



# SQUARE ONE

## 20 Questions for Your Oncologist

By Chris Wark

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## **SQUARE ONE**

### **20 Questions for Your Oncologist**

This section includes the list of questions, followed by the 20 Questions audio guide.

*NOTE:* You don't have to ask all of the questions. Copy the questions that you want to use onto a notepad or tablet to take to your doctor's appointment. Ask for permission to record the conversation with your doctor on your phone for future reference.

## THE QUESTIONS

### **Diagnosis Questions**

What is my diagnosis?

- What kind of cancer do I have?

Is this a fast-growing or slow-growing cancer?

- How long has it been growing in my body?

What do you think caused my cancer?

- Do you think my diet, pollution, or stress had anything to do with it?

- Was it genetic?

### **Treatment Questions**

What treatment do you recommend?

What are the drugs you are going to use for treatment?

- Are there any other drugs that I might have to take?

- Can I get a list of all the drugs that will be involved in my treatment?

What are the short-term side effects of these drugs?

What are the long-term side effects of these drugs?

Do any of these drugs have life-threatening side effects?

How old are the drugs you recommend?

-How long have they been around?

Is this treatment curative or palliative?

**If curative:**

If the treatment you recommend doesn't cure my cancer, then what?

What is the recurrence rate after this treatment?

- Where does that statistic come from?

**If palliative:**

What's the point of chemo or radiation if it's not going to cure me?

How would drugs that make me sick give me a better quality of life?

- How much time do you think I have to live if I do this treatment?

- How much time do you think I have to live if I do nothing?

What is the 5-year disease-free survival rate for my specific diagnosis with this treatment protocol?

What is the 5-year disease-free survival rate for my specific cancer if I do nothing?

How much does chemotherapy contribute to 5-year survival for my cancer?

- What about 10-year survival?

Are there any studies comparing this treatment protocol to patients who did nothing?

What if the treatment doesn't work?

- Can I get a refund?

May I have copies of the Material Safety Data Sheets on all the drugs I'll be taking? I would like to take them home with me today to review them.

Have you ever taken any of these chemotherapy drugs to understand what they are like?

Would you do this treatment if you had the same diagnosis as me?

- Or would you just try to make the most of the time you have left?

- What would you do if you were me?

Are you married? Do you have children?

- If your husband/wife had this cancer would you give them this treatment?

- What if it was your child? Would you give them this treatment?

Is it true that chemotherapy drugs can make cancer more aggressive?

Does chemotherapy kill cancer stem cells?

I read that many chemotherapy drugs are carcinogenic.

- Can this treatment cause more cancers in the body?

Do cancer cells eventually become resistant to chemotherapy?

- What do we do when that happens?

What other treatment options are available besides what we've discussed?

## **Diet Questions**

What do you recommend I eat while doing chemotherapy?

Is it okay if I have burgers, milkshakes, ice cream, and pizza?

What's the best anti-cancer diet?

Are there any foods that I should avoid?

I was thinking about adopting a plant-based diet, eating lots of raw fruits and vegetables, and juicing. Is that okay?

## **Testing Questions**

I would like to get the RGCC Onconomics Plus test to see which drugs my cancer will respond to before starting anything.

- Can you order that for me?

Will you be ordering genetic testing to make sure the drugs won't be severely toxic to me?

*For example, a DPD enzyme deficiency makes 5-FU severely toxic and deadly: [www.know-the-risk-of-5fu-chemotherapy.com](http://www.know-the-risk-of-5fu-chemotherapy.com).*

## **Reference Questions**

How many patients do you treat per year?

How many patients have you permanently cured of my disease?

I'm really nervous about this and would like to speak to 5 of your patients with the same cancer as me that are cancer-free after 5 years. Is that possible?

Do you have any patients with my kind of cancer that are in remission after 10 years?

- Can I speak to some of them?

- Would you be willing to call and ask them personally if they would talk to me?

## **Money Questions**

What is the total cost of the treatment you are recommending?

How much of that is your profit?

- I'm just curious to know how much money you are making off me as a patient...I read somewhere that private practice oncologists buy chemotherapy drugs at wholesale and bill patients or their insurance company at a marked up price.  
- Is that true?

Is it true that you make a profit on the chemotherapy drugs you prescribe?

And that some have higher profit margins than others?

### **Final Questions**

If I decide to undergo treatment, will I be able to call you if I have questions after hours?

I would like to take some time to change my life, would that be possible?  
- How much time do I have to do this?

How much time do I have to think about all this and make my decision?

Is it possible for the body to heal itself of cancer?

If I decide not to do treatment, in order to enjoy the time I have left, will you support me with periodic blood tests and scans?

Can I get a copy of my medical records before I leave today?

# 20 Questions for Your Oncologist

## [Audio Guide Transcript]

The reason I created this is because I have talked to hundreds of cancer patients. I was a cancer patient myself in 2003 and 2004, and I've talked to hundreds of cancer patients over the years. One of the biggest problems they have is that they just don't know the right questions to ask their oncologist. There are so many critical questions and so much important information that you need to make an informed decision when you're going into cancer treatment, or when you're trying to decide which avenues to take with cancer treatment.

Frankly, doctors are busy. They're just not telling patients everything they really need to know. They're glossing over a lot of important stuff.

I created this to serve a need in the cancer community, because patients have no idea what they're getting into, and they don't know the right questions to ask.

If you ask the right questions, you will get some very interesting answers that will profoundly affect the decisions that you make going forward. If you ask the wrong questions, or don't ask enough questions, then you could make the wrong decisions. Let's get started.

