

MERYL: Hey everyone. Welcome back to the Rebel Nutritionist podcast. We are in the month of April and **April is testicular cancer awareness month**.

And what better way to kick off the month with an interview with two survivors. Of testicular cancer. And so I am really humbled to have. Both Jeff Kligerman and Josh Alter with me today, I'm going to let them introduce themselves and tell their stories because I feel it's so important. And to that end, we are actually going to dedicate and **devote the month of April to men's health month**, because I don't think that we really focus on men's health enough.

And even though so many of the studies and all of that, those things are done on that. We don't really talk about it. And we don't really talk to men about their health and how they feel. We just feel like a lot of the, at least the important things we don't talk about. So, I think we're going to dive into the important things and pay attention to the men in our lives and to those listeners who we know, there's quite a bit of you guys out there who want to hear this, this specifically to them.

So without further ado, Jeff and Josh, thank you for being on. Jeff, I'm going to start with you. You were diagnosed about 15 years ago. Why don't you take it away and tell us your story?

JEFF: Uh, Thanks for having me. And I think this is a subject that's probably under service with men's health. So thank you for having me.

It was about 15 years ago, I was watching TV, felt a little pain in my groin. And felt around then. I felt a little type of seeing what, like a pea lump of some sort. So I ended up calling a urologist friend of mine, told him, and this was actually Father's day weekend in 2007. So it was June somewhere around there.

So he says, hey we'll have to do an ultrasound. I'm coming next week. And I go, no coming in today. And so we went in, he felt, he said, it's probably nothing, but let's do the ultrasound, did the ultrasound. And then eventually they found a little mass which then the following week, typical of anyone with testicular cancer, they just remove the testicle and they biopsy it and then they determine what type, if any, whether it's benign or cancer, mine happened to be what they call a seminoma. It was stage one very small. I caught it early. And then the journey starts from there, which there's many decisions and whatnot, but that's how it started.

MERYL: So then you said the journey began after that? Right? What was that journey for you?

JEFF: So again you go through the operation and you then sit there and wait for 10 days, two weeks, like, do I have cancer? Do I not? How bad is it? How bad it's not. So a lot of emotion goes through while you wait. And then I did get the diagnosis. The good news was, it was well, **the bad news was cancer.**

And the good news was that it was curable. It was of lesser of the germ cell. There's two germ cells. seminoma and a non seminoma, Mine happened to be what they is a less invasive way of treating the seminoma. So then you go through it and then there's decisions to make different protocols for whatever the stage is.

Mine was surveil. So they say, Hey , we can do nothing. And **every three months you go in for CT scans or chest x-rays and other scans to see if there's anything that had spread.** And you do that for a period of five years **or as an option there's a radiation therapy** that you can get and it's more of a prophylactic where it kind of radiates that area.

So it less likely of a chance of it spreading and it's percentages and they give you. And then, so the decision now is do I survive or do I go for the percentage of going through the radiation therapy? And everyone has got their own thoughts. Then you know, you contact second opinions and third opinions.

I was diagnosed at the Cleveland Clinic. And the reason was because the doctor, there was an understudy of Benedetto. Who's the guru locally at University of Miami but then I did call Benedetto's office to here. Here's my stuff. Then I did call Indiana where I know Josh and went Einhorn in Indiana and I said, Hey, what do you guys think?

And you know, you go through that process, then you, you **try to make the best decision that suited me**. And that in and of itself is the biggest um, processes, what course of treatment do you go because if you get radiation, now you're looking at other complications, secondary cancers, other complications that radiation can do similar to someone who has to go through chemo.

So that's the journey you go through and it's not easy. **You never know whether you're going to make the right decision or not.**

And what was your decision?

So my decision was since I'm a type A, I don't like to go into these CT scans all the time. I **chose to go the radiation route for two reasons.**

One is a they decided, well, it's, it's known that if, if you go through radiation there's as it was explained to me at the time, **a 2% chance to 5% chance that would come back** as opposed to if.

Surveil and go through the process. You can have **maybe up to a 20% chance of coming back**.

So I chose to reduce my odds and go with the two to 5%.

The second thing, when you go through the surveilling process, it's people who are active.

