

## Episode 137 Transcript

00:00:00:03 - 00:00:09:05

Dr. Jaclyn Smeaton

So as a breast cancer expert, can you clear up for us the relationship between estrogen, breast cancer? Yes, absolutely.

00:00:09:10 - 00:00:10:12

Dr. Jenn Simmons

There is not one.

00:00:10:17 - 00:00:36:03

Dr. Jaclyn Smeaton

Welcome to the DUTCH Podcast, where we dive deep into the science of hormones, wellness and personalized health care. I'm Doctor Jaclyn Smeaton and chief medical officer at DUTCH. Join us every Tuesday as we bring you expert insights, cutting edge research, and practical tips to help you take control of your health from the inside out. Whether you're a healthcare professional or simply looking to optimize your own well-being, we've got you covered.

00:00:36:05 - 00:00:57:02

Dr. Jaclyn Smeaton

The contents of this Podcast are for educational and informational purposes only. This information is not to be interpreted or mistaken for medical advice. Consult your health care provider for medical advice, diagnosis and treatment. We're really excited. We have a very full day and we're kicking it off extremely strong with our guest today, Doctor Jenn Simmons. Doctor Simmons, thank you so much for joining us.

00:00:57:03 - 00:00:57:13

Dr. Jaclyn Smeaton

It's my.

00:00:57:13 - 00:00:59:01

Dr. Jenn Simmons

Pleasure. I'm so happy to be here.

00:00:59:02 - 00:01:19:16

Dr. Jaclyn Smeaton

I'm so glad that you're here. We're going to be talking all about redefining breast

health or talk about hormone therapy. There's going to be a lot of fabulous conversation today. I can tell between doctor. Absolutely, Jenn and Mark and myself. But before we get in, I want to just introduce our guest a little bit. So Doctor Jenn Simmons, the integrative oncologist and author and founder of Real Health, MD.

00:01:19:18 - 00:01:45:06

Dr. Jaclyn Smeaton

She's for Philadelphia's first fellowship trained breast surgeon. But now she's really focused on that root cause, holistic breast health, everything that we like to do. She also leads perfection imaging, providing radiation free, high resolution breast screening. There's so many interesting things to talk about in this field, particularly as you talk about menopausal hormone therapy and the implications if you have a history of or you are a current breast cancer patient.

00:01:45:08 - 00:01:59:23

Dr. Jaclyn Smeaton

Well, I want to start with something around a very important current event, which is the removal of the black box warning off of menopausal estrogen products. What's your take on that? Can you tell us a little bit about the impact you think that's going to have on women? Absolutely.

00:02:00:01 - 00:02:25:12

Dr. Jenn Simmons

So I actually have grave concerns about the removal of the black box warning not for not for the reason that you think I, as we all very well know, that black box, that black box warning should have never been there. Right. There was never any data to prove that that estrogen, in any form, has any relationship to an increased risk of breast cancer.

00:02:25:14 - 00:02:39:13

Dr. Jenn Simmons

But my concern is around the fact that we, as a result of the Women's Health Initiative, as a result of the black box warning, we have two generations of providers.

00:02:39:15 - 00:02:40:02

Dr. Jaclyn Smeaton

Who are.

00:02:40:02 - 00:02:46:14

Dr. Jenn Simmons

Untrained and under trained in the area of hormones, and we know that.

00:02:46:18 - 00:02:48:16

Dr. Jaclyn Smeaton

With the.

00:02:48:18 - 00:03:01:17

Dr. Jenn Simmons

Practice change, hundreds of thousands of women died prematurely because they were deprived of hormone therapy. We know that millions of women suffered unnecessarily.

00:03:01:19 - 00:03:02:06

Dr. Jaclyn Smeaton

Because.

00:03:02:06 - 00:03:07:14

Dr. Jenn Simmons

They were deprived of hormone therapy. But we have two generations.

00:03:07:16 - 00:03:07:21

Dr. Jaclyn Smeaton

Of.

00:03:07:21 - 00:03:33:03

Dr. Jenn Simmons

Providers who are untrained. So now we removed the black box warning. We got rid of some of this stigma. We are doing our best as providers, as knowledgeable providers to educate. But most women are going to go to their doctor who has no idea how to prescribe hormones, what to prescribe, when to prescribe it, who to prescribe it to.

00:03:33:03 - 00:03:49:06

Dr. Jenn Simmons

They just don't know. And the only thing that they're ever, ever trained on is birth control pills. That's all they know. And birth control pills, first of all, should not be used for menopausal hormone therapy. And I can argue that they shouldn't be used.

00:03:49:06 - 00:03:50:03

Dr. Jaclyn Smeaton  
At all.

00:03:50:07 - 00:04:00:07

Dr. Jenn Simmons  
Because they are simply not safe for anyone. And this whole notion that birth control pills are somehow safe, but menopausal hormone therapy is somehow dangerous.

00:04:00:09 - 00:04:00:17

Dr. Jaclyn Smeaton  
Was.

00:04:00:17 - 00:04:13:05

Dr. Jenn Simmons  
So ridiculous. And yet that is what most providers who are conventionally trained and have not stepped outside of the conventional system believe.

00:04:13:07 - 00:04:41:00

Dr. Jaclyn Smeaton  
It's such an interesting point that you bring up, and certainly that that provider education gap huge. I was in medical school when I was published, so my guy in classes taught lowest possible, shortest duration, and it is at a complete relearning. But a lot of you're right, especially GP's, you know, general providers and PCP, if they're not in a women's health space, their education is probably coming from patients that things have changed because their patients are online looking.

00:04:41:00 - 00:05:14:05

Dr. Jenn Simmons  
But I think even the kind of colleges, right, are being educated by their patients because the gynecologists literally we think of gynecologists as hormone specialists. They are not they are surgeons. That is what they are trained to do. They're trained to operate and deliver babies, and their knowledge of the endocrine system is minimal at best. And if there is any dysfunction in the endocrine system, if someone comes with, you know, abnormal periods, abnormal cycles, painful.

00:05:14:05 - 00:05:16:09

Dr. Jaclyn Smeaton  
Periods, or.

00:05:16:12 - 00:05:23:08

Dr. Jenn Simmons

You know, any, any dysfunction in that space, the only thing they're trained to do is write.

00:05:23:08 - 00:05:24:16

Dr. Jaclyn Smeaton

For birth control pills. Yeah.

00:05:24:16 - 00:05:34:19

Dr. Jenn Simmons

That's it. That's the extent of their knowledge. That's the extent of their understanding of the female cycling system. That's a huge problem. It's a.

00:05:34:19 - 00:05:46:18

Dr. Jaclyn Smeaton

Huge problem. Mark, can you speak a little bit because I know we see this all the time on the DUTCH Test. Like what's the impact hormonally for a woman on birth control pills versus on a menopausal hormone therapy regimen.

00:05:46:20 - 00:06:14:18

Mark Newman

Yeah. Well, it's pretty I mean, it's pretty dramatic difference. And obviously there are different types of birth control pills, whether it's the, you know, a progestin only, but your classic, you know, hormone profile that we see is there's just not a lot there. Because, you know, you've got all these synthetic hormones, your ethanol, estradiol, and whichever flavor of progestin happens to be loaded into their birth control pill, is they're hitting receptors and doing, similar, but not the same things as your endogenous estrogens.

00:06:14:18 - 00:06:48:13

Mark Newman

But for the most part, you know, you get, suppression of both the progesterone because you're ovulating and then the estrogens and, and sometimes when you use things like mini pills and, some of the ones that maybe have less hormones, you still suppress ovulation, but you don't always suppress all that estrogen. And then sometimes with that, you can get, I think, challenges in terms of how the estrogen and progesterone relationship or I guess it's sort of an odd estrogen, synthetic and

endogenous and then a progestin, how that relationship, is sort of sort of plays out.

