Chris Wark (00:00)
Hey everybody. Today I am interviewing Julie Stevens. She is a radical remission survivor. She survived cancer against the odds. She was given a 14.

Chris Wark (00:09)
Percent chance of survival for stage four colon cancer in 2022. And that's a pretty scary diagnosis right there. And she was told that her cancer was aggressive, inoperable, did not respond to chemo. And so that really empowered her. You know, you would think when you hear that kind of a diagnosis, that you just

Chris Wark (00:36)
you sort of lose all hope and you give up and just wait to die. Right. But what we see, and what we hope to see more, is that when a patient is given this kind of a diagnosis, it actually frees them and it empowers them to read and research and change their life. If they have a strong will to live, if they have what I call the beat cancer mindset and they're determined to live, then they take matters into their own hands and they realize, okay, well, the doctor said they can't help me. So

Chris Wark (01:03)
It's up to me. I want to get well. I want to live. I want to survive. I want to thrive. You know, I want to, I want to you know, there's a lot more I want to do in life. So I'm not checking out yet. And so that's what Julie did. She is a data analyst. She spent 25 years as an industrial and organizational psychologist and just really understood.

Chris Wark (01:25)
How to analyze data. And so she really got extremely granular. I mean, way more than I ever did. And more than a lot of cancer patients, I think, actually, and sort of created a system to help herself. And nine months later, she was declared NED, no evidence of disease. And so since then, she's she's wrote a book called Mojo Healing. She's got a couple podcasts, and she's really, really out there trying to help people. And I love it. And what we met at the Annie Appleseed conference earlier this year, and I was just so impressed by her.

Chris Wark (01:55)
And that I wanted to have her on the podcast and let her share her story with you and and give you tools and information and resources that she's put together that are really, really impressive. So Julie, good to see ya.

Julie Stevens (02:09)
Thank you so much, so nice to see you again.

Chris Wark (02:11)
Yeah, I'm excited to do this and share your story. And so we'll just start in twenty twenty two.

Julie Stevens (02:19)
Great. So kind of bringing folks back to 2022 before diagnosis, I was kind of a high-performing executive industrial psychologist, constantly on the road, full of life, tons of friends, active. you know, I went for my annual physical and my iron was low. And she said, you know, this could be something, so let's go get a lower and upper endoscopy. And guys, I didn't even know science well enough to know that was a colonoscopy.

Julie Stevens (02:44)
So when I called the gastro, they said three times, you don't need to come, you're under 45, there's no signs or symptoms, there's no family history. And my response was, I'm a data gal, I'm a data gal, let's go ahead and get it, let's let's just do it. And you know, when I went in that morning again, they're like, we just think you could handle an upper endoscopy. I was like, I'm a data gal, let's do it. And my gastro woke me up and told me I had a tumor so large they couldn't get the infant-sized camera to the other side.

Chris Wark (03:11)
Wow. Now how old were you?

Julie Stevens (03:13)
forty three. I just turned forty three.

Chris Wark (03:15)
Okay, you were forty three, but you weren't having any symptoms. Hmm. Yeah. Things were just normal. No pain,

Julie Stevens (03:18)
None at all. Not e I that's the piece of you think your stool would change, but I I hadn't noticed it. Yeah.

Chris Wark (03:25)
just anemia in your blood work. Okay.

Julie Stevens (03:28)
That's exactly right. I mean,

Julie Stevens (03:29)
I I I you would have never known by looking at me that anything was going on.

Chris Wark (03:33)
Mm-hmm.

Julie Stevens (03:34)
Yeah. So I got the diagnosis and you know, I did something that most people would never do

because I didn't feel bad. And so I took off that weekend and went to Red Rocks with my best friends to see my favorite band. And I thought if I'm, if something's going down, I'm gonna go live my best life right now.

Julie Stevens (03:53)
And I think by choosing to live with abandoned joy, just to really dive in and not be fearful in that moment, it allowed me to be an empowered, informed consumer because I was able to look at this like a business project versus it being my life on the line. And when they say 14% chance of survival, that's scary. But I quickly realized that what that meant was there was a path, 14% of people had done it, and I had an 86% chance of failure if I did it their way. So I was like, okay, cool.

Julie Stevens (04:22)
So as an industrial organizational psychologist, one of the tools in my tool belt is to do something called a job analysis interview. So when I'm studying a job, I would actually go and watch someone doing the job or do interviews or talk to their manager. So I did that.

Julie Stevens (04:37)
I went to social media and I was like, who do we know in China, in India, in Turkey, in UK? How can I figure out what those survivors did differently? And I talked to doctors and survivors, and I recognized I have what I call seven healing toolboxes to leverage pharmaceuticals and vitamins and supplements and diet and lifestyle and environment and all and healing to all these different things. But

Julie Stevens (05:00)
Then I studied medical school curriculum so that I knew again, I'm a performance management HR Dork, guys. So I wanted to know what I could do to hold my doctor accountable. And I recognized they only had studied one of the seven options I had to heal. And that immediately was when I was like, whoa, I need to be a team. This is not a this is not a one-man sport. The doctor is not going, is going to help guide this lane, but I've got seven lanes. And so I

Julie Stevens (05:25)
Brought in an herbalist and an acupuncturist and a chiropractor and a reflexologist and a dentist and a therapist. And I built this really stout team so that I could understand both why my body was vulnerable to disease and the best way I could treat disease and how I could outsmart side effects. So I really went after this with a three-prong strategy where I understood what people had done differently, and then I went to work to figure out what I could do based on my body.