Cause that's how I got my cat scan. Tomorrow as time goes on, you can be postponing and postponing and maybe not adhering to it. Number one, or number two is I can be an anxious person when it comes to medical issues.

So I don't want to have to go through that process of every three months waiting. Did it spread that it spread, that it's spread as opposed to when you do the radiation? Yeah, the surveilling process is half the time. Right. So I chose to go the radiation process.

MERYL: Okay. Thank you for that. Let me just ask you, how old were you when you were diagnosed?

JEFFF: So I was 42 years old, which is relatively old, older testicular cancer. There is no age. There's no age. Right. But **most common see it between 18 and 35**. Right. And I ended up getting it at 42, which was obviously a little later than most. I didn't fit the profile. Oh, obviously between 18 and 35.

MERYL: Right. Thank you for that. We're gonna introduce Josh now, and then we're gonna have this nice dialogue between all of us. So Josh welcome. Thank you for being here.

JOSH: I appreciate you having me on.

MERYL: Of course, of course, I do want to also say that I have your mom in the room. And then I'll have her fill in the blanks because we know your mom was such an integral part and your dad and your whole family.

Um, as all of our families when we have someone who's ill around us and, and we are lucky enough to have family that rallies for us and your mom was certainly the best cheerleader that you could have. But let's talk about your whole journey here and your diagnosis and so forth you know, share your story.

How did this all start?

JOSH: First off. Yeah, my mom was definitely the best cheerleader. She was by my side, literally 24/7 the whole entire time, countless nights of sleep. So yeah. Best would have my journey started **my summer before my senior year of college at Florida State.**

I was lucky enough to study abroad in London. And while I was there, we were doing a whole bunch of walking, a bunch of going around. And one day in shower, I just felt like, well, like some type of bruise or I strained a muscle or something, in my groin. And felt around. I felt like something that felt like just at a pea felt like a little pebble on my left testicle and didn't really think anything of it thought I was walking around.

Maybe I was chafing a little bit, walking whole bunch. So I figured it was that, well, let that go.

How the pain dealt with it, whatever it felt like a little bruise or something fast forward to.

Probably sometime in September, I was having back pain, **major, back pain when I felt it mostly when I was working out**, when I was very active.

I was running on the treadmill. I had stopped because I just had major back pain and progressively got worse and worse. And then eventually end of September I was convinced to go to the ER and when I went to the ER, I figured it was maybe gas, constipated, and I don't know could have been a kidney stone.

I'm not really sure, but I didn't really think anything made it there. And it took me in and they're like, yeah, you're probably fine. We'll run a cat scan. Ran a cat scan walked out of it. The lady said, Hey, yeah, we're going to let you go home. Discharge you. You're good to go. And if I didn't have my mom who said, no, you need to get this, this done.

I would have went home just like any other naive college kid. They can. Yeah, I'm fine. So I had them do these other tests and my mom suggested, and they ran the tests. The guy walked in, you could see his face, just stone cold. He's like, yeah, **we found a mass in your abdomen**. So based off that found that flew back to south Florida did some tests.

I got the, well, I guess basketball rewind a little bit. I never told my mom anything about the the pebble that I fell on my left testicle until we. Came across this. So ended up getting testicle removed, then had a biopsy, came back as cancerous. And that was basically the journey like Jeff said. So from there, we went to Dr. Benedetto and also Dr. Einhorn in Indiana both the gurus of this and both basically said, yeah, **you need to go through this nine week chemo process**. Most likely we'll have to get a surgery at the end to just move the whole mass from the abdomen for much less.

MERYL: Thank you for sharing that. I know those of us and all three of us here are cancer survivors and thank God we are survivors.

I know telling the story brings up, brings up a lot. So let's, I, I really appreciate it. And I know your journey was all of our journeys are there's no fun in it. But you being so young and there was a lot, I remember I remember the Ultra Strong shirts that we all had on. Your chemo was pretty intensive, wasn't it?

JOSH: Yeah, it was a whole nine week process. They basically had three different cycles cycles took three weeks the first week being off five days in the hospital, just treatment every day. Did that all five days, the next two weeks, week two and three, we were just one day going to get treatment every Monday.

And that took about 10 minutes. So just an injection. And that was that, that was a one most like when I did that three times.

