Episode 179 Transcript

00:00:00:00 - 00:00:25:07
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, 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.

00:00:25:09 - 00:00:46:19
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. Thanks for joining me today on the DUTCH podcast. I'm really excited about today's topic. It's a little bit different. You know, we talk a lot about research gaps and clinical care gaps for women.

00:00:47:00 - 00:01:08:00
Dr. Jaclyn Smeaton
But there actually is a clinical care gap for men. That really is important. And my guest today is going to talk all about it and talk about it from more of an integrative perspective. So what we're talking about today is actually men's cancer. And we'll talk about prostate cancer but other cancers as well. And when you look at statistics what we see is that men tend to delay getting evaluated for cancers.

00:01:08:00 - 00:01:29:17
Dr. Jaclyn Smeaton
And that leads to diagnosis at later stages, which of course can be tougher to treat. So on today's episode, we talk a little bit about that, about what men could be doing differently. And my guest today is a board certified naturopathic oncologist who is focused on the root causes of cancer and has a whole clinic set up to test and assess and measure and treat those root causes.

00:01:29:18 - 00:01:54:18
Dr. Jaclyn Smeaton

So we're going to spend a lot of time diving into some of those common root causes, things like emotional contributions, things like environmental contributions, inflammation, hormones. Of course we're going to talk about. So all these different root causes that can contribute to someone getting cancer or not. My guest today is Doctor Lucas Tims. He's a naturopathic oncologist and a fellow of the American Board of Natural Oncology.

00:01:54:20 - 00:02:17:12
Dr. Jaclyn Smeaton
There is fewer than 125 of these physicians in North America. He is a microbiology graduate of University of Arkansas, and he trained at Southwest College of Natural Medicine before he completed an oncology focused residency at Ctca, the Cancer Treatment Centers of America, where he later served as medical director of Integrative Oncology at its Western Regional Medical Center. This is a hospital based center.

00:02:17:13 - 00:02:34:04
Dr. Jaclyn Smeaton
He now runs Root Causes Oncology, where he treats patients through a whole person approach to cancer care. You are going to learn so much today. I know I did, and just the frameshift of understanding what we can do better for men when it comes to oncology. For me, it was really eye opening. So let's go ahead and get our guest started.

00:02:34:09 - 00:02:39:18
Dr. Jaclyn Smeaton
Well, Doctor Lucas, I'm so glad you're here with me on the podcast. Thank you for for joining.

00:02:39:20 - 00:02:41:09
Dr. Lucas Tims
Thanks for having me back.

00:02:41:11 - 00:02:57:10
Dr. Jaclyn Smeaton
You bet. I'm excited to talk with you today because I think, you know, we obviously we talk a ton about women's health, but we really care about men's health as well. And I think there's a huge clinical gap here in men's health when it comes to cancer cancer screening. And so I want to really dive right in that.

00:02:57:10 - 00:03:14:05
Dr. Jaclyn Smeaton
A recent NCI led analysis found that men were more likely than women to be diagnosed at a later age, and that more advanced stages. And that was across 20 non reproductive cancer types. What's your read on this on like what's driving the gap here.

00:03:14:07 - 00:03:45:07
Dr. Lucas Tims
Yeah it's it's certainly is a gap. And I think it's you know it's it's good to see the data. But I think most people inherently kind of under understand or like perceive that, you know, men just aren't as good at taking care of themselves. I think as women. And I think there's, a lot of factors that go into that, whether it's psychosocial issues or, even racial disparities.

00:03:45:07 - 00:04:07:14
Dr. Lucas Tims
There's, a lot. And so, you know, the biggest things that stand out to me are, you know, most men in that critical sort of time frame where you're going to start doing cancer screenings, cancer testing, preventative measures, that kind of 35 to 55 age range, you know, that's when most of them are, they're not really in tune with their health yet.

00:04:07:14 - 00:04:29:17
Dr. Lucas Tims
I'd say for the most part, and women are a little bit better at, I think, doing those screening tests, going to annual, visits with their, with their doctor and, just minding to their self care a little bit better. I think there's a shift happening with men being more aware of that. But, you know, we're still looking at data that's, playing catch up.

00:04:29:18 - 00:04:50:20
Dr. Lucas Tims
And we have a lot of work to do to get men thinking about cancer screening, cancer prevention earlier on in their life than, you know, rather than sort of the old mindset of like, wait until something's broken to fix it, which I think is a very kind of just manly thing that, you know, is not serving us very well when it comes to health and cancer especially.

00:04:50:22 - 00:04:55:22
Dr. Jaclyn Smeaton
Yeah, it's interesting because I think about that. Like you said, would you say 30 to 50 5 or 30 5 to.

00:04:55:22 - 00:04:59:02
Dr. Lucas Tims
50, 35 to 55? I mean, there's rough edges there. Yeah.

00:04:59:04 - 00:05:18:14
Dr. Jaclyn Smeaton
Yeah. But I think that age range, like when I think about the character characterization, like women are kind of juggling at that age. You might have children and home life and work life and, and men typically if you were going to stereotype them, this is like their hardest working years, right? They're building their empires, as my husband would have said.

00:05:18:14 - 00:05:36:23
Dr. Jaclyn Smeaton
So, you know, they're very focused on that in a way that can seem a little bit unbalanced. And I think that that's the experience for a lot of people that I know that I can see that that could be interfering. It's moved on from like the invincibility of your 20s to just kind of being with horse blinders on.

00:05:36:23 - 00:05:39:07
Dr. Jaclyn Smeaton
Do you see the same way?

00:05:39:09 - 00:06:09:21
Dr. Lucas Tims
Totally. I like I said, I think there's some subtle shifts happening. And, you know, there's there's also better screenings available now for, for some types of cancers that are maybe more, you know, male predominant. But, yeah, just the general sense. Yeah. I mean, men are, you know, that's their high earning years. Right. And even though we're getting a more balanced workforce with males and females, it's still I think that mindset is kind of pervasive.

00:06:09:23 - 00:06:19:20

Dr. Lucas Tims
On the, on the male side and, culturally and, even from, you know, a health care standpoint, we need to be doing more to reverse that.

00:06:19:22 - 00:06:46:22
Dr. Jaclyn Smeaton
Yeah. I mean, I can see actually the whole executive health coaching model is really targeting that group that there's kind of prevalent now in your concierge medical practice. We see a lot of integrative practices go this way. And the biohacking cohort is right in that group as well. But it seems like there's a split between men who are hyper focused in that kind of biohacking type of way, or men who are disengaged.

00:06:46:23 - 00:06:55:03
Dr. Jaclyn Smeaton
I think you're right. A lot of it's economics and access to health care, unfortunately. But it's interesting. It's hard to overcome that.

