

| SUGGESTED QUESTION | RESPONSE |
|---|----------|
| What type of cancer do I have and what stage is it in? | |
| What treatment options are available for my specific type and stage of cancer? | |
| Does my treatment options vary from a public or private health cover perspective? | |
| What are the benefits and risks of each treatment option? | |
| Walking/Feeding your Dog/Pets | |
| Taking children to school and after school activities | |
| Who will go with me to appointments? | |
| If you are planning a family, I cannot express how important it is to ask about the effects your chosen treatment path may have on your fertility. Chemo, for instance, can damage sperm production and make men sterile. You might want to consider freezing sperm or eggs. | |
| How long will my treatment last, and how often will I need to receive treatment? | |



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| What are the potential side effects of each treatment, and how can they be managed? | |
| Will I need to make any lifestyle changes during treatment (e.g. diet, exercise)? It's always interesting to ask how they suggest you amend your diet to assist your recovery. This will allow you to gauge your doctor/oncologists level of knowledge around nutrition. If they tell you to just eat what you want, please do not take this advice. Eat foods off the "FIT 50" list or follow the meal plan provided later in this book. If you go back to the eating habits that may have caused the cancer in the first place, it is very likely that you will prolong your recovery or get a recurrence. | |
| What treatment/s would you recommend if I was your spouse, mother, father, son or daughter? | |
| What are the chances of the cancer returning, and what can I do to reduce that risk? | |
| Are there any clinical trials or experimental treatments that may be appropriate for me? | |

Controlling THE ODDS

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| What holistic treatments would you recommend to support your proposed treatment? | |
| What medication or supplements do I need to take now? | |
| Are there any medications I am taking that I need to stop or amend? | |
| How will my cancer be monitored, and how often will I need follow-up appointments? | |
| Where would I do these treatments? Are they local, or would I need to travel? | |
| What can I expect in terms of pain, and pain management, during treatment? | |
| Will I need to take time off work, and if so, approximately for how long? | |
| How will cancer treatment affect my overall health and wellbeing, during, and post treatment? | |
| What is the best way for me to communicate with you, and other members of my healthcare team, if I have questions or concerns? | |

Controlling THE ODDS

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| Can you recommend any local support groups or resources for cancer patients? | |
| Are there any financial assistance programs available to help with the cost of treatment, or will this be covered by public health? | |
| What home assistance can I receive? This might be cleaning assistance, help with grocery shopping, etcetera. | |
| How will my cancer be monitored, and how often will I need follow-up appointments? | |
| Can I have access to a counsellor to talk to if I need someone to talk to? If I am not able to access a government appointed one, can you recommend one that has experience with cancer patients? | |