



## PART II OF IV

### 2024 BHRT SEMINAR SERIES

Mastering the Protocols for Optimization of  
Hormone Replacement Therapy  
**PART II - Expand Treatment Options**

Accreditation provided by: Foundation for  
Care Management (FCM). Jointly provided by  
**TRUBALANCE HEALTHCARE INC. CANADA**

#### CREDITS:

20 AMA PRA Category 1 Credits™  
20 Nursing Contact Hours (20 Pharmacologic Hours)



## EDUCATOR

**NEAL ROUZIER, M.D. OF WORLDLINK  
MEDICAL**

#### CE CREDITS:

College of Naturopaths of Ontario (CONO)  
20 Category A, Pharmacology

## COURSE BROCHURE & AGENDA PART II - JULY 12 - JULY 14

### LIVE CONFERENCE

Sheraton Gateway Hotel in the Toronto Airport  
**Special Hotel Rate: \$279.00CAD + tax per night**

### EARLY BIRD - SAVE \$125CAD

Register by June 13th  
Education is open across borders

## Course Description - PART II

### Prerequisite to Attend:

- You have completed **PART I: Discover the Power of BHRT**

**The BHRT PART II is a in person live conference** - The course follows advanced concepts and up-to-date research above and beyond BHRT Part I. The 3 day workshop will keep you current on the appropriate skills needed to manage everyday HRT related problems. It will serve as a short refresher of HRT but will primarily serve to teach new and alternative therapies not explained previously, as well as introduce **management of new conditions such as PCOS, Osteoporosis, Cancer and Hormones and Chronic Fatigue Syndrome**. Other exciting topics to be discussed include the following:

- **Alternatives to raising testosterone**, including methods that maintain or even may increase fertility in men, such as clomid and HCG.
- **The importance of early identification of Polycystic Ovarian Syndrome (PCOS)**, including recognizing its associated signs and symptoms, atypical presentation, and treatment options to potentially improve fertility and reduce risk of long term health consequences, such as obesity, uterine cancer, nonalcoholic fatty liver disease, and type two diabetes. Also, learning why the word "PCOS" is a poor name and a misnomer for the condition, as it is primarily an endocrine condition.
- Review what the literature shows about **how hormones affect cancer progression and knowing when and which hormones may be appropriate and why**

**BHRT PART II** goes into greater depth than the nuts and bolts covered in BHRT PART I, showcasing literature reviews that highlights the many benefits of HRT, particularly as they pertain to cardiovascular and cancer protection. We also review the scientific literature supporting a more preventive approach to chronic disease vs a sick care model that never treats root causes.

## Course Objective

### Upon completion of this workshop, the healthcare professional will be able to:

- Identify important issues in the relationship between hormones and cancer: cause, provocation, or protection?
- Outline problem-solving techniques for difficult cases complicated by simultaneous disease processes and the potential benefits of hormones.
- Discuss literature citing new indications, risks, benefits, and complications of estrogen, progesterone, and testosterone therapy.
- Determine advanced treatment modalities and dosing strategies for estrogen and progesterone, including new and specific approaches to these therapies.
- Describe important aspects of the WHI findings: identify the experts that refute this study and other factors not included in the trials that would change the conclusions.
- Determine advanced treatment modalities, including new and specific approaches to thyroid, and testosterone replacement for disease prevention.
- Discuss over 40 articles that demonstrate thyroid replacement does not cause osteoporosis, even in TSH suppressive doses.
- Identify various new therapies for erectile/sexual dysfunction in men and women.
- Evaluate the epidemiology of cardiovascular disease and diabetes and the various treatment strategies as they pertain to medication, diet, exercise, and lifestyle changes.
- Describe the strategies for using the new cardiovascular risk markers, inflammation markers, and lipid parameters, as well as how to make sense of all the new lipid fractionation components.
- Determine current screening methods and management strategies for the most common pre-menopausal hormone disorder, Polycystic Ovary Syndrome (PCOS), in addition to implementing diagnostic and treatment strategies for PCOS.
- Apply diagnostic and treatment strategies for hirsutism and hair loss.
- Implement strategies for treating osteoporosis using hormone replacement therapy.
- Provide insightful and clinically meaningful cases to help clinicians improve their practice and patient health outcomes

**Advisory:** The concepts and practice taught are evidence based (we follow the guidelines from the medical studies that prove efficacy) in contrast to what is taught by some groups whose approach is not evidence based (no justifiable scientific reason for what they are teaching and that which is often contrary to evidence based medicine).