Chris Wark (05:54)
I love that. It's awesome. You know, and my, you know, my journey was was similar in the fact that I I found a naturopathic doctor. You know, the first oncologist I saw gave me very little hope. but I went and found a naturopathic doctor and then he he connected me with an integrative oncologist. And so you know, and I had a chiropractor at the time, you know, that I was seeing

too. So it's like I had a very small little support system of healthcare practitioners. but

Chris Wark (06:24)
It was hugely helpful to have some people on my side that had a a broader understanding of health and healing than just you have this disease. If you have this disease, this is the treatment you get. Right. And that's the sort of the very narrow, you know, standard of care model, right? It's like plug and play. If your symptoms match this, we call it this disease. And if you have this disease, this is what drugs you get or surgery you get or radiation

Julie Stevens (06:51)
It's

Chris Wark (06:52)
you get.

Julie Stevens (06:52)
literally a playbook. If people are looking on this on video, I went to because I started to study from the healers I went to. Where do you go to learn? And then I went there to learn. Like I was like, I'm an industrial psychologist, I can study any job. So put me in, coach. And so I went to herbal conferences and I went to naturopath conferences. I went to Annie Appleseed. And I've gone to ASCO, the world's largest oncology conference, two years in a row, because I wanted to understand what my doctor wasn't paying attention to that I could bring to bear. And when I saw there's literally a flip book.

Julie Stevens (07:21)
For a diagnosis that tells them what the playbook should be, I got mad. Because this would have been okay before we had NGS testing, before we could look at the specific mutations of my unique tumor. And we could generally say, you've got colon cancer, breast cancer, this is it. But now that we can look at the uniqueness of my cancer and treatment match, this is simply insufficient.

Chris Wark (07:45)
Yeah, it is. So let's talk about some of the the specific testing that you learned about and and did.

Julie Stevens (07:51)
Yeah. So the first thing was is I had had I I asked my very first oncologist who came to see me, what will we do to measure efficacy? And she condescendingly flipped her hair and said, honey, that's not how we do it. We'll do a PET scan at the end and we'll just see how we did. And I thought to myself, You clearly haven't had someone say you've got a 14% chance of survival if you think you're gonna wait six months and then maybe see how you're new. And like, that is the most insane thing I've ever heard in.

Julie Stevens (08:17)
Guys, I run huge projects. I know how to do this across a global scale. Like there's a way to measure this. There had to be a biological change in my body. So, Chris, that was like the moment of the Truman show where the the curtain broke open and I saw that, wait a minute, you're not doing this smart. So let me figure this out. So I went in search of what could I do to just measure if the chemotherapy was working. And I walked into my herbalist office and I s and he said, Why are you here? And I like, kind of not nicely. Said, like, I want to know if you know how to teach me data.

Julie Stevens (08:47)
Like, can you teach me what I can do to measure treatment effec effectiveness? And he's like, sure, CEA or CA19-9. He's like, I check CT DNA. And if you want to know if the tumor will ever, if the chemo will ever work, I would do this testing called neogenomics, which is a form of an NGS or a next generation sequencing test. So that knowledge, I left the office and I did nonstop research. And guys, remember, I'm I'm an industrial psychologist. I know how to look at assessments to validate the reliability and the validity.

Julie Stevens (09:15)
So I was pulling tech manuals and looking at how they did different validation approaches. And I quickly understood I wanted to build a strategy that used what was called this next generation sequencing testing to understand my mutations, plus measure the amount of cancer burden in my blood. And I that did the CEA wasn't a marker for me. So I used did CT DNA. sorry, you either.

Chris Wark (09:34)
Me neither. Right.

Julie Stevens (09:38)
Yeah. But CA19-9 was. So I was able to use those to identify.

Julie Stevens (09:44)
That my chemo wasn't working. So outside of my oncologist, he's he, you know, I went to him the first day after I got my NGS testing back. And I was like, I'm KRASH G13D based on PubMed and this research I did in lung cancer, a platinum-based chemotherapy is not likely to work for me. And he's like, You are on crack rock. You don't know you're talking about. I'm the chief of staff. I know what I'm doing. Trust me. And so I looked at my attorney best friend in that moment. I was like, Am I gonna trust the data or the doctor? And she's like,

Julie Stevens (10:12)
You're not the boss here, Julie. Trust the doctor. And I was like, okay. But the data says, and she's like, you don't know what you're doing. So I I trusted them, but I kinda. so I had already gotten all of this baseline data, C T DNA and CA19-9. So I knew I could measure that effectiveness. And Chris, I saw it raise after the first chemo, and I was like, something's not

working. What are we doing? And then after the second chemo, when it had gotten so much higher, I said, I went back to my oncologist, actually texted him, and I was like, hey, this isn't working.

Julie Stevens (10:42)
And he's like, Julie, trust me, I'm the chief of staff. What are you doing? And I was like, I need to challenge your hypothesis. I know it's not working. So I need you to pull a data to prove me wrong. And so we did a PET scan and he did CTDN. It was all over my body, aggressively. He was like, whoa, you're right, we'll switch. We gotcha. And when one infusion, one immunotherapy infusion, I'd had almost a complete response because I'd done all the work in my body, like all of the work around nutrition, lifestyle. Chris, I'd lost almost a hundred pounds.

