TRUBALANCE HEALTHCARE

TRUBALANCE HEALTHCARE Inc. (Canada) presents a collaboration with
WORLDLINK MEDICAL

LIVE CME - BHRT SERIES - PART II

MASTERING THE PROTOCOLS FOR OPTIMIZATION OF BIOIDENTICAL HORMONE REPLACEMENT THERAPY - ADVANCED PROTOCOLS

FRIDAY, OCTOBER 23 TO SUNDAY, OCTOBER 25, 2020

Westin Harbour Castle Hotel – Toronto, ON.
Pre-Requisite to Attend Part II - Complete Part I
EARLY BIRD - SAVE $125 - REGISTER BY SEPTEMBER 25

21 AMA PRA Category 1 Credits™, 21 Nursing Contact Hours (21 Pharmacologic Hours)
Accreditation by The Foundation For Care & Management, Centre for Learning & Change

Pending
Accreditation by the College of Naturopaths of Ontario

FEATURING WORLD-RENOWNED BIOIDENTICAL HORMONE EXPERT, GLOBAL EDUCATOR AND SUCCESSFUL AUTHOR

DR. NEAL ROUZIER, MD

" We link the science of medicine, the art of caring, and the experience of learning, to transform the health of individuals across the globe.

By doing this we help healthcare professionals move their practices from ordinary to extraordinary."

Teaching Licensed Medical Practitioners How To Transform Patients' Lives

INTERNATIONALLY RECOGNIZED ADVANCED BHRT CERTIFICATION – 4 PART SERIES

The only BHRT Education in the industry based on the science and evidence backed by the medical literature.

ACADEMY OF PREVENTIVE & INNOVATIVE MEDICINE
by worldlink medical

Foundation for Care Management
Center for Learning & Change

2020 MEDICAL SEMINAR SERIES

MASTERING THE PROTOCOLS FOR OPTIMIZATION OF BIOIDENTICAL HORMONE REPLACEMENT THERAPY - ADVANCED PROTOCOLS – PART II

LEARN EVIDENCE BASED HORMONE PROTOCOLS & DISCOVER OPTIMAL HORMONES

FACULTY/ EDUCATOR: NEAL ROUZIER, M.D.

- Lead instructor for Worldlink Medical, North Salt Lake City, Utah
- A pioneer in bioidentical hormone replacement therapy, practicing almost since its inception in the early 1990's
- Over 16 years of experience as an educator and practicing physician
- Dr. Rouzier is recognized as a renowned leader and expert in the field of Bioidentical Hormone Replacement Therapy
- 29 years of Emergency Medicine at Queen of the Valley Hospital, West Covina, California
- Director of the Preventive Medicine Clinics of the Desert, Palm Springs, California - specializing in the medical management of aging and preventive care for men and women
- He has dedicated his life's work to uncovering the medical literature that supports safe and effective protocols for unique and personalized patient care

OPTIMUM AUDIENCE

Open to All Licensed Healthcare Professionals Across Borders

Medical Doctors, GPs, OB/GYNs, Doctor of Osteopathic Medicine, Endocrinologists, Internal Medicine, Cardiologists, Internists, Physicians Assistants, RNs, RPNs, Nurse Practitioners, Naturopathic Doctors, Geriatricians, Psychiatrists, Plastic Surgeons, Sports Medicine, Psychotherapists, Gastrointestinal Surgeons, Urologists, and Psychiatrists, etc.