MERYL: And then and then you had the surgery after?

JOSH: Yes. So about a month after my, after I finished my chemo, **I had RPLND which is basically the surgery, but they went in removed all my lymph nodes, removed the mass and took everything out that was remained.**

MERYL: Yeah. That's pretty major. And how are you feeling now?

JOSH: Now? I feel great. Besides the only, the only thing I have is a little nerve issues from that RPLND but no other issues.

MERYL: Okay, well, that's good. And we're going to get to some of the lifestyle stuff in just a second. One thing I want to ask both of you **there's a huge emotional component.**

I don't think we talk about this enough when it comes to. Maybe women talk about it more when they're, when they're in cancer treatment, cancer therapy we've talked a lot to a lot of women about breast cancer and **women are more apt, let's say, to share their feelings**. You know, in situations like this, I can out, because again, I know what I went through and that emotional rollercoaster did you guys both feel like you had, or dealt with that emotional component that you had people to lean on in the emotional, I'm not saying supportive, right? There's people there that are physically supportive, they come to you and so forth. But I think what we don't pay enough attention to, especially with men, is this emotional you know, how are you dealing emotionally with this?

I know both of you have had to deal with major and you know, **this is a touchy subject**, but when you're talking about male body parts, right, **you're talking about things like fertility** and Josh in your case. And you're talking about you know, my **ability to have a decent sex life** and the, and the libido and you know, all of that.

And, if there aren't conversations, there need to be conversations, but, you know, and if it gets to touchy on this, you guys can let me know. Do either of you want to speak to that?

JEFF: There is an emotional into it. I'll never forget you go to the doctor. And Josh had Jill and I had Michelle.

You need somebody as A an advocate and B **when you're going through it emotionally, you're thinking the worst thing in the world that's going to happen to you**. And you're really not clear. Right? So what happens is **if you have somebody there, they can really translate what they're really saying**. You know, oh, you hear as the bad stuff and you know, the person next to you will hear.

You know that the bad stuff, but they will hear what goes on after the bad stuff. And I remember it was probably, I dunno, six weeks after seeing the doctor, I went by myself and the doctor looked at me and he says, oh, I can see you're feeling better. I'm like, how do you know? He goes, cause you're here by yourself.

You don't have your wife with you. So there is an emotional part of it that goes through. And then eventually you come to grips with it and you just say, all right, this is what I got to do. And here's the plan of action. And you just go. So there is an emotional standpoint. Now I was older. So the physical part of it, the sexual part of it isn't as important.

Maybe if I'm Josh's age I'm married and I got one person. You know, somebody who's younger, maybe they may feel different about it, but I never went through that just because I was older. When I went through it, Josh can speak to what a younger person would like, would go through.

MERYL: Right. But I mean, are there are side effects of radiation there's physical physiological side.

JEFF: Right. So the side effects for me again, I was older. **The side effects one is fertility.** So what many people will do before you go through radiation? You'll go, you'll just **collect sperm.** They'll keep it, freeze it. In case the radiation does affect the other thing the radiation does, it **can lead to impotency it could lead to maybe low testosterone levels.**

I fortunately didn't have any side effect that way now going through the process I can't imagine what chemo does, but I went through **radiation and my treatment was two weeks every day.** Time slot was 8:15 in the morning you go there, it's like taking an x-ray and they just douse you with this radiation and you sit there and then you go home.

You're knocked out from it. You wake up, you kind of vomit a lot and you go back to sleep and then you wake up three o'clock and you go like, what the hell just happened? And I do that for two weeks. **That takes a lot of out of you from a physical standpoint.** Again, re you know, I'd never had chemo, so I can't speak to that.

Right. But I, again, me being old. I didn't go through the physical abnormally app maybe the physical part of it. I didn't go through you know, a lot what somebody you younger again, 18 to 35 is the most common. So I didn't go through a lot of the emotional stuff that younger person would go through.

MERYL: Josh, I know yours was the year. You know, it probably your perspective's a little different. So why don't you share that with us?

JOSH: Yeah, so the emotional part for me, I had my whole family. I had all my friends. Like you said that the Ultra Strong shirts, we sold a hundred of them just full Weston community was wearing Ultra Strong shirts. Well, a bunch of my friends, Tallahassee were wearing Ultra Strong shirts. **A lot of my friends shaved their head.** I definitely had that backing whenever I needed to get it, as far as the emotional stuff for me, with family, everything I was since the beginning my mom had tested this.

