



DR. KRISTI FUNK INTERVIEW Breast Center Expert

By Chris Wark

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DR. KRISTI FUNK INTERVIEW

Breast Center Expert

Hey, everybody. It's Chris. And I've got another amazing interview for you today, with my friend Dr. Kristi Funk. Dr. Kristi Funk is a board certified breast cancer surgeon and co-founder of Pink Lotus Breast Center in Beverly Hills. She's an expert in minimally invasive diagnostic and treatment for all types of breast disease. She's helped thousands of women through breast treatment, including celebrities such as Angelina Jolie and Sheryl Crow. She recently authored the national bestseller, *Breasts: The Owner's Manual: Every Woman's Guide to Reducing Cancer Risk, Making Treatment Choices, and Optimizing Outcomes*. Dr. Funk is also the go-to breast health expert for *Good Morning America* and *The Doctors*, which she frequently cohosts. She's also been on *Dr. Oz*, *The Today Show*, *The View*, *CNN*, and lots of other media. And Dr. Kristi and I met at Fran Drescher's event last fall.

Chris: So hi, how are you, Kristi?

Dr. Funk: Good to see you again.

Chris: Good to see you. I'm so glad we got to meet and connect. It's always really cool to meet people that you have so much in common with. And we'll flush that out as the interview progresses here. But yeah, just so great to meet you.

Dr. Funk: Great to meet you too. I look forward to our time together.

Chris: Cool. Me too. So, gosh, we have so much we can talk about. And I've been thinking about like where do I want to start with this. And I think I'd like to start with... You have been very vocal in your book about what is causing breast cancer. Like the real causes, right? The most important factors in our life that are contributing to breast cancer and cancer in general. Most cancers. And before you answer this, I wanted to kind of preface it with this. Something I talk about all the time, which is one of the biggest tragedies I see in the cancer treatment world, is that when a patient goes to see their doctor and they say, "Why did I get cancer? How did this happen?" Very often they are told, "Well, you know, we don't know. But it's nothing you did. It's probably just bad luck. Maybe genetic." And the underlying message there is that because there's nothing you did to contribute, you're just a powerless victim of disease. And it's so discouraging and disempowering. I consider it malpractice to not tell the patient what they're doing wrong. To not tell the smoker to stop when they have lung cancer or any cancer. Right? So, instead of me talking about this, I'd love to hear you talk about it. What is causing cancer, especially breast cancer?

Dr. Funk: Well, you kind of have this huge bell curve. So 5-10% of breast cancer is from inherited genetic mutations. The most famous and well known being BRCA. But there are hosts, about 11 others – CHEK2, PALB2, a bunch of letters and numbers. But when you have one of these combinations, you are at extremely elevated risk to get breast and sometimes other associated cancer. So that accounts for a very tiny fraction – 5-10%. And I'll hand it to people who are like vegan since birth, excellent bodyweight, happy disposition, like everything that you can imagine that you could control, they control to the utmost...and they still get cancer. That is sort of the weird, bad luck, inexplicable. I would put that at way less than 5%, but it happens. And to those women, they're like, "I did everything right." And it may be true. I find that there's always a little room for improvement somewhere, usually on the stress zone. But there you have it, right? These two outliers.

But what about this? We've got 80-90% of all breast cancer being in the fat of the bell curve. It's not genetics and it's not bad luck or fate. So what is it? And statistics point to the truth about this, by the way. 87% of all women diagnosed with breast cancer do not have a single first degree relative with breast cancer. Identical twins that are 100% the same DNA, if one twin gets breast cancer, if genes called all the shots, the other one should have her cancer by Saturday, right? 20% chance of breast cancer in the identical twin; 100% same DNA.

Chris: That's much lower than even I would have guessed.

Dr. Funk: Exactly. And that is actually the same stat of just any sister. So between me and my sister who's 12 years older, if she got it then I have a 20% chance. So, genes don't call the shots. What is it then? I'll tell you. It is a collision of multiple factors. And in this balance we can put boulders and we can put some pebbles and grains of sand. I mean, some things are just so undeniably connected to breast cancer. And all of these things on the scale that we are about to talk about in our next time together, are controllable by you. You are in control of you, not genes, not your doctor, not fate. You. And those things on this scale are predominantly – far and away – diet and nutrition, alcohol, exercise, obesity. And then, still very capable of tipping the scales toward health or illness come stress, hormone replacement therapy, and environmental toxicities.

And these things are in the balance, hanging there in front of you every single day. Every time you lift fork to mouth. Every time you decided to go home and sit on the couch, instead of get on the treadmill. Every time you allow that annoying person in your life to upset and frustrate and anger and depress you. And then, you go home and you not only don't exercise, you get a big bottle of wine and sit down with it. Right? Rest matters. And we'll get into all of this, I know. But for me, I knew all of it, as a doctor, except one part of it: diet and nutrition. Oh, just the most important part, turns out.

So, when you see the exemplary patient who comes in with cancer and asks, "What did I do?" "Oh, it wasn't your fault. It's nothing you did." I think for certain cancers and certain habits, it's so undeniable that doctors are feeling free in the modern era to say, "It was probably your two pack a day smoking history that led to your lung cancer." Like that's an easier one to buy because everybody understands that. Doctors don't want to shame the patient. But honestly, doctors don't know. They themselves don't know enough to change their own behavior. They don't go home and exercise. They aren't necessarily ideal body weight. They aren't necessarily putting down the hamburger with french fries and a milkshake at lunch. Like they are behaving as their patients did.

And if we harken back to 1950, when smoking was ubiquitous, it would be the equivalent of my coming in in my white doctor coat – I'd be a man, by the way – and I'd have a pack of Camels in my front pocket, as a doctor in 1950 telling you, "You're depressed? Smoke. You have asthma? Smoke. Your sex life is terrible? Smoke." Like that was my advice. So, while I don't think doctors dispense overt advice of like, "You know what you should..." Well, I take that back. They do. Sometimes they're like, "You know, you're low on iron. You should consume more liver and red meat, and get your iron up there." But they themselves are eating animal fat and animal protein. So let's just jump into diet, shall we?

Chris: Yeah. And before you do, we might've talked about this when we were at Fran's. But I think the most pervasive bias – not just in medicine but in the scientific community, in nutritional science research and all that – is what I call meat lovers bias.

Dr. Funk: I think I get you.

Chris: Yeah. You get it, right? They love to eat meat. They love to eat animals. So, they don't want to see studies that tell them like, "this is unhealthy." Right? They don't look at it. Obviously it's not part of medical school, nutritional training, anyway. But beyond that, yeah, they're not even looking at that stuff. And they don't want to see it.

Dr. Funk: No, they don't because they are people. And like all people, our habits and traditions – and particularly our food habits and traditions – bring us comfort and familiarity. And we've designed what we eat, it may not have been super deliberate, but it is what it is for a reason. And those reasons bring us, like I said, comfort. And people don't want to be uncomfortable, even in the name of health. Until perhaps the big C word shows up and scares them into better habits. But let's not have everybody wait until cancer or obesity or diabetes or strokes and heart attacks and Alzheimer's hit. Let's have people understand that it all starts today.