00:06:55:05 - 00:07:35:15
Dr. Lucas Tims
It is, it is. And so, you know, it's bit by bit and and year by year we, we try to do better. But your point to, you know, the executive physicals and biohacking stuff is I mean, that's those are, you know, those aren't perfect things. But like, any way that we can, you know, provide front doors for men to come into, you know, this type of understanding of their health, a little bit earlier, whether it's even in a messy way through biohacking or, you know, there's there's some programs that, you know, they might look like on the surface that they're, you know, not necessarily set up as screening programs, but getting men

00:07:35:15 - 00:07:43:13
Dr. Lucas Tims
into the system where they're then they start to understand that there's a lot of other testing options available. I think is is a good thing overall.

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Dr. Jaclyn Smeaton
Yeah, absolutely. Now, when you have men in your practice and they are not doing the routine screenings that you maybe initially recommended, what are the reasons that they're sharing with you as far as like why they've not done it?

00:07:57:05 - 00:08:16:00
Dr. Lucas Tims
I mean, I think it goes back to kind of the same tropes that we've already mentioned, like, you know, if it ain't broke, don't don't worry about it. You know, suck it up. Tough it out. You know, illness is in in the male kind of ecosystem. For the most part. I think it's seen as kind of a weakness.

00:08:16:02 - 00:08:38:03
Dr. Lucas Tims
You know, I think we're just a little bit. We're not as good as being vulnerable in those types of areas, as women are. And, so, yeah, I think it's largely that I mean, there's lots of individual issues that come up, like you said, whether it's access or, just lack of awareness. But or lack of resources.

00:08:38:05 - 00:08:52:17
Dr. Lucas Tims
But I think it's, you know, a lot of, it's this cultural mindset that men have that, you know, you're invincible until something's really wrong and, you know, kind of ignore it until you can't anymore.

00:08:52:19 - 00:08:59:12
Dr. Jaclyn Smeaton
Yeah, unfortunately, that doesn't work so well. You know, you can because not position you for success. Successful so.

00:08:59:14 - 00:09:26:12
Dr. Lucas Tims
Well, you know, that's why we see men that, on balance, they show up with later stage cancers. You know, that's well documented, is, you know, the, the early signs don't always, send that shockwave through men like it does, you know, the female side. And, so, you know, we got a lot of work to do.

00:09:26:14 - 00:09:50:12
Dr. Jaclyn Smeaton
Yeah. I mean, I want to spend more time talking about cancer. But before we dive into that, I want to talk about something that we end up talking a lot about when we talk about hormones and cancer, which is environment and lifestyle exposures. And some of these contributing factors, because we know that particularly with prostate

cancer, there's been some studies showing links to a lot of the common things that we're exposed to, like in plastics and things like that.

00:09:50:14 - 00:10:01:10
Dr. Jaclyn Smeaton
Sure. What environmental or lifestyle exposures do you see that you are most concerned about regarding male, cancer risk factors?

00:10:01:12 - 00:10:35:19
Dr. Lucas Tims
Yeah, yeah. You're right. We've gotten some, you know, tumor specific associations, whether it's prostate cancer and heavy metals or plastics, kidney cancer and, forever chemicals. You've got colorectal cancer, which is slightly skewed more towards men than women, but obviously there's still plenty of women that get colorectal cancer. But things like testicular cancer, and, and of course, prostate is the one that sticks out the most, you know, these endocrine disrupting chemicals, right.

00:10:35:21 - 00:10:59:14
Dr. Lucas Tims
Which can be everything from pesticides to plastics to, metals. There's there's a whole host and an ever growing list of these chemicals. Unfortunately, it seems like, you know, you hear news about certain chemicals getting, banned or restricted only to find out six months later, there's another chemical that's basically the same one just is called something different.

00:10:59:14 - 00:11:00:00
Dr. Lucas Tims
And, you.

00:11:00:00 - 00:11:09:21
Dr. Jaclyn Smeaton
Know, that's like the BPA to BPA. So like BPA free. But we use this other bisphenol that was untested. And then later on you realize it's even worse than the original one.

00:11:09:23 - 00:11:34:03
Dr. Lucas Tims
Yeah. So there's, there's there's some of that, going on. Obviously I think we've done a good job of getting rid of, you know, some chemicals in the system. But I think the

only way to, really mount a full scale attack is, you know, legislatively and get get the right, people at the government level involved.

00:11:34:03 - 00:12:01:09
Dr. Lucas Tims
And, you know, I think we're still searching for that. As far as the patients and what they can do and what they can feel empowered about is first, the awareness around these chemicals and that they are cancer causing, you know, they're either probable or known carcinogens. And then, balancing that with, things you have control over in terms of limiting your exposure to those chemicals.

00:12:01:09 - 00:12:27:21
Dr. Lucas Tims
Right? So like getting plastics out of your day to day life as much as possible. You know, avoiding, you know, obvious exposures to heavy metals, smoking, alcohol, all these other things. And so the awareness around the carcinogens and how you can avoid them. And I think also spending an equal amount of time on, working with practitioners that know how to test for and help support the elimination of these toxins.

00:12:27:23 - 00:12:36:16
Dr. Lucas Tims
And that's where, you know, I mean, the DUTCH test, right? I mean, we talk about it more from a hormone standpoint, but some of those same things can play into toxins as well.

00:12:36:18 - 00:12:56:16
Dr. Jaclyn Smeaton
Yeah, that's one of the interesting things I think about, like beta glucan is in the gut, which recycles estrogen. We talk about that all the time with estrogen detox. But I love pointing out that beta glucan is also opens up the packages and recirculate most toxins to eliminate eliminate through a really similar process in the liver into the gut.

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Dr. Jaclyn Smeaton
Yeah, it's like, let's not forget it's not just your hormones that get excreted this way. It's like all of this stuff.

00:13:03:10 - 00:13:35:06
Dr. Lucas Tims
Correct? Correct. So yeah, I mean that all that all the methylation support, it's it's all tied in. And so I think the more we talk about that and hopefully more men and women are hearing that message, and you know, getting, getting a baseline DUTCH test or some other type of advanced testing where they can look at their toxin level, their toxin load, how their body handles toxins and what other, you know, actionable things can be done to support those, those pathways of elimination and reduce the exposures.

00:13:35:06 - 00:13:53:06
Dr. Lucas Tims
Because time and time again, you know, when we look at, I mean, the name of our clinic is root Causes oncology and the root causes of cancer and a lot of chronic diseases is a toxic burden, one way or another. And so that's a vital part of, of the work we do here.

00:13:53:08 - 00:14:16:15
Dr. Jaclyn Smeaton
You know, I love that you mentioned alcohol when you looked at your list of like, environmental toxins, because I think people know it's carcinogenic or it's toxic, but they don't think of it as an environmental toxin. I don't hear it talked about that way. At least very often. Can you speak more to that? Because I think that we probably have a lot of listeners who maybe don't know that there is a connection to cancer with alcohol consumption.

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Dr. Jaclyn Smeaton
Can you just share a little bit more about that?

