

Episode 41 - A Holistic Approach to Breast Cancer

Prevention

MERYL: Hello everyone. And welcome back to the Rebel Nutritionist podcast. Today, I am humbled to have on Dr. Perez, who is an associate professor of medicine at the University of Miami has been doing work with breast cancer for over 20 years, is board certified in Hematology and Oncology, and is running the breast cancer program in Broward county because everyone thinks it's just in Miami.

So we wanted to let you guys know that she is there and running the show and in plantation and Dr. Perez and I go back many years. We've had some nice conversations about the work she does and, and the work we do here. And I am just really excited to have you, Dr. Perez and excited to have this engaging conversation ahead of us.

So welcome.

DR. PEREZ: Thank you so much. I'm very grateful for the invitation

MERYL: wonderful. Wonderful. So let's get started with a little bit about you, how you got started in oncology. Was your specialty always breast cancer? And tell us a little bit about your story.

DR. PEREZ: Yes. So I, you have to go through the internal medicine training first, and then I was ready to start my life as a hematology.

So I started a fellowship in hematology of. The more I learn about breast cancer, the more I fell in love with the field the research the, science behind it does the fact that you can help so many women, a few men, but mostly women. So, I started the last year of my training.

I spent with a well known risk cancer expert in the field. I did my training. So I that's how I got into this. And now when I graduated more than 20 years ago, I'd been doing breast cancer since then.

MERYL: Excellent. You've been in the field for a long time, have seen a lot of changes.

The important of prevention in managing your breast cancer risk

I'm sure, as we all have seen things progress, what would be your best advice, let's say in the prevention. I know you treat. You obviously are doing. I know you do so many different you're involved with organizations, I had seen you last at like a breast cancer awareness organization.

So do you speak to prevention? And what, what do you talk about? What do you want people to know about that?

DR. PEREZ: I mentioned is an extremely important field. I'm actually in charge of the prevention program also at the university of Miami of breast cancer prevention. Because what we do here, we see both kinds of patients.

We see patients of course, with breast cancer, but **we also see patients that do not have breast cancer, but there are increased risks** for whatever reason, right? So we, what we bring them in, we do our what we call a risk assessment. So we run several computer models. Look at the risk factors, look at genetics, family history, all the other things that are important for the risk of.

And once we know the risk of that patient, if we've considered that the risk is high, and that's a lifetime risk of more than 20%, **the average risk in the general population is about 10, 12%**. So if the patient has a risk of more than 20% lifetime risk, then we consider that patient high risk. And that's when you start all the interventions in terms of.

So **lifestyle changes are key** and that's the more of diet and exercise keeping your weight good BMI all of those things. Now the risk is very high. Of course, they're all, it needs to be considered like surgery, like surgeries, medications, like Tamoxifen, things like that. So it depends on the risk.

Depends on the genetics of the patient, but **lifestyle changes are pretty much what we do**. And there are also clinical trials looking at different. But we concentrate.

MERYL: Great. And so I know you spent, your right lifestyle. Like we were, we all, we, we preach huge Tremendously about the importance of the impact on lifestyle and behavior.

As a matter of fact, I think sometimes that is almost just as important as the nutrition piece. What kind of diet specifics, I guess. Or do you guys even get into that in terms of the diet piece? Like how much of that is focused, on diet and what are you trying to impart to the patients that you're seeing

DR. PEREZ: very important. And we work with a multidisciplinary team that of course includes nutritionists and exercise physiologists. So the most important thing for us, it be breast cancer. And we have to take things step by step because it's a very overwhelming time for a patient diagnosed with cancer.

They only have that word in their minds. The first thing is when you chemo during surgery, during radiation, all those things. But as you said, **lifestyle changes are equally important to all of those treatments that we do**. We approach this in a multidisciplinary way. The most important thing in breast cancer is really the the worst thing is, is obesity.

And unfortunately being overweight increases your risk of breast cancer significantly. And, once you have breast cancer being overweight increases your risk of having a recurrence, so everything that we do is here to that to make sure the patient loses the weight or just keeps a good BMI because obesity has a very detrimental effect in breast cancer.

MERYL: Absolutely. I mean, and, and, it's interesting because we talk about obesity and we hear it all the time. We hear it now with, obviously the virus, oh, if you're obese, it increases your risk. **Obesity increases your risk of many, many, many diseases**, all of the metabolic diseases of this past few centuries have arisen out of the increased incidence of obesity and what the health consequences of that,

one of the things we talk about, it's trying to get them on a healthy diet. One of the things we talk about here, Trying to get people that diet word out of their head. This is not about just being on a diet to reduce your weight for a short term. And I think people there's that misnomer like, okay.

