Breast Cancer Part 1
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Dr. Kathy Maupin: This is episode 37 of the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb. Today we're talking about breast cancer. Cancer and cancer diagnosis. When people get a cancer diagnosis it's important to understand that what that means is that there is a potential that you could die.

KM: Right, but that can't be the overwhelming thought. Immediately your emotions kick in. When my patients come in they have that "deer in the headlights" look.

BN: Oh my god, yes.

KM: And I'm not sure that they hear anything I say. So one of the important things is bring someone with you, take notes, and you need to bring a Dictaphone or something. So you can then go back and listen to what your doctor just said. Because the fear will overwhelm you. But it's not something that you should think about with fear because we have great rates of cures.

BN: Absolutely, we have good news about cancer. It's treatable. It's curable. It's survivable. More and more and more. And the statistics on that, we have some recent statistics we'll share with you today. They are really good. But we want to focus primarily on a discussion of a type of cancer, breast cancer, because it impacts women in such a devastating way. In part because there is the risk that it radically changes the way that they look, the potential for breast surgery, and breast removal. And that destroys their sense of their own femininity and their projection of themselves as a feminine woman. That is an additional frightening aspect of breast cancer that you don't always have with other kinds of cancer.

KM: The thing I hear about the most when patients come in and say I need chemo and I'm going to lose my hair. That's my greatest fear.

BN: Yeah.

KM: The other good news is we don't always need chemo. We don't always need radiation. The surgeries are so complete, and they're so, they're good for reconstruction. They are made so they can keep nipples in place and you can have implants and you don't look like you have cancer when it's over. And that's amazing, and that's new. We just got legislation probably 5 years ago in Missouri that states that insurers have to pay for reconstruction.

BN: When you talk about that, when you talk about keeping the nipples from breast removal and reconstructed breast, is there still sensitivity, is there still that connection to feeling and arousal?

KM: Actually, there usually isn't. But it's like losing your belly button. You know you just don't want to lose it.

BN: So it's a psychological cosmetic reality that, yes.

KM: Right, right, you don't want to look like something's really happened. You don't want to be reminded every day when you look in the mirror that you have cancer.

BN: Right.

KM: That's a very depressing fact. If you think about that and dwell on it then you're going to get depressed and you're not going to heal as well and not overcome it as well.

BN: Depression is a major consideration. One of the primary factors of treatment for a lethal diagnosis of any kind, including cancer, is having good mental health and being invested in getting well and believing that you can get well and that you can do things to impact your chances of getting well. So as we pursue this conversation today, part of what we want to talk about is what are the specific risks for getting breast cancer and for dying from breast cancer? And are any of those under your control and are any of them not in your control? And then we also want to talk about risks of mortality issues from all causes and talk about where breast cancer falls in that ranking.

KM: In general women think that the highest incidents of cancer or any other disease is breast cancer. And that their highest risk of dying is breast cancer. But in truth that's not the case. In terms of getting a cancer and dying of it, the highest risk is lung cancer. And you can prevent that in most people because you stop smoking or you stop allowing your partner to smoke. So that really does change the risk. But lung cancer is twice as likely to kill someone as breast cancer.

BN: 40.6 women with lung cancer out of 100,000 die. 24 women with breast cancer die.

KM: And that's out of 100,000. Just think about that.

BN: That's out of 100,000. Yes.

KM: Now the risk for an individual woman during her lifetime, and I think people think my risk is 8% excuse me, 8 out of 100 this year. It's a risk for your whole lifetime. You have a 1, excuse me, 1 in 8 chance of getting breast cancer in your entire lifetime. That could be when you're 90. Right before something else gets you.

BN: That's like men with prostate cancer. If you live long enough, prostate cancer will get you so the challenge for men is to die before that happens.

KM: Of something else.

BN: Of something else.

KM: And if we when we look at risk, you have to also think, okay let's put this into perspective. Risk of dying is second to lung cancer. But risk of dying of other things, it's in 4th or 5th place.