00:06:48:13 - 00:07:05:00

Mark Newman

But the classic look is just, you know, your female hormones. There's not there's not a huge reason to Test those sometimes in those cases, because you can when you can predict what it looks like, the the lab Tests and sometimes have a little less value. But obviously we're looking at a whole lot more than just estrogen and progesterone.

00:07:05:00 - 00:07:09:01

Mark Newman

But that's typically what we see from your classic birth control pill. Is it just shut it down.

00:07:09:05 - 00:07:30:12

Dr. Jaclyn Smeaton

Yeah. Now, John, you mentioned that birth control pills shouldn't be used as an option for you said maybe for anyone. But let's talk about perimenopausal postmenopausal females. There is a comfort in prescribing them because they're used frequently. But the thing that is so amazing to me that a kind of colleges, for example, may be resistant to a menopausal hormone regimen.

00:07:30:16 - 00:07:41:11

Dr. Jaclyn Smeaton

Estradiol patch plus OMV for example. But they'll put him on an OCP. Can you speak a little bit to just the hormone levels between the differences between those typical regimens?

00:07:41:13 - 00:07:47:21

Dr. Jenn Simmons

I don't know that I can not knowledgeably speak to that, but I can speak to the fact that.

00:07:47:23 - 00:07:48:12

Dr. Jaclyn Smeaton

We.

00:07:48:15 - 00:08:02:18

Dr. Jenn Simmons

We know from the Danish study of 1.8 million women that you are breast cancer risk. And let's face it, that is what is on everyone's mind. That's everyone's concern. That was the entire issue.

00:08:02:23 - 00:08:03:08

Dr. Jaclyn Smeaton  
With.

00:08:03:08 - 00:08:14:22

Dr. Jenn Simmons  
The Women's Health Initiative findings, was that the alarm was sound, that menopausal hormone therapy increases breast cancer risk. And if you're going to slot in a birth control.

00:08:14:22 - 00:08:16:02

Dr. Jaclyn Smeaton  
Pill or.

00:08:16:02 - 00:08:26:16

Dr. Jenn Simmons  
Prime Pro or whatever the other, you know, mainstream menopausal solution was, you're not doing anyone any favors. Because we know from that study.

00:08:26:18 - 00:08:27:22

Dr. Jaclyn Smeaton  
That your.

00:08:27:22 - 00:08:31:07

Dr. Jenn Simmons  
Risk of breast cancer is linearly related.

00:08:31:12 - 00:08:32:11

Dr. Jaclyn Smeaton  
To how.

00:08:32:11 - 00:08:39:12

Dr. Jenn Simmons  
Long you take any birth control pill, any hormonal based oral contraceptive.

00:08:39:12 - 00:08:42:12

Dr. Jaclyn Smeaton

Does that start in the reproductive years? Okay.

00:08:42:14 - 00:08:46:02

Dr. Jenn Simmons

And then for and it's a direct linear relationship for that.

00:08:46:02 - 00:08:56:02

Mark Newman

Is that analogous in birth control pill to the Y that the main culprit is the progestin. It is not the it is it is absolutely.

00:08:56:04 - 00:09:15:08

Dr. Jenn Simmons

And because all the OCP is any, any hormonal birth control is going to be progestin containing. And so the risk, as we all well know, is directly related to the amount and the duration of your exposure to synthetic progestin.

00:09:15:10 - 00:09:23:05

Dr. Jaclyn Smeaton

So as a breast cancer expert, can you clear up for us the relationship between estrogen and breast cancer?

00:09:23:07 - 00:09:26:04

Dr. Jenn Simmons

Yes, absolutely. There is not one.

00:09:26:06 - 00:09:27:05

Dr. Jaclyn Smeaton

Okay. Right.

00:09:27:10 - 00:09:34:01

Dr. Jenn Simmons

So we know from the the CEO only arm of the Women's Health Initiative.

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

Dr. Jaclyn Smeaton

That.



00:09:35:08 - 00:09:40:22

Dr. Jenn Simmons

Exposure to even this non bioidentical.

00:09:41:00 - 00:09:42:09

Dr. Jaclyn Smeaton

CAA.

00:09:42:11 - 00:10:01:22

Dr. Jenn Simmons

Decreases your risk of breast cancer. So there is no increased risk of breast cancer according to estrogen exposure. That increase risk is solely coming from the progestin. And we have not an abundance of data.

00:10:02:02 - 00:10:04:01

Dr. Jaclyn Smeaton

But we have good data.

00:10:04:01 - 00:10:08:04

Dr. Jenn Simmons

Over 20 studies of women with a history.

00:10:08:06 - 00:10:08:13

Dr. Jaclyn Smeaton

Of.

00:10:08:13 - 00:10:09:13

Dr. Jenn Simmons

Breast cancer.

00:10:09:19 - 00:10:10:01

Dr. Jaclyn Smeaton

Who.

00:10:10:01 - 00:10:21:22

Dr. Jenn Simmons

Have gone on to have hormone replacement therapy afterwards, and there is no increased risk of recurrence with the exception of the habits trial. And I can talk.

00:10:21:22 - 00:10:23:00

Dr. Jaclyn Smeaton

About why.

00:10:23:00 - 00:10:30:20

Dr. Jenn Simmons

They saw it in the habits trial. There is no increased risk of distant metastases, no increased risk.

00:10:31:02 - 00:10:31:12

Dr. Jaclyn Smeaton

Of.

00:10:31:12 - 00:10:35:00

Dr. Jenn Simmons

Death from breast cancer. And in fact, what we saw.

00:10:35:00 - 00:10:36:14

Dr. Jaclyn Smeaton

Was the opposite.

00:10:36:16 - 00:10:50:02

Dr. Jenn Simmons

We saw a decreased risk of recurrence and better long term outcomes, better long term survival. And for all the reasons that we very well know, because women.

00:10:50:08 - 00:10:50:19

Dr. Jaclyn Smeaton

Who.

00:10:50:19 - 00:11:13:07

Dr. Jenn Simmons

Are on hormone replacement after breast cancer and after menopause, because usually it means the same thing, because most treat first of all, 75% of breast cancers happen in the post-menopausal population and those that happen in the premenopausal population, most of those women are rendered menopausal.

00:11:13:09 - 00:11:14:04

Dr. Jaclyn Smeaton  
By virtue.

00:11:14:04 - 00:11:16:00  
Dr. Jenn Simmons  
Of the way that they're treated.

00:11:16:02 - 00:11:18:05  
Dr. Jaclyn Smeaton  
With a toxin or something like that, for example.

00:11:18:05 - 00:11:28:00  
Dr. Jenn Simmons  
Not not so much tamoxifen, but chemotherapy will shut down the ovaries. And many women who have hormone positive breast cancer, if they get.

00:11:28:00 - 00:11:28:10  
Dr. Jaclyn Smeaton  
It.

00:11:28:12 - 00:12:02:12  
Dr. Jenn Simmons  
Premenopausal, they're get they're either hysterectomy or they're given something like Lupron and an aromatase inhibitor. So they are essentially rendered menopausal by the treatment. And we we know that getting hormone replacement after breast cancer in both populations in the premenopausal population, who is made postmenopausal or in the women who were who were diagnosed postmenopausal.

00:12:02:14 - 00:12:02:21  
Dr. Jaclyn Smeaton  
There.

00:12:02:21 - 00:12:09:21  
Dr. Jenn Simmons  
Is a survival benefit to them. They have better outcomes when they are given hormone replacement.

00:12:09:23 - 00:12:28:18  
Mark Newman

Can you help define, you're you're drawing the distinction between when they have active cancer and then after. So I'm assuming there's not HRT going on during and for your patients. Can you clarify that. And then what what is that line of distinction of when you can open up that conversation?

00:12:28:19 - 00:12:31:23

Dr. Jenn Simmons

Yeah, it's a great question.

