

Episode 134 Transcript

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Dr. Jaclyn Smeaton

You know, we want to have that high touch experience. It's actually my favorite part of the job is getting to meet all of the people who are impacted by DUTCH Testing. Welcome to the DUTCH podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton, the Chief Medical officer at DUTCH.

00:00:19:15 - 00:00:43:05

Dr. Jaclyn Smeaton

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00:00:43:07 - 00:01:04:12

Dr. Jaclyn Smeaton

Consult your health care provider for medical advice, diagnosis and treatment. Hi everyone. Welcome to this week's episode of the DUTCH Podcast. I'm Doctor Jaclyn Smeaton your host and chief medical officer for the DUTCH Test. And today I'm joined by a very special guest, my boss, the good guy, the big guy, the founder, Mark Newman. Mark, welcome to the pod today.

00:01:04:14 - 00:01:09:03

Mark Newman

Good to see you. Glad to be here. Happy almost New Year and Christmas, all that.

00:01:09:05 - 00:01:27:10

Dr. Jaclyn Smeaton

Happy almost New Year. And you guys are on a treat today, because what we're going to be doing is really doing a year in review. And you might think, well, why would I care about this year in review? Hearing all the things that happened at DUTCH. But I'm sure that in your busy lives, you've missed some of the wonderful education that's come out, the publications we've done and the updates.

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Dr. Jaclyn Smeaton

So this is a really nice way for you to sit, listen, chat with us, get yourself a cup of tea or coffee and make sure you are really up to speed with everything that's happening in the hormone world, because there was a lot in 2025, and today you're going to walk away in a short period time getting the digest of that.

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Dr. Jaclyn Smeaton

It's like the cliff notes for the entire year.

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Mark Newman

There you go.

00:01:45:10 - 00:01:58:16

Dr. Jaclyn Smeaton

So, Mark, what are you most excited about that happened in this past year because we've you know, we were chatting about this when we saw in Las Vegas that, you know, I was like, oh, our HRT course launched in 2025, but that feels like five years ago.

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Mark Newman

Yeah. Oh, it's it's hard to not have recency bias when it comes to the year. We published a paper on HRT and estrogen metabolism and. Damn. And what happens with women on patches and then patches on demand. Published that in menopause like that's a big deal. Feels like it was 2000 and I don't know what, but it was like June or something.

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Mark Newman

So so that just came through and yeah, it's easy to miss that kind of stuff. So that's, you know, our, I think, successful attempt at showing, our market that we're serious about the science, that we want to take, what we do that works and put the evidence of that working into print. But then along the way, we're also learning things, too, because this, this thing that we live in, is not a finished product.

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Mark Newman

There's still a lot to learn about. You know, hormones and relationships and all of those things. And you know what? What we do is built on a whole bunch of evidence and a whole bunch of assumptions. And that's true no matter where you are in our space and and it's, you know, our job to continue, educating the best we can and then kind of elucidating some of those unknowns, you know, from an education standpoint, I think we have the HRT course.

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Mark Newman

And then I think there's a lot has been done on HRT. So we're trying to clarify that. And I think that's really, really good. And I would encourage people to go through that. If you haven't, particularly if you're just getting into HRT. And there I think that one, there's a lot out there and it's confusing because it's conflicting and different things.

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Mark Newman

And I think it's a nice, sort of centralization of, of kind of what we know and what, best practices look like. And then on the perimenopause side, there just isn't a lot of education. I think, the course that you and your team put together, on that with, with Piper Campbell, was really excellent.

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Mark Newman

And I think that's it's a tricky time of when do I Test? How do I leverage Testing? What sort of treatments do I have in the HRT space and outside the HRT space? So that's I think excellent. So I think in terms of publication and education, there's, there's a lot going on there. And then the whole year I think for us behind the scenes was all working towards this really significant goal for us of just trying to make our hormones story that we're telling within our report.

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Mark Newman

More accessible. Understandable. And so, we actually see that was this year too, right? We had two, two different releases. Of the report. One was sort of a set up for what happened in October because we didn't want, too many changes and too many pivots to hit people at once. So in the early part of the year, we transform the sort of look and feel of the report and also introduced the age specific shading in those different parts of the androgen dials so that people could get used to looking at that.

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Mark Newman

Just a much quicker at a glance, not having to go from results to tables and results to tables to figure out where am I relative to my age group, where am I relative to, the larger, you know, overall range? So we tried to let that sort of settle in people's minds before we did the main thing that we wanted to do, which was transform.

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Mark Newman

I think the big thing was to transform what used to be a highlight. This was, I think, Doctor Smith, who put it this way. And I thought that was that she captured it. Well, to say that we transformed the front page from a highlight page, to a true summary page. And I think as a highlight page, you know, as I looked at our report, I say a year ago, I wouldn't be comfortable looking at any report without looking at at least 4 or 5 pages.

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Mark Newman

I want that five alpha and dial, because we've seen that the literature has really emerged that this is a really powerful marker for looking at sort of androgenic impact. And so we brought that to the front page. And I used to be on page two, and then you got to look at estrogen metabolism, which is page three.

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Mark Newman

And then page five has got some more information. And then page six with the oats. And so it was a you know, kind of a lengthy trip through the report, and needing to know which things really rise to. It's sort of that first past importance level and then which are the details that you want to dive in when relevant, but not necessarily all the time to try it out, because it's a lot to pick through intellectually and all of that.

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Mark Newman

So and I think from the feedback we've gotten so far, I think we did a good job of making that, that first page, something where you can sit with it. And I think the way I describe it is for most patients, you can tell the story right from that front page and figure out where intervention is going to come and why.

