



— THE —
ANTI-CANCER
BODY
— • —



THE ANTI-CANCER BODY CHECKLIST

10 HIDDEN MARKERS YOUR
STANDARD BLOOD TEST IS MISSING



Table of Contents

Don't Miss What Comes Next	iv
Chapter 1: What a CBC Can Tell You, and What It Cannot	1
The First Clues in the Blood	1
What the CBC Is Counting	1
Where the CBC Leaves Questions	2
What the Differential Can Reveal	2
A Better Way to Read the Starting Point	3
Chapter 2: The Hidden Immune Story: NLR and LMR	4
The Immune Pattern Behind the Numbers	4
The Cells That Shape the Ratios	4
Reading the Relationships Between the Numbers.....	5
How NLR Reflects Immune Stress.....	5
How LMR Adds a Different Immune Clue.....	6
What These Ratios Suggest About the Cancer Environment.....	6
Chapter 3: The Fire Beneath the Surface: CRP, Ferritin, and LDH	8
When Inflammation Stays Active.....	8
CRP: A Signal of Inflammatory Stress	8
Ferritin: When Iron and Inflammation Overlap.....	9
LDH: When Cell Stress Shows Up in the Blood.....	10
How CRP, Ferritin, and LDH Add Context Together	11
How to Read the Larger Pattern	12
What These Markers Help Bring Into Focus	12
Chapter 4: When the Blood Shifts Toward Clotting — D-dimer and Fibrinogen	13
When Coagulation Enters the Picture	13
Fibrinogen: Where Clotting and Inflammation Meet.....	14
D-dimer: Evidence the Clotting System Is Engaged.....	14
How Fibrinogen and D-dimer Work Together	15
What a Clot-Prone Terrain Can Suggest	15
How to Interpret Coagulation Markers	16
What D-dimer and Fibrinogen Can Show.....	16
Before You Keep Reading.....	17





THE ANTI-CANCER BODY CHECKLIST

Chapter 5: When Metabolism Shapes the Terrain – Hemoglobin A1c and Fasting Insulin.....	18
How Metabolism Shapes the Body’s Internal Environment	18
Hemoglobin A1c: Blood Sugar Over Time	19
Fasting Insulin: What Blood Sugar Alone Can Miss	19
Catching Metabolic Dysfunction Before It Becomes Obvious.....	20
When Metabolism Becomes More Growth-Oriented	20
How to Read A1c and Fasting Insulin Together	21
What These Markers Can Reveal About Blood Sugar and Insulin.....	21
Chapter 6: Vitamin D and the Foundation of Resilience	22
Vitamin D and the Body’s Reserve Capacity.....	22
Vitamin D’s Role Beyond the Bones	22
What Low Vitamin D Can Tell Us	23
A Marker of Support, Not Just Stress	23
Why Vitamin D Is Easy to Dismiss.....	23
Putting Vitamin D in Its Proper Place.....	24
The Readiness Piece Vitamin D Adds	24
Chapter 7: What CTCs Can Tell Us Beyond the Scan.....	25
When Imaging Leaves Questions Behind	25
Understanding CTCs in the Bloodstream	26
Why CTCs Can Shift the Follow-Up Conversation.....	26
Why the Bloodstream Belongs in the Conversation	27
When CTC Testing May Add Value.....	28
How to Read a CTC Result Carefully	28
Chapter 8: Making Sense of the Full Picture: Using the Checklist Wisely	29
Don’t Miss What Comes Next	31





THE ANTI-CANCER BODY CHECKLIST

Don't Miss What Comes Next

Before you dive into this eBook, I want to make sure you don't miss what's coming next.

You'll be getting access to a free airing of **"The Anti-Cancer Body"** mastercourse with Dr. Michael Karlfeldt, where he goes deeper into the real drivers behind cancer and what most people are never told to look at.

This is a limited-time viewing experience, where you'll receive **one video module per day**, each with simple, practical action steps you can follow.

Each video will be available for **24 hours**, so it's important to keep an eye on your inbox each day so you don't miss anything.

But if you'd prefer to skip the wait, go much deeper, and not risk missing any of the training, you can **explore the premium version** of the program below.

This gives you full access to all modules, all bonus content, with no time restrictions, and the ability to go through everything at your own pace.

You'll also unlock **8 advanced modules** that take you deeper into real-world application, **3 hidden bonus modules**, a complete **A-Z implementation roadmap**, and several **exclusive bonuses** designed to help you achieve your desired results faster and with greater ease.

[Click here to explore the premium program](#)



— THE —
ANTI-CANCER
BODY



Chapter 1: What a CBC Can Tell You, and What It Cannot



The First Clues in the Blood

A complete blood count, or CBC, is one of the first tests I want to see when a patient is dealing with cancer. It gives immediate information about how the blood is responding, and that matters. I want to know whether red blood cells are low, whether white blood cells are showing signs of strain, and whether platelets are moving in a direction that deserves attention. Those findings can affect energy, oxygen delivery, infection risk, bleeding risk, clotting, and how well the body is tolerating treatment.

This is why the CBC remains such a standard part of cancer care. It is practical, widely available, and useful. It can help reveal anemia, immune suppression, infection, bone marrow stress, and other changes that need attention. I would never dismiss it, because it tells us something real about what is happening in the body.

What the CBC Is Counting



A CBC measures the main cellular components of the blood. It looks at red blood cells, white blood cells, platelets, hemoglobin, and hematocrit. When a differential is included, it also breaks the white blood cells into groups such as neutrophils, lymphocytes, monocytes, eosinophils, and basophils.

That gives us a useful snapshot of the blood at a specific moment in time. It tells us what is circulating. It shows whether certain cell populations are high, low, or beginning to shift. In many cases, that information is essential. A CBC is still a count. That distinction matters because counts can show what is present without explaining every condition that may be influencing those numbers.

Where the CBC Leaves Questions

A CBC can show me what is happening in the blood. It cannot, by itself, explain the deeper conditions shaping that picture.

It does not directly measure inflammatory burden. It does not tell me whether the body has shifted into a more clot-prone state. It does not show whether insulin is elevated, whether blood sugar regulation is deteriorating, whether vitamin D is depleted, or whether markers such as ferritin and LDH are pointing toward a body under greater strain. These are different parts of the story, and they matter greatly when we are trying to understand cancer more fully.

This is where many patients get confused. They are told that their blood work looks normal, and they assume that means their internal environment must be stable. Often, it simply means the basic counts are not setting off an obvious alarm. The deeper terrain may still need attention.

A person can have a CBC that looks acceptable on the surface and still be dealing with inflammation, immune imbalance, metabolic dysfunction, or coagulation changes that are quietly working against recovery.

What the Differential Can Reveal

There is another detail worth paying attention to.

The lab report may already contain important clues. They become clearer when the differential is read in context. When a CBC includes a differential, it provides the raw values needed to calculate the neutrophil to lymphocyte ratio, or NLR, and the lymphocyte to monocyte ratio, or LMR. These are not exotic tests. In many cases, the information is included in the same blood work.