Julie Stevens (11:10)
over this journey. So like I did the work when it came to giving up all the processed foods, bringing in the plant foods, like all of that work. But it I did nutrition. I went to therapist to work through my past trauma. I shifted the way I lived my work and used my energy. So it was a complete reset. I looked at cancer as my invitation to change.

Chris Wark (11:29)
Were you MSI high?

Julie Stevens (11:31)
I was, yeah.

Chris Wark (11:32)
So you had Lynch?

Julie Stevens (11:33)
I did not have lynch. I was one of those weird people that did not have lynch, but I was MSI high. So I it was Keith Truder that worked for me. Yeah. So that

Chris Wark (11:37)
Got it. And what immunotherapy? Yeah, so a PD one inhibitor. Yep.

Julie Stevens (11:45)
was the beautiful part of back in 2022, they wouldn't have measured this, they wouldn't have done this test until I'd failed chemo twice. So my journey

Chris Wark (11:51)
Right.

Julie Stevens (11:52)
is so cool because I pulled this data first, could treatment match, knew what would work, and

immediately could go to work. So my journey was.

Julie Stevens (12:00)
About how I prepared my body. I had a perfect response to immunotherapy because I'd done the work on my microbiome. My immune system was so strong. Like it's not, you know, if you look in the books, it'll say that ketruda, that that single instance of ketruda did it. But you and I both know that was one of the tools that helped my body unlock and attract my immune system to the tumor. That's was just one tool.

Chris Wark (12:22)
mab, right? mab means monoclonal antibody.

Chris Wark (12:51)
Now, Keytruda is the brand name. It's not the actual drug name. It's the marketing name. But there's another one called Jemperli, which is Dostarlamab, mab, Monoclonal Antibody, PD1 inhibitor, also proven to reverse quickly, quickly reverse lynch-driven cancers. and there's some really interesting studies. I'll put them in the show notes for anybody that's you know interested in that. But that's really cool that you found that information fast enough.

Chris Wark (13:21)
Right. Because they would have put you through all the standard of care, wrecked your body, destroyed your immune system, caused head to toe collateral damage, probably probably put you full through a full round of chemo that didn't work, and then another full round of chemo, some other chemo that didn't work, and just absolutely might have put you at to the point of no return in terms of physiological damage to your body. And then last ditch effort, let's try an immunotherapy drug. And again,

Chris Wark (13:49)
It maybe it would have helped you then, but the collateral damage is so profound that who knows?

Julie Stevens (13:57)
I the great fortune to speak with someone who was a famous musician who had colon cancer, and they shared with me their story, and they had the exact type of tumor I had, the exact genomic like fingerprint. It was wild. And what you just described is exactly what happened. They went to MSK, they had a very toxic round of chemo. It didn't work, they put him in a more toxic round of chemo, and his liver failed. It wasn't from the cancer, and

Chris Wark (14:21)
Yeah. Mm-hmm.

Julie Stevens (14:22)
so you see this all the time.

Julie Stevens (14:25)
It is not the diagnosis, it's the treatment.

Chris Wark (14:28)
Yeah, treatment can be extremely brutal, life threatening and and deadly. And and so that's that's why like what you're what you've done for yourself and what is emerging. And I do think slowly, because immunotherapy is you know, it's the next wave of cancer treatment, right? And I've talked to oncologists that are, you know, saying, you know, we most of what we do now is immunotherapy. We're we're hardly doing chemo drugs at all now because

Chris Wark (14:57)
you know the immunotherapy response rate is so much better. And and so that is encouraging. There's again, some immunotherapy drugs don't work at all. I mean you know they don't cure people. Other drugs for very specific cancer types and subtypes like you had are extremely effective. So that's like super encouraging. but without that testing you don't know. And so if your oncologist is just doing what I call the plug and play treatment

Chris Wark (15:26)
And they're not doing tumor testing, as you mentioned, or genetic testing, which is essentially the same thing, right? Tumor type, genetic tumor type testing. then you're really not gonna get a an individualized care. And your likelihood of reversing the cancers a lot lower. So like what other things do you think patients need to know in this, in this process of like,

Chris Wark (15:51)
How how do I get more specific information on my type of cancer and then connect that to the best treatment options if they're, you know, working with a conventional oncologist?

Julie Stevens (16:02)
I mean, now we have the power of AI. Like it has gotten guys, you just get you get to hit the easy button. I feel like we walked up and down the the streets five miles in the road and snow going to and from school. Like now we have the ability to ask for this testing, and doctors are pretty comfortable and familiar with it now. So when you say something like I'd like NGS testing, they're gonna be like, okay, no problem. In fact, let me just say, Chris, I'm one of the things that I saw at ASCO was they made the first machine where hospitals can do this type of testing in-house.

Chris Wark (16:30)
Mm.

Julie Stevens (16:30)
And make

Julie Stevens (16:30)
profitability from it. So I was like, we're about to jump the shark. Every hospital is going to do this now that they can make money from it. So I was excited to see that. But so I would say right away, ask for the specific mutations. Now, I want to point out that some of the testing out there will just look at the targetable mutations. And that means that mutations that there is a drug for. But there are mutations of unknown significance where you can have an herb or diet or lifestyle that can impact that.

