

Chris Wark (00:00)

everybody, today's guest is Donna Pinto. And Donna was diagnosed with DCIS, that's ductal carcinoma in situ, in 2010. Now, DCIS is a non-invasive precancerous condition commonly referred to as stage zero breast cancer. But it is typically treated aggressively like breast cancer.

Chris Wark (00:28)

Some of you who've read my book may remember that I talk about this issue in *Crispy Cancer*. I mean, that was in 2018 I published that book. And even back then, there was some vigorous debate in the medical community as to whether or not DCIS should even be called breast cancer or should be called stage zero breast cancer. And after Donna was diagnosed, she was offered a partial mastectomy plus radiation.

Chris Wark (00:56)

Or a full mastectomy. And she made some different decisions. And we're gonna get into her story and it really changed the course of her life. And she founded DCIS four one one in two thousand eleven to help women you know understand what this diagnosis means and make good decisions. So Donna, good to see you.

Donna Pinto (01:21)

Well, thank you so much, Chris, for having me. This is a full circle moment. you know, thinking back to 2010, I know that you started your blog around that time. So it's a little bit of divine providence

Donna Pinto (01:34)

that I found you quite early in my search for better solutions and answers to the confusion. that I felt instantly, you know, I was told it's a pre cancer,

Donna Pinto (01:45)

but the treatment is, you know.

Donna Pinto (01:48)

Including a mastectomy. I mean, I was just like numb, totally paralyzed in shock. it just was incongruent, didn't make sense intuitively. And then I started asking some questions. I said, Well, what about diet? And like some of them. She's like, No, no, you know, there's nothing you can do. There's you didn't cause it, but you know, would you like a prescription for Xanax? And that was kind of how it went. And I went home that evening and I started online.

Donna Pinto (02:17)

Researching, I never heard of DCIS. it had the word carcinoma in it. And what was interesting was that this was 2010, but in 2009, the National Institutes of Health held a conference talking about potentially taking the word carcinoma out of the description, easing off treatment. And two days later, so I was diagnosed on January nineteenth, I and then on the twenty first of January I find this article.

Donna Pinto (02:46)

Talking all about this and talking about active surveillance, which is what they were doing in prostate cancer. And I I took this article to my doctor. She kind of poo-pooed it, was like, 50% of doctors might agree, and you know, but you don't want to wait till it's not treatable. You know, a lot of fear-mongering was going on. And but lucky for me, I also had a really good friend who was this holistic nutritionist. I put it on an email to all my friends and family the day I got the diagnosis.

Donna Pinto (03:16)

And

Donna Pinto (03:16)

which a lot of people don't do. And I don't know why I chose to do that, but I'm a very open person. I, you know, just kind of thought, well, I'll put it out there and see what comes back. And three people that were like chiropractor, naturopathic doctor in the family, and my friend, and she's like, No, no, no, you know, come to my house and we're gonna do this detox and put off your MRI, which is a pre surgical MRI, for one month. She said, it'll all be clear.

Donna Pinto (03:44)

Said, I'll do whatever you say. And that was the beginning of the shift for me. And because I took a little bit of extra time, I saw the results of this detox, which was you know, I was pretty healthy to begin with. I was into health and fitness. I was a vegetarian for many years,

Donna Pinto (04:04)

but instantly I became very knowledgeable about like nutrient-dense foods and you know cancer healing and

Donna Pinto (04:11)

prevention. So I resonated with that and I chose to do that. And a month later, the MRI was clear. But the doctors still want to do surgery, they just don't know what to do with you. You know, they never they said people like you doing you know active surveillance, they don't come back. That's what I was told. So

Donna Pinto (04:31)

You know, I I agreed to do mammograms were the only thing at the time. And I I didn't want to do it every three to six months, as they were saying. I said I'll do it at like eight or ten months. And that's what I did, you know. I had this, you know, tremendous experience, total life shift in that time frame. But what I what happened to me was the mammogram at 18 months set off alarms and because

Donna Pinto (04:56)

You know, they don't know what to do with someone who is doing monitoring only. Nobody was

doing this back then. And so the red flags went off. They said it's highly suspicious. You know, I asked for an MRI, suspicious for malignancy, it could be invasive cancer now. And I I was so deflated. I ended up doing the surgery and learned more about the problems with DCIS, that the margins, this is what happened the first time, they cut through.

Donna Pinto (05:24)

and it's a positive margin because DCIS is not a tumor. It's not in like an invasive cancer tumor. It could be spread out and it's specs on a mammogram that are the indicators. So they can't really see it. It's so microscopic. And in my case, it was like 2.5 millimeters, like a pinpoint. And they want to do radical like mastectomy, or for in my case, they were saying seven weeks of radiation if I chose a partial mastectomy.

