

Episode 173 Transcript

00:00:00:00 - 00:00:06:05

Dr. Jenn Simmons

And I was like, oh yeah, not everyone wants to take control of their lives.

00:00:06:05 - 00:00:31:13

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 health care professional or simply looking to optimize your own well-being, we've got you covered.

00:00:31:15 - 00:00:58:07

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. Hi there! Welcome to today's episode of the DUTCH podcast. I'm really glad you're here with me today because we have kind of an interesting concept and a really fabulous discussion today between Doctor Jenn Simmons and Doctor LeDeana Jeane and now Doctor Jenn Simmons.

00:00:58:07 - 00:01:15:10

Dr. Jaclyn Smeaton

We've had on the podcast twice before. She's a breast cancer surgeon and has so much information on screening and caring for women during cancer and in survivorship. And we've talked a lot about hormone therapy in the menopausal women. For women who've previously had breast cancer. We've got a couple of episodes with her on that if you want to check that out.

00:01:15:12 - 00:01:37:02

Dr. Jaclyn Smeaton

And we're joined today by Doctor LaDeana Jeane, Now Doctor Jeane is the founder of Nolia Naturopathic Medicine, and she's a board certified naturopathic oncologist. So she's trained as a natural path doctor and then went on to receive board

certification in oncology and really has bridged the gap working in conventional ankle oncologic settings as well as more traditional naturopathic settings.

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Dr. Jaclyn Smeaton

So we're going to really show you this kind of dual approach to caring for women after breast cancer. We're going to talk about survivorship. What types of things do each of these doctors come out of looking at? What matters as far as lifestyle changes that you should be thinking about, what matters as far as screening and being able to maintain yourself breast cancer free, and what matters when it comes to menopause and hormone therapy, and how to care for the whole woman.

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Dr. Jaclyn Smeaton

Because things are really changing where a lot of things that used to be off the table for women who've had breast cancer are now really being reconsidered on an individualized basis. So you're going to love today's episode. So let me introduce our two guests for today. Doctor Jenn Simmons spent years as a breast cancer surgeon before deciding the field really needed a different approach to screening.

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Dr. Jaclyn Smeaton

She's the founder of Perfeq Imaging, where she's moved away from radiation compression in favor of a gentler screening technology. Really working from the idea that getting answers about your health shouldn't be uncomfortable or harmful to get. She's also the author of The Smart Woman's Guide to Breast Cancer and host the Keeping Abreast podcast, where she covers screening, diagnosis and treatment with a focus on prevention and helping women stay informed about their own care.

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Dr. Jaclyn Smeaton

We've also got Doctor LaDeana Jeane joining us today. She's the founder of nuclear naturopathic medicine in California and a board certified naturopathic oncologist with 15 years of experience in oncology and cancer survivorship. Her clinical work sits at the intersection of women's health and oncology, with particular expertise in perimenopausal and menopausal care for cancer survivors. One just interesting tidbit on top of that for doctor Jeane.

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Dr. Jaclyn Smeaton

She in 2025, she received numerous awards, including physician of the year by the American Association of Naturopathy Physicians for her leadership with the Integrative Health Action Network, where she was providing medical support to first responders during natural disasters like the California fires. Really amazing person. So we have two fabulous women and two fabulous doctors on with us today.

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Dr. Jaclyn Smeaton

Let's go ahead and get started. Welcome. I'm really excited about today's format with both of you on here on the podcast. And it's really to bring two different perspectives together. And I think this is something that is for anyone, any woman who goes through breast cancer. You're trying to build a care team. You want to understand how people might have different perspectives.

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Dr. Jaclyn Smeaton

And I'm just really excited today to talk about survivorship and and what your different experiences have to offer. But I want to start because some listeners may have not met either or both of you before. Doctor Jenn, start by telling me, like, how do you describe the lens that you bring to breast cancer care today?

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Dr. Jenn Simmons

Well, you know, it's funny because I actually have the perspective of everyone. I my life started off from a breast cancer family. So growing up I had a first cousin. Her name was Linda Creed. She was a singer songwriter in the 1970s and 1980s. She wrote all the music for The Spinners in the Stylistics, she wrote 54 hits in all.

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Dr. Jenn Simmons

Her most famous song was The Greatest Love of All. So, she wrote that song for that as the title track to the movie The Great as starring Muhammad Ali in 1977, but really received its acclaim in March of 1986, when Whitney Houston would release that song to the world, and at that time it would spend 14 weeks at the top of the charts.

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Dr. Jenn Simmons

Only my cousin Linda would never know because Linda died of metastatic breast cancer one month after Whitney released that song. I was 16 years old and my hero died, and because Linda had been diagnosed nine years before that, like my childhood was filled with breast cancer. And so I got the perspective of breast cancer as a child, as an observer, as a family member.

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Dr. Jenn Simmons

And that led me to, you know, her her life and ultimately her death inspired my entire life's purpose. So I became a doctor because it was the only thing I knew how to do, right? So I became a doctor. The first doctor in my family became a surgeon, became the first fellowship trained breast surgeon in Philadelphia, the first uncle plastic surgeon in Pennsylvania.

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Dr. Jenn Simmons

And so I had that perspective for 20 some years. And then I did that long enough for my aunt to be diagnosed and long enough for my mother. And then at 46, it was my turn to be a patient. So then I had it from the patient perspective. Even though I didn't have breast cancer, I had thyroid, but I have been watching cancer from every imaginable perspective since my very early childhood.

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Dr. Jenn Simmons

And at each step along the way, I have had the rare privilege of being able to appreciate a different side of it, a different lens of it, and what I can tell you today is that after doing this for almost 30 years now, and being in immersed in the cancer world for what is essentially my entire life is that we never know.

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Dr. Jenn Simmons

We have to continue to learn. We have to continue to be curious, to entertain the possibility that there's something else there that we haven't appreciated before, and continue to let the story evolve and change as as we go on and I think that that that is probably in addition to, you know, being from breast cancer family and being a surgeon and being a functional medicine doctor and being an integrative oncologist, that I think the thing that sets me apart more than anything else is that I maintained humility through it all and always think that there's something else that we're not thinking of.

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Dr. Jenn Simmons

There's something else that we should be thinking about and constantly looking for. How can we make this experience better or better yet, how can we avoid it?

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Dr. Jaclyn Smeaton

Thanks for sharing that story. You haven't shared that with us before, but I can see why it's so deeply personal for you to help women. Thanks for sharing that. And I love what you're saying about like essentially what I would describe as just science. Like knowledge evolves, science evolves. And if we get if we're not looking at data, we're not asking questions or we're not revisiting what we think we know, that's dogma, right?

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Dr. Jaclyn Smeaton

That's not science, right? I love I love that, and.

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Dr. Jenn Simmons

We're we are so ruled by dogma that that people are masquerading as science. And I remember, someone saying to me, they're one of my residents or one of my attendings when I was in training. Five years from now, most of what you swear today is true will not be.

