

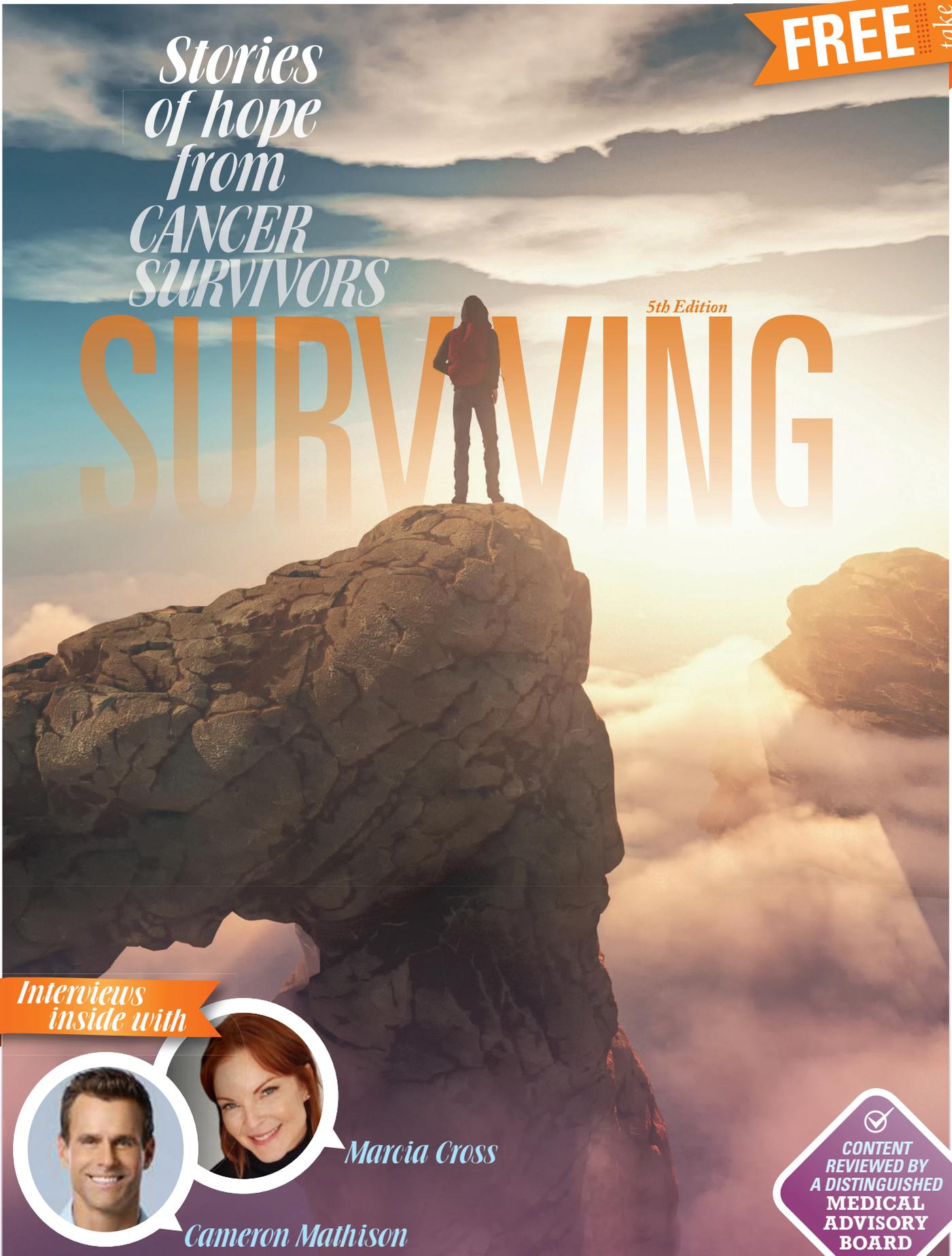
PATIENT RESOURCE

FREE take one

*Stories
of hope
from
CANCER
SURVIVORS*

5th Edition

SURVIVING



*Interviews
inside with*



Cameron Mathison



Marcia Cross


CONTENT
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MEDICAL
ADVISORY
BOARD

5th Edition

SURVIVING

Stories
of hope
from
CANCER
SURVIVORS



*“Ask lots of questions...
and educate
yourself about
everything.”*

Marcia Cross

Marcia Cross, Anal cancer survivor, page 2

PATIENT RESOURCE

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Cameron Mathison

*“There is an unbelievable
community of support
out there, and I encourage
you to find what gives
you strength.”*

Cameron Mathison, Renal cell carcinoma survivor, page 14

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➔ *Jeni Paz-Rodriguez was diagnosed with de novo advanced breast cancer at 27 years old. Raised to always take the glass half-full approach, she continues to look for the bright side of life. Surrounded by an army of love, she is rolling with the changes that go with a metastatic breast cancer diagnosis.*

Support and love make this survivor “Jeni strong”

When I’m at the gym, I tend to push myself, but in March 2019, my hip was bothering me during a workout and then I heard a crack. My primary care physician prescribed an anti-inflammatory and said to call in a week if the pain wasn’t better. It wasn’t. In fact, it got so bad that I went to my

local hospital where I had a scan. It showed a mass on the head of my femur. The hospital was much more comfortable transferring me to a larger hospital about two hours away. My mom went with me, and I had scans all night long. The results showed something in my breast and a mass on my hip that was so large it cracked my femur. Things moved quickly, and I had a partial hip replacement the next day. The surgeon thought the mass appeared to be breast tissue, but he wouldn’t know until he saw the biopsy results. A week later he confirmed it. I had Stage IV breast cancer.

I was 27, newly engaged and worked as a pharmacy technician. At my age – at any age, really – it was a lot to take in, and I was very scared.

I reached out to a friend who had breast cancer, and she connected me with her oncologist at a well-known cancer center not far away. My doctor is amazing. Before I got there, she had reviewed my records with the tumor team and already had a plan. First was testing for gene mutations (none showed up, and I had no family history), and I learned the cancer is ER+/PR- and HER2+. I started on two targeted therapy drugs that are considered the standard first-line therapy. I didn’t react well to the meds and had to stop after two rounds. Scan results were mixed. At diagnosis, I had mets in my bones and liver. The liver mets had shrunk, the bone mets were stable and the breast cancer had grown.

The new plan consisted of a different targeted therapy for 20 rounds. It worked great. There was a lot of tumor shrinking and no new disease. I didn’t have a ton of side effects, really just fatigue.

Our wedding was planned for March 21, 2020, but was cancelled the week before due to COVID-19. I was heartbroken, but a close family friend told me this: “You have one helluva love story. Between COVID and cancer, it’s one that people will never forget.” So I stopped crying, planned a wedding in two days and, with just our families there, married the man I love in our backyard on our original wedding date. Five months later, I had my dream wedding.

About a month after that, I had a seizure, and we discovered a few dozen small tumors in my brain. The doctors were encouraging, though,



saying they’d rather see small tumors than large ones. Our new plan was 10 rounds of full brain radiation followed by IV and oral therapies.

I lost my hair, but that’s okay. Anything I need to do to keep fighting.

The knowledge I have as a pharmacy technician has really helped in terms of understanding medications and side effects. My body apparently doesn’t like to try new drugs at full strength, so my doctor is adjusting my meds to help them work better for me with fewer side effects.

For me, the bottom line is that I am super positive and not about to let cancer take over my life. I’m working almost full time with a flexible schedule, and I have so much support. My husband and family, friends and new cancer-related friends I’ve met on social media have rallied behind me. They’ve loved on me, hugged on me and sent good vibes. A new friend traveled cross country just to hang out with me, and I’ve even had a drive-by parade with signs that say “Jeni strong.”

My mom is one of my biggest cheerleaders. Eight months after I was diagnosed, she was diagnosed with breast cancer, too. Hers was ER+/PR+ and HER2-. Fortunately, she’s doing fine.

I do have days where I just need to process what’s going on, and I’ve given myself permission to cry. So, how do I come down from a bad day? My husband takes me for ice cream and Disney Days. Disney World is my happy place.