Donna Pinto (05:54)

So fast forward you know 18 months, I'm still like like, okay, you know, this diet and lifestyle doesn't really work. I thought, you know, do the surgery, get it over and done with. What happened was there was no invasive cancer. It was just another false kind of like overdiagnosis. That's what I found out about that. This is being triggered by mammography screening. They can't tell which ones are dangerous, which ones are harmless. So

Donna Pinto (06:24)

The biopsy rate is off the charts and that's damaging. And then, you know, they're doing surgeries and they can't get margins. So you get a second surgery, can't get the margin again. This is in up to 70% of the cases. And so then your only option is mastectomy. And that's when I just said no more when they said, you know, my doctor actually said to me, Your breast is like spoiled soup. Imagine this. Spoiled soup, it's not worth saving.

Donna Pinto (06:54)

And I went to several doctors, got several opinions all across the board, several pathology opinions all over the place. There are so many problems with this diagnosis, and I only found that out because I was, you know, resisting, resisting, resisting, and then complying with the surgery and learning. And most people don't have that experience because they're just in fear. In fact, there's been studies done to show the fear with DCI.

Donna Pinto (07:24)

DCIS can sometimes be even more than true cancer because of the uncertainty. And women don't do well with uncertainty, and breast cancer is a big fear. And so the double mastectomy rate has, you know, doubled. And so we've got a serious problem with this diagnosis. And I'm just trying to amplify the doctors and the researchers who are looking at reducing overdiagnosis and over-treatment.

Donna Pinto (07:54)

Because of what I experienced. And, you know, I'm I've been a patient advocate now in in the clinical trials looking at low risk DCIS and doing active monitoring, which is moving the field a

little bit, but it's so slow. And I really feel like we got we've got to tackle overdiagnosis, which stems from mammography screening, which is the hot potato, which I know that you've done some good research on, Chris. And I wanna thank you for all that you've

Donna Pinto (08:24)

done to help women in this kind of scenario and just understanding, you know, the difference between the pink marketing slogans and the actual research. And that's just what I'm trying to do.

Chris Wark (08:37)

Yeah, I mean, you know, overdiagnosis and over treatment are a major problem, not just with breast cancer, thyroid cancer, lung cancer, prostate cancer. and I I know many women who have gotten this diagnosis and been rushed into treatment out of fear, again, for something that isn't cancer.

Chris Wark (09:05)

They call it precancerous. It could become cancer. And in many cases, like you said, it's the tiniest, you know, like the head of a pencil spot in a breast, you know, or a few spots. It's so small. And is it abnormal cells? Yeah. But it's not cancer. so it's a real problem for sure. And it's discouraging that eight years after I

Chris Wark (09:32)

published my first book talking about this problem, that the the industry hasn't made any headway. Right. Not that they would listen to me, right? I was just I was making people aware that the industry was already was debating about what to do about this. And as you said, that dates back to I think you said two thousand nine. So for nine years at least, they'd been aware that it was really an overdiagnosis problem, an over treatment problem.

Chris Wark (10:02)

I I mentioned it in my book as an example. And then here we are eight years later. So 17 years. Seventeen

Donna Pinto (10:08)

Yep, exactly.

Chris Wark (10:10)

years have gone by since that conference and you know the big debate started. and honestly, the debate was probably before that, but you know, it started before that. But but the point is I think women need to be the fears need to be alleviated. And so I'd love for you to talk about what you did. What were your diet and lifestyle changes that you made?

Chris Wark (10:31)

After the DCIS diagnosis.

Donna Pinto (10:34)

Yeah, I I was like instantly I eliminated it was more of like eliminating and I wasn't really bad with coffee, alcohol, sugar, any kind of like bread, pasta. I mean I did a detox for about a month. I was just f raw fruits and vegetables, mainly vegetables, some juicing and kind of followed like what you did.

Donna Pinto (11:01)

and w what was interesting was that I had this like rough skin on the back of my arms. I had a little bit of a fungal infection on my foot, like an athlete's foot, and that all cleared up within a few weeks. So I will I could I could see the healing happening and how the body heals from the inside out, and that's what my friend was teaching me. And so I was an instant believer in, you know, food is medicine. And then I was like,

Donna Pinto (11:28)

all in. Now I didn't continue that strict. probably did that for, you know, the first month and then added and I lost like ten pounds. So I was pretty much the same weight now, my ideal weight. And then so I was looking pretty skinny. People were a little worried, but my friend was like, you know, don't worry, it's you your body just will adapt. And you know, I got into the green juicing and and just

Donna Pinto (11:55)

never really changed after that. you know, it's been sixteen years. I still do the same diet. I do like the giant salad every day, like like what you talk about. And, you know, basically followed similar to what you did. And, you know, I just took this on like as if I what like if I had cancer, I'm I'm gonna do everything I can to reduce my risk of cancer or reduce recurrence because that's what they they scare you with. Your chance of recurrence

Donna Pinto (12:24)

at 10 years and then your chance of invasive cancer. And so it's all these risk statistics. so

Chris Wark (12:31)

Do you know what

Chris Wark (12:31)

those are off the top of your head? Like what are they telling women?