I titled this "20 Questions for Your Oncologist" because it had a nice ring to it. But, in reality, it's more like 50 questions. You may not use all 50 questions, but you're going to use a lot of them, for sure. Pick and choose the ones that are most appropriate. Don't skip over these. Use them because they will help you if you put them to use.

### **What's my diagnosis?**

You need to find that out. It's pretty important. **What kind of cancer do I have?** By the way, it's a good idea to get a second and a third opinion to make sure that your diagnosis is correct. Don't just trust one doctor's opinion on your diagnosis. The only thing worse than being treated for cancer is being treated for cancer when you don't even have cancer.

### **Is this a fast-growing cancer or a slow-growing cancer? How long has this been growing in my body?**

This is important because if it's a slow-growing cancer, you may have a lot more time than you realize. This will deflate and appease the sense of urgency that maybe your doctor (or whoever) may be trying to impose on you – to do something immediately. If you have a slow-growing cancer that's been growing in your body for 5 or 10 years (or maybe longer), guess what? You probably have more time. You need to know how much time you really have in the sense of, "Is this fast-growing or slow-growing?"

## **What do you think caused my cancer?**

This is really a good question to ask your doctor because it's always interesting to hear what doctors say when they're asked this question. The follow-up to it is...

## **Do you think an unhealthy diet, or pollution, or stress have anything to do with this?**

You'll be surprised how many doctors say, "No, it's not your diet. No, stress doesn't have anything to do with it. No, you're just unlucky."

Luck is not a factor in cancer development. Luck is not a factor in health. It's not a scientific principle at all, and has no place in this discussion.

Let me give you a little background here because the US has very different cancer rates than many other parts of the world. For example, Mexico, Nicaragua, Guatemala, Honduras, and Haiti have half the overall cancer rates of the US. They're doing something differently down there.

There are 34 African nations with a third of the overall cancer rates of the United States. Nigeria has a fifth of the overall cancer rates of the United States.

If you look at the Middle East; Iraq, Iran, Kuwait, Pakistan, Afghanistan, Tajikistan, Bangladesh, Thailand, Indonesia, the United Arab Emirates, Saudi Arabia, Yemen, Oman, India, Nepal, Bhutan, Uzbekistan, Sri Lanka, and Maldives, they also have a third of the overall cancer rates of the United States.

Colon cancer rates in Sub-Saharan Africa are 50 times lower than they are in the United States. These countries eat a very different diet and live different lifestyles than the people in Western nations – industrialized nations like the United States, Canada, Europe, and Australia. We have a lot of scientific evidence that our diet and lifestyle, environmental pollution, and stress are major factors. I'll get to those things.

It's now estimated that 70% of premature deaths in the United States are attributed to three factors: poor nutrition, lack of physical activity, and tobacco use. The number one cause of cancer is smoking tobacco.

The number two cause of cancer – from the National Institutes of Health and the NCI (National Cancer Institute) – is obesity.

Obesity is caused by your diet and lifestyle. If you eat a lot of high-calorie junk food, man-made food, processed food, sugary drinks, and tons of meat and dairy, you are contributing to weight gain, becoming overweight, and eventually obesity. If you have a lack of physical activity, then you are also contributing to weight gain. You're not burning enough calories every day. You're eating more calories than your body is using for energy. It will store those calories as fat. That nutrition and lack of physical activity contribute to obesity, which is the number two cause of cancer.

It should be noted that before death comes years of suffering from disease and disability from the leading causes of death. Cardiovascular disease is the number one leading

cause of death – that’s heart attacks and strokes. Cancer is the second leading cause. The medical industry knows it. The scientific community knows it. For some reason, oncologists don’t think it matters. They don’t think it’s a factor.

But don’t go in there and try to give your doctor a lecture. Just keep it to yourself. Feel free to google and research and verify what I’m telling you. The point is not to go and try to lecture your doctor and prove them wrong and show them a statistic or whatever. The point is to see what they know and what they tell you.

If they start talking about diet, lifestyle, and stress, and they’re passionate about the fact that they are a cause of cancer...then you know you’ve got someone that is in tune and really cares about prevention and getting to the root causes. If you have a doctor that just blows all that off and says, “We don’t know what caused it. It’s probably genetics or you’re just unlucky.” Then that’s a doctor you might think twice about working with.

Some other causes of cancer include environmental pollution and chemical pesticides that are being sprayed on our food. There are 80,000 chemicals used in our environment and world today that are registered with the EPA in cosmetics, prescription drugs, household cleaners, lawn care, and agriculture. These chemicals are in nearly every product you buy. They’re in your makeup. They’re in plastics. They’re in paints, stains, varnishes, and fabric dyes. There are flame retardants used in your mattress, in the non-stick coating on your cookware, and in food additives. Only about 7% of these chemicals have full safety test data available. About 43% of them have no safety testing data at all. We’re living in a culture where 2000-3000 new chemicals are patented and registered every year.

Lung cancer is the number one cause of cancer death. Of course, cigarette smoking contributes to lung cancer. Radon gas causes 16% of lung cancers. That’s more than 1 out of every 10 lung cancers attributed to radon gas. You should test your house for radon gas. Working the night shift is another contributor. We have all these known causes, but I don’t want to go on and on about all the known causes because I’ll cover that in the SQUARE ONE series. You need to go to the appointment with your doctors armed with a little bit of background and perspective. That’s the point of what I’m doing right now for you.