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Mark Newman

And then for some of those areas that need a little bit more nuance, then you can dig into the rest of the report, either because it's relevant or because you're a nerdy hormone person like we are, and you just like to that you like to get into the hairy details. So, so education publication and then this report transformation, I think for me have been the three sort of highlights of, 2025.

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Dr. Jaclyn Smeaton

Well, I want to spend some time talking about more of those, because you've covered a lot in just the first few minutes, and it really feels a bit like drinking from a fire hose, actually, which when you talk about all the things that we got done this year, got out in front of our customers this year, no wonder we're tired.

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Dr. Jaclyn Smeaton

No wonder we're invigorated, but tired and ready for a little bit of an end of the year.

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Mark Newman

Yeah, yeah.

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Dr. Jaclyn Smeaton

Rest. Because it was a lot. We the team did so much this year and I want to get back to really our original theme for the year when we talked about what we needed to do, I remember talking about simplification, and really a lot of what we were doing was looking at everything, not just the stuff that faces our customers, but internal in the business to to say, how could we make this more simple, you know, from an operational perspective and process.

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Dr. Jaclyn Smeaton

But then when we looked at the report, there was a big impact. I mean, we know the biggest point of constructive feedback from customers was that it's hard to learn how to use that because it's so much information. And I think that's where the impetus came from. A really simplify the storytelling and put it on one page. And what is it is really amazing to me because the page feels the summary page, it's less cluttered.

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Dr. Jaclyn Smeaton

It's easier to work with, but there's actually more information on it. Like you said, for the majority of patients, you can really get all the information you need to take action right from that page. And as far as getting started with touch Testing, it's really we've changed the way people can learn the task because it's one page to learn, and then the rest of the pages are a deeper dive, right?

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Dr. Jaclyn Smeaton

But not an essential dive, like you said. And I remember talking to the clinical team and I asked, well, walk me through how you would interpret a report, and everybody did it differently. And really what you've done, which is brilliant. You didn't mention these words, but was created this tool or this interpretation framework to go through the report, which we're calling the DUTCH Dozen, which is like a left to right read of that first page of the report.

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Dr. Jaclyn Smeaton

And I think that that having a process, a systematic process to look at all of these reports will make it so much easier for providers to learn how to use a DUTCH Test, because it really can be complex. I mean, we talked about this. It's like we look at hormones in the blood, but that's just part of the story.

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Dr. Jaclyn Smeaton

You know what DUTCH really layers in is what happens after it interacts with the tissues. And that's different from person to person based on genetics and inflammation and, you know, insulin, insulin resistance and all these other factors. And so it can it layers on a lot. It's like three dimensions of hormone understanding. And it's a lot to take in.

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Mark Newman

Yeah, it's a lot. And you know if you think about a movie, if you watch a movie and every relevant clip you watch, but in a sequence that isn't in an intelligent order, it isn't always sequential, right? Sometimes you need a flashback, but it needs to be well timed and all of that. So, you know, the the old report I think did did a poor job of

making like a linear path through this sort of intellectual, journey through some of these hormones.

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Mark Newman

And, I think if people reorient around and that's kind of a lot of our theme for next year not to get ahead of ourselves, but is, is to really reeducate around that reorientation of that just sort of linear flow of information so that the story is just easier to understand and make sense of. And to pinpoint where, you know, intervention makes sense without getting lost in the weeds.

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Dr. Jaclyn Smeaton

Yeah, definitely. So I mean, if you've if it's been a while since you've ordered a DUTCH Test, order one for yourself, you know, get used to doing the DUTCH Dozen. There's a lot to learn. And you're going to find it so much easier to work through it. For those of you who are listening, who are providers, I'd highly encourage you to take another Test or do it with a patient.

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Dr. Jaclyn Smeaton

Do it on yourself or your partner, and give it another look, because it's really changed. And we've gotten such good feedback from customers.

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Mark Newman

Yeah, yeah. I mean, we're a service industry and we you know, I think this was a big step for us in just serving our people better to make their job easier because, you know, we know what we do is complex. And it's also only one piece of what's going on with the patients. You know, they're wanting a window into, you know, other markers and gut and all of these things.

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Mark Newman

And so, so it's an attractive thing to have comprehensive Testing, but if it isn't done in a way that's you know, easy to digest, then it can be it can be counterproductive. Sometimes just because it's an inefficient process and we're we're trying to make that better. I think the report has really done that. And then I think for some people, as you said, just trying it again and reorienting around, that sort of linear flow of

hormone production and metabolism of the estrogen and androgen cortisol, sort of in that sequence following that, that DUTCH Dozen and those 12 elements that are really, I think, the key elements to understanding, a patient's

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Mark Newman

hormone picture. I think it's a, I think it's a good framework and I'm excited to get it out in front of, you know, more people this next year.

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Dr. Jaclyn Smeaton

Definitely. Well, we've got a lot of resources on that, and we will link to our favorites in the show notes. We have some recorded webinars. We have a couple podcasts we did with Doctor Jones where we talked about some elements, and you actually walk through that interpretation framework. So check out the show notes if you want to link to those and learn more about that topic and really reorient yourself to kind of the new DUTCH.

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Dr. Jaclyn Smeaton

With the report, we also put out new packaging and new branding and, and for patients, we've put out really fabulous, like literally Hollywood produced instruction videos. And that was a really fun project for our team to work on as well.

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Mark Newman

Yeah, I think we've seen good fruit from that already, just in that we similar to the report, we just didn't do as good a job as we could. Having these this just years and thousands and thousands of bits of feedback on where people get stuck, where people get confused, simplifying the coffee restriction, water restrictions, some of those things that just make it a little bit easier.

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Mark Newman

You know, it's part of the downside when you have chemists building things, is sometimes you get a little too theoretical and conceptual, and there we need it to infuse a little pragmatism, into the instructions. And, and it's helped, just having those kits out since, what, mid-October? We've seen a downtick in the number of people that are just calling and saying, hey, I'm confused.