00:14:20:00 - 00:14:44:16
Dr. Lucas Tims
Yeah. Well, I think it's you're right. There is a bit of a, knowledge gap there. You know, most people I think would say they know I've heard that, smoking is, is a problem, you know, and causes cancer. I would say, you know, it's probably less than 20%. And I've seen some statistics on this. So people that say they're aware that alcohol is a carcinogen.

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Dr. Jaclyn Smeaton
Yeah. They know it's like quote unquote bad for them. Or they might know it causes liver damage like in cirrhosis. You kind of have things you're like, I know I shouldn't drink a lot, but I do think that people I'm not surprised to hear that 20% statistic that sounds.

00:14:58:19 - 00:15:23:21
Dr. Lucas Tims
Yeah I mean, I've seen I've seen statistics in the teens right around that like knowledge gap. And so a lot of that also is I think, there could be some powers working against us there. Right. Some lobbyists, obviously, that might not want that message to get out. And I'm sure, you know, a lot of people going through, you know, the pandemic and all that.

00:15:23:21 - 00:15:45:00
Dr. Lucas Tims
I mean, alcohol, right? Alcohol sales and consumption went way up during that time. Right? So now we're trying to kind of, you know, there's a, a backlash to that, I guess you could say. And so you're seeing more articles come out in the news and, and people sharing information around the dangers of alcohol, not just with cancer, but a lot of, you know, a lot of other problems.

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Dr. Lucas Tims
So again, it's, you know, these things move slowly, but, but yeah, I mean, it's important that people know that there really is no safe, amount of alcohol to consume. And they've even shown that, you know, they, they've kind of made recommendations around a certain amount of drinks per week, which I don't really like that, that they, that they've kind of, like made people feel like, oh, you can have one drink a day and that's okay.

00:16:11:13 - 00:16:33:23
Dr. Lucas Tims
And that really takes the sort of the individualization and personalized risk assessment out of it, I think, and kind of puts the onus on like, well, the government told me I could drink this much and I got cancer. Is that really a problem? So, a lot of stuff to clean up there. But we you know, that's one of the first things I ask about with my patients is, you know, what's your alcohol use?

00:16:34:01 - 00:16:38:19
Dr. Lucas Tims
And as you know, in medical school, we were taught to double whatever they tell us.

00:16:38:21 - 00:16:42:17
Dr. Jaclyn Smeaton
I don't I don't think I was told that. That's pretty funny. Well, right.

00:16:42:19 - 00:16:49:06
Dr. Lucas Tims
I thought we all were. But anyways, most people the point is most people will kind of underestimate how much they consume.

00:16:49:12 - 00:16:50:06
Dr. Jaclyn Smeaton
Right?

00:16:50:08 - 00:17:08:05
Dr. Lucas Tims
And so, it's easy to do. It's easy to forget that extra glass of wine you had, or, you know, that extra beer or whatever. So, so I'm not saying it's anybody's, you know, call anybody out, but but that's something that we're taught in school to kind of like, look, if anything, they're underestimating their alcohol consumption.

00:17:08:05 - 00:17:14:03
Dr. Jaclyn Smeaton
And it's like when you ask for a diet recall, I'm like, I don't want your best day. I want an average day. You have to try it.

00:17:14:03 - 00:17:14:17
Dr. Lucas Tims
Exactly.

00:17:14:23 - 00:17:24:21
Dr. Jaclyn Smeaton
Because everyone wants to impress you. And I normally tell people the worse it is right now, the better you're going to improve next time you come and see me. So don't sugarcoat it now. Wait till next time.

00:17:25:01 - 00:17:25:16
Dr. Lucas Tims
Yeah, right.

00:17:25:16 - 00:17:26:16
Dr. Jaclyn Smeaton
I want to hear what it really is.

00:17:26:19 - 00:17:28:15
Dr. Lucas Tims
Yeah, let's get a proper baseline.

00:17:28:21 - 00:17:48:08
Dr. Jaclyn Smeaton
Give me a proper baseline. Yeah. And you can only go up the lower it is, the higher opportunity you have for improvement. It's interesting because I've seen, like culturally I think the younger generations. Well, one, I think like, you know, I'm a millennial. I think you're a millennial too. Probably. But like the next generation there, I think their health behaviors are really starting to change.

00:17:48:08 - 00:18:09:11
Dr. Jaclyn Smeaton
Like, I see younger men more engaged in positive health behaviors and screening. So that's one thing I want to call out that I think is great. Hopefully when they get to that 35 to 55 age range, that's stuck. I'm also seeing a lot of people choosing sobriety, not because they've had an alcohol problem, but because they want to choose that as a positive health behavior.

00:18:09:12 - 00:18:34:11
Dr. Jaclyn Smeaton
And there's a cultural movement there, and you're also seeing a lot of alternatives to I mean, at least I am. Maybe it's because of my NDI, but my feed on like social is always like these, you know, mushroom intake. And they're not magic. Mushrooms are just like, no, no, no. It's like the Copa on Lion's Mane and things that like bring blood to your brain or, you know, people are using other substances even like kava and things to relax.

00:18:34:13 - 00:18:44:06
Dr. Lucas Tims

I was in Whole Foods yesterday, and I saw, I mean, they had a whole display of, like, these, you know, social lubricant type, you know, drinks that are nonalcoholic, and it's like.

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Dr. Jaclyn Smeaton
A functional tonic.

00:18:45:15 - 00:18:46:21
Dr. Lucas Tims
Yeah, exactly.

00:18:46:23 - 00:19:11:12
Dr. Jaclyn Smeaton
Yeah. There's one called Hyo Hyo that I like the taste of, and I'm, like, bitter. Basically, glorified seltzer water is because the amount of herbs in there is so many skills like ashwagandha and pressure. I mean things that don't really, in my opinion. I would like take a tincture and drink a regular seltzer water and save yourself the $6 a can or whatever they cost, but they taste good and it's nice to have some kind of alternative available.

00:19:11:13 - 00:19:34:19
Dr. Lucas Tims
Yeah, I think so, because, I mean, I think a lot of teens or young adults and I think you're right, with the kind of the tide shifting a little bit there. But, you know, most of them just it's, it's just a way to socialize. Right? It's just like a something to do to bring people together. And so if we offer something else that's not, as, you know, deleterious to our health, it makes a lot of sense.

00:19:34:19 - 00:19:48:23
Dr. Lucas Tims
And, you know, I'm all for it. I've tried a few of those, and. Yeah, I think you're right. It's it just gives you a reason, right? It just gives you a reason to come together versus like the actual effect in the body.

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Dr. Jaclyn Smeaton
Yeah. Maybe it's Sibo.

00:19:51:15 - 00:19:53:06
Dr. Lucas Tims
Could be homeopathy.

00:19:53:08 - 00:20:12:21
Dr. Jaclyn Smeaton
There we go. It's going to be apothic exposure now beyond alcohol. Like, if we get back to toxins. Can you talk a little bit like about environmental toxins from like your average male's exposure. Where are they coming from? What are the things if you were going to counsel a patient on lifestyle changes to make like where should they focus first.