**What treatment do you recommend?**

**What do you think I need to do, Doc?**

**How are we going to treat this?**

Very simple. They’re going to outline it, “Okay, we think you need surgery and chemotherapy and you need radiation.” You want to take really good notes. Take a notepad; write down everything that we’re talking about here. It’s very important that you record this conversation because you want to go back and reference it.

In most states, you don’t need the doctor’s permission to record your conversation. If you want to ask for their permission, go ahead and just say, “This is just a whirlwind crazy time for me. Do you mind if I record this so I don’t forget anything?” The doctors are going to say, “Yeah, sure. It’s fine,” or whatever. They’re going to recommend some treatments, and then you want to really drill into the specifics of the treatment.



### **What are the drugs you're going to treat me with?**

They're going to list out a number of drugs.

### **Are there any other drugs that I might have to take during the course of treatment?**

This is important because they may not list the full list of drugs you may have to take because if you have side effects and problems from taking, let's just say 5-FU, there are other drugs they're going to prescribe to you for some of the side effects of 5-FU. It's a good idea to go ahead and ask what other drugs might be involved.

You want a complete list of the drugs that you're going to start with and the drugs you may have to take. For each drug, write down the drug names as they tell them to you.

### **What are the short-term side effects?**

They will tell you.

### **What are the long-term side effects?**

Let them tell you. Go down the list for each drug and let them tell you the side effects, short-term and long-term. See how much they tell you.

### **Do any of these drugs have life-threatening side effects?**

This is important for obvious reasons. What you need to know is that chemotherapy drugs cause brain damage, heart damage, liver damage, lung damage, and immune system damage. Chemo drugs can also cause hearing loss, kidney damage, bladder damage, intestinal damage, internal bleeding, and peripheral neuropathy (that's where you lose the feeling in your fingertips and toes – sometimes temporarily, sometimes permanently). Additionally, chemo drugs can cause new cancers to form in the body.

That's your background information. If they're not talking about all these potential problems, they're leaving out some serious information. They are misleading you if all they're telling you is, "Well, you're going to be nauseous. You're going to lose your appetite. You're going to lose your hair. You're just going to be sick, and you're going to feel bad. Food is not going to taste very good..."

If that's all they're telling you, then they're leaving out the important stuff. They're telling you all the little, small side effects that everybody knows about. They're not telling you the major head-to-toe damage that chemo drugs are going to cause in your body.

In 2015, a report came out that said nearly 1 in 5 (or 20%) of new cancer cases are secondary cancers. That means cancer patients are developing new types of cancer in different parts of their body caused by treatment – either caused by chemo drugs or radiation treatments. Since 1970, the amount of secondary cancers has increased by 300%. Secondary cancers can come quickly within the first few months or few years of treatment, or they can come decades later. It's important that you know that. Your doctor should acknowledge that when you talk about this.

### **How old are the drugs you're recommending?**

You would think that the older the drug, the better, because it's been well-tested. That's the way the oncologists try to brag on these drugs, "We've been using these drugs for decades, blah blah blah." The truth is, the top 10 most prescribed standard chemo drugs are between 20-60 years old.

Methotrexate was developed in the 1950's, so was Fluorouracil (that's 5-FU) and Cyclophosphamide. Doxorubicin was developed in the 1960's. Cisplatin, 1978. Gemcitabine, in the 1980's. Etoposide, 1983. Chlorambucil, 1984 (maybe earlier). Docetaxel and Paclitaxel in 1992.

Does that give you a whole lot of confidence in what they're doing? That they're using drugs that are 20, 30, 40, 50, 60 years old? The cancer industry is constantly bragging about new, life-saving treatments. Yet, they're still using drugs that are many decades old.

### **Is this treatment palliative or curative?**

Curative is an obvious definition. It's intended to cure you. Palliative care has one of two objectives. Basically, they're either trying to extend your life or improve your quality of life. Those are the two explanations for palliative care. Extend your life might only mean a few extra weeks or a few extra months. Those are extra weeks and months of being sick and poisoned with chemo, typically.

"Improving your quality of life." Well, we know that's not the case. Your quality of life is not going to be better being sick and poisoned with chemotherapy. The amazing thing about this question, and the reasoning behind this question, is that there was a recent study where they found that two-thirds of cancer patients in this survey did not know whether or not they were getting curative or palliative treatments.

Two-thirds of them didn't know. They thought they were getting curative treatment. Their doctors knew there was no way this treatment was going to cure them. You need to know the difference and make sure you ask that question.

See the study here: [www.chrisbeatcancer.com/are-cancer-patients-hopes-for-chemo-too-high](http://www.chrisbeatcancer.com/are-cancer-patients-hopes-for-chemo-too-high).

*If they say it's curative, you want to ask them...*

### **What's the recurrence rate after this treatment?**

They're going to give you a statistic. Then you ask them...

### **Where does that statistic come from?**

*If they say, “Well, this is palliative,” then your best question is...*

**What’s the point?**

**What’s the point in doing this if it’s not going to cure me?**

They’re going to answer, “Well, we think it could extend your life or improve your quality of life.”

From there, you can make a decision as to whether you think that’s true. I can tell you, from personal experience and many people I’ve talked to, the friends and loved ones of cancer patients that I’ve talked with – many, many, many people – they would say that those treatments did not improve their quality of life. Whether they extended their life or not, it’s very hard to measure that...almost impossible.

I’ve heard many stories from cancer patient’s families who were told, “With this treatment, you should live another year,” and they died in six months, or whatever. It didn’t extend their life. They were sick and miserable the whole time. It may have hastened their death.