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Dr. Jaclyn Smeaton

Yeah. I gave a presentation on reproductive microbiome years ago, before it was as much known. And I said, probably about half of what I'm going to tell you was wrong, but I'm not sure which half.

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Dr. Jenn Simmons

Yeah.

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Dr. Jaclyn Smeaton

It's just it's absolutely at. Well, I think thank you. And Doctor LaDeana Dean, we've got you here today as well. Naturopathic board, certified naturopathy oncologist and natural Catholic physician. Tell us a little bit about the lens that you see breast cancer through today. And, that can be heard like personal story, but also the the way that you view it as natural rather doctor.

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Dr. Jaclyn Smeaton

And the role of a natural by the doctor.

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Dr. LaDeana Jeane

Yeah. Well, thanks for having me here. I'm excited to share space with you all today. And I think a lot like Doctor Jenn. My life was filled with breast cancer. Kind of from a very early age. My grandmother was diagnosed, and then I saw that, process starting at around seven years old. And then I lost my mother, to a relatively early age diagnosis.

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Dr. LaDeana Jeane

And, watching all of this happen and then having my own experience and really difficult decision making around prevention at a really young age before we had, thoughtful decision, making tools around, genetic mutation. I actually receive preventative surgical, intervention at 19 years old, so incredibly young. And I have spent most of my life processing and sort of thinking about that and also thinking about how that is done so differently now and, how maybe that wasn't really fully informed consent at 19 years old in that process.

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Dr. LaDeana Jeane

And, so with this lens in this background, it's sort of led me to, want to become a doctor and think about how to contribute and how to support other folks going through diagnoses like this. And then when I lost my mother, I sort of put everything on hold and said, I don't want to do this right now.

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Dr. LaDeana Jeane

And then that time actually ended up being very crucial for me. I found naturopathic medicine and became really interested, actually a little bit skeptical to the degree of

like, this can't be for real, you know? And so I sat on it for a long time and thought about the financial investment and the outcome and, credentialing. And did this really make sense?

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Dr. LaDeana Jeane

And so then I took the plunge and decided to go. And then I did a very, sort of a, immersion residency where I was in an actual conventional oncology center for a part of my education and the other part and then naturopathic clinic. And so, I would say my approaches to, treatment and how I think about.

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Dr. Jenn Simmons

Care.

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Dr. LaDeana Jeane

At this stage is, is very different than when I first started. And sometimes I cringe a little bit to think about some of the things that I ignored or didn't know better or, things that maybe didn't get taught to me to consider in our women who, were experience really, really severe menopause symptoms in particular. And so, I think at this point I'm really, fascinated, by the status of our, health care system and how we support women through this transition and intersection of oncology and women's health.

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Dr. LaDeana Jeane

And so, that became this, this very, very, particular interest to me. And so I spend a lot of time thinking about patient care through that lens these days.

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Dr. Jaclyn Smeaton

Thank you for sharing. Now I want to start by just sharing the statistic that really shocked me, which was that they did a single site chart review and found that with survivorship follow up care delivered by primary care guidelines matched the actual clinical guidelines only 20% of the time. That was mind blowing to me because I think we talked to, you know, general providers all the time where when women are kind of discharged from active treatment, they move into a survivorship mode.

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Dr. Jaclyn Smeaton

There's problems like generally like they're following preventive care guidelines generally for women, but there's weaker performance on managing treatment side effects and oncologic surveillance. So this conversation kind of traces how like surgical and naturopathic training shaped what the two of you watch for in a patient who is no longer in active treatment. So I want to start with that.

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Dr. Jaclyn Smeaton

With that element of survivorship, we will definitely talk about menopause hormone replacement therapy later because I want to make sure we cover that. Because I think you two will have really interesting perspectives to share. But when a patient finishes after treatment, what's the first thing that each of you is trained to check for? Doctor Jenn, why don't you go first?

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Dr. Jenn Simmons

Well, I think the oncologic surveillance part is easy because everyone along the team is comfortable with that so that they're probably getting right whether or not they comply with it. They most people are given pretty clear cut instructions on you're going to have a mammogram every six months, you're going to have an MRI every six months, and we're going to do them, you know, or you're going to have an MRI and a mammogram once a year.

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Dr. Jenn Simmons

We're going to do them six months apart from one another. And everyone on the treatment team side of it is comfortable with that, because they know what to do with a mammogram and they know what to do with an MRI where it falls short. And this is what you alluded to before, is they have no idea what to do with the woman who lost her relationship because of her whole breast cancer experience.

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Dr. Jenn Simmons

They have no idea what to do with a woman who can't sleep, who's anxious, who's scared, who has doesn't recognize her body, who's been mutilated for lack of a better word. And please know that is coming from a surgeon who tried her very best to give people the best possible cosmetic outcome. But no matter how good you are

and I was good, you cannot ever do what God did right and you will never give them back something that even remotely resembles what they had before, right?

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Dr. Jenn Simmons

So they they they feel mutilated. They've gained weight. They don't recognize their body. They're uncomfortable. They have dry skin, they have dry hair, they have dry everything, and they have bladder infections. They have yeast infections. They have things that the breast surgeon, the medical oncologist, the radiation oncologist are wholly unequipped to deal with. And so they don't.

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Dr. Jenn Simmons

And that's that's the problem. So they all get surveillance because they know what to do with that, but they have no idea what to do with what women are really left with after treatment.

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Dr. Jaclyn Smeaton

Doctor LaDeana, tell me a little bit more about like, in your residency. What were you trained to watch for? Once a patient's active treatment ends?

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Dr. LaDeana Jeane

Yeah, I mean, I feel like I had this incredible training in my naturopathic world, and then I had this conventional care setting that I was operating in. And for some reason, this, like, crossover of the two worlds. I was missing something and connecting the dots there. And so I feel like in that particular setting, I was very, very, focused on passing everything to the oncologist that I could and assuming that they would take care of it, or assuming that I could refer someone out for a higher level of care for something that felt complex for me.

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Dr. LaDeana Jeane

And I did that for years. So, okay, you have vaginal dryness and nobody else is talking to you about this. Let's send you to a gynecologist I trust, and let's talk about it. Or let's talk about it with your oncologist. And I spent years of my career having all of those patients return back to me, for the most part saying they were not getting the help that they needed.

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Dr. LaDeana Jeane

And then I was fumbling around and trying to meld my, two educations together to figure out what I could do, and also trying to figure out how to help them, naturally. And the ways that I could because, at that time, the oncologist that I was working with were not particularly open even to vaginal estrogen.

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Dr. LaDeana Jeane

Unless it was something very extreme and there was a lot of discussion around it. And so in that situation, I think a lot of what I was trained to do at that time was assume that the oncologist was taking care of all aspects of that patient's recurrence, risk monitoring and survivorship, and I was building and understanding the gaps in the care at that time in my career.

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Dr. Jaclyn Smeaton

That's so interesting because like, ultimately, what I'm hearing is you both saying the same thing, which is foundationally that, you know, LaDeana, you were thinking, okay, this could have an impact, this decision around let's use vaginal estrogen for an example. This is years ago. Now we know it's really considered very safe, but like, you think this could potentially have an impact on recurrence risk.

