

QUESTIONS TO ASK YOUR ONCOLOGIST



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TABLE OF CONTENTS

04	—————	DIAGNOSIS
07	—————	TREATMENT
12	—————	TESTING
14	—————	SURVIVAL RATES
16	—————	DIET
18	—————	PHYSICIAN REFERENCES
20	—————	MONEY
22	—————	FINAL QUESTIONS

WELCOME FRIEND

Thank you for using this free resource from Just Tea.
We help individuals looking to use alternative methods of treatment,
or to reduce symptoms associated with chemo/radiation.

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HOW TO USE THIS GUIDE

Decision fatigue can get the best of us on *good* days. Sometimes the best way to decide on a treatment path is to know what you don't know. This packet will help with that - by helping you discover what to ask your oncologist to make the most informed decision possible. After all, you are the one who calls the shots for your body.

While none of this is comfortable to learn, that saying 'knowing is half the battle' is absolutely true in this instance. My hope is you use this as the tool it's meant to be and can walk out of your next visit well-informed with a plan of action you're comfortable with.

There is plenty of room for you to record answers and ask additional questions in each section.

References to all materials are listed at the end of this packet.

DIAGNOSIS

Cancers are named based on their origin site (e.g., breast cancer) or the type of cell they arise from. There are over 200 known types, classified into main categories:

MAIN TYPES BY CELL ORIGIN

CARCINOMA

From epithelial cells (skin or organ linings). Most common (80–90%).

Examples:

- Adenocarcinoma (breast, lung, prostate)
- Squamous cell carcinoma (skin, esophagus)
- Basal cell carcinoma (skin)
- Hepatocarcinoma (liver), prostate carcinoma, etc.

SARCOMA

From connective tissues (bone, fat, muscle).

Examples:

- Osteosarcoma (bone)
- Liposarcoma (fat)
- Leiomyosarcoma (smooth muscle)

LEUKEMIA

Blood and bone marrow cancers (e.g., acute lymphoblastic leukemia).

LYMPHOMA

Immune system cancers (e.g., Hodgkin lymphoma, non-Hodgkin lymphoma).

MYELOMA

Plasma cell cancer (e.g., multiple myeloma).

BLASTOMA

From immature cells; common in children (e.g., neuroblastoma, retinoblastoma, Wilms tumor).

MELANOMA

Skin cancer from melanocytes (note: uses "-oma" suffix but is malignant).

COMMON CANCERS BY ORGAN

MEN: Lung, Prostate, colorectal, stomach, liver

WOMEN: Breast, colorectal, lung, cervical, thyroid

ALL: Breast, lung, colorectal, pancreatic, prostate, leukemia, lymphoma

DIAGNOSIS

WHAT TYPE OF CANCER DO I HAVE AND WHERE IS IT LOCATED?

WHAT STAGE IS MY CANCER AND WHAT DOES THAT MEAN?

HAS THE CANCER SPREAD TO MY LYMPH NODES OR OTHER ORGANS?

DIAGNOSIS

IS THIS A FAST OR SLOW GROWING CANCER?

HOW LONG HAS IT BEEN GROWING IN MY BODY?

WHAT DO YOU THINK CAUSED MY CANCER?

TREATMENT (CONVENTIONAL)

Cancer treatment options vary based on the type, stage, and individual characteristics of the cancer. Conventional refers to traditional western medical treatments you receive from a licensed physician. Here are the main categories:

SURGERY

The most common treatment for localized cancers that haven't spread. It involves removing the tumor and surrounding tissue and is often the most effective way to achieve remission when the cancer is confined to one area.

RADIATION THERAPY

Uses high-energy rays or particles to destroy cancer cells or shrink tumors. It can be delivered externally (external beam radiation) or internally (brachytherapy), and is often used alone or in combination with other treatments.

CHEMOTHERAPY

Involves using drugs to kill fast-growing cancer cells. These drugs travel through the bloodstream, making them effective for cancers that have spread. Chemotherapy can be given orally, intravenously, or directly into a body cavity.

IMMUNOTHERAPY

Boosts the body's immune system to recognize and attack cancer cells. This includes immune checkpoint inhibitors, CAR T-cell therapy, and cancer vaccines. It is particularly effective for certain cancers like melanoma, lung cancer, and some lymphomas.

TARGETED THERAPY

Focuses on specific molecules or genetic mutations within cancer cells that drive their growth. These treatments are more precise than chemotherapy and cause less damage to healthy cells, often used in cancers with known genetic markers.