Chris: And it's so empowering that up to 90% of cancers are from preventable factors like diet, lifestyle, environment, and then stress being this sort of

underlying, little discussed factor. I mean, that's so powerful and important. And so, anyway, let's talk about diet.

Dr. Funk: Okay. So, this was revelatory to me. Here's what I did. I was writing *Breasts: The Owner's Manual*. And by the way, I interviewed ghost writers and dismissed them all because I realized, "I've got to write this thing." In the end, I knew for sure, but in the writing of it, I felt like this was my assignment from God. "You will write this book." That was the end of the assignment, actually. "You will write this book. Period. And...go." What I didn't know was that it would be revelatory to me, that it would alter my life, the life of my three sons, the life of my husband dramatically and irrevocably.

So, what happened? I went into the nutritional literature simply to prove that the way I ate was correct. So, we ate largely the Mediterranean diet style. Lots of fruits and vegetables, but tons of lean meats – chicken, turkey, fish. I hadn't had red meat since age 10. Somehow I knew that was disgusting. But I had been consuming, until I wrote the chapters, tons. I mean, barbecued salmon was a staple every Sunday. And we had chicken breast for all those who didn't like fish. And the whole family would come up. Like it was just what we did. I'm a product of the 80's, right? Born in 69. So, I was in my teenage prime years in the 80's. Bread, pasta, rice, and potatoes make you fat. So I was carb-phobic. It was a major treat if I had any pasta or a piece of bread. So, everything was vegetables and these lean meats.

So, I knew I needed to back every fact I said in my book with science. There are 80 pages of over 1500 references, but it doesn't read like a science book. It's quite as if I'm talking to you. However, the point simply is that I needed to be right. Not only because I don't want to spread falsehood, but also because I wanted the book to be bulletproof, as it should be. And I will say, every time I sat down to write; I took Fridays off, so Friday, Saturday, Sunday. I would write about 15 hours a day because I still had to work full time. And every time before I wrote, I had two things in mind. I would pray and I would specifically end the prayer with, "Let no falsehood pass my lips," even though it was actually my fingertips. "Let no falsehood pass my lips." And the advice from a psychologist who actually pushed me to write the book in the first place, Mike Dow, gave me this piece of advice: when you're writing, write as though you love them. And so, I began writing every day that I wrote, with those two thoughts in mind.

Chris: That's great. I love that. I love that advice. And let me just say, it's wonderful that you approached it with like, "I need to get to the truth here," versus like, "I just need to find something to back up what I think is true." Right? And I was literally thinking about this, I don't know why. I was in the shower today and I guess because we had this interview. But I wasn't thinking about our interview, I was just thinking in the shower. If I could just spend all day in the shower, I would because I have my

best ideas in the shower. And if I was a bachelor, I would have some markers and I'd be like scribbling all over the shower walls. My wife would never let me do that. But the point of all that is, I have strong beliefs held loosely. Right? Which means like, I really have some strong beliefs. But I'm also always thinking, "Could I be wrong?"

Dr. Funk: That's a beautiful way to approach all of life. Science evolves. It was always true. We're just trying to uncover that truth. And as I dove into the nutritional science, which you correctly said earlier, doctors get none of it in medical school. I went to med school in '92-96.

To digress for just one second because it's so powerful. I only heard about this study when I wrote my book, but you and your audience probably well know it. Dr. Dean Ornish in July 1990 published in The Lancet picture perfect angiographic proof of these clogged arteries of these people sent home to die. Like, "There's nothing left for you. We've got no surgery. Your veins are gone. We've tapped out all our meds. So, go home to die." He takes these people, half control, half not. What did they do? Well, basically a low fat, high fiber, vegan/vegetarian diet, daily exercise, some other social support. And a year later, a huge percentage. Not the control group; they're worsening worsening, and mostly dead. The other group, angiograms again, arteries wide open. Are you kidding me? Two years before I went to medical school, we already knew how to not only prevent or slow down or stop but actually reverse the number one killer of all human beings on planet earth.

Chris: Yeah. Nobody looked at it. But The Lancet is not like The National Enquirer. It's like one of the top medical journals in the world.

Dr. Funk: And I found out about it while writing my book in 2017, 30 years later.

Chris: Dr. Caldwell Esselstyn, just since we're on this topic, also did a similar interventional study that showed the same thing. It showed arteries that were basically clogged up completely with no room for blood flow, totally opening up and clearing out after plant-based diet that was very low in fat and oils. And yet, when I share this kind of information, I'm often attacked. And people say like, "Cholesterol is a myth" and like all this kind of stuff. And I'm like, "They've proved it with real people! You can reverse heart disease!"

Dr. Funk: I know. The point of talking about Dean Ornish in that moment was to say, two years later you'd think this would be breaking news throughout my classes. And I didn't hear a peep about it ever. And I didn't get any nutrition. Maybe the Krebs cycle, how to make ATP energy, whatever. But there was nothing. And so, what does that do to a physician who then grows up? In debt or not, it doesn't really matter; you're just really busy. And you've got your niche that you do. I'm a breast cancer surgeon. That's what I do. You've been told by not being told anything that nutrition doesn't matter. So, why would I go home after a really long

day to my three children where I want to see them or my husband or workout or whatever... Why would I leave a day of work to go pour through nutrition journals hoping for a pearl of wisdom that I don't even believe exists, only to come back to work and dispense it? By the way, for free because there's no reimbursement for that.

Chris: Yeah. And why aren't they teaching this at med school? What's your opinion? What's your thought? Why aren't they teaching these things in med school?

Dr. Funk: I truly believe that the people who choose the curriculum do not understand the power of nutrition. They themselves have just been products of their own educational system. That they grow up, that parents are like the children, like it never occurs to them that they need to investigate the possibility, at least. I don't know how much of medical school curriculums are directly or indirectly funded by the powers that be – the animal agriculture industry or dairy or egg or chicken or what have you.

Chris: The pharmaceutical industry.

Dr. Funk: Right. The pharmaceutical industry loves illness, obviously. So, we could get into the financial aspects of why things are the way they are. Because there's no money in broccoli and spinach. And who has the money to fund head to head LIPITOR versus broccoli. Well, LIPITOR has the money and they're not going to fund that one. Right? So, that's a different topic. So, anyway, I didn't get my nutrition in med school.

Back to my crucial moment in writing chapter three, what to eat, and chapter four, what not to eat. Eat this, don't eat that. Those are the chapters. I dive into this nutritional world for the first time in my life. I was so utterly convicted, absolutely convinced by the rock solid evidence, that the cellular response inside of your body to animal fat and animal protein is everything that promotes illness and limits and eliminates health inside your body. So, technically, estrogen levels skyrocket. 80% of all breast cancer is fed and fueled by estrogen. Growth factors abound, particularly the big daddy IGF one – insulin like growth factor, which we can expand upon. Inflammation, a cascade of free radicals flying around, hitting your immune system.

