from there you specialize on the type of which specialty you're interested on doing.

When I finished my internship and my social work, I always wanted to be a pediatrician, which has nothing to do with what I do days. And two things happen.

One of them is that my mother was diagnosed with a rare immune disease called leaking plainness, which is a disease where you develop also in different areas, including the oral cavity, the esophagus, genitals.

You could have special patches on the on the armpits as well. And we treated her with all types of standard medications, including steroids, immune suppressors.

We were about to start immunotherapy. Right. Toxin map. You can even use chemo like cyclophosphamide. Methotrexate. And what opened my eyes a lot is that after trying so many things in and starting to have side effects, such as Cushing's syndrome by the steroid, one day she decided to try more, more natural methods, including, you know, acupuncture and specifically some natural path medicine, homeopathy.

So, I mean, we didn't know what was going to work, but she tried it. She was so desperate, and she responded in a matter of days. She she started responding.

That opened my eyes that there was, you know, something else outside of the box. And also my uncle, which was very close to me, was diagnosed with squamous cell carcinoma of the base of the tongue.

And again, I was still, you know, doing all my finishing medical school basically. So we didn't know better. We didn't know that there were other options.

He decided to do the standard treatment. He received radiation 35 sessions. He received chemotherapy, I believe, on a weekly basis. And he did everything on how it's supposed to be done.

But there were two little things. One is that they radiated the wrong side of the tongue. So he received the 35 sessions like it was supposed to be, but on the left side.

And he suffered a lot with complications. Something that kept my attention is that during that time there was no follow up. There was no one guiding him.

There was no one, I mean, besides me trying to do whatever I could at that time. So those two things impacted me a lot. And, you know, I think it's part of what happens or it's part of what some doctors can experience when they decide to go this route.

That's my story. Okay. And now you are the medical director at IDC. What is it and what is it? So I see it's alternative cancer treatment hospital. We used to be a clinic. Now we're a hospital.

It's actually seven floors of alternative and functional medicine, where we have hospital rooms to treat patients with severe infections, pain, complications.

We have critical care as well. We have a lab where we develop all of our immune immunotherapies, immune boosting treatments. We have a big kitchen. We have a big dining area.

We have a conference room. So it's a hospital. That doctor about that design to treat patients and to have everything under one same roof to be able to achieve the the best result.

And you are located in Tijuana, Mexico. We are located in Tijuana, Mexico. We are in the middle of the business district area. We're very close to the border.

It's like a ten minute drive from where we are. Yeah, yeah. And do you see a lot of breast cancer patients coming to, to ITC to to get treated. Right.

There's, there's a lot of, of patients with breast cancer. Most of our patients with advanced stages either because they received several lines of treatment and it didn't work well for them, or because they decided just to keep it under observation.

We also get nowadays we're getting a lot of patients where they decide to do everything from step one, which is the diagnosis, which is the staging, learning about the type of cancer, the receptors.

What ITC Is and Who It Treats

There's a lot of information, particularly that breast cancer can give us to give a more specific or more targeted

approach. I would say that breast cancer is one of the top five most common types of cancer that that we treat.

How would you define exactly breast cancer? Because it has many women, you know, saying, oh, I have a triple negative, I have this, I have that. What is your vision of breast cancer?

So it's it's actually a difficult question. And I well I was preparing for this. I was doing my research learning from different, you know, from different areas.

Right. Including the our team of doctors. First we have to define what cancer in general is, which is basically a group of diseases in which abnormal cells acquire changes that allow them to divide and grow in an uncontrolled way, you know, potentially invading surrounding tissues.

In some cases, they can spread to distant part of the bodies, which is, you know, including other organs. And I would define breast cancer more as a type of cancer where cells, cancer cells begin in the breast, most commonly in the ducts or lobules.

And I would say that it's not just one disease. I wouldn't say that is just one particular form of breast cancer. There are different histological types and more importantly, different biological subtypes.

Breast cancer. It's one of the types of cancer next to melanomas in long tumors that more information can can provide us to try a more specific approach.

Breast cancer is no longer simply treated according to where the tumor is. We increasingly treat the cancer breast cancer according more to what biologically is what the tumor is.

Okay. I mean, you mentioned that a number of people are now coming from day one of diagnosis, and they want to do everything for holistically integrating from a stage one, which which is obviously a great thing.

But how treatable is right. Cancer when it comes get patients at a late stage.

