Ask Better. Target Better. Live Better. — Visit Checklist

Here you go—clear, patient-friendly, and print-ready. I kept your voice and tagline front and center.

The 10 "Right Questions"

Bring these everywhere to every appointment

1. **Which specific biomarkers picked each therapy? Name them.**
2. **What % of my tumor cells express each target—and where?**
3. **Was spatial biology performed? If not, why not?**
4. **How is dosing individualized to me (not just BSA)?**
5. **How many matched targets are addressed (combo or sequence)?**
6. **How will you measure response beyond imaging (ctDNA/MRD, immune shifts)?**
7. **What are the delivery strategies to reach my tumor micro-environment barriers?**
8. **What are the drug–supplement interactions and timing rules?**
9. **How often will you re-test and pivot as my biology changes?**
10. **What outcomes have you seen in patients with my markers, not just my tumor name?**

Conventional oncology — better questions

- Which biomarkers (DNA/NGS, RNA/transcriptomics, TMB, MSI, immune profile, **spatial biology**) drove each drug choice?
- What % PD-L1 positivity at the tumor site, and **where** are PD-L1+ cells?
- Did you quantify **hot vs cold** immunity with spatial biology?
- How are **dose/schedule individualized** (pharmacogenomics, organ function, metronomic options)?
- How many targets are matched **concurrently**, and why that number?
- How will you track **early** response (ctDNA kinetics, MRD, immune shifts)—not just scans/tumor markers?
- **Plan B** if markers evolve—how will care adapt in real time?

⊗ **Red flags:** "We don't do that testing." • "We'll try Keytruda/Opdivo because it helps your type" (without marker proof) • Trial-and-error with no biomarker map.

Integrative / natural clinics — better questions

- What's the **mechanism-of-action** on **my** pathways (not generic "immune boost")?
- Which **biomarkers** say this fits me (genomics, transcriptomics, immune, spatial)?
- How will you **track** if it's working (ctDNA, cytokines tied to pathways, QoL scales)?
- How do you **combine** with chemo/IO safely (CYP interactions, antioxidant timing, anticoagulant risk, half-life)? **Show the protocol.**
- Outcomes in patients with **my markers** on this protocol?

⊗ **Red flags:** One-size-fits-all protocols (vitamin C, ozone, methylene blue, ivermectin, lights, hyperthermia) without molecular rationale or tracking • "We don't need your tumor data."

Precision programs — what to demand

- **Show the multi-omic stack** (DNA + RNA + immune + spatial) for my case.
- How many **actionable targets** are we addressing in combination?
- Plan to overcome **resistance** if Pathway A adapts (root-cause analysis)?
- **Re-profiling cadence**—how often will we adjust?
- **Delivery strategies** to improve drug-to-tumor penetration for my cancer (stroma, perfusion, BBB, etc.)?

Translation guide (what you'll hear → what it means)

"We chose this for your cancer type."

→ **Averages.** Ask for **your** markers.

"We don't know your PD-L1%."

→ **Flying blind** on immunotherapy.

"We'll add it because you failed last line."

→ Not **target-led**, trial-and-error.

"Our protocol helps most patients."

→ Ask which **markers** those patients shared with you.