HORMONE THERAPY

Used for cancers that rely on hormones to grow, such as certain breast and prostate cancers. It works by blocking hormone production or preventing hormones from binding to cancer cells.

OTHER WESTERN MEDICINE TREATMENTS

Western medical treatments refer to those which you receive from a typical licensed physician. Stem cell transplants for blood cancers, photodynamic therapy, cryotherapy, and precision medicine based on biomarker testing. Treatment plans often combine multiple approaches for optimal results.

TREATMENT (CAM)

Along with traditional western medical treatments are natural cancer treatments, which refer to complementary or alternative medicine (CAM) approaches used alongside or instead of conventional therapies.

HERBS AND BOTANICALS

Such as turmeric (curcumin), Essiac Tea, green tea (EGCG), garlic, ginger, and ginseng, which have shown potential in preclinical studies to induce apoptosis, inhibit angiogenesis, and modulate signaling pathways in cancer cells.

DIETARY SUPPLEMENTS

Including vitamin D, omega-3 fatty acids, selenium, zinc, and probiotics, which may support immune function and reduce inflammation.

MUSHROOMS

Reishi, shiitake, and chaga mushrooms are studied for immune modulation and anti-tumor activity.

MIND-BODY PRACTICES

Such as meditation, yoga, tai chi, hypnosis, and breathing exercises, which can help manage stress, anxiety, and improve quality of life.

ACUPUNCTURE

Used to alleviate cancer-related pain, nausea, and fatigue.

MESSAGE THERAPY

May reduce stress, improve circulation, and ease treatment side effects.

ESSENTIAL OILS AND AROMATHERPY

Used for relaxation and symptom relief.

SPECIAL DIETS

Including plant-based, ketogenic, or anti-inflammatory diets, though evidence for direct cancer treatment is limited.

ENERGY HEALING

Such as reiki and therapeutic touch, which focus on balancing energy flow, though scientific evidence is lacking.

The FDA does not regulate dietary supplements for safety or efficacy. Always consult with your healthcare professional before using any natural therapy, as they may interact with conventional treatments or have unintended side effects.

TREATMENT (GENERAL)

WHAT ARE MY TREATMENT OPTIONS?

WHAT TREATMENT DO YOU RECOMMEND AND WHY?

WHAT ARE THE SYMPTOMS ASSOCIATED WITH THIS TREATMENT?

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TREATMENT (CURATIVE OR PALIATIVE)

IS THIS TREATMENT CURATIVE (USED IN THE CURE OF DISEASE) OR
PALLIATIVE (USED FOR IMPROVEMENT OF LIFE ONLY)?

CURATIVE:

IF THE TREATMENT DOESN'T CURE MY CANCER, THEN WHAT?

WHAT IS THE RECURRENCE RATE ((% CHANCE IT MAY COME BACK)?

WHERE DOES THAT % COME FROM?

TREATMENT (CURATIVE OR PALLIATIVE)

PALLIATIVE

WHAT'S THE POINT OF THE TREATMENT YOU RECOMMEND IF IT'S NOT GOING TO CURE ME?

WILL THIS TREATMENT GIVE ME A BETTER QUALITY OF LIFE? HOW?

HOW MUCH TIME DOES THIS TREATMENT GIVE ME?

TESTING

Cancer treatment resistance is a major challenge, often due to genetic mutations that allow cancer cells to evolve and survive therapy. Over time, treatments may stop working as cancer cells develop resistance, especially in advanced or metastatic stages where cells differ from the original tumor and are less responsive to drugs.

You may be sensitive to certain types of chemo or other treatment medications. There are several tests you can ask for before treatment to determine if that is the case.

ONCOSTAT PLUS CHEMOSENSITIVITY TEST

Evaluates the effectiveness of 90+ chemotherapy agents, targeted therapies (like TKIs), monoclonal antibodies, and small molecule inhibitors on a patient's own cancer cells. It also assesses the anticancer potency of over 50 natural substances and plant extracts, aiming to guide personalized treatment by identifying drugs and supplements most likely to work while avoiding ineffective or toxic ones.

The test uses liquid biopsy technology, analyzing circulating tumor cells (CTCs) from a blood sample. It combines viability assays and epigenetic analysis to validate results. It is typically used after an initial test like Oncotrace (which detects CTCs and their markers) to confirm the presence of cancer cells before proceeding.

