What is the name of my tumor type?

What is the location and size of my tumor?

What are the standard guidelines to treat my tumor vs what you recommend? Why?

What are the risks and benefits of each treatment option presented?
What are the potential symptoms and side-effects that I’ll experience from treatment?

__________________________________________________________

__________________________________________________________

__________________________________________________________

Do I qualify for any clinical trials? Does that include trials outside of this institution?

__________________________________________________________

__________________________________________________________

__________________________________________________________

How many patients do you see with this type of tumor?

__________________________________________________________

__________________________________________________________

__________________________________________________________

Who are the top three experts on this tumor type?

__________________________________________________________

__________________________________________________________

__________________________________________________________

Is there a specialist for this type of tumor in our region?

__________________________________________________________

__________________________________________________________

__________________________________________________________

Visit www.BrainTumor.org/TheExperience for more information
What can I expect at the time of treatment, just after treatment, over the course of recovery, and in the long-term?

How do I maintain a high quality of life?

What can you tell me about palliative care or other options to manage my symptoms?

How do I obtain copies of my medical records? Can I get copies or electronic access?

What is the potential impact on my insurance coverage and financial situation?

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