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Dr. Jaclyn Smeaton

I'm going to send her to our oncologist to help to make that decision that I'm hearing from you, Doctor Jenn, that like now, even the oncologists aren't really well trained to make that kind of decision. And you got your patients back from saying, I didn't really get that help. That is so interesting to me. That kind of overlap between the two of you.

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Dr. Jenn Simmons

Yeah, I mean, we're just as physicians, especially when you get into these subspecialties and you can take primary care and call it its own subspecialty, like the primary care people. The second you have a breast cancer diagnosis, they're like hands off right there. They feel totally uncomfortable caring for you. And the oncologists are trained to give chemotherapy or, like me, trained to operate.

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Dr. Jenn Simmons

So if you come to me with a symptom I can operate on, I have no idea what to do with that. And so what ended up happening is that, you know, your, your, your person comes for their six month or 12 month or 18 month or 36 month or whatever follow up, and they have depression and anxiety, right?

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Dr. Jenn Simmons

So what do we do? We send them to the psychiatrist or the psychologist or they have, they have fatigue or they have palpitations and we send them to the cardiologist or they have dizziness, or they're losing balance and we send them to the neurologist, or they have joint pain and we send them to the rheumatologist. And all the while, all these things are the symptoms of menopause, but we're not trained and even when we send them to the gynecologist because they had, you know, frequent yeast infections or whatever it was, no one was trained.

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Dr. Jenn Simmons

And so no one knew what to do with them. So it was just it was the the person who suffered was the patient because they just kept getting spun around and spun around and going for opinion after opinion after opinion. And you know, the cardiologist, they're not thinking, oh, this is the problem because there's no estrogen there. They're looking for, you know, some electrical cause of arrhythmia.

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Dr. Jenn Simmons

They don't find it. They'd have them wear halter monitors. They tell them they're fine and off you go. Right? And then the patient gets left thinking it's all in her head or her imagination or her perception or whatever it is. And it's really just a failure on our part to recognize that these are the symptoms of menopause. And this is how we are leaving nearly every woman after breast cancer treatment.

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Dr. Jenn Simmons

And we don't give the providers the skills to help them or the permission.

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Dr. Jaclyn Smeaton

Yeah. I mean, you hit the nail on the head there. From my point of view, it's like we have heard the metaphor where like if you're feeling around, you're like blind and you only get one part of the elephant and you're like, can feel the leg, you can feel the trunk, you can feel an ear and be like, no one really realizes it's an elephant.

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Dr. Jaclyn Smeaton

It's like, that exists in the medical system. Anyway, with this specialization and sub specialization, because you're trained to look for one thing. Yes, but you're right, the GP and now I think most patients are using urgent care for what they used to see a GP for in the GP's. Like you're in a physical, you don't have someone who's kind of keeping track of everything and managing it the way they used to in primary care, which I think it just.

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Dr. Jaclyn Smeaton

And then you add breast cancer to the mix where you're right, so many providers, myself included, I'm not a cancer specialist. I don't want to make any mistakes that might cause harm to someone. So then you have that layer added to it as well. Yeah. Ladino, what would you add to that conversation? Well, I.

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Dr. LaDeana Jeane

Would add the complexity of the treatments that the patient received. Right. And so not only are we looking at, you know, early menopause that could have been induced surgically or through some type of treatment, whether it's permanent or transient. I do want to also add to the conversation that these patients might have received chemo therapeutics that are, cardio toxic and have metabolic health, risk.

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Dr. LaDeana Jeane

And so this is a patient population that has compounded effects above the general population. It's just not run of the mill menopause symptoms. And so, you know, and the other thing I want to comment on too, that that really, drives where I sit now and why I do what I do is the care we were all just talking about and the fragmentation.

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Dr. LaDeana Jeane

Right. And it's like, can't we just have someone who is seeing the patient as a whole person, as an interconnected being, and help them with all of these parts and help them sort of link together, what might be coming from what how we might be able to help instead of referring them out to multiple different providers before we offer any help at all.

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Dr. LaDeana Jeane

And they might still need those referrals for safety. Right. And so but we get to decide, like, is there something we can do today to support you? And this is one of the things that I love about being a naturopathic doctor is we have this opportunity to use, lower force interventions that might not be pharmaceutical. First, as we're trying to help support someone.

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Dr. LaDeana Jeane

And then we also have that ability to sort of up the ante as we need to based on the severity of someone's symptoms while we're researching and trying to figure out if there is a bigger issue to consider, like that cardiology referral, for instance.

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Dr. Jaclyn Smeaton

Absolutely. Now I want to talk a little bit about like lowering recurrence risk. Of course, this is you said Doctor Jenn, like the straightforward from a screening guidelines perspective. But can you start like when a patient asks you how they might lower their risk of recurrence? What do you do with your kind of conventional, surgical and now integrative background?

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Dr. Jaclyn Smeaton

What do you find yourself saying first to them?

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Dr. Jenn Simmons

Well, I, I always want to back up and ask the question, why do you think you got breast cancer? What was the message here? Right. And for some people it's pretty simple. And for other people far more complex. I just finished seeing someone

before we got on this call today that, is seemingly the picture of health, seemingly the picture of health.

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Dr. Jenn Simmons

And for her, there's not an easy answer as to why she got breast cancer. She didn't go through a trauma. She didn't have anything particularly stressful happening in her life. She wasn't recently, vaccinated. She wasn't, overweight. She drank a little bit of alcohol, but not not anything that we would necessarily say, like, oh, that's it.

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Dr. Jenn Simmons

And so for her, I think that the story is going to be a little more complex, but for every one that I have like that, I have 20 who I can paint a really easy picture as to why this happened. And listen, breast cancer is a horrible disease, so I don't want to take away from it. And there are still 40 some thousand women every year in the U.S that die of this horrible disease.

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Dr. Jenn Simmons

But we diagnosed 300,000 women a year. And for most women, their breast cancer diagnosis is an opportunity and it's an opportunity to pay attention to the signs and signals that your body is giving you and know that whatever this is, it's not working. Right. And if you're someone like me that thinks that you can burn your candle at both ends and sleep for five hours a night and get up and do it all again this the next day, and not give yourself any room to breathe, not give yourself any love, not give yourself any, any space to develop your health like I.

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Dr. Jenn Simmons

When I got my diagnosis, there was no there were no surprises there. This was with this was a long time coming for me. I come from a family with terrible genetics. Literally everyone in my family gets cancer and I abused my body. Right. And so there's a message there and my message was, you can't do that, right? And I either had the opportunity to say, watch me.

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Dr. Jenn Simmons

And, you know, have it be worse or accept it and say, okay, I hear you. I can't do that. I have to change. And and that's the thing that that definition of insanity, right? You can't do the same thing and expect a different outcome. This is our opportunity to get the the outcome. We want. But you have to be awake.

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Dr. Jenn Simmons

You have to be aware, you have to be willing to accept that things have to change. And not everyone wants to do that. Not everyone wants to take control of their health. I don't I might have shared this story with you before, but I remember like this. The day that I left surgery, I was in the office. I had a 19 year old patient.