00:20:12:23 - 00:20:38:03
Dr. Lucas Tims
Yeah. Yeah it's it's this is another you know we can speak to kind of the generalities obviously, but doing a really, you know thorough intake with the patients and understanding, you know their, their lifetime potential lifetime exposures which men for the most part are you know, known to be, exposed to more cancer causing chemicals that then women, not by much, but slight, a bit amount.

00:20:38:03 - 00:21:14:18
Dr. Lucas Tims
And a lot of that is due to occupational exposures, whether it's through, agriculture or construction work or firefighters or, other people that work in factory settings or oil rigs, things like that, where it's like there's a pretty well known chemical toxic exposure. So obviously, you know, you want to, understand there's an ongoing or past occupational exposure, and then you want to ask people about their day to day life for the most part, you know, look at, you know, what's in on and around them, in their homes, in their offices.

00:21:14:20 - 00:21:34:12
Dr. Lucas Tims
You know, obviously you've got people that are living in moldy homes or sick buildings. That can be a big one. We find a lot of mold toxicity in our cancer patients, especially prostate cancer, to kind of link it to more of a, a male type of a cancer, since that's kind of the theme here. We find a lot of mold toxicity in prostate cancer specifically.

00:21:34:12 - 00:21:52:09

Dr. Jaclyn Smeaton
That's so interesting. Can you talk more about that? Because I think, again, it's not like that typical chemical exposure, but it's something that I think is really gotten a lot more awareness over the last couple of years. So and I think it's still kind of up in the air or controversial around like, how do you test, how do you identify where it's coming from?

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Dr. Jaclyn Smeaton
Can you share a bit more about that for listeners?

00:21:55:10 - 00:22:17:00
Dr. Lucas Tims
Yeah. So, you know, molds are first of all, there's toxic mold and there's there's molds that don't really produce a toxin or something that causes harm to your health. So not all mold is a problem. I want to put that out there, because a lot of people, you know, like, oh, we you know, we had a mold test our house and it found this.

00:22:17:00 - 00:22:42:11
Dr. Lucas Tims
And, now I going to have cancer. But there are, you know, well known handful, 6 to 10 types of molds that produce toxins that can once they're either breathed in or ingested in the body, they can embed themselves somewhere. A lot of times it can be in the airways, the sinuses, the, upper respiratory, the lungs, ingested.

00:22:42:11 - 00:23:12:12
Dr. Lucas Tims
Obviously it can get into the gut. And believe it or not, it can also find its way into the urinary tract organs of the body as well. And a common symptom you'll see in people that are that have mold toxicity is, this sort of like, inability to, almost like a urinary incontinence, their inability to hold their urine and this frequency and, and, and especially at night, which obviously.

00:23:12:18 - 00:23:15:07
Dr. Jaclyn Smeaton
Can overlap with like a lot of other.

00:23:15:07 - 00:23:40:00

Dr. Lucas Tims
Which can overlap with, with, with an enlarged prostate. Right. So BPH, which is, we know, kind of can be a precursor towards prostate cancer. But is that, you know, that's an inflamed, swollen prostate. A lot of times what we find in those prostates and there's, you know, you can look at, some of the, the testing they've done looking at that tissue.

00:23:40:02 - 00:24:11:15
Dr. Lucas Tims
There's toxic fungus and mold in there. Okay. So we've got these low grade toxic infections almost with mold and fungus going on. And it seems to in some men, really concentrate down in that prostate area, which is again, generally a low blood flow area, especially as we age. And is sort of vulnerable to a lot of types of infections, not just mold and fungus, but you get a lot of prostatitis with bacteria and viruses as well.

00:24:11:17 - 00:24:36:21
Dr. Lucas Tims
But it just lends itself towards a chronic infection state. And, you know, once it's kind of settled in, that can be sort of a, a stepping stone towards a cancer, you know, that can be something that's driving a cancerous terrain in that area. So getting tested for mold, whether you think you've had an exposure or not, I think is, you know, it's a preventative measure.

00:24:36:23 - 00:24:42:06
Dr. Lucas Tims
I think we need to be speaking about it that way because of, you know, these are known carcinogens.

00:24:42:07 - 00:24:54:22
Dr. Jaclyn Smeaton
Are there, like, specific things that are red flags to you, like, you know, living in the Pacific Northwest where it's very wet or, you know, age of home, like, are there things that are like, oh, yeah, we definitely should screen for this because you'd be at a higher risk.

00:24:55:00 - 00:25:15:15
Dr. Lucas Tims

Yeah. I mean, I think you always want to ask them, do you have any known, you know, mold exposures in your home, any water damage, leaky pipes, things like that? A lot of people will, you know, say, oh, well, I grew up in one or, you know, I was in one for a little while. Most people can recall that they were in a moldy home or building at some point in their life.

00:25:15:17 - 00:25:39:20
Dr. Lucas Tims
So that's always a clue. And then, you know, people with, you know, kind of chronic sinusitis, chronic gut problems, chronic urinary dysfunction, those are always kind of like red flags for me. But I mean, you know, obviously I only work with cancer patients, so I'm testing everybody for, you know, for mold and all these toxins.

00:25:39:22 - 00:25:42:13
Dr. Jaclyn Smeaton
Because you're wanting to get to the root cause for everybody.

00:25:42:15 - 00:25:58:09
Dr. Lucas Tims
Exactly. Yeah. We want to try to, you know, ask that question why for them and do all these tests. And even in the even in the guys, even in the women who are like, I don't think I've ever been exposed to mold. We find it, we find it. And so, you know, the tests don't lie. You know, in the tests.

00:25:58:09 - 00:26:01:02
Dr. Jaclyn Smeaton
What tests are you using in your practice? What are you willing to share?

00:26:01:04 - 00:26:27:02
Dr. Lucas Tims
Yeah, we use, there's a couple different companies out there that use, that do urine collection tests for these mycotoxins. The key to that one is you really gotta provoke them. Okay, so a lot of people with urine tests, they're not going to show, a past exposure if you don't provoke them. And the best way to do that is with ozone, to be honest.

00:26:27:04 - 00:26:49:05
Dr. Lucas Tims

That's what I've found is by, you know, ozone is one of the core treatments we do here, at root causes oncology. And it it serves lots of different purposes, not only from a treatment standpoint, but we use it to provoke a lot of our toxin testing because it can it can draw out some of those toxins, so that when you collect the urine, you're seeing actually what's coming out.

00:26:49:05 - 00:27:13:17
Dr. Lucas Tims
And, so we use the urine based tests. There are some, some other blood tests, that look for the antibodies, not necessarily the, the toxin itself, but the antibodies to the specific species. And those are better for looking at acute infections or, ongoing exposures.