**How much time do you think I have to live if I do this treatment?**

You may not want to know. You really need to know yourself before you ask this question because you don’t want your doctors to put a hex on you and say, “Well, you’ve got six months to live.” Then, you just can’t get that figure out of your mind, and you start to believe it.

That can be very depressing. You may not want to know how much time they think you have to live. Remember, no person can put an expiration date on your life. It’s only their opinion.

If you’re comfortable knowing, then ask them, “How much time do you think I have to live if I do this treatment?” They’re going to give you some answer.

**How much time do you think I have to live if I do nothing?**

They’re going to give you another answer. They might say, “Well, if you do this treatment, you’ll live...you should maybe hopefully live another year.” Let’s just use that as an example. If you don’t do treatment, you may only live 6 months or 9 months.

They’re going to give you some answer. Usually, it’s always going to be, “You’re going to live less time if you don’t do treatment.” We know that’s not the case.

**What is the 5-year disease-free survival rate for my specific diagnosis with your treatment protocol?**

This is really important that you word it that way. Not 5-year survival; 5-year survival just means cancer patients are alive. They could be on life support. They could be knock-knock-knocking on heaven’s door, about to die, but because their heart is beating at the 5-year mark, they’re a “successful 5-year survivor.”

That's not what you're interested in. You want to know 5-year disease-free survival for your specific diagnosis with their treatment protocol. When I went and saw the doctor, he actually lied to me – just flat-out lied. He said my 5-year survival would be about a 60% chance I would live 5 years. I was Stage 3C colon cancer as a young adult. It was actually about 28% at best. He quoted a very inflated statistic. I'm assuming it's because he wanted to give me hope or whatever, but even 60% wasn't good enough for me.

### **What is the 5-year disease-free survival rate for my specific cancer if I do nothing?**

“What's the 5-year survival if I do the treatment? What's the 5-year survival if I do nothing?” The truth is they don't like collecting data on patients who do nothing. In fact, there are very few studies on cancer patients who don't do some treatment. Patients who don't do treatment typically don't come back. They don't follow those people. He probably will not have an answer to that question. You'll find out. The cancer industry likes to track patients that are doing some treatment. They don't follow-up with patients like me who did nothing. No one has followed-up with me about that.

### **How much does chemotherapy contribute to 5-year survival for my type of cancer?**

I'm going to give you a link to a study that came out in 2004, in the *Journal of Clinical Oncology*, that compared 22 different cancers. The analysis of the study saw what chemotherapy contributed and how much it contributed to 5-year survival. The overall average was 2.1%. You may have seen that statistic bandied around the internet. Again, that's lumping all cancers together, which isn't fair. The truth is, for some of those cancers, chemotherapy contributed 0% to 5-year survival. That means it didn't matter; it didn't help. For others, it did better. For example, for some lymphomas, childhood leukemia, and testicular cancer, the 10-year survival is up around 90% with chemotherapy treatments.

Those are the cancers that chemotherapy has made the most progress with and is the most effective for. You need to look at your specific cancer – hopefully it's included in the study – and see how much chemotherapy contributed. I don't recommend you bring up this study, again. You're just going to argue with someone that's not interested, and they don't think you know anything or that you're capable of learning anything. They think they're the experts. Typically, you don't have the open door to teach them anything.

[www.chrisbeatcancer.com/how-effective-is-chemotherapy](http://www.chrisbeatcancer.com/how-effective-is-chemotherapy)

You might think, “Well, that study is 13 years old.” May I remind you, the 10 most popular cancer drugs they're using are between 20 and 60 years old. I would say that study is still relevant because they are still using almost all the same drugs.

### **What about 10-year survival?**

#### **How much does chemotherapy contribute to 10-year survival for my cancer?**

#### **Do you have a statistic for that?**

They probably do. You want to know what it is because it may be very different. Oncologists typically just like to tell you the good news. They want to give you as much hope as possible. They don't want to tell you the scary truth. The scary truth is really what you need to know because you make a better decision when you're faced with scary

truth versus optimistic lies. They may say something like, “Well, 5-year survival is around 80% for your type of cancer.”

### **What about 10-year disease-free survival?**

You need to know, project out a little further in time with this.

### **Are there any studies comparing this treatment protocol to patients who did nothing?**

I touched on this earlier, but just go ahead and ask the question. “Are there any studies comparing this to patients who did nothing?” There aren’t. Your doctor is not going to have the study. If he does, I’d be shocked. It’s very unlikely he will know of a study. If he does, ask to see it. If your doctor mentions a study or any study in the course of this conversation, “Yeah, well, there’s a study... blah blah blah.” Great.

### **Do you have it?**

### **Can I see it?**

### **Can I read it?**

It’s not inappropriate to ask for a copy of the study and the information that they are referencing. Again, this is life or death decision stuff.

*I hope you ask this next question. I certainly would have loved to ask this, if I had thought of it, with my oncologist.*

### **What if the treatment doesn’t work?**

### **Can I get a refund?**

Your oncologist will probably laugh. Of course the answer is no. It’ll be interesting to see what else they say. By the way, when you ask these questions, ask the question and then be quiet. Let them talk for as long as they’re going to talk until they run out of things to say. Don’t make it easy on them. This is a really tough situation.

You need to be tough on your doctor because this person is holding your life in their hands. They better be serious about your treatment. They better know their stuff. They better be honest with you.