I was just, let's do whatever I need to do to get through it. Didn't really bother me at all. **I had questions. Am I going to be able to have kids?** Am I going to be able to all this of all these types of things? But essentially. It was really just the less, just do whatever we need to do, figure it out later on whatever happens happens.

I, whatever I need to do, I'll do just to get all this over with.

MERYL: So that's okay. I appreciate that. But was but, but in the moments, in the quiet moments, in your mind and your head, right? What was going through your mind, where are you feeling bad for yourself or was it just sort of, I'm strapped in I'm going and I didn't even want it.

I couldn't even think of it.

JOSH: Yeah, that's essentially how it was I had what **the chemo luckily it didn't really affect me that much**. I didn't really get sick over it or anything. It was mostly just some physical things, like some acne, different parts of my body, or I lost my hair, obviously.

But besides that, **I was just tired**. Sometimes I still got myself to the gym. I didn't really work out. Wasn't really able to, since I had a pic line in my arm but I still got to the gym, walked on the treadmill or ran a little. Then whenever I could just get out exercise still. So it was really just powering through it to whatever I could.

MERYL: And then subsequent, I mean, in terms of what, what did they say to you about having children and, and I know, I, I dunno, did you bank your sperm? Did you do any of that?

JOSH: Yeah. So we actually I, **I banked my sperm twice**, just, I guess we want it to play it safe just in case a hurricane hit.

The first location I do have sperm in two different states spunk that I did do that before the chemo. That's why it's before the chemo, just in case anything worse.

MERYL: Again, if this gets too personal, you can let us know, but any potential side effects in terms of libido and that kind of thing?

JOSH: No, I think my testosterone numbers are back to normal. I don't have any, any issues with that. Awesome.

MERYL: Good. Thank goodness.

JEFF: One other thing on the emotional standpoint

Once you, like Josh said he had a great attitude, just like, Hey, whatever I need to do, I need to do for me, it was maybe you know, then you go for treatment and I'd sit there. And again, 8:15, your slot **people would come in. And you're seeing what they go through** and I'm going, yes. I only have testicular cancer as opposed to some of these other people that you see come through the treatment you know, So it's, it's always, it can it could be much worse.

So I've learned while I was going through it and like this ain't okay. **It's bad, but it's not as bad as the next guy.** So you kind of quit feeling sorry for yourself and say, all right, suck it up, deal with it. Because these people are in for a lot longer haul than I am.

JOSH: Yeah to add on top of that, I believe when I was diagnosed I had a whole bunch of friends, people ask me, like, do you have a chance of passing from this?

And I think when the first person we sat down with, they told us **it was a 94% cure rate with testicular cancer.** So it is one of the more. If you were to get cancer, it is, that's the one that you want to get.

MERYL: Yeah. Yeah. I mean, I remember having that similar conversation when I got diagnosed, so yeah. I mean right.

If caught early, so yeah. Your mom just added that if caught early. I think that's, that's a big one here and we're going to talk about this in a second, cause I do want to say What you had, you knew, and we're going to talk about what we would want other people to know, but I, I do want to address **the lifestyle piece**.

I know Josh, there's been a shift in yours. Jeff, did you like before you were diagnosed and after diagnosis, **did you do anything from a lifestyle perspective?** Which means it could be anything from diet and exercise to some of the mental, emotional component. I mean, was there something different before or after?

JEFF: You know, **sometimes good things come out of bad things**. And so I was sitting in the doctor's office one day and he says, we can't let you go. I'm like why he goes, **your blood pressure is dangerously high**, you know? So he goes, sit here for awhile probably nervous white coat syndrome, whatever it may be.

And then so they let me go. And he says, I'm wanting you to come in for a physical. I come in for physical. **My blood sugar levels were 180**. My A1C was at the time, like almost seven, you know? So they're like **this cancer is not going to kill you all this other stuff that you've gotten developing, that's going to kill you over time**.