00:27:13:19 - 00:27:35:14
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00:27:35:16 - 00:27:43:23
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00:27:44:00 - 00:28:07:14
Dr. Jaclyn Smeaton
Well, I want to talk a little bit more about your approach with men with cancer in your practice, because I think one thing that, you know, people are accustomed to seeing an oncologist when they get diagnosed with cancer and the oncologist is like really focused on treating the tumor, treating the cancer. And I think that's very different from what a, you know, Board-certified naturopathic oncologist is really looking at, which is treating the patient with cancer.

00:28:07:16 - 00:28:13:19
Dr. Jaclyn Smeaton
Yeah. What does that look like on a day to day basis with patients who come into your practice?

00:28:13:21 - 00:28:33:07
Dr. Lucas Tims
Yeah. Well it's it's certainly, you know, I think the main thing we try to get people to your point to understand is that, you know, it doesn't need to be this, you know, integrative versus conventional, right. And that, you know, it's just about good medicine, sort of with a wider lens. And that's what we try to get people to understand of what our role is here.

00:28:33:07 - 00:29:04:12
Dr. Lucas Tims
And, what that looks like, practically speaking, is addressing a lot of these underlying issues. Again, the name of our clinics, root causes oncology. That's not by mistake. It's because we want to address the terrain in which these these cancers and these tumors are growing. Right. So, you know, we kind of think that, you know, the oncologist, conventional ecologist is really focused on treating the tumor, which we see as sort of like a symptom which you need to treat the symptom.

00:29:04:14 - 00:29:28:23
Dr. Lucas Tims
But then we are addressing the terrain and actually what's creating that fertile ground for, for the symptom and, and sending out that signal at the end of the day. And so we're looking at addressing toxic loads. We're looking at addressing chronic inflammation. We're looking at addressing immune dysfunction hormonal imbalances, metabolic dysfunction. These are all I know. You know what these phrases all mean.

00:29:28:23 - 00:29:48:02
Dr. Lucas Tims
But you know for most patients we have to start by just educating them on all this stuff is, doing proper baseline testing. So we do a full terrain panel on all our patients, and that helps gives give us sort of a roadmap. Right. The testing is not the, you know, the treatment, the testing is the map.

00:29:48:04 - 00:30:11:11
Dr. Lucas Tims
And you so you know, even like with the DUTCH test when we when we want to do a deep dive into someone's, hormonal state, we, we start with the DUTCH test. Right. And that gives us a better view, a better map of what their issues are. And where we

need to attack it. And then, you know, the goal is obviously to individualize and personalize the, approach as much as possible.

00:30:11:13 - 00:30:19:07
Dr. Lucas Tims
But, you know, patients with cancer, there can be a lot of layers to work through. Right? And, it's easy to overwhelm people.

00:30:19:09 - 00:30:19:18
Dr. Jaclyn Smeaton
Yeah.

00:30:19:19 - 00:30:46:07
Dr. Lucas Tims
You know, because we can sometimes find a lot of problems. And so we try to do it in a way. We've, we've developed a program which sort of allows everybody to start with the basics of, of, of root causes, medicine and scale from there based on their, on their ability to feel comfortable with all the things we're doing, meet them where they're at.

00:30:46:07 - 00:31:17:21
Dr. Lucas Tims
You know, those patients are going through active treatment sometimes. So sometimes we got to like, you know, sequence these things a little slower with, rolling out the treatments or a detox plan or, you know, more chemo support plan. But, it's fun. I really enjoy this work. It's I've been doing this for 16 years, and this version of what I'm doing here at Root causes oncology, which which we built, you know, we built it from the ground up based on my 16 years of experience.

00:31:17:21 - 00:31:37:14
Dr. Lucas Tims
And I just think it's the future of, of integrative oncology. And, we've, we've developed a program that I think allows people to address their root causes, in a systematic way, with enough of a consistent scoreboard where they can tell if they're making progress or not on these areas.

00:31:37:16 - 00:31:51:19
Dr. Jaclyn Smeaton

That's awesome. You need that because it is a long haul, right? It's not like you go in and then two visits, you're done. It's a longer process, particularly for people who've had a lot of contributing factors that they're trying to uncover and load.

00:31:51:21 - 00:32:08:19
Dr. Lucas Tims
Yeah. But you know, I on the contrary, we actually had a guy that came in here a couple weeks ago with stage four pancreatic cancer and his wife brought him in in a wheelchair. And, we put him through our initial week, which is that that initial program that we do to get everything up and running.

00:32:08:21 - 00:32:21:17
Dr. Lucas Tims
And by the end of the week, he was dancing out of here. So sometimes you can see some, you know, some pretty, you know, rapid healing and rapid response to some of these treatments as well, which is always fun.

00:32:21:19 - 00:32:42:05
Dr. Jaclyn Smeaton
And for those of you that are listening, you can link to Doctor Lucas's clinic in the show notes. So we do have all that information in there for you as well. I one of the I want to talk more about hormones. Of course we're the doctors. We love hormones. And I want to talk about how you determine like what hormones are lab markers are worth tracking in a patient's care plan, like with a cancer patient.

00:32:42:09 - 00:33:03:00
Dr. Jaclyn Smeaton
How do you know when you have to look at hormones? And I think about some of the interesting things, like things that might seem unrelated, like there was a study that found that recently that half of patients with pancreatic cancer had low testosterone, but the screening was like really low amongst that group. So it's not always just hormone receptive cancers or reproductive cancers.

00:33:03:05 - 00:33:06:22
Dr. Jaclyn Smeaton
I think it's so interesting that hormones play a role in a lot of other cancers as well.

00:33:06:22 - 00:33:40:17
Dr. Lucas Tims

Potentially, yes. Yeah, you're spot on. And that's a reason why I honestly, I'll watch hormones regularly in all my patients. And you know, it'll be it won't be necessarily a full DUTCH test every time. But every couple of months I want to see testosterone, estrogen, progesterone, DHEA, cortisol thyroid bare minimum okay. And so because you're right, the hormones obviously prostate cancer risk hormone driven breast cancer ovarian cancer.

00:33:40:17 - 00:34:07:04
Dr. Lucas Tims
We've got some where it's like you're going to keep an eye on those no matter what because they're so closely impacted by the cancer. But hormones are such a good reflection of, my experience of vitality. It can give you tips to how the patient's, immune system is working. You can, you know, and you can really head a lot of things off, you know, especially when it comes to quality of life and how these patients are feeling day to day.

00:34:07:06 - 00:34:24:06
Dr. Lucas Tims
If it's safe to be doing hormone or play, I mean, we do a lot of hormone replacement in patients when it's when it's a safe and obvious area where we can do that. And you can just completely transform some of these people's day to day lives with getting their hormones right.

00:34:24:08 - 00:34:44:03
Dr. Jaclyn Smeaton
It's funny, you're making me think about a podcast episode that we did that had Doctor Jen Simmons, who's a breast surgeon and like, works with cancer patients, and then living a jean who's a natural perfec oncologist. And it was so interesting to talk with both of them together. One, because I'd say there were more similarities and differences in like approach to care and things like that.