It's not just weight loss

I was diagnosed with breast cancer or I'm at higher risk of breast cancer because of my weight. So I'm just going to go on this program. Lose a little bit of weight. And then, once I lose the weight, I can go back to what I used to do. I think it's so important for people to understand that whether you're talking about trying to reduce cardiovascular risk factors, of course, cancer risk factors.

It has to be understood that **this shift has to come about in everything that you do in your life.** And that it's for the long.

DR. PEREZ: I could not agree more. We'd say diet, but absolutely is a lifestyle change and you need to have that for life because the risk of recurrence from breast cancer, some people, most people are cured and that's the good news about breast cancer, but, but many recur in the first five years, but men recur after five years, 10 years, 20 years.

This is a lifestyle change. This is something that you need to adopt and yes, that's why we, we are not in favor of those very aggressive diets, this is something that **it has to be sustainable because you're on it for life**, we're here to, to help you in the journey, but yeah.

Has to be it's a lifestyle change for life. And **that includes, of course, the exercise as well.**

And I, and your program, what is the duration of your program look like? How long is someone with you with your team? But say, for

DR. PEREZ: They are with us for life, for that reason, because some people can recur very late, so we always have.

And maybe at that point, let's say I have a long-term survivor. She's been free of disease for 10 years. Maybe I'll see her once a year. Doesn't have to be very prevalent, but, but yeah, we want to keep in touch for all of those reasons, because this journey is, is so complex. And there are so many pieces that we have to tackle.

And these patients that are cured from breast cancer, feel great. They're grateful. That to be alive and doing well, but some of them are miserable dealing with side effects and sequella from treatment. So we're there to support them through the journey for many, many years for that reason.

That's a great opportunity to always check on the weight, or what are we doing here? What's your diet like? How much are you exercising on all of those things,

MERYL: we'll have. Right. Well, that's good. I mean, and I think that's important. I always say when people are with us for a period of time, whether they're.

With us for a 12 week program and a 16 week program, I always say, we're not kicking you to the curb after that. **We really need to continue with the maintenance** because the initial, period of time that they're with us again, whether it's, three months, four months, five months, six months is great.

To be able to import those behaviors and the things that they need to change in the lifestyle and the diet, it really is a matter of, you have to keep up. You need to come back for your nutrition checkup. And even in between that, because we know. That when people are followed

and supported, especially in the work that we do, we are keeping track of people on a weekly basis.

There are daily, check-ins **when they have that accountability and that support, that makes a huge difference for them.** And then when they start to wean off of that things start to fall by the wayside. And that's where keeping such a close eye or a tighter reign on them is so, so important

Why making lifestyle changes is not a one-off practice

I see this a lot with, a lot of the cancer patients that we work with they come in after treatment and they're grateful to be treated and cured and, and some are feeling better like you said, and some are not as, as a consequence of their treatment. But what I find is so interesting is the number of people that I meet who say, oh yes, well, I'm cured of cancer.

And they're, and they're just thinking, I'm cured. I don't need to pay attention to my diet and my lifestyle anymore. I don't need to exercise. And I think that message of **staying consistent with these new habits and staying consistent with an anti-inflammatory diet** and all of the things that we teach them and how to increase your fiber intake.

And all of those things are **tremendously important for any prevention of recurrence.** I'm a Hodgkin's lymphoma survivor 20 years. I had a great prognosis, but the fact is, is that **I knew if I wanted to lead a long, healthy life, I needed to practice the things that I learned about integrative and functional nutrition** and, and that's a lot of what I do today is, I always say I was my own and have one, right. I took that experience and I work with my clients.

But that is so, so important because I feel like whether, people have been on Tamoxifen or this or that, they end up back in these habits that can land, there's no guarantee that you're not going to get.

Some other kinds of cancer. There's no guarantee that there's not going to be a reoccurrence whether you've had a successful treatment or not. I feel like that message gets lost oftentimes.

DR. PEREZ: Yeah, because what happens is at the beginning, once you're diagnosed with cancer, especially breast cancer, you see the patient, that's all these changes.

And is **the shock of the diagnosis**. And they start these very aggressive diets and they make all these changes. And then two years go by three years, go by and then they feel better. They see other is not coming back. And so, yeah, it's very important for us to stress that that need is a lifestyle change because yeah, it is, it is linked to so many counselors and any other medical problems of poor diabetes I'd look pressure cardiac disease, but in terms of cancer, pretty much every cancer is linked to.