Julie Stevens (16:58)
So you don't want to just get the targets that where they have a targetable drug. You want to get the big testing, the gardens, the tempest, the Keras, the big testing companies out there so that you get the full range of data when possible. Now, the cool part is there are AI programs out there like Radical Health AI or Outcomes for Me, where you can simply log in and connect your electronic medical record. They will surf it and give you a customized report back that defines.

Julie Stevens (17:27)
What conventional options should be on the table and discuss with your oncologist? What clinical trials you might be a fit for? So we are now in the era where where patients can be informed consumers unlike ever before.

Chris Wark (17:40)
Yeah, that's amazing. obviously the industry is changing. And I hope it really changes quickly. And as you mentioned, the one barrier to industry change is money. Right. And so, you know, if they can't figure out how to make money off of something, they just tend to ignore it. Right. And that's certainly been the case with nutrition.

Chris Wark (18:08)
with diet and lifestyle changes, with herbs and supplements, with faith, with forgiveness, right? All the sort of core fundamental health things that I focus on. and I don't get too far in the weeds on on really technical stuff. I I just try to get people, I have a program called Square One. I just try to get people like started on the basics of radical life change. And then from there, you know, you just build on it. But

Chris Wark (18:35)
But yeah, that's been the perpetual problem is that there's no way to monetize any of those things. but they can monetize testing, they can monetize new immunotherapy drugs, you know. And so, hey, you know, that's encouraging. And again, some of these therapies, especially the monoclonal antibodies, are producing some r remarkable results. I mean, complete remissions, long-term remissions, such as yourself and I know others.

Chris Wark (19:04)
that have had very similar experiences to you. Very quick turnaround from stage four to no cancer within a few months of monoclonal antibody treatment. So yeah.

Julie Stevens (19:16)
Now, can I add some you had asked a question, I didn't fully answer it. And I think this is actually pretty important for your listeners. I also chose to live in joy. So I mentioned I went to the concert, but let me explain what this looked like in my journey because this is unlike most people. in the hospital when they told me my cancer had spread, my response was to ask my charge nurse if we could have a disco stroll and invite everyone on my hall to come and dance with me to stay in alive, because that's what I intended to do.

Julie Stevens (19:43)
When I went to my infusions, because and I knew I was getting the wrong medicine. This is a pretty fun story, Chris. So I knew I was getting the wrong medicine. And so I decided to I I I hated being there because I I knew it wasn't right for me. And so I decided to start throwing parties. I had three strengths when I started my journey, and it was I was an industrial psychologist. I lived in a healthcare dense city and I knew how to throw a mean theme party.

Julie Stevens (20:05)
And so I would get dressed in costume and bring a gift basket. I'd bring gifts for 60 people, whoever was there. I'd bring a buffet because I didn't like the food they were serving in the hospital system. I'd bring music and games and I wanted to heal in the frequency of life. And so you can imagine my dream after my no evidence of disease was to go to Hawaii. And so that first party was a luau. And you know, if you've ever walked into an infusion unit, it it feels like death. It feels like a funeral parlor. It is not like a happening party bar.

Julie Stevens (20:34)
And I walk in and I ask the first person, hey, you wanna get laid in chemo? And it was like a ripple of laughter broke out over the infusion unit. And you could see the power of joy. And people thought I was a freak show. And guys, I was. I was dressed in costume with a whole you know cart giving people all sorts of stuff. I it was like I was making a carnival out of my healing. And I did, because that allowed me to heal in

Julie Stevens (20:58)
Build all of these relationships and every nurse in the hospital would come and check on me. I mean, I I gave out stickers that said maximized joy, and everywhere throughout the hospital there was a maximized joy. Every computer terminal or you know, every badge. It was so cool to see that. But Chris, that first day when I did my Lua and I did a total of 19 parties. that first party, someone walked up to me and said, Julie, I was planning to commit suicide tonight, and I'm not going to because I met you. And

Chris Wark (21:24)
Mm.

Julie Stevens (21:25)

it quickly hit me right away. This joy

Julie Stevens (21:28)
bonds us as patients in a way that nothing else I've ever seen does. So it was so beautiful to infuse my journey with real joy.

Chris Wark (21:35)
That is amazing. I'm surprised you didn't go broke throwing that many parties.

Julie Stevens (21:40)
I I I was a journey and

Julie Stevens (21:43)
it was such a but I honestly when you look at what they're feeding people and you're like, I can't, I don't feel good about this. I don't feel good. So I had to be, I felt good. I walked into every infusion. I I was getting healthier as I was on my healing journey. Remember, I was losing weight. I was exercising. I was, you know, curating my social environment. I was, you know, using my energy for good. So I was getting I was thriving through treatment and other people are.

Julie Stevens (22:09)
completely not. And so I felt like I had to bring the party so the people who couldn't see it could frequency match, could resonate, could see what was possible if they chose different choices.

Chris Wark (22:21)
Yeah, I think you're gonna inspire a lot of people. I mean, you just to do that kind of thing, right? To you don't have to just show up and be sad at treatment. Like you can actually make it fun. You can actually be the life of the party if you want to be. And you can bring joy to everyone around you, in the midst of a really difficult, you know, circumstance or season or day. And that's just, my gosh, that's amazing. I like I just love that so much.

