



## PART III OF IV

### 2024 BHRT SEMINAR SERIES

Mastering the Protocols for Optimization of  
Hormone Replacement Therapy  
PART III - Solve Troubling Symptoms

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)  
~Pending~

## COURSE BROCHURE & AGENDA PART III - OCTOBER 25 - OCTOBER 27

### LIVE CONFERENCE

Sheraton Gateway Toronto International Airport,  
Terminal 3 Toronto AMF, ON., L5P 1C4  
Special Hotel Rate: \$299.00CAD per night,  
expires September 24th

**EARLY BIRD - SAVE \$125CAD**  
**Expires September 24th**

Education is open across borders

## **COURSE DESCRIPTION - PART III - FRIDAY, OCTOBER 25 TO SUNDAY, OCTOBER 27**

### **Pre-requisites to Attend – Complete PART I & II:**

1. **PART I: Discover the Power of BHRT**
2. **PART II: Expand Treatment Options**

The educational process for BHRT education workshop in PART III is both didactic and interactive, with workshop sections devoted to Q and A. Some of the exciting topics to be discussed include:

- **Vitamin D** – Its function as a prohormone, best form and ideal levels, how to prescribe, monitor, and adjust.
- **Part “B” – PCOS** “atypical” presentations of PCOS and how to diagnose. Alternative insulin sensitizers for PCOS patients. PCOS and thyroid (T3 deficiency) dysfunction connection. PCOS and Nonalcoholic fatty liver disease connection.

**Treating Vaginal atrophy | Perimenopausal transition & early menopause | Prophylaxis of postpartum depression with progesterone | Aromatase inhibitors and cognitive decline | Male insulin resistance issues (corresponds to PCOS) – effects on SHBG, prostate cancer risk; diagnosis and treatment. Deep dive into prostate cancer (Understanding PSA and free PSA, harm of ADT, and new research on alternatives to treating prostate cancer.**

Only the most interesting, complex, and convoluted cases that Dr. Neal Rouzier has experienced over the last ten years will be presented. Many concepts taught in other academies are contrary to the medical literature presented in this workshop, but this is only because the attendee will decide therapy based on evidence-based guidelines rather than public opinion or popularity.

Clinical cases will be analyzed to decide upon the appropriate treatments and level of care provided to patients. In BHRT PART I & II, the cases and studies are simple and straightforward. However, a thorough understanding of BHRT PART I and II are necessary to understand many of the more complex cases presented in the BHRT PART III. Extensive literature summaries that provide credence and support are presented so that providers have all the available data to defend their practice if necessary. There are many examples of studies that justify BHRT. For example, one study showed that standard statin treatments for cholesterol caused more cancer occurrence than PremPro®. Progesterone causes decreased absorption of estrogen, yet it can be anticipated and prevented. Each of these controversial topics and more will be thoroughly addressed.

### **Course Objectives**

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

- Discuss the most current literature for bioidentical hormone replacement therapy (BHRT), including thyroid, testosterone, DHEA, estrogen, and progesterone.
- Determine the risks and benefits of transdermal estrogen vs. oral, when and why to use one over the other, and review the statistics that claim HRT increases blood clots...or does it?
- Examine current policy statements for hormone replacement therapy by the North American Menopause Society (NAMS) and American College of Obstetricians and Gynecologists (ACOG), with a critique and review of their recommendations.
- Describe rational approaches for the use of progesterone in treating PMS and PPD.
- Discuss new therapies for prostate cancer, as well as better diagnostic sensitivity and specificity of MRI-S scan. Learn the treatment rationale for prostate cancer survivors through case presentations and literature review.
- Determine current management strategies for preventing loss of pregnancy in Polycystic Ovary Syndrome (PCOS), as well as improving pregnancy rates in women with PCOS. Learn about the importance of maintaining low levels of aldosterone with PCOS.
- Examine literature reviews as to what level of Vitamin D helps protect against cancer, CAD, osteoporosis, dementia, type II DM, and AMD. Learn how to treat Vitamin D deficiency and how much is too much.
- Discuss the pathophysiology of vaginal atrophy and the use of tabs, troches, creams & DHEA.
- Discuss the importance of sex hormone binding globulin (SHBG) in men and women and why it is predictive of CAD, MS, and cancer.
- Describe the data demonstrating that androgen suppression therapy and estrogen deprivation are associated with poor survival in men in comparison with placebo.
- Describe the difference in blood clot risk between Premarin®, Provera®, esterified estradiol, and micronized progesterone as per JAMA.
- Recognize the data demonstrating that only certain types of estrogen increase the production of fatty acid esters that protect against atherosclerosis and plaque deposition at the blood vessel wall.