00:34:44:03 - 00:35:08:19
Dr. Jaclyn Smeaton
But a lot of that, like those same types of themes came up, and particularly around hormones and hormone replacement, like, it's I think and I don't know if you I'd love your thoughts on this because with women, I think when it comes to menopausal hormone replacement therapy like breast cancer survivors are the final group of women that we haven't really improved the data enough to, like, really help them.

00:35:08:22 - 00:35:34:04
Dr. Jaclyn Smeaton
And so it's almost like if you had cancer, most providers, many providers would be like, sorry, no hormone therapy for you. And the data doesn't support that choice. In fact, now we know it's probably like especially with estrogen, it improves, prevention. But I think there's this fear of using hormones and it's probably not just hormones. That's where I'm the world I'm in.

00:35:34:04 - 00:35:55:09
Dr. Jaclyn Smeaton
It's probably a lot of other therapies as well in patients who have had cancer, whether it's active or whether it's they're in remission. Yeah. Like there's a cultural fear on doing anything for that patient because you don't want to affect the cancer. But it could deny them access to things that could really be helping them improve their life in other ways.

00:35:55:13 - 00:35:58:22
Dr. Jaclyn Smeaton
Do you see that with men, too? Sorry, that was a very long question, a long way.

00:35:58:22 - 00:35:59:18
Dr. Lucas Tims
I totally.

00:35:59:20 - 00:36:00:12
Dr. Jaclyn Smeaton
Get there.

00:36:00:14 - 00:36:25:09
Dr. Lucas Tims
I want to go back. Listen that conversation, because I love hearing their take. I've done a the podcast with Doctor Simmons and I, me and her pretty aligned on this stuff. And I think, yeah, the main message is that we are, there's some revisionist, sort of activity going on with some of these studies and, you know, the Women's Health Initiative, which was the main one that was, you know, like a 20, 30 year, you know, following of a cohort.

00:36:25:09 - 00:36:59:17
Dr. Lucas Tims

And it just turns out that there was a lot of, misinformation that was taken away from that. And so but the, the emphasis that was taken away for that and that was, that was nailed in to doctors, heads and egos, is that you cannot give hormones to breast cancer patients, whether it's, you know, in remission or early stage or not, even hormone driven, I still see doctors that, you know, you've got a triple negative breast cancer, and they're still telling these patients they can't do hormone replacement therapy.

00:36:59:17 - 00:37:00:11
Dr. Jaclyn Smeaton
Right.

00:37:00:12 - 00:37:30:04
Dr. Lucas Tims
It's not even hormone driven. And they're still just like, no breast cancer. You know we can't do it. So, that's all getting revised. And, you know, thankfully there's a lot of doctors, like like the two you mentioned that are speaking out against it. And yeah, I mean, we've got, pretty much everyone's on the same page that vaginal estrogen is safe for these patients that, even, you know, some forms of systemic, estrogen and progesterone when done in a balanced way.

00:37:30:06 - 00:37:41:04
Dr. Lucas Tims
Again, the main culprits were the synthetic, unopposed, estrogen and progesterone that were used. Right. Those are the ones. And I don't even call those hormones. Those are chemicals.

00:37:41:06 - 00:37:42:00
Dr. Jaclyn Smeaton
There's. Yeah, you're right.

00:37:42:00 - 00:37:54:18
Dr. Lucas Tims
It's these are actually we're going to call them endocrine disrupting chemicals. That's what those were okay. They go in that same category as BPA and you know all these other xeno estrogens. That's a.

00:37:54:18 - 00:38:14:22
Dr. Jaclyn Smeaton

Hot take. That's logical. But I think that there is an element to it where like when we call them, when you're using like, CTE and calling it hormone replacement therapy, right? That's a misnomer because you're not actually replacing estradiol. It's a separate compound. It's chemically different. It binds to the receptor, but it doesn't make it the same.

00:38:14:22 - 00:38:21:14
Dr. Jaclyn Smeaton
Just like BPA binds to the receptor but doesn't make it the same. So yeah, I love that comparison. Hot take accepted.

00:38:21:15 - 00:38:50:04
Dr. Lucas Tims
Yeah, yeah. There's a little sound bite for you. So, but no, to relate it to men. I mean, obviously we've had some of the same sort of, wake up calls when it comes to testosterone with prostate cancer. You know, I mean, there's a more widely accepted version of what we call the saturation sort of model or saturation or hypothesis, which is not new, but it's just people are finally like understanding that, the messaging has been wrong around it.

00:38:50:06 - 00:39:12:08
Dr. Lucas Tims
And, that basically, in a nutshell means that, you know, low testosterone is actually where you see the biggest problem and doing testosterone replacement when when people are at that very low end of the scale is where there may be some risk. But once you're fully saturated, additional testosterone on top of that only provides benefit.

00:39:12:10 - 00:39:25:07
Dr. Jaclyn Smeaton
Can. Do you know anything about or could you explain to us a little bit about why what's that connection there with low testosterone and certain cancers? Well, I believe it. Or are there like other systems that are affected or impacted?

00:39:25:09 - 00:39:52:13
Dr. Lucas Tims
I think there's a lot of, a lot that goes into it both upstream and downstream. Right. Because look at one of the common causes for low testosterone is what a romanization. Right. Right. So you're getting a lot of your testosterone is being

converted to estrogen. And likely that's due to belly fat alcohol other other chemicals and yeah exposures toxins load.

00:39:52:13 - 00:40:05:05
Dr. Lucas Tims
Right. So we're going back to root causes. But yeah the end result is low testosterone. And that in and of itself is one of the biggest risks for prostate cancer.

00:40:05:07 - 00:40:10:18
Dr. Jaclyn Smeaton
Right. So are you saying it could be like that. It's correlation but not causation. And that fat in that.

00:40:10:19 - 00:40:33:01
Dr. Lucas Tims
Yeah we're we're we're we're extrapolating a little bit there. Yeah. I'm not going to say that it's definitive causation. But you know, to me when we work through these, these systems in these known exposures and again, the pathways right, the hormonal pathways. Right. The aromatase ation we know is the big culprit, that and you know, other metabolites, right.

00:40:33:02 - 00:41:04:14
Dr. Lucas Tims
And other DHT metabolites that might not be providing the same benefit. But at the end of the day, the hormone itself is not the bad guy, okay? It's what's happening usually upstream and downstream of that hormone. That's the bad guy. And so, the saturation model is sort of explains at least, you know, not definitively, but it gives us a better understanding and explanation of why you see a greater risk of prostate cancer at low testosterone levels.

00:41:04:16 - 00:41:17:04
Dr. Lucas Tims
And that the data so far, if the testosterone levels are normal, even if you have prostate cancer or you've had prostate cancer, if they're normal, giving you more testosterone is not harmful.