Right.

MERTL: I saw a statistic last week because I was doing some research for this and then I've been doing some, other kinds of work, but there was a journal article that said that 70 to 80% of cancers, breast included, it was breast. It was colon, it was some of the hormonal based cancers.

But most of them, **80 to 90% could be averted if, just from diet, lifestyle, and behavior alone.**

How age affects your breast cancer risk

DR. PEREZ: Yes. Yes. I think **our worst enemies in terms of cancer are obesity and smoking**. If we, if we, we get rid of those two the cancer risk will go down significantly. And, and it's interesting **because it depends also on your age**.

So for example, in breast cancer, are you pre-menopausal, are you postmenopausal when you're post-menopausal is the risk is much more when you are postmenopausal. As compared to premenopausal women. But I, we believe that these, you need to learn that from the very young, very young, because of it, chances are that **if you're obese as a premenopausal woman, you're going to be obese**.

So the risk increases significantly. And it's also **harder to lose weight when you're in menopause**, because of course your metabolism changes and there's something to. So we need something that you have to learn very early on. And for example,, one of the things that I am very concerned about in terms of risk of cancer risk is our children.

That we'll see, for example, **our daughters are having very early periods and that increases the risk of breast cancer**. And **we know that early periods are associated with obesity in kids** or, or lack of activity and very likely. So we're, we're all of these lifestyle changes that we're making good about.

Our, our increasing the risk assessments.

MERYL: I'm thinking back to the number of kids, young adults that I had seen, 15, 20 years ago compared to now, and it's just skyrocket, right? The obesity epidemic. I mean, and in part, look, I, our food supply, I mean, look, we could spend hours on that conversation about.

The food supply and **what we are feeding our kids are not feeding our kids, the convenience, the fast food, the fact that our kids are so sedentary** and there's been consistent data. Now for many, many years, I want to say more than five years consistently, the data is showing that our children's life expectancy is less than ours.

And it's supposed to be going in the other direction. Right. We would expect that subsequent generations should be able to live longer because they have more information, maybe technology or whatever. But I feel like we're going backwards almost because of technology, So it's the double-edged sword of that.

And, and the food supply, I heard an advertisement from, oh, that Oreos is putting out two new Oreo flavor cookies that are ridiculously sugary. So these companies, these manufacturers, they're not. They're not helping the situation.

DR. PEREZ: Yeah. It's a big problem that we need to address as a society, as a whole. Right? So that this morning there was a paper on new article that just came out and I haven't even had a chance to read it, but I, to a quickie about exercise and how sedentary lifestyles when they look at people that are sitting on their desk for eight hours.

How much is that's increasing the risk of cancer. It was significant numbers. I think it was **30, 40% increased risk for breast cancer or cancer region when you're sitting at your desk all day.** So yeah, w there are a lot of things that

we need to. Right, right. We're making, we're making a lot of roadways. So if you look at breast cancer, we're doing more and more women.

No question. I've seen the progress. So yes, we're making progress things research all the advancement in science, but, but at the end of the day, we just don't want to treat them we want to prevent them.

Why we should focus on prevention more

MERYL: And then I find, I talk about that all the time. It's much easier to prevent a chronic disease from happening, cardiovascular disease, diabetes, these are all preventable. But our culture doesn't embrace preventing.

DR. PEREZ: Yes. And of course there are many factors, right? Because we a lot of people are actually moving away from that concept of prevention because we don't want, there are some women that really, that there's nothing they can do.

They have a BRACA mutation. The risk of cancer is very high. So **we talk a lot about risk reduction** because can we really prevent them a hundred percent? No, we can't. **Some women are going to have cancer and there's nothing we can do.** And I see it, I see the super healthy marathon runners, vegetarians, I mean, all of these things that, and they have cancer.

So obviously this is a multi-factorial approach, but **anything we can do to reduce the risk** and **we know the effect of diet and exercise is so powerful**, sometimes it's even as good. I saw

once a bit as are all the manipulation that we do or chemotherapy, sometimes the effect is very similar. So **we need to use every single tool we have in order to get rid of it.**

The importance of genetic and genomic testing in breast cancer prevention

MERYL: Absolutely. So you had mentioned the genetic testing, obviously, you guys are doing a significant amount of that. Do you advise everybody to do genetic testing? Is it something that across the board now is done for, every patient? And I'm assuming it's not just the, one of the BRCA genes you're doing multiple, types of genetic tests.