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Mark Newman

So I think, I think that's been a good a good move as well, because if people get overwhelmed, even just removing the avocado restriction of like doing a deeper dive on how much dopamine is in an avocado, does it actually mess up your HVA results? Turns out it doesn't. So even though there's some in there, just means all your, you know, avocado toast people, don't have to time around both their menstrual cycle and their eating habits as much, so just, you know, and but but then we never want to lose the core science.

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Mark Newman

Right? We wouldn't also want to say and don't worry about your smoothie that has bananas in it, because bananas are 50 times the amount of dopamine that an avocado does. And so if you don't care one bit about your dopamine and HVA results, have at it. But we want to make sure that people are getting the most value out of the Test, but that they're actually accomplishing the Test.

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Mark Newman

So I think we struck a nice a nice balance with that.

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Dr. Jaclyn Smeaton

Another thing that I think is really timely to talk about from an instruction standpoint is that with the rise of creatine as a supplement, we really I think that's another thing that we've talked about with a lot of customers, because that can interfere with the Tests. You don't want to take the day of Testing really for about 24 hours.

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Dr. Jaclyn Smeaton

And it's such a popular supplement for men and women. Now, it's worth calling that out. So like, you don't need to skip avocados, but do skip your creatine.

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Mark Newman

Yeah, baby. My daughter just incidentally asked me about that yesterday. Hey, playing high school basketball, I think I need to start taking creatine, but, but and if you take a

low dose, the impact on the Testing is pretty minimal. But we know a fraction of those people are taking you know, higher doses, and then you end up getting metabolically, you end up getting this influx of, of creatinine from the creatine, and it can impact, the results.

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Mark Newman

So if you artificially boost the, creating and then you're going to essentially lower your hormone results that are reported as hormones per creatine and, by whatever proportion, you'd sort of screwed that up. And so just the day of the Test, just just kicking that out of your list of things to take for the day, just ups the level of confidence in the Testing.

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Mark Newman

And that's, you know, that's important.

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Dr. Jaclyn Smeaton

Yeah. I want to shift and we talked a bit about some of the research that we put out, but we had three big publications this year, which for, really a small company that's doing the amount of business we're doing and a small research team, that's a lot. We've had a really productive year. On the research side. I want to take a few minutes to highlight that.

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Dr. Jaclyn Smeaton

So, we've we've had three peer reviewed publications. The first was actually in November of last year, where we looked at the impact of demand on estrogen metabolism in cycling females. So that was just before we hit 2025. Do you want to share a bit about that paper?

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Mark Newman

Yeah. And that when we isolated was it just premenopausal women. It was women not on therapy. I can't remember if it includes premenopausal, but yeah. So for the premenopausal woman, what is it doing? And so that was an interesting look at both the metabolic shift of opening up that two hydroxylase pathway. Which we know that's the whole cruciferous vegetables.

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Mark Newman

And part of their benefit is, you know, you eat your indole three carbon all in your gut, turns it into diurnal methane. And that just up regulates that, sort of estrogen evacuation channel down the two hydroxy pathway, which as we showed, pulls down those parent estrogen. So that's one impact. And then of course we know that that pathway is considered protective in terms of the impact the both the two hydroxy have as well as the two methoxy.

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Mark Newman

So just pushing more down that channel. And we're just looking at the impact of that one to learn about the impact of that. One of the surprising things that we saw is that the four hydroxy tends to, in some women, trend up and not down with them. Doesn't mean it's not helpful and beneficial in that the relationship between the two in the four tends to improve.

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Mark Newman

But we want to have our eyes wide open in terms of what's going on. So if you. Well so like my case was interesting. Our third publication was my own publication where, I took some, some hCG to, to increase Testosterone levels. Just kind of monitoring that. What's going on. You can see those increase doubling ish. And but we know that creates more substrate for estrogen production.

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Mark Newman

And what do you know. A hefty amount of estrogen production, which is not someplace you want to sit long term. And that's something you can do with a serum Test. And then you see the added benefit of the DUTCH Test is that Part of the reason why the estrogens are high is both phase one and methylation is not working very well in that particular and of one.

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Mark Newman

And so then what I did is sequentially then address that by using a calcium D gluconate Dem product, which is both helping you clear your estrogens out your gut and then clearing your estrogens down that two hydroxy pathway works like a charm.

The challenge for me is being a guy who has a genetic defect in my Comt, my methylation, my methylation went from crappy to really crappy because I loaded it up with all this substrate to methylation.

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Mark Newman

And so then I added some methylation support with tri methyl glycine, and that opened up that channel a little bit more. And then that, that became then the combination where my estrogens in range Testosterone in the same neck of the woods in that that higher level. And then the metabolism looks, better and conceptually, theoretically, safer because for all the four hydroxy I'm making a methylated better, got the more protective two hydroxylase version, and I just don't have an abundance of estrogen, which, you know, listening to lectures.

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Mark Newman

It's interesting how much harm you can do by having not enough estrogen, even in a man. So you don't want to just hammer it with an aromatase inhibitor? Not that those aren't useful, but overdoing that can be problematic as well. And so getting those back into range to be sort of proportionate to the Testosterone and then having proper phase one and methylation, that we published that in what, what was the journal.

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Mark Newman

I forget the name of the journal, but it was in the.

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Dr. Jaclyn Smeaton

Creative Medicine Clinician Journal.

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Mark Newman

I and yeah, so just a simple little case study publication, but it just shows the utility of the Testing in doing, you know, kind of the things you see in practice with, altering hormones, altering hormone metabolism and just the value of looking at that broader story.