### **May I have copies of the Material Safety Data Sheets on all the drugs I’ll be taking? I’d like to take them home with me today, if possible.**

The Material Safety Data Sheet is the insert. It’s the drug insert that the pharmaceutical company has to provide with the drug to doctors. It lists all of the known side effects and damages to your body, and contraindications with other drugs, and things like that. You have every right to get copies of these. You should ask for them and make sure you don’t leave until you get copies of the Material Safety Data Sheets on these drugs. By the way, you can google these too.

*This is the tough series of questions...*

**Have you ever taken any of these drugs to understand what they're like?  
Have you ever taken any of these?**

Just kind of act like a dummy. Don't come in there trying to act like a smarty. You're coming in with tons of questions, which is awesome, but don't try to act like a super smart person. Just be like, "Have you ever taken any of these drugs just to see what they're like?" Just be quiet and let them answer. Of course they're going to say no.

**Would you do this treatment if you had the same diagnosis as me?**

Followed by silence. You can follow it up with...

**Would you just try to make the most of the time you have left?  
Would you do this treatment or would you just try to enjoy the rest of your life?  
What would you do if you were me?**

Phrase those or arrange them any way you feel appropriate. You get the gist of what we're doing here.

It's good to find out if your physician is married and/or has children. If you're small talking at this point, you can even say,

**Are you married?  
Do you have any children?**

Yes, yes.

**If your husband/wife had the cancer I have, would you give him/her this treatment?**

Watch their eyes and their body language. If they change positions, cross their arms, start to fidget, look away, blink nervously, or if they talk to you with their eyes closed, they may be lying. They're obviously very uncomfortable with that question. Then, you ask them the question again.

**What if it was your child?  
Would you give him/her this treatment?**

Just wait; let them answer. Don't say anything else. Don't break the tension. It's very important. The tension will reveal things in the conversation. If you make it easy on them, it won't. You see what we're doing here. We ask them, "What would you do if you were me? What if it was your wife? What if it was your child?" All three.

**Is it true that chemotherapy drugs can make cancer more aggressive?**

The truth is yes. It absolutely can, and often does. That's the truth. They should acknowledge that. Yes, that can happen. Let them talk. Be prepared. They're either going

to be honest about this, or they're going to try to blow it off, deflect, and change the subject.

[www.chrisbeatcancer.com/chemotherapy-backfire-boost-cancer-growth-study](http://www.chrisbeatcancer.com/chemotherapy-backfire-boost-cancer-growth-study)

### **Does chemotherapy kill cancer stem cells?**

A lot of times it doesn't. That's one of the big problems with chemotherapy. Chemotherapy will shrink a tumor, and it will kill a lot of cells in the tumor, but it doesn't kill the stem cells. The stem cells are the ones that survive and cause the tumor to start growing again after chemo is finished, or they cause new tumors to start growing in different parts of your body. He should say, "Chemotherapy does not always kill cancer stem cells," or he may say, "No. It doesn't." He may say, "Yes." If he says yes, and that's all he says, then he's only telling you half the truth.

### **I read that chemotherapy drugs are carcinogenic. Can this treatment cause more cancers in my body?**

The truth of this is yes. Many chemotherapy drugs are carcinogenic. They are known carcinogens and listed by the US National Toxicology Board as known carcinogens. Your doctor should say, "Yes. It could cause more cancers in the body." Again, they may try to downplay it and say, "But only in a few cases, a very small percentage..." What if you are that percentage?

Statistics coming out of the pharmaceutical industry are highly suspect because we know that there's a huge profit incentive. They really want to downplay anything that is negative and would dissuade people from taking those drugs. The drug reps are giving information to the oncologists that paint the drug in the best light possible. They're giving them statistics that they feed back to you, which also support the drug company's ultimate goal, which is to get you to say "yes" to chemo.

You have to keep that in mind the whole time. It's not that your doctor is a bad person. Although, we've seen a few doctors that were falsely diagnosing cancer patients with cancer in order to treat them with chemo, and made huge amounts of money. We've seen that in recent years. If you don't know who I'm talking about, one of them is Dr. Farid Fata. He was in Detroit. Google his name. Terrible person.

Most oncologists are not terrible people. They're getting most of their information about the drugs they are prescribing directly from the drug manufacturers. They're repeating to you what the drug manufacturers are telling them. That's not good.

### **Do cancer cells eventually become resistant to chemotherapy?**

The answer is yeah, a lot of cancer cells – cancer stem cells – become resistant. This is why oncologists have to switch-up drugs. They have to change chemo drugs because drug number one worked for a period of time and it shrunk the tumor a certain percentage.

That's all. Shrunk it by 50% or 60%, but that's all. It wouldn't shrink it anymore. Then they have to change drugs. Or it shrunk the tumor 100%, and then the tumor comes

back. They try the drug again. It didn't work at all the second time. Then they have to switch drugs. They should be honest with you and explain this to you.

**What other options are available besides standard treatment?**

**What other options do I have Doc?**

**What if I don't want to do chemo?**

See what they say. When I asked my doctor this, I asked him, **Are there any alternative therapies available?** This was in January 2004. He became very arrogant, condescending, and really just used fear to intimidate me, and said, "If you don't do chemotherapy, you're insane."

Be prepared. By the time you get this far in the conversation, your doctor may be very irritated with you because you've just asked them more questions than any cancer patient has ever asked them in the history of their career. They can thank me for that. Seriously, if they've been nice the whole time, they might change their tune when you start asking them about alternative therapies.

*The next series of questions are diet-related...*

**What do you recommend I eat while I'm doing chemotherapy?**

See what they say. A lot of doctors tell their patients to go and eat whatever they want. "Just make sure you get enough calories, drink Ensure, and eat ice cream, drink milkshakes, whatever, whatever."