Isolated numbers can look reassuring when they are read on their own. A white blood cell count may sit inside the reference range while the relationship between neutrophils, lymphocytes, and monocytes may suggest that



THE ANTI-CANCER BODY CHECKLIST

the immune system is under inflammatory pressure or beginning to lose balance. Once I start paying attention to those relationships, the interpretation changes. Now I am not just looking at quantity. I am looking at whether the body appears to be defending, adapting, or moving in the wrong direction.

This is where the CBC starts to carry more meaning. The pattern tells us more than the count alone.

A Better Way to Read the Starting Point

The CBC is a good starting point. It can show something important, and sometimes something urgent. It is the first layer of information.

If we want to understand cancer more deeply, we have to look beyond the count and start reading the terrain. We have to ask what the blood is revealing about immune pressure, inflammatory burden, metabolic stress, and the body's overall capacity to regulate and recover.

That is why this guide begins here.

Before we move into the deeper markers, it is important to understand the role of the CBC correctly. Use it. Learn from it. Respect it for what it can show. Do not mistake it for a complete assessment of the internal terrain.

Once that becomes clear, the next step is obvious. We begin with NLR and LMR, two markers that can reveal far more than most patients are ever told.





Chapter 2: The Hidden Immune Story: NLR and LMR



The Immune Pattern Behind the Numbers

When most people review blood work, they look at whether a number is high or low. That can be a helpful starting point, but immune function is not always clear from a single value. The body's response often becomes easier to understand when the cells are read in relationship to one another. A strong immune system is not only about having enough cells. It is also about whether those cells appear coordinated, proportionate, and able to respond without becoming overwhelmed.

Two markers help bring that into view: the neutrophil to lymphocyte ratio, or NLR, and the lymphocyte to monocyte ratio, or LMR. Both are calculated from the differential portion of a CBC. Read together, they can give a clearer sense of whether the immune system appears steady and regulated, or more pressured and reactive.

The Cells That Shape the Ratios

These markers become easier to understand once you know the role of each cell involved.

The body uses neutrophils as part of its rapid response system. They are often among the first immune cells to react when there is infection, injury, irritation, or inflammation. Their job is important, and the body depends on them for immediate defense. When they stay elevated in relation to lymphocytes, inflammatory stress may be becoming a stronger influence on the immune picture.



Lymphocytes serve a more targeted role. They are closely tied to immune surveillance, regulation, and targeted defense. They help the body identify abnormal activity and coordinate a more precise immune response. In many ways, lymphocytes reflect the body's ability to stay alert, adaptive, and organized. When lymphocytes are too low in proportion to other immune cells, it can suggest that the body is losing some of that resilience.

Monocytes enter the picture in the body's response to stress, injury, and tissue damage. They help clean up damaged tissue and participate in inflammation and repair. If they remain relatively elevated compared with lymphocytes, the immune pattern may look more reactive, more burdened, and less regulated.

Each of these cells has an important function. The main issue is the balance they create together.

Reading the Relationships Between the Numbers

This idea is central to reading NLR and LMR correctly.

A lab value can fall within the normal range and still fit into an unfavorable immune picture. On its own, one number may not show how the system is responding. Ratios add context by showing direction, proportion, and internal pressure.

For example, a person may have a total white blood cell count that looks ordinary. Nothing may appear especially alarming at first glance. When neutrophils are relatively high while lymphocytes are relatively low, the immune picture begins to look different. The same concern can show up when monocytes are rising in relation to lymphocytes. The individual values may not look dramatic on their own, yet the relationship between them can still suggest a body under strain.

NLR and LMR help shift the interpretation from separate values to the way the immune system is functioning as a whole. They help show whether the body appears steady, pressured, adaptive, or reactive.

How NLR Reflects Immune Stress

The neutrophil to lymphocyte ratio compares inflammatory activity with immune surveillance. When neutrophils are relatively high and lymphocytes are relatively low, the ratio rises. This can point to a body operating under greater stress and carrying a higher inflammatory load.

A higher NLR often reflects an immune environment where the rapid response side is becoming more active while the more regulated, precise side appears less strong. In practical terms, the body may look more inflamed, more stressed, and less steady. NLR gives a sense of whether the internal environment is becoming less regulated and less supportive.

This ratio helps answer a question that a total white blood cell count cannot answer on its own: whether inflammatory activity appears to be outweighing immune resilience, and whether the immune system looks coordinated or overtaxed.

How LMR Adds a Different Immune Clue

The lymphocyte to monocyte ratio gives another view of immune function. It looks at the relationship between lymphocytes, which support immune defense and surveillance, and monocytes, which often rise when the body is dealing with inflammation, tissue stress, or ongoing immune activation.

When lymphocytes remain stronger in relation to monocytes, the immune profile may be more favorable. If that ratio drops, immune surveillance may be weaker compared with inflammatory or reactive activity. A lower LMR may reflect a body carrying more immune load and less immune precision.

LMR adds another dimension to the interpretation. NLR captures one side of immune stress. LMR captures another. Read together, they help show whether the immune system appears organized and resilient, or under heavier demand and reactive.



What These Ratios Suggest About the Cancer Environment

Cancer develops within the body's internal environment. When immune activity stays heightened, inflammation remains active, or immune surveillance begins to weaken, the conditions around the disease can become less supportive of regulation and repair.

NLR and LMR can help show whether the immune system still appears regulated or is shifting into a more stressed state. A higher NLR generally points to increased inflammatory activity and weaker immune coordination. A lower LMR generally points to reduced immune surveillance in relation to monocyte activity, inflammation, and repair demands. These ratios do not diagnose cancer or determine prognosis on their own. They are best read alongside the full clinical picture, treatment status, symptoms, and trends over time.

Their value comes from taking familiar lab data and making it easier to see the immune environment around the cancer. Instead of looking only at separate numbers, NLR and LMR help show whether the body appears more capable of regulation and defense, or more influenced by chronic immune activation.



THE ANTI-CANCER BODY CHECKLIST

How to Use These Ratios Well

These ratios should be interpreted thoughtfully. Infection, treatment, medications, acute stress, and other factors can influence them. A single result has limited meaning without the right context. Trends over time often tell us more than one isolated reading.

When interpreted properly, NLR and LMR can offer important insight. They help show whether the immune system looks calm or activated, steady or reactive, coordinated or under heavier demand. For many patients, that is a level of understanding they have never been offered before.

NLR and LMR are the first hidden markers in this guide because they open the door to a better way of reading the blood. They help us move beyond isolated numbers and begin seeing immune direction and proportion more clearly.

The next step is to look at another major part of the internal environment: inflammation and tissue stress. That is where CRP, ferritin, and LDH come in.





Chapter 3: The Fire Beneath the Surface: CRP, Ferritin, and LDH



When Inflammation Stays Active

Inflammation is part of the body's normal defense system. In the right setting, it helps the body respond to injury, infection, and other threats. It becomes more concerning when that response stays switched on or loses proper regulation. Over time, chronic inflammation can place steady stress on the immune system, tissues, and the body's ability to repair.

