



10

**QUESTIONS  
ALL CANCER  
PATIENTS  
MUST ASK  
THEIR  
ONCOLOGISTS**

By



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When I was first diagnosed with cancer, it was like a personal blow. There was so much information to consider, but all of it was impossible to accept or retain as my head swam. After hearing the word cancer in relation to your health, it's next-to-impossible to listen to anything else that comes after. In my own journey, after the initial shock wore off and I began exploring and researching my own health, I realized I had a ton of questions that I wanted to address. After talking with other cancer survivors and thrivers, these are some of the most important questions cancer patients should ask their oncologists. Keep in mind that this is based on my own research and knowledge. But after experiencing a cancer diagnosis and spending my time after the diagnosis thriving, it is my sincere hope that everybody incorporates these ten questions into their conversations with their oncologists.

# Will your recommended treatment cure my cancer?



You will likely be surprised by the answer to this question. Chemotherapy has only been shown to cure 3-4% of those diagnosed with cancer. Let me say that again. Chemotherapy has only been shown to cure 3-4% of those diagnosed with cancer. That is a statistic that is absolutely worth repeating because it is the most common form of cancer treatment. And that 3-4% statistic? That is actually on the high side. A peer-reviewed [2004 study](#) shows that cytotoxic chemotherapy has a success rate of only 2.1% for adult malignancies in the United States. An even [more recent study](#) from 2015 shows even grimmer numbers, although it is focusing on late-stage cancers. According to one study, the five-year curative rate with cytotoxic chemotherapy is a staggering 1.5%. And yet more often than not, cytotoxic chemotherapy is one of the most commonly recommended treatments for cancer. You might be surprised when you ask your oncologist that the question may never be answered directly (or indirectly for that matter). You might also find your oncologist learning more about the chances of surviving cancer without chemotherapy is fairly close to the survival rate WITH chemotherapy. However, the quality of life is substantially different for these two groups of people.



## 2

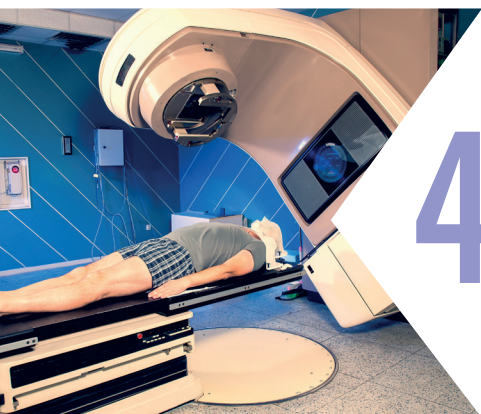
# If your recommended treatment will not cure my cancer, what will it do?

Once again, the answer might surprise you. In many cases, your oncologist might have some statistics about killing fast-growing cells and how chemotherapy is designed to kill these types of cells. You might also learn from your oncologist about the healthy cells that are killed during treatment with chemotherapy (think hair, skin, teeth, and nails). In many cases, chemotherapy has a long-term effect on the body, impacting fertility, brain development, weakened muscles (including a weakened heart!), and bone loss—just to name a few. There is also a slightly increased chance that the treatment will give a better long-term prognosis than declining traditional treatment. However, many times patients need to ask themselves if that nominal increase in prognosis outlook is worth what the treatment will do to you overall.

# What are the side effects of treatment?



Again, I almost feel like I'm repeating myself here talking about the side effects associated with chemotherapy. Chemotherapy and radiation both have some pretty gruesome side effects for patients and include (but are not limited to) hair loss, tooth loss, bone loss, sexual dysfunction, gastrointestinal distress, decreased muscle function, muscle loss, heart problems, skin sensitivity, mouth sores, lower blood count, increased chance for infection (many of which are life-threatening), and anxiety and depression. This is not a comprehensive list by any means, but they are the most common side effects with a majority of patients suffering from over half of the above-listed side effects of chemotherapy and radiation. In fact, a whopping **80% of all patients receiving chemotherapy** experience nausea and almost 60% experience vomiting.



## Can your recommended treatment cause cancer?

Again, you may find your oncologist is hesitant to answer this question. We know for a fact that exposure to radiation causes cancer. There is documentation that a long-term side effect of cancer treatment is something called a secondary malignancy. In many cases, these malignancies can be directly related to the treatment used. A [2015 study](#) documents two new malignancies in patients treated with radiation therapy for testicular cancer. It is something I cannot seem to comprehend—why we often willingly accept to take these treatments that are known to be causes of cancer as a way of treating cancer. It is no wonder recurrence rates and chemotherapy success rates are as low as they are!



# How will you treat the side effects?

# 5



Side effects of treatment are usually more treatment. More medications with more side effects are often the treatment for side effects. For instance, Zofran is generally the gold standard for treating nausea and vomiting associated with chemotherapy. Yet Zofran, while a powerful anti-emetic, can cause extreme and uncomfortable constipation, headaches, dizziness, and dry mouth. In many instances, the side effects can only be managed, but not mitigated. Hair loss is one of the most common side effects of both chemotherapy and radiation, and it is generally a side effect most physicians don't bother to treat. While for many people, the hair loss is a small price to pay for a cure. But for many, hair is a sign of confidence, beauty, and is something we work hard to cultivate, care for and shape. For many, it's more than just a physical attribute. It represents so much more.