00:12:32:01 - 00:12:33:11

Dr. Jaclyn Smeaton

So.

00:12:33:12 - 00:12:44:08

Dr. Jenn Simmons

I don't I don't lump it all together for women with er positive breast cancer. I am generally not giving them estrogen during the treatment.

00:12:44:08 - 00:12:45:04

Dr. Jaclyn Smeaton

Window.

00:12:45:06 - 00:12:47:09

Dr. Jenn Simmons

When they have cancer.

00:12:47:11 - 00:12:48:02

Dr. Jaclyn Smeaton

Right.

00:12:48:04 - 00:12:51:12

Dr. Jenn Simmons

So but that doesn't mean that I'm not giving them progesterone.

00:12:51:14 - 00:12:54:23

Dr. Jaclyn Smeaton

I am but this is I'm excited we're talking about this. Yeah.

00:12:55:01 - 00:12:57:20

Dr. Jenn Simmons

And it doesn't mean that I'm not giving them Testosterone.

00:12:57:22 - 00:13:04:04

Mark Newman

I am if there a positive and if they're if they're progesterone receptor positive.

00:13:04:06 - 00:13:14:16

Dr. Jenn Simmons

So even if they're progesterone receptor positive that does not mean that progesterone is making their cancer grow.

00:13:14:18 - 00:13:15:02

Dr. Jaclyn Smeaton

Right.

00:13:15:02 - 00:13:23:17

Dr. Jenn Simmons

Because progesterone and the progesterone receptor and activating the progesterone receptor is anti proliferate is.

00:13:23:18 - 00:13:24:21

Dr. Jaclyn Smeaton

So I.

00:13:24:21 - 00:13:27:07

Dr. Jenn Simmons

Have no problems giving women.

00:13:27:12 - 00:13:28:01

Dr. Jaclyn Smeaton

With.

00:13:28:02 - 00:13:53:23

Dr. Jenn Simmons

Who are you know in the pre diagnosed period as long as they're in treatment I have no problems giving them progesterone. And I have no problems giving them Testosterone. We know that Testosterone is anti proliferative in the breast. So my women are not necessarily getting no hormone replacement. I'm just not giving them

estrogen during the time that they are in active treatment.

00:13:54:00 - 00:13:58:23

Dr. Jenn Simmons

Now what is active treatment look like for most women we're talking about.

00:13:59:01 - 00:13:59:08

Dr. Jaclyn Smeaton

Five.

00:13:59:08 - 00:14:02:03

Dr. Jenn Simmons

Years, but there is pretty good.

00:14:02:03 - 00:14:02:21

Dr. Jaclyn Smeaton

Data.

00:14:02:23 - 00:14:17:02

Dr. Jenn Simmons

That if they've completed four years of anti estrogen therapy, that there is some benefit to then reintroducing. So when you reintroduce estrogen after.

00:14:17:04 - 00:14:18:00

Dr. Jaclyn Smeaton

A period.

00:14:18:00 - 00:14:31:21

Dr. Jenn Simmons

Of estrogen deprivation and we think the sweet spot is four years, there is actually an advantage to reintroducing estrogen in that that estrogen will then be cytotoxic.

00:14:31:23 - 00:14:32:05

Dr. Jaclyn Smeaton

It will.

00:14:32:05 - 00:14:32:10

Dr. Jenn Simmons

Be.

00:14:32:11 - 00:14:34:16

Dr. Jaclyn Smeaton  
Apoptotic to.

00:14:34:16 - 00:14:48:13

Dr. Jenn Simmons  
Breast cancer cells. And high dose estrogen can actually be used to treat women for breast cancer after and and after an anti estrogen period.

00:14:48:15 - 00:14:49:14

Dr. Jaclyn Smeaton  
And the.

00:14:49:14 - 00:14:51:16

Dr. Jenn Simmons  
Biggest demonstration that we have of.

00:14:51:16 - 00:14:52:18

Dr. Jaclyn Smeaton  
This it was.

00:14:52:18 - 00:14:57:11

Dr. Jenn Simmons  
Completely unintentional. But if you think about the estrogen only arm.

00:14:57:12 - 00:14:57:18

Dr. Jaclyn Smeaton  
Of.

00:14:57:18 - 00:15:32:12

Dr. Jenn Simmons  
The Women's Health Initiative, this was the greaTest social experiment of estrogen reintroduction because the average age in that study was 63. So most of the women in that study had been menopausal for a significant period of time. And we saw what the reintroduction of estrogen looks like in that group. It means that you're going to decrease their risk of subsequently getting a breast cancer.

00:15:32:14 - 00:15:44:09

Mark Newman

I've never heard the study like frame that way, because when you look at it, that was that's usually discussed as a floor study, but then also becomes a different type of study in a really interesting way. That's an that's an interesting.

00:15:44:09 - 00:15:49:18

Dr. Jenn Simmons

So it was a completely unintentional finding.

00:15:49:20 - 00:15:51:00

Dr. Jaclyn Smeaton

But but that.

00:15:51:00 - 00:15:52:05

Dr. Jenn Simmons

In effect was what it.

00:15:52:05 - 00:15:53:08

Dr. Jaclyn Smeaton

Was. It was.

00:15:53:08 - 00:15:55:03

Dr. Jenn Simmons

Taking a group of women.

00:15:55:05 - 00:15:55:23

Dr. Jaclyn Smeaton

Who have.

00:15:55:23 - 00:16:03:12

Dr. Jenn Simmons

Been post-menopausal for a significant period of time and seeing what the reintroduction of estrogen does in that.

00:16:03:12 - 00:16:04:10

Dr. Jaclyn Smeaton

Group.

00:16:04:12 - 00:16:06:11



Dr. Jenn Simmons  
And it is protected.

00:16:06:12 - 00:16:29:02

Mark Newman

Before you get just because it's on my mind, before you get too far from the four year, five year thing, could you just speak briefly to I'm assuming when you're saying that you're talking about systemic estrogen? So what about in that window, vaginal, low dose vaginal estradiol just to help, in that region, while you're in that transition, do you take a little different strategy with that?

00:16:29:03 - 00:16:30:02

Dr. Jaclyn Smeaton

I do.

00:16:30:04 - 00:16:44:14

Dr. Jenn Simmons

But there is there is a signal showing up in the studies. I don't know that it meets statistical significance, but there does seem to be a signal present for women on an aromatase inhibitor.

00:16:44:20 - 00:16:45:00

Dr. Jaclyn Smeaton

Who.

00:16:45:01 - 00:16:58:06

Dr. Jenn Simmons

You give vaginal estrogen to. It looks like they they do have a little bit of an increase incidence of recurrence. So I do I do shy away from that. But interestingly enough.

00:16:58:08 - 00:16:59:00

Dr. Jaclyn Smeaton

If you take.

00:16:59:00 - 00:17:17:18

Dr. Jenn Simmons

Those same women on an aromatase inhibitor and you give them Testosterone, they don't have the negative side effects of an aromatase inhibitor. So in those women I am not so much use and I only use vaginal astra all. But I'm not so much using.

00:17:17:22 - 00:17:18:12

Dr. Jaclyn Smeaton  
The.

00:17:18:12 - 00:17:25:23

Dr. Jenn Simmons  
Astra all in in those women as much as I'm using Testosterone and and progesterone.

00:17:26:01 - 00:17:27:11

Dr. Jaclyn Smeaton

00:17:27:13 - 00:17:40:17

Dr. Jenn Simmons  
But I have no problems. And all the societies have come in support of vaginal estrogen during, breast cancer treatment and and beyond.

00:17:40:19 - 00:17:51:18

Mark Newman  
Just to clarify, you said there's a little maybe statistical signal there for vaginal estrogen. Is that a generic estrogen or estradiol or something synthetic or astral, or is that like, what is that?

00:17:51:20 - 00:17:57:19

Dr. Jenn Simmons  
It's for estradiol because none of the none of the studies are using Astra.