00:41:17:06 - 00:41:19:16
Dr. Jaclyn Smeaton

00:41:19:18 - 00:41:36:11
Dr. Lucas Tims
And it could be very beneficial because a lot of these men, are struggling for a lot of years after dealing with the prostate cancer diagnosis, with low drive, low libido, low, energy, and, muscle loss.

00:41:36:12 - 00:41:58:15
Dr. Jaclyn Smeaton
One of the things that you're kind of alluding to that I think I end up talking about a lot, is that when we, I think we make a mistake, when we think about hormone medicine, where we look at, like the gland making the hormone. So like, let's talk about testosterone in men. We think about like what the testes output as the be all and end all of the story.

00:41:58:17 - 00:42:18:22
Dr. Jaclyn Smeaton
But really, there's so much more to the story for each hormone, because you have signaling from the brain that has to communicate with the organ. And then you also have and this is particularly true for androgens activity within the cell. And so you have brain. You have the organ that makes the hormone. And then you have the tissues that receive or listen to the hormone.

00:42:19:00 - 00:42:43:15
Dr. Jaclyn Smeaton
And all three of those things have to be working properly for hormones to really be optimized. And one of the things you're saying about testosterone is like, well, what's behind the low testosterone? And I like that you're saying that because normally a low level of a hormone like low testosterone, it's not a pure dysfunction of the testicles. It's like everything is constantly trying to find a new balance.

00:42:43:15 - 00:43:02:21
Dr. Jaclyn Smeaton
And when you have dysfunction in the cells, then the brain receives that and changes the signaling to the organ. It's the same with cortisol. It's the same with the ovaries and estrogen that we see. Really, the hormonal change is almost the last thing to happen. It's downstream of all these other things. Like for men with testosterone, it's like cortisol could be high.

00:43:02:21 - 00:43:20:10
Dr. Jaclyn Smeaton
That could drive testosterone down, inflammation could be high. You know, there's so many things where testosterone is like the victim, not the problem. But we don't look at it. I mean, you look at it, but I think conventionally when people talk about it, they don't think about it from this global root cause perspective. But I love that you bring that up.

00:43:20:10 - 00:43:26:23
Dr. Jaclyn Smeaton
And I want to just make that tie, because I talk about that a lot with other hormones. And I think it's super relevant here as well.

00:43:27:01 - 00:43:49:19
Dr. Lucas Tims
Yeah, I think that was a great summary. And I think, I mean, that just gives people a little bit of a look into sort of how the, you know, the integrative practitioner or the naturopathic practitioner might look at these things a little bit differently, you know, a little bit less of a reductionistic view on some of these, some of these issues in the body and, and to me, that's just again, that's just good medicine with a wider lens.

00:43:49:22 - 00:43:50:15
Dr. Lucas Tims

00:43:50:17 - 00:44:07:10
Dr. Jaclyn Smeaton
Yeah. I think about a lot with even something like cholesterol which isn't a hormone, but cholesterol that's climbing is climbing in response to something else that's happening. It's not just like a random occurrence. So I think just getting into that mindset of like, well, what's driving that? And trying to get that broader 50,000ft view is critical.

00:44:07:12 - 00:44:20:03
Dr. Lucas Tims
Yeah. So yeah, if you're not measuring it, you know, then then you don't know. And you know, to your point earlier like getting a really good, trend on some of these hormones can tell you a lot more than just about the hormone.

00:44:20:05 - 00:44:44:02
Dr. Jaclyn Smeaton
Oh absolutely. Agree. Yeah. Well, I want to talk a little bit about the future of men's cancer prevention, because there's a couple things happening that I think are pretty exciting. One is that I hear a lot more discussion about lifestyle medicine. So I think that's when I want to hear your take on that. And the other thing is kind of all of these like AI assisted risk, prediction tools, we have remote monitoring that's coming out.

00:44:44:04 - 00:45:02:04
Dr. Jaclyn Smeaton
So when we see if like where cancer prevention and management even is headed, because with prostate cancer, sometimes the right approach is monitor and do nothing. Right. What is really exciting you right now? Or what are the things you think are going to be just like commonplace five years from now?

00:45:02:06 - 00:45:22:18
Dr. Lucas Tims
Yeah, you're right, there's a lot to be excited about. When it comes to both, you know, prevention, management and even secondary prevention or monitoring. And yeah, it's it's fun to be in the arena right now because like, there's just new tools and toys coming at us all the time. And then you try to figure out, you know, where it all fits in.

00:45:22:18 - 00:45:46:03
Dr. Lucas Tims
You know, on the root cause, on the root cause side, the integrative side, what I'm really excited about are, the, you know, the multi cancer detection tests that are out there, they're getting better and better. They are blood tests that can basically test you for 50 plus. Cancers. And, you know, we're still waiting on some data to mature with mortality and all that.

00:45:46:03 - 00:46:17:09
Dr. Lucas Tims
But, boy, every time I meet with those, those, companies reps, it's the data is getting stronger and stronger. They're getting the prices down. Insurance is covering it more. So I think that's something that really excites me in terms of prevention, or at least early detection. And then when it comes to, you know, diagnosis management

with prostate cancer specifically, we've seen a trend towards, you know, sort of this MRI first pathway.

00:46:17:11 - 00:46:38:07
Dr. Lucas Tims
A lot of times we were rushing men into biopsies of prostates. And we later learned, again, like a lot of these things we talk about, even with the hormones that, oh, we might not have been doing that the right way. And now most men are getting a MRI, recommended. And ordered before they get a biopsy, which helps in a lot of areas.

00:46:38:07 - 00:46:58:17
Dr. Lucas Tims
It can also help, you know, it can help the biopsy be more effective. And, there'll be less collateral damage. But it also can identify additional issues or rule out non-cancerous problems. So the MRI first pathway is really exciting. On kind of limiting overdiagnosis and even missing some diagnoses.

00:46:58:17 - 00:47:14:18
Dr. Jaclyn Smeaton
So I have a funny story about that. Well, that funny kind of amazing story. My dad was in like a pilot for that at a mass general. One of the doctors who was first promoting that, he came up and had an MRI done, which, you know, he did have prostate cancer, and it's managed and he's good with that.

00:47:14:23 - 00:47:33:16
Dr. Jaclyn Smeaton
But in the MRI, the technician saw like a strange shadow at the top of it, and he had an aortic aneurysm that they caught while he was in the MRI. And he never got discharged. You like, went in for this outpatient MRI and moved right into a cardiovascular wing and had surgery within days. And it was like, like just a fluke Life-Saving thing.

00:47:33:16 - 00:47:49:14
Dr. Jaclyn Smeaton
I was like, you need to send that MRI tech, like flowers and $1,000 because you just saved your life. But, how amazing. I mean, I think all the benefits you get from the detection in that way, but, yeah, there's some good side effects there that saved my dad's life.