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Dr. Jaclyn Smeaton

Yeah. I mean, that's exactly it. I want to summarize the value of that paper. It's such a different takes. It's only an end of one. It's a case study. But what it I think it really demonstrates is the clinician process and the thought process. And when you have a patient that comes in and you order digest the insights that you can get from it, and then you would make a change and then you reTest and then you might find a different problem and you make a change.

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Dr. Jaclyn Smeaton

And really how you can utilize the Testing to optimize patient care and hormone balance. I just thought that was a really nice thank you for giving us that data, by the way, being willing because we were like, let's publish as you know it by me. You just were sharing a little bit about your own, study and your own DUTCH Testing and our, PhD researcher and I got.

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Mark Newman

Yeah, yeah.

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Dr. Jaclyn Smeaton

When you had about.

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Mark Newman

That access to it yourself, you can do it differently. That's helpful. Education. Because if I was a real patient, I would have seen initially that phase one metabolism is poor and methylation is poor. And I would have helped both, but instead, because we like to play around with this kind of stuff, we, you know, address one, see the change and the change.

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Mark Newman

So better or worse. And then address that second layer, that got even worse, with a separate intervention. And it just kind of helps to show and highlight, the utility of the Test. So that's, that's what we call fun, around here, if you're, you know, the chemist, nerdy, analytical type.

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Dr. Jaclyn Smeaton

So, yeah, you know, I almost wore my, like, probably favorite thing that I acquired in 2025, which is my hormone nerd sweater. I almost wore it today because I'm like, I don't know if I can wear a hoodie on the pod, but it is so great. And it's absolutely we are all hormone nerds. And we our clinical team got, the little hormone nerd sweatshirts are pretty awesome.

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Mark Newman

Yeah, those are fun.

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Dr. Jaclyn Smeaton

The DUTCH doc teams are pretty great.

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DUTCH

We'll be right back with more. If you're already running DUTCH Tests in your practice or thinking about it, there's never been a better time to become an official DUTCH provider. Why? Because we go beyond lab Testing. Our provider community gets exclusive access to clinical education, in-depth report interpretation training, monthly case reviews, and one on one clinical support. Whether you're just getting started or looking to sharpen your functional hormone expertise, we give you the tools to grow.

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DUTCH

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00:22:16:12 - 00:22:19:18

DUTCH

Welcome back to the DUTCH podcast.

00:22:19:20 - 00:22:44:12

Dr. Jaclyn Smeaton

The other paper we published was in menopause, a really exciting journal to have our second publication in. You and I published in July this summer on demand in postmenopausal females who are also on estrogen patch therapy. That's really interesting because you would think I one thing that was a surprise to me was just

how many women we had in that study, because there were a lot of women who are on the patch.

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Dr. Jaclyn Smeaton

We had about 1500 women who were on a damn estrogen patch, and concurrently on them, which that's a pretty large number, given that we know it lowers total dial. And that you know that. But there is a utility and a value in some women to adding that therapy and combining them. And at the same time, you have to consider that adding the damn if you want to improve estrogen metabolism will affect total estrogen levels.

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Dr. Jaclyn Smeaton

And we did see that in the study. So you have to be thinking about whether the dose needs to be adjusted to account for the fact that you may lose some additional estradiol through the estrogen metabolism pathways.

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Mark Newman

Yeah, I think we found that on average, it just moved you down about a half a dose, half a level. So that's worth considering. And then we all know that. And buried within all those numbers are a whole bunch of individuals. So that's not true of everybody. And some people need a little more. Some people don't need it at all.

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Mark Newman

You know, and we don't we don't really promote the I mean, we don't technically promote any supplements, but don't promote just indiscriminate use of those because, you know, some people already have that sort of heavy to hydroxylase pathway where it isn't necessary to, you know, to aid in that. But we yeah, we did find that there's an impact on both your parent estrogens and the metabolism patterns when you're taking HRT and something to modulate estrogen metabolism, which was, you know, again, it's twofold.

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Mark Newman

One, we want to learn about it. And two, we want to affirm that what we're doing is a Test that is based on conceptual things, actually works. Works, works out the way,

that we think in real life. And if it doesn't, then, you know, we pivot our thinking and and we learn as we go. And that's, that's part of science.

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Dr. Jaclyn Smeaton

Definitely. And so those are the ones that were published externally. Well, we actually had three additional big heavy lifting pieces that were internal white paper publications. And so I think these are also, you know, the research we are working to contribute to the body of hormone research. We know there's a shortage in women's health research out there. We have so much data, and we get really excited about being able to share that outwardly, particularly on the functional medicine side, when we think about utilizing Testing and monitoring and things that are not yet adopted conventionally across the board.

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Dr. Jaclyn Smeaton

And but they're the reasons why women are seeking care outside of an ob gyn office for things like hormone management, because they want that, additional information about their body. Now, these white papers covered some really important topics. We did a best practices like estrogen and progesterone therapy. On selecting the right therapy and monitoring that therapy.

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Dr. Jaclyn Smeaton

These are not our opinion pieces. These are heavily referenced, evidence based white papers. They were a ton of work. They I think they're we probably need to talk about them more. And you can get these if you go to [DUTCH chess.com slash research](https://dutch.chess.com/research) you can get access to these. And we'll make sure we link directly to them in the show notes as well, because these are awesome takeaways.

00:25:46:01 - 00:26:08:10

Dr. Jaclyn Smeaton

They have a really nice executive summary. So if you don't want to read the whole paper you can just take the summary. But the thing about these are that if you are wondering, should I Testing? Should I do just serum or should I not Test at all? Which is kind of the standard of care with HRT or I'm being told salivary Testing, and I'm talking to DUTCH about urine Testing, and I'm thinking about maybe doing serum Testing.