BN: Breast cancer deaths are in 4th or 5th place.

KM: Breast cancer is 4th or 5th place in terms of dying from something else.

BN: So when you are looking at the issue of hormone replacements, is this a good medical strategy for me as I age? What is the cost benefit ratio of this kind of treatment for me? If I do well by receiving this treatment how does that work? What does that do for me if I don't do well? You have to figure, what are the cost benefit ratios?

KM: And the cost is the cost of your health, not the cost in dollars.

BN: Not the dollar cost.

KM: So, the cost to your health, the cost to your family, the cost to your emotions. And in reality, you have risk factors you can change. You can't change your genetics; you can't change your race. These are all things that increase risk or decrease risk in getting breast cancer.

BN: And by genetics you're talking about a compromised immune system or you're talking about a gene trace that comes by having at least two other female relatives that have breast cancer?

KM: I'm talking more about genetics. The BRCA1 and 2 genes which we don't know we have unless we're tested and we are rarely tested; it's a very expensive test. So if we have BRCA1 or , we are going to breast cancer in our lifetime. 87 out of 100 women with BRCA1 or 2 will get breast cancer. That is genetics. There's not much we can do to avoid it. But if you notice 87% is not 100%. Not everyone gets breast cancer that has those genes.

BN: And if you get it it's not 100% mortality rate. It's 24 out of 100,000.

KM: Right, our mortality rate has gone way down with all the research, so it's not really a death sentence. It's not really a loss of identity sentence anymore because now they understand that we need to keep our bodies. We need to keep our hormones, hopefully. And that's very, very important to women who have cancer. We're really talking in this podcast to women who don't have cancer and women, who are afraid of

getting cancer, and have the number one fear of getting cancer be taking hormones, which is really not true.

BN: Well we will continue our discussion about breast cancer in other podcasts but we want to make sure that before we get to the close of this one we talk about other lethality factors and issues that women have to make decisions about when they consider should I get hormones replacement therapy. So what are the other things that cause women to die in greater numbers than breast cancer?

KM: Well, lung cancer.

BN: Lung cancer certainly, as a cancer.

KM: And then we go to heart disease which is number one, stroke, diabetes, complication of diabetes. Those, and emphysema. And those are fairly preventable if you change your lifestyle. We're going to talk about risk factors and how to change them. You can decrease your risk of those deaths and breast cancer at the same time by making some changes in your life.

BN: That brings us back to the conversation of genetics as a factor and then factors that you can control. And the factors that you can control that are common in all of these lethal high mortality illnesses are things like obesity, alcohol abuse, exercise, diet, smoking, lifestyle choices, lifestyle habits that are really difficult for people to deal with but it is possible for you to do and it's possible for you to do those things without major medical interventions.

KM: I love it when someone comes in and they're a smoker and they smoke a pack a day and they drink 10 drinks a week and they sit down and they go "I'm afraid to take estrogen." Well, first of all they have two other factors that are going to cause them lots of trouble in terms of every cause of death and if they would stop doing those things, which, that's adjustable, they can stop doing that and they will improve their risk of living a longer life and decrease their risk of getting any of those lethal illnesses. Estrogen doesn't cause increased risk of breast cancer. We're going to talk about that in a later podcast. But the fact is they have two other things that we talk about. And I try to decrease their risk by just changing lifestyle. It doesn't really cost you anything, in fact in might save you money. Those are the things that really need to be addressed. Those are the risk factors.

BN: And lifestyle and good decision making are important criteria for any treatment protocol or any treatment consideration. You have to realize that you have responsibility for the way that you live. You don't have responsibility for your genetic inheritance. That comes to you full blown as a gift from your parents and ancestors. But you have a responsibility for the way you chose to live your life. And as Kathy says, sometimes people don't want to talk about those things they're addicted to or invested in or habituated to. They want to talk about, is there a magical pill, is there a magical

treatment, can I just have surgery for that, is there some quick and easy fix that doesn't require me to change my behavior or my mindset?