**FRIDAY**

**7:30 a.m - Breakfast Buffet onsite**

**8:00 – 10:00 a.m. - Section 1 -**

- Making sense out of the many HRT studies, the critiques, and the rebuttals.
- A commentary as to why estrogen is not harmful in most circumstances.
- A critique of the WHI trial and a meta-analysis demonstrating opposite conclusions of the WHI. Putting the pieces together will make you an expert on all ifs, ands, or buts. It is the knowledge and command of this scientific literature (that your colleagues will never know) that makes you the expert. Estrogen replacement is so very complex and a full understanding of all the studies and data is necessary to prescribe and defend HRT. Having a command of the literature will enable you to explain when estrogen is indicated, which one, and why, the safety of estradiol and potential harm of CEE, the harm of not utilizing estrogen and estrogen deprivation, and the harm of assuming and extrapolating the harm of CEE to E2.

**10:00 – 10:15 a.m. – Break**

**10:15 – 12:15 p.m. - Section 2**

- Review the hormone paradox and the myths and controversies of the oncogenic effects of hormones as to whether they are causative or protective against cancer. A literature review of HGH & testosterone in men will show benefits of protecting against cancer as opposed to the incorrect common opinion of testosterone causing cancer. As for women, estrogen and progesterone are also accused of causing cancer in spite of the literature support for the contrary. Studies will be reviewed that evaluate whether they cause cancer or protect against cancer and how optimization protects against cancer. We'll review all the literature that proves MPA ≠ OMP. Finally, testosterone is second to progesterone in protecting against breast cancer. Can estrogen be safely used in cancer survivors? Over 40 studies prove it can and should be used. Not replacing hormones increases morbidity and mortality which proves the oncologic world doesn't know their own literature. What level of progesterone is best for breast cancer protection and what level of testosterone is most appropriate? All hormones have been demonstrated to protect against cancer and it is the loss of hormones that increases that risk. Only one hormone increases cancer risk and that is a drug and not a hormone. It is amazing what medical experts do not know or understand about hormones and will make incorrect assumptions to avoid HRT whereas doing so increases morbidity and mortality. They cause harm by not utilizing HRT but they don't understand that they don't know.

**12:15 – 1:15 p.m. - Lunch Break Onsite**

**1:15 – 2:15 p.m. - Section 2 Continued**

**2:15 – 3:15 p.m. - Section 3**

- Interesting articles and facts on HRT: A literature review of what the experts don't tell you about risks and benefits of HRT. Don't ignore the world's literature-the WHI does not negate all prior studies. Become conversant in all the other studies in opposition to WHI. Don't assume or extrapolate the harm of CEE/MPA to E2/P4. It is amazing what medical experts do not know or understand about hormones and will make incorrect assumptions to avoid HRT whereas doing so increases morbidity and mortality. They cause harm by not utilizing HRT, but they don't realize that they truly don't know or understand hormones. Literature review of HRT, new & most recent that was not covered in PART I. Everyday there is something new and this is the venue that keeps us up to date.

**3:15 – 3:30 p.m. - Break**

**3:30 – 5:30 p.m. - Section 4**

- Testosterone's risks and benefits from JCEM and NEJM meta-analysis, new guidelines, and alternative methods of prescribing testosterone for men and women. Learn all the alternative methods of raising testosterone levels besides transdermal creams. When to avoid transdermal, when to avoid IM, when to use HCG vs. clomiphene, and when to use oral testosterone? Which are the cheapest, which are the best, and which ones should be avoided. Basically, everything you could possibly ever need to know about optimizing testosterone. A literature review (EBM) will support the many alternative methods to raising testosterone.

**5:30 – 6:00 p.m. - Question and Answer**

# **SATURDAY**

## **7:30 a.m - Breakfast Buffet onsite**

### **8:00 – 10:00 a.m. - Section 5**

A literature review of the battle and controversy over oral vs. transdermal estrogen, which type, how, when, why, and how the ESTHER study guides us. Knowledge is power when it comes to estrogen administration, the risks and benefits of both. Review of HRT and clotting and how to evaluate the risk and decrease the risk. What is that relative risk anyway that everyone always alludes to? Please don't tell me the risk of clotting-rather give me the numbers. The importance of SHBG in prescribing E2 as it pertains to CA and CAD. Thrombophilia work-up, test panels with case examples of + labs and how patients should be treated. Develop a treatment plan that encompasses the foregoing but that requires in-depth knowledge of the vast literature and relative risks. Finally, OK, what to do when someone develops a clot while on HRT and has a negative work-up, or that has had a prior clot, even if provoked. Review the harm of transdermal estradiol and the null set.

### **10:00 – 10:15 – Break**

### **10:15 – 11:15 a.m. - Section 6**

Thyroid update and cardiovascular review articles of the importance of T3 optimization for cardiac disease prevention and lipid improvements. Thyroid replacement does not cause osteoporosis- an extensive literature review. So, you think you know thyroid? More cases, labs, and articles. More literature support for optimizing T3 in spite of AACE recommendations to the contrary. U.S. Pharmacopeia report on desiccated thyroid. Stock prices are up now because desiccated thyroid is going away thanks to big Pharma.