So. I then **was forced to change my eating habits, exercise**. So out of that, yes, I had to change not because of that, but because of things that they found while I was being treated for testicular cancer, ended up going on a completely different diet, losing probably about 20 pounds just by eating regularly.

I've never been a big gym guy, but I do, you know cardio. It was tough at the beginning, but then it just, you got to change it if not, bad news comes from diabetes.

MERYL: Yeah. So you'd be surprised how many people don't pay attention to that. And

JEFF: I, and a lot of there's a lot of males do not they, they no different than a, we like Josh said especially the younger you know well it'll go away or I'm not going to the doctor.

And that's the last thing you want to do. I'm a little different. But you never know and not, but for that, I probably never would've gone for a checkup and maybe my high blood pressure and diabetes could have been more complicated than if I didn't catch it early.

MERYL: Yeah. And that's. Part of the understanding of what when I talk about, and we talk about prevention and why prevention is **so much easier to prevent a disease from happening then to have to deal with the consequences after** unfortunately I often say death is not a good motivator.

People just, there's some disconnect between people hearing that they've got a condition that is, that is that, that they can change, right. It's reversible and you have.

JEFF: It's not going to happen to me. It happens to everybody.

MERYL: Yeah. Yeah. So true. So true. Josh, what about you in terms of lifestyle?

What what do you want to tell us about before versus now?

JOSH: Yeah. Probably **biggest thing would be diet**, I guess. In college I was doing just like every other college guy does. Working out every day and trying to get as big as possible, eating all

the chicken and eggs that I can. And obviously none of it was organic as I'm on a college budget

So since then **I've been transitioning into more of a clean type of diet** where I eat organic as I can. But I don't eat those six eggs a day with the, have all the hormones in it. Try to stay away from all of that. That's the biggest thing that I've also done the, the compound, the personal compound that you made for me?

That's helping me as well

MERYL: great. Good. I guess the other part of this too, that I wanted to mention, so Jeff hasn't really done much work with us, but **Josh, you've done the genomics tests**, right? Your nutritional genetics as we call it. And I think that was fairly eye opening in terms of, I think what people oftentimes assume is that, okay, well, I'm going to change my diet.

I'm going to add in the exercise as Jeff said, which is great and so important because it mitigated other health conditions and Jeff, you look as healthy as can be, and I'm sure your, your idea of prevention is, is ongoing and you continue to do all these things to support your health in the best way possible.

The nice thing that we have for you, Josh, in terms of we can look at your overall blueprint and really get under the hood. So to speak of understanding. But we'll never know why you get the cancer. Right. I always say there's a lot of tipping points that happen. There's a lot of things along the way that happened to create that in our bodies.

But isn't it nice to know where some of those missteps are so that we can, again, Prevent these things from coming back because **just because you have cancer once and have been treated**

once doesn't mean that we are in the clear, especially with the kind of, we live in an **environment that is toxic.**

Sometimes the foods we eat are toxic, sometimes our mental, emotional you know, Status is toxic. So our bodies have to process a lot of that. And one of the things I know we found out with you, Josh was some of your, **your body's ability to detoxify these things, whether it's the mental, emotional piece, whether it's the food.**

Your body has a little bit of a misstep and especially in hormonal based cancers, which this is detoxification and being able to detoxify and break down hormones in the way that they are then eliminated from the body in the most healthy of ways is part of prevention. So did that resonate a little with you?

Does that make sense? I mean, we had talked about that. I know you talked about your alcohol consumption, but. Does that, did that resonate with you a little bit? Did it make sense for you? You know, how did you kind of take that information and, and work with it a little bit in the context?

JOSH: Yeah. It definitely, it definitely was eye opening with us realizing that I can't talk about my hormones.

It's an obvious reason as to why. Especially with me eating a whole bunch of non-organic chicken, non-organic eggs, non-organic, **a whole bunch of things that just have all these hormones in it that would just stay in my body if I can't get rid of them.**

MERYL: And so that was part of the impetus Good.

I mean, that's that's important. Tell us, Jeff, what do you wish you knew before you had this diagnosed? And what would you want other people to know?

JEFF: Well, I mean, what I wish from before, I mean, I don't think anything's going to prepare you. I just wish I didn't have it or think get it. But and you're correct.

