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Riordan Clinic is a world-renowned, academic medical center that has led the world in integrative oncology and complex chronic illness care since 1975. The Riordan Clinic was established as a 501 (c)(3) non-profit organization with missions in research, provider education, and patient education. The Health Hunter Newsletter has been published since 1986 as an educational resource to providers and patients.

Patient Story: Mother of Four Recalls Her Cancer Journey

Kelli Ann Rollins of Shawnee, Oklahoma, was a busy mom of four in the early summer of 2022. She was looking forward to a family trip to Utah and another summer trip to Hawaii to celebrate her 15th anniversary to her husband, Jeb. She would soon embark on another journey – not one she ever expected to sign up for.

A Gut Feeling

In early June 2022, Kelli Ann felt a lump in her right breast. She was nursing her youngest child, Livi, then 2, and thought it was a clogged milk duct, which she had also experienced multiple times with her older three children. But the lump never got sore.



AUTHOR

Melody Spurney

"Being a healthcare provider, I knew when I felt it the first time; I knew in my heart this was something serious," she said.

But she didn't have much time to think in the moment. Two of her children were in the middle of dance recital week, and one was also participating in cheer camp. A day later, the family left for vacation in Utah.

"Those two weeks were so crazy. We
Continued on page 2



Kelli Ann Rollins (second from right), is pictured with her husband Jeb and children (from left) Reid, 15; Rush, 9; Livi, 3; and LilliAnn, 13; in 2022 at Arches National Park.

went on vacation, and things kind of settled down, but I just kept feeling it every time I would nurse Liv,” she said.

Kelli Ann felt an urgent need to order a mammogram and ultrasound and remembers standing outside of a hotel room in Utah trying to make appointments, and she learned the wait would be four to six weeks. At age 38, she had planned to have her first mammogram at age 40 and had no significant family history of breast cancer.

The family completed the trip and headed back to Oklahoma. The kids had been fighting on the way home because they had been together in the car for more than a week, and she remembers saying, “You guys better get along because this might be the last vacation we’re going to take for a while.”

“I was just saying it out of anger because I really did know in my heart that I had breast cancer,” she added.

When she returned, her nurse had ordered an ultrasound and mammogram.

At her mammogram appointment, Kelli Ann was called back for additional imaging, which showed suspicious areas on both breasts, not just her right. The technician showed her what looked to Kelli Ann to be calcifications in her left breast. “It looked really scary, and I remember just gasping,” she said.

Kelli Ann was then taken for her ultrasound. She remembers looking at the screen and seeing the mass, which Kelli Ann described as looking like a giant spider.

