

Lung Cancer Clinical Trials: Myths vs Facts



Myth: Clinical trials are a last resort.

Fact: Many clinical trials are available at different stages of treatment and may be part of standard care discussions.

Myth: I might receive only a placebo and no treatment.

Fact: Participants will receive at least the standard of care. Placebos are rarely used alone.

Myth: Clinical trials are unsafe.

Fact: Trials follow strict safety guidelines and are monitored by research teams and review boards.

Myth: I will lose control over my care.

Fact: Participation is voluntary. You can withdraw from a trial at any time. You can leave a clinical trial at any time, for any reason, without losing access to standard medical care.

Myth: Clinical trials cost more money.

Fact: The study sponsor typically covers the cost of the investigational treatment, and standard care costs are often billed to insurance.

Myth: Clinical trials are only for people with advanced or terminal cancer.

Fact: Clinical trials are available for many stages of cancer — including newly diagnosed, early-stage, metastatic, and even prevention studies. Trials are not just for end-of-life care.

Myth: If I join a clinical trial, I won't be able to see my regular doctor.

Fact: Most patients continue seeing their regular oncologist. The research team often works together with your primary cancer doctor to coordinate care.

Myth: I'll be treated like a 'guinea pig.'

Fact: Clinical trials are carefully regulated and reviewed by ethics committees and safety boards. Your safety and well-being are the top priority. Treatments must pass strict scientific review before being tested in people.

Myth: Clinical trials are only available at large academic hospitals.

Fact: Many trials are available at community cancer centers, not just major research hospitals. Some trials even allow portions of care to happen locally.

For more information or support, speak with your oncology team or a clinical trial patient navigator.