- Identify the inverse relationship between estrogen and prostate cancer and the two mechanisms by which estrogen treats and protects against prostate cancer.
- Demonstrate skills in multiple case studies with interactive discussion to ensure interpretation and treatment protocols are as demonstrated in our evidenced based scientific literature.
- Examine the medical literature to understand how hormones affect cardiovascular disease for both men/ women.
- In addition to the clinical skills learned in this course, group discussions contribute to the collaborative nature of pharmacists working with physicians and nurse practitioners and their patients to determine a personalized approach to prescribing HT. This collaborative process provides a continuum of care for patients in ensuring improved patient outcomes and consistency in care.

**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).

## AGENDA – PART III – **FRIDAY, OCTOBER 25 TO SUNDAY, OCTOBER 27** - EASTERN TIME

### FRIDAY

**8:00 AM – 12:00 PM**

#### Section A

- Vitamin D: Recent relevant literature review of a most important hormone. Everything that you could possibly want to know about vitamin D
- Vitamin D3: Diagnosing, prescribing, monitoring, adjusting, and optimizing
- How much is too much or not enough? Experts disagree on what is optimal
- How much is toxic per the literature, and what are the symptoms of toxicity
- Dosing based on serum levels, NTX, and DEXA results
- Lab review of baseline levels and treatment endpoints

#### Section B

- Diagnosis of PCOS vs. adrenal hyperplasia (21-hydroxylase deficiency) and use of 17 $\alpha$ -hydroxyprogesterone to make the diagnosis
- What the books don't tell you about complex cases of PCOS
- PCOS- adverse outcomes and prevention of CAD and cancer
- Weight loss in PCOS through administration of metformin and thyroid per the literature
- NAFLD, endothelial dysfunction, aldosterone, & aromatase inhibitors in treating PCOS
- Focus on the vagina and the various methods to treat and protect against urogenital atrophy
- Systemic vs. non-systemic absorption of vaginal estrogen
- Perimenopause = No Man's Land! Treatment options
- Doctor, I'm bleeding!!! What to do? Simply follow the protocol
- A lab review with treatment guidelines for perimenopause
- Functional hypothyroidism and receptor site resistance
- Thyroid does not cause osteoporosis
- Thyroid in the treatment of heart disease and dyslipidemia

#### Section 1 - 50 Case Studies with Q & A

**12:00 PM – 1:00 PM – LUNCH ONSITE**

**1:00 PM – 6:00 PM**

#### Section C

- The unifying hypothesis of estrogen's effects on atherosclerosis progression, complications, and plaque vulnerability
- MMP, clotting factors, inflammatory proteins, and estradiol fatty acid esters in CAD
- Loss of estrogen associated with increased mortality and dementia
- The difference in early, mid, and late estrogen replacement
- The pharmaceutical-company push to block estrogen and the resultant harm of estrogen deprivation- "A Time For Reflection of Aromatase Inhibitors" from *Menopause*
- Going against the ACOG guidelines in order to save lives-the literature proves them wrong. All hormones are not the same, so don't ignore this information
- The documented benefits of estrogen and the morbidity of loss of estrogen that is ignored

- A literature review to make sense of the misunderstanding for HRT. Mastering the literature will make you the expert amongst your peers that don't understand HRT

## **Section 2 - 50 Case Studies with Question and Answer**

### **Section D**

- A historical perspective to determine why everyone preaches only transdermal estrogen
- A literature review proving transdermal estrogen is the safest estrogen
- A literature review proving oral estrogen is the best for saving lives
- Natural progesterone confers no risk of breast cancer or VTE
- What about JAMA, EPAT, CORA, WEST, KEEPS, & DANISH trials of oral E2? Why the NIH uses oral E2 and not transdermal
- Understanding relative risks as your guide for HRT replacement
- The anti-proliferative, oncostatic, immune stimulatory, and thrombopoetic effects of HRT
- What you should know about the literature before you speak out

## **Section 3 - 50 Case Studies with Question and Answer**

**6:00 PM – Adjourn**

## **SATURDAY**

**7:30 AM – BREAKFAST ONSITE**

**8:00 AM – 12:00 PM**

### **Section E**

- Importance of optimizing androgens in women for health and well-being
- Measurement of FAI and implications
- Does testosterone causes, diabetes and breast cancer in women as per the literature
- SHBG drives the benefit of HRT and is the most important biological marker to predict CAD, MS, and cancer
- A literature review showing it's not the testosterone but rather insulin resistance that is the culprit
- Association does not prove causation
- SHBG: The most important biological marker to predict DM, CAD, and breast cancer in both men and women
- It's not testosterone's fault but rather the SHBG, or lack thereof that is to blame
- How and why to safely and successfully raise SHBG

## **Section 4 - 50 Case Studies with Question and Answer**

### **Section F**

- Testosterone, SHBG, and diabetes in men
- Testosterone protects against IR→DM→CAD→MS→Cancer
- Low SHBG predicts all-cause mortality, CAD, osteoporosis, and cancer in men
- Prostate cancer prevention by SHBG and testosterone
- The harm of ADT and how to reverse the complications of ADT
- Testosterone deprivation without estrogen deprivation
- Lab review of testosterone
- Sex hormones in men. A literature review demonstrating optimal levels of estrogen and testosterone are necessary for men's health
- The harm of blocking estrogen with aromatase inhibitors
- The benefit of prescribing estrogen in men