Find a doctor who communicates with you and keeps you in the loop. Look for honesty. My doctor is another big cheerleader for me. I’m not just a number with her. Pre-COVID, we started every appointment with a hug. Now it’s an elbow bump. When I feel down, she is the first person to encourage me to fight. She’s never brought up a prognosis, and I don’t want one. I won’t give up until this cancer is out of me. ■

Moving forward after facing cancer

➔ *Marcia Cross waited about a year post-treatment to begin sharing that she had completed successful treatment for Stage II anal cancer. In doing so, she brought much-needed attention to a cancer that people seem reluctant to discuss. As a co-founder of HPV Cancers Alliance, an organization dedicated to empowering individuals with knowledge about HPV infection, she continues to support HPV education and awareness efforts. Best known for her roles on "Desperate Housewives" and "Melrose Place," the busy wife and mother is cancer-free. She feels incredibly lucky to be back at work and is enthusiastic about helping others learn more about this rare cancer.*

When I needed a prescription

in the fall of 2017, my gynecologist insisted I see her first because I was overdue for my annual appointment. I was surprised to learn it had been 14 months since my last visit but, like so many women, I was busy and time got away from me. At the appointment, my doctor gave me a vaginal exam, Pap smear and then a digital rectal exam. After the rectal exam, she said she didn't quite like what she felt. She made a quick phone call and told me she'd made an appointment down the street with a surgeon. All that was on my mind was that I was going to miss my daughter's basketball game, but off I went as the appointment was made.

During that visit, the surgeon performed a rectal exam. At this point, I wasn't concerned that there was anything wrong because I wasn't having any real symptoms. My tush was occasionally a little sore, but I attributed that to doing lots of long-distance driving. This doctor also felt something and decided I needed a biopsy. When she looked at me and said that whatever it was would be curable, I was stunned.

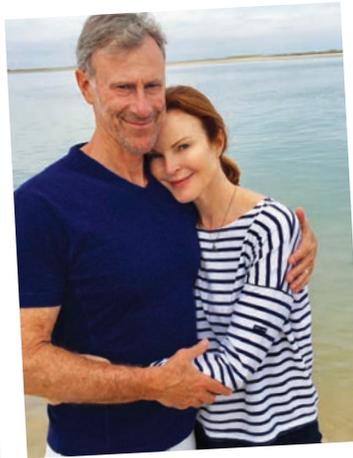
Feeling like I was having an out-of-body experience, I scheduled the procedure and then went home to tell my husband. I waited several days to get the results and when I did, the doctor told me the biopsy was inconclusive but that she still felt that it was cancer. Because it was not definitive, I was in a state of denial. My husband, a throat cancer survivor, contacted the cancer center near our home where he'd been treated and another biopsy was scheduled to get a conclusive diagnosis. The official diagnosis from that biopsy was Stage II anal cancer (squamous cell carcinoma).

After sitting with this news for some time, we then explained my diagnosis to our 10-year-old daughters. I assured them that I was going to be okay and that this wasn't something that would take my life. After learning about the treatment protocol for anal cancer and its gnarly side effects, I was concerned about going through it at home. I didn't want them to see me suffering. We found a well-known cancer center out of town that had extensive anal cancer treatment success, and I thought it might be a good option for me.

My husband and I traveled to the cancer center, under the impression we were getting the lay of the land and planning treatment. I was surprised to find they wanted me to stay so I could start right away. My husband flew home to be with our daughters, and I had every intention of beginning treatment. But suddenly, I realized I didn't want to stay there alone. I needed to be at home with my support system. I called my husband, got on the next plane and went back to the cancer center where my husband was treated.

My treatment plan, which began right before Christmas, consisted of 28 radiation appointments with chemotherapy in the first and fifth weeks. I felt very fortunate that the tumor was small enough that I didn't need surgery. As we all know, the anus has a really important job, and if the muscles around it are affected by surgery, you can lose functionality.

At first, I thought I was having no adverse reaction to the treatments but then was hit with mouth sores and gastric pain from the chemo. I hadn't been doing anything proactively because all seemed fine, but when symptoms appeared, luckily I was well prepared. I highly recommend having all your medications and supplies at the ready and just assume you will need them.



➔ *Practical Pointers from Marcia*

Radiation therapy caused my skin to be incredibly raw. I had the most trouble for about two weeks following treatment. My bottom was incredibly sore, and it was very painful when urine or even water touched it. I kept disposable paper cups near the toilet. When I'd tinkle, I placed it close and it blocked the urine from touching the areas that were burned. It sounds so simple, yet it worked wonders!

I was incredibly consistent about moisturizing with heavy cream after every radiation treatment. I also refrigerated an aloe plant and used the aloe to relieve the burning feeling in my skin. I had more baths than I could ever count.

I paid attention to what I ate, especially avoiding foods, such as salads, that increased bowel movements because that was painful. I made sure to drink smoothies loaded with nutrition.

I got through the treatment with the help of my amazing girlfriends whom I call my "anal angels." While my wonderful husband focused on our girls and kept their lives going along as normally as possible, my girlfriends took care of me around the clock. I didn't truly need around-the-clock care, at least at the beginning, but they did it anyway. I have never felt so loved. I understand now what people mean when they say "cancer is a gift." You are stripped down to the only thing that is really important and that is love.

Three months post-treatment, just as I was ready to get back to my life, my hair started falling out. Hair loss wasn't supposed to be a side effect of the type of chemotherapy I was given, but nonetheless, it was coming out by the handfuls. It was torturous because I kept thinking it would stop, but it never did. It turned out not to be a side effect of the chemo, but rather a stress response called acute telogen effluvium. It can occur as the body's reaction to a few things, one being a "shock to the system." I guess you could say getting a cancer diagnosis fits that bill.

I am actually happy now that it happened. Because of that experience, I have developed so much empathy and awareness of how many people have hair issues. Feeling that vulnerability, searching for hairpieces and wigs to try and look "normal" and waiting for what seems like forever for the hair to grow back — all of these things clued me in to a world unknown to me before when I took my healthy head of hair for granted.

I am now cancer-free and follow up with my GI doctor every three months for a scope and periodic CT scans. I will be forever grateful that I was surrounded by such a skilled medical team, but I am most indebted to my gynecologist, who saved my life. Had she not been such a thorough doctor my story could be quite different.

My experience also made me realize how ridiculous it is that there is such a stigma around anal cancer. I have a newfound respect for the anus! Thankfully there are resources like this guide and those available from the Anal Cancer Foundation. We've come a long way, but there is still much to do. The more we put anal cancer in the spotlight, the more comfortable people will be talking about it, making sure they get rectal exams, learning about prevention and HPV screening, and what they can do if they are diagnosed. ■

I took prescription medication for the pain. Getting off of pain medication can be a process in and of itself, so I think it's important for everyone to be aware that it's critical to make a plan with your doctor about weaning off pain meds.

Explore gynecologic after-care, including having your gynecologist examine your cervix and vaginal canal after treatment to make sure it doesn't close up. Using a vaginal dilator is important, too. That might sound odd because we're talking about anal cancer, but the scar tissue can actually cause it to close up. Use a soft dilator with lubricant frequently. Just think of it as a job for a while. If your doctor doesn't mention these things to you, be sure to ask. Don't shy away from it.

Ask lots of questions about things like rehabilitation, pelvic floor exercises and potential side effects. I called, texted and used my medical portal for this. Educate yourself about everything.

Nikita Jackson chooses to be positive instead of focusing on the negatives surrounding her chronic lymphocytic leukemia (CLL) diagnosis. With the help of drug therapy, she has reached remission and learned to manage her CLL without sacrificing her quality of life. As a peer navigator, she encourages others who are diagnosed with cancer.

One day at a time



Today, I know that chronic lymphocytic leukemia (CLL) lowers your ability to fight off infection, but when I first was diagnosed with sinusitis, I had no idea it was the beginning of my CLL journey. Over the next four years, I had an elevated white blood cell (WBC) count accompanied by headaches, a urinary tract infection, another case

of sinusitis and strep throat. Finally, a terrible headache and trouble swallowing sent me to the ER. The ER physician told me that because my white count had been elevated for so long, he was referring me to a hematologist because he thought I might have cancer.

I felt sure I couldn't have cancer. Aside from hay fever, the occasional migraine, and chills and night sweats (which I blamed on perimenopause), I felt fine. But, I met with the hematologist.

He examined me, ordered bloodwork and asked about my medical history. I told him my father, who passed away in 2006, had leukemia. He said he'd call me when my results came in.