00:17:57:20 - 00:17:59:04

Dr. Jaclyn Smeaton  
All right.

00:17:59:06 - 00:18:04:20

Dr. Jenn Simmons  
All of the studies are using vaginal estradiol.

00:18:04:22 - 00:18:08:09

DUTCH Podcast  
We'll be right back with more.

00:18:08:11 - 00:18:36:18

DUTCH Podcast

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.

00:18:36:20 - 00:18:44:18

DUTCH Podcast

Join thousands of providers already making a difference. There's a DUTCH Test.com today.

00:18:44:20 - 00:18:48:00

DUTCH Podcast

Welcome back to the DUTCH Podcast.

00:18:48:02 - 00:19:09:19

Dr. Jaclyn Smeaton

I want to shift gears and talk a bit more about Justin's progesterone as well, because I think most people have come to understand, I think clarifying that estrogen did not increase breast cancer risk is huge. I'm really glad that you spoke to that. So poignantly and specifically. I think a lot of providers are still questioning what to do about progestin.

00:19:09:21 - 00:19:31:07

Dr. Jaclyn Smeaton

Because or progestogen. Let me say really, let's look at this as an umbrella term, because the studies like the I use synthetic progestin, but I know there are some small observational trials that compare the safety of a bioidentical progesterone that it appears to be potentially safer. What are your thoughts around that? I know the data is still early.

00:19:31:09 - 00:19:41:09

Dr. Jaclyn Smeaton

Can you speak a little bit and provide some clarity for providers around? Like should they be still worried about progesterone or an or is that okay to prescribe.

00:19:41:11 - 00:19:59:03

Dr. Jenn Simmons

So I think the biggest problem that we have in this space is that obviously not the people that are here at this conference, right. But most providers do not know the difference between progesterone and progestogen.

00:19:59:05 - 00:20:01:13

Dr. Jaclyn Smeaton

So let's clarify that for them. Right.

00:20:01:18 - 00:20:27:21

Dr. Jenn Simmons

So progesterone and they're all synthetic. So I don't want to pretend that we're somehow isolating human progesterone and giving it to our women. That's that's not what's happening. They're both synthetic. One is a bioidentical molecule. It is the same chemical structure of our endogenous hormone, and one is.

00:20:27:23 - 00:20:28:12

Dr. Jaclyn Smeaton

A.

00:20:28:17 - 00:20:49:14

Dr. Jenn Simmons

Mutated structure for for lack of a better word. And the reason why it's mutated is because you cannot trademark a molecule of nature. So there is no benefit to the pharmaceutical companies giving out bioidentical progesterone. And so what do they do? They change its structure.

00:20:49:14 - 00:20:51:06

Dr. Jaclyn Smeaton

Slightly, but.

00:20:51:11 - 00:21:11:09

Dr. Jenn Simmons

That translates into a big change in our body. So it's the difference between our body saying, hey, I recognize this molecule and I know just what to do with it. And a molecule that your body says, all right, it kind of looks like this. Let's try it out here. Let's try it out here. Let's try it out here.

00:21:11:11 - 00:21:19:19

Dr. Jenn Simmons

So it's binding to different places and having different effects than than we intend. So one of the effects is.

00:21:19:19 - 00:21:22:07

Dr. Jaclyn Smeaton

That with the all the.

00:21:22:07 - 00:21:50:04

Dr. Jenn Simmons

Progestin genes they are over stimulatory. And progesterone is not a stimulatory molecule. Progesterone is like the off button in our body. It's the balancer in our body. It's the calming hormone in our body. So now we have these like Frankenstein molecules, which in some areas it's doing what it's supposed to be doing. But in other areas it's not.

00:21:50:06 - 00:21:51:09

Dr. Jenn Simmons

In other areas.

00:21:51:09 - 00:21:52:19

Dr. Jaclyn Smeaton

It's it's.

00:21:52:21 - 00:22:30:03

Dr. Jenn Simmons

Hooking on to stimulatory receptors. And so it leads to an increase in breast cancers and unintended consequences. So there is no reason to be using synthetic progestogen, except to say that most doctors don't even know. And I won't just use doctors. Most providers don't know the difference, and they don't know what they're prescribing or what they're prescribing it for, or the unintended consequences.

00:22:30:05 - 00:22:57:03

Dr. Jaclyn Smeaton

I love that you bring that up. And I think the other side of that coin is that progestin, synthetic progestin, do not have some of the intended consequences of why prescribers prescribe progesterone. Mark, maybe you can speak to that a little bit

because it gets into hormone metabolism. But there are benefits to that biosimilar bioidentical progesterone when it comes to metabolites having activity that women desire post-menopausal.

00:22:57:05 - 00:23:03:06

Dr. Jaclyn Smeaton

You talk a bit about that. And with synthetic progestin you get those same benefits.

00:23:03:07 - 00:23:27:11

Mark Newman

You know, that's interesting because I've never chased down the aloe version of the progestin. So it's an interesting question that I, shamefully ignorant on. But with progesterone. Yeah. When you give it orally, I mean, I tell people often, like when you give it orally, you're giving, progesterone, but you're really giving a pro hormone in a certain sense also in that, you know, the aloe pregnant bone that really hits the gamma receptor and all that.

00:23:27:11 - 00:23:50:09

Mark Newman

You know, progesterone has to get transformed into that. So now in my head, I'm meds Roxy progesterone. So that is one loss when you move is yes, there are progesterone effects that are similar and different as you said. And then progesterone turns into things that are interesting and have biological effects. And we shouldn't claim to understand all of those because we know aloe pregnant alone hits the Gabor receptor.

00:23:50:09 - 00:24:07:23

Mark Newman

But there's a whole little family of alpha metabolites that hit that same receptor, and the beta metabolites that are sort of cousins, hit it a little bit differently, and there's a little family of that. And then there are the preg nene metabolites, which there aren't very many of them, but there's some interesting research that no one seems to have followed up on.

00:24:08:03 - 00:24:39:16

Mark Newman

But those have like anti proliferative effects. And sadly that there's a Canadian researcher that studied I don't know if you're familiar with John Webb's work. But it just kind of hit a dead end. But all that to say, there are lots of biological effects of, you

know, that molecule and why women make it. And so trying to just substitute it, you know, for a synthetic alternative, while effective at protecting the end of meat from against the effects of estrogen, is, is definitely apples and oranges.

00:24:39:18 - 00:24:45:09

Mark Newman

A lot of other things that progesterone and its metabolites are trying to do within the body.

00:24:45:11 - 00:25:14:02

Dr. Jaclyn Smeaton

Yeah, it's interesting because with menopausal hormone therapy, generally, if you look behind, for example, progesterone is only considered for endometrial protection. Yeah. And they don't think about those other downstream benefits. But when I look at some of the other data, like for example, TBI data, you know, traumatic brain injury data, progesterone because of the Ella pregnant alone has shown incredible benefit with brain healing, reducing inflammation and brain protection.

00:25:14:07 - 00:25:35:01

Dr. Jaclyn Smeaton

And when I think about how, at least in our field, providers are prescribing MHC for a much broader purpose than hot flash, and we're looking at whole woman health prevention, you know, I'm starting to hear some conventional providers say, if you have no uterus, we can still do progesterone.

00:25:35:03 - 00:25:36:09

Dr. Jenn Simmons

But what do you think about that?

00:25:36:10 - 00:25:39:03

Dr. Jaclyn Smeaton

I'm not you're not okay. I was going to ask what your experience.

00:25:39:03 - 00:25:52:05

Dr. Jenn Simmons

Is that that still remains a conundrum to them. And I actually have providers calling me saying, like, this woman has no uterus. Why are you putting her on progesterone? And I'm like.



00:25:52:06 - 00:25:53:00

Dr. Jaclyn Smeaton

God, do you want like.