Donna Pinto (12:34)

there's yeah,

Donna Pinto (12:36)

they're telling women that your your risk, well they say your risk will be reduced to if you do a mastectomy, it'll be reduced to two percent. If you do a partial mastectomy radiation, it's ten

percent. But my risk, they were saying was like thirty-five percent to get invasive cancer or you know, recurrence of DCIS. But I'm like, I still have DCIS because I didn't cut it out, right? So it's

Chris Wark (12:59)

Mm-hmm.

Donna Pinto (13:00)

really residual. That's like we don't need to look for DCIS.

Donna Pinto (13:04)

That's what Dr. Laura Esterman from UCSF was saying. We should take it out of the screening agenda because it's it's not cancer and to treat it like cancer, then we're changing all the statistics, the survival statistics, because they're including DCIS. Like if you Google Mayo Clinic or the top 10 Google searches, it will say it's an early form of cancer, early form of breast cancer, stage zero breast cancer. So there's a lot of people pushing that.

Donna Pinto (13:34)

which is you know, adds to the scare. know back

Chris Wark (13:37)

Well, the cancer

Chris Wark (13:38)

industry likes likes to include it, right? And this is a bit insidious, but they like to include it because think about it. If you treat thousands of women, if you diagnose thousands of women with something that isn't cancer, right, but you call it cancer, and then you treat them, right, then you can now add them to the statistics of successful cancer survivors, right?

Donna Pinto (14:05)

Exactly.

Chris Wark (14:05)

You're a successful treatment, a successful survivor, you're a five year survivor, you're a 10 year survivor. And look at the look at how much progress we're making in treating breast cancer. So now the all the breast cancer survival statistics are skewed, right? They look a lot better because of all these stage zero diagnoses.

Donna Pinto (14:29)

Exactly.

Chris Wark (14:30)

And again, whether you want to ascribe,

Chris Wark (14:34)

you know, sort of malicious intent and greed to it, or you just want to just chalk it up to sort of just you know, foolishness. Either way, it's not good because it ends up creating these misleading statistics that

Donna Pinto (14:50)

Yeah. Dr.

Donna Pinto (14:52)

Michael Greger has a great video on this. he has like a fourteen part series about mammography and the misleading statistics and it's because it's it's like so confusing, you know, all these statistics being thrown at you and it's just it's an overwhelm. You know, and then they say, if you do radiation, you reduce your risk by 50%. If you take tamoxifen, you reduce your risk by 50%. But if your risk is only six,

Donna Pinto (15:21)

And you reduce it 50%, that's three. So that's kind of the absolute versus relative risk, also is how they I mean, I don't understand why doctors are doing this because they supposedly take an oath of first you know harm. And it's a little bit part of the system, part of their training, part willful ignorance. Cause I work with doctors in the system and I listen to how they're dealing with this. And it's sh it's shocking that,

Donna Pinto (15:48)

This has gone on so long. Like you said, you were you were putting this information out there. It's all out there. It's just the minority of, you know, doctors, researchers who are going to these conferences. There's a conference called Preventing Overdiagnosis. There's a contr conference called Controversies in Breast Cancer. But they're not like public and then they're not put out there. So I'm trying to like find them on YouTube. They have like,

Donna Pinto (16:14)

You know, so minimal views and I'm putting it out there so people get the information. And that's all, you know, that if you have information, you can make an informed choice. You know, p some people might still do the very aggressive treatments and say, you know, it's not about diet and lifestyle. My diet and lifestyle were perfect, and I still got cancer, you know, because it's also, you know, environmental and all the other things. You know, people don't talk about the teeth. Like I had all these root canals from when I was young. I was in a car accident. And I

Donna Pinto (16:44)

I connected that dot. So I was able to go to a biological holistic dentist. And that's not anything most people are talking about. I'm sure you've interviewed holistic biological dentists. Yeah. It's a

Chris Wark (16:56)

Two. Yeah, two different ones. Yeah.

Donna Pinto (16:58)

huge part of this whole cancer world that isn't really being discussed. it's certainly not in the conventional cancer world. They would never put that together. I mean, they don't, you know, they don't even look at diet and lifestyle. There has been some studies like

Donna Pinto (17:14)

you know, Dean Ornish and with diet and lifestyle on cancer, you know, reduction. You you know all about that. But

Chris Wark (17:21)

Prostate cancer, yeah.

Donna Pinto (17:22)

but with DCIS, I mean I wrote an email to Dean Ornish and I'm like, this is the perfect opportunity. You know, but they aren't motivated for some reason. I don't know what it is, but I'm trying to lead this effort to bridge the two, you know.