### **11:15 – 12:15 p.m. - Section 7**

Preventive cardiology or how to avoid CABG, stents, and MI when statins don't work: A literature review of hormones, toxic blood markers, prediction of CVD, and treatment without using common CVD drugs that don't always work. Preferential use of hormones, EFA, supplements, life style changes, and diet to prevent CVD and how to monitor effects via the NMR panel. The expert recommendations are no longer monitory cholesterol levels, as LDL may not predict CAD, but HDL does. Then what should we monitor and what is predictive? LDL particle number and small LDL particle numbers. We'll look at the cases and outcomes.

### **12:15 – 1:15 p.m. - Lunch Break Onsite**

### **1:15 – 2:15 p.m. - Section 8**

Cardiology cases: How to stop progression of the disease. Management when statins don't lower LDL-P and small LDL-P. That which the cardiologists should use but don't. Putting all the pieces together using the best preventive strategies to avoid succumbing to that which kills 90% of us. Use of NMR panel, LDL-P's, apo-B, non-HDL cholesterol, cardiac markers, insulin, and inflammatory cytokines. Does lowering cholesterol by means other than statins provide the same benefits? Lowering LDL is just a small piece of the pie. What can be/should be offered in addition to statins?

### **2:15 – 3:15 p.m. - Section 9**

Complex cases, labs, adjustments, fun and interesting cases, and lots of WWND (What Would Neal Do) cases. Lab updates that utilize the new reagents with comparisons with the old labs and reagents. Conversion to the new reference ranges.

### **3:15 – 3:30 p.m. – Break**

### **3:30 – 5:30 p.m. - Section 10 - Questions and Answer - review with case studies**

### **5:30 – 6:00 pm - Questions and Answer - with the group**

## **SUNDAY**

**7:30 a.m - Light Breakfast Onsite (muffins, coffee, tea & juice)**

### **8:00 – 10:00 a.m. - Section 11**

Polycystic Ovary Syndrome: Diagnosis and treatment of the most common pre-menopausal endocrinopathy that everyone fails to diagnosis. Never miss it again because if you don't specifically look for it, then you won't find it. PCOS increases risk of CAD, DM, breast cancer, & uterine cancer which further emphasizes the need for early detection and treatment. Assume that everyone has PCOS until you prove that they don't. Unfortunately the most common treatments for PCOS don't work. There is only one treatment that will work and that is the one that no one knows or appreciates. We'll review the before and after labs demonstrating improvement. Quality of life and fertility relies on this one treatment.

**10:00 – 10:15 a.m. – Break**

### **10:15 – 11:15 a.m. - Section 12**

Osteoporosis: Diagnosis and treatment using DEXA scan and NTX urine metabolites to monitor bone loss. Treatment of osteoporosis beyond bisphosphonates: HRT, Vitamin D, Vitamin K, strontium, ipraflavone. Measuring and monitoring improvements in NTX- a lab review.

Estrogen metabolites- do they or do they not predict breast cancer and should we waste money on testing. Lab review of 2 OH-E1 vs. 16 $\alpha$  OH-E1. DIM? Do you really need it and does it really work? I didn't know that estradiol caused cancer, so why use DIM? A look at EBM and studies from JNCI that refute confabulation.

### **11:15 – 12:15 a.m. - Section 13**

Estrogen and Progesterone in men: What the literature supports in so far as harmful effects of low vs. high levels. Use of aromatase inhibitors in men or how to increase the risk of CAD, CVD, dementia, osteoporosis, and ED by blocking estrogen. The harm of prescribing progesterone in men unless you want to increase the risk of MI or ED and inflammation. Use EBM to guide your therapy, not what someone theorizes.

### **Section 14**

Review of the chronic fatigue syndrome: Treatment by optimizing T3. The use of cortisol for symptomatic relief of CFS: A literature review. Cortisol: Prescribing, monitoring, adjusting, and use of ACTH stimulation test. Addison's disease vs. adrenal insufficiency vs. adrenal suppression and the use of ACTH stimulation test for diagnosis and tapering. Just what is adrenal fatigue and how to diagnosis via saliva testing even when the serum cortisol level is normal?

**12:15 p.m. – Course is complete!**



## 2024 ACCREDITATION STATEMENTS



JOINTLY ACCREDITED PROVIDER™  
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by The Foundation for Care Management (FCM) and TruBalance Healthcare Inc. FCM is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

**This program is approved for**

*20 AMA Category 1 Credits™*

This program is approved for *20 Nursing contact and Pharmacologic hours* of education.