They don't know where this comes from. Like any cancer if they knew perhaps they would deter it right. But I can tell you one of the big things and I think it's the younger generation and even my more cognizant, **where do most people put your laptop** when you're watching, you're playing on you computer.

Right. It's on your lap. Okay. And for a male, when it's on your lap, what is it covering? And I firmly believe these batteries. Okay. And to this day, I'm more, if I'm in, I put the laptop on my lap, but I'm also putting a pillow or something that shielding, so that's number one is to **don't put the laptop on your lap directly, put it on something to shield that**, that that radiation It comes out from the battery. The second thing is they're no different than female. You know, they check the breasts, the **guys check your testicles** just, I always tell the younger generation roll your dice. It's amazing what get me fine, you know? And just be proactive.

I caught my in stage one. Unfortunately, Josh, maybe wasn't as cognizant as he should've been when he felt what he felt and you know, it does spread right. And, as Josh can attest to, that's why you had to go through the, the surgeries and, and it did spread to his other parts mine, I caught stage one.

It's one of the smallest germ cells that again, college is sitting, he's probably seen in his career. So I caught mine early and mine was, Hey, bullet, no treatment. I chose to go to the treatment

route and a mom, thank God. Knock wood. It's been 15 years. No, no, no complications. So the cool thing is. And catch it early and that's all you can do.

MERYL: Yes, no, absolutely. And I again, I think women, right, we are bombarded with the check, your breasts, do this, get that. Men that I until I heard of you Josh, right. I mean, who even saw like, oh, you got to tell your son check his, check his testicles. Right. And so it is, **it's about awareness**, which is partly why we're doing this podcast to bring awareness.

Because even when Josh felt something, like you said, Josh. It was like it's nothing, you know? Look, I remember when I was diagnosed, when I had a, I had a tumor in my neck. And I was nursing Ashley, who was six weeks old and I went, I said something to my husband. Like you were like nobody thinks I was going to be cancer, you know?

And I said to him, what is this thing on my neck? And he came over and felt it. He goes, oh, it's probably cancer. Totally joking right now. He regretted that. But we do dismiss it a little bit too often. Look, we don't want to jump on the other end and be like, oh my God. Running and being the hypochondriac, I have a bump here, I have a bump there, but to err, on the side of caution and Josh, I mean, you speak to that a little bit, what do you wish you know, knew now? And what do you want other people to know?

JOSH: If I didn't know, before that **cancer did affect people 18 and that young**. I would have been a little bit more cognizant of what I should have done.

So that's definitely one big thing. I was naive, I didn't tell anybody and didn't do anything about it when I was in London fast forward. If I was. I was still naive. I didn't have my mom telling me

you need to get this test done. I would've gone back home and thought I was perfectly fine and it possibly would have spread up from my abdomen, to my lungs, possibly my brain.

So that's definitely, definitely something that more people need to be aware about. I've had, since, since I was diagnosed, it's kinda been a nice level of awareness. Especially people in my community. Cause I've had friends reach out to me just because they had some pain in their groin or some pain and they're testicle where maybe they, they strained it or something, but they got a little bit, a little bit worried because they knew what I went through.

They knew that it is possible for people who are our age. And they just wanted to be cognizant of it

MERYL: And, and so in terms of what you want people to know, like you said that check early check often.

JOSH: Roll your dice there,

MERYL: Roll your dice, like Jeff said, I love that. I love that. Tell Jason, roll your dice.

Awesome. Jeff, before we let you go, any, anything you wanna say? Any other thoughts that you've had while we've been talking?

JEFF: No, I mean **the first thing is testicular cancer is more common than you think**. And the reason you know about it is because you went through it and as Josh has probably experienced. I get calls all the time. Hey I feel something what you feel, or Hey, I didn't know I had it too. You know, it's always and then I'm like, wow, I didn't realize so many people, had it, you think you're some rarity?

You're not so it's, it's, it's not normal, but it's, it happens and it's not, so reach out to people get all the education you can, if God forbid you do get something. Just check just like anything else, be constant with your body how you feel.

And then you have to feel around any little side of and emotionally too. And I don't know about you two going through cancer, but you know, for 5, 6, 7 years if I got a tickle in my throat, I'm like, ah, I got throat cancer or so emotionally you run in your you're going to check.