Donna Pinto (17:40)

stop the overdiagnosis and increase the the ways of of reducing risk of cancer in the most holistic ways that we all have control of. So, you know, yeah, I have a checklist.

Chris Wark (17:52)

You know, I've I've interviewed

Chris Wark (17:53)

Dr. Dean Ornish, and his prostate cancer study is fantastic. I I ref every prostate cancer patient that I come across, I say, go read this first. Google Ornish prostate cancer, read his study on that shows you can reverse the progression of prostate cancer, early stage prostate cancer with diet and lifestyle interventions. It's primarily a plant-based diet, exercise, and stress reduction. I mean, it's so simple.

Chris Wark (18:17)

And there was a follow-up study done a few years later on advanced prostate cancer with this basically the same intervention and they had the same results. The patients that actually followed it turned their PSAs around, saw their PSAs come down, which is awesome. And but I think, you know, with breast cancer, it's such a charged topic. It's so I I think doctors and again, I'm not putting words and or or motives in Dean Ornish's mouth.

Chris Wark (18:46)

But I think doctors in his position don't want, almost don't want to touch it because as soon as you do, you're gonna expose yourself to a lot of attacks, criticism, be ostracized. You know, the

industry turns on you when you, you know, if you just do did something as simple as asserting that, you know, doing a study that seemed to indicate that diet and lifestyle could reverse disease.

Chris Wark (19:15)

Well, why didn't that happen with prostate cancer? You know, it's men. Nobody cares about prostate cancer. it there's just a different attitude toward it. It's it's always, almost always very slow growing, anyway. So it was sort of low-hanging fruit, low risk to treat these men who were in the watch and wait phase anyway. Whereas with DCIS, the standard of care is we got to cut the breasts off immediately. And like you're you're

Chris Wark (19:45)

You're putting these patients' lives at risk by, you know, not cutting their breast off and giving them broccoli or whatever. You know, that you can already, telegraph what the what the criticisms are going to be. And then you're then you'd be accused of being unethical. You know, it's unethical to to, you know, mislead a patient into doing some nutrition or natural therapy.

Chris Wark (20:09)

instead of standard of care. How dare you? You should be ashamed of yourself. All this kind of stuff. This is what the industry cronies do. they'll turn on you in a heartbeat if you know, if you step out of line. And that's that's tragic. But I wanna touch on a couple of things you mentioned too is that the difference between relative risk and absolute risk. I talk about this in Chris Beat Cancer the book. It it's just so important because there are statistically there are two ways to measure risk.

Chris Wark (20:38)

And you touched on it again, but I just want to echo what you're saying. If a woman has a six percent risk of developing cancer in her lifetime, right, that's her absolute risk, 6%. Okay. Well that's not too scary, right? if she gets an early stage diagnosis, and then she's told by her doctor, well, this treatment.

Chris Wark (21:05)

Will reduce your risk by 50%. Well, that's a huge number, right? 50% sounds huge. So you're like, wow, 50% reduction risk. Yeah. That, you know, and a lot of women are getting preventive mastectomies even that don't even have DCIS. That if they have the BRCA gene A lot of young women are getting their breasts removed for one of two reasons, either DCIS or the BRCA gene mutation. And you know, they're told they're they they're given this huge

Chris Wark (21:34)

statistical risk reduction number, 50%, 80%, or whatever. But the truth is you're only going, as you said, from 6% down to 3%. Right. And those are example figures. I'm not saying those are the figures. But this is the way statistics are manipulated and used to mislead patients. Cause they didn't know, well, my risk was only six percent to start. You know, they're just told we're

going to reduce your risk by 50%.

Chris Wark (22:02)

And so that's the difference, right? Relative risk is that big number. And absolute risk is the small number. So little little statistics lesson, folks, but it's really important to understand the difference because when you hear doctors throw around these numbers, like, you reduce your risk, you want to ask. Wait, are you talking about relative risk or absolute risk? You ask that question, and they're gonna be like,

Donna Pinto (22:25)

Mm-hmm.

Chris Wark (22:26)

Right? This patient's a little smarter than we thought.

Chris Wark (22:31)

And and honestly, they may end up scratching their head. I mean, you may kind of catch them with their pants down because well, you know, and then they have to go look it up because they don't even know. Right. They don't know the absolute risk number. They just know the relative risk number that they repeat over and over every day to every patient, right? The relative risk reduction number. so that's really good insight from you, and I'm glad you brought that up. And then on the the mammography conversation.

Chris Wark (22:59)

I've interviewed Dr. Jen Simmons several times and I I talk about her often. And she's a former, you know, medical doctor, breast cancer specialist, breast surgeon, who basically walked away from from conventional treatment after several several decades. and is is a is staunchly opposed to mammograms. And this is a this is an industry person who has basically come out and said mammograms are terrible.