And you also get something very critical to the growth of all cancer cells: angiogenesis. Angio (blood) genesis (the beginning), the beginning of blood vessels. So, you get this in-growth. The cancer cell literally gets all of its nutrition and everything it needs to grow and multiply and divide. And guess what else it is? Immediate escape route. Angiogenesis required for all cancer to form and promote itself and then grow.

Chris: And animal foods fuel angiogenesis.

Dr. Funk: Exactly my point. So, all of these things – the estrogen, the growth factor, angiogenesis, the immune system takes a huge hit, inflammation abounds. And whatever gets hit the most in your life becomes your killer. So, if it's your blood vessels: heart disease and dementia. If it's your pancreas: diabetes. If it's your gut: leaky gut syndrome or irritable bowel syndrome. And if it's your breast: breast cancer.

Chris: And that's where heredity could be some kind of factor, where you could be a little bit more vulnerable in your breasts versus your colon versus your pancreas. Right? If they're all being flooded with the same antagonists, right?

Dr. Funk: Right. So, a couple of weeks of this, and this is what I did. I've got to tell you one more funny thing. So, here I am again studying, studying. July 2015. The IARC – the International Agency for Research on Cancer – they are not bought by anyone. So, what they say is not sponsored and like, "Why don't you just give me a break?" So, here they are in Lyon, France and they have 800 epidemiological studies, 22 researchers from 10 different countries (all sorts of diets and backgrounds we're talking about). We're going to be impartial and look at this evidence to answer two questions: Does processed meat cause cancer? And does red meat cause cancer?

Processed meat, of course your viewers know, is sausage, bacon, hot dogs. But it's also skinless boneless chicken breast, turkey slices, deli meat. When you think gross deli meat, you think liverwurst and salami. But the chicken breast and the turkey slices that I had literally... It was Friday, remember I wrote on Fridays. My kids had barely seen me for like months and months. So, on Fridays I'd try to go downstairs and be like, "Hey, have a good day at school." And I'd make their lunches. You ready? That particular day that I read the IARC studies, turkey slices. Not only turkey slices, wrapped around a mozzarella stick. Because remember, I'm-carbohydrate phobic. So, I was already passing that on to the kids. So, I didn't have any break, just turkey. Literally, should have rolled up a cigarette instead. Because, as you well know, the IARC determined that this was a class 1A carcinogen – absolute evidence for cancer causing in processed meat and probably carcinogenic in the red meat. But absolutely carcinogenic. Same list as tobacco. So, I should've given the kids cigarettes or plutonium or something like that.

Chris: Yeah. And I made a little video about this on social media and I talk about in my book too. But yeah, I mean, people are shocked. They were shocked because this did not make major media when this announcement came out. Or if it did, it was just a little blip and most people missed it. But yes, bacon causes cancer. Processed meat causes cancer. Pepperoni on your pizza. And then, like you said, red meat is group 2, that's just one click lower, which means it's a probable cause. There's a large amount of evidence. It looks like it does. But the processed meats are like a known cause.

Dr. Funk: I know. And they are in every cafeteria. I go into the hospitals and it's put on the lunch plate of the guy who had a heart attack just two days ago.

Chris: Breakfast and lunch.

Dr. Funk: Well, I have a picture. I'm saving it for the day when it will be like, "Oh, look how crazy they were!" But as of right now, it's a current picture of the corner of the cafeteria where they have little trays. One is filled with sausage, the next one's filled with those like flat beef patty things. The next one is a bunch of scrambled eggs. Then there's hard boiled eggs. Like one slot after another of stuff that's just going to kill you on your plate.

Chris: I don't know if I told you this, and everybody that follows me knows this, but the very first meal I was served after colon cancer surgery, they took out a third of my large intestine. The very first meal was a sloppy joe. Hospital food. Right? So, it's like red meat, group 2 carcinogen. Of course, that study hadn't come out yet, to their credit. But it's like, "Ugh! So gross!"

Dr. Funk: So gross. So, yeah, it was so clear to me that I had been wrong. And the kids came home from school, and I ran downstairs and I opened the fridge. Three boys, by the way, they're triplets. At the time they were eight. I opened the door. I was looking at all this stuff. I had my drawer filled with five-year age gouda and brie and manchego. I had this \$50 salmon I'd just bought because Sunday was coming, for the barbecue. Anyway, I went, "We're going vegan." And they were all like, "Yeah! What is that, Mom?"

Chris: How old were they? Like six or seven or something?

Dr. Funk: They were eight at the time. They had just turned eight, like a week earlier. So, that was the last ice cream cake that happened. So, we emptied the whole thing out – cheese and everything. Like the frozen organic veggie patties I thought were so healthy, and I looked at the list of ingredients and in the middle there was cheese and milk. And it all went in the bag. I had four bags filled to the brim with products.

I mean, I hadn't really thought about how much animal product I consumed because I thought everything was so low fat and lean. But like breakfast could have been gorgeous with berries and some healthy granola or something. But no, it had non-fat Greek yogurt on it. And then my lunch would be a gorgeous, massive salad with vegetables, but topped with feta and a wedge of salmon. Then my dinner would be the skinless boneless chicken breast. Like it just was ubiquitous, right?

So, four bags were easily filled up. And my 88 year old parents were Depression babies. They taught me to be frugal. I know that they would hang me if they could, if they knew I threw out hundreds of dollars of

food. So, we drove the one mile to their house. We handed them the four bags of food and said, "Here. It's too late for you."

Chris: No, I've had the same thought. When I was getting rid of food in my pantry too, I was like, "I don't want to throw it away. That's so wasteful. But I kind of don't want it to give it away either."

Dr. Funk: Like, "Yeah, here, kill yourself."

Chris: "I feel like I'm hurting someone else. What do I do with this?" I should have given it to some old people.

Dr. Funk: I didn't know what to do. The coconut oil, those bins are like 70 bucks or something. I was like, "What do I do with the coconut oil?" Which is not an animal product, I know that. But oil is very inflammatory and high, high in the omega sixes. We don't need those. We need to omega three. So, anyway, back to that fateful day. It was turn on a dime. Just boom, 100% vegan in the moment. We never looked back. That was that.

Chris: When was that? That was recently?

Dr. Funk: That was July 2017.

Chris: Got It.

Dr. Funk: So, the ensuing change to my practice was dramatic. I now had very actionable, practical, and immediately applicable advice to give every single patient. Whether it was just a healthy woman worried about a cyst in her breasts, which turned out to be nothing to worry about, versus my cancer patient who's Stage 0-4. All of them. I had mass amounts of advice to give.

I always knew to tell them to try to get to an ideal body weight. "Let's exercise." I'm going to be talking about those lifestyle factors. We kind of get some of that at med school. And I just knew that. I'd been an athlete my whole life and I just knew all that. I didn't know about this. And that is the thing everybody does, pretty much, unless they're fasting. They eat all day, at some point. And so, to change those choices was an immediate impact that I could make. And if I had enough time to kind of go through the story a bit and tell them that I'm a 100% vegan and my kids are.

