

Key Questions to Ask Oncologists

1. **Is my kind of cancer fast-growing or slow-growing? How long has this been growing in my body?**
2. **Based upon the stage of my disease what is your recommended treatment course?**
3. **What are the drugs you're going to treat me with? Are there other drugs that I may have to take during my treatment course? Will I need to change any of my existing prescriptions or supplements?**
4. **How long does each course of treatment take?**
5. **What are the potential side effects of this treatment (short-term and long-term)?**
6. **After treatment, will I need time to recover? Will I be able to drive myself home? Will I miss work?**
7. **May I have copies of the material safety data sheets on all the drugs I will be taking? I would like to take them home with me today if possible.**
8. **Can you do a chemotherapy sensitivity test (OncoStat or OncoStat Plus) to determine which drug my tumor will respond to best?**

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- 9. Will my cancer cells eventually become resistant to chemotherapy?**

- 10. Should I choose not to do chemotherapy, would you still be willing to monitor me with imaging scans and blood work?**

- 11. Statistically, what is my disease-free five-year survival rate with your treatment protocol versus taking no action about my diagnosis?**

- 12. Should I make any changes to my diet or lifestyle during or after treatment?**

- 13. Do you incorporate alternative and complementary practices with your treatment protocol?**

- 14. I would like to pursue one of the most widely researched complementary therapies, mistletoe therapy, that would not counteract your treatment protocol and has shown to offset the negative side effects of conventional treatment. Would you continue treating me if I chose this course of action?**

- 15. How will I be able to reach you if I have any concerns or further questions?**

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The Why Behind the Key Questions

1. Is my kind of cancer fast-growing or slow-growing? How long has this been growing in my body?

A slow-growing cancer type may allow you more time to make decisions about your care. Use this time to gather more information, speak to various health providers and physicians, and to pray in order to make the most informed decision. A fast-growing cancer type should be addressed quickly, however both slow-growing and fast-growing cancer types warrant action.

2. Based upon the stage of my disease what is your recommended treatment course?

Conventional physicians must abide by standard of care in the United States, which is a combination of surgery, radiation, and chemotherapy. Be your own advocate during your visit, ask questions and take notes to review later, you may consider recording the conversation on your phone as well. Approach your visit with an open mind, but be ready to consider other complementary options that particular physician may not be able to offer.

3. What are the drugs you're going to treat me with? Are there other drugs that I may have to take during my treatment course? Will I need to change any of my existing prescriptions or supplements?

Write down the names of the drugs the physician recommends. It is important to ask what additional drugs they may prescribe. Inquire about side effects, cost, duration of treatment. Ask if any of your current medications or supplements would need to be eliminated or adjusted.

4. How long does each course of treatment take?

It is helpful to know how long each course of treatment takes to plan your day or week.

5. What are the potential side effects of this treatment (short-term and long-term)?

Ask about long-term and short-term side effects. Be wary if the physician is only mentioning minor side effects (i.e. nausea, loss of hair, loss of appetite) as many of the chemotherapy drugs typically cause more serious, unforeseen long-term side effects; such as neuropathy or damage to your organs, or even secondary cancers.

6. After treatment, will I need time to recover? Will I be able to drive myself home? Will I miss work?

This is important to know so you can make necessary arrangements.

7. May I have copies of the material safety data sheets for all the drugs I will be taking? I would like to take them home with me today if possible.

The material safety data sheet (MSDS) is the drug insert that pharmaceutical companies provide that lists all the known side effects and counter-indications with other medications. You can Google this information if your physician does not have MSDS sheets available.

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8. Can you do a chemotherapy sensitivity test (OncoStat or OncoStat Plus) to determine which drug my tumor will respond to best?

A chemotherapy sensitivity test is sent to Greece and conducted by the Research Genetic Cancer Centre Ltd, or it may be conducted by Biofocus in Germany. The test uses your blood sample to test against many different chemotherapy drugs, medications, and natural substances. The test is very comprehensive and involves genetic testing as well. The results of chemotherapy sensitivity help elucidate the most effective agents to treat your cancer type.

9. Will my cancer cells eventually become resistant to chemotherapy?

Ask your physician why this would occur, and what the likelihood is of resistance. Inquire about why they try different types of chemotherapy on a single individual. If chemotherapy proves to be effective with your cancer, mistletoe therapy may be used to reduce the risk of tumor recurrence and to offset some of the side effects of chemotherapy and tumor related pain. Mistletoe does not counteract the effects of chemotherapy.

10. Should I choose not to do chemotherapy, would you still be willing to monitor me with imaging scans and blood work?

If you choose not to pursue chemotherapy, whether you use mistletoe therapy or any other treatment, you will need an oncologist to monitor you. If they decline you can ask if they will refer you to an oncologist who would be willing to monitor you throughout your course of care, you can also research physicians at other hospitals.

11. Statistically, what is my disease-free five-year survival rate with your treatment protocol versus taking no action about my diagnosis?

The “disease-free five-year survival rate” of your specific diagnosis is helpful in determining if patients are alive after five years and if their cancer has recurred during that time. “Five-year survival rate” indicates patients are alive but does not give any information about if they have been cured.

12. Should I make any changes to my diet or lifestyle during or after treatment?

Many conventional medicine physicians are not trained in the importance of good nutrition. However changes to your diet and lifestyle are essential to overcoming cancer and ensuring it does not recur. A health provider who is educated and trained in good nutrition therapy can guide you to the best diet and supplementation that will prevent chronic inflammation, stimulate your body’s natural defense system, promote a healthy digestive and immune system, effectively remove free radicals and toxins from your system, and recommend alternative and complementary therapies. To find a provider in your area who has knowledge and training on the use of mistletoe (Iscador or Iscar) visit:

<http://www.believebig.org/Mistletoe-Physician.html>

13. Do you incorporate alternative and complementary practices with your treatment protocol?

Many hospitals and providers are beginning to include alternative and complementary practices. Those hospitals that already have incorporated these therapies are likely to be more supportive of your desire to pursue a combined individualized approach.

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14. I would like to pursue one of the most widely researched complementary therapies, mistletoe therapy, that would not counteract your treatment protocol and has shown to offset the negative side effects of conventional treatment. Would you remain treating me if I chose this course of action?

The liquid extract of the mistletoe leaves and berries has been used in Europe as an adjunct method to treat cancer for nearly a century. Mistletoe injections are currently among the most widely used complementary cancer treatments in Europe. Only the European species of the mistletoe plant (*viscum album*) is used for cancer treatment.

Mistletoe can be used in malignant and non-malignant tumors, for stimulation of bone marrow activity, alongside conventional treatments to offset the side effects of chemotherapy or radiation (i.e. nausea, vomiting, lack of appetite), diminish tumor related pain, and reduce the risk of tumor recurrence. For more information visit: www.believebig.org/Mistletoe.html

15. How will I be able to reach you if I have any concerns or further questions?

It is important to know the best way to communicate with your provider to ensure a timely response; some people prefer email or a phone call.

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