This is important because ongoing inflammation can disrupt immune regulation, increase oxidative stress, interfere with normal tissue signaling, and make recovery more difficult. For that reason, I pay close attention to markers that may show whether the body is carrying a significant inflammatory load.

Three of the most valuable markers in this area are CRP, ferritin, and LDH.

CRP: A Signal of Inflammatory Stress

CRP stands for C-reactive protein. It is produced by the liver in response to inflammatory signals, which makes it one of the clearest broad markers for seeing whether inflammation is present in the body.



CRP cannot identify the exact source of the inflammation. It will not show whether the trigger is infection, tissue injury, metabolic stress, tumor activity, or another cause. What it shows is that the body is responding and that an inflammatory process has been triggered.

This is important because inflammation can influence immune regulation, tissue repair, energy production, and the body's ability to return to balance. In the setting of cancer, an elevated CRP may suggest that the internal environment is more reactive and less regulated than we would like it to be.

CRP is helpful because it responds to many different kinds of stress. It can serve as an early signal that the body is dealing with underlying stress that deserves closer attention.

A higher CRP may be influenced by things such as:

- infection
- injury or recent surgery
- chronic inflammatory conditions
- obesity and metabolic dysfunction
- ongoing immune activation
- cancer-related inflammatory burden

For that reason, CRP should never be treated as a diagnosis. It is a signal that requires context.

What I find most valuable about CRP is that it gives a quick sense of whether inflammation is present at the moment. It also helps track change over time. If CRP stays elevated, the body may still be carrying significant inflammatory stress. If it begins to come down, that can suggest the inflammatory load is easing.

So when I look at CRP, I am asking:

- Is the body in an elevated inflammatory state?
- Is that inflammation persistent?
- Is it improving, staying the same, or worsening over time?

Those questions make CRP more meaningful than simply labeling it high or normal.

Ferritin: When Iron and Inflammation Overlap

Ferritin is commonly associated with iron storage, and that is one of its important functions. It helps the body store iron in a usable form. Ferritin can also rise in response to inflammation, liver stress, infection, metabolic dysfunction, and broader internal stress.



This makes ferritin easy to misread.

Many people see an elevated ferritin and think only about iron overload. Sometimes iron is part of the explanation. Sometimes inflammation is playing a larger role. Ferritin can rise because the body is storing excess iron, or because the body is reacting to stress and inflammation. In other words, ferritin can act as both a storage marker and an inflammatory marker.

That overlap is what makes ferritin valuable, and also why it needs careful interpretation.

In the context of cancer terrain, ferritin can help show whether the body is carrying a deeper load than a standard reading might suggest. If ferritin is elevated alongside other inflammatory markers, it may point to a more reactive internal environment. If it is elevated on its own, it raises a different set of questions that still deserve attention.

Ferritin can be influenced by:

- iron overload
- chronic inflammation
- infection
- liver stress
- metabolic dysfunction
- malignancy or systemic disease burden

For that reason, ferritin should rarely be interpreted by itself.

What I want to know is:

- Is ferritin elevated because of iron, inflammation, or both?
- Does it fit with the rest of the inflammatory pattern?
- Is it moving with CRP and other markers, or showing something different?

Ferritin adds depth because it helps us avoid reducing the finding to one explanation too quickly. It reminds us that the body can show signs of inflammation and broader physiological stress in ways that do not fit neatly into one category.

LDH: When Cell Stress Shows Up in the Blood

LDH, or lactate dehydrogenase, is an enzyme involved in energy metabolism. It is found throughout the body in many tissues, including the muscles, liver, blood cells, and other organs. When cells are damaged, stressed, or turning over more rapidly, LDH can be released into the bloodstream.



That is why LDH can give us a sense of tissue stress, cellular turnover, and metabolic demand.

Like CRP and ferritin, LDH is not specific to one cause or one location. It cannot tell us exactly where the problem is coming from. It can, however, show that the body may be dealing with more tissue breakdown, cellular activity, or metabolic stress than expected.

This is one reason LDH has long been considered an important marker. It can reflect deeper stress within the tissues and metabolism. It does not identify the cause on its own, so it needs to be read alongside the rest of the lab picture and the patient's symptoms.

LDH may be influenced by:

- tissue injury
- liver stress
- muscle breakdown
- hemolysis or blood cell damage
- high cellular turnover
- metabolic stress
- cancer-related tissue burden

LDH adds another angle to the assessment. CRP tells us about inflammatory activity. Ferritin can point to inflammatory and systemic burden. LDH helps us ask whether that same stress is showing up at the tissue and cellular level.

When LDH is elevated, I want to know:

- Is the body under unusual tissue or metabolic stress?
- Does this fit with other signs of inflammation or burden?
- Is there evidence of increased cellular turnover?

LDH helps move the conversation from general inflammation into the question of how much stress the tissues and cells may be carrying.

How CRP, Ferritin, and LDH Add Context Together

Each of these markers gives a different kind of information.

CRP points to inflammation that is currently present. Ferritin can reflect inflammation, systemic stress, or iron-related concerns. LDH helps show whether tissue stress, cellular turnover, or metabolic demand may also be part of the picture.



THE ANTI-CANCER BODY CHECKLIST

When these markers are read together, they can give a clearer view than any one marker alone. A patient may have an elevated CRP that shows inflammation is present. If ferritin is elevated as well, that may suggest a broader systemic load. If LDH is also high, it raises the question of whether the tissues and cells are being affected at the same time.

This combined view helps show whether the body appears relatively steady, or whether it is carrying more inflammatory and cellular stress than expected.

How to Read the Larger Pattern

These markers need context. CRP can rise with infection or injury. Ferritin can shift because of iron status, inflammation, liver stress, or metabolic dysfunction. LDH can be influenced by tissue injury, blood cell damage, liver stress, muscle breakdown, or increased cellular turnover. For that reason, no single value should be treated as a complete explanation.

The larger pattern is what gives these markers meaning.

When several of them move in the same direction, they may point to a body dealing with ongoing inflammation, tissue stress, and heavier metabolic demand. That deserves attention because it can affect immune function, resilience, treatment tolerance, and the body's ability to regulate and recover.



What These Markers Help Bring Into Focus

CRP, ferritin, and LDH help answer a simple but important question: does the body appear regulated, or is it showing signs of deeper inflammatory and cellular stress?