I've always been that kind that didn't raise my hand and sit in the front row. I actually sat in the back and didn't raise my hand like, "Ooo, pick me!" But I was the kid who always got everything right, including the extra credit. So, it was like 110% on the test, right? Like that's me. And if you're telling me the best diet on planet earth to reverse cardiac disease and to stave off the vast majority of all major illnesses that might take me down one day, well I'm going to eat that way every single meal for the rest of my life. Because I'm A+ girl. But look, if you are the other version

of me that had animal products at every single meal. There's 21 meals a week. Let's talk about breakfast. I've got an amazing anti-oxidant smoothie. Why don't you have that 4 breakfasts a week? You know that lunch, that salad you don't like to order? Why don't you just order it like once a week. So, get some meals going, and your C- eating becomes a B-. That's a drastic improvement. I'll take it.

Chris: Yeah, already. And by the way, I'll link to your anti-oxidant smoothie. I know you did a demo for this on *The Doctors*. So, we'll put a link to this in the show notes. But it's great. It's like, berries and greens and all kinds of good stuff in there. Turmeric in there. Amla (Indian gooseberry). Yeah. All my favorite stuff. Aloe is in there. People that have been following me will be like, "Oh, I already do this. This is exactly what I do." But I imagine it was very exciting for you because all of a sudden you felt like you had all this ammunition to bring to patients to help themselves. Right? It's like, "Wow!" So, how did you find that they responded, once you started talking to them about their diet and lifestyle, more specifically?

Dr. Funk: Utter excitement. I mean, I try to be as contagious as I possibly can, when I'm explaining the information. And I think most of them catch that bug. Now, what percentage adhere to it? I would say 100% until they hit the door.

Chris: 100% compliance in the building.

Dr. Funk: They come back. It's been a couple of years now that I've been on this whole food, plant-based bandwagon, which is also an important distinction. We all know that french fries and beer and Oreos are vegan. So, we're talking about whole food, plant-based eating. Lots of healthy fruits and vegetables and whole grains and legumes. The majority of patients, I would say 75%, move from an F, D, C- (bad grades) to passing grades. They get passing grades. I have several who are A+ and who literally email me like, "Is it okay to _" and then they ask about soy protein isolate or something like that. Like they are really on board. Like, "Can I have any dairy at all?" Those kinds of questions. Low fat dairy. Those are women who are really taking it all to heart, who want to maximize their health.

And it's just a privilege and a joy for me to be able to dispense this powerful, powerful fact about food inside their bodies. I mean, I just love it. And that's what kind of breaks my heart about there not being any of these classes taught in medical schools. Because you know what? Doctors' brains work like this. It is a biochemistry class, right? It is the sulforaphane in broccoli. It is the epigallocatechin gallate in green tea. It is the cumin and turmeric. These are chemical sounding needs because they are chemicals. They are plant-based chemicals that get into your body, absorbed into your bloodstream, course through your veins, and do what they do. They literally seek out and destroy cancer cells. They

take away the inflammation. They cause apoptosis, which is cancer cell suicide. Like if doctors had this in med school, they would be at the edge of their seats and taking it all in as science, as fact.

Chris: Yeah. Their heads would be exploding.

Dr. Funk: I have become a little koo-koo-roo to the people around Los Angeles, in the medical community. "Funk went off the deep end. She's vegan now."

Chris: Oh yeah, yeah. No, I know. I've seen articles on the sort of big breast cancer charity sites, trying to debunk you. Your message is that your diet and lifestyle choices have a huge impact on health. And they're saying, "No, they don't. No." It's crazy.

Dr. Funk: It's difficult for advanced stage cancer patients, especially the metastatic breast cancer community, to really take this messaging to heart. And I do have such care, deep care for what they face. But I also never give up hope. I'm like the eternal optimist. However, we also have to be realists. And for now, with Stage 4 breast cancer, there's like 1% who have a lengthy survival. You've interviewed many of those. But their unwillingness to explore the possibility that being overweight or over consuming or even just consuming red meat and processed meat for a period of time, particularly during adolescence and young adulthood, we've seen that confers increased breast cancer risk.

Chris: Yeah. And I think it's important to... Your mindset and your attitude are like the foundation of everything you do. It kind of drives everything you do. And like, my sort of core message that I am just constantly trying to get through to people is like, "Hey, if you want to be in the 1%, let's just say, of Stage 4 breast cancer survivors, then it makes sense to pay attention to the people who've done it. Right? Let's look at what they did and emulate it." In any aspect of life, if you want to be successful, you should emulate successful people. Study them, figure out what they do. What are they doing? But, again, it is difficult because so many people, whether they're the cancer patients or not, are not willing to make those really radical massive life changes that are required. It's hard. I get it.

Dr. Funk: It is hard. And you and I both know diet and nutrition is very foundational. I think if you don't get that right, all of your other efforts will get washed away with the best of intentions. The other efforts being losing weight, stopping or limiting alcohol, not having a bad attitude and rotten mindset, and surrounding yourself with love and support and friendship. All of those things matters so, so much. But I really feel now that I've seen all the science, that will be hard pressed to fight against a terrible diet, when you're talking about advanced stage disease particularly. So, yeah, to the metastatic breast cancer community. There will always be, like we started our podcast today, with the fact that there are outliers. And they do everything right. And it does seem so unfair. It's like that's from sin in this world. Like there's no other explanation. It's

just evil. And that is so terrible. But for everybody else in the MBC community, maybe there's some amazing room for improvement. And maybe there's also some wonderful advice to pass on to your friends and family and children and those you love that, "You know what? If I could back up a decade, I might have implemented these things a little more. I think there's something here. I know there's something here. I've looked at it now."

Chris: So, let me ask you this. I want to talk about soy.

Dr. Funk: Oh, I love soy.

Chris: Because soy is so controversial, right? Because a lot of health and wellness bloggers and Internet doctors have written articles that have created all this food fear about soy. And I first started seeing this stuff back in like 2004 and 2005, or whatever. So, there was a period of time in my life where I thought, "Oh, soy is terrible," until I actually started looking at science. So, talk about soy and cancer survival and cancer prevention. All that. What you've learned.

Dr. Funk: Okay, this is awesome because this is a tell all. This is my confession. You may have read one of my blogs from 2004 telling you to spit that soy right out of your mouth. Sorry about that. So, when I went to write the book (this is becoming a theme), I dove into the nutritional science behind soy for one reason: to prove that I was right. And what was I telling every single cancer patient I had?

Chris: "Don't eat soy."

Dr. Funk: "Don't eat soy." Why Kristy Funk? Why say such blasphemy?" I vilified soy, as do most doctors still to this day, because I was smart enough to know they contained isoflavones, which are phytoestrogens – plant-based estrogens. And my go-to statement was simply that, as I mentioned in passing, receptors for estrogen sit on 80% of all breast cancer cells. So, when estrogen hits that receptor, it sends a message to the cancer to multiply and divide.

