



Key Questions to Ask Your Oncologist

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Key Questions To Ask Your Oncologist

Not only is multiple myeloma a complicated blood cancer but each stage of your journey brings a different set of questions, concerns and decisions.

The questions you may ask about treatment for an early stage diagnosis of MM will be different than questions you ask about an autologous stem cell transplant.

Questions you ask if you relapse will be different than if you are newly diagnosed.

Your multiple myeloma specialist should be an important source of information and expertise for you. The questions listed below are designed to **spark** an ongoing conversation between you and the medical professional involved in your care.

First and foremost, it is important to remember that multiple myeloma (MM) is a rare blood cancer. Less than 2% of total cancer diagnoses and about 10% of all blood cancer diagnoses annually in the United States are for multiple myeloma.

As such, general oncologists have little, if any experience treating multiple myeloma. Even hematologists/oncologists who specialize in blood cancers have much more experience treating lymphoma and leukemia than they have with MM.

Studies confirm that the newly diagnosed MM (NDMM) patient lives, on average, almost twice as long when working with a MM specialist then they do working with a general oncologist.

The bottom line is that you should be working with a MM specialist who understands your stage, symptoms, and goals.

Please consider a **second opinion** and please consider either working with or consulting with a Multiple Myeloma Specialist in your area.

If you don't know of a MM specialist near you simply ask me and I can research it hello@taniaatkin.com

Questions to ask if you are newly diagnosed

1. How many MM patients have you treated in the past few months?
2. What is the “**cure vs. control**” **debate** in multiple myeloma?
3. Is your approach to MM treatment to cure or to control it?
4. While complete remission is always the goal of front-line therapies, can you show me a study that documents complete remission leading to a longer OS (overall survival aka length of life)?
5. Do higher doses of chemotherapy increase my risk of short, long-term and late stage side effects?
6. What is “multi-drug resistance” aka MDR mean?
7. What is the average five-year life expectancy for newly diagnosed MM?

Questions about your stage, diagnostic testing

1. What stage am I?
2. Do I have a kidney involvement? Bone involvement? Heart Involvement?
3. Do my diagnostic testing results indicate a co-morbidity? If so, what?
4. Please explain the significance of those diagnostic testing values that are “below” or “above” the normal range in my results.
5. Does your treatment differ for stage I,II,III, and elderly patients? Why or why not?

Questions about possible therapy options

1. What are my treatment options?
2. What type of treatment do you recommended?
3. How long will it take to give this treatment? (oral? intravenous?)
4. What are the possible long-term effects of having this treatment?

Questions about follow-up care

1. What follow-up tests will I need, and how often will I need them?
 2. Who will be leading my follow-up care?
 3. What support services are available to me? To my family?
 4. Whom should I call with questions or problems?
questions about side effects from treatment such as fatigue, nerve pain, kidney damage, etc
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1. (If you are experiencing any...) What is causing my nerve, bone, kidney, etc. pain?
 2. How can I stop the pain?
 3. How will stopping the pain effect my treatment?
questions to ask if you are relapsed refractory

Questions about side effects from treatment such as fatigue, nerve pain, kidney damage, etc & if you relapse

1. What treatment do you recommend?
2. How can I stop the pain?
3. What are possible side effects from this treatment?
4. Will this treatment/treatment regimen have a potential impact on my future treatment options?
5. What are my other options?
6. What clinical trials are available for me? Where are they located, and how do I find out more about them?

Integrative Questions & Explanations to Explore

1. 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.

2. 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.

3. 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.

4. 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 (Isador or Iscar) visit: www.believebig.org/integrative-practitioner

5. 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.

6. 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/what-is-mistletoe

7. 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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