I was getting ready for work one day when he called to tell me the news that no one wants to hear. I had chronic lymphocytic leukemia — the same diagnosis as my father. I was 51 years old.

I was shocked and then just numb. That gave way to moments of anxiety, guilt, fear, shame, anger and sadness. My emotions were all over the place. Did I do something to cause the cancer? I worried about my two children and couldn't stop thinking about what the future might hold. I didn't stay in this state of mind for long though. I knew that the same God that took care of me yesterday would take care of me today and every day thereafter.

The CLL was diagnosed at Stage 0, so my treatment plan started out as "watch and wait." I had lab work every three months and follow-up appointments with the doctor every six months.

My WBC count stayed around 15,000 for about a year. Then, it started to rise. My follow-ups became more frequent, and when my WBC count reached 122,000, the doctor said it was time to begin active treatment.

Because of my genetic testing results, my doctor recommended a medication available in a pill that I could take from home. He assured me that if that pill didn't work, we could try other options. It sounded simple, but I was scared. Until then, I couldn't stop thinking about the CLL progressing, wondering if my WBC count would change be-

tween appointments. Even though I knew it had, I really didn't want to take any medication at all. I worried about the side effects.

Again, I prayed about it and researched the medication to help make my decision. I talked to other people who had taken it and learned that many were able to manage their CLL as a chronic condition. I found peace, and I moved forward.

After taking the pill for almost two months, my WBC count came back down and stayed. I've had very few side effects and have found ways to manage the ones I do while having a good quality of life.

My family and friends have always played an important role in my life. They encourage me to keep a sense of humor. They show their love and support through their laughter and caring attitudes. When family works together, they can certainly keep hope alive.

Even before I started active treatment, I was helping others as a peer navigator for the Friend for Life Cancer Support Network. We're a team of cancer survivors who provide one-on-one emotional support to anyone experiencing a cancer diagnosis. We communicate by text, email, phone and even in person.

When I talk to people who are newly diagnosed, I tell them about my experience with the same illness and remind them that everyone responds differently. I focus on the positive.

I've found that I can manage my cancer as I would any other chronic illness, like high blood pressure or diabetes. In my experience, CLL is a quiet disease, and it lets me go about my business. But if it isn't treated, it could become life-threatening so I follow a healthy diet with lots of fruits and green vegetables, and I exercise. Weather permitting, I walk daily, or I use my stationary bike. I enjoy singing and creating inspirational and uplifting songs, which helps me emotionally. I also use my voice toward helping legislate federal and state cancer laws.

My treatment plan gives me confidence and keeps me at ease. Right now, I'm enjoying my life and having fun with my family. I feel like everything is under control, and I'm focused on living, one day at a time. ■



CALQUENCE[®]
(acalabrutinib) 100 mg capsules

YOU ARE NOT ALONE

with chronic lymphocytic leukemia (CLL)

CALQUENCE™ Connections is here for you—whether you are newly diagnosed, beginning a new treatment, or just seeking connections with other cancer patients.

Through the stories of patients on CALQUENCE and their caregivers, CALQUENCE Connections hopes to make you feel empowered while living with CLL.

SIGN UP TO BECOME A PART OF THE CALQUENCE CONNECTIONS COMMUNITY



Or visit CALQUENCEConnections.com for more information.

If you cannot afford your medication, AstraZeneca may be able to help. Visit AstraZeneca-us.com to find out how.

Select Safety Information

CALQUENCE is a prescription oral treatment for adults with chronic lymphocytic leukemia or small lymphocytic lymphoma. May cause serious side effects including: serious infections, bleeding problems, decrease in blood cell count, new cancers, and heart rhythm problems. Some may lead to death. Tell your doctor if you experience infections such as flu-like symptoms; unexpected bleeding such as blood in your stool or urine; or heart rhythm problems such as fast or irregular heartbeat. Use sun protection when outside.

Please read Brief Summary of Prescribing Information on adjacent page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

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PATIENT INFORMATION

CALQUENCE® (KAL-kwens) (acalabrutinib) capsules


CALQUENCE
(acalabrutinib) 100 mg capsules

What is CALQUENCE?

CALQUENCE is a prescription medicine used to treat adults with:

- Chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).

It is not known if CALQUENCE is safe and effective in children.

Before taking CALQUENCE, tell your healthcare provider about all of your medical conditions, including if you:

- have had recent surgery or plan to have surgery. Your healthcare provider may stop CALQUENCE for any planned medical, surgical, or dental procedure.
- have bleeding problems.
- have or had heart rhythm problems.
- have an infection.
- have or had liver problems, including hepatitis B virus (HBV) infection.
- are pregnant or plan to become pregnant. CALQUENCE may harm your unborn baby and problems during childbirth (dystocia).
 - If you are able to become pregnant, your healthcare provider may do a pregnancy test before you start treatment with CALQUENCE
 - Females who are able to become pregnant should use effective birth control (contraception) during treatment with CALQUENCE and for at least 1 week after the last dose of CALQUENCE.
- are breastfeeding or plan to breastfeed. It is not known if CALQUENCE passes into your breast milk. Do not breastfeed during treatment with CALQUENCE and for at least 2 weeks after your final dose of CALQUENCE.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Taking CALQUENCE with certain other medications may affect how CALQUENCE works and can cause side effects. Especially tell your healthcare provider if you take a blood thinner medicine.

How should I take CALQUENCE?

- Take CALQUENCE exactly as your healthcare provider tells you to take it.
- Do not change your dose or stop taking CALQUENCE unless your healthcare provider tells you to.
- Your healthcare provider may tell you to decrease your dose, temporarily stop, or completely stop taking CALQUENCE if you develop certain side effects.
- Take CALQUENCE 2 times a day (about 12 hours apart).

(continued)

- Take CALQUENCE with or without food.
- Swallow CALQUENCE capsules whole with a glass of water. Do not open, break, or chew capsules.
- If you need to take an antacid medicine, take it either 2 hours before or 2 hours after you take CALQUENCE.
- If you need to take certain other medicines called acid reducers (H-2 receptor blockers), take CALQUENCE 2 hours before the acid reducer medicine.
- If you miss a dose of CALQUENCE, take it as soon as you remember. If it is more than 3 hours past your usual dosing time, skip the missed dose and take your next dose of CALQUENCE at your regularly scheduled time. Do not take an extra dose to make up for a missed dose.

What are the possible side effects of CALQUENCE?

CALQUENCE may cause serious side effects, including:

- **Serious infections** can happen during treatment with CALQUENCE and may lead to death. Your healthcare provider may prescribe certain medicines if you have an increased risk of getting infections. Tell your healthcare provider right away if you have any signs or symptoms of an infection, including fever, chills, or flu-like symptoms.
- **Bleeding problems (hemorrhage)** can happen during treatment with CALQUENCE and can be serious and may lead to death. Your risk of bleeding may increase if you are also taking a blood thinner medicine. Tell your healthcare provider if you have any signs or symptoms of bleeding, including:
 - blood in your stools or black stools (looks like tar)
 - pink or brown urine
 - unexpected bleeding, or bleeding that is severe or you cannot control
 - vomit blood or vomit that looks like coffee grounds
 - cough up blood or blood clots
 - dizziness
 - weakness
 - confusion
 - changes in your speech
 - headache that lasts a long time
 - bruising or red or purple skin marks
- **Decrease in blood cell counts.** Decreased blood counts (white blood cells, platelets, and red blood cells) are common with CALQUENCE, but can also be severe. Your healthcare provider should do blood tests to check your blood counts regularly during treatment with CALQUENCE.

(continued)

- **Second primary cancers.** New cancers have happened in people during treatment with CALQUENCE, including cancers of the skin or other organs. Your healthcare provider will check you for skin cancers during treatment with CALQUENCE. Use sun protection when you are outside in sunlight.
- **Heart rhythm problems (atrial fibrillation and atrial flutter)** have happened in people treated with CALQUENCE. Tell your healthcare provider if you have any of the following signs or symptoms:
 - fast or irregular heartbeat
 - dizziness
 - feeling faint
 - chest discomfort
 - shortness of breath

The most common side effects of CALQUENCE include:

- headache
- diarrhea
- muscle and joint pain
- upper respiratory tract infection
- bruising

These are not all of the possible side effects of CALQUENCE.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store CALQUENCE?

- Store CALQUENCE at room temperature between 68°F to 77°F (20°C to 25°C).