00:25:53:02 - 00:25:54:00

Dr. Jenn Simmons

Do you want to read some.

00:25:54:00 - 00:25:59:01

Dr. Jaclyn Smeaton

Books? You need a, a video that just describes I click this link. Yeah, yeah.

00:25:59:03 - 00:26:10:02

Dr. Jenn Simmons

And you know, they say like, why does everyone need progesterone? And I said, well, where are you? Where are the progesterone receptors in the body because they're not exclusive to the uterus.

00:26:10:04 - 00:26:10:13

Dr. Jaclyn Smeaton

Right.

00:26:10:13 - 00:26:16:14

Dr. Jenn Simmons

So must be doing something. But you know, this goes back.

00:26:16:14 - 00:26:18:18

Dr. Jaclyn Smeaton

To our, our.

00:26:18:18 - 00:26:57:05

Dr. Jenn Simmons

Mainstream medicine is simply hormone ignorant. And they are untrained and undertrained, and a lot of women are going to continue to suffer for a long time. And I think that it's going to take 20 years for this information to become part of mainstream medicine. And I hope it does. I worry about the pharmaceuticals, the pharmaceutical industries influence on medical training and on medical knowledge.

00:26:57:07 - 00:26:57:23



Dr. Jenn Simmons  
Because.

00:26:57:23 - 00:26:59:00

Dr. Jaclyn Smeaton  
As we.

00:26:59:00 - 00:27:14:02

Dr. Jenn Simmons  
All feel very comfortable in the bioidentical space, I don't know that the pharmaceutical industry is going to allow for that information to become part of mainstream education.

00:27:14:04 - 00:27:26:06

Dr. Jaclyn Smeaton  
You know, it's one thing that I think about is the power of social media and the pirates to transform women's health. Over the last five years or so. You've had a big impact on that. So thank you, because it's a lot of time and less time to put a lot.

00:27:26:06 - 00:27:27:10

Dr. Jenn Simmons  
Of thankless time.

00:27:27:10 - 00:27:47:02

Dr. Jaclyn Smeaton  
Yeah for sure. So I want to honor that and say thank you because I what I'm observing, you know, I went to a, Harvard medical school did like a menopause certification last spring. First time they did it, there were over a thousand fentanyl providers there trying to learn. Now it was still a conventional message, but it was along the lines of NAMs or the Menopause Society guidelines.

00:27:47:04 - 00:28:08:03

Dr. Jaclyn Smeaton  
They were at least trying to learn what the update was, but I feel really confident that a large driver for that was patients coming in and asking questions. Yeah, and those patients are hearing these things from influencers like you, online physicians who are taking the time to really explain things in a way that they're armed, to ask good questions to their doctors.

00:28:08:08 - 00:28:13:01

Dr. Jaclyn Smeaton

And then the good providers or prescribers are saying, maybe I need to go get some. Yeah.

00:28:13:06 - 00:28:48:08

Dr. Jenn Simmons

And certainly that's what we hope happens that it's driven by the women, but that the providers say, you know what? I really need to go learn about this. Now, the the problem is that most providers, if you're in the conventional system, they're just putting their heads down and working. I mean, they're they're in a terrible, terrible position, at least in Pennsylvania where I work, most OB GYNs, which, you know, quite frankly, that's where women are going for their hormonal health.

00:28:48:10 - 00:28:57:05

Dr. Jenn Simmons

They are employed. They're expected to see, you know, 30, 40, 50 patients a day, their ability.

00:28:57:10 - 00:28:58:18

Dr. Jaclyn Smeaton

To.

00:28:58:19 - 00:29:02:18

Dr. Jenn Simmons

Learn a new trick, you know, when are they doing that?

00:29:02:20 - 00:29:04:05

Dr. Jaclyn Smeaton

Right?

00:29:04:07 - 00:29:10:01

Dr. Jenn Simmons

I don't think that they're spending their nights and weekends doing that. And we all know that's what it takes.

00:29:10:03 - 00:29:16:21

Dr. Jaclyn Smeaton

Right. So where do you think patients can go to make sure they're getting a really

credible provider?

00:29:16:23 - 00:29:20:18

Dr. Jenn Simmons

I think there are there are a lot.

00:29:20:18 - 00:29:21:18

Dr. Jaclyn Smeaton

Of.

00:29:21:20 - 00:29:52:04

Dr. Jenn Simmons

Resources out there now. Menopause is definitely having a moment and social media, as you said, is a big part of that. And so I know that there are several providers out there who are part of this kind of menopause space. Right. And they're compiling lists. And I think that unfortunately, right now.

00:29:52:06 - 00:29:52:23

Dr. Jaclyn Smeaton

You have.

00:29:52:23 - 00:30:20:20

Dr. Jenn Simmons

To you have to go online and do and do your research. There are some wonderful training programs out there. I, I always refer to any provider that wants to know more about how to prescribe hormone safely, and how to really do a good job with your patient and protect them from a potential breast cancer diagnosis. I think David Rosen Sweets program, the menopause method.

00:30:20:22 - 00:30:28:14

Dr. Jenn Simmons

I think it's wonderful. He and he's been in this whole hormone space, in this bioidentical hormone space.

00:30:28:16 - 00:30:30:03

Dr. Jaclyn Smeaton

For 50 years.

00:30:30:05 - 00:30:49:16

Dr. Jenn Simmons

He's seen everything, done everything, and he has trained thousands of providers. And I hope that his program continues to train thousands and thousands more, because that's really the only way that it's going to change is when we change, practice and change education.

00:30:49:18 - 00:31:05:16

Dr. Jaclyn Smeaton

I want to shift gears a little bit and talk a little bit about breast cancer diagnosis. It's another area that you've an expertise and created some new options. Yeah. Available to women. Can you speak a little bit of what inspired you to get involved on the diagnostic? Well.

00:31:05:18 - 00:31:25:12

Dr. Jenn Simmons

Nothing like your own diagnosis to open up your eyes to what we're doing wrong in conventional medicine. Because I started off as a breast cancer surgeon and did that for a long time, and was very conventionally trained at one of the top programs in the country, and never thought for a moment.

00:31:25:12 - 00:31:26:16

Dr. Jaclyn Smeaton

That how we.

00:31:26:16 - 00:31:29:02

Dr. Jenn Simmons

Were diagnosing, how we were treating.

00:31:29:08 - 00:31:29:22

Dr. Jaclyn Smeaton

Was.

00:31:30:00 - 00:31:55:05

Dr. Jenn Simmons

Was wrong. You know, I mean, when we go through our medical training, we never question whether or not what we're taught is correct or right. We just assume that someone did the due diligence. Right. And so it took my own experience as a patient to start asking questions about what we're doing right and what we're doing wrong. And in the area of breast cancer screening, we're getting it wrong.

00:31:55:06 - 00:31:58:17

Dr. Jaclyn Smeaton

Okay. Talk more about that. Yeah. So there.

00:31:58:17 - 00:32:00:04

Dr. Jenn Simmons

Has never been a.

00:32:00:04 - 00:32:01:07

Dr. Jaclyn Smeaton

Study that.

00:32:01:07 - 00:32:06:06

Dr. Jenn Simmons

Demonstrates that mammogram screening with mammogram increases.

00:32:06:07 - 00:32:09:18

Dr. Jaclyn Smeaton

I mean, talk about assumption. I would have just assumed that type of data existed.

00:32:09:18 - 00:32:23:22

Dr. Jenn Simmons

Of course, everyone assumed that that data existed, but it doesn't. So every screening program around the world is actually based on the original trial in the UK.

00:32:24:00 - 00:32:26:06

Dr. Jaclyn Smeaton

Where.

00:32:26:08 - 00:32:40:10

Dr. Jenn Simmons

Doctor, doctor Michael Balme, who is a surgeon in the UK, was involved in this original clinical trial. It was an invitation to screen trial. And what the findings of that trial.