Julie Stevens (22:51)
So you can imagine I would send an agenda to my oncologist with research he should read two days before I had my meeting. And then I would show up in a princess costume with, you know, being Julie the Joy Witch with a, you know, the tin man and the scarecrow. And I'm in, you know, you know, cardboard cutouts as I would be throwing a wizard of ours party. So they didn't quite know what to make of me because I was definitely the strategist who was gonna hold them accountable and make sure we were driving correctly, but I was also bringing the party every time I came.

Chris Wark (23:17)
Yeah, I'm sure they were talking about you behind your back. Like, she's insane. Yeah. I love it.

Julie Stevens (23:21)
Yes. I I I I a hundred percent am sure of it. But

Julie Stevens (23:25)
they all gave me their cell phone numbers and were like, let's stay in touch, let's be friends. So I like, they

Chris Wark (23:28)
Yeah.

Julie Stevens (23:28)
know who I am, you know, it was cool.

Chris Wark (23:31)
Yeah, yeah, yeah. So talk about some of the resources that talk about what you're doing now because I know that you, you know, this has made a big impact on your life, obviously, and that you didn't just go back to work and kind of put cancer, you know, behind you. It became part of your life's mission to help other people navigate treatment. And so talk about some of the tools that you've created and resources you have for folks to help them.

Julie Stevens (23:54)
Yeah. You know, I've been a long time industrial psychologist working in the field. And so leaving that career, people thought I had three eyeballs. They like, what are you doing? And it took me, it was February of this year. So I had been no evidence of disease for for gosh, two and a half years by the time I chose to leave and do something different. But in the time, I've written a book. I've got Mojo Healing here available on Amazon. So the very first weekend I came back.

Julie Stevens (24:20)
As I was no evidence of disease, I sat down one Saturday and wrote the entire book in one sitting. I was like an inspired piece of art where I just had to teach people what was in on top of mind. I've started a podcast called Mojo Rising, How to Make Cancer Suck Less. And I have all kinds of guests and perspectives out there. I have a new podcast I've started called Data in the Dirt, where it is me and an herbalist and we rip through research looking at the data and looking at what's possible so we can give people real information without it being financially incented.

Julie Stevens (24:49)
So people know what's possible out there. probably most recently, I have started an organization called Data G. and I've been working with a 24-year veteran oncologist to publish what we're calling the Cliff's Notes of Cancer, called our Heel Smarter Guide. So, after diagnosis, someone can come for colon cancer, or this month we'll be launching for prostate cancer and understand at each stage what is the most innovative testing they can ask for, and then what are the technology they can use to interpret it. And then

Julie Stevens (25:19)
What sort of team might they want to build? I mean, I call it my testing technology and team guide to teach you how to give yourself an advantage. So I've been working on publishing those most recently so that I can help people across the globe really level up. And I call it all boats rising together. And then what I'm about to embark on is probably the most interesting thing. And that is I have been contracted to look to see how we can actually define what survivors are doing differently.

Julie Stevens (25:48)
And so over the past year or two, I've been building this app called VetaLife that will allow you to insert your blood markers and it'll help you interpret that against optimal ranges so that you understand where you are. There's a bot that is trained on your information. So you don't have to keep telling ChatGPT or making a project. It's actually trained on you. You can ask questions about why do I why can't I sleep? And it'll teach you those holistic interventions you can use.

Julie Stevens (26:12)
But it'll track your data over time. And you can even just hit a button and a letter will pop out when you go to your oncologist to teach them what they need to be focused on. What's the worry? So it's the first tool that we can measure both behaviors. So you can snap a picture of your food or tell it how much what supplements you're taking or how much you're working out and your outputs to correlate how you can make decisions to give yourself an advantage. So that's a big piece, this Veda life app I've been building. And now I'm working to actually start doing focus groups and interviews.

Julie Stevens (26:42)
And surveys to actually understand the survivor difference. So I recognize because of the profitability, there's no hot lemon water society that's going to do a double blind placebo to see if hot lemon water might help us help our liver. That's not gonna happen. But if I can get a couple hundred thousand people across the globe that are identifying their story and what they're doing, and we can find out that 95% of people that are using hot lemon water in the morning have less toxicity or less nauseousness, guess what? As a patient.

Julie Stevens (27:10)
That's I'm willing to consider that. So instead of it being what the pharmaceutical industry described as the only type of research we can use, which is that, you know, double blind placebo, I work for a company called Gartner or C E B. And if business folks are listening to your podcast, that is the premier research organization for C-suite to look and understand what other companies are doing. I'm going to take that model and replicate it in patients and start to understand so that we can benchmark, hey, listen, you really need to focus on prayer.

Julie Stevens (27:40)
You really need to focus on dance or qigong or movement or those sorts of things that nobody's giving you a prescription for. We're gonna start to say like here are the things that are worthy of

investment and using data to back that up by collectively sharing our survivor stories. So that's what I'm working on now.