Keep CALQUENCE and all medicines out of the reach of children.

General information about the safe and effective use of CALQUENCE.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use CALQUENCE for a condition for which it was not prescribed. Do not give CALQUENCE to other people, even if they have the same symptoms you have. It may harm them. You can ask your healthcare provider or pharmacist for more information about CALQUENCE that is written for health professionals.

What are the ingredients in CALQUENCE?

Active ingredient: acalabrutinib

Inactive ingredients: silicified microcrystalline cellulose, pregelatinized starch, magnesium stearate, and sodium starch glycolate.

Capsule shell contains: gelatin, titanium dioxide, yellow iron oxide, FD&C Blue 2, and black ink.

For more information, go to www.CALQUENCE.com or call 1-800-236-9933.

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AstraZeneca 

Andy Donnelly was diagnosed with an extremely rare type of soft tissue sarcoma at 38 years old. With no set treatment path ahead, he trusted his gut and relied on expert medical professionals and a strong support system. Today, he draws on his experiences to help others strive for a positive outcome.

Long-time survivor lives life to the fullest

Thinking I had acid reflux, heartburn or, worst case, a gallbladder issue, I had myself checked out. I did not expect to be told I had 28 tumors on my liver, or that the type of cancer that caused them affects about only one in a million people. The official diagnosis was epithelioid hemangioendothelioma, a soft tissue type of cancer.

It was such a unique diagnosis that neither my doctor nor I knew what the future held, so two months later, my girlfriend Tiffany and I got married in Jamaica.

The thought behind treating this rare cancer was chemotherapy to shrink the tumors, but it wasn't very effective. However, because the tumors weren't growing and I was stable, my doctor suggested we just sit tight. We did that for a year and a half, and then symptoms indicated we needed to try to treat again. My abdomen was distended, and my complexion was gray. I did not look or feel healthy.

My oncologist encouraged me to go to a local hospital for a liver transplant. I thought, "Why on earth would I do that?" But when the doctor explained it may offer the possibility of a normal, healthy life, I agreed. Six months later I was added to the transplant list.

Liver transplants depend on blood type and body size. My blood type is B-positive, which is uncommon — so uncommon, in fact, that it was unlikely that a B-positive liver would be available soon or ever. I was the only person on the list with a B-positive blood type. But, by sheer luck, 12 days later, I got the call that a liver was available.

The transplant was successful. My wife could see the change in my complexion immediately. After a 12-night stay in the hospital, I began a physical therapy schedule that helped me regain the muscle tone I'd lost from a failing liver. I believe my age — 40 — was an asset in my recovery. Less than a year later, I got involved with the Transplant Games, an athletic competition for transplant survivors. I used my talents as a former competitive swimmer and came away with several medals.

For 18 years, I had what a new liver promised: a normal and healthy life. I made a career move that changed my life and, hopefully, the lives of many other people. I work for a non-profit organization called Gift of Life. Our goal is to educate the public about organ and tissue donation. We are in 120+ schools in Kansas City and more across the country. I also started and manage our men-



toring program for transplant patients, living donors and caregivers. A doctor can tell you the mechanics of a transplant and you can read all about one, but talking to someone who has lived it and succeeded with it is invaluable.

When people say it takes a village to get through something like this, they aren't kidding. I have incredible support. My wife is amazing. She's smart and knows how to research this weird cancer. My four sisters, family, friends and colleagues all offered help. At a time when I felt really down, they came together and pulled off a huge fundraiser for me. More than 500 people attended, and it stunned me to know that many people actually cared. It gave me a real boost when I needed it.

During one of my recent follow-up visits, results from a PET showed a recurrence. The cancer metastasized, and I have tumors in my neck, spine and bone. After four months of chemotherapy, one marble-sized tumor near my belly button continued to grow, so it was removed surgically. A follow-up PET showed no other growth.

I was referred to a specialist who performs personalized testing on tumors to determine the types of medications they may respond to, so we sent the tumor that was removed to him. He has recommended treating with a specific chemotherapy. As I am currently stable, beginning treatment isn't urgent. He agreed that I could get some living in before treatment tethers me close to home.

Having a voice in my treatment plan gives me some control over my situation. Tiffany and I just celebrated our 20th anniversary, and we have a few trips planned. We'll be all over the U.S. at a family wedding and attending concerts. I'm not bursting with energy, but I feel really good and organ donation made that possible. ■

Non-Hodgkin lymphoma hasn't slowed down Mark McFall. The 63-year old attorney credits a skilled medical team, the support of his family and friends, and his faith with helping him manage his NHL diagnosis and treatment.

A second opinion set this survivor on the right path

Around Thanksgiving in 2020, I couldn't even walk down a hallway without getting winded. A client, who is also a good friend and cardiologist, recommended I have an echocardiogram. After various tests and possibilities that ranged from fluid in my pericardial sac to a tumor in my colon, results from a CT-guided needle biopsy in an enlarged lymph node ultimately showed I had a form of lymphoma.

Learning about my diagnosis during the COVID-19 pandemic was especially hard. An oncologist in my small hometown delivered the news. My wife Stacey wasn't allowed to be in his office with me, so I was alone when he told me I had cancer. She was in the car on the phone and could see me through the window, but it was hard for her to understand the doctor on speakerphone through his mask. Frustrated, she hung up and I sat there like a deer in the headlights. All I really remember was that he kept repeating "mantle cell lymphoma" and he wanted me to get a port placed so I could begin chemotherapy right away.

Rushing to start treatment didn't feel right, so I sought a second opinion at a well-known cancer center about five hours away. After doing her own testing, the oncologist there sat down with Stacey and me and explained that I had a slow-growing, non-life threatening and very treatable and curable type of non-Hodgkin lymphoma called marginal zone, small B-cell lymphoma. It was not mantle cell lymphoma, which I later learned can have a more serious prognosis.

My treatment plan included an immunotherapy infusion along with an oral immunomodulator. Before starting, the doctor explained the side effects that could occur with immunotherapy. Fortunately, I only experienced these after my first infusion. I began shaking and my muscles tensed up. Though I was freezing, I spiked a high fever. The medical team took care of me right away with medications and warm blankets. Since then, before each infusion, I've been given two over-the-counter medications – one for pain relief and the other for allergic reactions – and I have had no additional problems at all. We made the five-hour drive for the infusions five weeks in a row before moving to monthly.

I'm grateful for the excellent care I'm getting from my health care team and cancer center. That facility is filled with kind and helpful people, from the guy in the hall that points us in the right direction to the patient advocate assigned to my case. Once my treatment plan was in place, the patient advocate proactively researched resources to help reduce the cost of one of the drugs. She contacted the drug manufacturer, filled out a grant application and was able to reduce my copay significantly.

After I began treatment, I learned that the hospital in my hometown was not certified to treat with immunotherapy. Had I stayed there, I would have had a completely different treatment plan. I hate to think where I might be right now if I hadn't trusted my gut and gotten a second opinion.

Right from the beginning, I adopted a positive attitude. My wonderful wife and I have had many ups and downs in our marriage, and we haven't let anything beat us. God has my back, and I believe I can do whatever it takes to be well.

Family and friends are so supportive. Stacey has done most of our NHL research. I've lost quite a bit of weight, likely due to the cancer and its treatment, and she constantly looks for ways to help me stay healthy through nutrition and supplements. My friends offer moral support and some really intelligent advice. My colleagues in the legal community have been very accommodating, so I really haven't had to adjust my schedule much at all.

I haven't felt this good in years. It made me realize how bad I actually felt before the diagnosis. According to my doctor, I am responding just exactly like she hoped. If everything stays on track, I could be in remission in a matter of months. We've discussed the fact that NHL can come back. If it does, we will fix it again. ■

I offer this advice to anyone who is facing a cancer diagnosis:

- Find a doctor and a certified cancer center that you trust.
- Maintain a positive attitude.
- Surround yourself with support.
- Get a second opinion because there could be a better way. There was for me.



In March 2008, at 52, Randall (Randy) Broad was active and in good health, except for a nagging cough. Chest X-rays and an endoscopic examination showed nothing, and according to his primary care physician, his symptoms didn't warrant more expensive tests such as an MRI or CT. It wasn't until he coughed up blood nearly two years later that he was sent to a pulmonologist for a bronchoscopy. A 3-centimeter mass in his lower left lobe was hiding behind his heart, and Randy was diagnosed with Stage III non-small cell lung cancer.