COURSE DESCRIPTION AND DETAILS

The PART II - course follows the PART I series with advanced concepts and up-to-date research. This two and one - half day seminar will keep you current on the appropriate skills needed to manage everyday problems. It will serve as a short refresher, including important new therapies, clinical pearls, tricks of the trade, advanced techniques and difficult case management sessions. The field of age management medicine continues to grow at a rapid rate, making it difficult to stay abreast of all the changes. Included in PART II is a one hour long lecture that reviews the scientific literature giving credence for this type of practice. **Over 200 peer-reviewed articles, the foundation for Dr. Rouzier's advanced course, will be provided as a reference for the participant. This is the same lecture Dr. Rouzier gives to medical academies to inform physicians of the health benefits of age management therapies.**

21 AMA PRA Category 1 Credits™
21 Nursing Contact Hours (21 Pharmacologic Hours)

Accreditation by The Foundation For Care & Management, Centre for Learning & Change

Joint Providers: The Foundation for Care Management and Trubalance Healthcare Inc. (Canada)

**See the full accreditation statement in this brochure or on our website www.trubalancehealthcare.com/education

TRUBALANCE
HEALTHCARE

COURSE OBJECTIVES

PRE - REQUISITE TO ATTEND PART II - YOU HAVE COMPLETED PART I

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

1. Outline key elements in HRT presented in Part One: Mastering the Protocols for Optimization of Hormone Replacement Therapy.
2. Identify important issues in the relationship between hormones and cancer: cause, provocation or protection?
3. Outline problem-solving techniques for difficult cases presenting with multiple disease processes and the potential benefits of hormones.
4. Discuss literature citing new indications, risks, benefits and complications of estrogen, progesterone & testosterone therapy.
5. Determine advanced treatment modalities and dosing strategies for estrogen and progesterone, including new and specific approaches to these therapies.
6. 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.
7. Determine advanced treatment modalities, including new and specific approaches to HGH, thyroid and testosterone in age management and disease prevention.
8. Discuss over 40 articles that demonstrate thyroid replacement does not cause osteoporosis, even in TSH suppressive doses.
9. Identify various new therapies for erectile/sexual dysfunction in men and women.
10. Evaluate the epidemiology of cardiovascular disease and diabetes and the various treatment strategies as they pertain to medication, diet, exercise, lifestyle change and nutritional supplements.
11. Explore the role of omega 3 fatty acids, antioxidants and glucose and their influence on insulin, inflammation, disease progression and atherosclerosis.
12. Describe the strategies for using the new cardiovascular risk markers, inflammation markers, new lipid parameters and how to make sense of all the new lipid fractionation components.
13. Identify the roles of niacin and EFA in diabetes and atherosclerosis.
14. Identify rational approaches to vitamins and supplements with a review of the medical literature supporting their use in wellness as well as citing any harmful effects and interactions.
15. Determine current screening methods and management strategies of the most common pre-menopausal hormone disorder, Polycystic Ovary Syndrome (PCOS).
16. Implement diagnostic and treatment strategies for PCOS.
17. Apply diagnostic and treatment strategies for hirsutism and hair loss.
18. Implement strategies for treating osteoporosis using hormone replacement therapy.

19..Discuss interesting cases in bio identical hormone replacement therapy.

20..Identify current indications, risks and benefits of using cortisol for the treatment of chronic fatigue.

21..Determine rational approaches for the evaluation of fatigue with emphasis on cellular hypofunction as it pertains to thyroid hormone.

22..Describe, based on the literature, when to use oral vs. saliva testing.

23..Utilize the knowledge gained to improve patient outcomes in BHRT.
24..Review complex cases with complex, confusing lab data.
25..Provide insightful and clinically meaningful cases to better help clinicians improve their practice and patient outcomes.

SEMINAR AGENDA

2020 MEDICAL SEMINAR SERIES:
MASTERING THE PROTOCOLS OF OPTIMIZATION OF BIOIDENTICAL HORMONE REPLACEMENT THERAPY - ADVANCED PROTOCOLS – PART II

OCTOBER 23 TO OCTOBER 25 – TORONTO, ON.