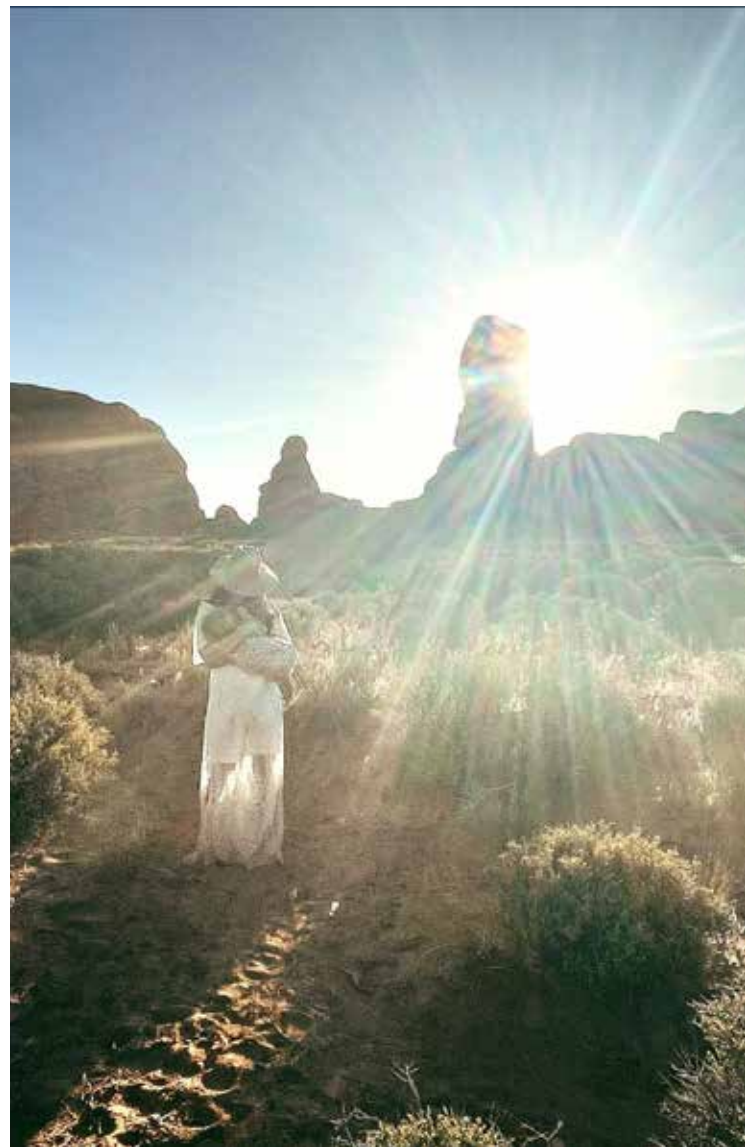
“I knew at that point, laying in that dark ultrasound room, that I had breast cancer, but I was very shocked to get additional views on my other breast as well. It was kind of awkward walking out of there because three of the girls at the front desk were looking at me with these pitiful looks. And I was just like ... they know. There’s something really bad. And they know.”

After the appointment, Kelli Ann got in her car, thinking about the 20-minute drive home, and she checked her portal chart on her phone. Her results were already posted, BI-RADS 4 and 5. Pretty much the worst results she could have gotten. She immediately called a friend who is an MD, who had already received the news and said, “Kelli Ann, they’re worried about cancer in both of your breasts.”

All of the breast radiologists nearby were completely booked, and a friend said she could get her in to see a general surgeon within a few days. Kelli Ann didn’t want that. She wanted a breast specialist.

“I finally just advocated for myself, and I called and called every single day. It honestly gave me more compassion for the people who aren’t in the healthcare world because they don’t know the importance of advocating for themselves,” said Kelli Ann, a family nurse practitioner.

Kelli Ann got an appointment at OU Breast Health Network, but was still looking at a wait of several weeks. Then after they saw her ominous mammogram results, she got a call and was told that if she could get her images to the office before it closed, the doctor could likely see her much sooner.



She left immediately to pick up her medical records locally and drove an hour to hand-deliver it to the OU Breast Health office. Her new appointment was scheduled for a week later. “It was the longest week of my life,” Kelli Ann remembered.

An Abrupt Change

Kelli Ann and her husband, Jeb, went to her biopsy appointment at OU Breast Health, which was a fairly traumatic experience. Tissue samples were taken from both breasts because of calcifications seen in previous images.

The biopsy on her right breast caused substantial bleeding, in part because she didn’t have much breast tissue and because she was breastfeeding. The doctor stated that she recommended a biopsy of her left breast that day as well, despite the bleeding during the biopsy of the right breast. She then had a stereotactic biopsy of her left breast, which required her to lie flat on her stomach and place her breast through a hole in the table.

A machine performs multiple biopsies during the procedure by poking the breasts from under the table. Kelli remembers lying there for over an hour, unable to move.

“I heard my tissue dropping into a metal pan. And then the nurse

takes it across the hall to check for calcifications to know they got it in the right spot,” she said.

The tissue was taken for an X-ray and confirmed calcifications. As traumatic as the breast biopsies were, what happened next was even worse for Kelli Ann.