Living Life with No Regrets

The news was delivered quickly and matter-of-factly. The pulmonologist referred Randy to a surgical oncologist, told him he had a tee time to make, shook his hand and promptly left. Still in shock at hearing the diagnosis, Randy brought a friend with him for support to meet the surgeon a few days later. This discussion also ended up being decidedly one-sided, with the surgeon dictating his plan of action, stopping only to take personal phone calls while Randy sat dumbfounded across from him. Frustrated, he turned to his friend and told him he couldn't listen anymore. He got up to leave, and the doctor told him he wasn't done.

"Well, I am," Randy said. At that moment, he refused to just be along for the ride.

"I decided I needed to interview doctors, to shop around. I found someone who also had Stage III lung cancer, and she gave me a referral. I took a different friend with me this time, and the doctor spent more than an hour with me at that first visit. At the end of the appointment, he asked me what questions I had. I told him the only questions I had were the ones I didn't know to ask. He assured me that was what he was there for. My friend looked at me on the way out and told me that I'd found the right guy. I agreed."

At the time, Randy was divorced, and his son (13) and daughter (14) lived with their mother. He didn't share his diagnosis with the children right away; he wanted to process it first. After all, this wasn't what he pictured when he thought of lung cancer. He wasn't a smoker, and he wasn't considered high-risk. When he was ready, he told them his news and followed up by taking them to the hospital's family chaplain. On the way home, he asked if they would like to return for another visit with the chaplain. In unison, they said, "No, we don't need to because we know you're going to be fine."

After surgery to remove the tumor, he had months of chemotherapy followed by radiation therapy. He had side effects related to the treatment, including nausea, lung infections and muscles that are forever challenged. He isn't able to golf and ski like he used to, and he is very susceptible to pneumonia.

"If I get the slightest cold, it goes straight to my lungs. It's a bear."

In spite of that, Randy has been cancer-free since the end of 2008

with no recurrence. His life with lung cancer changed him significantly, and not just physically. Before his diagnosis, he thought of himself as a good father, but he worked a great deal — so much that he felt he missed some very important family experiences. He decided to "live every day like he had cancer," and he started by writing a book for his children. They were young and didn't know him as well as he wished. They hadn't learned his values and his principles. His primary motivation was that when he was long gone, they would have a book on their coffee tables that could remind them of him. He teamed up with a professional life coach, and in 2010, *"It's an Extraordinary Life — Don't Miss It"* was published, and Randy was well on his way to a new career in corporate storytelling.

"It all boils down to having an authentic story to tell. What inspires people most is hearing how someone overcame adversity, because people can identify. We all face hurdles, and the greater the obstacle, the greater the glory in overcoming it."

At his leadership workshops, he tells the story of his cancer diagnosis. The experience was pivotal to him. He firmly believes if he hadn't listened to his gut and stepped into the driver's seat regarding his own care, he wouldn't be here today. He ties that and other life stories to helping others realize their personal and professional goals. His audiences range from advocacy groups in the lung cancer community and corporate events to patients and caregivers who follow his blog.

Randy is extremely active in the lung cancer community, constantly working with patients and advocacy groups to promote education and empowerment. By being so involved, he's in the precarious position of losing friends. One extraordinarily bad day, he lost three friends to lung cancer. It hit him hard. Now he doesn't take anything for granted, and each time he talks with friends who are battling lung cancer, he talks to them as if it might be their last conversation. "It boils down to accepting life and realizing it happens, but it affects you every time. You never get used to it."

Still, he's committed to showing others by example that they have the right to know their options for treatment, and there are new treatments being offered every day.

"There is a lot of fear and stress when you're newly diagnosed that you can't overlook. If my stories help one person, then it's worthwhile." ■



The potential to celebrate more of life's everyday moments.

Living longer could start with LIBTAYO.

LIBTAYO will not work for everyone.

What is LIBTAYO?

LIBTAYO (Lib-TIE-oh) is a prescription medicine used to treat people with a type of lung cancer called non-small cell lung cancer (NSCLC). LIBTAYO may be used as your first treatment when your lung cancer has not spread outside your chest (locally advanced lung cancer) and you cannot have surgery or chemotherapy with radiation, OR your lung cancer has spread to other areas of your body (metastatic lung cancer), and your tumor tests positive for high "PD-L1," and your tumor does not have an abnormal "EGFR," "ALK," or "ROS1" gene.

It is not known if LIBTAYO is safe and effective in children.

Patient portrayal.

Important Safety Information

What is the most important information I should know about LIBTAYO?

LIBTAYO is a medicine that may treat certain cancers by working with your immune system. LIBTAYO can cause your immune system to attack normal organs and tissues in any area of your body and can affect the way they work. These problems can sometimes become severe or life-threatening and can lead to death. You can have more than one of these problems at the same time. These problems may happen anytime during treatment or even after your treatment has ended.

Call or see your healthcare provider right away if you develop any new or worsening signs or symptoms, including:

- **Lung problems:** cough, shortness of breath, or chest pain
- **Intestinal problems:** diarrhea (loose stools) or more frequent bowel movements than usual, stools that are black, tarry, sticky or have blood or mucus, or severe stomach-area (abdomen) pain or tenderness
- **Liver problems:** yellowing of your skin or the whites of your eyes, severe nausea or vomiting, pain on the right side of your stomach area (abdomen), dark urine (tea colored), or bleeding or bruising more easily than normal
- **Hormone gland problems:** headache that will not go away or unusual headaches, eye sensitivity to light, eye problems, rapid heartbeat, increased sweating, extreme tiredness, weight gain or weight loss, feeling more hungry or thirsty than usual, urinating more often than usual, hair loss, feeling cold, constipation, your voice gets deeper, dizziness or fainting, or changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness
- **Kidney problems:** decrease in your amount of urine, blood in your urine, swelling of your ankles, or loss of appetite
- **Skin problems:** rash, itching, skin blistering or peeling, painful sores or ulcers in mouth or nose, throat, or genital area, fever or flu-like symptoms, or swollen lymph nodes
- **Problems can also happen in other organs and tissues. These are not all of the signs and symptoms of immune system problems that can happen with LIBTAYO. Call or see your healthcare provider right away for any new or worsening signs or symptoms, which may include:** chest pain, irregular heartbeat, shortness of breath or swelling of ankles, confusion, sleepiness, memory problems, changes in mood or behavior, stiff neck, balance problems, tingling or numbness of the arms or legs, double vision, blurry vision, sensitivity to light, eye pain, changes in eyesight, persistent or severe muscle pain or weakness, muscle cramps, low red blood cells, or bruising
- **Infusion reactions that can sometimes be severe.** Signs and symptoms of infusion reactions may include: nausea, chills or shaking, itching or rash, flushing, shortness of breath or wheezing, dizziness, feel like passing out, fever, back or neck pain, or facial swelling
- **Rejection of a transplanted organ.** Your healthcare provider should tell you what signs and symptoms you should report and monitor you, depending on the type of organ transplant that you have had
- **Complications, including graft-versus-host disease (GVHD), in people who have received a bone marrow (stem cell) transplant that uses donor stem cells (allogeneic).** These complications can be serious and can lead to death. These complications may happen if you underwent transplantation either before or after being treated with LIBTAYO. Your healthcare provider will monitor you for these complications

In a study,
LIBTAYO was proven to help patients with
advanced NSCLC live longer versus chemotherapy



Median overall survival (OS)*

- At 22.1 months, **half of the patients taking LIBTAYO (178 out of 356 patients) were alive** versus 14.3 months for patients taking chemotherapy (177 out of 354 patients)

*Median overall survival (OS) is the time in a trial—expressed in months or years—when half of the patients are still living.

More patients were alive with LIBTAYO compared with chemotherapy

- As of March 2020, results from the trial showed that **248 out of 356 patients (70%) taking LIBTAYO were alive**, compared with 213 out of 354 patients (60%) taking chemotherapy[†]

Individual results may vary.

[†]Patients were enrolled between June 27, 2017, and February 27, 2020. Patients were treated with LIBTAYO for an average of 27 weeks. The study is still ongoing, and patients will be followed up for up to 4 years.