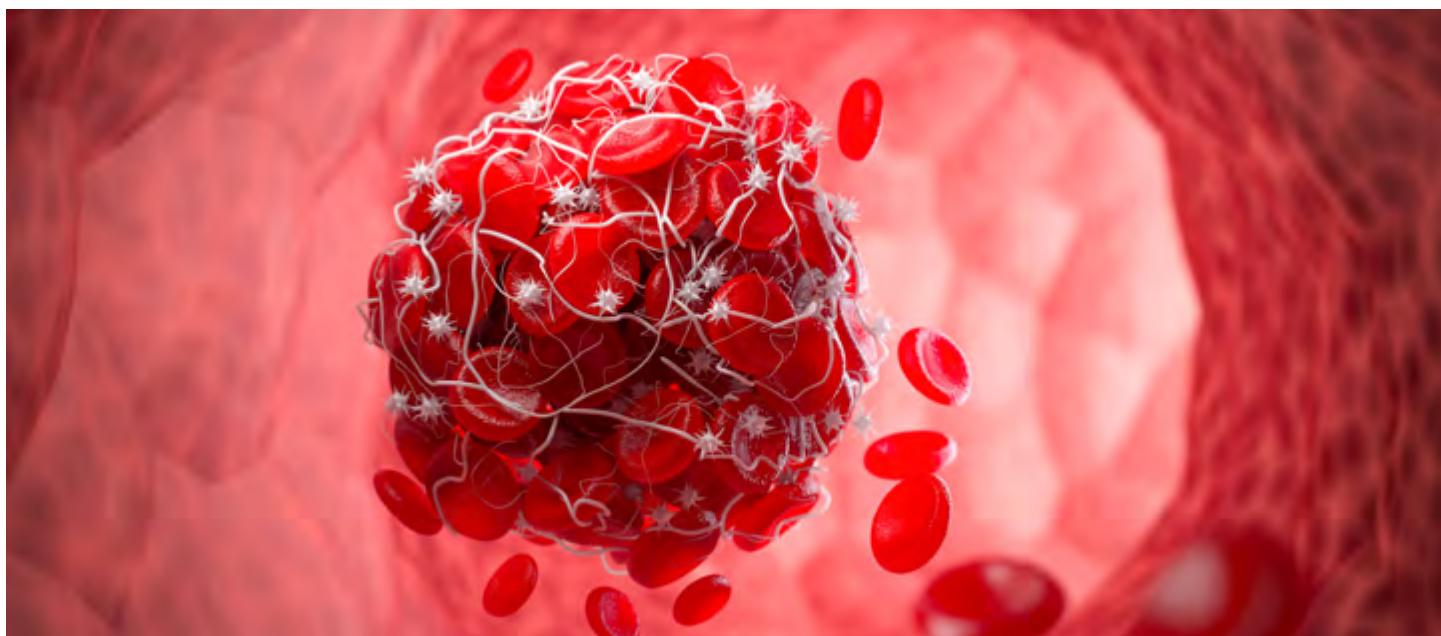
This is where they begin to add real clarity.

They help show whether inflammation is present, whether the wider system is under stress, and whether cellular turnover or tissue demand may be increasing. They do not replace a deeper clinical evaluation. They make it easier to see what may be happening beneath the surface.

Once we understand this more clearly, the next step is to look at how the blood itself may be shifting in ways that support a more dangerous terrain. That brings us to D-dimer and fibrinogen, two markers that help reveal when the body is moving into a more clot-prone state.



Chapter 4: When the Blood Shifts Toward Clotting – D-dimer and Fibrinogen



When Coagulation Enters the Picture

Most people think of blood clotting as something that only matters after an injury. A cut happens, the body stops the bleeding, and the process is over. Coagulation, however, belongs to a much larger network involving inflammation, tissue repair, circulation, immune activity, and the body's response to stress.

This system can influence far more than clotting alone.

When the blood begins to shift into a more clot-prone state, the body's environment can change with it. Circulation may become less efficient. Inflammatory signaling may increase. The terrain may become more reactive, more loaded, and less steady. This does not mean every change in clotting markers has the same meaning. It means coagulation should be read as part of the larger terrain, not treated as a separate issue.

Two of the most important markers in this area are fibrinogen and D-dimer.





Fibrinogen: Where Clotting and Inflammation Meet

Fibrinogen is a protein made by the liver and released into the bloodstream. Its primary role is to help the body form clots when needed. When bleeding occurs, fibrinogen is converted into fibrin, which creates the structural mesh that helps stabilize the clot.

That process is protective when it happens at the right time. Concern begins when fibrinogen stays elevated beyond that short-term response.

Fibrinogen is also an acute phase reactant. In plain terms, it often rises when inflammation is present. This makes it important in cancer terrain because an elevated fibrinogen level can reflect more than clotting potential. It may point to a body operating in a more inflamed, reactive, and physiologically stressed state.

When fibrinogen remains high, I am looking beyond clot formation alone. I am thinking about blood viscosity, inflammatory signaling, vascular stress, and whether circulation is becoming less fluid than it should be. A blood environment that leans toward coagulation is often part of a broader shift. It may suggest chronic stress, elevated inflammatory signaling, and a reduced ability to regulate cleanly.

Fibrinogen matters because it sits at the intersection of clotting and inflammation. Read in context, it can help us understand whether the blood is becoming thicker, more reactive, and less supportive of healthy circulation.

D-dimer: Evidence the Clotting System Is Engaged

If fibrinogen shows the body's tendency toward clot formation, D-dimer tells us something different. It tells us that clotting activity has already occurred.

D-dimer is a fragment produced when a clot is formed and then broken down. In simple terms, it is evidence that the body has been building and dissolving clot material. That makes it a direct marker of coagulation activity already in motion.

This distinction matters. Fibrinogen can help show whether the body is leaning toward clot formation. D-dimer helps show whether the clotting system has already been activated and is cycling through clot formation and breakdown. It gives us a measurable sign that coagulation is no longer just a possibility. It is happening.

D-dimer can rise for several reasons, including recent surgery, injury, infection, immobility, inflammation, and cardiovascular strain. The number does not automatically explain the cause. In the setting of cancer, an elevated D-dimer can still be an important clue that the blood is behaving in a more activated and less stable way than we want to see.



What makes D-dimer especially valuable is that it reflects activity, not just potential. It tells us that the coagulation system is not only primed, it is already working. That helps us distinguish between a body that may be moving toward a more clot-prone terrain and a body that may already be in that state.

How Fibrinogen and D-dimer Work Together

Fibrinogen and D-dimer give two different views of the clotting system.

Fibrinogen helps show whether the blood is becoming more likely to clot. D-dimer helps show whether clot formation and breakdown have already occurred. One marker gives a sense of direction. The other gives evidence of activity.

Read together, they can give a clearer view than either marker on its own. A patient may have elevated fibrinogen, which can suggest that the blood environment is becoming thicker, more inflamed, or more prone to coagulation. If D-dimer is elevated as well, the concern becomes more specific. Now we are not only asking whether the blood is leaning in that direction. We are asking whether the coagulation system is already engaged enough to leave a measurable trace.

That information becomes especially important when inflammation, circulation, tissue stress, and disease burden are all influencing one another. In that setting, fibrinogen and D-dimer can help show whether clotting is simply a risk in the background, or whether it has become part of the body's current response.

What a Clot-Prone Terrain Can Suggest

When I talk about a clot-prone terrain, I am describing a body that appears to be moving toward thicker blood, greater vascular stress, and a more reactive overall state.