Don't take this next sentence as fact. It is false. But I would say, "We don't know if this receptor has discerning taste and it only cares about estrogen from your ovary, or churned out from your fat cells. Hormone replacement therapy is estrogen and so is soy. And if that hits that receptor, it's going to act just like your own ovarian estrogen. How badly do you to have soy in your soy milk, with your soy puffs, and your soy burger? Stop it." And that's what I would say. So, I went into the literature to get all the science, so I could say in my book how right I was about not eating tofu, edamame, soybeans, tamari, all of it.

And here's what I discovered. And this is important because it makes perfect sense. There's two receptors for estrogen in our bodies: alpha and

beta. Alpha is the bad one attached to your cancer cell. Soy prefers beta 2000% more than it does alpha. When soy isoflavones hit beta, they do two things there. Number one, they shut alpha down, so your own estrogen can't even hit the cancer receptor. And these isoflavones go out into the fat cells, where there's an enzyme called aromatase that's busy in those fat cells churning other hormones, steroids, testosterone, androstenedione, largely coming from a woman's adrenal glands. So, that's why women after menopause still have estrogen enough to fuel a cancer. Aromatase is churning those sex steroids into estrogen. Your glass of soy milk goes out and shuts that enzyme down. Okay. If this is really, really true, then if you go to Texas, which they did (where I guess they don't have too much soy consumption in Texas).

Chris: Well, not by humans.

Dr. Funk: Good point. A very good point. So they took premenopausal women. They needed high enough estrogen levels to show a drop, right? So, these were women whose ovaries were churning out estrogen and whose fat cells were churning out estrogen. They checked the estrogen levels and they told them, "Go away for one month and do one thing: three cups of soy milk a day." They all came back and 100% of them had a drop in their estrogen levels that ranged between 30-80% of baseline, depending on where they were in their menstrual cycles. Because you have a natural fluctuation. And that drop persisted for three months, even though they stopped drinking soy milk.

Chris: Wow!

Dr. Funk: What that tells you, soy is not going to go cut off ovarian function. Okay? So, what that tells you is that's the aromatase action. Unbelievable. Okay, so now we know that the mechanism of action is on this beta receptor. By the way, when soy does hit the alpha receptor, it signals that cancer cell between 1/10th and 1/100th of the actual estrogen, the real deal estrogen. So, it's like a little weak signal – hardly there. Do you know what does that? Tamoxifen. A drug that premenopausal breast cancer patients take. Tamoxifen is an estrogen decoy. It hits that receptor like a key fitting a lock, and it just sits there. And it blocks your own estrogen. Soy is doing that.

Okay. So, what are the stats on Tamoxifen? If you take Tamoxifen as a breast cancer, it decreases recurrence in the breast or the armpit or lymph nodes by about 60%. And it decreases metastatic recurrence – so death from breast cancer – by about 32%. That's interesting. There's a large study on soy in estrogen-driven cancers that are not taking Tamoxifen. And they compared high consuming soy women to low consuming. 60% drop in recurrence, 29% drop in death.

Chris: And so it's almost identical. Like, "Are you hearing this, people? Are you hearing this?" Like, soy binds to estrogen receptors, blocks the

absorption of excess harmful estrogen, is an aromatase inhibitor, and works as well as Tamoxifen. That's the takeaway here, right?

Dr. Funk: There's even one bigger take away.

Chris: And there's prevention studies too, which we should touch on.

Dr. Funk: It's anti-carcinogenic on a whole different level because even amongst BRCA carriers – BRCA1, who are supposed to get estrogen negative tumors – soy consumption was shown to drop cancer production of estrogen negative tumors by 43%. 43%!

Chris: That's in patients? Or pre-cancer?

Dr. Funk: Pre-cancer. And then seeing who gets cancer, and the difference between high and low consumption of soy. So, it's beyond the estrogen factor. There are some powerful anti-carcinogenic, anti-inflammatory factors at play with soy consumption. And it is an excellent complete protein. Awesome protein source for us vegans.

Chris: And the bigger conversation too is that, it's a legume. And legumes are wonderful, right?

Dr. Funk: Yes. I love me some legumes.

Chris: There's a celebrity doctor who need not be named, who has created a massive amount of food fear for legumes and anything containing lectins. And so, I'm asked about this all the time.

Dr. Funk: Lectins actually have antineoplastic properties.

Chris: And so do phytates.

Dr. Funk: Right. Didn't it all start with the Japanese doing the raw bean flakes on their food, and like a hundred people ended up vomiting and nearly dead in the hospital? But that's the point. You don't eat raw beans. It's bad for your teeth anyway. Who's going to chomp on raw beans? It has to be raw to be dangerous.

Chris: Cooking destroys the harmful factor of lectins. Yeah. So, legumes are wonderful. Soy is great for men and women. That's great. Thank you so much for clearing that up. This is such powerful advice. So, it not only lowers... Because there have been large scale studies that show that women that consume the most soy have much lower rates of estrogen positive and negative cancers. And then, breast cancer patients who consume the most soy have much better survival. I don't know what the statistic is. Maybe you know? I don't want to put you on the spot.

Dr. Funk: 29% in the one study I already mentioned, which was the least. And then there's another recent study. It was like 10 seconds before go time on my book. I was like, "Is there room to put this one last study in the book?" And it just squeaked in. So, it was 2018, the largest study looking at the issue of soy in breast cancer patients. And there was a 32% drop in death in the high soy consumers.

Chris: That's amazing. I had the same exact thing happen. Like when you're writing a book that has research in it, and it was like every week or two some new study comes out. And you're like, "Oh, I got to cram this in." So, yeah, my book came out in 2018 too. Mine came out September. But yeah, I had studies that had come out in the spring of 2018. I was able to like get them in there like last minute. Yeah. You were what, January or February?

Dr. Funk: May 1st.

Chris: And I was in September.

Dr. Funk: And then you knocked me out of the number one breast cancer spot on Amazon.

Chris: I'm sorry! Sorry, not Sorry.

Dr. Funk: Okay, my Christian brother.

Chris: I'm making up for it right now. You might get it back now.

Dr. Funk: I'm like, "He's colon. I'm breast. Stay in your zone." I'm kidding.

Chris: Blame my publisher. Okay, so...

Dr. Funk: And then, just to close out in defense of all those doctors out there. All of these studies in humans and soy only hit the presses 2009 to the present day. So, what happened to everybody, besides just the idea that soy was bad, was that in mice and in petri dishes, you could get some of the opposite effect – that soy was dangerous. But that was only like 10% of the time. But it was enough that like, you're a human being, 10% of the time going south isn't good enough for me. But it's too late. Now you've got to pull your head out of the sand. It's a decade later. Soy is good.