With two ice packs in both sides of her bra, Kelli Ann asked when she could go back to breastfeeding Livi. The doctor then told her that she suspected this was the beginning of a long journey and she needed to go ahead and be done with breastfeeding.

“That was the hardest part. Because I thought that with my last baby, I would have this beautiful moment nursing her for the last time. It was a closure of motherhood. I had breastfed for nine years, and nursing was one of my favorite parts of having babies. I miscarried right before I got pregnant with Liv, and she was my rainbow baby. It was a very traumatic miscarriage. I just remember wanting to savor nursing my last baby. I didn’t want it to end like this,” she said.

When Kelli Ann and Jeb got home, the first one to come to her was Livi.

“Mommy, milk! Can I have milk?” she remembers Livi asking. “And of course, I can’t. ‘Mommy has a boo-boo,’ I told her. My mom helped wean her by keeping her occupied and letting her stay with her at night, but I had to keep band-aids on my breasts for a month so she could see the band-aids and remember that mommy had boo-boos and that was why she couldn’t nurse.”

A simple and uncommon occurrence during the precious family trip to Utah was what brought Kelli Ann some comfort from the trauma and sadness about her abrupt end to breastfeeding Livi. The family was at Arches National Park, and Kelli Ann, on a whim, called a college student to take photos of the family, something Kelli Ann said she had never done on a road trip before. The photographer was only available for an early morning session, so the family of six got up at 4 in the morning to be at the park by 5.

“Four cranky kids in a crowded hotel room at 4 in the morning was not fun, but for some reason, something was really pressing on my heart for me to get these family pictures done,” Kelli Ann said.

The family did make it to the park just in time for sunrise. It also set a scene for one of her most treasured photographs, which happened to be taken by her husband, Jeb. *(See page 2)*

“There was this beautiful morning sunlight, and Livi was cranky, so I picked her up to nurse her. And the light was coming over the arches, and I was nursing her for a minute to see if she would get happy so we could get some good pictures. Jeb was standing a ways from me, and for whatever reason, he took out his phone and took a picture of me nursing her,” she said, adding that Jeb almost never took random, candid pictures of her.

Kelli said the light and the moment were priceless, and she pulled up the photo the days she returned from her diagnosis and biopsy. I needed something to comfort me in those initial days after the biopsy, and having that picture of me nursing Liv and knowing that I’d have family pictures for our Christmas cards with my long hair before chemo gave me some comfort and peace.

“It was like God nudged him to take that picture that morning. And I had that memory, and it was so very sweet. It is so symbolic in my journey. Jeb didn’t know I would get diagnosed with breast cancer a week later. And I didn’t know why I had family pictures taken on a road trip in Utah, but God did.”

‘You Have Cancer’

Kelli Ann and her family were walking out the door for a dance competition in Dallas, preparing to pick up one kid from church camp, and getting another to dance nationals while the younger two children were waiting in the car. Then she got a phone call. “It could not have been worse timing,” she said.

Kelli Ann’s breast radiologist called with a positive cancer diagnosis and news that her tumor was HER-2 triple positive. She said that although she is a nurse practitioner, she didn’t see a lot of breast cancer patients and had relatively little knowledge about what all of that meant. The radiologist told Kelli Ann that it was a good thing for her to be triple positive because there were more treatment options available.

The radiologist said that HER-2 positive status makes the cancer more aggressive, and so does being younger and breastfeeding. Her Ki-67 score was high, which indicated a fast-growing tumor.

“I am a researcher and look everything up, but that was the first time in my life that I couldn’t. I wasn’t in a place mentally where I could look anything up about my breast cancer or possible treatments. I was so terrified, I didn’t want to know,” Kelli Ann said.

She asked her mom and aunt to start researching for her, and they reassured her they would find information while Kelli Ann continued to the dance competition.

“When you get cancer, everything just changes. I’m sure this happens for everyone. At that point, dance didn’t matter. If she won, it didn’t matter. I don’t remember anything about watching my daughter dance that weekend.”

