



CANCER

IMPORTANT QUESTIONS

FOR THE NEWLY DIAGNOSED PATIENT

As a patient or caregiver you must learn to ask good questions of your medical team. This will help you advocate for your best possible health outcome.

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Surgeons



Asking the right Questions

There are many questions that will need answering and discussing when confronted with surgery.

The questions below are what must be asked and answered so as to build a foundation of knowledge specific to your diagnosis.

Prepared 2022

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QUESTIONS FOR SURGEONS

**1****Tissue samples (biopsy)**

Will a tissue sample be obtained during the procedure?

**2**

IHC Test: Will the sample be sent for an IHC Staining test by the surgeon or the oncologist?

**3**

IHC test request: Will they specifically require the test to highlight known biomarkers that align to current clinical trials or known treatments? Specifically PD-L1, MSI-High, HER2 (and more)

**4**

Location: Where specifically is your primary tumor located. This is important for you as a patient to know.

**Does your surgeon have specific experience**

It is vital to best outcomes to engage a surgeon who has current experience with many patients for your specific Cholangiocarcinoma diagnosis.

Knowledge will become one of
your greatest and most powerful
resources

Questions help build and improve
your knowledge

Oncologists

Asking the right Questions

When diagnosed with a serious cancer, the single most important thing you can do is to see an oncologist who specializes in your specific cancer diagnosis. They need to have experience treating many other patients like you, they should be involved in ongoing research and they should have clinical trials available for you. When it comes to treating cancer, expertise can mean the difference between life & death.

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Questions you should ask your Oncologist, if a biopsy HAS been obtained

**1**

Primary Tumour: What is the primary location of your tumour, ie is it intrahepatic or extrahepatic?

2

IHC Test: Has this test been ordered? has the specific biomarkers relating to your cancer diagnosis (tumor type) been highlighted.

3

IHC Test: If this has not been ordered, then insist that it be immediately carried out, it is vital that this be done before committing to treatment plan.

4

IHC Test: If this has been completed, then what biomarkers were highlighted in the report. This is something you must know as a patient.

5

IHC Test: Do the highlighted biomarkers align with current clinical trials? *Please refer to the biomarkers mentioned in the Patient Toolkit.*

Please refer to the IHC testing section in the [Patient Toolkit](#) for a full explanation

Questions you should ask your Oncologist, if a biopsy HAS been obtained



6

IHC Test: Ask for a copy of this report and keep it in your possession for future reference.

7

Molecular (Genomic) Profiling: If an IHC test has not helped, then you should discuss molecular profiling of your tumour (biopsy). Profiling of the mutation(s) that are driving the cancer growth will be revealed and provide your oncology team a road map on how to best treat your specific diagnosis.

8

Clinical Trials: Ask your oncologist if they are familiar or engaged with current clinical trials specific to your cancer diagnosis. Oncologists that are associated and or experienced in current clinical trials have better success rates.

10

The Oncologist: Does your oncologist have current knowledge and experience with your specific diagnosis. This is a difficult question but directly related to best outcomes

Questions you should ask your Oncologist, if a biopsy has **NOT** been obtained

**1**

A biopsy is a tissue sample: How could a sample be obtained? this question needs to be fully explored and answered by your oncologist.

2

Blood Biopsies: Blood biopsies are becoming more frequent, but are far less reliable than a tissue biopsy, but for some, this may shine a light on a treatment roadmap

3

Clinical Trials: Ask your oncologist if they are familiar or engaged with current clinical trials specific to your exact diagnosis. Oncologists that are associated, and or experienced in current clinical trials have better success rates.