Chris Wark (23:27)

They they increase your risk of future cancers. You know, they're you're getting several hundred, the equivalent of several hundred x-rays in one sitting. I talked to a woman recently who had a breast cancer diagnosis. They gave her five mammograms within a week as part of the diagnostic process, and then finally gave her an ultrasound to confirm it was breast cancer after five mammograms. I mean, it's unbelievable.

Chris Wark (23:56)

And you think about the amount of money that generates too, so that's a whole nother conversation. but yeah, I I want to encourage folks to to watch my interviews with Dr. Jen Simmons and learn why mammograms are not helpful, they don't save lives. in fact, there was a big study out of Canada years ago that found that a a digital breast exam that's using your hands or your doctor using your doc their hands to examine your breasts was

Chris Wark (24:22)

just as effective at finding breast cancer as a mammogram. So the mammogram didn't save lives. Wasn't any better than just feeling around.

Donna Pinto (24:33)

Mm-hmm. Yeah, and the statistics on mammograms, they really love to twist it up. that's another thing that I show on my website. I have a page called Be Wise Women Informed Supported and Empowered. And there's a really good video explaining when they say twenty percent like risk reduction or mortality benefit, it's one out of a thousand. They show like a whole scene in a movie theater.

Donna Pinto (24:59)

So they really explain it. And there's infographics that can that explain this. There's there's risk literacy programs out of Germany, the Harding Center. So I try to show that to teach women. My goal is to teach younger women, you know, like college age like 18 to 40 before they get into this screening. Because what happened to me was I I fell for it. You know, I started at 40 doing annual mammography, and that's how the DCIS was found in the in eighty.

Donna Pinto (25:29)

90% of the time it's found on mammography screening in healthy women. So part of what I did, you know, with all this detox and health and and diet, you know, was as like insurance. But really, in my mindset, I was like, I don't have cancer. And like Otis Brawley, who was the chief medical officer of the American Cancer Society, he said, We're curing people that don't need to be cured. Like if we can.

Donna Pinto (25:56)

relay this information, that's what I try to do. I have Facebook groups, you know, that's just growing rapidly, like, you know, twenty people a day joining. There's a group called DCIS is not breast cancer. And it's like the controversial group because there's 50,000 women in the other groups that are s getting the double mastectomies and, you know, telling, you know, people not to listen to someone like me. I'm crazy, I'm taking chances. And so it's, you know, it's a big dilemma.

Donna Pinto (26:26)

Dr. H. Gilbert Welch calls this the popularity paradox where the the people that are harmed the most from the screening become the greatest cheerleaders. And you see this with the celebrities and on, you know, the AB morning news, ABC you know, anchors that go and do their mammogram and then they get sa their life is saved. You know, they they all put more fuel into this fire. And I'm, you know, trying to combat that with just data and

Donna Pinto (26:56)

research and information and and then at the same time helping to teach people about you

know risk reduction through holistic lifestyle choices and you know even just water filter like I got the water filter that you recommended because you tested them all way back and you know different things like that. You know, get a mini trampoline and you move your lymph. It's real easy. So all those little tricks of

Donna Pinto (27:24)

being in the prevention mindset, but unfortunately, most people don't think about it until they get a diagnosis. no one's really that interested in preventing disease or cancer or anything. I just I got into, you know, I read the book Diet for a New America back in I think it was like 1989. I was like 24, but I was can you know I was looking for information that

Donna Pinto (27:52)

you know, for some reason I aligned with people like and Andrew Weil had a book way back and more on natural health and it's just something that always, you know, appealed to me. And I was not perfect by any means. but I didn't eat junk food. I was a runner. I, you know, just I had a good lifestyle and I I wasn't overweight. So and then in in the my case with the DCIS, the other problem is the pathology can be wrong. Like

Donna Pinto (28:22)

I have four different pathology reports because I got several reviews, and they're, you know, three are different totally from low risk to high risk with what they call cometonecrosis. And so it's they can't agree. So we've got all these problems within the medical system. that's why they over treat so many, and so many women are in fear, because you might get a diagnosis that says, you're high grade or high risk. Well.

Donna Pinto (28:52)

Certainly they're gonna do the most treatment at that point and they're not gonna look at diet and lifestyle because they're just too freaked out. So yeah, I mean it's it's so many dilemmas within this, but I I just feel like we have to go back to education of young girls and women on, you know, informed consent, informed choice, and then options like Dr. Jen.