00:32:40:10 - 00:32:42:19

Dr. Jaclyn Smeaton

Though it was very flawed with.

00:32:42:19 - 00:32:47:17

Dr. Jenn Simmons

The findings of that trial, were that if you screen a thousand women.

00:32:47:18 - 00:32:48:23

Dr. Jaclyn Smeaton

Over.

00:32:49:01 - 00:33:02:21

Dr. Jenn Simmons

Over ten years, you will diagnose a four women out of that thousand will die of breast cancer. And if you don't screen with mammogram, five women out of a thousand will die of breast cancer.

00:33:02:23 - 00:33:05:11

Dr. Jaclyn Smeaton

So the media.

00:33:05:11 - 00:33:11:21

Dr. Jenn Simmons

Ran with screening with mammogram reduces the risk of dying of breast cancer by 20%.

00:33:12:03 - 00:33:37:17

Dr. Jaclyn Smeaton

Now this let's pause here because Mark will will bring this one to you with your science background. We have like relative risk reduction and absolute risk reduction. This is the exact same problem with AI. Yes. And we see this in science oftentimes. Can you just explain for listeners like what the difference is between those two and how it can impact like how especially media in particular can pick up a story and make it seem bigger or smaller than it.

00:33:37:19 - 00:34:17:02

Mark Newman

Right? Yeah. I mean, I think it's a common thing that when a normal, natural person just hears in passing a 20% increase or decrease, you know, you think of, I'm 20% more likely to whatever when it's like simpler language would be one person out of a thousand. Is is the actual difference there in terms of risk. And yeah, it's it's a, it's I think that hits most people's brain without stopping and thinking in a way that, that

greatly exaggerates, like what your actual risk is for being the person who not only gets that, but gets it because of the decision around that one thing, which turns out to be 1 in 1000 people, which is

00:34:17:02 - 00:34:25:12

Mark Newman

not nothing. But that's definitely a much different picture than thinking, that your, your risks are actually 20% of, you know. Yeah.

00:34:25:17 - 00:34:34:23

Dr. Jaclyn Smeaton

Well, so let's bring it back now because now you're talking about it reduces the risk by 1 in 1000. Yeah. And you look at absolute risk. Yes. And what wasn't.

00:34:34:23 - 00:34:49:22

Dr. Jenn Simmons

Reported out of that study was your risk of dying of cancer is the same in both arms. So no survival no overall survival benefit. But there was one less person in the thousand that died of breast cancer.

00:34:49:22 - 00:34:53:14

Dr. Jaclyn Smeaton

And because of the results of that study.

00:34:53:16 - 00:35:05:21

Dr. Jenn Simmons

The UK made their national screening program, the United States made their national screening program and just continued on. And no one asked the questions until the Cochrane report.

00:35:05:23 - 00:35:06:05

Dr. Jaclyn Smeaton

To the.

00:35:06:05 - 00:35:13:12

Dr. Jenn Simmons

Cochrane Report was, a conglomeration of the Swedish trials. And the Swedish trials.

00:35:13:17 - 00:35:14:06

Dr. Jaclyn Smeaton  
Were.

00:35:14:06 - 00:35:33:12

Dr. Jenn Simmons

Controlled in a way that nothing else was, because it's universal health care. Everyone has the same access to care. Everyone has the same exact kind of care. So they divide 600,000 women up 300,000 get screened with mammogram, 300,000.

00:35:33:12 - 00:35:36:00

Dr. Jaclyn Smeaton

Don't they get a physical.

00:35:36:00 - 00:35:52:21

Dr. Jenn Simmons

Exam or whatever they get with their doctor? And what they find is that the same exact number of women die of breast cancer in group, and the only difference between them is if you screen with mammogram, you're going to diagnose 20 to 30% more breast cancers.

00:35:52:22 - 00:35:54:03

Dr. Jaclyn Smeaton

Is that a good thing?

00:35:54:05 - 00:36:01:10

Dr. Jenn Simmons

No. It means that we're diagnosing breast cancer in women who would have never presented clinically.

00:36:01:12 - 00:36:15:21

Dr. Jaclyn Smeaton

Okay. So is it somewhat like you think about this like we think about prostate cancer, where we all have cancer cells in our body. You have some you have some I have some, yes. Because our immune system is always evolving. So you're saying it's catching it so early. The immune system maybe would have cleared it or it never would have become a problem.

00:36:15:21 - 00:36:16:06

Dr. Jaclyn Smeaton



It just.

00:36:16:06 - 00:36:17:22

Dr. Jenn Simmons

Would have never progressed to clinical.

00:36:17:22 - 00:36:19:04

Dr. Jaclyn Smeaton

Disease. Right.

00:36:19:04 - 00:36:32:06

Dr. Jenn Simmons

And it's the difference of dying with breast cancer or dying of breast cancer. And we know from autopsy studies, when we look at women who died of other causes, car accidents, suicides, that kind of thing.

00:36:32:08 - 00:36:34:00

Dr. Jaclyn Smeaton

If you look.

00:36:34:02 - 00:36:55:19

Dr. Jenn Simmons

Histologically at the breast, 1 in 5 women are going to have histologic evidence of breast cancer. 1 in 5 women do not have breast cancer, 1 in 5 women are not dying of breast cancer. Right. So and it doesn't seem that different than the 1 in 8 that we quote over someone's lifetime. But we're talking about 1 in 520 year.

00:36:55:19 - 00:36:56:18

Dr. Jaclyn Smeaton

Olds have.

00:36:56:18 - 00:37:06:17

Dr. Jenn Simmons

Histologic evidence of breast cancer, right? It's all comers. But 1 in 520 year olds do not have breast cancer. Nothing like.

00:37:06:17 - 00:37:07:07

Dr. Jaclyn Smeaton

That.

00:37:07:09 - 00:37:26:05

Dr. Jenn Simmons

So when you use mammogram to screen, which is a very unsophisticated tool, first of all you're going to overdiagnosed. And another thing that wasn't reported out of that original UK study was yes, you will, you will pick up more cancers, but you're also going to.

00:37:26:07 - 00:37:27:05

Dr. Jaclyn Smeaton

Have.

00:37:27:07 - 00:37:30:16

Dr. Jenn Simmons

Over 100 women out of that thousand.

00:37:30:18 - 00:37:31:13

Dr. Jaclyn Smeaton

Go through.

00:37:31:13 - 00:37:41:08

Dr. Jenn Simmons

Unnecessary Testing, unnecessary biopsies. This is not nothing. And when you're putting women through the paces.

00:37:41:08 - 00:37:42:02

Dr. Jaclyn Smeaton

Of.

00:37:42:04 - 00:37:47:12

Dr. Jenn Simmons

Screening and biopsies and they're all negative.

00:37:47:13 - 00:37:48:13

Dr. Jaclyn Smeaton

But you're.

00:37:48:19 - 00:38:16:07

Dr. Jenn Simmons

Exposing them to the radiation, the cost to the mental toll of having to go through a biopsy. This is very costly. And to some extent, if you screen a woman every year for ten years, 20 years, 30 years, you are also going to cause some of those breast cancers. So we're using a Test that causes cancer to screen for cancer.

00:38:16:09 - 00:38:35:03

Dr. Jenn Simmons

So it makes no sense. And so I've been very clear on my stance there is no survival benefit to screening with mammogram. There is no reason to do it right. And I don't think that it is responsible or ethical to expose women, healthy women.

00:38:35:06 - 00:38:36:07

Dr. Jaclyn Smeaton

Which is what.

00:38:36:07 - 00:38:53:10

Dr. Jenn Simmons

The screening population is. I don't think it is ethical to expose healthy women to radiation for the purposes of screening. And for a long time, people felt really uncomfortable with that because they feel uncomfortable not screening, and now they don't have that.