If you want to get more specific and have a little more fun with this, then ask them about specific junk foods. See what they say.

"Can I have ice cream?"

"Yeah, you can have ice cream."

"Can I have pizza?"

"Yep."

"Is it okay if I still drink Coke?"

"Yeah, sure."

"Are there any fast-food places where I shouldn't eat?"

You can really go on and on with this. Frankly, the more you do, the better the recording you're going to have – to share with other people – because most people don't believe that doctors would tell cancer patients it's okay to eat ice cream, and donuts, and fast-food, and junk food...but they are. They're telling patients this constantly. If you have one that says, "Don't eat that stuff," that's actually a wonderful person – a great doctor who actually may be researching, and reading, and trying to learn about nutrition, and is very open to those things.

**What's the best anti-cancer diet?**

**What is the best diet for a cancer patient?**

Right here, you're going to find out if this person has any regard for nutrition or not.



### **Are there any foods that I should avoid?**

I know this question seem a little bit repetitive and a little bit redundant, but when you ask the same question in three different ways, you'll draw out a much more complete answer. I recommend you do this. Don't just ask one. Ask all three.

### **I was thinking about maybe converting to a plant-based diet, eating a lot of raw foods and vegetables and juicing. Is that okay?**

See what they say. They may tell you you can't do it. That's what my doctor told me. He said, "No, you can't do a raw diet. It'll fight the chemo." That's what he said.

It's important that I explain why he said that. He said it because there's a very old idea about the neutropenic diet for cancer patients. Basically, the neutropenic diet is a diet of all cooked food. They are afraid that cancer patients might eat a raw apple or vegetable that has some bacteria on it. That bacteria will cause a problem in their body because their immune system has been suppressed, destroyed, etc. by chemo. Seems like a valid concern, but there has been some recent research that has disproved that. The neutropenic diet is not necessarily required. It's not necessarily mandatory for cancer patients. That's an old idea that's not relevant now.

[www.nutritionfacts.org/video/is-a-neutropenic-diet-necessary-for-cancer-patients](http://www.nutritionfacts.org/video/is-a-neutropenic-diet-necessary-for-cancer-patients)

*The next series of questions are related to testing. There are some very, very powerful and informative tests you can have done as a cancer patient that can help you make good decisions.*

### **Do you use the RGCC Onconomics Plus Test?**

It's also known as the Greece Test and the Chemosensitivity Test. **Is that something you will be ordering for me before we start treatment?** (Note: The test was formerly called the OncoStat test.) Typically, they're going to say no. This test is done in Greece, and the company is RGCC Genlabs. It's a comprehensive blood test. What they do is they take your blood and they test it against a bunch of different chemotherapy drugs. They test it against a bunch of natural substances like vitamin C and laetrile and things like that. There's also genetic testing involved. I think it should be mandatory for every cancer patient before they start treatment, because you need to know if these drugs you've going to work on your cancer. You can find out before they poison your body with them.

[www.RGCC-group.com](http://www.RGCC-group.com)

### **Is there any genetic testing that you do to make sure that I don't have a problem with these drugs, that my body can detoxify these drugs?**

What I'm getting at here is the chemotherapy drug 5-FU is severely toxic for people that have a specific enzyme deficiency. It's called the DPD enzyme deficiency. If those people take 5-FU, it can kill them in a matter of weeks. It's severely toxic. They have a problem detoxifying their body. It just builds up in their body and overloads them – the toxicity – and can kill them. It can be deadly. Google "know the risk of 5-FU chemotherapy" and

a website will pop up. This was a man whose wife had that DPD enzyme deficiency. They didn't know it and 5-FU killed her.

(For breast cancer patients, the MammaPrint genetic test helps predict the risk of recurrence after surgery.)

If you really want to dig into all the different types of testing – whether it's early detection testing, chemosensitivity testing, all kinds of cancer detection and progress tests – there is a really fantastic reference guide. It's called *Cancer Free! Are You Sure?* by Jenny Hrbacek. She's an RN. She gave me a copy of her book at a conference, just slipped it into my hand. When I got home, I took a look at it and I was really impressed. She did a ton of research. It's just a great reference guide on all the different tests that are available to you as a cancer patient. You don't need them all. As you read through her book, each chapter outlines the different tests, what they do, and how they might be helpful to you based on your situation. Find a copy of that book. It's on Amazon.

*The next series of questions are related to references...*

**Hey Doc, how many patients do you treat per year?  
How many do you see per day?**

Just find out. He may say, "I treat a thousand patients a year..." By the way, you're setting up for this next question. You want to ask this one first,

**How many patients have you cured of my disease?**

He may have just been bragging about how many patients he treats, and now you're saying, "How many of them have you cured?" You can follow this up with...

**I'm just really nervous about this. I'd like to get references. Can I speak to 5 patients with the same cancer as me that you've cured that are cancer-free after 5 years? Is that possible?**

This is not an unreasonable request. If they balk at it, and say, "Well, I can't give out my patient's information..."

Then you say, "**Would you be willing to call and ask them if they would be willing to talk to me?**" Because I know if I was a patient, if I was 5 years out and I was cancer free, and you had helped me get well, I would be happy to talk to anybody and sing your praises. I'm sure your patients would probably be willing to talk to me."

**Would you mind asking them?**

"**Do you have any that have been in remission for over 10 years?**" That's even better. I would really love to speak to them if you have any. I mean, 5 years is okay, but if you have any that are 10 years out, that would be ideal."