Chris Wark (27:57)
That's amazing. I love it. And I'm excited to see that come to fruition because there are so many diet and lifestyle interventions out there. Then, you know, I've I've interviewed, I don't know, a hundred survivors or I don't even know. I I haven't kept up with the count, but it's a lot. And but we see the common threads. You know, every survivor story, there's common threads. It's whole foods, usually tons of plants, plant-based diet. Sometimes there's juicing, sometimes there isn't.

Chris Wark (28:21)
it's it's forgiveness, it's faith, it's exercise, fresh air, sunshine, and then a lot of different herbal herbal formulas and supplements and like, but it's it's hard to know like what helped, right? What's helping me, what's not helping me. And you know, my attitude was look, if there's no risk of harm and there's a potential benefit, I'll do it. Right. And assuming I can find it and afford it, right? So

Julie Stevens (28:43)
Agreed. Yeah. Yes.

Chris Wark (28:48)
So, you know, it's like, I don't know if this is helping me, but I'm pretty sure it's not hurting. So I'll, I'll swallow it, I'll take it, whatever, I'll do it. And but really having the tech the the the technological power through AI and then also through real feedback from survivors, I think we could, you know, I'm excited to see what to see more of those common threads.

Chris Wark (29:13)
You know, on on more specific natural compounds or herbs or like like you said, hot lemon water, whatever. because we already know, I mean, there's so much a patient can do. And there's more the the I think the biggest challenge is it's a little bit overwhelming when you really start to look at all the nutrition and natural therapy options. You can't take every supplement. You know what I mean? You can't take every herb, you can't take every supplement, you can't do every alternative therapy, right? It's there's too many.

Chris Wark (29:42)
And so being able to narrow it down to the most effective, even by cancer type, is a really, really exciting prospect, you know, to to see that come alive. And so I'm glad you're working on that because I'm working on it too, but not at the level you are. Not I'm not, you know. So we just, you know, in our community, in the square one community, I mean, again, we just keep seeing the same common thread. So we just focus on the basics, but

Chris Wark (30:08)
getting more detailed, more granular, I think is really exciting.

Julie Stevens (30:12)
it is all I wanted. All I wanted when I was diagnosed was to understand what is the thing that survivors are doing differently. And when I recognized that doesn't exist. It's it's what we don't know. We we I I called it bougie cancer, just like you. I was willing to do anything. Anyone could have suggested something. If you said to hopping on one leg 30 times in a row and spinning twice, I cool. I will do it. I will do what it takes to heal. But now I want to know what really mattered. What out of all the things I did.

Julie Stevens (30:39)
What were the power pack plays? Because I ultimately want to build the business case so everyone doesn't have to go get a second mortgage on their house to be able to afford this. So we can go to insurance companies and say, pay for Whole Foods. You know, like pay for the right sort of nutrition and we can heal faster than what we're doing now. And Chris, you probably heard the research from Memorial Sloan Kettering last year that they were looking at the effectiveness of chemotherapy and they for figured out for stage three colon cancer.

Julie Stevens (31:05)
It was actually the nutrition and the and the and the movement that mattered. It was not the chemo that mattered. And no research, I mean, what it was like so cool to see that coming out at Asco, but we need more of that because you and I know that matters.

Chris Wark (31:20)
Hugely. It matters so much. And I mean, I'm I'm like a broken record. I just say the same things over and over again. But the choices that you make in between treatment can make the difference between survival and death. And so I I often say healing happens at home, right? Healing happens at home. It doesn't happen in the clinic, it happens at home. So whatever treatments

Julie Stevens (31:45)
A thousand percent.

Chris Wark (31:45)
you're doing, whether it's chemo or radiation or surgery or immunotherapy, whatever, conventional treatments,

Chris Wark (31:51)
What you do at home can make all the difference. And I think a lot of cancer patients aren't told this by their doctor. So they just assume there's nothing they can do to help themselves. They don't change their diet. They don't start exercising. They don't lose weight. They don't take herbs or supplements, right? They don't forgive. They don't get more sunshine or fresh air or spend time in nature, right? Like they don't do anything different. They don't change anything about their life. And they just cross their fingers and hope.

Chris Wark (32:19)
That the treatment will work, right? And by work meaning cure them. And in most cases, treatments don't cure people long term. And the best survivors, what we call exceptional survivors, are the ones that take control of their life and their health, right? And they're doing the all the things that I did and the things that you did. And so I'm right there with you. It's like your choices matter. You know, your choices matter. And your choices.

Chris Wark (32:48)
Will affect your future positively or negatively. And you have the power, right? With just it's it's it it doesn't have to feel overwhelming. It's just what is your simple daily routine? Is it oriented toward wellness and health and healing, or is it oriented toward disease?

Julie Stevens (33:06)
You know, I my doctor even told me it didn't matter. Like he he told me when I said, What can I do to give myself an advantage? Because that's what I asked everyone I came into contact with. He goes, That doesn't matter. And I was bold enough to say, Sir, I'm not one of the eight percent that had my cancer due to genetics. I'm one of the ninety-two percent who had my cancer due to epigenetics, which is what I ate, drank, think, do, and breathe. So you cannot tell me that the reasons why I have cancer are not part of the solution of why I won't have cancer again. And he kind of looked at me and I was like,

Julie Stevens (33:36)
Do what you want. So again, I'm coming in there like frolicking and skipping into my treatment. And I'm like, hey, do you want to know what I'm doing? And he's like, no, we're good. Yeah.