Kelli Ann did remember the downtime she and Jeb shared during that weekend. The competition was held on a college campus, where they walked, holding hands, talking about the trees, flowers, landscaping, and what they wanted to plant at their house.

“It’s weird because it was our big dance nationals for that year, and I should have remembered all of that stuff. But I don’t even know what they won. Your whole perspective changes because none of it matters. But I remember Jeb and I dancing over the overpass of the bridge. I remember the small, special moments of how he loved me so well during the first of many terrifying days,” she said.

More Tests

Kelli Ann never once thought that she would be diagnosed with cancer. Kelli said she had no risk factors and had never smoked or used hormones. “Breast cancer was never even on my radar. I had no family history at the time and had breastfed for nine

Continued on page 4

years, which should have lowered my risk.”

She said she had made adjustments to her lifestyle years before her diagnosis. She had decreased her sugar intake and eliminated gluten from her diet, took multiple supplements daily, used clean household products, and lived a generally healthy lifestyle.

“But God can humble you real fast. You are not the one in control. You can preach all this stuff about healthy living on social media, but you can still get a life-altering health diagnosis,” she said.

Kelli Ann felt an unusual lymph node after her biopsy when the family returned home from the dance competition. Her original scans did not show any issues with her lymph nodes, but she was scanned again, which showed it to be borderline enlarged. The breast radiologist told Kelli Ann she wasn’t sure she wanted to biopsy it because she didn’t think it could be done safely without excessive bleeding. Kelli Ann advocated for the biopsy, and after consulting with other doctors, the radiologist agreed.

“She finally told me that it was good to go ahead and biopsy it because it could really change my treatment plan going forward.” Kelli Ann was called two days later and learned the lymph node was positive for cancer. She got off the phone, looked at her husband and said, “This is going to be a battle.”

“If I hadn’t pushed for that, we would have never known I had a positive lymph node. I don’t know if I would have ever gotten radiation. And I don’t know if I would have ever been staged correctly,” Kelli Ann said. She was eventually staged at 2B.

During her first visit to her oncologist, Kelli Ann was told she should get a CT scan and a MRI of her brain to look for metastatic disease. However, Kelli Ann wanted a more comprehensive PET scan. It was hard to get insurance approval for a PET scan, but her breast radiologist encouraged her to push for it. It was eventually approved and showed the lump in the breast and the lymph node involvement in her axillary area.

“Advocating for yourself is so extremely important. You can’t be a backseat passenger to your own healthcare” she said.

A Treatment Plan

Kelli Ann started with a traditional oncologist, who told her “all the traditional things.” Seeking more, she called a dear friend and mentor, a retired nurse practitioner with whom she had worked. That practitioner recommended Ivermectin, which Kelli Ann began taking. The nurse practitioner also recommended that she completely cut out sugar and work on a ketogenic diet, high-dose IV vitamin C (IVC) and mentioned that she should research a more integrative approach to cancer treatment.

After seeking the treatment, Kelli Ann found Riordan Clinic on the recommendation of the nurse practitioner. She also learned of Dr. Nasha Winters, ND, LAc, FABNO, and the Metabolic Terrain Institute. She was disappointed to learn Dr. Winters did not see patients, so she started looking for trained practitioners. She also looked into clinics in California and Mexico, but with four children, she knew she didn’t want to travel that far.

Kelli Ann continued to consider Riordan Clinic’s integrative oncology program after learning about their IVC protocols. In researching the clinic, she clicked on the list of providers and



found Dr. Kirsten West, ND, LAc, FABNO, and felt drawn to her.

“I think she’s my girl. And she had trained under Dr. Nasha Winters and the Metabolic Terrain Institute. I knew it was the perfect fit,” Kelli Ann remembers thinking.

Kelli Ann began care with Dr. West with a two-hour Zoom meeting and immediately fell in love with her and was impressed with her thoroughness and thoughtfulness.