Chris: That makes sense. They just didn't have great science to go on. And the thing about science and life is things change. Science is the pursuit of truth. And sometimes you kind of have a half truth or a partial truth, or you don't have the truth at all. And as the scientific community continues this pursuit, they discover new things.

Dr. Funk: Or we have a lie that was fed to us as truth.

Chris: That happens, of course. Especially when it's funded by meat, dairy, pharmaceutical industries. They've been busted many times. Right? So, okay. Plant-based diet, we know that's huge. Is there a level of soy consumption that's ideal? You said like three cups a day of soy milk would be an example. I think it should probably be organic because most soy is GMO – genetically modified.

Dr. Funk: Absolutely.

Chris: But what is the equivalent of whole soybeans versus soy milk, for daily consumption?

Dr. Funk: So, a serving will be a half a cup, whether you're having soybeans or soy milk. And I want you to have three servings a day. I don't need you to exceed six servings a day. Why is that? Because it hasn't been shown yet to be... So, there is a level of soy consumption that actually starts to elevate your IGF-1. It's definitely not five servings, but it might be six.

Chris: Okay, so three to five is the safe range. Got It. Got It. That's super helpful. My audience loves specifics. They're action takers. They love specifics. They will do this.

Okay, so we've covered the plant-based diet. Exercise is pretty self-explanatory, right? It's about 150 minutes a week, 20-30 minutes a day.

Dr. Funk: Yes. So, I get five hours, if you're going to carry on a conversation. So, briskly walking five hours a week. If you're really going to put pep in your step and can't carry on a conversation, super sweaty, two and a half hours a week.

Chris: Got It. That's actually such a great benchmark, is can you carry on a conversation or not? I'd never thought about that. Thank you. Alright. Obesity. How does it contribute to cancer?

Dr. Funk: Being overweight or obese means you have extra adipose – more fat. What's in the fat? We established it. Aromatase. What is aromatase doing? It's churning out extra estrogen. So, paradoxically in adolescence and premenopausal years, being overweight somehow exerts a protective effect. It's not understood how. It's some interaction with the ovary. We don't really get it. But there's a protective effect against breast cancer by being overweight.

Chris: Being a chubby teen?

Dr. Funk: Exactly. So, you might though have a heart attack or stroke or diabetes or something else undesirable. But I'm talking about breast cancer. So, when you are post-menopausal, now your weight is working totally against you. How bad? Really bad. Literally people who are overweight or obese have twice the amount of breast cancer – occurrence, recurrence,

and death from breast cancer. Good news in all of this – lose the weight, lose the risk. So, ideal body weight, we've got a great calculator on my website: pinklotus.com/powerup/resources/bmicalculator/. It will give you the calculator and suggestions on how to get your weight down. But that is very critical. It is well known that women who gain weight after a breast cancer diagnosis have much worse survival rates. So, at the very least ladies, don't gain weight. But truly target that ideal body weight range, get to it, and stay there forever.

Chris: I think it's probably pretty safe to assume that after a breast cancer diagnosis, women are told, "Go home and eat whatever you want. It doesn't matter." And then, they're also struggling with depression. And their food tastes bad. That they gravitate towards junk food. Pizza and ice cream and milkshakes and whatever. So, that makes sense. And I should mention, since it wasn't explicitly stated, that obesity is the second leading cause of cancer. Cigarettes are number one and obesity is number two. And it's something that is not talked about enough. And I've tried to talk about it a lot. And again, it's not to shame anyone or make them feel bad about themselves. It's just like, "Hey, we've got to tell the truth. We've got to state the facts and empower you, the listener, with information that you can use to help yourself."

Dr. Funk: Exactly. I mean, it's back to the good news, right? "Doc, why did I get this cancer?" "Well, I can't say for certain. But I know certain things contribute. And we can cut down on that weight, we can drink less alcohol. We could get a move on when you wake up in the morning or when you go home. We can pray, meditate, do yoga, Tai Chi, some sort of stress reduction. I've got a lot of stuff that we can do." To tell the woman, "Eh, it just happens to some people," that's like you said... You can't say it's actually malpractice, because I don't think they say it purposefully. I think their own ignorance just makes them say, "I don't know."

Chris: Yeah. There are some supplements that you recommend for some of your breast cancer patients that they may not be hearing about from a typical oncologist or MD. What are those?

Dr. Funk: Right. So, one of my favorite ones, because it's such a ubiquitous problem in the cancer community, is called Menopause Miracle. So, we rip all of these women either off of their hormones, if they were on replacement and they're older, or we put them into menopause at some terribly young age, never to get their hormones back. So, with it goes their libido, and then they get the whole constellation of hot flashes, night sweats, vaginal dryness, mood swings. And the things that are out there that are not estrogen based, largely don't work. Although I will say, consuming whole food soy can help with hot flashes and depression. And black cohosh can help 50% of people with hot flashes, but it causes liver toxicity after six months' use. So, probably not advisable long-term.

Menopause Miracle, we were scouring the earth for decades really, trying to find something safe and truly effective. This three Asian herb blend has been well studied in nine animal trials and then in three human trials against placebo, where they were doing blood draws. So, we know it doesn't increase estrogen. And as a side benefit, it improves cholesterol profiles – down with the LDL, up with the HDL – and improves bone density. But the real thing that it does, in all three human trials, over 90% of women saw at least a 60% drop in all of it – hot flashes, night sweats, vaginal dryness, decreased libido, mood swings. All of it.

So, the key with Menopause Miracle, just like a lot of Asian herbs, is the first month is critical to take every single day and not skip. You have to kind of get to this steady state. There's this one nurse, just a couple of weeks ago, who I told about it. She ordered it. She said she was getting up ten times a night, drenched in sweat. Three times a night, she had to go put her head in the freezer. After one week of using this, she would wake up like four times a night drenched, and no freezer. So, that's a pretty awesome improvement for somebody's sleep, which we haven't talked about.

But sleep is so critical and melatonin. And those people who have low melatonin have higher breast cancer rates. And sleep is when your melatonin does its anti-cancer work. So, sleep is important. And if hot flashes and night sweats are keeping you up, try Menopause Miracle. We have a cannabinoid CBD spray called Chill Out that works really well for hot flashes. And a menopause kit with CBD essential oils, and a chemo kit with CBD essential oils. So, it's these little roller balls that you just put on your neck. And they say what they help with. But with chemo, we've got anti-nausea, insomnia, depression. And then, the menopause kit is insomnia, mood swings, and hot flashes. So, there's the CBD sets.

One thing that we've got is a multi must have, if you're prone to taking a multivitamin. I prefer to eat my vitamins. If you're eating really well, you don't need a multi, I'm going to put that out there. However, this one has six layers of antineoplastic layers in there. So, there's like an entire blend of greens, like with the chlorophyll and spirulina kind of stuff. And then, another blend of berries, etc. So, this is a really lovely women's formulated multi.