Chris Wark (33:47)
Have lost count of the number of times I've heard a patient tell me that. Two those two things. One, doctor says it doesn't matter what you eat or do or you know anything, which puts you into victimhood, right? You're

Julie Stevens (33:58)
A hundred percent.

Chris Wark (33:59)
a victim of disease, you had no role to play whatsoever in your current condition, and that makes you powerless and helpless and hopeless. And then the other thing they always tell them is when when patients start doing well, right, and they don't want to know. They don't know what.

Chris Wark (34:16)
They don't want to know what they're doing and why they're doing exceptionally well. And the standard answer is, well, just keep doing what you're doing.

Julie Stevens (34:26)
Chris, there's something else that I learned that's kind of shocking that I want to make sure we share with your listeners as well when it comes to data. And that is it takes a billion cancer cells to show on a PET scan. So we declare victory based on a PET scan, and that just shows we have less than a billion cancer cells. Like it doesn't show we're we don't have cancer. And so I'm obsessed with this topic of minimum residual disease. And I think this is going to be such a focus area. Like my predictions of the next two years are.

Julie Stevens (34:53)
We're going to start using there's two types of CT DNA out there, one that lo is blood-based and one that's tissue-based. And we'll start using those together so that we can have tissue-informed detail and we can have methylation-based to see if there's been any mutations or changes. And I think we'll end up doing serial NGS testing or we'll be looking at the mutations of your cancer anytime a treatment fails. So

Julie Stevens (35:15)
Those are my predictions that I've been trying to search for data to back up. And that's what they're studying right now in the study. So I'm excited to see next year what we can find out.

Chris Wark (35:24)
And talk about those two tests because one of them would be Signatera, right?

Julie Stevens (35:28)
Yes, sir.

Julie Stevens (35:29)
Signatera personalis are both the ones that are tumor informed. They look at slightly different. I think Signatera is one in 10,000 particles and personalis might be one in a hundred thousand. There's some differences there. But

Chris Wark (35:39)
Mm.

Julie Stevens (35:40)
it's important to understand if like that means that you have to have a piece of your tumor to measure CT DNA. And sometimes will say, we don't have that. Well, cool. There's a second type of CT DNA that looks at methylation patterns.

Julie Stevens (35:56)
Well, that's really beautiful, but it's less precise. So what do I want? I want both because I want the precision of seeing if I have the tumor match. But guess what? I also want to know if my tumor is mutated and I won't, that way I won't get a false negative that actually just means the

tumor's changed into something else. So I just saw that Tempest started a formal partnership with Personalis where they're offering the methylation and the tissue base tool in one. And I think that's the future of what we'll see in the market.

Chris Wark (36:23)
That's great. Yeah. That'd be that'd be really good. I know a lot of folks in our community are are using those tests and they can be ordered through your oncologist, covered by insurance in most cases, from what I understand. And yeah, that just allows for a more precise monitoring. And by the way, that kind of testing doesn't require excess radiation exposure from CTs and PET scans, which increase your risk of future cancers.

Julie Stevens (36:50)
someone asked me like how often do you get a PET scan? I'm like, every couple of years? Like I I don't need them. I can look at one in a hundred thousand particles and know exactly what's happening in my body. But even more than that, got I'm going to look at where my what are the indicators that my immune system is down, that I have high inflammation, that my nutritional markers are off, that my hormones are off. Like we gotta stop looking for do I have cancer and start looking for is my immune system strong enough to fight cancer?

Julie Stevens (37:15)
And that's where I've shifted my focus since I'm no evidence of dise disease are what can I look at that's really early stage? What's really the leading indicators that one day I could get a diagnosis, whether that's heart disease or cancer, it doesn't matter.

Chris Wark (37:30)
Yeah, the pr the early detection and prevention is a big opportunity for sure, especially if it's, you know, super early, right? Before they could even detect a billion cancer cell tiny little lesion in your body. There are genetic and metabolic changes that are happening. And, you know, catching those things early and then coming giving a patient empowering them with interventions.

Chris Wark (37:57)
to reduce inflammation, for example, and correct nutritional deficiencies, clean up their diet and their life, right? Reduce their exposure to potential aggreg aggrav ag aggravating factors, you know what I mean? environmental toxins, things like that. Yeah, I mean, that's all those things are really great. Those are all really, really important. I'm excited to see where this is going.

Chris Wark (38:23)
I love the fact that you're so geeky about it.

Julie Stevens (38:26)
Unapologetically, I'm a Data Gangster. I call my I call myself a Data G. And it started, as I mentioned, as a Data Gal, but I quickly realized and then I thought, I'm a Data Guru. No. A Data

Gangster is someone who knows how to ask for the data and use it. And that's certainly what I teach people how to be.

Chris Wark (38:42)
Yeah, I love that. I love that.

Chris Wark (38:44)
So where can people connect with you, learn more and follow you and all that stuff?

Julie Stevens (38:48)
Great. So I'm on socials all the time. So if you're on Instagram, it's Julie K Stevens underscore. I have a podcast called Data in the Dirt, where I break down with a an herbalist who's been in the world for a long time, kind of re recent research. So you can look for me there on YouTube. Heal Smarter. I'm just about to switch my URL over to healsmarter.com. Again, I'm gonna go ahead and take the dork award of the cancer world and say I will teach people how to understand the technology, the testing, and the teams they can build.