That can affect the body in several important ways:

- circulation may become less efficient
- inflammatory signaling may stay elevated
- the vascular system may come under greater stress
- tissue oxygenation and nutrient delivery may become less optimal
- the internal environment may become less regulated and less able to recover

This is one reason I do not treat coagulation markers as minor side notes. They help show whether the blood itself is becoming part of the problem. That shift matters. We are no longer only asking what the tumor is doing. We are asking what kind of environment the blood and tissues may be helping create around it.



How to Interpret Coagulation Markers

Fibrinogen and D-dimer should be read with the larger clinical picture. Both can rise for reasons unrelated to cancer itself, including infection, injury, surgery, immobility, inflammation, cardiovascular stress, or other conditions. Their meaning becomes clearer when they are interpreted alongside inflammatory markers, symptoms, treatment status, and trends over time.

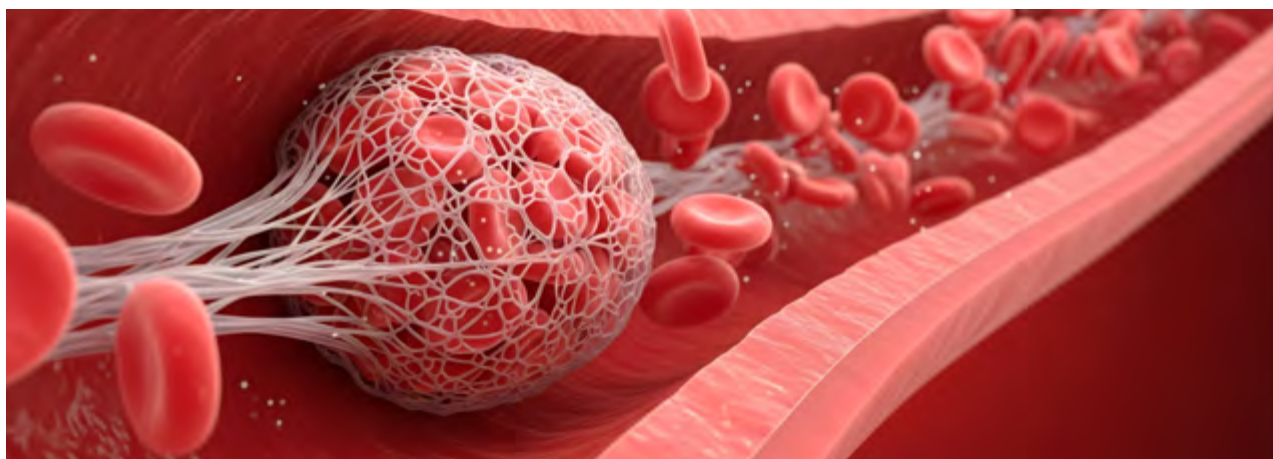
If coagulation markers are high together with inflammatory markers, that may suggest the body is dealing with a wider stress response. If they continue rising, the blood environment may be becoming more reactive. If they improve as the rest of the lab picture improves, that can suggest the system is moving toward better regulation. The key is not whether one value is flagged. The bigger question is whether the markers suggest a blood environment that is becoming more prone to clotting, more vascularly stressed, and less supportive of healthy circulation.

What D-dimer and Fibrinogen Can Show

D-dimer and fibrinogen help answer an important question: is the blood moving in a steady, well-regulated way, or is it shifting toward a more reactive and coagulation-driven state?

This is where they begin to add real clarity.

They help show whether coagulation is becoming part of the terrain problem. They can point to vascular stress, increased inflammatory signaling, and a level of instability that may not be obvious from routine blood work alone. Once we understand how inflammation and coagulation are shaping the terrain, the next step is metabolism. That brings us to hemoglobin A1c and fasting insulin, two markers that help reveal whether the body is being pushed into a more growth-promoting metabolic environment.





THE ANTI-CANCER BODY CHECKLIST

Before You Keep Reading

You're beginning to see that blood work can tell a much deeper story when the markers are read together. The CBC is only the starting point. Immune ratios, inflammation markers, tissue stress, and clotting markers can reveal patterns that standard testing may not fully explain.

In **"The Anti-Cancer Body"** mastercourse, Dr. Michael Karlfeldt goes deeper into these drivers and shows how to begin addressing them through practical, terrain-based steps.

You'll receive access to the free airing soon, with **one video module per day**, and each video will be available for **24 hours**.

If you'd rather skip the wait and move through the full training at your own pace, you can explore the premium version below. You'll unlock all modules, bonus content, 8 advanced modules, 3 hidden bonus modules, the complete A-Z implementation roadmap, and exclusive resources to help you apply what you're learning.

[Click here to explore the premium program](#)



— THE —
ANTI-CANCER
BODY



Chapter 5: When Metabolism Shapes the Terrain – Hemoglobin A1c and Fasting Insulin



How Metabolism Shapes the Body's Internal Environment

Metabolism is about far more than weight or calories. It includes the way the body produces energy, responds to food, regulates blood sugar, stores fuel, and manages growth signals. When these processes are working well, the body is better able to maintain steady regulation. When they begin to break down, the internal environment can shift toward greater stress, increased inflammatory signaling, and less stability.

This part of the cancer conversation is often missed.

Many people think of metabolism only in terms of diabetes or weight gain. Metabolic dysfunction can begin long before either one is diagnosed. Blood sugar may still look acceptable on the surface while insulin is already running too high, pushing the body toward a more growth-promoting state.

That is why I pay close attention to hemoglobin A1c and fasting insulin. These two markers help show whether the body is maintaining healthy metabolic control or beginning to move into a state that places more pressure on the body's internal environment.





Hemoglobin A1c: Blood Sugar Over Time

Hemoglobin A1c, often called A1c, gives us a broader view of blood sugar over time. Instead of showing glucose at one moment, it reflects the average blood sugar level over the previous two to three months.

That makes it helpful because a single glucose reading can be misleading. Blood sugar changes throughout the day. It rises after meals, falls between meals, and can be influenced by stress, sleep, illness, medications, and activity. A1c helps smooth out that daily variation and gives a better sense of the longer-term pattern.

When A1c begins to rise, it tells us that blood sugar regulation is becoming less efficient. The body may be spending more time in a higher glucose state than it should. Higher glucose exposure can contribute to inflammation, oxidative stress, and metabolic instability. Over time, that kind of environment becomes harder for the body to regulate effectively.

A1c is especially helpful because it answers a simple question: is this happening occasionally, or has it become more consistent?

That is important in the cancer setting. We are not only looking for dramatic abnormalities. We are looking for signs that the internal environment has been drifting in an unhealthy direction for some time.

Fasting Insulin: What Blood Sugar Alone Can Miss

If A1c tells us about the blood sugar trend over time, fasting insulin tells us something deeper. It shows how hard the body may be working to keep that blood sugar under control.

This is where fasting insulin becomes especially important.

A person can have glucose that still looks normal while insulin is already running high. In other words, the body may be compensating. It may be working harder and harder to keep blood sugar from rising, even though that extra effort is not yet obvious on a standard glucose test. This is often where metabolic dysfunction begins to show itself first.

For that reason, fasting insulin can be one of the most revealing markers in this chapter.