Donna Pinto (29:16)

It's great. And I went on her podcast a couple of times. We talked about DCIS and this overdiagnosis problem. She knows the whole story really well. She knows all the statistics. And, you know, she's now part of the movement for safer imaging with QT imaging. She does she's doing the ARIA tear test. I haven't done either of those. I I discovered automated breast ultrasound several years ago. I met

Donna Pinto (29:44)

Dr. Kevin Kelly, who invented this Sono Cine. And I just drove to LA from San Diego, had, you know, great conversations with him. He told me about the whole industry, why they didn't want the newer technology that he created. So it's, you know, when you have all this knowledge of this industry, you can kind of put together the puzzle of like why things don't change. And

Donna Pinto (30:12)

how difficult it is. So I think, you know, the system is not going to change. We have to change as women and the men who have daughters, sisters, wives, mothers have to help support that change. And I thank you, Chris, for being that support, being a male that you're interested in, you know, helping move this needle in a in a better way for women to, you know, avoid all this like,

Donna Pinto (30:39)

I went through several surgeries I didn't actually need. And now I'm 16 years later. I never got cancer, never had a recurrence. I stopped doing mammograms. Isn't that interesting? In 2011, I said there's no way I'm ever doing a mammogram again. They wanted me to do it immediately because I got another opinion. And this doctor, you know, was like the expert in, you know, oncoplastic surgery, wanted to, you know, work on both my breasts and

Donna Pinto (31:09)

And I just said, no way. And I thought I'm never ever gonna do a mammogram again because I'm it my breast was so injured from all the this, you know, biopsies. I have a picture of my breast on my website under Donna's journey, and it shows it's like red and black and blue. And I didn't have a problem before I went for that surgery, but after I did. And so maybe that caused it to grow and set the alarms off because

Donna Pinto (31:37)

It doesn't really make sense. You know, if you cut through. I did speak with an expert pathologist, and he told me this. This is what women are not told, which is fascinating. If you cut through DCIS, chop it up, it cannot turn into invasive cancer. It has to go through other mutational molecular changes. So there's a big fear of women, you know, if they do biopsies that they're gonna poked into it or cut through it, that they will it will turn invasive, but that's not actually true. And in my case,

Donna Pinto (32:08)

Because I left a close margin. They said my breast was like spoiled soup. I did nothing further. And I, you know, that was fifteen years ago. And I'm I've never had another issue ever. Nothing. And I just say, you know, God, if I'm meant to keep helping women, just let this ride, this this good news of nothing being there. And that's been the case. So I'm I'm in service to, you know, keep doing what I'm doing. And now, you know.

Donna Pinto (32:36)

More than ever, I think it's just taking off because of the the Comet study and the other studies in Europe looking at active monitoring and it's just as safe as immediate surgery at two years. So if women can have two years even and get all this information, that's that's a positive sign.

Chris Wark (32:54)

That's huge. Yeah. Giving women time to read and research changed their life. you know, I would say don't do nothing, right? Like you did.

Donna Pinto (33:03)

No.

Chris Wark (33:04)

You you made some big changes, you took massive action, you were already pretty healthy, but you you obviously doubled down and really got hardcore with healthy habits to help yourself. And, you know, I think that's the perfect approach, especially for this kind of situation where it's

Chris Wark (33:22)

It's low risk. It's not going to turn into cancer next week. It's not going to spread and take over your body next month. You know, you have a lot of time and it may never become cancer, even if you do nothing, right? Even if you're just like, I'm not I'm just gonna live my life. I don't care. Yeah, a lot of those women, DCIS is not gonna become cancer for them. So yeah, it's very low risk.

Donna Pinto (33:40)

80,

Donna Pinto (33:41)

80 now in the newer research, and women are not doing what I've done, they're just kind of living their lives. 80% do not become invasive cancer or not associated with a future invasive cancer. There's not even a linear progression model that they go by anymore. They just don't know. So, you know, it's if you if you're a positive thinker, you're thinking 80% won't, you know, and and maybe I can make some lifestyle adjustments and

Donna Pinto (34:09)

minimize my risk and minimize the stress. It's a tough thing to do when you're given a diagnosis that's really scary and uncertain. And that's why we have support groups. And I say, you know, you gotta find the right support tribe. You know, I send a lot of people to your website, Chris, because it's like the best. It's like you have done all the homework for everyone. So thank you so much for the years and years of dedication.

Donna Pinto (34:37)

Anyone that gets an invasive cancer diagnosis, they often come to me at that point and I'll send them to you. I don't know enough about invasive cancer. I've got a enough on my plate studying DCIS and overdiagnosis. But I know that you know, you've done so much research and all your interviews are fantastic. I still watch them and learn I learn all the time, I know. And, you know, I started reading tons of books, articles.

Donna Pinto (35:06)

know p we have PubMed. There's no reason now for people not to be informed. They you know many don't know how to, you know, do the research. So it's interesting. People ask questions like in our s my support group and I can Google just as easily as them or ask Chat GBT now, you know, and the and statistics even, you know, I've learned the statistic they were giving back in 2010. It was like mammography caused

Donna Pinto (35:35)

DCIS to go from one point something in 1973 to 75 to 32 in 2005. And I put into ChatGPT, well, what is that percentage increase in incidence? It's 1638. And some of these articles say it's a five-fold or seven-fold increase, but it's actually like 16-fold. And I asked, like, why are the numbers so different? It just depends on what time frame they're looking at.