Julie Stevens (39:17)
I basically am taking my 25 years of industrial psychology and just applying it right here to teach people these tools. So I would say go to healsmarter.com. And one thing, Chris, I want to before we wrap up, I just wanted to mention, you mentioned with the CTDNA that your insurance will likely cover them. But I do want to say if your insurance won't, don't stop. Every single one of those testing providers will do it for free. You just have to call and ask for a patient exception, and they will give it to you, no problem. So

Julie Stevens (39:46)
Don't say, don't accept no data. If they say your insurance won't cover it, keep pushing. Call garden, call, call signature, wherever it is, they will do this at no cost for you. So don't accept the no.

Chris Wark (40:00)
That's really valuable advice. Yeah. Thank you for sharing that. great. Well, we will make sure and put links to for people to connect with you in the show notes. If you're watching on YouTube, just click through to Chris Beat Cancer. If you're listening to the podcast, click through. There'll be a link in the show notes wherever you are to get all of Julie's resources and connect with her and and some of the studies that we talked about in this interview as well. yeah, this has just been great.

Chris Wark (40:25)
Julie, I'm so proud of you. I'm so glad to know that you're doing what you're doing and you are a force. and I love it. I love it. We just need more people like you that are taking control of their life and their health, that are analytical, that are finding answers, that are connecting the dots, and then that are empowering people with solutions and strategies that are

Chris Wark (40:54)
That aren't overwhelming, right? Because that's the big thing. I mean, cancer is overwhelming, just the diagnosis. And then where do I start? What do I do? I don't understand any of this. It's a whole new world of information coming at me. And on the medical side and then on the natural health and healing side, if you start going down that rabbit hole. So it's a lot to sift through. And the more that we can do to to make things very simple for folks.

Chris Wark (41:20)
And just to empower them to change their daily routine. I mean, that's where it starts. And get

Julie Stevens (41:25)
Exactly.

Chris Wark (41:25)
getting better sleep, exercising, eating really well, optimizing your anti-cancer diet and routine and and then honing in on specific therapies, your specific cancer type, you know, genetic abnormalities or variations or subtypes or whatever and the treatments that work best for those. Like that's all important too. So I'm all on board. I'm I'm a big fan of what you're doing. I'm so glad you're out there doing it.

Julie Stevens (41:50)
I thank you. And I think you said something earlier. And it's like you can go to your doctor and take a medicine and you can treat your cancer. But if you're not doing all the things you just talked about, you're never going to heal your cancer. And there's just such a difference between treating and healing. And we teach people how to heal. And that is something that I think we just need to inspire everyone to say, like, treatment is the first step. That's the tip of the iceberg. That even if that did work for you to begin with, if you're not going to dig deep and do the real work.

Julie Stevens (42:17)
your body is still hospitable to disease. So you can't get out of this. It's just a matter of how quickly you you move through it, you know?

Chris Wark (42:25)
That's right. Julie, you're awesome. Appreciate you so much. Thank you for taking the time to talk. And folks, share this interview with people you care about. Julie's obviously brilliant. She's got a lot of great resources, tools, strategies. She can help you get your get your head around the diagnosis, the cancer type, putting a team together. Just great stuff. Stuff that I'm doing as well. But look, I'm not trying to to

Chris Wark (42:54)
corner the market, right? I'm not trying to monopolize the market. We just I can't handle it all. We need like we need more people, like Julie out there helping. yeah.

Julie Stevens (43:04)
It and my

Julie Stevens (43:05)
goal is to become the expert of cancer data. So Chris, you can become the expert of everything. Like, I'm just gonna be the go-to girl where you call and say, like, I need the data for this. I'm gonna be like, here's the provider, here's when you'd use it. So I'm gonna just take that industrial psychologist brain of mine and keep working just in this field, you know?

Chris Wark (43:21)
Please do. Please do it. I will not get in your way. I promise. And I'm looking forward

Julie Stevens (43:26)
I love it.

Chris Wark (43:26)
to learning more from you as well. Cause you know, you're going really deep on this stuff. And you know, things are changing so rapidly, right? Every year. I mean, it's like, I'm not even every year. I mean, almost week by week, month by month, like things are changing so quickly in the world of cancer treatment, especially on the conventional side and the the nutrition and natural side, nothing changes much, right? We we know, like we know what healthy habits look like, but

Chris Wark (43:50)
in terms of treatment and testing and monitoring, that that is constantly changing very fast and getting better and better. And so I'm glad you're on top of it.

Julie Stevens (44:00)
that I I think there's never been a better time to have cancer. And I'm so grateful that there's those of us out there

Chris Wark (44:04)
I agree.

Julie Stevens (44:05)
and there's social media so people can find us and know you're just not stuck with this one thing that's on the corner hospital. You have choice.

Chris Wark (44:13)
You do. You have choices, you have options, and your choices matter. Your choices can mean the difference between survival and death. It's what you do between treatment, folks, that can really make all the difference. Healing happens at home. So again, thank you, Julie. Everybody, please like and share this video. Follow me, subscribe, click all the all the stuff. help us reach

more people. And we'll see you on the next one.

Julie Stevens (44:36)
Thank you so much for having me.