“She was the missing piece to my cancer care. She made me feel so hopeful and empowered. After I saw her, they emailed me a 20-page treatment plan with reference sheets for every supplement she had recommended, every exercise she recommended. I remember being blown away. I felt like she was seeing me and not just my diagnosis. The care is so individualized. This should be the standard of care for every oncology patient,” Kelli Ann said.

“I’m a mom of four. And I just decided that I have a purpose to live, and I’m going to hit this cancer from every single angle. I felt like I had to do all the things,” she added.

Kelli Ann was diagnosed with cancer on June 24, 2022, and began Dr. West’s treatment plan in July, about the time she also started chemotherapy. In addition to beginning Ivermectin and IVC, she received IV ozone twice a week, mistletoe injections 2-3 times a week, and had six rounds of hard chemo along with Her-2 targeted infusions every 3 weeks for a year.

Although she wanted a mastectomy immediately after diagnosis, she was told to wait and do chemo before the surgery because new research shows that chemo before a lumpectomy or a mastectomy can yield better results and a possible decreased risk of recurrence in Her-2 positive breast cancers.

When she finished her initial treatments, a follow-up MRI

showed no evidence of cancer or abnormal tissue. She had a lumpectomy, which revealed she had a complete pathological response with no evidence of cancer in her breast or lymph nodes. She previously had a fast-growing 2.2-centimeter nodule. By December 2022, it had completely gone away, Kelli Ann said. She believes the combination of all of the treatments helped her achieve the complete response.

She continued with her plans for radiation because of the initial positive lymph node. She said she struggled with the decision regarding radiation since she no longer had cancer. However, she said she felt there was a reason she found the lymph node and a reason she had pushed for the PET scan to confirm it.

“I really felt like I needed to proceed with radiation,” she said.

Dr. West provided her with a radiation protocol designed to make the treatments more effective and to help her detox from the radiation. Kelli Ann completed her radiation at the end of February. She continued Her-2 injections through July.

Dr. West told her that they would revisit the possibility of a mastectomy later, as Kelli Ann was still unsure if she should do this as a preventative measure going forward.

“Dr. West said, ‘You’ve been through a lot this past year, and you can’t make good decisions when you’re in fight or flight. We are going to get your hair back. We are going to get your eyebrows back. We are going to get you back. And then we are going to make that decision, and you aren’t going to make it alone. I’m going to help you.’ That is exactly what I needed to hear,” Kelli Ann said.

Kelli Ann said that sometimes she would be gripped with anxiety regarding what would happen if the cancer came back. She said that Dr. West was her safety net and told her she didn’t have to feel like she was drowning with fear of a recurrence.

“That was so empowering to me, to feel like I had someone in my corner looking at the big picture and monitoring my health going forward,” she said.

Addressing Trauma

Although she doesn’t think that trauma and emotional turmoil actually caused her cancer, she thinks it definitely could have contributed. Her experience with her cancer journey showed her that she had experienced more than she thought over the past four years. Part of the treatment plan she and Dr. West developed was working on her emotional health, or healing from the inside out, which addresses one of the 10 Metabolic Terrains.

“I don’t really discuss all of my emotions like I should. I felt like if I was going to do this; I was going to do it right. So I started looking at all the terrains. When I started to vocalize what all had happened in the last few years, I realized I had had some pretty significant trauma,” Kelli Ann said.

Not long before Livi was born, Kelli Ann had a miscarriage, which was personally traumatic and caused a temporary rift with her mother, who had always been her best friend. Kelli said that as a healthcare provider, she had guided patients through the experience of a miscarriage, reassuring women that miscarriages weren’t uncommon and that they would get

through the experience. She said she understood differently and had more compassion after experiencing the heartbreak herself.

When Livi was born, the newborn spent time in the NICU. Kelli Ann said that she began to experience severe anxiety and stress, more than she had ever had before.

More challenges came. COVID hit, and she found herself homeschooling four children, caring for a newborn who didn’t sleep well, and managing medical issues for her grandfather, who had just had a major heart attack.