00:47:49:16 - 00:48:20:18
Dr. Lucas Tims
I mean, Hallelujah. Yeah. I love to hear stories like that. And yeah, this is, you know, where, there's a lot of ways that we can, you know, advance all of this and some of it's through, you know, imaging some of this through blood tests of it's through, you know, other diagnostic tools. And that's that's an area where I think it's it's going to get better and better, even with the AI stuff that's coming along because, you know, unfortunately, I think a lot of the, the radiologists are going to get put out of business, at least, you know.

00:48:20:18 - 00:48:22:09
Dr. Lucas Tims
Yeah, the ones that just read scans.

00:48:22:09 - 00:48:37:02
Dr. Jaclyn Smeaton
But I'm bad at talking about this, but I don't think I think they'll always be a part of it. But I think there's going to be like an algorithm based or AI based assessment, which I was talking with one of our docs on the DUTCH team, because we do a doctor review of our reports as well before they get released.

00:48:37:04 - 00:48:58:02
Dr. Jaclyn Smeaton
And we were just talking about how we're still human beings. So while we look at everything, we're not perfect. There's probably things that slip through that we don't see. We try to be as there was possible, but compared to a computer and like a system that is doing everything systematically, there can be improvement opportunities there with looking at scans and things as well, or at least an AI supported.

00:48:58:03 - 00:49:03:16
Dr. Jaclyn Smeaton
Yeah, like you have like an AI interpretation on it in addition to a human. That's probably our best bet.

00:49:03:18 - 00:49:24:06
Dr. Lucas Tims
That's where I think it's going to make. Its biggest early splash in medicine is with, you know, diagnostics and reading images and, you know, cutting down the, the

human error that we all acknowledge exists and, and, and, you know, even watching blood work and trends like that and flagging things earlier. So, you know, there's a there's got to be a balance there.

00:49:24:06 - 00:49:53:01
Dr. Lucas Tims
I'm not scared about AI coming for everybody's job. I just, you know, I think it can be very useful and help us improve all these offerings. You know, another diagnostic? Well, not diagnostic, but another imaging tool is the Psma scan, which is a like a, a pet scan just for prostate cancer. So they use like utilize a special tracer that, is way more effective than a Cat scan or Pet scan at finding prostate cancer throughout the body.

00:49:53:01 - 00:50:22:13
Dr. Lucas Tims
So it can it can be useful early on to make sure there's no spread outside the prostate, or if there is spread to kind of, you know, make sure that we're accounting for for all those areas and that helps drive treatment. So that's something I've been excited about. But this has been around for a few years now. You know, treatment wise, it's, you know, again, our guys with, with the male, you know, our, our men with cancer, I just see a general trend.

00:50:22:13 - 00:50:45:11
Dr. Lucas Tims
And you've talked about this a couple times, but they're just becoming more open to, talking about lifestyle, talking about, you know, toxins in their environment, talking about even the mental emotional side. Right. Which is like, that could be, you know, really taboo for some men. But, I think there's, kind of a softer nature now.

00:50:45:13 - 00:51:14:20
Dr. Lucas Tims
In general, what I'm seeing and the, you know, the data supporting that when it comes to the lifestyle, modifications you can make, you know, I mean, men are always pretty good on the exercise front, but we've got more and more data now. The challenge trial, I think, was just published recently that showed you could significantly improve, your, overall survival and outcome of most cancers with, with regular exercise.

00:51:14:22 - 00:51:30:21

Dr. Lucas Tims
You know, talking about the things like alcohol and tobacco, sleep is a huge one, as you know. I mean, that impacts the hormones. It impacts inflammation levels. It impacts our immune function. These are all at that root cause level of cancer.

00:51:30:23 - 00:51:42:23
Dr. Jaclyn Smeaton
So it that seems to be I mean, I don't know, a lot of like adult men who are sleeping great through the night. Women either really we talked about from perimenopause to just like most adults, we are now struggling with sleep.

00:51:43:01 - 00:51:54:03
Dr. Lucas Tims
I would agree. And again, it's multifactorial. But, that's a big pillar of, you know, some of these underlying issues, terrain problems that that we need to work on with people. And so that's obviously one of our focuses here.

00:51:54:05 - 00:52:07:07
Dr. Jaclyn Smeaton
I love that you talk about the mental emotional as well because like, you know, I'm sure you'd agree mental toughness cannot prevent cancer or most other chronic disease like we just can't. You can be the toughest like tough as nails person.

00:52:07:09 - 00:52:26:05
Dr. Lucas Tims
Yeah. I mean, you know, in a way you could almost look at it as a potential risk factor, right. Because we talked about that like tough mindset of man and that, you know, oftentimes they delay their testing and their their diagnosis later stages because they don't want to look weak whatever. So that mindset I think is something that we need to be, focused on as providers.

00:52:26:05 - 00:52:42:18
Dr. Lucas Tims
And, you know, just try to get that awareness out there to man, it's like, look, a lot of men say they're excuses because, you know, they're working so hard for their family, right? They want to provide for their family and they want to be protectors. Well, the best way to make sure that you're there to do all that is to take care of your health.

00:52:42:20 - 00:52:57:15
Dr. Jaclyn Smeaton
I couldn't agree more. And I think that's such an important piece that maybe a great place to wrap today, which is like, this is something that you know, to be a provider, to be a protector, to be the person you want to be, you have to be here, right? You had to be here. You have to show up.

00:52:57:15 - 00:53:08:04
Dr. Jaclyn Smeaton
And that requires taking care of yourself, even if it takes time or is uncomfortable or is a distraction, you know, thank you so much for joining us today. It's been awesome to have you.

00:53:08:06 - 00:53:09:20
Dr. Lucas Tims
Thanks for having me, I appreciate it.

00:53:09:22 - 00:53:13:23
Dr. Jaclyn Smeaton
And if people want to learn more about you, what are the best ways for them to connect?

00:53:14:00 - 00:53:24:19
Dr. Lucas Tims
Yeah. Root causes oncology.com. And you know, my social, mainly Instagram is just at Doctor Lucas so I can we can put those in the notes, but great.

00:53:25:00 - 00:53:42:18
Dr. Jaclyn Smeaton
We will make sure we have we'll have all those links in the show notes. So thank you Doctor Lucas for joining me today and all of you listening. I really appreciate you joining this conversation with us as well. If you like conversations like this and you want to hear more about integrative health and hormones, I encourage you to click subscribe wherever you're listening to the podcast.

00:53:42:18 - 00:54:00:02
Dr. Jaclyn Smeaton
Today we do release a new episode every Tuesday, and you also can learn more about us at DUTCH Test across all socials and also at DUTCH Test.com, where you

can click to become a provider if you're a practitioner, or find a provider if you are someone who's interested in being tested yourself. Thank you guys so much for joining.

00:54:00:02 - 00:54:03:08
Dr. Jaclyn Smeaton
I'll see you next week.

00:54:03:10 - 00:54:15:22
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