Insulin is not just a blood sugar hormone. It is also a growth signal. When insulin remains chronically elevated, it can promote a more anabolic, more growth-promoting internal environment. That may be helpful in short-term situations when the body needs to store energy or recover from stress. When it stays elevated, it can push the body in a direction we do not want.



A body exposed to high insulin over time is not in a calm metabolic state. It is often in a state of excess signaling, increased storage, and reduced flexibility. That can affect inflammation, fat storage, hormone balance, and cellular behavior. It can also make weight regulation much harder, which then feeds back into the same cycle.

Fasting insulin is often underused, even though it can reveal metabolic stress before other markers change.

Catching Metabolic Dysfunction Before It Becomes Obvious

A1c and fasting insulin each show a different part of the metabolic picture.

A1c tells us what blood sugar has been doing over time. Fasting insulin tells us how much effort the body may be using to manage that blood sugar. One reflects the glucose trend. The other reflects the compensation.

That difference is important.

A person may have an A1c that has started to creep upward, which tells us glucose regulation is becoming less stable. Another person may still have an A1c in the normal range, while fasting insulin is already running high. That tells us the body is compensating, and that the metabolic stress may be further along than it appears.

Read together, these two markers help show whether the body is managing glucose efficiently, or whether it is being pushed toward a more insulin-resistant, growth-promoting state.

That is the kind of shift we want to catch early.

When Metabolism Becomes More Growth-Oriented

When blood sugar is unstable and insulin remains high, the body moves into a different metabolic state. Energy regulation can become harder. Inflammatory signals may rise. Oxidative stress can increase. Fat storage often becomes easier, while muscle maintenance may become more difficult. The body loses some of its metabolic flexibility.

Over time, that kind of shift may:

- keep inflammatory signals higher than they should be
- promote insulin resistance
- contribute to excess weight gain
- make energy production less efficient
- create a more growth-oriented internal environment



This is why I do not separate metabolism from the cancer conversation. The body's metabolic state influences far more than weight. It affects signaling, repair, resilience, and whether the internal environment remains steady or is repeatedly pushed out of balance.

How to Read A1c and Fasting Insulin Together

A1c and fasting insulin should be interpreted as part of the larger picture of blood sugar and energy regulation.

A1c is helpful, although it does not show how much insulin the body is using to control glucose. Fasting insulin can be highly revealing, especially when it is read alongside A1c, glucose, weight changes, inflammation markers, and other signs of energy and hormone balance. When both markers are viewed together, they can tell us much more about how well the body is managing blood sugar and insulin demand.

This is also why I do not want patients to assume that a normal glucose reading means metabolism is fine. Glucose may still look acceptable while insulin is rising behind the scenes. That early imbalance can be easy to miss unless someone is looking for it.



The larger question is whether blood sugar and insulin are moving in a healthy direction. Is blood sugar regulation stable, or is it gradually becoming less efficient? Is insulin low and steady, or is the body having to work too hard to keep things under control? Those are the questions that give these markers their real value.

What These Markers Can Reveal About Blood Sugar and Insulin

Hemoglobin A1c and fasting insulin help answer an important question: is the body in a stable state of regulation, or is it moving into a more stressed, more growth-oriented environment?

This is where these markers become especially important.

They help reveal whether blood sugar regulation is holding steady, whether insulin is becoming a hidden problem, and whether the body's internal environment is being shaped by underlying imbalance in ways that are easy to overlook. For many patients, this is one of the missing pieces that helps the larger picture finally make sense.

Once we understand this side of the internal environment more clearly, the next step is to look at resilience itself. That brings us to vitamin D, a marker that reveals whether the body has the support it needs for immune regulation, repair, and recovery.



Chapter 6: Vitamin D and the Foundation of Resilience



Vitamin D and the Body's Reserve Capacity

When supporting the body through cancer, some markers show where the body is under pressure. Others show whether the body has enough reserve to respond well. Vitamin D belongs in that second group.

Most people associate vitamin D with bone health, and that role is important. Its reach goes much further. Immune regulation, inflammatory balance, and cellular signaling are all influenced by vitamin D status. When levels are low, the effects may not be obvious at first, yet the body may have less support for regulation, repair, and resilience. For that reason, I do not treat vitamin D as a minor wellness detail. I see it as one of the markers that helps show whether the body has enough support to hold steady under pressure.

Vitamin D's Role Beyond the Bones

Calcium balance and skeletal strength are only the beginning. One of vitamin D's most important roles is helping the immune system function in a more coordinated way.

The goal is not simply to push the immune system harder. In the healing process, the body needs a regulated response. It needs to recognize problems, respond appropriately, and avoid staying stuck in chronic dysregulation. Low vitamin D can make that regulation harder to maintain.



Inflammatory control is part of this as well. When vitamin D status is poor, the body may have more difficulty keeping inflammation from becoming persistent and disruptive. Over time, that can add to the kind of instability that works against healing.

What Low Vitamin D Can Tell Us

One reason this marker is often missed is that deficiency does not always announce itself in an obvious way. A person may still be functioning reasonably well while vitamin D remains low in the background.

Even so, a low level can suggest that the body does not have as much support as it should. Immune regulation may be weaker. Inflammatory activity may be harder to quiet. Recovery may take longer. At a time when the system is already carrying a heavy load, that lack of reserve matters.

This is why I pay attention to vitamin D. It does not explain everything, but it can tell us something important about the body's capacity to regulate, repair, and recover.

A Marker of Support, Not Just Stress

Several of the earlier markers in this guide point toward areas where the body may be struggling. CRP, ferritin, and LDH reflect inflammation and tissue stress. D-dimer and fibrinogen show whether coagulation is becoming part of the problem. A1c and fasting insulin reveal blood sugar and insulin stress.

Vitamin D gives us a different kind of information.

This marker helps answer whether the body has a basic regulatory resource available. That changes the conversation. Sometimes the issue is not only what is driving stress. Sometimes the issue is that the body is already under pressure and does not have the same capacity to adapt well.

That is what sets this chapter apart.

Why Vitamin D Is Easy to Dismiss

Part of the problem is perception. Vitamin D sounds ordinary. It does not sound sophisticated or specialized. Because of that, it often gets pushed aside in favor of markers that seem more serious. That can be a mistake.

Foundational problems are often the ones that get ignored the longest. They may not create the most dramatic lab result, but they can quietly weaken the body's ability to regulate itself over time. A low vitamin D level can be one of those clues.



Putting Vitamin D in Its Proper Place

Vitamin D is not a cure-all, and it should never be presented that way. Bringing levels into a healthier range will not solve every issue affecting the body's internal environment. Still, ignoring it can leave out an important piece of how well the body is functioning.

What makes this marker meaningful is the way it fits with everything else. If inflammation is high, immune balance looks weakened, blood sugar and insulin regulation are off track, and vitamin D is also low, the picture becomes clearer. The body is not only dealing with stress. It may also be missing one of the basic supports needed to respond well.

That is something I want to identify clearly.