Understanding Breast Cancer and Its Subtypes

They have already been treated in the US, for example, with conventionally and and that does not provide the the outcomes that we're hoping for. And now they are coming to south of the border at coming to ITC to to see you and how how to treat.

I mean, what is a reasonable level of hope you can give to, to those ladies? And what factors have the greatest impact on the treatment outcomes? Like they said, nowadays, these tumors provide a lot of biological information.

Even in advanced or metastatic breast cancer, we have way more therapeutic treatments or options today that what we had in the in the past. The key to the key is understanding biologically the tumor.

And this type of tumors can provide different things, not just the anatomy, the receptors, gene alterations. You know, nowadays we have the option of of using there's there's a big research on the Her2 or there's an extension of the Her2, which is classified.

Now that's her two low or Her2 ultra low. There's there's a whole you know, we can talk hours about that that subject. But just how complex this type of tumors are allows us to apply different types of targeted therapies that typically work well to take control of the disease.

And all of this, their options allow us to have a sustainable follow up regiment. But I believe, and I always tell my patients this, that breast cancer, even metastatic breast cancer, is no longer a death sentence.

There's hope. There's options. There's treatments that work very well. There's there's diet. There's a lot of research that were conducting on breast cancer.

And I'm very optimistic for with with the outcomes that we can achieve, I would say seven out of ten women respond very well to what we do. There's challenging forms of cancer.

There are some that are known, you know, to be more aggressive, such as triple negative breast tumors, for example, or when we have the inflammatory component.

But even in those cases, you know, our treatment or combination of therapies works very well to what we want here is, is to take control of the disease.

And from there, enter what we know as a side to phase, which means that we start to bring down the cancer load in different areas locally and systemically, preventing some of these cells to keep feeding the other organs that might be affected, such as the bone, such as the labor, such as the lung, such as the brain.

But there's options. I would definitely say there's there's hope. And I'm very happy with what we are doing here nowadays. Is there any specific treatment that is done developed by you and Doctor Batista?

Is there something specific that people will find that ITC and and not anywhere else? Yes. Doctor has been in this field for over 30 years. I've been here with him.

Mean officially would be ten years. But even when I was a student, I was working for him, learning from him, taking vital signs, taking notes next to him.

So there's different things that I've seen that that have been developing for a long time. There is what I normally tell my patients is that there's really no secret to what we do.

It's not about one particular type of treatment, it's the combination.

Advanced and Personalized Breast Cancer Care

Typically, we work a lot with therapies that particularly particularly for breast cancer, we want to enhance as much as we can the immune response, which like I said, at some point in the conference, the immune response would be the steps that the immune system needs to follow to recognize an antigen, an antigen, basically, it's something that doesn't belong to our body, and our immune system will find out ways to recognizing that it could be primarily through the cells, it could be through the B cells, it could be through the T cells.

It could be through NK cells, the macrophage. So for breast cancer, what we do is we work a lot with dendritic cell therapy. Again antigen presenting cell treatment.

We work a lot on on the specific transfer factor to increase the amount of specific antibodies. So B cells and T cells can be more more effective against this.

We also work with therapies that can help to reduce circulating tumor cells mononuclear cell activation. Treatment. Ibi salina meissen the macrophage activating factor.

So it's a lot of treatment that is designed to create recognition of the of the disease. And at the same time, let's say make the the cancer more vulnerable to the different immune boosting treatments.

So we work a lot with hyperthermia. We work a lot with ultrasound therapies. So no dynamic treatment. And in particular we work a lot on on bringing down systemic inflammation.

There's several treatments that work well for that PML hyperbaric rife treatment. So we use therapies that have been used for years. And we've been incorporating new new treatments and new technology as as time goes by, typically patients with breast cancer stay three weeks, six weeks.

That's a realistic expectation. In a lot of the times. There's a lot of tumor load to treat, and that's an appropriate

amount of time to take control of the disease.

But more importantly, customize a sustainable follow up regimen. Because I think an important part of what what we do happens here. But I also need to make sure that my patient needs to know needs, needs know what's to do.

One once she's at home because they cannot stay here years, right? Yeah. Yeah, absolutely. So tell me more about this follow up regimen. So during the during the treatment time we're constantly evaluating what what options were what I be what supplements what diet works better for them.

Then based on that we customize a follow up regimen. Could be there's a long list of supplements or treatments that patients can follow up with, but it could be Doctor Batiste Herbal Blend.