DR. PEREZ: Right. Is something that has also changed significantly in the last few years.

Because yeah, **we used to check just for BRACA was the only thing that we knew about, but now we check for a hundred genes.** So there, the panel that we're using right now has 86. So yeah,, we know more about check to ATM P 53.

There are so many genes that can increase the risk of cancer. So, so yes, **we do an assessment also to see who needs genetic testing,** what patients need genetic testing, to be honest, but there are some criteria we have to follow to see if you really are. I mean, I'm, I'm not going to do genetic testing on a woman that is 80 years old.

That has no family history. Chances of that person. Having a genetic mutation is very low, so I'm not going to do it, but of course we have certain criteria. So if you have bilateral breast chemistry, you have a man in the family with breast cancer. If you're asking nasty that's that's a

great idea if you're a very young so if you're under 50 or if you have certain types of breast cancer, what we call the triple-negative breast cancer, that is a, for an aggressive form of this.

We also do it if you're under age of 60 of course, strong family history, and we don't look just for breast cancer. We also look for ovarian cancer, pancreatic cancer, melanoma, colon cancer endometrial cancer. So it is extremely important to really know your family history and talk about it. We still see some families that don't even mention the word cancer.

We need to know. Our risk factors. So yeah, so we look at the whole case. patients with metastatic breast cancer. We do genetic testing in all of them because we do have some therapies that are specific for BRCA mutations. And we also have clinical trials that we are working with all the mutations.

Cause that's the other thing you do, genetic testing. **What we normally talk about when we talk about genetic testing is, is the blood test or saliva that you check to see if you have a gene that causes breast cancer or cancer in the family.** That's what we normally do, genetic testing, but we also do genomics.

We also do genetic testing to see if there are alterations in the tumor that we can target with treatment in patients with metastatic breast cancer. Of course we do that as well. Just looking for options for

MERYL: that's fabulous. And it's funny that the last thing that you mentioned was genomics because **I am doing nutritional genomics.**

We are doing nutritional genomic testing on. Our clients, **I'm one of the few certified in nutritional genomics in the state of Florida.** And I do believe this is the most up-and-coming

area that **we can really help people in terms of prevention**, right. Is looking at, I always say genomic testing, which is different than genetic testing.

Right. People get confused about that. And it is a very confusing subject matter because it's so. Esoteric, they can't put their fingers on it and they're like genetics. What, you know? So I always say **with genomics, we're not predicting a disease and we're not diagnosing a disease, but we can look at the trajectory and you look at your blueprint and say, here are the things that we can look at and help mitigate.**

I'm not testing something that I can't mitigate, that I can't then help someone with in terms of prevention and, hopefully. Altering their system in a way so that if they are predisposed to certain issues like cardiovascular disease or even certain, types of cancers or inflammation or whatever, it may be that we can help them with their diet, with their lifestyle.

And even with supplementation. Shifts that expression make sure that their body is not expressing that genetic trait that may end up causing them to have these issues. One of the interesting things that we are able to look at where I think that it can really compliment the genetics and even the work that you do is really looking at things like hormone detoxification or detoxification in general.

How is your body detoxifying? These hormones? In your system, are you predisposed to inflammation, the whole methylation issue, as far as how do you methylate because if you don't methylate well, and your DNA is not getting the messages in it from your, from, your let's call it operating system, then that predisposes you to certain cancers too.

So it's really nice being able to look at the genomics piece for our clients and. Support them with even, this kind of, we're getting the genetics, getting the genomics and really give them a nice jumping off point for this is **how I need to set myself up for health and wellness and longevity** moving.

DR. PEREZ: There again, it's such a multifactorial topic and you have to target every area you can. So, yeah. Genetics explains a very important role. **That's what we call personalized medicine.** Right? That's. In the past, we used to treat everybody the same and everybody would get exactly the same chemotherapy or same radiation, the same hormonal therapy.

Every, everybody got this infinity. **Now we know that every patient is very different** and, and we see that with all of these testing that is available nowadays. And **for many of them were, we're able to spare them from chemotherapy, which is great.** We, we can, we can tailor the treatment to certain things that Maybe they in the past, they will add, and now we know that they don't need.

Why personalized treatment is key to better outcomes

MERYL: I think that's so important being able to offer that because it does, make that person, especially if you can do targeted therapy and they don't have to go through traditional chemo that ravages their body. Do you think, is that what is partially making the difference in the survival rate and the, and the remission rate or cure?