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Dr. Jenn Simmons

She was wheeled into my office. My office was about 30ft from the elevator, and her primary progressive, Ms. was so advanced that she couldn't even walk 30ft, 19 years old. So she's wheeled in by her mother. I had just met Terri Walls, and I don't know if you know Terri Walls, but Terri is a midwestern physician who also had primary progressive Ms..

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Dr. Jenn Simmons

Hers was so bad that within two years, she was in a zero gravity wheelchair because she couldn't hold up her own weight and was let go by the hospital. And really, she was as low as low can get and made some really big changes in the way she ate and the way she moved and and she did some other things too.

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Dr. Jenn Simmons

But she completely recovered from Ms.. And within a few months was back riding 20 miles a day and now has helped thousands and thousands and thousands of people reverse their Ms.. So here I am like as high as can be. Can't wait to share all of this information with this 19 year old who came in to see me because she has a breast mass, but I'm bursting at the seams like wanting to tell her you don't, you don't.

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Dr. Jenn Simmons

This doesn't have to be your life. You can change, right? So after, about a minute of me telling her terrible story, she puts her hand up like this and says, doc, are you going to do my biopsy or not?

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Dr. Jaclyn Smeaton

Wow.

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Dr. Jenn Simmons

And I was like, oh yeah, not everyone wants to take control of their lives. Some people are playing the hand that they're dealt, and it's way easier for them to take the pill or take the drug or take the procedure or take whatever we have to offer and blame the failure on the system. Your drug didn't work, your procedure didn't work, your, you know, whatever, whatever extrinsic thing is there didn't work.

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Dr. Jenn Simmons

It's not me. Right? And listen, her life is horrible and I I'm not judging. I just was filled that day with the realization that there are some people that just don't want the ownership, they don't want to change. And I knew I didn't want to work with. I wanted to work with people who wanted to change, who wanted to take control, who wanted to take ownership.

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Dr. Jenn Simmons

And that was the day that I resigned from my surgery position.

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Dr. Jaclyn Smeaton

That's impactful. And it's interesting. You know, I heard this quote where it's like, you have to learn to like, hold grief in one hand and gratitude in the other, and let it stretch you wide open to the world. And I think there's just a similarity to that experience. You're right, not everyone is ready or wants to kind of live life that way.

00:32:41:14 - 00:32:50:10

Dr. Jaclyn Smeaton

But if you are and you can see that in your situation, you can use a bad experience to really transform.

00:32:50:12 - 00:33:14:12

The DUTCH Podcast

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00:33:14:14 - 00:33:17:09

The DUTCH Podcast

Welcome back to the DUTCH podcast.

00:33:17:11 - 00:33:37:03

Dr. Jaclyn Smeaton

Doctor Jeane, I'm really curious your point of view, because I think as a natural doctor, you probably receive patients who are more inclined where they're like, I don't want the pill. I don't want the I don't want to give up. Show me how I can change my life. There's just this natural filter of who comes out, at least for me, who comes in my office.

00:33:37:05 - 00:33:43:20

Dr. Jaclyn Smeaton

Tell me a little bit more about like that experience for you. And what are patients coming in like? What's their story? What's their perspective.

00:33:43:22 - 00:34:09:00

Dr. LaDeana Jeane

Yeah, I think I was I was processing that as Doctor Jenn was talking, inherently biased patient population. Right. They're wanting that to do list of things to work on. Right. Why did I get this was happening in my body? How can I eat differently? Oh, I don't sleep well or help me out with my weight gain.

00:34:09:02 - 00:34:43:09

Dr. LaDeana Jeane

Whatever the issues are. And I would say that's awesome because it's this beautiful motivation factor for, you know, our foundations of health, really, which are our, our primary, starting point for prevention of recurrence. And we see that in the data as well. Right? Is our diet and our exercise and our sleep and making sure that our

stress is well managed and these are things that we can see again and again actually reduce our risk of recurrence.

00:34:43:09 - 00:35:20:01

Dr. LaDeana Jeane

And then, you know, there are other therapies and other natural products that I would probably throw in the mix. And I want to speak to the other side of that, which is with that patient population. Sometimes we receive, I receive folks in my practice sometimes who are very dogmatic about, natural medicine. And so there's this, really nuanced, tethering of the two worlds that has to happen of, both.

00:35:20:01 - 00:35:55:17

Dr. LaDeana Jeane

And, you know, this is important, but it's also important with your stage or your particular grade or, Ki 67. Whatever it is, it is important that you also receive your conventional care recommendations. And I feel in my practice, I do a lot of that bridging because there's a certain, patient population that is really struggling with a paradigm shift of, I don't want to do that.

00:35:55:21 - 00:36:38:21

Dr. LaDeana Jeane

That doesn't fit with anything I've ever done in my life. I really don't want to have surgery, and I most definitely am not going to have chemotherapy. And so there's a lot of my practice spent having conversations around those risks, what that actually looks like, and the role of naturopathic oncology and supporting them in that process. And so I think although my patients are generally very motivated and excited to work on these foundations and to make changes and to see things from all of the different facets, we have this other piece to consider as well.

00:36:38:23 - 00:36:50:20

Dr. Jaclyn Smeaton

I'm glad you brought that up. It's you know, I think you're absolutely right. People also go to you because they want to find a provider who's going to say to them, you don't have to do that. Yeah, you don't have to do that. You venture out. And I think there oftentimes.

00:36:50:20 - 00:36:52:02

Dr. Jenn Simmons

You need to.

00:36:52:04 - 00:37:03:06

Dr. Jaclyn Smeaton

You they come to you for that too. Yeah. I'd love to get your point of view on that, Doctor John. Like are those patients coming into your practice. How do you handle it? Do you do it the same way doctor Dean does? You handle it differently. So,

00:37:03:08 - 00:37:28:19

Dr. Jenn Simmons

I don't know how I came to occupy this space. The main reason that I wrote my book, The Smart Woman's Guide to Breast Cancer, is not so that women didn't undergo conventional therapy. It was so that if they were going to undergo conventional therapy, they were making an informed decision. Because right now, that's not what's happening right now.

00:37:28:19 - 00:38:03:02

Dr. Jenn Simmons

What's happening is that women get a breast cancer diagnosis and they're terrified, and they are pushed to make a quick decision. Now, I don't know about you. When I'm scared, I don't make particularly good decisions. Right? Because when we're scared, we're in fight or flight mode and that it's it's physiologically impossible to make a good decision when all the blood is shunted away from your cerebral cortex, because you're not meant to think in that situation.

00:38:03:02 - 00:38:31:08

Dr. Jenn Simmons

You're meant to run, run, run, run, run, run. Right? And so we ask women to make these decisions that ultimately will affect them for the rest of their lives in these tiny, short windows of time. And they're really not given the information. So I wrote The Smart Woman's Guide to Breast Cancer so that women would take a breath, take a pause and learn.