It could be B 17. It could be, for example, uncle in science it could be diet. We focus a lot in an alkaline diet, low glycemic index diet as well. There's the option of doing antibody treatment.

There's a treatment where we take a sample out of an actual tumor to create an antibody. Patients can follow up with that at home. And it's it's very common.

And it's even being more common that patients come back every three months, every six months for a shorter amount of time. But for a follow up. So we know specifically where they are and what we been able to achieve.

How many women are you treating at a given time at the at the clinic right now we have about it's September has been not that you know, we haven't had that much amount of patients and like other months.

But right now we have about 25 patients. I would say from those 25, at least 50% have breast cancer. Yeah. I mean, people are of course, I mean listening because they are interested and concerned with, with cancer. But, a lot of people, I mean, are also interested in not getting a breast cancer.

What do you think are the best steps a woman could do to reduce a risk of developing breast cancer? That's that's a very good question. I think that the best medicine that we have now a days is prevention.

Right. And prevention starts the minute patients start to self explore their breast. Prevention starts the minute where patients take a look at the mirror and see how symmetric their breast looks.

Prevention starts the minute where you have those routine studies doesn't have to be necessarily a mammogram. There's a lot of patients that are against it.

I'm not a huge fan of it. I feel there's other methods. There's the I believe a lot on the breast ultrasound. I think that breast MRI can provide a great, great images.

Nowadays there's technology such as acute imaging, which is very promising. We don't have it yet, but we're working on it. So I would say self explorer I would say take good care of your diet.

ITC Treatment Methods and Follow-Up

I would say manage your stress. I was we constantly have meetings with different specialists and we work with we work with the press, oncologists, surgical oncologists.

And what he said is that really the best thing that you can do to prevent cancer is work on bringing down your stress, work on your emotions, work on bringing down the risk of anxiety, depression.

All of those factors play an important role on our immune system. I believe that there's nothing worse than stress, anxiety, depression for our immune system, so emotions play a huge role.

Diet. Work on a proper diet. Low on sweets. Low on process meats. I particularly I recommend low dairy products

and of course exercise. Those are the three big keys on for patients to stay healthy.

Are you Wednesday at the at this ITC you are educating them to on all those modalities to reduce their risk when they're coming back. Are you helping them also to address their emotions and this kind of modalities. Yes.

So the the tree member itself includes different different lines of therapy. Right. So some of the treatments are intravenous. Some of the treatments are local.

Some of the treatment works particularly on the immune system. A part of the treatment is designed to bring to bring down systemic inflammation. But emotions play an important role.

And this is such an important subject because I have to tell you, we've tried different, different professionals to help us. We've tried with psychologists, we've tried more with spiritual counseling, we've tried with different with different professionals.

And now a day we've been working very, very well with a wellness coach, which actually he had cancer. So he understands very well how patients could feel and how the whole healing process looks like.

He was actually a patient here, not for long, but he was here. So he he understands very well what we what we do. So there's we definitely focus on the emotional part.

And it consists of different techniques meditations 1 to 1 consultations, you know occupation. There's there's different therapies that that he applies.

Yeah. And says that's also thinks that people can continue to do when they are back home. And the and follow up is about treating and being people to get to a healing beyond treating the disease itself.

Yeah. Ideally we we when we, when we finish the, the course of treatment, we sit with our patients and we go, first of all, review all the blood work.

We compare how patients have responded where we are in terms of tumor markers. For example, we check the imaging studies, we give them their discharge.

But also this interview is important because this is where we determine what patients are going to do at home to continue to have control of their disease.

And there's different things. There's different. There might be even imaging studies that we ask for, but I always recommend that there's some form of emotional therapy.

I believe that it's a huge part of of this journey, of this cancer journey. I mean, it's yours. So I commending some specific diets, some supplements are individualized.

Can you be so yes or no. Department typically goes and has a consultation with them where we recommend our diet protocol in make terms. It's by is basically a low glycemic index diet.

Certain supplements requires you to avoid certain types of food while you're taking it. So all of those details are given at the at the end, of course, changes on the lifestyle.

There's we struggle a lot with patients that drink alcohol or that smoke tabaco. So of course we we recommend to to avoid that low end process. Me there's different things that we use to substitute dairy such as almond milk, coconut milk.