DR. PEREZ: Yeah. And also, yeah, many factors, but yes chemotherapy plays a role in many patients and we do it, but **a lot of the research is trying to move away from chemotherapy**

course. Because we know that chemotherapy could be very toxic and, and like I said is helpful. In some cases I, we still do it.

But yeah, **we want to move away from chemotherapy and targeted therapies have changed the way we treat.** One of the biggest advancements in breast cancer was the fact that we found the HER2 protein and, and, and now that we have patients that have HER2 positive disease, you have a targeted therapy for HER2 positive disease and that change the, the prognosis and the outcome for so many millions of women around the world.

So, yeah, targeted therapy is key. Hopefully one day we will get rid of chemotherapy and we will just move to, we're not there yet, but we're working. And I think all of those new discoveries and new drugs that we have now are helping us with your rate also early detection, which of course is key.

So it goes from screening to lifestyle changes to you there.

MERYL: Absolutely.

I know, like I said, we do not only with the genomics, but we do some urine and saliva testing in terms of **how women can metabolize estrogen.** Because I do feel like that, especially from my world in terms of the functional medicine piece of it, understanding how women metabolize, estrogen, how they break it down in their bodies, and so forth and how it's excreted.

Is very, very important in terms of prevention as well. Do you do any work with that or anything?

DR. PEREZ: So that's also a controversial area. And then just how you metabolize estrogen but also. Tamoxifen what is the Tamoxifen even, or, or, or the other drugs? What is the Tamoxifen doing to you?

There are some patients that Tamoxifen works well, but sometimes it doesn't, and it's something that many years ago we used to look for metabolism. And, and is this patient metabolizing Tamoxifen and at what rate and, and the studies were very controversial. Some studies shown yes.

Check, check. If they metabolize. Correctly, similar studies that no don't check it doesn't matter. So it's something that, we don't do routinely in practice because what's important to us, especially for treatment. Is, are you in menopause or not? And that's like the main, those are the two categories.

Are you premenopausal or postmenopausal? And we check levels of estrogen if it's, HLH all of those things, just to see if you're in menopause or not. So women don't menstruate after therapy. So you don't know if they're in menopause or not, or you do or they get chemotherapy menopause.

You don't know if they're going to stay in menopause or not. So for us, it's very important because of the mechanism of action of these drugs. So for example, works well in both menopause and post menopause. But aromatase inhibitor. So we're talking about Letrozole. Anastrozole immensely, those drugs do not work if you're not in menopause.

So, so, so those are the two categories for us during menopause, or not, we check levels just to confirm that you're in menopause or, not having a period for more than one year. There are

several definitions because the clinical trials that we are looking at therapies they've been validated that.

We cannot deviate from that because we don't have the data. Right. So, so maybe something that in the future we'll have more data. But right now we have the data that it's telling us, okay, this is how we treat, this is how we tested this drug. Does it work or not? And that's why we're, we're not doing routinely clinical trials, different scenarios, but we don't do it.

Just to check how you metabolize.

MERYL: I don't know if you're seeing younger people being diagnosed. Is that something that you said that we're seeing younger people, whereas before we weren't seeing that so much, oh, we see a lot of young people.

DR. PEREZ Yes. Still, still uncommon. It's not, it's not very common breast cancer diseases. But yeah, so we see them all the time and I have many patients in their 20s. Some of them you find out who, the reason, some of them with history, why a 25 year old cancer, maybe they have a gene that we don't even test for.

20 years ago, we only knew about BRCA two. We know about a hundred genes, maybe tomorrow we'll know about 500. There are many factors. So if you look at the, at the response, so first period, if you have a very early first period, menarche if you have a late pregnancies or no pregnancies.

And I'm **just looking at those two, we've changed a lot. Our lifestyle has changed a lot.** And as women we're having, we're having our kids later on in life, or we're not having children.

Sometimes it's that word balance career balance. You'll have to suffer with that. But, but yeah, we're having kids later on in life, like I said before, our children are having periods very early and sedentary lifestyles, maybe there's a, we see, we know that athletes have new it's very late in 16, so it's not the opposite. So yeah, we are changing a lot of things in our lifestyle.

Breastfeeding, breastfeeding is protective. Yeah, so that helps. So if you look at all of those things, maybe that's one of the reasons we're seeing more.

If they're young, **maybe it's early detection**, maybe people are just more aware of more other new breast exams. Who knows. There are many reasons, but the young, the young, and every time I talk to patients, I always say to them, we're all at risk. It doesn't matter how old you are. It doesn't matter what family you have.