6

## Would you allow me to speak with a few patients you've treated with the same cancer as mine?

This could be a bit tricky to navigate with HIPAA laws being the way they are. However, it is worth asking your doctor about speaking with previous (or current) patients about their treatment. You can learn a lot about the person who holds your life in their hands by speaking with their patients. If your doctor is unwilling or seems uneasy about you speaking with other patients, then perhaps a bit more digging is in order. There are a ton of websites out there that can help find out more about a specific healthcare practitioner directly from the mouths (or fingertips) of former and current patients—many of whom may be on a similar journey as you.



# What caused my cancer?

7



Again, doctors are often hesitant to discuss the cause of your cancer. Especially if it is something that is not rooted in a physical cause. A person can do everything right—eat right, exercise, wear sunscreen, practice mindfulness; and yet they can be floored by a cancer diagnosis. When there is no obvious physical cause, doctors are often hesitant to even give an educated guess about what may have caused it. There are many **possible physical causes**—so many, in fact, that it can be difficult to pinpoint the exact root. Things from red meat to beta carotene to not breast-feeding have been linked to specific kinds of cancer. Many doctors fail to even consider the emotional or psychological connections in our lives that may contribute to developing rogue cells in our bodies. In my own journey, I have been surprised by what I've uncovered in my past emotional self that I am certain has contributed to my physical condition. And I know I'm not alone in this.



# What are the chances for it to return?

For a lot of patients, dealing with the treatment and the road ahead is a difficult enough endeavor. When considering the likelihood for recurrence, the entire process can be overwhelming. It is important to know when considering treatment what the long-term prognosis is and how likely the cancer is to return—even with traditional treatments. In many cases, the type of cancer will directly correlate with the likelihood for recurrence. For those diagnosed with ovarian cancer, 70% of survivors will experience a recurrence, according to the [Ovarian Cancer Research Alliance Fund](#). For breast cancer, the 5-year recurrence rate is just under 50%, according to the [University of Michigan Medicine Healthlab](#). Know your chances of recurrence before accepting ANY form of treatment and choose the one that best suits your needs for now and for your future.

# Does lifestyle mind, body, and spirit have anything to do with cancer?

9

BODY  
MIND  
SPIRIT  
YOU

For me, it is important to work with doctors who acknowledge the connection between our whole selves and our overall health. For many (though certainly not all) oncologists, there is little to no connection between the mind and spirit with the body. Yet we have seen through countless studies that a person's mental state has a lot of impact on a person's physical state. A study from July of 2017 relates **traumatic memories and breast cancer** incidence. This proves there is clear connection between our minds and spirits with our physical selves! We are not three separate entities encompassing one space. Our minds, bodies, and spirits are all interconnected parts of the same whole.



# 10 If you were me, would you take the treatments you are recommending?

I said it before and I'll say it again—the answer to this question might surprise you when posed to your oncologist. Oftentimes, the practitioners are more focused on numbers and statistics than the whole person sitting in front of them. Asking this question can move them away from the facts and figures and encourage them to take in the whole picture by putting themselves in your shoes—even for just a minute. A lot of times the answer to this question is no. The benefits of the treatment do not outweigh the risks and the possibility of a slightly-improved outcome does not counterbalance the horrific side effects.

There is an older study from 1985 where oncologists and nurses who worked with oncology patients were surveyed, and as many as 2/3 of those who responded said they would NOT take the treatment. *That study was repeated* in the late 1990's, at which point almost half of the medical professionals who responded said they would not take the treatment. Some *more recent studies* cite as many as 75% of oncologists would not undergo the same treatment they are encouraging patients to accept. While it is difficult to pinpoint exactly how many oncologists would actually undergo the treatment themselves if they were the patient, these numbers are astonishingly telling. If your own doctor wouldn't consider the treatment, should you?



# Final Thoughts

I want to be clear—it is not my intent to challenge the skills, knowledge, and expertise of medical professionals. However, through the course of my journey and along my path I have found that asking the right questions will open your eyes to the potential benefits and risks of treatment. It is your body. This is MY body. I know better than anybody how to advocate for what I need. YOU know better than anybody how to advocate for what you need. But silently accepting the treatments thrown at you may not always be the best course of action. By digging deeper, asking questions, and considering whether or not your oncologist would actually accept the treatment for him or herself is huge. There are many wonderful and open-minded medical professionals out there who realize the whole mind, body, and spirit connection and who will consider the whole self when recommending treatment.

These ten questions are certainly not all-inclusive for every situation and every diagnosis. But understanding your practitioner's role and overall view of the treatment being recommended is helpful in determining whether or not you want to proceed. In many cases, you may find that alternative and complementary treatments are **just as beneficial** and will allow you to be a cancer thriver on your own enlightening journey.