The Readiness Piece Vitamin D Adds

By this point in the guide, we have looked at immune balance, inflammation and tissue stress, coagulation, and blood sugar and insulin regulation. Vitamin D adds something different. It helps us think about whether the body has enough foundational support to regulate, repair, and recover under stress.

That matters because two people can carry similar levels of burden and respond very differently. One body may have more reserve. Another may be depleted before the work of healing even begins. Vitamin D is one of the markers that helps us see whether the body may be missing a basic support that influences immune coordination, inflammatory control, and recovery capacity.

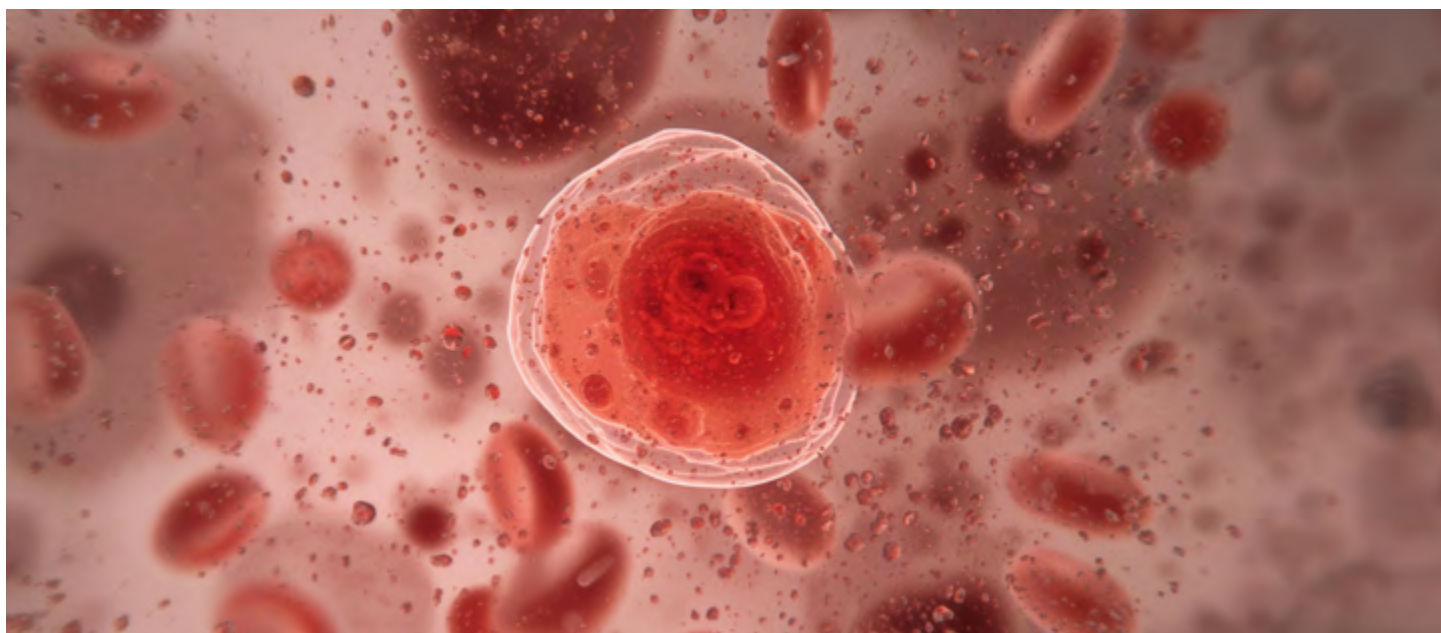


This does not make vitamin D the whole answer. It makes it part of the foundation. When vitamin D is low alongside inflammation, immune imbalance, metabolic stress, or coagulation changes, it can suggest that the body is not only under pressure, but also less equipped to respond well.

From here, the next step is to move beyond routine blood markers and into a more advanced part of the larger picture. That brings us to circulating tumor cells, or CTCs, and what they may reveal about what is moving through the bloodstream beyond what standard scans can show.



Chapter 7: What CTCs Can Tell Us Beyond the Scan



When Imaging Leaves Questions Behind

For many patients, follow-up revolves around imaging. The scan becomes the main event. People wait for it, worry about it, and then try to build their sense of safety around what it shows. That is understandable. Imaging is important. It can reveal whether a visible mass is present, whether something has changed in size, and whether there is structural evidence of disease that needs attention.

Even so, imaging has limits that are not always explained clearly. A scan shows what has become visible. It shows structure. It shows what can be measured or detected at that point in time. It is less able to show biological activity that may still be unfolding at a microscopic level. Tumor cells can break away and enter circulation long before anything new becomes obvious on a scan. That is one reason circulating tumor cells can add important information.

This part of the conversation can be unsettling at first, because most people have been taught to think of cancer in a very fixed way. There is the tumor, the scan, the treatment, and then the next scan. In reality, biology is often more fluid. Cells can move. Conditions can shift. A person can be told that imaging looks reassuring and still have unanswered questions about what may be happening beneath the level of detection.





Understanding CTCs in the Bloodstream

Circulating tumor cells, or CTCs, are cells that have broken away from a tumor and entered the bloodstream. Once they are in circulation, several things can happen. Some may die off quickly. Some may be cleared by the body. Some may remain in circulation without establishing anything further. Others may continue moving through the system under conditions that either work against them or give them more opportunity than they should have.

This is why CTCs can be meaningful. They bring movement into a conversation that often focuses mostly on structure. Instead of asking only whether a tumor can be seen, CTC testing raises a different question: are tumor-related cells still moving through the bloodstream?

A CTC result does not automatically tell us what will happen next, and not every detected cell carries the same meaning. Even so, it opens up a part of the picture that standard imaging does not address very well. For some patients, simply understanding that this layer exists changes the way they think about recurrence, follow-up, and the body itself.

Why CTCs Can Shift the Follow-Up Conversation

One reason CTCs can feel important is that they challenge a passive model of monitoring. When imaging is the only tool being emphasized, patients are often left waiting for something to become visible enough to confirm that a problem exists. That can feel like a narrow way to understand what may be happening inside the body.

CTC testing offers a more dynamic view. It asks a different set of questions:

- are tumor-related cells still present in circulation?
- is there biological activity that has not yet become visible on imaging?
- is the body giving information that may help guide closer follow-up?
- does the standard picture feel incomplete?

For a patient who has finished treatment and is trying to understand risk more clearly, those questions can be meaningful. For someone who senses that the usual scan-centered approach does not tell the whole story, CTC testing can add another layer of insight that feels more biologically real.

It can also change the emotional tone of the conversation. Instead of only waiting for the next scan, a patient begins to see that the body may be giving information in other ways as well. That does not remove uncertainty. It can, however, make the process feel less blunt, less passive, and less reactive.



Why the Bloodstream Belongs in the Conversation

A circulating tumor cell does not move through an empty or neutral space. It travels through a living biological system, and that system can influence what happens next. The bloodstream reflects immune function, inflammation, clotting activity, blood sugar and insulin regulation, and the body's overall ability to maintain control. All of those factors shape the environment a circulating cell encounters.