00:38:31:10 - 00:39:06:00

Dr. Jenn Simmons

Learn to understand their diagnosis, learn to be able to read and know what their pathology report means. Know what all of these drug regimens are, what they do, what both the short term consequences are, which they they do get told about the short term consequences, but what they don't get told about are the long term

consequences. And most of the time, they're given relative rates of, treatment success rather than absolute rates.

00:39:06:02 - 00:39:32:12

Dr. Jenn Simmons

And so my, my conversations with women, which they're coming to me because they don't want to have the treatment and they want me to talk them out of it. I don't think that's my role. My role is to say to them, listen, if you have chemotherapy, this is the likelihood that you will get benefit. And this is the likelihood that you won't.

00:39:32:13 - 00:39:54:00

Dr. Jenn Simmons

And what I say to them is for what is essentially a 1 to 3% difference, do you want to undergo a treatment where this and this and this and this and this are going to happen in the short term and this and this and this and this and this are going to happen in the long term for that 3% difference.

00:39:54:05 - 00:40:13:09

Dr. Jenn Simmons

Do you want it? Because that is not the conversation they are being told they're being told things like, well this doubles the chance of of response, okay, from 2% to 4%, right. That's that's doubling the chance of response.

00:40:13:09 - 00:40:18:11

Dr. Jaclyn Smeaton

Yeah. To be able to give you that relative versus absolute. And we see statistics used that way all the.

00:40:18:11 - 00:40:19:11

Dr. Jenn Simmons

Time all the time.

00:40:19:11 - 00:40:20:09

Dr. Jaclyn Smeaton

And it gets that's like.

00:40:20:09 - 00:40:50:12

Dr. Jenn Simmons

But people don't know that and they don't understand that. Yeah. And so it's very it's very deceiving. And I honestly believe that the medical oncologist are kind of suffering under the same delusion. And I, I do believe that there are good people wanting to do good things. Well intentioned doctors with good intentions. But when all you have is a hammer, all you see or nails.

00:40:50:12 - 00:40:57:02

Dr. Jenn Simmons

And so everyone that comes into their office, I mean, they're trained to give chemotherapy. That's what they're going to do it.

00:40:57:04 - 00:41:17:05

Dr. Jaclyn Smeaton

This is making me think about like the contrast with something like prostate cancer in men, where I feel like long term side effects are very readily discussed. This is just from my experience with family members who've gone through it. But like incontinence and sexual dysfunction and all these like longer term effects get thoroughly weighed with, you know, whether or not they should treat.

00:41:17:05 - 00:41:23:21

Dr. Jaclyn Smeaton

Now, that's oftentimes many men die with prostate cancer and not of prostate cancer. So you can't compare apples to oranges.

00:41:23:23 - 00:41:52:21

Dr. Jenn Simmons

Many women die with breast cancer and not all breast cancer. Remember that the breast cancer reservoir is about 20%. So when we look at autopsy studies of women 20s, 30s, 40s, died of other causes, died in car accidents or suicides or drug overdoses, 20% have microscopic evidence of breast cancer, 20% of 20 year olds do not have breast cancer.

00:41:52:23 - 00:42:21:11

Dr. Jenn Simmons

And there is a vast difference between dying with the disease and of the disease right now. The difference that you're seeing and why we follow way more prostate cancer than we do breast cancer. Incidentally, we follow way more lung cancer and we do breast cancer. And lung cancer is a far more deadly disease. But the reason that we do it is because, first of all, we don't value the breast.

00:42:21:13 - 00:42:48:19

Dr. Jenn Simmons

We think it's a disposable item. Second of all, it's easy to biopsy a breast, very easy to biopsy a breast. In very rare circumstances, you can get into trouble by seeing a breast. You know, maybe you hit a vessel and you get some significant bleeding. But other than that, not nothing bad happens when you biopsy a breast. But when you biopsy a prostate, you can get into trouble.

00:42:48:21 - 00:43:10:13

Dr. Jenn Simmons

And for sure, when you biopsy a lung, you can get into trouble, right? Right. And so we let lung lesions go all the time. We watch them, watch them, watch them. We don't do that for breast for breast. Immediately. The second someone see something on imaging oh you have to go for a biopsy. It's a rule out cancer.

00:43:10:13 - 00:43:32:06

Dr. Jenn Simmons

Why why why do we have to rule out cancer in every single person? We're not doing it for lung cancer. Far deadlier disease. Why do we have to do it for breast? We do it because we can. And 80% of breast biopsies are done for benign changes, 80%. It's too convenient. And we allow for it. Women allow for it.

00:43:32:11 - 00:43:37:02

Dr. Jenn Simmons

Men would never stand for this. They would never stand for this.

00:43:37:04 - 00:43:56:16

Dr. Jaclyn Smeaton

Yeah, it's certainly the prostate. Yeah. Well I want to pull it to survivorship again in kind of this preventive approach. And I haven't had the chance to hear from you. Let Doctor LaDeana on the one of the naturopathic approaches in survivorship I think Doctor Jenn you've talked a lot about like stress and burn the candle at both ends.

00:43:56:16 - 00:44:18:03

Dr. Jaclyn Smeaton

And these kind of being a causative contributing factor besides that because I feel like we've talked about that enough. What are the other things, Doctor Jain, that you really work with patients on? And I really I'd love you to start with, like, what's the

thing that we don't talk about enough that we should talk about more with patients and maybe what's the thing that we overly index and we talk about too much when really they should be looking somewhere else?

00:44:18:05 - 00:44:56:18

Dr. LaDeana Jeane

Yeah. I think, you know survivorship for me I have really broadened in, in my head over time what that really means as someone at time of diagnosis, during treatment, following treatment through treatment and for their lifetime. And so that can look really different and all of those different timelines. Right. And then we think also about that stage one person versus a stage for metastatic situation where they're on treatment of some sort lifetime and versus an endpoint to treatment.

00:44:56:20 - 00:45:21:15

Dr. LaDeana Jeane

And so I think a lot about the gaps in care that's really like front of mind for me when I'm thinking about survivorship. And how do I prevent this fragmented process that we have currently. And so I think a lot about okay. Well what were their treatments. What are their treatments. How do we prevent side effects. How do we manage side effects.

00:45:21:15 - 00:45:55:07

Dr. LaDeana Jeane

And then also what are their long term risks that might come from whatever treatments it was that they received. And so maybe that's cardio metabolic maybe that's sexual health, maybe that's mental emotional stress. And, and even when I was listening to Doctor Jenn talk right now, I was thinking a lot about, like, the mental stress and anxiety around getting a call back for a mammogram and how often that is benign and how much stress there is involved.

00:45:55:07 - 00:46:25:00

Dr. LaDeana Jeane

And having a woman undergo this particular, process again and again. And so, I think about inflammation. I think about helping manage menopausal symptoms sleep. I think a lot about, what again, those risk were with the particular therapies that they received and how do we improve their quality of life? Not just prevention of recurrence.