SPECTRACELL BLOOD TEST

Blood test that assesses the functional status of 31 essential vitamins, minerals, antioxidants, and amino acids at the cellular level. Unlike standard serum tests that measure nutrient levels in blood plasma, SpectraCell's patented Functional Intracellular Analysis (FIA™) evaluates how well your body actually uses these nutrients inside white blood cells—providing a more accurate, long-term (4–6 month) picture of nutritional health.

OTHER

Patients with genetic variants of DYPD enzyme deficiency makes 5-FU and Xeloda chemotherapies severely toxic and deadly. FDA warning labels read to test patients for genetic variants of DYPD prior to initiating. Read up on your treatment thoroughly before agreeing to them, and get some or all of these tests if you can.

TESTING

DO YOU OFFER THE ONCOSTAT PLUS CHEMOSENSITIVITY TEST TO SEE WHICH DRUGS MY CANCER WILL RESPOND TO BEFORE STARTING ANYTHING?

DO YOU OFFER THE SPECTRACELL BLOOD TEST WHICH SHOWS THE NUTRIENT DEFICIENCIES IN MY BODY?

DO YOU OFFER GENETIC TESTING TO MAKE SURE THE TREATMENT DRUGS WON'T BE SEVERELY TOXIC TO ME?

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SURVIVAL RATE

Survival rates vary by cancer type, stage at diagnosis, age and access to healthcare and are ONLY Estimates based on the latest data. Early detection through screening plays a critical role in improving outcomes. While a 5-year survival rate does not mean a cure, it indicates a strong likelihood of long-term survival, as many cancers do not recur after this period.

Five-year survival rates for cancer have significantly improved over recent decades, with the overall five-year relative survival rate for all cancers combined now at 70% in the United States—up from about 50% in the mid-1970s. This milestone reflects advancements in early detection, treatment, and reductions in smoking rates.

HIGH SURVIVAL RATES

Seen in cancers like:

- Prostate cancer: ~88% (US), ~87% (UK)
- Breast cancer: ~90% (US), ~88% (UK)
- Thyroid cancer: ~95% (20-year relative survival)
- Testicular cancer: ~98% (10-year survival)
- Melanoma: ~88% (10-year relative survival)

LOWER SURVIVAL RATES

Associated with more aggressive or difficult-to-detect cancers:

- Lung and bronchus cancer: ~21% (net 5-year survival)
- Pancreatic cancer: ~10% (5-year survival)
- Liver and intrahepatic bile duct cancer: ~20% (5-year survival)

As of May 2025, there were 18.6 million cancer survivors in the U.S., representing about 5.4% of the population—highlighting the growing number of people living beyond a cancer diagnosis.

SURVIVAL RATE

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?

ARE THERE STUDIES COMPARING THIS TREATMENT PROTOCOL TO PATIENTS WHO DID NOTHING?

ARE THERE STUDIES COMPARING THIS TREATMENT PROTOCOL TO PATIENTS WHO DID NOTHING?

DIET

Maintaining good nutrition during cancer treatment is crucial to support healing, preserve muscle mass, and sustain energy levels. Treatment can cause side effects like nausea, loss of appetite, and changes in taste, making it challenging to eat. However, eating small, frequent meals and snacks throughout the day can help meet increased calorie and protein needs.

There are a LOT of different opinions on diet during cancer treatment - so do your research and apply it to your unique situation.

PROTEIN

Essential for tissue repair and immune function. Include a variety of sources such as lean meats, fish, poultry, eggs, dairy, beans, lentils, tofu, nuts, and nut butters. Plant-based proteins are especially beneficial due to their high levels of vitamins, minerals, and phytonutrients.

FRUITS & VEGETABLES

Should be consumed in a variety of colors to ensure a wide range of nutrients. Choose whole grains when tolerated, but some treatments may require avoiding them if gastrointestinal issues arise. Hydration is key—aim for at least 8 cups (64 oz) of fluid daily, including water, herbal teas, broths, and electrolyte-rich drinks like coconut water.

APPETITE LOSS

High-calorie, high-protein snacks such as smoothies, yogurt, nut butters, cheese, and shakes can help. Try cold or room-temperature foods if smells trigger nausea. Avoid greasy, spicy, or overly sweet foods if they worsen symptoms.

POPULAR DIETS DURING CANCER TREATMENT

The Mediterranean Diet, as well as plant-based diets are widely recommended for cancer prevention and management. These types of diets are rich in phytochemicals, antioxidants, and fiber, which help reduce inflammation and oxidative stress linked to cancer prevention.