We've got this one that took about a year to formulate. And while the doctor in me has to say that all alcohol is carcinogenic and you really should avoid it, it is ubiquitous across cultures. And there is some health benefits to particularly red wine. Maybe four to eight ounces, so a narrow amount and not more than that. And a few times a week will give you resveratrol, which has antineoplastic properties. And it also acts like an aromatase inhibitor. So, in one big study, the consumption of red wine and no other alcohol that was studied reduced all cancer mortality, interestingly. And it was just that little sweet spot of 48 ounces.

But what is wrong with alcohol? So, alcohol, besides increasing estrogen levels and punching the immune system, it does two other things. It creates a carcinogen – acetaldehyde. So, even if you just put it in your mouth and spit it out like mouth wash, you've created acetaldehyde and swallowed that carcinogen down.

Chris: Already? That fast? Wow.

Dr. Funk: Yeah. But the main mechanism is that it inactivates this enzyme called MTHFR, which converts folic acid into methylfolate. So, methylfolate is what you need. That runs around and fixes DNA when it goes awry, or throws it out if it's too damaged.

Chris: So, alcohol influences MTHFR?

Dr. Funk: Yeah. And inhibits it.

Chris: Wow. I've never heard that.

Dr. Funk: Oh, yeah. Yeah. And this is what increases breast cancer risk. So, in the Nurses' Health Study II, which followed like 86,000 women, when they pulled out the drinking subset – just the women who consumed alcohol at all – and looked at the cancer numbers, those who consumed methyl folate versus those who didn't... So, a high folic acid intake can kind of overtake the enzymes inability. High folic acid versus low. It was an 89% reduction in breast cancer. That's how much the folic acid mattered.

Chris: So, if they didn't drink and consumed a lot of folic acid from food, they had an 89% reduction. Is that what you're saying?

Dr. Funk: Only the drinkers. We're only looking at drinkers. High versus low folic acid consumption.

Chris: Oh. And the high benefited? Or no?

Dr. Funk: High folic acid. Like drink for drink, they were the same. But those who had more folic acid had 89% less breast cancer than those who didn't consume. So, the work around... We've created a supplement for those who are worried, but want to have an occasional glass of alcohol. I mean, The American Cancer Society says that it's safe for women to have one drink a day and men two drinks a day. I think that that stance might be reversed over the next decade. I think there's more evidence coming out that it's not so hot.

Chris: There's a new study I just reported on, it was a meta-analysis. And so, from what I understand, one to two drinks per day no more than three times a week, is sort of the new go-to. Because even if you have one to two drinks, but if you have more than three times a week, it increases

risk. If it's less than three times a week, the risk is just negligible. So, that's kind of the new thing now.

Dr. Funk: So what we've created is called Cosmo Companion. It's just a pill. And it has a high dose of methylfolate in it. So, you just consume the active form you need. So, forget about the enzyme. And by the way, 40% of Americans have some sort of defect in their MTHFR, just genetically. Now it's not enough usually to be totally inactive as an enzyme. So, they get enough conversion. But if you are one of those carriers and you drink alcohol, you really knock that thing out, right? So, Cosmo Companion not only has the methylfolate, but it has B6 and B12, and those three things in your body create glutathione, which you well know is the most powerful antioxidant inside your body. And it has 12 botanicals that support and protect liver cells, as they detoxify alcohol. So, for those who are just going to have one to two drinks, three times a week, Cosmo Companion. It's just an easy pill you have to take.

The study that I harken back to the most, looking at alcohol as it relates to breast cancer risk and elevation. So, pick your poison. We're talking 5 ounces of wine equals 12 ounces of beer equals 1.5 ounces of hard liquor. So, whatever your drink is, a drink a day increases breast cancer by 10%, two drinks a day 30%, three drinks a day 40%. So, basically 10%, while that sounds like a bump, numbers don't torture you unless you know how to put them into their right slot. So, it's touch math, but you'll get this. Your audience probably knows this kind of stuff. But here's the fact. If you're 50 years old, the risk of getting breast cancer in the decade of being 50-60 years old is 1 in 49 women.

Chris: Okay.

Dr. Funk: 10% bump is going to make it 1.1 in 49. Okay? So, this is not a huge jump. And you probably are going to enjoy the birthday party more with the glasses of wine, right? So, it's that kind of middle ground of saying, "One glass is okay. It's probably not breast risky. And it's probably fine." May not be protective against heart disease, like we were hopefully thinking in other studies. But all that to say, tempered use of alcohol. And then, if you feel that the Cosmic Companion helps... I mean, it will help. So, I like that it's something we offer.

Chris: Especially if you're making a lot of healthy lifestyle choices anyway. Right? If you're eating a plant-based diet, if you're exercising, your risk is so low that is it going to make any difference? Probably not, having an occasional glass of wine. But if you're eating terribly, if you're overweight, if you're smoking, then it just becomes more fuel on the fire.

Dr. Funk: Exactly. Same thing as the occasional vegan cookie or cupcake. Right? It's fine.

Chris: Yeah. So, let me ask you one other thing because you reminded me of something. So, you touched on this. Hormone replacement therapy does increase risk of breast and ovarian cancers, to some degree. And I've shared information about this multiple times. And usually I get push back from people who say, "Well, no, not bio identical hormones." And my response is, "Eh, yeah, I would be wary of those too." What's your opinion?

Dr. Funk: I'm wary of them also. I wish I didn't have to be because they come from delightful foods that we love, like soy and yams. Bioidenticals are plant-based. But the thing is they're completely unstudied. They are divorced from their whole food form – dramatically changed. Just like soy protein isolate in a burger. Is it proven bad? No. But is it proven healthy? No. So, I don't know. And to me, we've got like one shot out of this cannon ball called life, and I am going to do everything I know that is healthy and I'm going to avoid things I know are harmful. And the in between that I don't know, I'm going to avoid that too.

Chris: So, for the woman who's not a breast cancer patient or anything, but they're in menopause, they're having the hot flashes, and they're like, "Ah, what should I do?" You recommended one of your products that you thought was super helpful, which was Menopause Miracle.

Dr. Funk: Definitely,

Chris: What else do you tell them?

Dr. Funk: And then I tell them that if it's just hot flashes, no. That they do dissipate and disappear in the majority of women. It does take four or five years, but it's not a forever situation. And what happens is, they go on their hormones and they never go off of them. And that becomes the critical fact.

So, the big study came out in July 2002. It was called WHI – women's health initiative. There were 16,000 postmenopausal women, half on PREMARIN, which is a combo of estrogen and progesterone, half on placebo. They halted the study early at 5.2 years because there was a 26% increase in breast cancer in the hormone takers. And there were more heart attacks and dementia. Fewer bone fractures and fewer bone cancers. But it was considered unethical to proceed any further. So, they stopped it. That summer, literally half of the women in America that were on hormone replacement therapy were yanked off of it, by themselves or by their doctors. Half of the women. So, it's hard to pin it down, but bio identical hormones and hormones, there are about 6.3 million women on hormone replacement in America. So, we get over 3 million women stopping. And guess what remarkable, unprecedented thing happened the very next year, in 2003?