00:46:25:01 - 00:47:12:08

Dr. LaDeana Jeane

Which I think in my early days, of being a new doctor, I was hyper fixated on monitoring and prevention of recurrence instead of, instead of heavily weighing this quality of life piece. And I think something that we don't talk about enough to speak to your question is, the the transition of, understanding how alcohol might be playing a role and influence our risk of recurrence and survivorship is just really not discussed very much in even in my time as a physician, starting now, we we have this concept of like, if you're a woman, you can have two if you're a one, and if you're a man, you can have two

00:47:12:08 - 00:47:49:15

Dr. LaDeana Jeane

drinks per night. And now I think we really understand that there's no safe level of alcohol intake for a woman who has had a Or, any diagnosis of cancer because it can increase their recurrence risk. So, those are sort of the ways that I start to think about and frame that survivorship picture is this big emphasis on prevention, especially cardio metabolic, because we know that those risk are increased from their treatments and then superimposed on where they are with their menopause journey.

00:47:49:15 - 00:48:19:19

Dr. LaDeana Jeane

And women in particular. And then we're also thinking a lot about, those major quality of life factors that influence those foundations of health that also link back to that recurrence risk. Right. We all know that a woman who is suffering profoundly from ovarian suppression on an aromatase inhibitor, they're probably not sleeping right, like, at all. And so what do we do about that?

00:48:19:19 - 00:48:47:15

Dr. LaDeana Jeane

And how can we support them. And that is a big focus in my practice is finding these key elements and and what where the problems or the pain points are addressed them. And then what are the things we can't see like bone health. Right. And how are we mitigating that? How are we, demanding early are screening for folks when they need it.

00:48:47:15 - 00:49:02:03

Dr. LaDeana Jeane

I think it's a little easier in the oncology world, but I still get the occasional I'm not going to be able to be covered until I'm 65, and then my jaw drops. Then, then we have them pay cash.

00:49:02:08 - 00:49:04:14

Dr. Jaclyn Smeaton

For, like, a textbook can. Yeah. For a Dexa.

00:49:04:17 - 00:49:39:10

Dr. LaDeana Jeane

Yes, yes. I can't believe it. Still, and so, you know, I just talk about the importance, and then we, we pay cash. And so, there's a lot of. Yeah, there's a lot of emphasis on, again, I would say less so weight, but more so the inflammatory piece of that metabolic health and the focus on, fat to muscle ratios and how we can really mitigate that.

00:49:39:10 - 00:49:51:04

Dr. LaDeana Jeane

And the best way to support the patient, whether it's through lifestyle change, dietary change, supplements and in some cases, medication support.

00:49:51:06 - 00:50:10:07

Dr. Jaclyn Smeaton

That's helpful. I mean, there seems like there's a lot to cover, obviously, Doctor Jenn, with, with all the things we've talked about and think about like bone density, cardiovascular health, metabolic health, the cognitive changes, sleep problems. You've talked about all these pieces. What are the biggest areas that you see patients falling through the cracks?

00:50:10:09 - 00:50:13:19

Dr. Jenn Simmons

Well first I want to go back and add a couple of things to the.

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Dr. Jaclyn Smeaton

Please do.

00:50:14:07 - 00:50:14:19

Dr. Jenn Simmons

List.

00:50:14:22 - 00:50:15:05

Dr. Jaclyn Smeaton

Yeah.

00:50:15:05 - 00:50:26:13

Dr. Jenn Simmons

So, the thing that almost universally gets overlooked that I think deserves a lot more attention is oral health. I think we totally under appreciated you.

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Dr. Jaclyn Smeaton

Yeah. We've never talked about that on here before.

00:50:28:17 - 00:50:58:02

Dr. Jenn Simmons

Yeah. So, we recognize that your oral health and it is, is tied to longevity. It's tied to cardiovascular health. It guess what? It's tied to breast health as well. Right. And, so finding out if they have a history of root canals, if they've had wisdom to teeth removed, if they have metal amalgams in their mouth because those are 51% mercury.

00:50:58:02 - 00:51:48:15

Dr. Jenn Simmons

So they mercury is a metallic estrogen and it's not going to behave in the way that our bioidentical estrogen behaves, but instead it's going to behave like a xeno estrogen, which we know is, is, progressive, energetic. So having an oral health evaluation on everyone, I think is really important. The other thing is, toxin exposure, knowing what people have been, exposed to, because breast cancer is kind of the intersection between toxic overload and what can cause that cellular damage and cause that cellular transformation from a normal cell to a cell that is simply in survival mode.

00:51:48:17 - 00:52:12:02

Dr. Jenn Simmons

And it's the intersection of that and immunosuppression because, an intact immune system should be able to recognize that cellular process in its infancy. And it's only when our immune system is suffering. And quite frankly, all of our immune systems

are suffering so much these days because of busyness and stress and toxins and all of those things.

00:52:12:04 - 00:52:35:16

Dr. Jenn Simmons

And so we need to be mindful of our toxin exposure. We need to be mindful of our suffering, because when we are suffering, our bodies do not work well, right? If you're suffering, if you if your body thinks that you're going to imminently die, why is it going to fight off a cancer? It's not. It's not even going to be able to fight off the common cold.

00:52:35:16 - 00:53:11:09

Dr. Jenn Simmons

Because if you're imminently dying, right? If you are suffering and your body thinks the end is near, it's not going to fight off these things that won't kill you for 5 or 10 years. Right. So thinking about suffering, thinking about trauma, history of trauma is something that is well well documented in the breast cancer population. And when we look at specifically the metastatic population, 80% of the metastatic population has significant trauma in their background, 80%.

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Dr. Jaclyn Smeaton

Fascinating.

00:53:12:05 - 00:53:37:17

Dr. Jenn Simmons

Yeah. So we have to be thinking about that. Now, your question about what am I doing for all of these women who are told that they should be grateful to be alive, but it is so hard to feel grateful when you can't think, you can't remember your words, you can't sleep, you're anxious, you're scared. You're going to ache, your bones ache, you've palpitations, you've gained weight.

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Dr. Jenn Simmons

You have no libido. Sex is unwanted and painful. You're having frequent urinary tract infections, bladder infections, yeast infections. Your relationship is, you know, absent or challenged or whatever. Like it's very hard to feel grateful with all of this going on and the rest of the world when they're suffering from these symptoms, we say, okay, maybe we should consider hormone replacement.

00:54:07:12 - 00:54:33:17

Dr. Jenn Simmons

You. But in the breast cancer population you like, you don't even have to have breast cancer. I, I ranted yesterday on Instagram about a woman who's a broken mutation carrier who doesn't have breast cancer, and she was told under no uncertain terms is she to ever have hormones. Right? So we are gatekeeping this entire population of post breast cancer or high risk for breast cancer.

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Dr. Jenn Simmons

Or if you if they even smell breast cancer, you're not you're not you know, you're denied. And the question is is that the right thing? And I think the resounding answer is no. And we've looked time and time again at the data. Are the numbers huge? No, the numbers aren't huge, but a lack of evidence does not make it dangerous.

