38 - Breast Cancer Part 2
BioBalance Podcast — Dr. Kathy Maupin and Brett Newcomb
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Dr. Kathy Maupin: This is episode 38 of the BioBalance Healthcast. I'm Dr. Kathy Maupin.

Brett Newcomb: And I'm Brett Newcomb and we're continuing our conversation from a previous podcast where we were discussing breast cancer. Breast cancer is such an important thing to consider because it is such a frightening thing for so many women. When they hear that they've gotten that diagnosis, it is truly mind numbing and terrifying. And in the beginning, unless they're already educated about it, they are convinced that they are going to die. Because a cancer diagnosis, of any kind of cancer, does say you do have the possibility that you could die. But survivability from all kinds of cancers has really improved through the years and for breast cancer in particular. In the last episode we talked about some data regarding early diagnosis, and catching it sooner increases the likelyhood that you'll survive. If they catch it while it is still just in the breast tissue alone there is a 98% survivable rate. If it has spread to the lymph nodes and the breast tissue, it drops down to 83%. And then if it spreads to the rest of your body it dramatically drops down.

KM: This is a huge improvement.

BN: That's a huge improvement, that's good news.

KM: Over the last few years, I mean, we have made great strides. All the money you've spent on donating to cancer research has worked. And the survivability has become amazing. We never thought we'd get that.

BN: And a lot of the survivability involves early detection, self education, and a positive mental attitude. You've got to convince yourself that you're going to beat this and you're going to live through this. Then as you do that you start looking at the question what are good health decisions for me? What are good treatment protocols for me?

KM: These are for people who don't have breast cancer yet. And hope never to have it. So we're not talking yet to breast cancer patients. We're talking to people who come into my office and the first question is "are hormones going to cause me to have breast cancer?" And my answer is, if you get breast cancer while you're on hormones, it is not because of the hormones. You can still get it. But it doesn't increase your risk of getting it. And it decreases your risk of dying from it.

BN: In your lifetime risk of getting breast cancer is 1 in 8. Over your lifetime, one in 8 women. And they survivable rates for women who have gotten breast cancer are really pretty positive.

KM: But we don't want them to get breast cancer. We'd like to delay it.

BN: Before you get there.

KM: Here's what we talk about with risk. I don't think patients really understand what we mean by risk of getting a disease. Because most diseases, if you live long enough you'll get heart disease. If you live long enough you'll get a kind of cancer. If you live long enough your body's going to wear out, and you have to die of something. So the goal in preventing breast cancer is we need to delay the onset so long that you die of something else. That's the whole goal. That's what doctors really mean by decreasing your risk. Because we all age. We'd like to age slower. That's my goal when I give patients estrodial and testosterone pellets. But we just want you to live a long life and live without disease. So the way to do that is to decrease all of your risks. Then you have to surveil yourself. You have to look at everything. You have to go in regularly. Put it on your calendar. And you have to not be afraid. Because fear is one of the worse things you have because it increases your cortisol. Cortisol decreases your immune system. Your immune system then doesn't work and kill breast cancer cells. That's the key to avoiding breast cancer.

BN: So when you talk about decreasing your risks. There are medical risks that you can decrease with good science, good medicine, good doctors. But there are also personal choice risks that you can decrease by changing your lifestyle. By working on a good healthy diet, a good exercise program, not abusing things like alcohol or cigarettes, obesity issues. Those are things that you can significantly impact in and by your own efforts.

KM: And if you can't lose weight then go the doctor to help you lose weight.

BN: Because there are medical interventions that can help.

KM: Because that's important. Obesity is one of the worse things happening in America because we were told to eat carbs. We ate all those carbs and we got fat. And then we develop diabetes. So by losing weight you can actually pull yourself back from that cliff of getting diabetes. You can kind of walk backwards away from that fall. Because, if you lose weight with type 2 diabetes you actually can not get type 2 diabetes. You can lose enough weight that you don't have it anymore and you don't have to take drugs. By losing weight you'll also decrease your risk of breast cancer, heart disease, and almost every other illness there is. Even pregnant people who are obese increase the risk of their babies and increase the risk of c-sections. Because I was an OBGYN before I was a hormone specialist.

BN: Yeah and so you see those factors all the time. When we're talking about the decision though for hormones and hormone replacement before there's a diagnosis for breast cancer, just any woman coming in and saying 'among the fears I have one is I might get breast cancer but I have these other things going on in my life, and I've reached the point where my hormones have changed and I'm feeling older. I have less energy less sexual desire. I don't think as well as I did, I'm more lethargic. What can you do for me? Is hormone replacement therapy going to help me?' And then the kicker is, well what about cancer? How do you speak to that?

KM: Right, and that's a daily question. Almost every patient asks me that every day in their new patient interview. And what I say is, you know you're going to, if you live in a healthy fashion and you replace the hormones that are missing you will be healthier and avoid other things and decrease your risk of getting a deadly breast cancer. Now, the things that you'll avoid if you take hormones; and that's estrogen and testosterone, (and we're not talking about synthetic progesterone, that's off the table like provera), we're talking about estrodial, and testosterone only. Those two things will help you decrease your cholesterol, avoid heart disease, avoid inflammations and auto immune disorders that destroy your body. It will help you decrease your risk of all the other cancers.

BN: Colon cancer, lung cancer?

KM: Because your immune system is better. You improve your immune system by taking testosterone. And by taking testosterone, if that's the only thing you took, you would decrease your risk of having another type of cancer. Because, your immune system, when it's geared up kills cancer cells before they become a mass. They're just a cell and they're dead.