FACULTY/ EDUCATOR: NEAL ROUZIER, M.D. – WORLDLINK MEDICAL

FRIDAY - EST TIME ZONE

7:00 AM - 8:00 AM – EST	**Registration & Breakfast**
8:00 AM - 9:00 AM	**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 depravation, and the harm of assuming and extrapolating the harm of CEE to E2.
9:00 AM - 10:00 AM	**Section 2 -** Bio-identical HRT: A review of all the evidence both for and against BHRT with the positives and negatives (E2 vs. E3). And which natural estrogen is worthless and which one is very protective as per EBM. Let the literature and science guide us as to which one to use, and how much, and which one should be avoided. We will disprove the concept that estriol is the safe estrogen. E3 does not protect against breast cancer or any other estrogen related deficiency. We'll prove that E2 is the safe and most beneficial estrogen. Do not make unsubstantiated claims about E3.
10:00 AM - 10:15 AM	**BREAK**
10:15 AM - 12:15 PM	**Section 3 -** 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. Well 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 **Section 3 – con't** - 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 PM - 1:15 PM	**LUNCH ONSITE**
1:15 PM - 2:15 PM	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. Well 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.
2:15 PM - 3:15 PM	**Section 4 -** 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.

3:15 PM - 3:30 PM	**BREAK**
3:30 PM - 4:30 PM	**Section 5 -** Progesterone optimization: Oral vs. transdermal vs. SL. Multiple studies prove that transdermal cream is worthless and can be harmful in suboptimal levels yet it is still the most often (incorrectly) prescribed form of progesterone. We'll review the harm of relying just on saliva testing for monitoring which is fraught with error. The BHRT industry makes claim that they use hormones that protect against cancer whereas they are actually increasing the risk and incidence of uterine cancer. Scientific studies prove where your levels should be for maximum protection cancer and where they should not be due to risks. Case studies with labs show which levels are protective and which are not and we'll see what happens with sub-optimal levels. Further literature review demonstrates all the benefits of progesterone but only if physiologic levels are maintained.
4:30 PM - 5:30 PM	**Section 6 -** 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.

SATURDAY

7:00 AM - 8:00 AM	**Registration & Breakfast**
8:00 AM - 9:00 AM	**Section 6 – con't -** 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.
9:00 AM - 10:00 AM	**Section 7 -** 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. And just what is that relative risk anyway that **Section 7 – con't** - 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 AM - 10:15 AM	**BREAK**
10:15 AM - 11:15 AM	**Section 8 -** 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. Pharmacopia report on desiccated thyroid. Stock up now because desiccated thyroid is going away thanks to big Pharma.
11:15 AM - 12:15 PM	**Section 9 -** 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 drugs. Preferential use of hormones, niacin, RYR, EFA, supplements, life style changes, and diet to prevent CVD and how to monitor effects via **Section 9 – con't** - the NMR panel. The expert recommendations are to no longer monitory cholesterol levels as LDL may not predict CAD. 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 PM - 1:15 PM	**LUNCH ONSITE**
1:15 PM - 2:15 PM	**Section 10 -** 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, eicosinoids, insulin, and inflammatory cytokines. Does lowering cholesterol by means other than statins provide the same benefits?
2:15 PM - 5:30 PM	**Section 11 -** 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.

	Section 12 - Literature review of HRT, new and most recent that was not covered in Part one. Everyday there is something new and this is the venue that keeps us up to date. **Section 13 -** Case Study Questions and Answers
3:15 PM - 3:30 PM	**BREAK**
5:30 PM - 6:00 PM	**Question and Answer**

SUNDAY

7:00 AM - 8:00 AM	**Registration - Coffee & Muffins Only**
8:00 AM - 9:00 AM	**Section 14 -** 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.
9:00 AM - 10:00 AM	**Section 15 -** 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. 16α OH-E1. DIM? Do you really need it and does it really work? I didn't know that estradiol caused cancer? A look at EBM and studies from JNCI that refute confabulation.
10:00 AM - 10:15 AM	**BREAK**
10:15 AM - 11:15 AM	**Section 16 -** 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.
11:15 AM - 12:15 PM	**Section 17 –** Review & Questions
12:15 PM - 12:15 PM	**ADJOURN**

COURSE FEE - LIMITED TO 40 PEOPLE – REGISTER EARLY
- **$**1850.00 CDN FUNDS + HST (13% tax) per person
- Past graduate retake fee - $975.00 CDN + HST (no discounts)
- Discounts cannot be combined
- Pre - requisite to attend Part II - Complete Part I