00:54:55:19 - 00:55:21:20

Dr. Jenn Simmons

A lack of evidence does not make it wrong. And all the evidence that we have points in the same direction. And that's that. First of all, women who take hormones yet breast cancer. But guess what? Women who don't take hormones get breast cancer. Women who have breast cancer and take hormones afterwards have recurrences. Women who have breast cancer and don't take hormones afterwards have recurrences because it's not the hormones.

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Dr. Jenn Simmons

With the exception of progestin without question, are tied to an increased risk of both primary breast cancer and recurrence.

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Dr. Jaclyn Smeaton

Now it's a trend because we have really gone from what I've seen, you can disagree. We've gone from like this near blanket contra indication of hormones and menopause hormone therapy to more guided individualized oh you know decision making. And that's but in the short term like just the last couple of years. Yes I think I'd love to have.

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Dr. Jenn Simmons
In the last year.

00:55:53:13 - 00:56:09:02

Dr. Jaclyn Smeaton
Yeah, yeah. I mean, there was that big paper that came out earlier this spring that actually I was like, no, we should be having conversations even with breast cancer survivors, which was huge. Because that's definitely a shift. What's leading to this change, do you think? And I think I'd love to hear from you, Doctor Jenn, on this.

00:56:09:02 - 00:56:17:22

Dr. Jaclyn Smeaton
First is I know this is like something that you talk about all the time and and what's the tipping point that's led providers to start to consider at least even having this discussion?

00:56:18:00 - 00:56:29:01

Dr. Jenn Simmons
Well, I think what's leading to the changes demand. Right. Like women are, are they've gotten to the point where they've said, I don't care.

00:56:29:03 - 00:56:32:01

Dr. Jaclyn Smeaton
I like I if I even if I got breast cancer again, I'm.

00:56:32:01 - 00:57:01:07

Dr. Jenn Simmons
Miserable, I don't care. My life as it stands is not worth living, I don't care, I'll take the risk. Give me you bright. Like give me the drug. I'll take the risk. So I think it's very much driven by women. But I also think what opened it up and what gave people some permission is that when we went back and looked at that women's health initiative and really looked at the data, there were two groups.

00:57:01:09 - 00:57:49:09

Dr. Jenn Simmons
There was the group that got conjugated equine estrogen and progesterone and the the in that group there was an increase. It wasn't a statistically significant, but there was an increase in breast cancer. But when you look at the estrogen alone group,

there was a 23% reduction in breast cancer. And not only do we have that evidence, but we have evidence on the other side where there are studies with women who have a history of breast cancer and have also been hysterectomies, so they were only given estrogen alone, and they also have a reduction in recurrence as compared to women with a history of breast cancer who don't take hormones.

00:57:49:11 - 00:58:31:04

Dr. Jenn Simmons

So we see it on both sides. And the societies came out and said that vaginal estrogen is safe. So I think providers are feeling a little safer engaging in the practice. But we have 20 years of very, very, very bad behavior to undo. And it is so very hard to unring a bell. And there are still many more providers than not who still believe that hormones are dangerous, who still believe that hormones cause cancer, who still are stuck in that well, we use anti estrogen drugs to treat breast cancer.

00:58:31:04 - 00:59:11:00

Dr. Jenn Simmons

So estrogen must cause breast cancer who are stuck in the people have ER positive cancers. And that means that estrogen and progesterone drive their cancers. Even though progesterone is anti proliferative. And we have studies that show that if you give a woman who has a breast cancer diagnosis progesterone, between the time of her biopsy and the time of her excision, and you rerun that Ki 67, the proliferative rate on the final specimen, the Ki 67 goes down, because progesterone is anti proliferative.

00:59:11:03 - 00:59:29:14

Dr. Jenn Simmons

So a PR positive, a progesterone positive tumor doesn't mean that progesterone causes your tumor to grow. In fact, it means quite the opposite. And before we had tamoxifen guess what. We used to treat breast cancer. We used progesterone.

00:59:29:16 - 00:59:46:05

Dr. Jaclyn Smeaton

Well I appreciate that. And I think just to wrap up this because I think this gets so complicated for women and confusing and concerning and they want to make the right decisions. And I think you're right Doctor Jenn. Women get to the point where they're like I don't even care. You'll monitor me just like help me feel better.

00:59:46:07 - 01:00:06:17

Dr. Jaclyn Smeaton

But Doctor LaDeana, can you talk a little bit about your approach to hormone therapy in your practice for women who are postmenopausal? And does it make a difference when they had breast cancer, like the age between the diagnosis or treatment and their menopause or, you know, even years since menopause and they're considering it that are different from the average woman?

01:00:06:19 - 01:00:34:05

Dr. LaDeana Jeane

Yeah, definitely. I think my approach probably is still a little bit more conservative than yours, Doctor Jenn. But I am really open and trying to stay on top of the conversations and the literature and learning. And I am definitely, in a place now in my practice where I'm thinking a lot about individualized care. And so, following the steps of like, okay, you're suffering.

01:00:34:05 - 01:01:07:05

Dr. LaDeana Jeane

We've tried, all of the herbal, natural product interventions, we've tried lifestyle modifications. You're not responding. We can try non-hormonal, approaches and next, like, for instance, if Mesa vasomotor symptoms, hot flashes are the worst, we might see, benefit and I might say, okay, let's do this for a couple years or three years away from your original diagnosis.

01:01:07:06 - 01:01:34:03

Dr. LaDeana Jeane

Let's get you out to a time point and reassess if we're seeing response. And then there are groups of women that I might be more inclined to want to push that conversation to five years, depending on the circumstance, but also being very open to where they are in that process. And I think that individualization, as you were alluding to, Jacqueline is very much like, well, what is this staging?

01:01:34:03 - 01:02:07:18

Dr. LaDeana Jeane

Did the person receive the full recommendation of care? Did they undergo surgical excision? Did they complete their recommended treatment modalities? What is their age? And did they tolerate the tamoxifen or aromatase inhibitor? Where are we. At what grade is the tumor. What was the CA 67 score. And then I feel, a little bit more motivated and interested right now in exploring and learning about.

01:02:07:18 - 01:02:50:14

Dr. LaDeana Jeane

I have a lot of very young women in my practice right now with breast cancer in their late 30s. Very early 40s, who are, were caught off guard and still want to have a baby. And so there's this fertility piece kind of superimposed. And there is this, this, thing that clicked into place for me when I was communicating with oncology about one person in particular is, their, their time frame is let's get you to two years with ovarian suppression and, and I and then will undergo IVF fertility pregnancy.

01:02:50:16 - 01:03:18:05

Dr. LaDeana Jeane

And so I'm just processing in my head okay. Well what does that mean for hormone status. Right. Because that is way more of a leap of, endogenous hormones than something we were give menopausal hormone replacement therapy. So, and I think also a lot about the risk for these women and, those younger ages and the length of time that they'll be in menopause.