Always consult your care team or a registered dietitian for personalized advice, especially if experiencing severe side effects. Some dietary supplements may interfere with treatment, so discuss any use with your doctor.

DIET

WHAT DIET DO YOU RECOMMEND I EAT WHILE UNDERGOING TREATMENT?

WHAT'S THE BEST ANTI-CANCER DIET FOR MY CANCER?

ARE THERE ANY FOODS I SHOULD AVOID?

IF I ADOPT A (PLANT BASED, KETO, OR CARNIVORE DIET) IS THAT OKAY?

PHYSICIAN REFERENCES

When asking a physician for a reference related to their care, it's important to be clear, respectful, and specific about your requests in this topic.

BEDIRECT AND PROFESSIONAL

Asking your physician for other patient references is a common and often recommended practice when evaluating a doctor's care quality. Most physicians maintain a list of former patients who are willing to serve as references - especially those who were particularly satisfied with their care. Patients are encouraged to ask their physician directly for names and contact information of past patients who have had similar procedures or conditions.

RESPECT PATIENT PRIVACY & CONSENT

Ensure the request is made in a way that respects other patient privacy and consent. Do not share what you find with other individuals.

Reviews on Google as well as other platforms like Reviews from Friends now facilitate the process digitally, allowing patients to request anonymous, two-way conversations with former patients while protecting identities.

If the doctor balks at any of the following questions ask if they would be willing to call and ask their patients if they would talk to you.

Also, it's worth noting you **SHOULD** get a second opinion of your diagnosis - that's a normal thing people need to do when handling a serious condition like cancer.

PHYSICIAN REFERENCES

HOW MANY PATIENTS DO YOU TREAT PER YEAR?

HOW MANY PATIENTS HAVE YOU PERMANENTLY CURED OF MY DISEASE?

IS IT POSSIBLE TO SPEAK WITH 5 OF YOUR PATIENTS WITH THE SAME CANCER AS ME THAT ARE CANCER-FREE AFTER 5 YEARS?

IS IT POSSIBLE TO SPEAK WITH ANY PATIENTS WITH MY KIND OF CANCER IN REMISSION AFTER 10 YEARS?

MONEY

Cancer treatment costs vary widely based on cancer type, stage, treatment plan, insurance, and location. I'm going to provide estimates based on current numbers (2026) in the United States. These are questions you're going to want answers to if you agree to treatment. In general, there are three phases of costs:

INITIAL CARE

This is the first 12 months of treatment, which includes diagnosis, surgery, or primary treatment. Estimated between \$28,000 to \$68,000 USD.

CONTINUING CARE

This is ongoing monitoring, which includes follow-ups and side effect management. Estimated between \$2,000 to \$12,000 USD per year.

END-OF-LIFE CARE

This is palliative (a means to make quality of life better) or hospice care and includes the final 12 months. Estimated between \$74,000 and \$170,000.

The above price ranges are estimates only and can vary widely depending on the type of cancer. Key cost drivers include chemotherapy, surgery, radiation therapy and prescription drugs, which account for nearly half of total cancer care costs.

Insurance also significantly impacts out-of-pocket costs.

Financial toxicity is common - cancer patients are 2.5 times more likely to declare bankruptcy than non-cancer patients. Many patients receive financial aid through organizations like CancerCare, Leukemia & Lymphoma Society, or drug manufacturer programs.

RESOURCES TO MANAGE COSTS

Work with a hospital financial advisor. Apply for prescription drug assistance programs. Consider living benefits from life insurance policies. Explore free lodging (e.g., American Cancer Society's Hope Lodge).

MONEY

WHAT IS THE TOTAL COST OF THE TREATMENT YOU RECOMMEND?

WHAT TYPES OF FINANCIAL HELP DO YOU OFFER TO COVER COSTS? DO YOU HAVE RESOURCES I CAN TAKE HOME?

OFTENTIMES PRIVATE PRACTICE ONCOLOGISTS BUY CHEMO DRUGS AT WHOLESALE AND BILL THE PATIENTS OR INSURANCE AT A MARKED UP PRICE. IS THAT TRUE?

DO YOU MAKE A PROFIT ON THE CHEMOTHERAPY DRUGS YOU PRESCRIBE?

HOW MUCH OF THE TOTAL TREATMENT COST IS PROFIT?

FINAL QUESTIONS

IF I DECIDE TO UNDERGO TREATMENT, CAN I CALL YOU IF I HAVE QUESTIONS AFTER HOURS?