**12:00 PM – 1:00 PM – LUNCH ONSITE**

**1:00 PM – 6:00 PM**

## **Section 5 - 50 Case Studies with Question and Answer**

### **Section G**

- Safety and efficacy of testosterone in prostate cancer survivors
- Incidence of prostate cancer and whether we should be treating men with testosterone

- Why testosterone has become incorrectly and inappropriately associated with prostate cancer
- All studies refute the prevailing wisdom that testosterone causes prostate cancer
- The lower the testosterone, the greater the risk of cancer = a paradigm shift
- Does or will testosterone protect against prostate cancer
- Dispelling the myths that testosterone and DHT cause prostate cancer. Proving Huggins wrong
- Peer literature review providing assurance and safety for prescribing testosterone in prostate cancer survivors
- Surgery vs. radiation vs. HIFU vs. cryotherapy vs. laser ablation for prostate cancer

## **Section 6 - 50 Case Studies with Question and Answer**

**6:00 PM – Adjourn**

## **SUNDAY**

**7:30 AM – LIGHT BREAKFAST ONSITE - Muffins, Juice, Coffee & Tea**

**8:00 AM – 12:00 PM**

### **Section H**

- Proof, or lack thereof, that estrogen causes prostate cancer, or at least it does in rats
- Epidemiologic review of sex hormones and cancer
- The higher the estradiol, the lower the risk of cancer
- Collaborative analysis of 18 prospective studies of hormones and cancer
- ADT increases mortality in men with prostate cancer
- How to prevent the increased morbidity & mortality, CAD, and side effects of ADT
- Estrogen's vasculoprotective effects in men
- It's low estrogen that causes osteoporosis, not low testosterone
- Treatment and prevention of prostate cancer with estrogen
- Treatment of prevention of cardiovascular disease with estrogen
- Reversal of ADT side effects with estrogen
- Estrogen possesses both anti-angiogenic and pro-apoptotic effects not seen with LHRH- agonists
- Harm of estrogen blockers in men = same harmful effects as estrogen deprivation in women but these are in men

## **Section 7 - 50 Case Studies with Question and Answer**

### **Section I**

- Postmenopausal HRT in clinical perspective with other standard treatments- a complex literature review of risk vs. benefit in comparison with other standard, commonly used medications
- The harm of statins and ASA versus the benefit of HRT: What are we thinking
- Use the scientific literature to guide our therapy
- Oral P4 reduces serum levels of estradiol whereas transvaginal does not
- Oral P4 reduces weight, transvaginal does not

## SUNDAY (con't)

### Section J

Functional hypothyroidism and receptor site resistance vs. resistance from mainstream medicine  
Thyroid update, thyroid resistance, osteoporosis and cardiovascular disease  
Progesterone in treatment of PMS, perimenopause, and post-partum depression  
Treating and monitoring of endometrial proliferation  
5 $\alpha$ -reductase inhibitors, depression, and sexual dysfunction  
Progesterone's role in inflammation, cytokines, and promoting prostate cancer development = the opposite of what you have been misled to believe

### Section 8, 9, 10

HRT pearls, tricks, important points to know about HRT.

Complex Cases with Q & A

### Section K

Complex Lab Review. Strange and unusual cases and labs that make no sense

**12:15 pm** – Wrap-up + Q & A

Course is complete!

**Watch your email the week after the course for the evaluation/ test**



## 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

**CE Credits:**

**College of Naturopaths of Ontario (CONO)**

*~Pending~*

## 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

## 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 CME courses
- \*Complete & pass the final exam
- \*Pay your final membership fee \$775US to Worldlink Medical

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



## PART III - COURSE DETAILS + HOTEL + TRAVEL

Friday, October 25 to Sunday, October 27, 2024

Mastering the Protocols for Optimization of Hormone Replacement

PART III: Solve Troubling Symptoms

**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 September 24th - SAVE \$125

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

PAST GRADUATE RETAKE: \$1199

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

4TH YEAR MEDICAL STUDENTS \$1199

*Fees are according to the fluctuating US/CAD rates*

### COURSE SCHEDULE:

- 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 IN TORONTO  
INTERNATIONAL AIRPORT  
Terminal 3, Toronto AMF, ON**

**Main Telephone:** 905.672.7000

**Hotel Website:** [Main website](#)

**Earn Marriot Bonvoy Rewards**

- **Room block rate:** \$299.00CAD + taxes per night
- **Hotel discount:** Expires Sept 24th, 2024 or if the room block sells out first
- **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:

Donna A.G. Kingman | Director of Business Development & Communications

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**Email:** [donna@trubalancehealthcare.com](mailto:donna@trubalancehealthcare.com) | [www.trubalancehealthcare.com](http://www.trubalancehealthcare.com)