Important Safety Information (continued)

Getting medical treatment right away may help keep these problems from becoming more serious. Your healthcare provider will check you for these problems during your treatment with LIBTAYO. Your healthcare provider may treat you with corticosteroid or hormone replacement medicines. Your healthcare provider may also need to delay or completely stop treatment with LIBTAYO if you have severe side effects.

Before you receive LIBTAYO, tell your healthcare provider about all your medical conditions, including if you:

- have immune system problems such as Crohn's disease, ulcerative colitis, or lupus
- have received an organ transplant
- have received or plan to receive a stem cell transplant that uses donor stem cells (allogeneic)
- have a condition that affects your nervous system, such as myasthenia gravis or Guillain-Barré syndrome
- are pregnant or plan to become pregnant. LIBTAYO can harm your unborn baby

Females who are able to become pregnant:

- Your healthcare provider will give you a pregnancy test before you start treatment
- You should use an effective method of birth control during your treatment and for at least 4 months after your last dose of LIBTAYO. Talk with your healthcare provider about birth control methods that you can use during this time

– Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with LIBTAYO

- are breastfeeding or plan to breastfeed. It is not known if LIBTAYO passes into your breast milk. Do not breastfeed during treatment and for at least 4 months after the last dose of LIBTAYO

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

The most common side effects of LIBTAYO include muscle or bone pain, tiredness, rash, and diarrhea. These are not all the possible side effects of LIBTAYO. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to Regeneron Pharmaceuticals and Sanofi at 1-877-542-8296.

Please see additional Important Safety Information on the previous page and Brief Summary of full Prescribing Information on the following pages.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit fda.gov/medwatch, or call 1-800-FDA-1088.

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Explore what could be possible with LIBTAYO

Scan this QR code with your phone to learn more, or visit LIBTAYO.com/NSCLC



IMPORTANT PATIENT INFORMATION ABOUT LIBTAYO® (cemiplimab-rwlc) INJECTION

Please speak with your healthcare provider regarding LIBTAYO. Only your healthcare provider knows the specifics of your condition and how LIBTAYO may work with your overall treatment plan. If you have any questions about LIBTAYO (pronounced Lib-TIE-oh), speak with your healthcare professional. Prescription Only.

What is the most important information I should know about LIBTAYO? LIBTAYO is a medicine that may treat certain types of cancers by working with your immune system. LIBTAYO can cause your immune system to attack normal organs and tissues in any area of your body and can affect the way they work. These problems can sometimes become severe or life-threatening and can lead to death. You can have more than one of these problems at the same time. These problems may happen anytime during treatment or even after your treatment has ended.

Call or see your healthcare provider right away if you develop any new or worse signs or symptoms, including:

Lung problems.

- cough
- chest pain
- shortness of breath

Intestinal problems.

- diarrhea (loose stools) or more frequent bowel movements than usual
- severe stomach-area (abdomen) pain or tenderness
- stools that are black, tarry, sticky, or have blood or mucus

Liver problems.

- yellowing of your skin or the whites of your eyes
- severe nausea or vomiting
- pain on the right side of your stomach area (abdomen)
- dark urine (tea colored)
- bleeding or bruising more easily than normal

Hormone gland problems.

- headache that will not go away or unusual headaches
- eye sensitivity to light
- eye problems
- rapid heartbeat
- increased sweating
- extreme tiredness
- weight gain or weight loss
- feeling more hungry or thirsty than usual
- urinating more often than usual
- hair loss
- feeling cold
- constipation
- your voice gets deeper
- dizziness or fainting
- changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness

Kidney problems.

- decrease in your amount of urine
- blood in your urine
- swelling of your ankles
- loss of appetite

Skin problems.

- rash
- itching
- skin blistering or peeling
- fever or flu-like symptoms
- painful sores or ulcers in mouth or nose, throat, or genital area
- swollen lymph nodes

Problems can also happen in other organs and tissues. These are not all of the signs and symptoms of immune system problems that can happen with LIBTAYO. Call or see your healthcare provider right away for any new or worsening signs or symptoms which may include:

- chest pain, irregular heartbeat, shortness of breath or swelling of ankles
- confusion, sleepiness, memory problems, changes in mood or behavior, stiff neck, balance problems, tingling or numbness of the arms or legs
- double vision, blurry vision, sensitivity to light, eye pain, changes in eyesight
- persistent or severe muscle pain or weakness, muscle cramps
- low red blood cells, bruising

Infusion reactions that can sometimes be severe. Signs and symptoms of infusion reactions may include:

- nausea
- chills or shaking
- itching or rash
- flushing
- shortness of breath or wheezing
- dizziness
- feel like passing out
- fever
- back or neck pain
- facial swelling

Rejection of a transplanted organ. Your healthcare provider should tell you what signs and symptoms you should report and monitor you, depending on the type of organ transplant that you have had.

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These complications can be serious and can lead to death. These complications may happen if you underwent transplantation either before or after being treated with LIBTAYO. Your healthcare provider will monitor you for these complications.

Getting medical treatment right away may help keep these problems from becoming more serious.

Your healthcare provider will check you for these problems during your treatment with LIBTAYO. Your healthcare provider may treat you with corticosteroid or hormone replacement medicines. Your healthcare provider may also need to delay or completely stop treatment with LIBTAYO if you have severe side effects.

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Before you receive LIBTAYO, tell your healthcare provider about all your medical conditions, including if you:

- have immune system problems such as Crohn’s disease, ulcerative colitis, or lupus
- have received an organ transplant
- have received or plan to receive a stem cell transplant that uses donor stem cells (allogeneic)
- have a condition that affects your nervous system, such as myasthenia gravis or Guillain-Barre syndrome
- are pregnant or plan to become pregnant. LIBTAYO can harm your unborn baby.

Continued on following page

IMPORTANT PATIENT INFORMATION ABOUT LIBTAYO® (cemiplimab-rwlc) INJECTION

Females who are able to become pregnant:

- Your healthcare provider will give you a pregnancy test before you start treatment with LIBTAYO.
- You should use an effective method of birth control during your treatment and for at least 4 months after the last dose of LIBTAYO. Talk to your healthcare provider about birth control methods that you can use during this time.
- Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with LIBTAYO.
- are breastfeeding or plan to breastfeed. It is not known if LIBTAYO passes into your breast milk. Do not breastfeed during treatment and for at least 4 months after the last dose of LIBTAYO.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive LIBTAYO?

- Your healthcare provider will give you LIBTAYO into your vein through an intravenous (IV) line over 30 minutes.
- LIBTAYO is usually given every 3 weeks.
- Your healthcare provider will decide how many treatments you will need.
- Your healthcare provider will do blood tests to check you for side effects.
- If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment.

What are the possible side effects of LIBTAYO?

LIBTAYO can cause serious side effects, including:

- See “What is the most important information I should know about LIBTAYO?”

The most common side effects of LIBTAYO include muscle or bone pain, tiredness, rash, and diarrhea.

These are not all the possible side effects of LIBTAYO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about the safe and effective use of

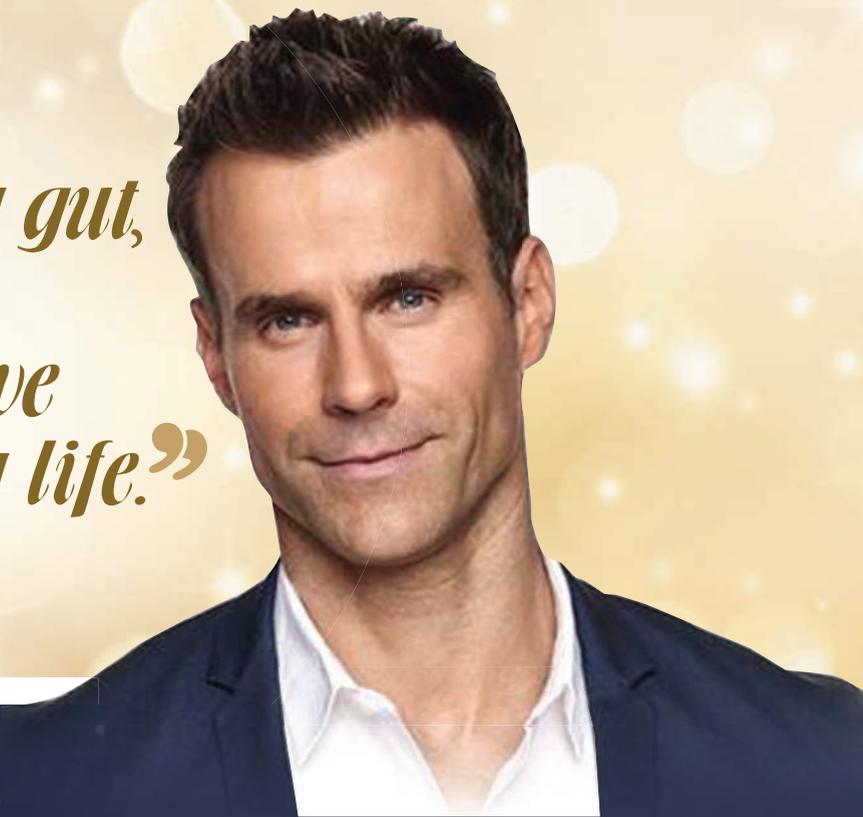
LIBTAYO. Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. If you would like more information about LIBTAYO, talk with your healthcare provider. You can ask your healthcare provider for information about LIBTAYO that is written for health professionals.

