



Cancer treatment myths: Any truth to these common beliefs?

Misconceptions about cancer treatment might make you feel confused or unsure when choosing a treatment. Learn the truth so that you can feel more comfortable with your cancer treatment.

By Mayo Clinic Staff

Research advances have improved cancer treatment to make it more effective and to reduce side effects. Yet some misleading ideas about cancer treatment still persist. Here's a look at common misconceptions about cancer treatment and explanations to help you understand the truth.

Truth: There's no scientific proof that a positive attitude gives you an advantage in cancer treatment or improves your chance of being cured.

What a positive attitude can do is improve the quality of your life during cancer treatment and beyond. You may be more likely to stay active, maintain ties to family and friends, and continue social activities. In turn, this may enhance your feeling of well-being and help you find the strength to deal with your cancer.

Truth: Finding the cure for cancer is proving to be more complex than mastering the engineering and physics required for spaceflight.

Cancer actually includes a large group of diseases. Each person's cancer may have many different causes. Despite advances in diagnosis and treatment, doctors still have much to learn about what triggers a cell to become cancerous and why some people who have cancer do better than others.

In addition, cancer is a moving target. Cancer cells may continue to mutate and change during the course of the disease. This may lead to the cancer cells no longer responding to the chemotherapy drugs or radiation treatments that were given initially.

Truth: Your doctor and the FDA, which must approve new drugs before they can be given to people who aren't enrolled in clinical trials, are your allies. As such, they make your safety a high priority.

Unfortunately, scientific studies to determine the safety and effectiveness of new cancer treatments

being blocked.

Doctors often go into cancer research because they have a family member or friend affected by the disease. They are as interested in finding a cure as anyone else, for the same reason — it affects them personally. They hate to see a loved one in pain and don't wish to lose this person. They also want to spare others what they have gone through.

Truth: Although regular medical care can indeed increase the ability to detect cancer early, it can't guarantee it. Cancer is a complicated disease, and there's no sure way to always spot it.

Routine screening has been linked to a decrease in deaths from cancers of the prostate, cervix, breast, lung, colon and rectum.

Truth: Most people who have cancer are treated on an outpatient basis in their home communities.

At times it may be helpful to travel to a specialty medical center for treatment. But often, doctors at such a medical center can work with doctors in your hometown so that you can be with your family and friends.

Sometimes, people may desire to take time away from work to focus on health. Many times it is possible to resume or continue to work.

A lot of research has gone into making it easier for people to live more-normal lives during their cancer treatment. For example, drugs are now available to help better control nausea and exercise programs are encouraged. The result is that you're often able to work and stay active during your treatment.

Truth: Some cancers never cause pain.

For people who do experience cancer pain, especially people who have advanced cancer, doctors have become more aware of the need to control such pain and have learned better ways to manage it. Although all pain may not be eliminated, the goal is to control the pain so that it has little impact on your daily routine.

Truth: For most types of cancer, there's no conclusive evidence that a needle biopsy — a procedure used to diagnose many types of cancer — causes cancer cells to spread.

There are exceptions, though, of which doctors and surgeons are aware. For instance, a needle biopsy usually isn't used in diagnosing testicular cancer. Instead, if a doctor suspects testicular cancer, the testicle is removed.

Truth: There is no evidence that indicates surgery can cause cancer to spread. Don't delay or refuse treatment because of this myth. Surgically removing cancer is often the first and most important treatment.

Some people may believe this myth because they feel worse during recovery than they did before surgery.

Truth: Your doctor tailors your treatment to you. What treatment you receive depends on where your cancer is, whether or how much it has spread, how it's affecting your body functions, your general health, and other factors.

More and more, cancer treatment is being tailored based on genetic testing on your cancer cells. Specific changes or mutations in your cancer cells may help guide your treatment. Also, cancer treatments may depend on the genes that you're born with. Certain genes may show that your body processes certain chemotherapy treatments and drugs differently than someone else's body.

Truth: It's up to you whether you want to treat your cancer. You can decide this after consulting with your doctor and learning about your options.

A person who has cancer might choose to forgo treatment if he or she has:

- **A slow-growing cancer.** Some people who have cancer might not have any signs or symptoms. Lab tests might reveal that the cancer is growing very slowly. These people might choose to wait and watch the cancer. If it suddenly begins growing more quickly, treatment is always an option.
- **Other medical conditions.** If you have other significant illnesses, you may choose not to treat your cancer, as the cancer may not be the biggest threat to your health. This may be especially true in the case of a slow-growing cancer.
- **A late-stage cancer.** If the burden of treatment side effects outweighs the benefit that treatment can bring, you might choose not to be treated. But that doesn't mean your doctor will abandon you. Your doctor can still provide comfort measures, such as pain relief.

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