00:26:08:12 - 00:26:32:06

Dr. Jaclyn Smeaton

There's these white papers. Break down a pretty comprehensive look at the data, and it's really exciting to have this out here in a way that's easy for providers to see and to reference and to share if they get challenged by colleagues or if they get invited by another lab to try their product out. You can take a look at this and see exactly what's out there in published literature and more importantly, the data that's not there in published literature.

00:26:32:08 - 00:26:56:06

Mark Newman

Yeah, I mean, I think in an ideal world, we get the question and publish every variable that we're curious about. But the truth of the matter is, I mean, there's just a there's a lot of research out there, that isn't always necessarily coordinated, like the the debate about whether to use urine, saliva, serum in a particular scenario.

00:26:56:08 - 00:27:21:16

Mark Newman

That's always been kind of a, I don't know, like a hobby of mine is just cobbling together all of the studies to try to create one cohesive picture, because nobody goes out there and says, hey, how does estrogen impact bone? And then gives people, you know, gels and patches and creams and then monitors saliva and urine and serum and then pieces this all together and wraps it up and puts a bow on it and, you know, drops it off on our door.

00:27:21:18 - 00:27:39:17

Mark Newman

But there are studies on gels and bone and serum and bone and some have serum levels and some don't, and none have urine and no saliva. But you can look at other studies where they use the same exact products and report these different things. And then we that's why we're so important for us to publish. What is the urine pattern.

00:27:39:22 - 00:28:05:00

Mark Newman

Yeah. With gels, creams, patches that low dose mid dose high dose. And then can we overlay this with what we know goes on clinically and you know, can we just be transparent about what we're finding that, you know, if someone takes vaginal progesterone we know that it works. You know, 45mg has mixed results, 100mg has

solidly positive results.

00:28:05:02 - 00:28:26:13

Mark Newman

And no lab Test in the world has anything to say about what's going on in the end of Meechum in that scenario. So, like, we want to lay that out for people in terms of what you can lean on, in terms of what actually works, and then what has variability at the patient individual level, where the lab Testing will actually show you something that's useful in a particular scenario.

00:28:26:13 - 00:28:50:17

Mark Newman

And they're they're tricky, difficult things. You know, and some of the questions, aren't yet answered, but there is a lot out there if you can cobble it together. Well, and I think our team did a really nice job on that, on several topics to lay out for people so that you can just have more confidence in what you think is true and what makes the most sense in the aggregate.

00:28:50:17 - 00:29:04:13

Mark Newman

And then we treat each person like an individual, leverage Testing where it's helpful. And then hopefully onward we all go towards, you know, better patient care across the board. So and I think this year was we made some good progress on that.

00:29:04:15 - 00:29:22:00

Dr. Jaclyn Smeaton

Yeah. We made a lot of progress. The other white paper we published, if you can believe it is on five alpha understanding diol as a marker of androgen status in women. And this we pair it out with, you know, really explains why we put it on the summary page of the report. And the data on this is really fascinating and interesting.

00:29:22:01 - 00:29:32:06

Dr. Jaclyn Smeaton

And we also have a whole podcast on this topic with you. But why don't you share just in your high level highlights, what the importance is of five alpha Andro.

00:29:32:08 - 00:29:57:02

Mark Newman

Yeah. The I mean, we really added that to the panel initially because it's like, here's

Testosterone and here are these downstream metabolites. And so it was sort of intrigued more than anything. And then, you know, as the literature unfolded, even since we started the company, it started to highlight the value of this, that understanding that Testosterone is important and we want a window into that.

00:29:57:02 - 00:30:20:06

Mark Newman

And then, you know, we all know if it gets turned into DHT down that five alpha pathway, it's about three times as potent. And so how much DHT you have is also important. And, you know, early on I can remember a lot of people asking because. So I sort of migrated from the saliva world in part and, in saliva, you're mostly working with them, you know, assays.

00:30:20:08 - 00:30:51:09

Mark Newman

And they suck for DHT. There's just for whatever reason, trying to get a goat or a rabbit to make an antibody that's selective for DHT. You know, this is a different world of we're measuring everything by mass spec that's physically measuring a molecule. And in amino acids that you use in some serum Testing, a lot of saliva Testing, you have to have this lock and key match made by an antibody, by an animal and the DHT, just whatever reason, the antibodies that they can find, they cross react like crazy with other androgens.

00:30:51:09 - 00:31:08:22

Mark Newman

So can you get a number? Yeah. Most labs won't report it because they know it's not very good. And then there were a few that are doing it. So, so there's always this intrigue of can you measure DHT? Yep. We can measure it. And then there's this question of like, okay, how much does it matter? And what the biochemistry has taught us.

00:31:09:00 - 00:31:31:07

Mark Newman

None of this is our original work, but it's fascinating work. Is that yes, you have floating around DHT. You can measure that in blood. It gets turned into the thing we find in urine. You can measure it in urine. But as it turns out, what's really, really the most important piece of DHT is what's being formed in the cell and then hitting the androgen receptor.

00:31:31:07 - 00:31:59:05

Mark Newman

So Testosterone moves into the cell or even DHEA. There's interesting research on trying to figure out how much DHEA is actually intracellular. That's that's forming other androgens within the cell. So there's some some pretty sophisticated questions there as to where does this stuff come from in the cell. But we know that Testosterone hits the androgen receptor. And if it gets turned in that cell into dihydroTestosterone by five alpha reductase, then it really hits the receptors.

00:31:59:05 - 00:32:24:19

Mark Newman

You said, well, that's what I want a window into. And then what the research shows is that molecule doesn't tend to escape as itself. And if it does, it mixes in with the pool of DHT that's already circulating. But what happens is within the cell hits the receptor. Now it gets turned into and dial. So now it's the metabolite that has formerly hit the hit the receptor as DHT and then circulates as an dial.