REGENERON | SANOFI GENZYME 

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This is a brief summary of the most important information about LIBTAYO. For more information, talk with your healthcare provider, call 1-877-542-8296, or go to www.LIBTAYO.com

“Trusting my gut, literally, may have saved my life.”



The **FACE** *of* **SELF-ADVOCACY**

Cameron Mathison just has one of those faces.

He is often recognized from his many television (currently on *General Hospital*), movie and hosting roles, including 13 years as Ryan Lavery on the daytime soap opera *All My Children* and former co-host of the weekday talk show *Home and Family* on the Hallmark Channel. But in late 2019, he stepped into the spotlight for a new role: a renal cell carcinoma survivor who is a steadfast supporter of being your own best advocate.

For five years, Cameron struggled with gastrointestinal issues. Various doctors and tests didn't find anything alarming. He had a low white blood cell count, stomach problems and a lack of energy, but nothing pointed to a specific cause for these symptoms.

Although he felt certain that everyone thought he was a hypochondriac, he didn't let it go. He is a firm believer in listening to his body, and his body was telling him that something wasn't right.

"I've always been very interested in nutrition philosophies and meditation," he explained. "I do a lot of research, and if I feel something will benefit my health, patience or mindfulness, I'll take the information and

apply it. I'm almost scientific about it, so when I was incredibly diligent, doing what I consider 'all the right things' for my body and still wasn't feeling better at my core level, I knew something was up."

Finally, he insisted on having an MRI of his abdominal area, hoping that would shed some light on the gut issues.

"Later that day, I was on the golf course. The sun was shining, and my phone rang. I looked down and saw it was my doctor. That was a red flag because you hardly ever get test results on the same day."

The MRI had, indeed, uncovered something alarming: a tumor on Cameron's right kidney. He had renal cell carcinoma (RCC).

"In my heart, I'd known something was wrong, but actually hearing the diagnosis was bizarre. It felt like a dream that seemed so real, but one I wanted to wake up from."

Cameron called his wife Vanessa immediately.

"She was driving, so I made sure she was alone. I didn't want the kids to know yet because, at that point, I didn't have much information. All I knew was that it was cancer, but I didn't know how serious it was. Would I be okay? Could I die?"

Vanessa's response set the stage for the incredible support Cameron would have from that moment on.

"We've got this," she said, and they both kicked into gear. He is still amazed at how seamlessly everything fell into place after that.

They knew they needed more information. To help understand the MRI report, he shared it with a good friend who is a physician in Canada.

"He said it didn't appear to have spread anywhere else and wasn't in my lymph nodes, which was good," Cameron explained. "After some quick research while we were on the phone, he gave me the

name of the specialist he would contact if he were in my shoes. As luck would have it, that doctor happened to be right here in Los Angeles. He actually had a cancellation for the following Monday, and I jumped on it."

They met with the doctor and discussed the treatment plan: surgery to remove the tumor. Cameron left the appointment confident and much more educated about his diagnosis.

"This specialist is a leader in the field and a walking encyclopedia," he laughed. "He provided so much information, from surgery statistics and how the procedure may affect nearby blood vessels to how many incisions I'd have and the recovery time. He also confirmed that none of my symptoms were telltale signs of RCC. They were my body's way of telling me it was working on something else."

Next was the task of telling their 16-year-old son and 13-year-old daughter.

"I tend to get emotional," he admitted, "and I really didn't want that to happen. I wanted them to feel confident, and that would only happen if I came across as confident. So, I practiced what I'd say. Not like I was rehearsing a role, but just enough so I could get through it without breaking down."

Together, he and Vanessa shared the news honestly and realistically.

"We told them I had cancer in my kidney, and that I had the best doctor in the world who felt the prognosis was very positive. He didn't think it had spread, but obviously, it was very serious. They, of course, were loving and supportive. It was an emotional conversation, and one of the hardest things I've ever done in my life."

The surgery took place soon after, and the doctor successfully removed 20 percent of Cameron's right kidney along with a 4.2 centimeter tumor. After a four-day hospital stay, he was released.

"The surgery was fast and went as planned. It was done laparoscopically, and I had no problems at all with the procedure itself or

the incisions. I am so grateful. The only discomfort I really had was the after effects of the gas the doctor used to inflate my torso so he'd have room to operate. That took a couple of days to dissipate but, once it did, I felt fantastic. So fantastic, in fact, that I ignored everyone's advice about giving myself enough time to recuperate."

Fifteen days after surgery, he was back on the *Home and Family* set.

"That was not a Hallmark Channel mandate. They suggested I take more time, but I felt ready. I wasn't, and that is 100 percent on me."

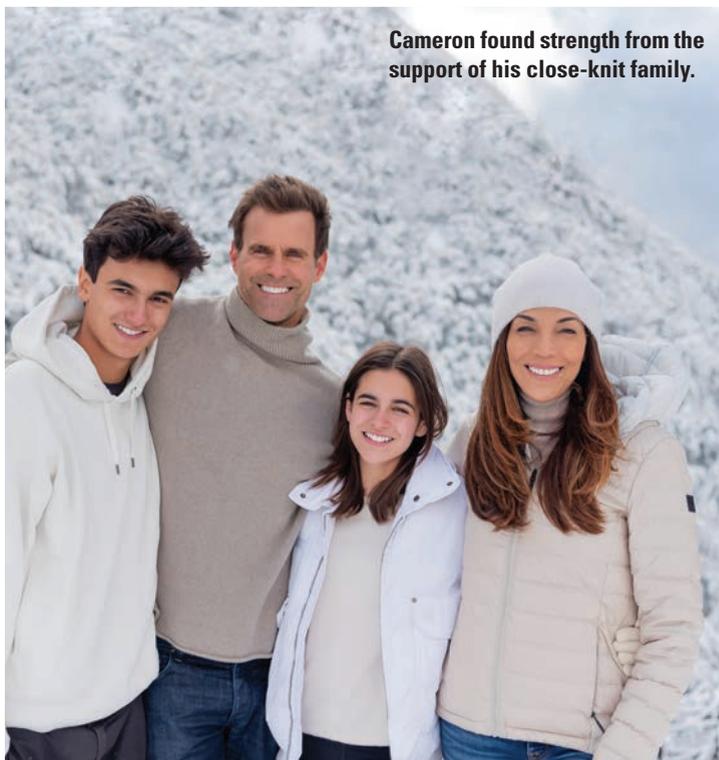
After forcing himself to slow down a bit, Cameron returned to his regular routine. Today, he is cancer-free and feels good. He has follow-up medical appointments that will continue for some time. He is also more motivated than ever to continue his healthy lifestyle.

"I eat a good quality, super low carb diet because that's what is best for me and my body. It gives me the most energy. I also do it to keep my gut issues in check and for cancer prevention. My doctor felt the tumor had been growing for several years, and it's possible that my healthy lifestyle prevented it from thriving and having the energy to move beyond my kidney."

Cameron can't emphasize enough how important it is to be your own best advocate and really persistent.

"Not everyone who is feeling off needs an MRI, but no one knows your body like you do. Pay attention to it, and keep track of it. If you're burping or have a distended abdomen, your body is trying to tell you something. See your doctor. Get a second opinion. Take note of your test results because they can give you a good indication that something isn't right. Do what you need to do to compile some good information that you can share with your doctor. Doctors are amazing, but we need to give them our input to help them do their jobs.