Chris: Breast cancer diagnosis dropped.

Dr. Funk: Yup.

Chris: How much?

Dr. Funk: 6.9% plummet. I mean, again, numbers don't always have their context. But just take it from me, that is a massive, massive one-year drop. Never seen before, will never be seen again. So, hormones do cause breast cancer. And to finish that thought, it comes in many forms. Creams, pills, powders. And we just don't know what the bioidenticals do in your body, once they've been altered so dramatically. I don't have the soy study on the HRT.

Chris: Yeah. So, it's a risk to take them that. That's sort of the takeaway, right?

Dr. Funk: Right. Yeah. And I don't want everybody hot flashing their way to a divorce. So, it does become like, "What do I tell the woman?" So, it does become a balancing act because what are you in it for? If it's the whole constellation of crazy, we've gone through all those menopause symptoms and you've got every single one, that's pretty miserable. Now, it's quality. Risk benefit ratio comes into play. So, I don't uniformly tell every woman that she has to stay 100% away from hormone replacement therapy.

Chris: Have you found that diet and lifestyle interventions really help with menopause? Like, for example, when you stop eating animals, you stop consuming all of these animal hormones. When you get down to a healthy weight and your body isn't producing excess hormones and other things. Does that help with menopause symptoms, too?

Dr. Funk: Absolutely. I mean, it's actually quite well documented that these healthy behaviors that we've been talking about this whole time offset the symptoms of menopause. The problem is that so few women do it, and they're not going to do it just for a hot flash. Like they need something else more motivating than when estrogen is right there on the prescription pad and it's going to cure it in a day.

Chris: Yeah, I understand. It's hard. It's hard to get motivated when your problem or symptom isn't life threatening necessarily, in the short term. So, I'd love to close. We've got just a few minutes left here and I want to be respectful of your time. But I'd love to hear your thoughts about stress. The stress connection to cancer, and the faith connection to survival and health. You're a Christian. I'm a Christian. Like it's such a big part of my life. I know yours, too. So, let's talk about that.

Dr. Funk: So, yeah, everybody knows there's a mind-body connection because if you've ever watched a movie that's scary, your palms get sweaty and your heart starts racing, but you haven't gone anywhere. It is your mind connecting to your body. That's also what an erection is. So, things that

you think about affect what is happening physiologically inside of your body.

And there are so many sources of stress in life – from relationships to traffic. What happens is ultimately a cascade of inflammation and inflammatory cytokines that have numbers and letters – like interleukin-1, interleukin-6, TNF- α – all rise to the surface to create this inflammatory response that makes your immune system specifically drop something called NK cells – natural killer cells. They're aptly named because they naturally kills cancer cells inside your body, right. You remove them from your system when you are chronically stressed out. And that just sets the stage for an existing illness to flourish.

And it has been shown again in that LACE study, Life After Cancer Epidemiology study, 2,200 early-stage breast cancer patients (0-2) were followed for 10.8 years. And what they found is those with low psychosocial support systems and no faith or religion had a 58% increased chance of being dead during that decade.

Chris: Wow. That's huge. So, basically, they had no faith. Plus they had very little support. And they were probably lonely and isolated

Dr. Funk: And I couldn't agree more that that really does affect outcome. It's hard to prove causation or improvement in faith-based cancer patients, in terms of longevity. But it is well known that they have much less fear and anxiety. They have more purpose derived from the pain. They enjoy life. They have a reason for living, post-cancer. They enjoy their communities, to give back, to be of service to others, to love and be loved. There's no doubt that a faith in a creator brings some lemonade out of lemons. Right?

It really does give this sense, instead of an existential feeling of just fear and disbelief and anger, faith-based cancer patients have an excitement and enjoyment of these days left on earth, be they many or few. And they believe, as we believe, they're going to have an eternal life with their creator. So, it's not even necessarily this dark moment. It's a moment of realization, like, "Hey, heads up. You probably don't have 30 years like you thought." I'm talking advanced cancer. The early stage cancers, there's no reason to not just abide in faith and move on and live your best, healthiest life expecting to be cured because there's no room for the fear that it might come back. It might come back. If it comes back, then we deal then.

So, at Pink Lotus there's entirely free online social community that I would love for your audience to be very aware of and sign up for. It's free. And within Pink Lotus Power Up, there are a number of blogs and videos. So, it's an educational section. But the most important thing is that it's a massive community.

So, in this community, my most favorite thing we do is called Rest Buddies. So, if you've been through your cancer journey, you would sign up to be a buddy. If you are newly diagnosed, you would need a buddy. And basically, it's kind of like match.com. You put in, "I'm 42, I have Stage 2. I have a three year old." Like you can put whatever parameters you want, and all the people who've signed up to become your buddy will pop up. And you can kind of look through and be like, "I'd like to talk to her. I think she's going to help me tell my three year old what's going on with this chemo thing." And so, people come alongside one another because like that LACE study showed, people with low psychosocial community support do not do as well. So, people are born into crappy families. Not everybody has a BFF. But you can become one, you can get one at Rest Buddies.

So, we've got that entire community. We have all the functionality of Facebook on there. So, you can put up your pictures and do posts. You can go into chat rooms. You can private message people. We've got something called Breast List. It's like Craigslist. So, you can buy, sell, trade, giveaway, your old scarves, hats, wigs, gently used or unused bras, things that you no longer want or need from your cancer journey, but somebody else does. And all of this stuff is money saving, and it's also friendship and love giving. So, we've got the Breast List. And we have something called CrowdCause, which is basically GoFundMe, but cheaper. So, if you're in financial need, you can post your needs and people will donate. It's safe, protected online giving. We've got all of the functionality to take the money there. So, this community is definitely worth exploring. Like I said, the full thing is free.

Chris: I love that so much. You just gave me some great ideas for my own community.

Dr. Funk: Okay!

Chris: Well, good. Dr. Kristi Funk, thank you so much for your time. I just have so much respect for you. You're an amazing person. You're doing so much good in the world. I want to encourage everybody to get your book *Breasts: The Owner's Manual*. And then hopefully it will knock mine off of the number one breast book.

Dr. Funk: Oh, that's a well-earned place, Chris.

Chris: Buy them both! Because in hers and mine, you'll find encouragement and hope and empowerment and information you can use to take control of your health, to take control of your diet and lifestyle, and to make evidence-based changes. To take evidence-based action that can help you! Help you survive, decrease your odds of ever getting cancer, decrease your odds of a recurrence, increase your odds of survival. That's what it's about. There's no guarantees in life, but there's a lot of things we can do to drop our risk dramatically. So, why not do them?

Dr. Funk: Hear, hear!

Chris: Hear, hear. Okay. Well, God bless you, Kristi. You're wonderful. And this was so much fun. And thanks for watching everybody. Please like this. Please share it. There's people in your life that need this information, that are going to find this video encouraging and inspirational and empowering. So, thanks for watching everybody. Thanks again, Dr. Kristi Funk. See you soon! Bye, bye.

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