The risk factor is being a woman. And that's why we all have to be aware. We stress the importance of learning. Tell me your breasts. **Just looking at the risk factors and the lifestyle changes that have to start.**

Taking a holistic approach to lifestyle and breast cancer prevention

MERYL: So, one thing I do want to ask about, that's not talked about much and again, I'm, whether it's part of the conversation or not, but **environmental exposure**,

our exposure to toxins, especially toxins that cause those Xeno estrogens. I mean, we know the breakdown of a lot of chemicals. Petroleum-based chemicals and household cleaning products. And the, electromagnetic waves that come through our lives right.

Do you address that? Do you talk about any of that? Is that something that's part of the work that you do

DR. PEREZ: **you try to live a very healthy lifestyle in every possible way.** It's just so difficult to control. And that's why the research is also very difficult too, because how many things are we exposed to?

So if you just concentrate on one, you cannot control the others that you're exposed to. So, so the research is very difficult, so yes, you try to live as, as healthy as possible. But they're just, **we're being bombarded from so many places** that it is hard to control and yeah, we, we counsel them and we try to the best.

But just going on an airplane, you get radiation. I mean, it's just things that you do every day without even thinking. So we try, but I know it's very tough Yeah.

MERYL: We see that too. It is something we talk about, you got to start slowly and one at a time and get people to understand,

it is the collectiveness of living life, you do need to look at all of it and it's not really, I think what happens is, is people then get down on the whole process, like, oh, there's I can't have any fun and I can't do anything and I can't do this. And I can't do that. Rather than looking at it that way.

Why don't we turn and pivot and say all of these things that I do, **you can still eat healthy and well, and have it be delicious food, but not so much of the sugar.** Right. I mean, I don't know. I hear Many times clients, especially if they have younger kids and I'm trying to get their whole

household to consume less sugar and less processed food, which is a feat in and of itself these days.

But I say to them, your children's health is at risk here. The more garbage you're bringing into the house. And sometimes they'll look at me and say, oh, well, we didn't do so bad with all the sugar that we ate. And I look at them and I'm like, well, okay. Some of us did do so bad.

Number one.

And number two, the amount of sugar that was around when we were younger even is not nearly what they're exposed to now. **It's not about taking away these things or depriving things. I think it's about understanding the balance. How do we achieve that balance?** And I, that's the word.

Try so hard to do here is **what does that balance look like?** And it's not about deprivation and it's not about starvation. It's not about the all or nothing. It's how do we help them live their lives? Like you say, right. How do we help them start and then continue to move forward and in a healthy way? And I think all of that collectively, like you said, even in the beginning is just so important,

DR. PEREZ: It is all about balance. I think that's the key word. It's all about balance. And I always say, yeah, it's moderation because even in the clinical trials, when you look at those very aggressive, very.

Difficult diets to do. The worst, that we always go back to the middle, we always go back in the region. We always go back to, so, so yeah. If you do something bad from time to time too, you

have to live life. But for the most part, we need to stick to it. And, and I'm a mother and, I have one that already left the house and one that is still in high school.

So this is our only chance because once they leave the house, that's it they're on their own. And they, that life's not changed. You have no control over that anymore. We have to do a very good job now that the kids are at home and trying to change the lifestyle for the whole.

MERYL: Absolutely. That is so true. And that's so key and that's a big message that we try and put out there all the time. I thank you for your time today. Any, any parting words that you want to leave us with? Anything that you want our listeners to be thinking about that maybe we didn't say already, or you want to reiterate.

DR. PEREZ: So **in terms of breast cancer it's up to us. We need to take control of our health** to do, all the things that we discussed today. Of course, **early detection is key to a good outcome**. So have your studies have your mammogram, whatever it's needed upon. Know your risk, you that's the most important message because women have no idea what the risk of breast cancer is.

And that's something that they can discuss with their physician, just tell me what's. My risk is actually a very easy calculation to based on your family history, based on prior biopsies things. So, so talk to your doctor, ask what's my risk of breast cancer. If my risk is I do something about it. So, of course, we it's all about.

A healthy lifestyle is key and we're here to help in any way we can. Most women are cured for breast cancer, so don't be afraid. Get medical attention.

MERYL: Great. Thank you, Dr. Perez, great words of wisdom and advice and yes, early detection prevention, as we've been saying over and over.

So, so, so very important. So I am going to leave everybody with that message, both think about that. And until next time, this is your Rebel Nutritionist signing off, make it a great day, everybody.