KM: Yeah they do. There are a couple of things that are genetic that you can adjust.

BN: Okay.

KM: One is that if you have a particular aromatase enzyme, which shouldn't be familiar to you.

BN: It's not a phrase that I hear every day.

KM: But it's an enzyme that makes testosterone into estrone, which is an estrogen. If you have an enzyme that makes a lot of estrone and that's in your genetics we have blocking agents to stop that. And we use it now to prevent cancer. One is a very natural supplement called DIM. Dyinalmethane. And that stops that conversion of testosterone that you make into estrone which is very stimulating to breast cancer. Not estrodial, estrone, old lady estrogen.

BN: Old lady estrogen and you always make that distinction between estrone and estrodial.

KM: Right, estrodial isn't a participant in causing breast cancer, but estrone is.

BN: Let's talk a little bit more specifically about breast cancer. You had said to me at one point that by the time a woman is able to be diagnosed with breast cancer, she's already had those cancer cells for 7 years.

KM: That's absolutely true. And one cell changes 7 years before we can ever see or feel or even image on a mammogram a breast cancer. So the problem happened 7 years before hand. It's not because you started taking hormones last year. It's been going on and that cell actually grows and grows and grows to a point where we can actually feel, see, or view it on an x-ray.

BN: So early diagnosis is critical to survival rates and to good treatment rates, so you have to do mammograms, you have to do self exams. You have to be aware of your risk potential, genetically, if you can be. I know that you don't take the tests that are so expensive. But you know your family history, you're cautious, you're sensitive and you seek constant checks, regular checks.

KM: Right, and we don't have an immunization like we do now for cervical cancer. Someday I hope we do. We have no way of actually preventing breast cancer.

BN: But the statistics about early diagnosis are astonishing.

KM: That's our only defense.

BN: Women that have breast cancer, just in the breast, have a 5 year survival rate of 98.6%. So if it's caught while it's just in your breast, your chances of living through it are really very, very good. If it spreads to your lymph node it drops a little bit, it drops to 83%. But it is still 83% survival rate after 5 years. If you don't catch it by then and it spreads to other parts of your body then your survivability diminishes. The statistics on that are pretty astonishing.

KM: I'm a believer in doing mammograms every year after 40.

BN: Well you know they came out with a report 6 or 7 months ago that said oh you shouldn't do that every 2 years. That's a gross expenditure and a waste and we need to recalibrate.

KM: Well that's money talking but that's not health talking. Because most of the breast cancers that we find and that we find early are between 40 and 55. And so getting a mammogram every year is very important, that's how we see it. But I've also figured out, and suggest to my patients, that not only do you need a mammogram, you need an ultrasound. An ultrasound finds breast cancers that mammograms can't see. So because of that you have to ask your doctor to write an order for an ultrasound of your breast and a mammogram. That will cover you. That means they're going to catch all the cancers.

BN: So over age 40 you should get that every year?

KM: Every year.

BN: And you have to ask your doctor to write that prescription because they don't automatically do it.

KM: They won't do the ultrasound unless you ask them. But you could ask the radiologist as well if you are self-referred. It's very important to find 15% of the cancers. Mammograms don't find 15%.

BN: And to find them early before they spread while your survivability is maximized.

KM: So that's take-home. You need your mammograms, you need to go to your doctor every year and be examined, you need an ultrasound and early detection is the best way to ensure you're going to live a long time without breast cancer going on and on.

BN: So a breast cancer diagnosis, any cancer diagnosis, is really scary but also more and more survivable. We're going to continue our conversation in a future podcast about breast cancer and other cancers. If you have questions or comments about this podcast you can email us at podcast@biobalancehealth.com. Or you can read my blog at brettnewcomb.com.

KM: And if you'd like to know more about BioBalance Health or bioidentical hormones visit our website at biobalancehealth.com or call my office at 314.993.0963.