00:32:24:21 - 00:32:48:21

Mark Newman

So there's interesting research on that in blood of Andro saying dial gluconate not a common blood Test. It's really expensive. I think, a lot of labs don't even do it. But it's a really good marker. And it seems from the data that measuring that and dial in urine is equally good in terms of asking the question, how much of this high androgen necessity am I seeing at the tissue level hitting those receptors?

00:32:48:21 - 00:33:08:18

Mark Newman

And so, you know, a really good way to ask that question is to go into a group of people that we know have that issue. So PCOS always works great as a subclass of people, a subgroup that we know has a lot of androgenic stuff going on because we're getting facial hair and acne and, things like that in some of them.

00:33:08:20 - 00:33:29:22

Mark Newman

And but what we do know is, as a class, they tend to have higher androgenic levels and then higher androgenic impact. And what we find is that all of those androgens are a bit higher in the PCOS crowd. Interesting. We learn from that. That's good. But the one that stands alone in terms of how well it separates this high androgenic group from otherwise healthy controls is interesting.

00:33:29:22 - 00:33:59:15

Mark Newman

Dial. So we see, you know, we see groups of healthy, slightly off shifted but overlapping groups of PCOS with all of these androgens, including DHT. And then and then, you know, with, with that interesting dial marker, we see healthy controls, PCOS, like cleanly separated as almost like two different groups. So, whether you have PCOS or not, if you're making a lot of DHT at the tissue level, this is a marker that really, really matters.

00:33:59:15 - 00:34:23:11

Mark Newman

And so that's why we've elevated that. And that's part of our job. Right? Do we measure DHT? Yes. It isn't on the report. Yes. Do you see it visually represented there in the pathway on your female patients? No. Because we want your attention drawn more into more of that fine. Alpha, interesting. Dial, because that's where the magic is in terms of something that differentiates hormone function from dysfunction.

00:34:23:11 - 00:34:28:12

Mark Newman

And that's ultimately what a Test is. If a Test isn't doing that, then it's useless.

00:34:28:14 - 00:34:46:16

Dr. Jaclyn Smeaton

Yeah. Well, I mean, that's a lot. I mean, that's just our research team. You know, I want to also talk about education. We've shared a bit about the courses that HRT course, the perimenopause course. These are kind of longer format courses I think 4 to 6 hours that are you know, they're not C eligible, but they're built for key.

00:34:46:21 - 00:35:09:02

Dr. Jaclyn Smeaton

They have a small amount of dots at the end because of course, I know you want to know how to use a DUTCH Test. But again our team is really focused on creating evidence based education. So those are fabulous. I know, one kind of funny thing that happened this fall as well as we talk about this upcoming year, 2026, you said, well, Jaclyn. why don't we work on getting the team out, speaking more, and let's see if we can do 100 external speaking events.

00:35:09:02 - 00:35:34:06

Dr. Jaclyn Smeaton

And I was like 100. Wow, that's a lot of speaking events. Let me see how realistic it is for us to do that. Let me see how many we did this year. And we had done 100 over 100 speaking events. So it's definitely achievable next year too. But we our team has been out and about with webinars, podcasts, conference presentations, dine with DUTCH, which is listen for us coming because they'll be coming to different cities all over the country.

00:35:34:06 - 00:35:52:04

Dr. Jaclyn Smeaton

We're going to be doing even more this year, where you get the chance to sit with one of the doctors from DUTCH, go through a presentation, go through some cases, learn how to use a DUTCH Test, and then enjoy the last meal. And we've had a lot of going on. We've had great webinars. Doctor Tori Hudson, doctor Sarah's all doctor.

00:35:52:04 - 00:36:16:19

Dr. Jaclyn Smeaton

Doug Lucas, and we've had wonderful podcast guests. In fact, this year, just recently we had over 400,000 downloads since kicking off our podcast, and we had some podcasts that hit, you know, six over 6000 downloads per episode. So we're really getting traction in the podcast space. Thank you guys very much for listening. We know you really enjoy hearing from our guests, but we're really growing a lot with what we're doing externally.

00:36:16:19 - 00:36:20:22

Dr. Jaclyn Smeaton

But we're looking at next year doing even more. Do you want to talk about why?

00:36:21:00 - 00:37:04:10

Mark Newman

Yeah, I think for for us, you know, education is kind of the centerpiece of what we do, and particularly with this, recent pivot with the report. You know, I really feel like there's a responsibility for us to go out and, reeducate people and educate people around the new report format, this educational framework that we're doing with the DUTCH dozen of of elevating these 12 things, teaching through it in a linear sort of, logical way, to just allow people really, in short order to be able to have confidence and competence to sit in front, front of the next sort of unknown, and work with people.

00:37:04:10 - 00:37:30:08

Mark Newman

And then, of course, when that's difficult, your team is always sitting right there to walk people through it, talk people through it. To make sure that they understand. But I think education is, is really the key for us. And we want to be out there helping people understand this. Because because really the providers that we work with, they are the key, to, to this whole puzzle of trying to get people.

00:37:30:08 - 00:37:52:05

Mark Newman

Well, our Test is a tool. There are other tools. But but leveling people up and giving people, so the, the this world to swim around in and learn, on just this piece of the story that we tell, I think really, really well, we want to level people up on that so that they can just, just do a better job of helping the next patient that sits in front of them.

00:37:52:06 - 00:38:14:10

Dr. Jaclyn Smeaton

Definitely. And we're going to be doing a lot next year around that. So I think one big thing, we just announced that we're going to be hosting DUTCH Fest, which has happened before, but not since Covid. In person, two and a half day learning event. Deep dive into DUTCH. I highly recommend you check this out. You can go to DUTCH Fest with an EF DUTCH fest.com, not DUTCH tusked DUTCH fest.com.