Healthcare provider should only claim credit commensurate with the extent of their participation in this activity

### College of Naturopaths of Ontario (CONO)

**CE Credits:**

This program is approved for  
20 Category A, Pharmacology

## ABOUT THE INSTRUCTOR

### Neal Rouzier, M.D.



Dr. Neal Rouzier is a pioneer in BHRT/Bioidentical Hormone Replacement Therapy, practicing almost since its inception in the early 1990's. He has dedicated his life's work to uncovering the medical literature that supports safe and effective protocols for unique and personalized patient care. He is the Director of the Preventive Medicine Clinics of the Desert, specializing in the medical management of aging and preventive care for men and women. He has treated more than 3,000 patients with natural hormone replacement therapy and is recognized as a renowned leader and expert in the field. He has over 22 years of experience as an educator and practicing physician, and 29 years of Emergency Medicine experience at Queen of the Valley Hospital in West Covina, California

## API MEMBERSHIP

Claim the exclusive benefits of Membership

- Monthly CME Accredited Webinar Series and article references
  - Monthly Journal Club Online Discussions
  - Access to EBSCO host for full-text and abstract searches to thousands of medical journals
  - Article folders with access to abstract and full-text for all articles referenced in the four-part BHRT seminar series
  - Online patient education programs & provider listing.
- A membership with APIM grants you access to research and exclusive emerging content on hormone optimization, as well as access to the BHRT trained community. Instant resource for abstracts and articles you need for research, interpretation, or sharing with colleagues and patients



## CERTIFICATION

Certification through Worldlink Medical provides physicians and healthcare practitioners with the education, assessment and credence needed to practice hormone replacement therapy. The certification is designed to evaluate proficiency and competence in applying newly learned skills through written questions, case studies and demonstrations of how the skills apply in clinical settings.

### TO OBTAIN THE ADVANCED BHRT CERTIFICATION

- \*Complete the 4 part CME series - Part I, II, III, IV
- \*Obtain passing scores on all 4 CMEs
- \*Complete & pass the final exam
- \*Pay your final membership fee to Worldlink Medical

More information can be found at [www.worldlinkmedical.com](http://www.worldlinkmedical.com) or [ww.trubalancehealthcare.com](http://ww.trubalancehealthcare.com)

## PART II - COURSE DESCRIPTION

Friday, July 12 to Sunday, July 14, 2024

Mastering the Protocols for Optimization of Hormone Replacement

### PART II: Expand Treatment Options

#### COURSE SCHEDULE - Live Conference in Toronto - EST Time

Friday: 8:00am - 6:00pm

Saturday: 8:00am - 6:00pm

Sunday: 8:00am -12:00pm - Course is complete!

#### COURSE FEE'S (CANADIAN FUNDS)

**EARLY BIRD DISCOUNT:** Register by June 13th - SAVE \$125

INITIAL ENROLLMENT/ PRESCRIBER (NEW ATTENDEE): MD, DO, NP, ND: \$1825

PAST GRADUATE RETAKE: \$1199

NON - PRESCRIBER: ND, RN, PA, IMG, Dietician: \$1199

4th YEAR ND STUDENT \$799

- 1) E-syllabus (digital)
- 2) Medical references - covers all the hormones presented
- 3) CME credits
- 4) Online test
- 5) Breakfast & lunch onsite + snacks AM + PM

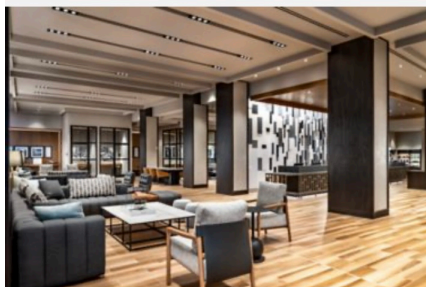
#### FULL COURSE DETAILS:

[www.trubalancehealthcare.com/education](http://www.trubalancehealthcare.com/education)

**PRINTED SYLLABUS:** \$100 + HST (13%)

Pick up your syllabus binder, the first day of the course

#### HOTEL LOCATION & TRAVEL DETAILS



#### Sheraton Gateway Hotel Inside the Toronto International Pearson

Airport - Terminal 3 Toronto Amf, Toronto, ON L5P 1C4

**Main Telephone:** 905.672.7000

**Main Website:** [www.marriott.com/en-us/hotels/yyzgs-sheraton-gateway-hotel-in-toronto-international-airport/overview](http://www.marriott.com/en-us/hotels/yyzgs-sheraton-gateway-hotel-in-toronto-international-airport/overview)

**Earn Marriot Bonvoy Rewards**

- **Room block rate:** \$299.00CAD + taxes per night
- **Hotel discount:** Expires June 13th or if the room block sells out
- **Reservations:** Telephone#: 1 (888) 627-7092.
- **Airports:** Pearson International Airport, 30 mins from hotel or Porter Airlines at Billy Bishop

#### FOR ALL COMMUNICATION AND TO REGISTER PLEASE CONTACT:

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