

EDUCATION. EMPOWERMENT. *questions worth asking*

For people with liver tumors, and for the people who go with them to appointments.

You have a seat at the table in your own care. Your questions matter. This guide helps you ask your care team if microwave ablation should be looked at for you. It does not tell you which treatment to pick. You and your care team decide together which option is best for you. If you are getting treatment now, keep following your plan. Ask these questions along with your plan, never instead of it.

WHAT IS MICROWAVE ABLATION?

Microwave ablation (say: ab-LAY-shun) uses heat to destroy tumor tissue. The doctor uses medical images to guide a thin needle to the tumor. A doctor called an interventional radiologist often does this procedure. It is done through a thin needle, without a large cut, often in one session; many people go home the same day or the next day. National treatment guidelines include ablation as one of several options for some small liver tumors, alongside surgery, radiation, and medicines.

MICROWAVE ABLATION ISN'T RIGHT FOR EVERYONE

Doctors often look at microwave ablation when tumors are smaller than about 4 cm (about 1.5 inches), there are fewer than 5, and they are not in the center of the liver near major blood vessels. Your overall health matters too. Ablation is looked at as part of your treatment plan, not in place of it.

HOW TO USE THIS GUIDE

- 1 Before your visit**
Read the questions with a family member or friend. Check the 3 to 5 that matter most. Add your own.
- 2 At your visit**
Hand this page to your care team, or read from it. The back of this page can be helpful for choosing your words.
- 3 After your visit**
Use the back of this page to write down what you heard and what happens next.

Your care team expects and welcomes these questions.

QUESTIONS FOR YOUR CARE TEAM

Check the ones that matter most to you. Most people pick 3 to 5.

- ☐ Has a tumor board (a team of specialists) looked at my case? Did it include an interventional radiologist?
- ☐ Is microwave ablation an option for me? If not, why not? Could I be referred to an interventional radiologist to talk about it?
- ☐ Could microwave ablation have a role in my treatment plan, now or later?
- ☐ How well does ablation work for tumors like mine? How often are there serious problems? How long is recovery?
- ☐ Who decides which treatments my team looks at? What happens after this visit?

My own questions:

AT YOUR APPOINTMENT

Starting can feel like the hardest part. You can hand this guide to your care team and say:

“I’d like to go through a few questions from this.”

That’s all it takes. Your care team will take it from there. If you feel your questions were not fully answered, you can ask for a second opinion. That is a normal part of cancer care.

AFTER YOUR VISIT: WRITE IT DOWN

Most people forget much of what they hear at a medical visit. A few notes now will help you later.

What the care team said about our questions:

The next step is:

Who to contact, and our next appointment:

EVERY TREATMENT OPTION HAS RISKS

Like all medical procedures, microwave ablation has risks. These can include pain, bleeding, infection, and harm to nearby organs. Serious problems are not common, but they can happen. If a tumor is not fully treated, you may need more treatment. Other treatments have their own risks and benefits. Ask your care team to explain the risks and possible benefits of every option they look at for you.

More information for patients and families: explore cancer paths.org