Donna Pinto (36:02)

But you know, there's not a lot of people out there trying to really educate women on this topic. probably the preventing overdiagnosis people, but you get a lot of flack. I mean, I get attacked, I get blocked on Instagram now by radiologists because I'm showing them this data and they think I'm cherry picking or something, you know. So it's it's a fascinating place to be.

Donna Pinto (36:31)

With all the, you know, we've got doctors who are influencers now. that it's just and I'm challenging them because it's you know, I want I want women to not just be sold or oversold on, you know, just get your mammogram. That was like that didn't actually work. The the experiment has failed and they don't want to admit that. And so yeah, that's

Chris Wark (36:58)

The mammogram is a sacred cow. And there's been, you know, decades of propaganda claiming that mammograms save lives. So most doctors still believe it, and most women still believe it. And and there's so much money that is generated from not only just convincing every woman to get a mammogram every year or whatever, then from

Chris Wark (37:26)

the overdiagnosis and treatment, that generates a ton of money. And so if you follow the money,

Donna Pinto (37:33)

millions.

Chris Wark (37:34)

there's no incentive to change, right? Because everyone in the in the breast cancer industry are, you know, that are there, most of them are profiting, right, from the industry just the way it is. Right. Just

Donna Pinto (37:47)

Yeah. It's it's

Chris Wark (37:48)

the way it is. They don't want to get, they don't want to go back to digital breast exams, right? You can't charge very much.

Chris Wark (37:56)

To do a physical exam on a patient's breast. You can't charge nearly as much as you would charge for a mammogram. And so they don't want to go back to the old system. It doesn't make as much money. But the way the system will change is when patients start demanding different care and better care. And so, like Dr. Jen Simmons and like you, and obviously I'm trying to do the same thing, is inform patients so they go in and ask the right questions.

Chris Wark (38:23)

And ask for better care because that pressure is going to come from the bottom, right? It's not going to come from the top because the industry doesn't want to change. And there aren't enough ethical people in positions of power to change the industry. But from the bottom, you know, cancer clinics and doctors and hospitals will start to cater when they realize, all the patients are asking for this or that. We need to start offering this. We need to start offering these alternatives because this is what everyone's asking about. Then we'll see the industry shift.

Chris Wark (38:53)

in a better direction. So anyway, it starts with the patients and and you know, just so again, don't expect doctors to understand or be sympathetic or even be looking at alternatives, you know, better alternatives, safer alternatives, lower risk alternatives. They're really most of them aren't, you know, and the ones that are are the outliers and their research is basically ignored.

Donna Pinto (39:19)

Yeah, women cannot

Donna Pinto (39:20)

even get an ultrasound without a mammogram. They are like forced. This is a this is a huge issue. I mean, I actually I wrote a

Chris Wark (39:24)

Right. This is the example I said earlier. The right,

Chris Wark (39:29)

the woman that had to get five mammograms before they did the

Donna Pinto (39:31)

Yeah.

Chris Wark (39:31)
ultrasound.

Donna Pinto (39:32)

I wrote an opt-out letter so that women can copy and paste it and say, I'm, you know, I'm choosing to opt out. You know, and I have my doctor, I have a primary care doctor who orders an ultrasound for me and doesn't give me a hard time. They still say you're due for your mammogram, it's in my portal, like three reminders. Like they can't let go of this. They will never let it go. It's the way it is, it's an unstoppable train.

Donna Pinto (39:58)

And so, you know, you have to find a way to navigate around and it's possible. I've done it and I know it, you know, a lot of women in my groups are doing it. And the more of us that do it, that's how the change happens. And nobody can force anybody to do a test. You know, that yeah. Yeah. yeah.

Chris Wark (40:18)

Just gotta muster up a little bit of courage to say no, right?

Donna Pinto (40:23)

Just say no. Yeah, that's my favorite word, you know, like

Donna Pinto (40:28)

yeah, I'm I've learned a lot about the medical industry. you know, it's been a fascinating journey to, you know, understand that it's mostly just a business model. It's a great bit, you know, all businesses want repeat customers. They don't want healthy people. I make them no money. I went to an integrative doctor at a major center here in San Diego and I said, why doesn't anyone want to study me? He said, There's no money in it.