2020 EARLY BIRD RATE
SAVE $125
Register by September 25

COURSE SCHEDULE – EST TIME ZONE

● Friday, October 23	8:00am – 6:00pm
● Saturday, October 24	8:00am - 6:00pm
● Sunday, October 25	8:00am - 12:00pm
● **BREAKFAST**	7:00am – Friday & Saturday only
● **LUNCH**	12:00pm – Friday & Saturday

COURSE STUDIES
- Binder/ syllabus
- Case studies
- Medical references

Please note our education fee has increased due to the conversion of the US dollar, as we convert the US course fee from Worldlink Medical to Canadian funds

21 AMA PRA Category 1 Credits™,
21 Nursing Contact Hours (21 Pharmacologic Hours)
Accreditation by The Foundation For Care & Management, Centre for Learning & Change

ACCREDITATION STATEMENTS
AMA PRA Category 1 Statement
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Foundation for Care Management (FCM) and TruBalance Healthcare Inc. The Foundation for Care Management is accredited by the ACCME to provide continuing medical education for physicians.

FCM designates this educational activity for a maximum of 21 AMA PRA Category 1 Credits™

Physicians should only claim credit commensurate with the extent of their participation in this activity.

The ACCME defines a “Commercial Interest” as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

Nursing Statement
Foundation for Care Management is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. *21 Nursing contact hour(s).*

ADVANCED BHRT CERTIFICATION BY WORLDLINK MEDICAL - GLOBALLY RECOGNIZED
- Practitioners have the option to take their courses in both USA & Canada with Worldlink Medical.
- Identical course content - USA & Canada.
- It takes approximately 1 year to complete Part I to Part IV to obtain your ABHRT Certification.
- You must obtain passing scores on the written exams for Part I - IV of the course series**
- Completion of the live course series, Part I - IV of **Mastering the Protocols for Optimization of Hormone Replacement Therapy
- A one-time certification fee (US funds) paid to Worldlink medical
- See www.worldlinkmedical.com for full certification details

FOR ALL COMMUNICATION & TO REGISTER PLEASE CONTACT
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FRIDAY, OCTOBER 23 TO SUNDAY, OCTOBER 25 - TORONTO

MASTERING THE PROTOCOLS FOR OPTIMIZATION OF BIOIDENTICAL HORMONE REPLACEMENT THERAPY - ADVANCED PROTOCOLS – PART II

SEMINAR LOCATION:
Westin Harbour Castle Hotel - 1 Harbour Square, Toronto, ON., M5J 1A6
Telephone: 416-869-1600 front desk
Reservations: Call toll free line - 1.888.627.8559
Walk to shops, restaurants, yoga | Onsite fitness centre, indoor pool, restaurants, lobby bar
➢➢ CONFERENCE GROUP BLOCK - REGULAR HOTEL ROOM - $199.00 CDN + TAXES PER NIGHT
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AIRPORTS:
Toronto Pearson International Airport
Main website: https://www.torontopearson.com
Approx. 30 - 45mins by car depending on traffic.
Private car service (flat rate) is available at the airport – pick up your bag & go to the curbside – look for the signs.

****Do not use yellow cabs or regular cabs – they are expensive**
Transportation services: https://www.torontopearson.com/en/toandfrom/ground/#
Taxi/ Limo/Private Car service: https://www.torontopearson.com/en/toandfrom/taxilimo/#

UNION PEARSON EXPRESS TRAIN – Travels from Pearson Airport to Union Station/downtown Toronto | 25 minutes
Adult one-way fare from Pearson to Union - $12.35CDN https://www.torontopearson.com/en/transportation/up-express

Porter Airlines - www.flyporter.com
Land at Billy Bishop Airport on the island downtown Toronto (same harbour area as Westin Harbour Castle Hotel) – take the free ferry to mainland, approx. 5-10 min ride. Car ride to hotel, 10-15 mins

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