Prevention, Lifestyle, and Emotional Support

There's other options in there. But yes, it's it's another important part of the of the follow up regiment diet. And

when it comes to supplements like I said there's there's different options.

There's the option of taking B17. There's the option of taking oral selenium Icin. There's for example the artemisinin artemisinin supplement mistletoe.

There's options, you know for follow up. But the most important thing is that we don't lose track of our patients. Typically the follow up call it's in about two months two months and a half, but usually in about a month.

They were really calling us to to ask questions. So we know how they're doing, we know how they're responding, and we understand how their particular follow up regiment looks like.

And besides breast cancer, we have spoken a lot about I mean, like ITC, I assume you are seeing also a lot of other kind of cancer. What are the most common kind of cancer you have to treat.

We see a lot of colorectal cancer. Unfortunately colorectal cancer is on the rise for for young patients. This was typically a disease for older patients.

Patients over 6065 I have a patient who's 25 years old you know fighting metastatic colorectal cancer. We treat a lot of long cancer. There's two subtypes non-small cell and small cell.

We treat a lot of of non-small cell lung cancer. We treat a lot of non-Hodgkin's and Hodgkin's lymphomas, pancreatic cancer. Unfortunately we're seeing it more bile duct tumors as well.

Cholangiocarcinoma. There's different forms of cancer that we treat. Unfortunately, the way I can explain it is that we get a lot of the cases that nobody else wants to treat.

We also treat very rare forms of sarcomas. And you saw comas, lipo sarcomas, synovial sarcomas. So it's you keep studying here every day because you have to be updated to be able to to manage this, the type of cases and how complex they are and how advance.

Yeah. And every time you come up with some personalized and integrative strategy. Right. That's right. Every every patient we don't I mean, might sound cliche, but we don't see patients as a number.

It's every patient has the that has the will to fight. There's always hope. That's what I believe. And the treatment should be personalized. The treatment should be customized according to their needs.

We can have two identical forms of breast cancer, let's say, but in the same size, located on the same area, affecting the same amount of lymph nodes.

But the treatment has to be different for both. Biologically, these tumors are different. So there's not one size fits all type of regiment here. So sounds I mean really good people need this personalized thank you for doing what you what you are doing.

How people can reach ITC and decide if it is best path for themselves. So there's our phone number and contact information. It's on our web page. You can find us on Google.

We have a lot.

Other Cancers Treated and How to Contact ITC

We work a lot with Facebook. We work with social media, we work with Twitter, we work with Instagram. So basically you can find us online. And typically what happens is that you just submit a message.

And typically we respond within the next 12 hours so we can schedule a one on one consultation. It could be through soon. It would be with Doctor Batista, it would be with Doctor Galileo, Doctor Roscoe, Doctor Rivera

myself.

And that's where we decide. Or we analyze the case. We understand. We help you to understand where you are. We help you to understand what are the options, how the treatments are supposed to help you, what to expect.

And more than anything, a realistic expectation on what to expect on the certain amount of time that that we recommend. You are a hospital, meaning people have to find a room, a place to stay near the hospital.

Technique. Practically. How does it work? No, it's it's the logistics are very well handled by Carlos Alvarez and the rest of the team. We have apartments where patients could stay or we have we you could stay at certain hotels where we where we work with them, which are basically the hotel that we work with is like a five minute walk.

So it's it's very convenient. Most of the patients, I would say 80% of our patients work on the outpatient protocol because we have outpatient and inpatient protocol.

And I would say 80% of them stay at the apartments. There's a shuttle that brings you back and forth every day from Monday through Saturday. And even in case of an emergency, the shot will bring you here.

There's always doctors on call 24 hours a day, doctors and nurses. And if it's the hotel, it's the same thing. Most of the hotels have the shuttle service.

Thank you. Thank you so much. I think that, is very reassuring for, for a lot of people listening to, to know that there is this amount of care and, and all, all the technical parts of the logistics part is also well taken care of because I think it's always a little bit frightening to go outside of the US and, and surrender to really to a medical group in another country and not being so sure of what is going to happen.

But I think you have very well prepared everything, and everybody can have a, a stay where they can go from and heal from. No, there's there's hope, there's other options.

Our philosophy consists more of not just treating the disease. We want to support the the patient, the person through the entire journey from diagnosis through treatment and to long term, you know, disease management.

So we're here for you. It's it's a pleasure to be here today. Thank you. Thank you very much. Alvarez. Pleasure in being here.