So what tends to happen is mentally and emotionally, you're saying it's never a big deal. So. You kind of neglect yourself. Don't don't neglect yourself. Just if you feel you're not right, just go check it out because the sooner, the better and, and testicular cancer, as Josh mentioned, you know, he said it's 95%.

I've read reports that it's even higher. And whether it goes to your abdomen, whether it goes to your chest or your brain, it's such a weak germ cell. You know, the earlier you catch it, the better off you are.

MERYL: Josh, any last words from you? Thoughts

JOSH: **Just check yourself.** That's really the biggest thing. Biggest words to get out there.

That's all you can do is just make sure that you are fresh with knowing what you need to do with just, all you need to do is check yourself. You own the shower, feel around and down there.

Somewhere to feel a little pain down there to just feel around and make sure you don't feel anything. Everything feels normal. Right?

MERYL: Thank you for that. So there's something

like that.

JEFF: Josh just be cognizant where you're doing it. Don't do it at the park.

MERYL: I don't know. You guys tend to put your hands down there all the time. And especially when you're watching TV, I'm like hands down your hands.

Because I can. All right, there you go. That's perfect. But one other thing I want to add, especially from our perspective we talk about prevention and it is so, so important from a lifestyle perspective, from where I sit in terms of, in something you said Jeff, about your health before, right? We know there is very, very clear evidence, especially with the hormonal based cancers.

We know. That 80 to 90% of any cancer. And it's been well-documented back to diet, lifestyle, behavior, all of that. Right. And we know that it's preventable. So, there is a contribution it's not just like Willy nilly. You know, people ended up with cancer. We know cancer cells grow and get destroyed. Many times in our body throughout our lives.

Right? What, **what is the difference between what actually makes that cancer cell grow versus not grow?** And I always say to people, yes, the food that you're eating is very important. You know, people joke. I know John people say, oh, well, organic doesn't matter. No **organic matters tremendously because those herbicides in those pesticides lead to cancer growth**, it's been well-documented that they do, right.

Life is safe and all those options. I have been well-documented and linked to cancer, right. We know **the hormones in meat and poultry and eggs and milk and dairy can cause cancer**

developmentally. So, so lifestyle is a big part of this as is the mental emotional piece. And this is why I kind of brought that up a little bit.

We know what goes on and the thoughts that go on in our head and the stress that goes on in our life is manifested in our body. So doing these things preventatively beforehand, Again, we don't, we can't say a hundred percent that it's going to prevent cancer. Absolutely not, but I don't know about you guys.

Right. And I know from my perspective and Jeff, you said that right. Anytime I get a tickle, anytime I get something, you go, oh my God. As a cancer, I know I have spent the last 20 years of my life. Making my immune system as strong and as resilient as it can be because I never, ever, ever want to hear those words.

You have cancer and nor do I want anybody in my life who I love who's close to me or the clients that I work with to have to hear those words. So **I do think that prevention from a physical standpoint**, feeling around making sure that you do. I always say our bodies whisper until it roars.

Right. Listen to the whisper, feel around and don't be dismissive of it because I think that's so important. So I want to thank you both. I am going to let Jill you wanna, you want to pop in here and say anything? She's like shaking her head. No, don't put me on the mic.

JILL: No, but I do want to add to that. Testicular cancer they say it's a rare cancer. The more, I bring it up to people. The more like Jeff said, the more people I hear have been diagnosed with it. We know several people just within our community that have been diagnosed since Josh's diagnosis. So they say it's rare, but. It is happening.

And like Meryl said, **lifestyle is such a huge piece of the prevention factor**. So stay on top of what you're feeling, stay on top of your bodies, check yourself. And if you feel something that isn't right or that isn't normal for you get it checked. And if you are told that, oh no, you're fine.

But you still have this gut feeling that something is wrong. See somebody else and **don't stop until you get the right answers**.

MERYL: Yeah, so true. So true. Well, thank you both, Jeff. Thank you.

JEFF: Thank you, it was a pleasure

MERYL: absolutely pleasure. Was mine. Josh. Thank you as well.

JOSH: Yeah, thank you.

MERYL: This is your Rebel Nutritionist signing off everybody.

Go check yourselves, make it a great day. We'll see you next time.