00:38:53:11 - 00:39:08:07

Dr. Jaclyn Smeaton

This is so interesting because I think the argument you're making have a lot of really great points. And of course, we had societies say, don't do, your self breast exam for a long time now that's coming back, you know, and, but it's I think part of the more I.

00:39:08:07 - 00:39:09:00

Dr. Jenn Simmons

Don't be aware.

00:39:09:00 - 00:39:26:13

Dr. Jaclyn Smeaton

Of your body. Right. But I think you're right. People want to screen particularly like a woman who was a daughter of a mother with breast cancer, or they had a sister with breast cancer. There is this desire to be proactive, but there were not great options. So talk a little bit about the screening method that you do recommend.

00:39:26:17 - 00:39:27:08

Dr. Jaclyn Smeaton  
Yeah.

00:39:27:10 - 00:39:38:03

Dr. Jenn Simmons  
And I want to speak on behalf of the providers too because think about all the providers, especially the ones that are writing for hormone replacement. They feel totally uncomfortable.

00:39:38:03 - 00:39:38:10

Dr. Jaclyn Smeaton

00:39:38:14 - 00:39:40:17

Dr. Jenn Simmons  
Describing for a woman who is not screening.

00:39:40:20 - 00:39:41:18

Dr. Jaclyn Smeaton  
That makes a lot of sense.

00:39:41:20 - 00:40:01:13

Dr. Jenn Simmons  
And even even people in our space are totally uncomfortable prescribing without a mammogram because I don't know what else to do. Right? So there are 100% safe and accurate ways to screen for breast cancer. And they are what I use to prescribe.

00:40:01:15 - 00:40:01:20

Dr. Jaclyn Smeaton  
For.

00:40:01:20 - 00:40:16:01

Dr. Jenn Simmons  
Both my non breast cancer population and my post breast cancer population. So in my non breast cancer population I'm having everyone do self-examination. No one is going to ever know you better than you know yourself. And women.

00:40:16:01 - 00:40:16:17

Dr. Jaclyn Smeaton  
Despite.

00:40:16:19 - 00:40:21:01

Dr. Jenn Simmons  
Mammogram and MRI, are still finding their own cancers.

00:40:21:03 - 00:40:21:19

Dr. Jaclyn Smeaton  
Okay.

00:40:21:21 - 00:40:30:01

Dr. Jenn Simmons  
So I'm having everyone do self breast examination. I'm having everyone do the Aria Test, the tears Test. And this is an at home.

00:40:30:07 - 00:40:31:19

Dr. Jaclyn Smeaton  
Tool to.

00:40:31:20 - 00:40:36:18

Dr. Jenn Simmons  
Screen for breast cancer. So in five minutes, using the fluid in your eye.

00:40:37:00 - 00:40:37:07

Dr. Jaclyn Smeaton  
You.

00:40:37:07 - 00:40:42:15

Dr. Jenn Simmons  
Can accurately screen for breast cancer has a 93% sensitivity for breast.

00:40:42:18 - 00:40:45:17

Dr. Jaclyn Smeaton  
That's fascinating. It's a protein that's released by the cancer.

00:40:45:19 - 00:41:22:23

Dr. Jenn Simmons  
It's its two proteins that are there actually inflammatory proteins. Yes 108 and 109

proteins that when they're both elevated at critical levels, it's highly correlated with breast cancer. So I'm using that to screen. And if that Test is positive then I'm having people get a CT scan like what we offer at Perfection Imaging, which uses sound waves transmitted through a water bath to create a true 3D reconstruction of the breast without pain, without compression and without radiation.

00:41:23:00 - 00:41:25:17

Dr. Jaclyn Smeaton

So safe and.

00:41:25:17 - 00:41:49:19

Dr. Jenn Simmons

Accurate and painless screening is here and we all need to embrace it. We all need to embrace it. And if you don't have a perfection center near you, if you don't have a center near you, it's screen with ultrasound is the only thing that ultrasound is going to miss. Are calcifications. And calcifications in and of themselves are not cancerous or non cancerous.

00:41:49:21 - 00:41:57:19

Dr. Jenn Simmons

And the worst that they reflect is DCIs ductal carcinoma in situ. And I don't even believe that that's cancer.

00:41:57:21 - 00:41:59:19

Dr. Jaclyn Smeaton

And we have good.

00:41:59:21 - 00:42:00:15

Dr. Jenn Simmons

Evidence.

00:42:00:20 - 00:42:01:06

Dr. Jaclyn Smeaton

That.

00:42:01:12 - 00:42:03:07

Dr. Jenn Simmons

80% of them will not.

00:42:03:07 - 00:42:05:15

Dr. Jaclyn Smeaton

Progress 80%.

00:42:05:17 - 00:42:14:09

Dr. Jenn Simmons

So for that small 20% we should be figuring out that they are inflamed and how.

00:42:14:09 - 00:42:15:13

Dr. Jaclyn Smeaton

To.

00:42:15:15 - 00:42:31:09

Dr. Jenn Simmons

Overcome their inflammation anyway. Right. And that as part of my work up before I'm writing for hormones anyway, is where are you in terms of your metabolic health? How healthy is your environment? Because hormones are ever.

00:42:31:09 - 00:42:32:12

Dr. Jaclyn Smeaton

Only the.

00:42:32:12 - 00:42:33:12

Dr. Jenn Simmons

Bow on top of the.

00:42:33:12 - 00:42:34:05

Dr. Jaclyn Smeaton

Box.

00:42:34:06 - 00:42:58:16

Dr. Jenn Simmons

And the box is filled with all the foundational elements that we know drive, health. And so this safe screening is an important, a very important part of the picture, especially because when you use the Aria Test to screen, you're either going to get a negative result, in which case, you know, this person's good and they're a good candidate.

00:42:58:18 - 00:42:58:22

Dr. Jaclyn Smeaton  
For.

00:42:58:22 - 00:43:11:14

Dr. Jenn Simmons

Hormone replacement, or you're going to get a clinically positive result which says to you, this person has a good amount of inflammation and they are if they don't have breast cancer right now.

00:43:11:16 - 00:43:12:18

Dr. Jaclyn Smeaton

They're at risk.

00:43:12:20 - 00:43:16:03

Dr. Jenn Simmons

And if you do nothing in that person, 11%.

00:43:16:05 - 00:43:16:11

Dr. Jaclyn Smeaton

Will.

00:43:16:11 - 00:43:46:02

Dr. Jenn Simmons

Have clinical evidence of breast cancer in six months. So that Test gives you the opportunity to actually prevent a breast cancer diagnosis. Just so amazing. It's a tool and a power that we haven't had as yet. So this Aria Test is going to forever change how we screen for breast cancer. And I just want to quickly mention the wisdom trial, which the results were just released at in San Antonio last week.

00:43:46:04 - 00:44:03:13

Dr. Jenn Simmons

And what this looked at was, should we be risk stratifying people and developing their screening around that, or should we stick with our annual screening and with mammogram? And what this study showed was.

00:44:03:13 - 00:44:04:16

Dr. Jaclyn Smeaton

That if you.



00:44:04:16 - 00:44:05:21

Dr. Jenn Simmons  
Risk stratify.

00:44:05:21 - 00:44:07:17

Dr. Jaclyn Smeaton  
People, they'll have.

00:44:07:18 - 00:44:11:13

Dr. Jenn Simmons  
Less mammograms because in the low.

00:44:11:13 - 00:44:12:02

Dr. Jaclyn Smeaton  
Risk.

00:44:12:07 - 00:44:38:16

Dr. Jenn Simmons  
They're not doing mammograms at all in that trial until someone is 50 or or their risk increases, and then they're getting mammograms every other year. If you're low risk and there were no increase in advanced breast cancers, in fact, there was less advanced breast cancers in that group. And it was called noninferior to screening every year with mammograms.