This is where the earlier chapters begin to connect. The significance of a CTC finding is not only in the cell itself. It is also in the condition of the body it is moving through.

A body dealing with chronic inflammation, poor immune balance, coagulation stress, and blood sugar or insulin dysfunction is not creating the same environment as a body that is better regulated across those systems. The outcome is not predetermined, but the surroundings matter. Cells do not behave independently of their environment. They move through it, respond to it, and are affected by it.

This is why I do not see CTCs as a separate or isolated topic. They belong naturally in this guide because they connect directly with everything that came before. The earlier chapters explored whether the body appears inflamed, immunologically strained, metabolically unstable, or poorly supported. CTCs bring those questions into a more specific frame. If abnormal cells are present in circulation, what kind of biological environment are they entering?





When CTC Testing May Add Value

CTC testing is not something to use casually just because it sounds advanced. Its value lies in the kind of information it can provide when the question being asked is the right one.

For some patients, it can be especially helpful after treatment, when the main concern is no longer only what was removed or treated, but what may still be moving through the bloodstream afterward. It can also be useful when recurrence risk is weighing heavily on the mind and the usual follow-up process feels too limited. In other cases, it may help create a more thoughtful discussion around monitoring, especially when a patient wants more than reassurance based on imaging alone.

What makes this kind of testing meaningful is not that it replaces everything else. It does not. It remains one part of a larger assessment. Its value is that it can show a layer of information the standard follow-up model may not capture well.

How to Read a CTC Result Carefully

This is where careful interpretation becomes essential. A positive CTC result should not be turned into an immediate prediction of recurrence, and a negative result should not be treated like a permanent guarantee that all risk has disappeared. Both reactions oversimplify what these cells may mean.

A result like this has to be read in context. If the rest of the body's environment looks burdened, inflamed, poorly regulated, and under metabolic stress, a CTC finding carries a different weight than it would in a body that appears calmer and better supported. Without context, an isolated result can create more confusion than clarity.

What patients need is not more fear. They need better interpretation. They need someone who can look at the result and place it within the larger biological picture rather than reacting to it in a vacuum. That is what turns a specialized test into information that can actually guide the conversation.





Chapter 8: Making Sense of the Full Picture: Using the Checklist Wisely



By this point, the purpose of this guide should feel different from the way most people are used to thinking about blood work. We are not looking at one marker at a time or asking only whether a number falls inside or outside a reference range. We are learning to read how the body is behaving across several systems at once. Illness and healing do not happen one lab value at a time. They involve larger shifts in immune function, inflammation, coagulation, metabolism, nutrient status, and resilience. Those shifts become easier to understand when the markers are viewed together.

The checklist is meant to guide interpretation. It is not a scorecard. One abnormal number may have limited meaning by itself. Several markers moving in the same direction usually tell us more. When immune balance looks weakened, inflammatory markers are high, coagulation appears more active than expected, blood sugar and insulin markers are drifting, and vitamin D is low, the overall direction becomes harder to ignore. The concern does not come from one dramatic result. It comes from the way the pieces begin to line up.

This is where interpretation becomes more helpful than reaction. Many people dismiss a result because they were told it was “close enough” to normal. Others become alarmed the moment one value is flagged. Neither response gives the body a fair reading. A better approach is to look for direction, consistency, and relationship. Are several markers pointing toward the same issue? Do they fit the person’s symptoms, history, and current condition? Is the body moving toward better regulation, or does it appear to be losing ground?



THE ANTI-CANCER BODY CHECKLIST

Trends are especially important. A single lab result may reflect a temporary stressor, an infection, poor sleep, treatment effects, or something short-lived. When the same finding keeps showing up, or when several markers continue shifting in an unfavorable direction, the message becomes clearer. Over time, the body often tells us more than one isolated result ever could.

Context changes the meaning of every marker. Treatment, medications, surgery, infection, stress, body composition, sleep, diet, activity, and the overall load the body is carrying can all influence lab results. A number becomes more meaningful when it is understood in relation to the person behind it. That includes the diagnosis, symptoms, treatment history, and the current state of the body.

A better question is not simply, “Is this number normal?” A better question is, “What is my body showing across these markers?” That question opens a deeper conversation. It helps reveal where the body may be struggling, where regulation may be weaker, and where more support may be needed.

For some people, inflammation will stand out most clearly. For others, blood sugar and insulin regulation may be the stronger issue. Some may show poor immune coordination or signs that the body is depleted and under-supported. In certain cases, coagulation markers may become especially important. In others, circulating tumor cells may raise a more specific question about what is happening in the bloodstream. The emphasis will not be the same for every person. That is why interpretation has to be individualized.

This is often the point where blood work starts to feel less like a collection of disconnected numbers and more like a language. That language is not always simple, but it can be revealing. It can show whether the body appears regulated or reactive, supported or depleted, adapting well or carrying more stress than it should.

Used well, this information can be empowering. It can bring clarity to situations that previously felt vague or incomplete. These markers are not meant to create fear. They are meant to show where the body may need more support, closer attention, and a deeper level of care than standard testing alone may provide.

A terrain-based approach broadens the conversation. The question is no longer limited to whether disease can be seen. It also includes the condition of the body’s internal environment and whether that environment appears to be moving toward greater stability or greater dysfunction. For people who want to understand what is happening in their bodies more clearly, that is a much better place to begin. If there is one thing I hope this guide makes clear, it is that the body often gives signals before the full picture becomes obvious. Some of those signals are hidden in plain sight. Some require broader testing. Some only begin to make sense when several markers are read together. Once you know how to look at them, the conversation changes. Better questions begin to emerge. Better interpretation becomes possible.

That is the purpose of this checklist. It is here to help you recognize that more may be happening than standard testing alone reveals, and that a deeper reading of the body’s internal environment can bring much-needed clarity. From here, the next step is to use what you have learned well. Ask better questions. Look for better interpretation. Begin to understand what kind of support your body may need. That is where meaningful progress begins.





THE ANTI-CANCER BODY CHECKLIST

Don't Miss What Comes Next

Now that you've gone through this guide, I want to make sure you don't miss what's coming next.

You'll be getting access to a free airing of **"The Anti-Cancer Body"** mastercourse with Dr. Michael Karlfeldt, where he goes deeper into the real drivers behind cancer and what most people are never told to look at.

This is a limited-time viewing experience, where you'll receive **one video module per day**, each with simple, practical action steps you can follow.

Each video will be available for **24 hours**, so it's important to keep an eye on your inbox each day so you don't miss anything.

But if you'd prefer to skip the wait, go much deeper, and not risk missing any of the training, you can **explore the premium version** of the program below.

This gives you full access to all modules, all bonus content, with no time restrictions, and the ability to go through everything at your own pace.

You'll also unlock **8 advanced modules** that take you deeper into real-world application, **3 hidden bonus modules**, a complete **A-Z implementation roadmap**, and several **exclusive bonuses** designed to help you achieve your desired results faster and with greater ease.

[Click here to explore the premium program](#)



— THE —
ANTI-CANCER
BODY