BN: So part of the message here that we want to continue to remind people of, and we've done this in other podcasts, is that women need testosterone.

KM: Yes, they can't keep it, boys can't keep it anymore. It's ours. It's ours too. And we need it. And that keeps us healthy. It also keeps men healthy. When they drop below 400 total testosterone, then they need to have their testosterone back so that they stay healthy. I've watched cholesterols in men and women drop like a rock after I've put them on estrodial and testosterone and testosterone alone in men.

BN: So one of things we want to say is that if you're watching this podcast it's obviously because you have some interest that has brought you to this podcast. But if you are interested in the issue of hormones replacement therapy go to Kathy's website and look at the information that is posted there. Because one of the things that she really wants and appreciates is an informed consumer. If you've already done the reading, if you've looked at the podcast or listened to the podcast and you have the information, then you are well on your way to making good medical decisions, and knowing if this is right for you before you even come to the office. But it's important

that you look at that data, that you consider that data. In one of our recent podcasts we talked about making good medical decisions. What's the process for doing that? Who do you include in the information discussion loop? What are the factors that you consider and especially among those factors what are the risks if I don't replace the hormones, what are the risks if I do? And what are the different delivery mechanisms? And among those, which is better?

KM: This is what I do with each patient. I basically tell them what their risk is and I do the two columns: your risk of cancer, your risk of not getting cancer.

BN: Heart disease, diabetes.

KM: And then we go through the things that they're truly at risk for by genetics, by race, by age, etc. Then we try to decrease the risk that they're partaking in - too much alcohol or smoking or whatever. Then we replace the hormones. We bring them backwards to 35. That's where their hormones are, age 35. And that's when you were healthy. By doing that I can individually decide what I'm going to treat each patient with and reassure them that I'm not making them more at risk for disease, especially cancer. I'm making them at less risk.

BN: Yes. And the involvement in the medical process, for seeking out treatment, for going to good doctors, for making decisions is really, really critical. And one of the ways that we can say that to you is if you look at the mortality rates for breast cancer. The mortality rates for white women are 24 per 100,000. The mortality rates for African American women are 32 per 100,000 and as far as we have science to tell us the most pressing reason for that is a difference in the way they approach and acquire medical treatment.

KM: One other thing that is important is that more Caucasian women get breast cancer than African American. But more African Americans die of it. And that's not because of their race.

BN: Which is another way of saying the same thing.

KM: I think they believe it's because of late detection and poor access to care. And so those are things that prove that you have to be vigilant and watch all things that are going on in your body and take care of yourself and come see me, get your hormones replaced.

BN: Yes. And check the website early before you come in so that you can see if you're predisposed to being open to getting these kinds of treatments.

KM: I also have all the all of the references listed, so you can go through the medical articles. There's nothing that we tell you about that isn't in a medical article from the recent past.

BN: You had mentioned off camera that you're getting questions about men and prostate cancer. Would you like to speak to that a little bit?

KM: Well, my patients come in and the biggest fear is getting prostate cancer if they are male. And they want to know if testosterone itself causes prostate cancer. And here's the answer. Testosterone itself does not cause prostate cancer. It is a metabolite of testosterone. DHT, a dihydrotestosterone, that can stimulate a prostate cancer and can make it grow. So what we do is give you pure testosterone and then block the conversion into DHT. And so we decrease risk of prostate cancer. Usually our patients have a decreased PSA, a smaller prostate when they're done. They're much lower risk for getting cancer. And they feel great. They don't have to take Flomax or any of those other medications that help them urinate. So that's awesome. But we will talk about this in depth on another podcast.

BN: But it's also a factor for men as wel,l and that's part of what we want to say and we want you to be conscious of that. Cancer is a serious issue. And it used to be much more of a death sentence than it is now. You need to make decisions about hormone replacement therapy before you get cancer. If you've already had cancer, that re-shuffles the deck in terms of considering hormone replacement. How does that work out? With a woman that has already been diagnosed and she wants to come in and ask is this something that I could consider? What do you tell them?

KM: I have several women who say they can't live without estrodial. And they sign off on it and I give it to them, and they haven't had any reoccurrence in the last 9 years. So that's a really good sample, but it's not a lot of women. However, I think the research will turn around in the next 10 years. But I'm not just giving estrogen to anybody with breast cancer yet because of the common thought, the standard of care. But I do give them [testosterone].

BN: And the absence of the qualified research that will tell you one way or the other.

KM: Right. I don't do anything that doesn't have research behind it. So I tell them that but I think it's going to change very soon. Now I do give them testosterone. And testosterone works wonders. They get rid of their hot flashes, they feel more like themselves, they have their sexuality back, no more dry vagina, no more painful intercourse. They're so much better after just testosterone.

BN: So selective hormone replacement therapy. Not comprehensive hormone replacement therapy.

KM: That's right. And testosterone in an amazing, an amazing replacement.

BN: That's another thing to think about. When you're thinking about hormone replacement therapy, find out what hormones, find out if they're synthetic or bio-identical. Find out how they are delivered and what they are expected to impact. All of that information is available on the website. When you come in to see her you can talk

to Kathy and ask her any questions you may have. If you have any other questions that occur to you as you watch this podcast you can contact us directly at podcast@biobalancehealth.com you can read my blog at brettnewcomb.com and contact me.

KM: And if you'd like to know more about BioBalance Health or bio-identical hormones, visit our website BioBalanceHealth.com or call my office 314-993-0963.