00:38:14:16 - 00:38:36:04

Dr. Jaclyn Smeaton

To learn more, this will be taking place in Dallas, Texas in mid-March and it'll be a soup to nuts. You know, if you want to become an expert in DUTCH Testing, you don't want to miss this. It's two days of time. You'll be doing 25 or so cases. You're going to be really going from learning the conditions, learning how to use a DUTCH report, and then learning what ingredients and supplements utilize.

00:38:36:04 - 00:38:51:07

Dr. Jaclyn Smeaton

And you're gonna walk away with a ton of resources on this. I'm really excited about this. And it's also going to be really fun to get the team together, get, you know, all of our customers together, or custom people who are interested in DUTCH Testing and really spend the weekend immersing ourselves in it.

00:38:51:09 - 00:39:10:13

Mark Newman

Yeah, it's going to be a lot of fun. I think, you know, there's a lot of hormone education out there, of various types and various qualities. And this is going to really focus more on, you know, how do you make sense out of the hormones through the lens of the DUTCH Test? And then what do you do about it?

00:39:10:15 - 00:39:41:04

Mark Newman

And we're going to, we're going to really do a deep dive on that. And I think send people away with the confidence to just tackle, the cases that come at them afterwards. There are lots of wrinkles and nooks and crannies to, this subject matter that we're in and so we're, we're excited to try to, to take people deeper into that, in a way that I think we'll, we'll leave them armed and ready to go when it comes to, you know, the, the, all the different types of patients they have out ahead of them.

00:39:41:06 - 00:39:45:04

Dr. Jaclyn Smeaton

So if you've ever wanted to know what hormone nooks and crannies look like.

00:39:45:10 - 00:39:45:18

Mark Newman

There you go.

00:39:45:18 - 00:40:03:18

Dr. Jaclyn Smeaton

DUTCH Fest. I'm going to keep that keep that phrase, I love it. We're also gonna be diving deeper into science next year and like really leaning into that hard, you know, deeper science in the podcast, of course, our research, our webinars, we know you guys are hungry for more of that hormone learning, and we want to be there to provide it for you.

00:40:03:18 - 00:40:14:16

Dr. Jaclyn Smeaton

So, you know, our team won't stop making really fabulous content for you to really better understand hormone conditions and how you can treat them from an integrative and functional perspective.

00:40:14:17 - 00:40:45:18

Mark Newman

Yeah, I think we that's our passion. And I think the way that we're going to do it next year is we really we really value that information and putting it on a platter for people. But I think, the relationship part of that, we really want to invest in next year, as well as trying to hop around the country and really, be eye to eye with our providers and, and teaching them and developing relationships with them so that they not only, like, level up, but also that they have, a relationship and a connection with us and with our team so that when they hit.

00:40:45:18 - 00:41:08:18

Mark Newman

Because no matter where you are, in your journey, you're going to hit some cases where you probably should be on the phone with somebody going like, hold on. This is a little bit of a different wrinkle. What's going on here? And I think that happens, with us and them in relationship and also as we build the community of people who really care about this stuff up, that there's help within that group.

00:41:08:21 - 00:41:24:11

Mark Newman

And then between, you know, our experts and the experts out in the field. And so that's going to be a big investment for us next year, is just trying to get out and rub shoulders and sort of talk shop with, a lot of the people that that care about this stuff and are, are helping patients, you know, every day of the week.

00:41:24:13 - 00:41:42:00

Dr. Jaclyn Smeaton

Yeah. I mean, we want to meet you. And actually, it's so fun when we get to travel, like we were just in Vegas for a forum longevity fest. And, it's I love it. People come up and they they've heard us on the podcast or they have heard a webinar or something that we gave. And, you know, we want to have that high touch experience.

00:41:42:00 - 00:42:04:02

Dr. Jaclyn Smeaton

It's actually my favorite part of the job is getting to meet all of the people who are impacted by that Testing, and the providers who are doing this work. It's like we're hormone nerds unite. We need to honestly stay together, learn together, and just stay connected. So I'm excited about trying some new ways to really deepen our opportunity to engage with our community.

00:42:04:04 - 00:42:07:04

Mark Newman
Yeah, absolutely.

00:42:07:06 - 00:42:18:11

Dr. Jaclyn Smeaton

Next year we have a lot of things going on. We have a lot of things in the plan, a lot of things being finalized. Do you want to give any highlights of what you're really excited about that you're willing to share with the public today?

00:42:18:13 - 00:42:36:00

Mark Newman

Sure. I mean, I think you you hit on on DUTCH Fest is definitely something that, that's kind of like a central point of where we're going to be and then to move out from there in terms of just getting out and educating more, you know, relational way. We're going to be hopping around the country doing some of that.

00:42:36:00 - 00:42:58:13

Mark Newman

I think we're going to hit London, hopefully London and Amsterdam as well, to try to share a little love across the pond, too. Yeah. And then as always, publishing and getting data out there, we just completed a study looking at progesterone metabolites and serum levels and a little more of a sophisticated analysis of that. It's not in print yet.

00:42:58:15 - 00:43:26:16

Mark Newman

You know, I just had some data roll across my desk, I don't know, yesterday, the day before, looking at trends of, you know, BMI, we've published the trend of BMI and cortisol metabolites. And there's some interesting data on how how sensitive the dial that we measure is to, you know, increasing weight and fat, where we know there's a lot of aromatase and inflammation that's converting, both Testosterone to.

00:43:26:18 - 00:43:51:22

Mark Newman

And what's interesting, we're teasing out of that data is that the E1, the serum doesn't scale as much because you're not only getting more estrogen from the androgens, you're also getting preference to that most potent estrogen. So it's just a random example of the types of things that sits in our research team. As we look at, you know, pellet data and estrogen data and, PCOS data and all of that and try to try to decide,

it's like you said, three publications in a year is a lot.