00:44:38:16 - 00:44:39:14

Dr. Jenn Simmons  
So we know.

00:44:39:20 - 00:44:40:16

Dr. Jaclyn Smeaton  
At least.

00:44:40:21 - 00:45:04:15

Dr. Jenn Simmons  
If we are risk stratifying someone, we know that we are not putting them at increased risk of screening them less. Right now, I wish that they had a no mammogram arm to compare it to, because we know from the Canadian Breast Cancer Screening study, we know from the Swedish studies that there is no, harm comes to these women if they don't screen.

00:45:04:17 - 00:45:09:01

Dr. Jenn Simmons

But we're we don't have anyone that brave yet to do that.

00:45:09:05 - 00:45:14:22

Dr. Jaclyn Smeaton

You know, it's like, do you get criticism for being unethical in our given medical requirement, even though.

00:45:15:00 - 00:45:28:17

Dr. Jenn Simmons

Again, there is no overall survival benefit to screening with mammogram. But every time you talk about not doing it, people go crazy. And it has nothing to do with science because the science isn't there.

00:45:28:22 - 00:45:42:18

Dr. Jaclyn Smeaton

It's all dogma. Well, this has been amazing and I have so many more questions that I wanted to talk about estrogen metabolites and that kind of phase one metabolites and their influence. But we're going to have to get you back on if you're open to.

00:45:42:19 - 00:45:43:07

Dr. Jenn Simmons

I would love.

00:45:43:07 - 00:45:57:14

Dr. Jaclyn Smeaton

To, because I think there's a lot more to explore here, in particular around some of the nuances. We have a lot of providers that that are Testing to prescreen women around breast cancer risk prior to getting menopausal hormone therapy. Do you want to just speak briefly to that, Mark?

00:45:57:16 - 00:46:14:15

Mark Newman

Well, I mean, I think the risk is is the word I always circle around. You look at studies on melatonin and slightly lower, lower melatonin production. There's a slightly higher risk for breast cancer. And it's eight hydroxy you know that oxidative stress marker has a, you know, a weak correlation there. And you start to add these things up.

00:46:14:15 - 00:46:43:16

Mark Newman

And the combination of that estrogen and progesterone relationship. And then we know you're making a lot of those four hydroxy estrogens. That's a potential problem. But particularly if you're also not methylated. Well when you look at the combinations of those things and that risk starts to stack. And yeah, you know, if we can, you know, get balance and health and function to, you know, reproductive hormones and of course, you know, looking at cortisol patterns in people with, you know, with breast cancer that have flat cortisol patterns, they don't do as well on survival.

00:46:43:16 - 00:46:56:03

Mark Newman

So there's so many little, little things that get lit up on the Test when you just start talking about things like breast cancer and risk. And that's a whole, you know, other conversation. And so and this has been really fascinating.

00:46:56:04 - 00:46:57:14

Dr. Jenn Simmons

We should do a course though.

00:46:57:16 - 00:47:14:18

Dr. Jaclyn Smeaton

Oh, I'd love that. Yeah, I'd be great. And this is such an area, I think in the MD space it's come so, so far. But I think breast cancer I mean, I think about it from which I love your point of view, but do you think there are still women being left behind, even in our current menopausal strategy?

00:47:14:18 - 00:47:25:01

Dr. Jaclyn Smeaton

Now it seems like menopausal hormone therapy. More women are being safely cleared. But this group of women who have a risk of breast cancer, I think, are still being denied.

00:47:25:01 - 00:47:34:23

Dr. Jenn Simmons

They're being completely left out of the conversation. If you have a mutation, if you have a strong family history, and God forbid, if you have a history of breast cancer.

00:47:35:05 - 00:47:35:11

Dr. Jaclyn Smeaton

You.

00:47:35:11 - 00:47:46:07

Dr. Jenn Simmons

Are being denied. I mean, most providers won't even have the conversation with you. And the ones that will are kind of doing it on the down low.

00:47:46:09 - 00:47:47:08

Dr. Jaclyn Smeaton

There are very few.

00:47:47:08 - 00:47:55:06

Dr. Jenn Simmons

People like me out there saying, hey, I'm having the conversation with everyone. But again, it comes down to, I don't.

00:47:55:06 - 00:47:56:00

Dr. Jaclyn Smeaton

Think.

00:47:56:02 - 00:48:16:00

Dr. Jenn Simmons

Menopausal hormone therapy is the magic anything. I think it's the bow on top of the box, and we need to be having the same conversation with everyone, regardless of their of their how they got to you. Right? The bottom line is they're suffering and we don't want anyone to suffer. And it doesn't matter if you have a history of breast cancer.

00:48:16:03 - 00:48:17:11

Dr. Jaclyn Smeaton

Or you have a a.

00:48:17:15 - 00:48:23:19

Dr. Jenn Simmons

Mutation, these women shouldn't suffer. And as they suffer, their risk for recurrence goes up.

00:48:23:21 - 00:48:24:12

Dr. Jaclyn Smeaton  
Their risk.

00:48:24:12 - 00:48:25:12

Dr. Jenn Simmons  
For breast cancer.

00:48:25:12 - 00:48:26:06

Dr. Jaclyn Smeaton  
Goes up.

00:48:26:08 - 00:48:40:09

Dr. Jenn Simmons  
So we have to relieve their suffering. And that means working with them to mitigate their breast cancer risk, but also help them by giving them hormonal support, especially because we.

00:48:40:09 - 00:48:41:13

Dr. Jaclyn Smeaton  
Know that it.

00:48:41:13 - 00:49:02:08

Dr. Jenn Simmons  
Does not increase their risk of recurrence. And the things that are going to increase their recurrence risk are if they're metabolically and healthy, we know how to help with if their environment is unhealthy and we know how to help with that. Right. And at the same time, we can give them the same longevity.

00:49:02:08 - 00:49:04:15

Dr. Jaclyn Smeaton  
Support that we're giving everyone.

00:49:04:17 - 00:49:21:09

Mark Newman  
I think one of the things we're not very good at talking about is the risk of nothing. Like we talk about the risk of HRT, but like the risk like men in Testosterone, when you're Testosterone, there's there's a risk of doing nothing with HRT there, you know, and mitigating risk is the whole conversation. And there's risk of action.

00:49:21:09 - 00:49:25:12

Mark Newman

There's risk of inaction and the risk of doing it poorly. And that's a great conversation too.

00:49:25:14 - 00:49:47:11

Dr. Jaclyn Smeaton

Yeah. Well, thank you both so much for joining today, Mark. I always love when you turn on the Podcast. And Doctor Jenn, it's been a true pleasure. And we will definitely be in touch to get you back on. There's so much more to talk about, but thank you so much for just your advocacy in this field to have such a prominent surgeon with a conventional background, such knowledge of breast cancer, and survivor yourself, to be able to speak about this is really transforming thyroid.

00:49:47:11 - 00:49:51:23

Dr. Jenn Simmons

So I don't I don't want to I don't want to make anyone think that I didn't have good theory direction.

00:49:51:23 - 00:49:54:03

Dr. Jaclyn Smeaton

I had thyroid. Oh, thyroid. I'm so sorry. Thank you.

00:49:54:05 - 00:50:03:04

Dr. Jenn Simmons

No. That's okay. Yeah. I just, I come from a breast cancer family, and everyone in my family had breast cancer, and my life has been around breast cancer.

00:50:03:09 - 00:50:03:23

Dr. Jaclyn Smeaton

But what.

00:50:04:02 - 00:50:06:20

Dr. Jenn Simmons

Personally opened up my eyes was my diagnosed.

00:50:06:22 - 00:50:18:11

Dr. Jaclyn Smeaton

With IRA. Again, thank you. And thank you guys all for joining us today. I'm sure you wish it was going on longer, just like I do. Stay tuned. We have several more Podcasts happening today. We will see you soon.

00:50:18:12 - 00:50:31:04

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