Ask for references. If you get your house painted or get some plumbing done or your roof put on, if you're smart, you're going to get some references before these people start tearing up your house. You should get some references on this doctor. By the way, it

needs to be successful patient references, not some other doctor or some other patient saying, “He’s wonderful. She’s wonderful. I love my doctor so much,” and they still have cancer. What does that even mean? You can have the nicest doctor in the world, but if they don’t cure you, why would you want to work with them?

When you’re dealing with a life and death disease, you need someone that’s getting results. That means curing patients.

*The next series of questions talk about money. Talk about money. Be bold. These are tough. Some of you will not ask these questions because you’re too timid. That’s okay, it’s okay. I know some of you will. I’m really excited for those of you out there that have the chutzpah to ask these questions.*

**What is the total cost of the treatment you’re recommending?  
How much is this going to cost?**

They may say, “Well, it depends on your insurance,” as a deflection. Say, “I know my insurance will cover some of it. I’ll have to pay for some of it. **But what’s the total cost going to be, regardless of how much I have to pay or the insurance pays?**” They should have a pretty good idea. If they act like they have no idea, I think they’re being deceptive. They’re not being forthcoming with you. They know. They know how much they’re billing for what they do.

If you get an answer like, “Well, this treatment will probably cost \$100,000, or \$300,000, or a million dollars,” whatever they say, then ask...

**How much of that is your profit? I’m just curious to know. I’m just curious to know how much money you’re making off me as a patient.**

Just say it and be quiet. Let the tension take over.

**I read somewhere that private practice oncologists buy chemo drugs at wholesale and bill patients or the insurance company at a marked-up price, and they make a profit on that. Is that true?**

It is true. It’s true. If you’re dealing with a private practice oncologist, it’s estimated that up to 60% of their income comes from the profit on chemo drugs, which is a lot. If 60% of their income is coming from chemo, guess what? They’re going to want you to do chemo. That’s what’s paying the house note, the private school tuition, the car notes, the lake house mortgage, all that good stuff. They need you to do chemo. That’s how they make most of their money. If they work for a big group or a hospital, or if you’re in Canada or Europe and you have nationalized health care, it may not be the case. They may just be salary or be compensated per patient, or something different. But hey, it’s good to ask. Then, you follow-up with...

**Is it true that you make a profit on the chemotherapy drugs you prescribe?  
Do you make a profit on the chemo drugs, and do some of the drugs have a higher profit margin than others?  
Does that fluctuate month to month?**

**Do the drug companies run specials?**

All of that is true. They do. “Do you make a profit on the chemotherapy drugs?” Like I explained, if they’re private practice oncologists, typically. Chemotherapy drugs do have different profit margins. The profit margins vary. Drug companies run promotions to get some drugs prescribed more than others.

*These final questions are tough questions you should ask your oncologist.*

**I’ve got lots to think about. This is a lot to process. Thank you for your time, for taking the time to answer all my questions.**

**If I decide to undergo treatment, can I call you after hours with questions?**

**Will you give me your cellphone number?**

Just ask them if they will.

**I would like to take some time to change my life.**

**Would that be possible?**

**How much time do I have to do this before I start treatment?**

**I just need to change a lot of things in my life before I start. How much time do I have to think about all this and make my decision?**

What you may be surprised to find out is they may be saying, “Look, you need to start treatment this week, or next week.” But when you ask that question, in that way, they may say, “Well, we could push it back a month, or 2 months, or 3 months, or 6 months.”

It’ll help you a lot. It’ll help your state of mind to have their permission. If you have their permission to take some time, then you won’t feel like you’re going against your doctor’s orders.

**Is it possible for the body to heal cancer?**

**Can the body heal this?**

**My body created it, can my body heal it?**

**I know it isn’t healing it at the moment, but is it possible?**

It is possible. In the medical industry, they call it spontaneous remission. It’s a well-documented phenomenon. There is a collection of something like a thousand cases of spontaneous remission compiled in the Spontaneous Remission Project. You can google this. The reason they call it spontaneous remission is because they don’t like to admit that the body healed it.

They don’t like the word healing. When someone has cancer, and then they come back and the cancer is gone, and the doctors didn’t treat them, they don’t know what to call it. They don’t want to call it healing, so they came up with the term “spontaneous remission.” It’s well-documented. It’s a common phenomenon. My friend Dr. Kelly Turner wrote a book about this. It’s called *Radical Remission*, which is a wonderful book. I think you should read that.

It’ll be very interesting to see what your doctor says when you ask him that question. Don’t lecture them on spontaneous remission and all this stuff. Don’t turn this into you

trying to prove your doctor wrong, or argue, or lecture. The main goal of all these questions is not to argue. You don't want to argue. All you want to do is play the reporter. Ask tough questions – tough, uncomfortable questions – and see what they say. It's to see if they're being honest with you or not. That is the goal of this.

“If I decide not to do this, if I decide not to do treatment and I just want to enjoy my time left on earth with my family... I feel good right now. I just want to feel good as long as possible. If I start chemo next week, I might feel terrible. I really don't think I'm ready to do that just yet.”

**If I decide against chemo, will you still support me?**

**Can I still come in and get blood tests and some scans along the way and just monitor things?**

That's really important. If they turn into a jerk about this, then you need a new oncologist. Find someone else. By the way, with the new oncologist, you don't have to go through all these questions with them. You just go and meet them and say, “Hey, I have cancer. Here's what I'm doing. I need somebody just to monitor my blood work and do my scans. Will you do that for me?”