00:43:51:23 - 00:43:58:19

Mark Newman

It doesn't sound like a lot. But between the statistical analysis and writing of the paper and, you know, the.

00:43:58:21 - 00:43:59:08

Dr. Jaclyn Smeaton

Time.

00:43:59:10 - 00:44:25:00

Mark Newman

Friendly headache that the review process is, with different journals and things, that that's you know, we feel a, a pressure in a good way and a commitment to taking the things, that still need more evidence to undergird them or to clear them up in terms of what these relationships, really are. That's, you know, that's not 20, 26 for us.

00:44:25:02 - 00:44:55:01

Mark Newman

It's I think it's forever. Forever because we're not anywhere close to closing the book on all of the questions that will come our way. And then, I probably will have a minimal amount to say at this point about new things that we're working on in the lab, but we are working on some interesting new things. And also, along the way, discovering some of the challenges of certain things that we have interest in.

00:44:55:03 - 00:45:11:20

Mark Newman

Well, let's just say if you go too fast, you would have problems in terms of how you measure them. And so we're we're working through some, some interesting new markers that we want to add to the Test to just fill in more of that story. You know, our commitment is not to Testing for health. It's for hormones.

00:45:11:20 - 00:45:37:13

Mark Newman

We want to tell the hormone story. And there are still other pieces to uncover. That in terms of direct measurements and indirect things that impact it and, those types of things. So we will have, if things go according to plan, some new things for people to wrestle with as well that will fill in some other pieces of the story that I think will be

interesting and exciting and add to, you know, the mix of things that we are, educating about.

00:45:37:13 - 00:45:39:15

Mark Newman

So, so we're excited for a lot of that.

00:45:39:17 - 00:45:58:12

Dr. Jaclyn Smeaton

Well, we're ready for you, Mark. We're ready for your ideas. We're ready for the initiatives to come. And certainly the most amazing thing about our teams is that this year, I think we've probably pushed people harder than we ever have before with a lot of these projects that got done. Some might say we bit off maybe more than we could chew, but we did do it.

00:45:58:12 - 00:46:22:01

Dr. Jaclyn Smeaton

We did it all. It was digested, it got out. And, you know, this quarter we've really tried to let the teams recover. I think many would probably say it's still been pretty busy. But what has really been amazing is that the teams that we have have really loved it. We love our work, we work hard and that inspires us to keep working hard because of the things that we're putting out, are impacting and reaching.

00:46:22:01 - 00:46:23:06

Dr. Jaclyn Smeaton

You guys that are listening.

00:46:23:08 - 00:46:40:15

Mark Newman

Yeah, we do have a fabulous team and they've got two more weeks of second gear and then, and then we're we're going to get back after it. In terms of some of the things that have been brewing that, that we want to bring to, to our people that just, you know, help them do what they do better.

00:46:40:15 - 00:47:06:14

Mark Newman

So it's a great it's a great partnership. And, you know, at the end of the day, it's not about us or our providers. It's about taking individual cases of people's lives that are, you know, just aren't. Well, and helping them, get on a journey back to, you know, the,

the, the version of themselves that they want to be and, that that's really the I think the fuel for our group that keeps people going is knowing, when that happens.

00:47:06:14 - 00:47:24:06

Mark Newman

And for those of you out there that are, sort of the tip of the spear on that, we love when we hear from you in terms of a particular case where what we've done and what you've done with that information has been able to, you know, be a real pivot point in someone's life. So we we appreciate the partnership that we have with our providers.

00:47:24:07 - 00:47:41:02

Dr. Jaclyn Smeaton

Yeah. And I think when it comes to relationship, no one is having a bigger impact than the people who are working with their patients. And I actually want to just call where this was really came to mind for me. We were starting to share some of the social from our podcast episode with Doctor Maggie, and who's been in practice for 36 years in small town Montana.

00:47:41:04 - 00:48:02:15

Dr. Jaclyn Smeaton

It's a natural Catholic physician, a real mover and shaker. She's been here through kind of the changes and iterations that have happened through, functional medicine to mind body medicine, functional medicine, longevity medicine. And one thing that was really impactful that she spoke about was that it's kind of like what's old is new again, you know that, right now so few people actually have a relationship with their doctors.

00:48:02:21 - 00:48:28:17

Dr. Jaclyn Smeaton

They're doing online telemedicine or an urgent care center to kind of get their acute needs met, but that when you're really looking to restore health, you need a trusted partner. And so just honoring that, for all of those of you who are in that role with your patients, we want to support that. I think that's where things are going to be headed in 2026, not just a touch, but I think generally that craving to kind of rekindle relationships and, our patients need it more than ever to.

00:48:28:19 - 00:48:45:23

Mark Newman

Yeah. I mean, I mean, my hope is that that we are a trusted partner with those providers who are then in turn, trusted partners with the individual people whose lives are getting better through the use of our Testing, but also through the, you know, the other pieces of the puzzle that those providers have to put together.

00:48:45:23 - 00:48:55:08

Mark Newman

And the more we can help people do that, well, then we just makes us, you know, thrilled to be in the position we're in to to be a part of that journey with people.

00:48:55:10 - 00:49:14:13

Dr. Jaclyn Smeaton

Definitely. Well, Mark, I'm really grateful that you joined me today. Thank you for making the time before we kick off into the New Year. And to all of you listening, we really appreciate your support. Be sure to like and follow us on social and wherever you're streaming your podcast app. Your support, of course, really means a huge amount to us.

00:49:14:13 - 00:49:25:13

Dr. Jaclyn Smeaton

So thank you so much. And here's to a really productive, wonderful 2026 for each of you, for the team at Dodge, and of course, for your patients. Take care.

00:49:25:15 - 00:49:38:07

DUTCH

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