Her father fell out of a tree at the same time COVID started and sustained a spinal cord injury that they were initially told would leave him paralyzed for the rest of his life. He spent two months in Chicago learning to walk again but is still disabled.

Jeb worked for the family’s oil business, and when oil drastically dropped during COVID to below \$40 a barrel, they were afraid they would have to sell their home and lose their business.

The challenges taught her resiliency and gave her perspective about managing stress and addressing her mental health as she began reflecting on her cancer journey and looking to the future.

A New Perspective

Kelli Ann said that reintegrating into her previous life and society after being a cancer patient was hard. She said that as a mom of active kids, she would sit at basketball games and listen to the other moms talk about bags under their eyes, new hair accessories, and Botox.

“And that’s hard because you just want to roll your eyes, and you’re thinking, ‘Well, you could not even have hair. Or you could be on the bathroom floor throwing up,’” she said. She also said that experiencing chemo-induced menopause essentially overnight was difficult. She said Dr. West helped her manage the symptoms, which she described as a “freight train” that hit her severely and suddenly.

Kelli Ann compared her cancer journey to climbing a mountain. Some days, she felt alone and wondered why she had to take the hard way up the mountain, short of breath, exhausted, and miserable.

“And you want to quit, but you know you have to get to the top. Sometimes it seems like you are going so slow, but then you get up there, and you get this beautiful view that nobody else gets. I think that’s so sweet and endearing of God, because He uses sufferings to refine and bring us closer to Him. He uses it for His glory, and there’s purpose in it. That’s the sweet part of having something like this happen. You get a really beautiful view of life. And I’m really thankful for that.”

Kelli Ann said she was the mom who was always at the school and helping with her children’s homework. She called herself a “Type A mother doing everything for them.” She hadn’t been able to do that much for them in the past year. She was sick most of the time and felt completely out of the loop.

However, she said all of her four children – Reid, 15; LilliAnn,

Continued on page 6

13; Rush, 9; and Livi, now 3 – haven't just grown up, but have thrived. They've become stronger and they've developed into more compassionate people because of my cancer diagnosis.

Kelli Ann said that when she looks at her life now, she feels she sees things much differently than others.

"People say, 'Oh, your cancer is gone. Yay!' What they don't realize is that your life is forever changed. They think you can just go back to doing the same things. I don't want to do the same things. I'm changed," Kelli Ann said.

Riordan and Reflection

Kelli Ann first visited the Riordan Clinic in Wichita in July 2022. During that visit, she took pictures of signs that hang in the domes, displaying phrases like "He who has health, has hope, and he who has hope has everything." She said they gave her encouragement.

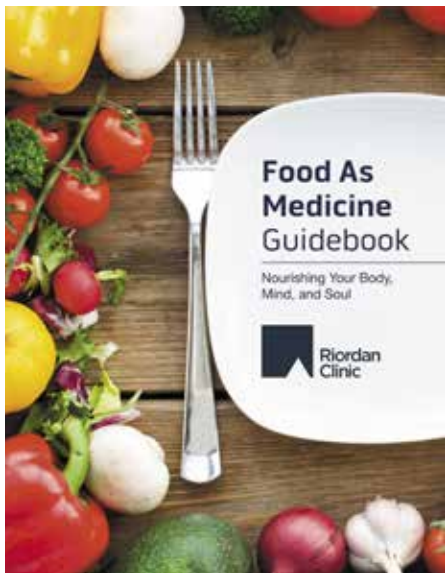
"You feel so hopeful. You're not just a patient. People see you," she said.

She said the integrative treatments she experienced at Riordan Clinic helped complete her healing journey.

"I can't imagine having cancer and partnering with someone for a more integrative, holistic approach. It's the missing piece. It really is. You can't expect your body to heal without giving it what it needs to heal. You have to change your body's terrain. There's so much beauty in that part of health and healing. As humans, we are wonderfully created and with the right changes, the body has a good chance of being able to heal itself." she said.