**Can I get a copy of my medical records? I'd like to get copies of my medical records before I leave today.**

**Also, the Materials Safety Data Sheets.**

**Can I get all that before I leave?**

That's it. That's what you need to do. You need to walk out the door with that stuff. You go home and listen to the recording, and play it for your family and friends, and talk about it, and think about it, and pray about it.

At the end of this series of questions, like I said at the beginning, you will have more information than you can imagine. I believe this series of questions will solidify in your mind if you're working with the right person or not, and solidify in your mind the best course of action to take. Maybe not all the specifics of the best course of action, but it should solidify in your mind whether or not conventional cancer treatment is right for you.

Again, that's what I want to help you decide. I look forward to your feedback.

# 20 Questions for Your Oncologist

## Appendix

### US Cancer Death Rate Since 1975

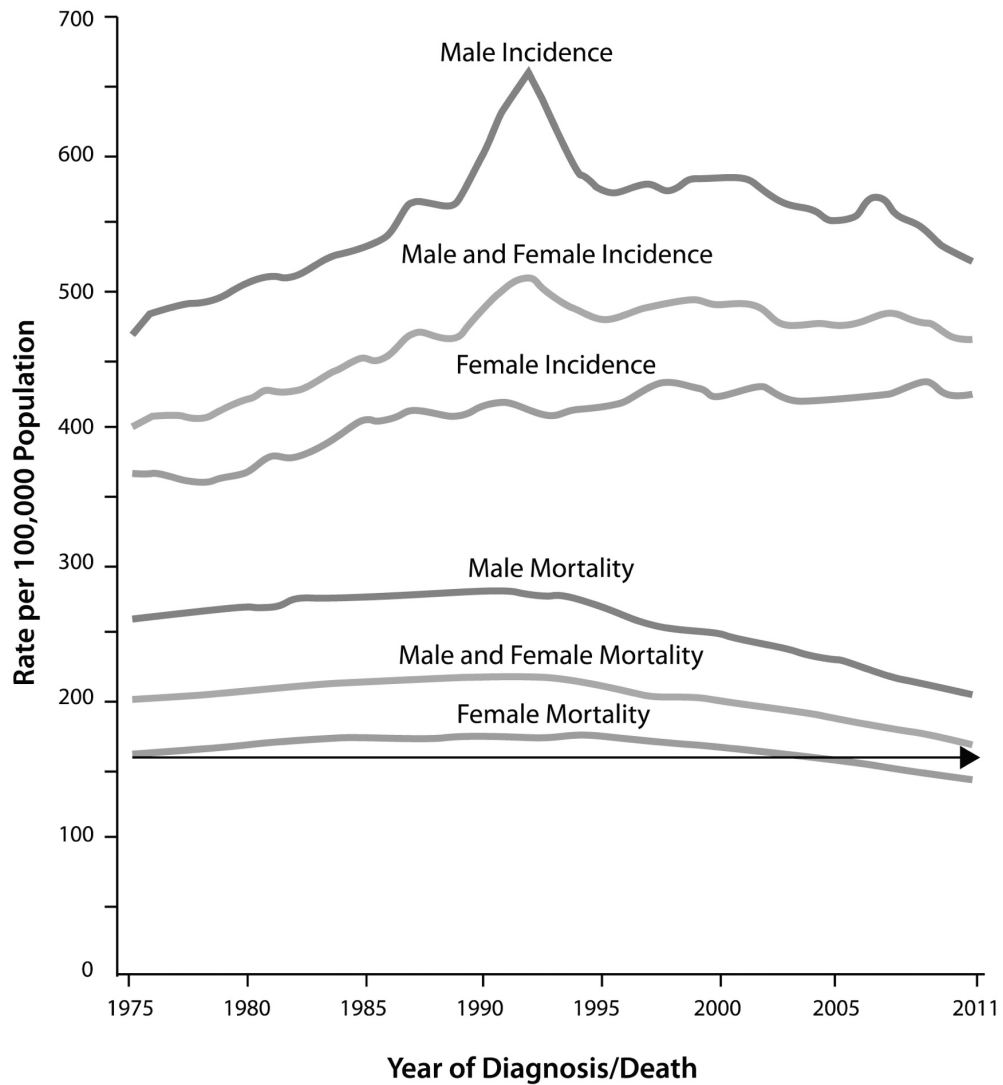
Take a close look at the graph on the following page from The American Cancer Society's 2015 annual report.

What you will see is a peak and then a sharp drop in cancer mortality (the death rate) for men, starting in the 1990's.

The improvement in the male death rate is largely due to the disproportionate reduction of cigarette smoking and smoking-related lung cancer incidence and death among American men, compared to American women. Simply put, there are a lot more male smokers than female, and a lot of men have quit smoking. As a result, the lung cancer death rate for men has dropped dramatically – which has also pulled down the overall cancer death rate for men. This reduction had very little to do with “life-saving treatments.”

What you will also see in this chart is that the incidence of cancer in women is steadily climbing. Also, the overall cancer death rate has barely improved for women since 1975. The black arrow represents no improvement.

Hundreds of billions of dollars have been spent on cancer research and treatments in the last 40 years, and women are still dying of cancer at nearly the same rate. How much faith do you have in the cancer industry now?



**FIGURE 2. Trends in Cancer Incidence and Death Rates by Sex, United States, 1975 to 2011.**

Rates are age adjusted to the 2000 US standard population. Incidence rates are adjusted for delays in reporting.

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