I WOULD LIKE SOME TIME TO CHANGE SOME LIFESTYLE CHOICES, WOULD THAT BE POSSIBLE? IF YES, HOW MUCH TIME DO I HAVE?

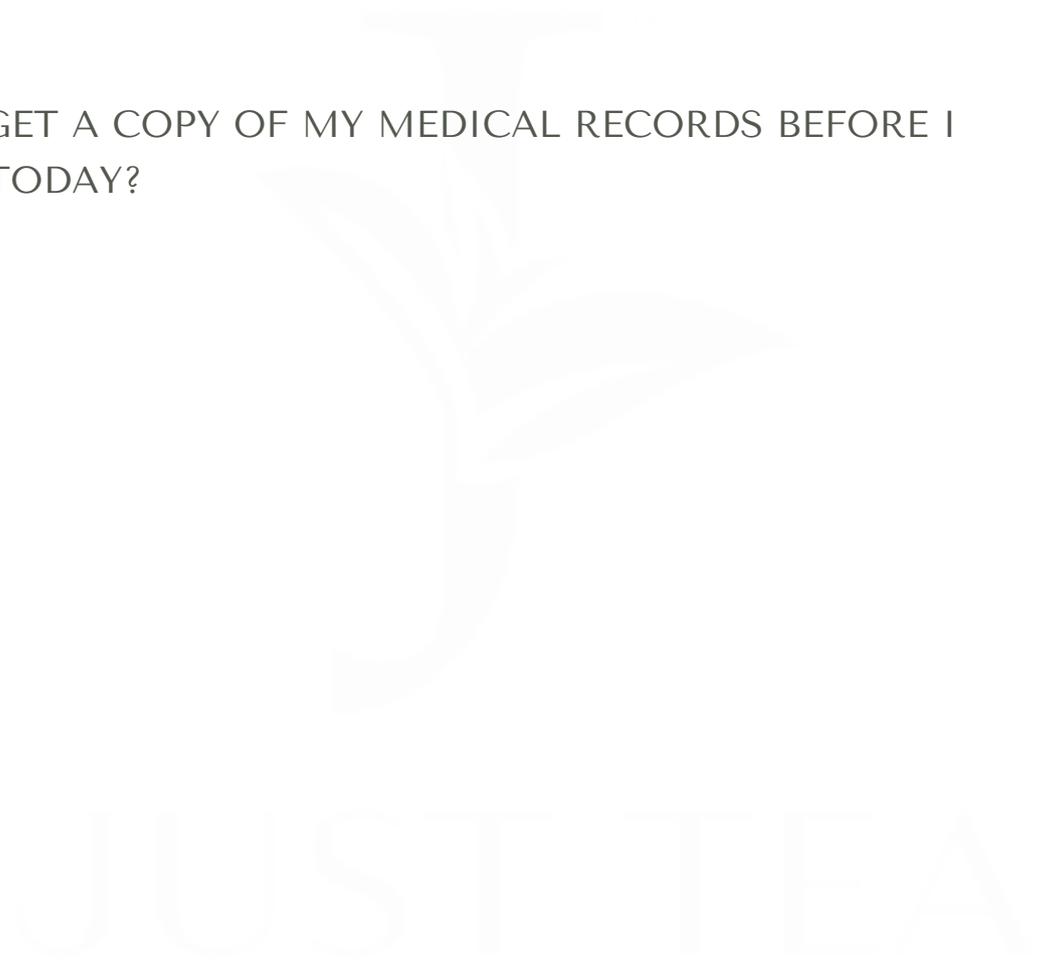
HOW MUCH TIME DO I HAVE TO MAKE A DECISION?

IS IT POSSIBLE FOR MY BODY TO HEAL ITSELF OF CANCER?

FINAL QUESTIONS

IS IT POSSIBLE FOR MY BODY TO HEAL ITSELF OF CANCER?

CAN I GET A COPY OF MY MEDICAL RECORDS BEFORE I
LEAVE TODAY?



THANK YOU

THANK YOU FOR TRUSTING JUST TEA TO PROVIDE YOU
WITH THIS FREE RESOURCE.

Maybe you've wondered why is a tea company made a guide on questions to ask your oncologist? Our focus has always been on helping individuals make informed decision on their health. Yes, we offer products that help with the *alternative* treatment side of things, but feel it's important you're supported in your health decisions whether you buy a single thing from us.

Please feel free to print and share this guide
with your friends and loved ones.

Natasha Evans

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