She said she would advise patients to avoid getting stuck on the financial aspects of integrative treatment but to look ahead and appreciate the transformation that can occur as a result of the experience.

"I know insurance doesn't pay for most of this, but it is worth its weight in gold. I would advise everyone with cancer to get an integrative oncology team. The money doesn't even compare to what you are gaining. It's not just about your cancer journey, it's about true health. It is a treasure to benefit the rest of your life. A traditional oncologist helps you with your cancer. This helps you with every aspect of your life. Riordan is transformative for your whole future," Kelli Ann said.



New Food as Medicine Guidebook Available

The Riordan Clinic's new Food as Medicine Guidebook is now available for downloading from the clinic's website, www.riordanclinic.org.

The 42-page guidebook is available for free. It includes information about a variety of nutrition-related topics and more than a dozen recipes.

Fall Lunch & Learn Draws a Crowd



Above: A crowd of co-learners gathers for lunch and to hear Dr. Ron Hunninghake, MD, Chief Medical Officer, present the fall Lunch & Learn, Mitochondrial Mayhem: Correcting the Root Cause of Cancer. Lunch & Learn presentations are currently offered twice each year as part of the Check Your Health wellness event.

At right: Dr. Ron stands in the control room before his lecture as Information Technology Director Paul Taylor prepares to record and live stream the lecture.

This Lunch & Learn lecture is available for viewing online at www.youtube.com/@RiordanClinicOnline

Baked Chicken Meatballs with Garlic Dill Yogurt Sauce



INGREDIENTS

1 lb. lean ground chicken
1/4 cup panko bread crumbs
2 garlic cloves, minced
3 tbsp. finely diced yellow onion
1/2 tsp. dried thyme
1/2 tsp. dried oregano
1/2 tsp. garlic powder
1/2 tsp. salt
Fresh ground pepper, to taste

For Yogurt Dill Sauce

3 cloves garlic, minced
1/4 to 1/2 tsp salt, to taste
Fresh ground pepper, to taste
1 tbsp. fresh dill, chopped, plus more for garnish
1 cup plain yogurt
1 tbsp. extra virgin olive oil

DIRECTIONS

1. Preheat oven to 400 degrees.
2. Lightly grease a 9x13-inch baking sheet and set aside.
3. In a large bowl, combine chicken, panko, garlic, onion, thyme, oregano, garlic powder, and salt and pepper. Mix until thoroughly combined.
4. Form the mixture into 1 1/2-inch meatballs.
5. Transfer meatballs to previously prepared baking sheet.
6. Bake for 18-20 minutes, or until meatballs are cooked through. In the meantime, prepare the yogurt sauce.
7. In a small bowl, combine garlic, salt, ground pepper, dill, yogurt, and olive oil. Mix until thoroughly incorporated.
8. Taste for seasons and adjust accordingly.
9. Remove meatballs from oven and let stand for a couple minutes.
10. Transfer to a serving bowl and spoon yogurt sauce over meatballs.
11. Garnish with fresh chopped dill and serve.

Contact the Editor

Please send any comments or suggestions to
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Thank you for reading.



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LATEST EPISODES



EPISODE 65

A SECOND LOOK AT METHYLENE BLUE

*Dr. Thomas Levy, MD, JD,
 Riordan Clinic Board of Directors*

In this episode of the Real Health Podcast, Chief Medical Officer Dr. Ron Hunninghake, MD, and Dr. Thomas Levy, MD, JD, revisit methylene blue. They address the themes of some of the questions and comments received after their March episode, including how it works, how to take it, and dosing guidelines.



EPISODE 64

THE STERN METHOD: SAVING RYDER

*Ryan Sternagel,
 Founder of The Stern Method*

In the latest episode of the Real Health Podcast, Chief Medical Officer Dr. Ron Hunninghake, MD, and Ryan Sternagel, Founder of The Stern Method, delve into the impactful story behind saving Ryder, Ryan's son who was diagnosed with cancer at only one year old.

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