Donna Pinto (40:57)

He was honest with me. You know, I went to a lot of different people, holistic people. I went to like seven conventional doctors, two integrative doctors, four holistic doctors. That, you know, it was like a lot of input into and then all my reading and research. And so I, you know, I try to like simplify it and, you know, put it into checklists or practical guides. And that's kind of what I've been doing and and sharing that. So

Donna Pinto (41:27)

Hopefully we're making a dent. I think we are. And I'm I'm feeling very confident and positive. I have a couple of people now finally after fifteen years help helping me with my website and social media. You know, I wasn't even on Instagram till a year and a half ago and I just didn't really yeah, like you did a lot of videos, Chris, from the beginning, which I thought was great. And everybody like, you know, you feel like there's a sense of trust with you because we see you, we hear you, we understand. I was more of a writer and I was a little shy, so I was kind of

Donna Pinto (41:57)

just writing blog posts, but I realized, you know, like in 2015 there was a big study that came out and the interviews started happening for me. And I realized my voice is very important to be public, to be have my face out there, to show I have little kids. I'm a normal mom. You know, I'm not I'm not monetizing this in any way, even because that's just a choice that I made because I really, really feel this is so important. I don't want someone using that against me.

Donna Pinto (42:27)

I can make money in other ways and that's just what I've done. And I think I can I'm happy to like debate or challenge any doctor. you know, I'm often on X now, and on Instagram challenging, you know, the doctors and different things. So it's fun. It's actually a fun thing to to know what the truth is and to lead with, you know, the data and this the studies.

Donna Pinto (42:55)

They don't they don't expect that from patients, you know, so we have to all be our own advocates and

Chris Wark (43:02)

Well, I appreciate what you're doing so much. I'm so glad you're doing it. I'm so glad you're on the front lines, you know, fighting for truth and fighting for patience and trying to make it, you know, trying to change the industry for the better and empower patients with information that they can use to make the best decisions for them. At the end of the day, that's what I'm trying to do too, right? We're just trying to educate people and inform them and empower them and so they can make wise decisions about the course of their life and their treatment and their health.

Chris Wark (43:32)

And because without information, you're really flying blind and you're at the mercy of a of a medical professional whose incentives may not be aligned with yours. Their incentives may be aligned with making the most money, maximizing profit, right? Which doesn't necessarily mean cure. And your health is not really the goal. It's just treating you, right?

Chris Wark (43:59)

How many treatments can we bill insurance for with this patient? What will insurance cover? And the better your insurance is, the more likely you are to be over-treated, which is a whole nother rabbit hole. But Donna, I just wanna thank you for your time and I wanna make sure people know where to connect with you, where to follow you, and how to to get into your your world.

Donna Pinto (44:23)

Yeah, DCIS411.com. That's my website. It's pretty much all my handles on Instagram, Facebook, X, LinkedIn. I also have a nonprofit I started called Give Wellness, to try to teach just more broadly, not just about DCIS, but prevention and holistic health and diet and lifestyle. So

that's give wellness.life. And

Donna Pinto (44:51)

Yeah, I hope to connect with more people out there. And if anybody, you know, ever has any questions, I'm I'm happy to answer emails or texts or even phone calls when when needed. I try to put information, you know, so that it's all there. But sometimes people just need to talk to someone. And I I do give out my phone number even until until I get as big as you, Chris. I think you know, at that point I know that you can, you know, you can only handle so much. It's still such a little.

Donna Pinto (45:20)

It's like a baby world of of health and wellness. but yeah, I think there's more and more people being diagnosed because, you know, it is a a problem with the industry. So thank you so much, Chris. You're such an inspiration and I just am so thrilled to be talking with you and connecting with you and hope we, you know, stay connected and help each other f in the future.

Chris Wark (45:47)

Same. And I should mention, I should have mentioned this at the beginning of the interview that Donna and I met in person at at an event in Boise, Idaho that was hosted by my dear friend, our mutual dear friends, Theo and Kim Hanson. And Donna was very helpful to Kim in the early days of her breast cancer journey was very encouraging to them. And that's how they connected early on. And so anyway, a friend of the Hansons is a friend of mine. And

Donna Pinto (46:13)

Yeah.

Chris Wark (46:14)

after we spoke at the event and talked and you know

Chris Wark (46:17)

yeah, I realized you would be a great person to to interview, obviously. And you're so knowledgeable about this. And it's been so it's something that's bugged me for a long time. And I talk about it here and there, but I've never interviewed a DCIS sort of expert, which I would consider you to be. so it's great that we did this. So thanks

Donna Pinto (46:35)

I cam

Chris Wark (46:35)

again. Thanks, folks, for watching. Thank you for in advance. Thank you in advance for sharing this with people you care about. Please like and subscribe.

Chris Wark (46:45)

That helps me reach more people. It helps the platforms show this video to more people if you like it. So yeah, help us get the word out because DCIS is a major problem. the overdiagnosis and over-treatment that results from DCIS stage zero cancer diagnosis is a real big problem and it's getting bigger. And we we're trying to combat that, interrupt it, and inform women that.

Chris Wark (47:12)

They don't have to panic. They don't have to be sucked into mamma into mastectomies and radiation out of fear for of a future cancer. So check out DCIS 411, dig in, learn from Donna, and please share this video with people you care about. Until next time, thanks for watching.