"We are all in this together. There is an unbelievable community of support out there, and I encourage you to find what gives you strength. I also believe that prayer makes a difference, and I'm praying for all of you." ■



Cameron found strength from the support of his close-knit family.

Photos: Vanessa Mathison

Survivor encourages awareness and early detection for ovarian cancer

Michele Piepoli is on a mission to raise awareness about ovarian cancer. Diagnosed with Stage II/III ovarian cancer, she is the first to admit she ignored the warning signs that may have led to an earlier diagnosis. She is now cancer-free and telling women to listen to their bodies. She recommends women advocate for themselves and ask their doctor about screening tests that can catch this cancer before it advances.



For two years, I ignored the subtle symptoms that may have led to an earlier diagnosis. I blamed my symptoms on stress, working too much and not taking care of myself. A month before I received the ovarian cancer diagnosis, I had my annual physical with my general physician and was given a clean bill of health.

It wasn't until I had a painful and severe infection that I learned something was terribly wrong.

I had been in excruciating pain for days and finally test results showed a raging infection in my abdominal area, an elevated CA-125 level and a tumor that impacted my colon and had wrapped itself around my appendix.

I was immediately admitted to the hospital with the priority to start treatment to clear up the infection, and within five days I had a supracervical hysterectomy, an appendectomy and a bilateral salpingo-oophorectomy. Six weeks later, I started six cycles of chemotherapy. After my second cycle, I had another surgery, which included a bowel resection, an omentectomy and a biopsy of the vaginal and abdominal area to make sure the cancer had not spread. Fortunately, it had not. The ovarian cancer was considered to be between Stage II and Stage III.

Because ovarian cancer can recur, my doctor prescribed maintenance drug therapy in hopes of preventing a recurrence. I took it for two years and am now considered in remission.

I was very lucky that the doctors found the cancer when they did because there are no standardized screening tests for ovarian cancer. It is often called the "silent killer" as symptoms may be subtle until it metastasizes.

One biomarker – CA-125 – may be found in a blood sample. It is usually elevated in women with ovarian cancer, but other conditions can also cause it to increase, such as endometriosis, uterine fibroids and pelvic inflammatory disease. Another test used to diagnose ovarian cancer is an internal ultrasound. Neither is part of a routine annual physical or screening. They may, however, be requested by the patient. That is why I am passionate about getting the message out to as many women as possible. I believe more women's lives would be saved if we had better screening tools and early detection methods to find ovarian cancer before it becomes advanced.

Although some types of ovarian and breast cancers can be hereditary, I had no history of cancer in my family, and genetic testing did not find any gene mutations that would increase my risk of ovarian cancer.

My symptoms were random and could easily be dismissed as stress or not getting enough rest.

They included an intermittent menstrual-like pain, even though I was in menopause. I would have lower back pain that sometimes shot down my leg. When I look back at photos of myself at that time, I can see evidence of abdominal bloating, but I didn't realize it at the time. Then there was the fatigue. It was significant.

Support from my daughter and granddaughter kept me going, and now we are closer than ever. I didn't always tell my daughter everything. As a mother, you want to protect your children from pain, but they inspired me to go through the treatments. I wanted to be around for them. I also found comfort in talking with a friend who had glioblastoma. We bonded over our concerns for our families and fighting our cancers together.

I could not have gotten through all the treatments without the oncology nurses and staff who were so supportive and uplifting. They are angels! I still take treats to them even though I no longer have to go in for treatment. It's my little way of saying thank you and letting them know how much I appreciate them. I never felt alone.

The nurse navigator was also so helpful. She gave my daughter literature to better understand the effects of the treatment, and she advised her on how to explain everything to my granddaughter.

Receiving a cancer diagnosis was a wake-up call. It gave me a second chance at life and my priorities and the way I spend my time with my daughter and granddaughter changed. I'm involved with the Georgia chapter of the Ovarian Cancer Alliance to help spread the word about ovarian cancer awareness. They are unique in that it has a program where volunteer survivors talk with doctors and medical students still in training so they can get a patient's perspective, and learn what questions to ask since ovarian cancer can hide behind vague or illusive symptoms.

I recommend that you advocate for your health by listening to your intuition, knowing your body and not dismissing how you feel. Be willing to ask your doctor about adding a CA-125 blood test during your annual physical.

I share my story because if I can help one person, then it's all worth it. And remember, embrace every day because there is hope. We as survivors are given a second chance.

Each day is a gift, a blessing. ■

➔ *Diagnosed with Stage IV colon cancer at just 33 years old, Jeremy Echols strives to keep a healthy mindset. He encourages others who are facing the disease to surround themselves with a solid support system.*

Support and perspective guide this young cancer survivor

Consistent abdominal pain was my first symptom. A month later I started noticing blood in my stool, so right away I booked an appointment with a colorectal surgeon. I was 33 years old and in great physical condition. I practically lived at the gym, followed a strict meal plan, never smoked and was not a heavy drinker. We had no reason to believe it would be anything serious, but the surgeon scheduled a colonoscopy “to be sure.” I’m so grateful he did.

I had the colonoscopy, and the surgeon found a mass. He wasn’t sure what it was but said he’d know after results came back from the biopsy.

A week later I received a voicemail while I was at work. Typically I don’t listen to voicemails, especially at work, but for some reason I listened to this one. It was from a cancer center calling to schedule a new patient appointment. That’s how I found out I had cancer — through a voicemail. I found an empty conference room and just cried.

The first person I called was my Dad. He had been diagnosed with stomach cancer just three months before. He was my strength throughout the entire process.

I met with an oncologist who told me the cancer was Stage I and that my prognosis was really good. Fortunately for me, my wife is a pharmacist with knowledge and experience with cancer drugs. Having her with me to ask questions and eventually agree with the treatment plan made me comfortable. I also met with a cancer genetic counselor and had testing. Results came back negative for any gene that would predispose me to colon cancer.

I was scheduled for surgery the next month. They said that depending on how it went, I MIGHT have a few cautionary rounds of chemotherapy. I had a seven-hour laparoscopic procedure to remove a section of my colon. My hospital stay was four days followed by about six weeks of recovery.

During my recovery, I had a PET and expected to hear “you look great and don’t need chemo.” Unfortunately, my oncologist said the results showed evidence of disease in my liver and aorta. My diagnosis was upgraded to Stage IV, and I needed full chemotherapy.



That was the moment I just knew I was dying. My friend came with me to that appointment and he said, “God is going to take care of you.” I replayed those eight words continuously during treatment.

There is no special formula for chemotherapy. The physical side effects were rough, especially in the beginning. I actually thought I wouldn’t have any. I was wrong. One thing that helped was keeping a treatment journal. I wrote down what and when I ate and what time I started experiencing different side effects. That really helped me anticipate how future rounds of treatment would go. It got “better” as treatment progressed because I knew what was coming.

I became much more concerned about the mental battle I was facing. One of the first things I did after starting chemotherapy was schedule sessions with a therapist. I wanted to face everything head on and not bury my emotions.

After 12 rounds of chemotherapy, I received the news that my scans were “stable” and treatment would end. As great as that was to hear, it was also the same day that my Dad passed away.

I continue to have follow-ups every three months. I still get anxious but I have learned how to identify anxiety early and not let it spiral out of control. I also had genomic testing for the first time at my last follow-up and am awaiting the results.

One thing I wish I had known was how to redefine normal. I put a lot of pressure on myself to hurry back to my old self (even while I was still going through treatment) and that only led to disappointment. Be patient with yourself and take everything a day at a time. It took a while but I’m happy to be getting active again. The path will be challenging but just keep putting one foot in front of the other.

It’s important to surround yourself with a strong support system. I had a couple of friends (as young as I am) who were diagnosed with breast cancer. They encouraged me when I needed it. It made me realize that sharing not only gave me an outlet, it helped others know they aren’t alone. That’s been my goal. I’ve been able to meet some awesome people and connect with great organizations like Fight Colorectal Cancer since I started sharing my story.

You will have good and bad days, but remember that everything is temporary. It’s okay to be down at times, but try not to stay there. A healthy mindset is essential. I wouldn’t say I’m strong, but rather I keep a proper perspective. My faith and family are what help me with that. Be sure to find what helps you. ■

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