01:03:18:07 - 01:04:14:20

Dr. LaDeana Jeane

And sometimes it's reversible and their, cycles will come back, but inevitably there are still significant change there. One thing I will add to the mix that I am, very excited to be exploring and thinking about more as I'm, opening up and learning and exploring and how I can better support women is, testosterone therapy and thinking about in particular, how we, might be able to be a little bit more free in, considering that in someone, especially on an aromatase inhibitor and how we might see benefit to a lot of their, symptoms and issues in that time frame, and then I, I feel particularly, I

01:04:14:21 - 01:04:50:23

Dr. LaDeana Jeane

want to be clear that I'm talking about folks within one 0 to 5 years of diagnosis and, and particularly folks who are still on active treatment. Right. And I feel, some level of protection around how I'm practicing there and being careful and thoughtful, but still very aware that there's this conversation and change might be on the horizon, but not feeling confident about, like changing my clinical practice and saying hormones for all right now.

01:04:51:01 - 01:05:12:19

Dr. LaDeana Jeane

Although at five years I'm feeling more and more confident having these conversations with women who are no evidence of disease, who have been suffering, who have been told that, systemic hormone therapy wasn't an option for them. So hopefully that answers your question. Jacqueline.

01:05:12:23 - 01:05:16:13

Dr. Jaclyn Smeaton

That's great. Yeah. Anything that you'd add, doctor Jenn well.

01:05:16:15 - 01:05:53:03

Dr. Jenn Simmons

If you want to feel better about pregnancy after breast cancer, there was a study in 2021, in the Journal of Clinical Oncology. 112,000 breast cancer patients, 7500 became pregnant after diagnosis. There was a 33%, disease free survival in that group and a 44% lower hazard of death. So right now, it's absolutely selection bias, because the women who get pregnant after breast cancer treatment are inherently healthier.

01:05:53:03 - 01:06:27:14

Dr. Jenn Simmons

For sure. But you also kind of can't deny those big numbers of, you know, improved disease theories, disease free survival and decreased risk of death. And the other thing is that when you were alluding to, testosterone treatment and an aromatase inhibitor in the early stages of treatment, Rebecca Glaser, just published 20 years of data on that, on doing just that.

01:06:27:16 - 01:06:56:09

Dr. Jenn Simmons

And she saw a in in the non breast cancer population, an 80% reduction in, breast cancer deaths or breast cancer incidence. And I think a 30 some percent reduction in breast cancer deaths in the breast cancer population, who she treated with testosterone pellets within. I, so granted, it is one person's data, but it's long term data.

01:06:56:11 - 01:07:21:18

Dr. Jenn Simmons

That's that's really impressive. And I think long gone are the days where we should be across the board saying we're not going to use hormones in the breast cancer

population because it's the wrong answer. And certainly anyone who has completed treatment and is in a state in which hormones can enrich their lives. And I don't think hormones are the be all, end all.

01:07:21:18 - 01:07:41:17

Dr. Jenn Simmons

I think that they are the bow on top of the box, and the box is filled with all the foundational things we talked about today. Right? What do you have that you don't need? What do you need that you don't have? Getting to your why, making sure that you're eating a nourishing diet, that you're moving your body, that you're prioritizing sleep, that you're detoxifying, that you're avoiding toxins, that you're living in a connected way.

01:07:41:17 - 01:08:20:03

Dr. Jenn Simmons

This is all very, very important. You have strong tools to manage the stressors of life, all very important. But there are people that are doing that all day long and cannot regulate their metabolic health because it requires estrogen, and cannot sleep at night because it requires progesterone, cannot build muscle because it requires testosterone. And so I think that if you're doing all the right things and not getting the results that you want, you all to consider, hormones and more importantly, your provider should be considering hormones along with you.

01:08:20:05 - 01:08:37:06

Dr. Jaclyn Smeaton

Well, this is, I think, a great place to wrap. I mean, this is a chapter still yet unwritten. I think when it comes to all of the data really fleshing out. But I do think you call it such an important point is like when we used to think about menopausal hormone therapy to manage hot flashes and women, which is kind of where it was born out of.

01:08:37:06 - 01:09:05:05

Dr. Jaclyn Smeaton

Right. But now we're starting to think about it as a prevention tool cardiovascular health, metabolic health, cognitive health, bone health. You know, women are not just breasts, right? So I think when you're looking at treating the whole woman, you need to be thinking about all these other benefits that may be obtained with hormone therapy and kind of way that in your risk and benefit conversation, I think,

like I said, the chapter is not finished yet and will still hopefully be getting more and more data, but this has been an awesome conversation.

01:09:05:07 - 01:09:28:05

Dr. Jaclyn Smeaton

I'm really thankful for both of you spending your time, both with this patient population coming at it from your unique perspectives personally and professionally, and for spending time with us on the podcast today. So thank you so much. Thank you. I'd love for each of you to just share. Maybe start with you, Doctor LaDeana. If people want to find out more about you, we'll put links in the show notes for you guys, but tell us where we can find you on social or website.

01:09:28:07 - 01:10:01:15

Dr. LaDeana Jeane

Yeah, my website is Noelia med knowledge a m e d um.com, and I am one of the few and rare people who do not have social. I do not have Facebook. For my business or personal. I do have an ultra secret private Instagram. Personal, but not for my business. Maybe one day. And so just old fashioned word of mouth and direct communication over here.

01:10:01:17 - 01:10:10:19

Dr. Jaclyn Smeaton

Wonderful. Thank you. We'll put the link to your website there. And Doctor Jenn, tell us where we can find your book, where we can find you on social because you are prolific on social I am.

01:10:10:19 - 01:10:37:06

Dr. Jenn Simmons

And if it's a beast, you're better off. Trust me. Yeah. My book is The Smart Woman's Guide to Breast Cancer. You can get that anywhere. You get your books. I have my own podcast. It's called Keeping Abreast with Doctor Jenn. And you can get that wherever you get your podcasts. You can hear more about what I do and maybe engage in what I do at PerfeQTion Imaging, where I have forever changed how we screen for breast cancer.

01:10:37:06 - 01:11:01:06

Dr. Jenn Simmons

We are screening for the precursors of breast cancer. In your Tears with the breast test, we are doing a metabolic assessment because we know metabolic dysfunction

predates breast cancer by many years. And when we image we're using the CT scan where we are using circumferential soundwaves transmitted through a warm water bath to create a true 3D reconstruction of your rest without pain, compression or radiation.

01:11:01:06 - 01:11:13:04

Dr. Jenn Simmons

So if you are opting out of breast cancer screening, I am giving you a reason to opt back in PerfeQTion imaging and PerfeQTion is spelled with a QT in the center.

01:11:13:06 - 01:11:30:01

Dr. Jaclyn Smeaton

Wonderful. Well, again, thank you both and thank you for all of you listening today. If you like conversations like this, we also put out a podcast every Tuesday. You can stream us that, the DUTCH podcast, anywhere you're listening today. Be sure to click subscribe and you can find us on all the socials at DUTCH Test or at DUTCH Test.com.

01:11:30:03 - 01:11:33:03

Dr. Jaclyn Smeaton

Thank you so much. We'll see you next Tuesday.

01:11:33:05 - 01:11:45:22

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