Guide to Chemotherapy

STAY HEALTHY DURING CHEMO p.17

22 ways to thrive!

Heather, Jenn, Marty and the "Beast Hunter" share what helped them!

"I’ve reached new heights—despite cancer!"

Jolie tackled chemo the way she does rock climbing—with strength and courage.

YOUR TOP CHEMO QUESTIONS—ANSWERED!

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FREE take-home copy
GUIDE TO Chemotherapy

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Cover model Jolie Schlieper takes to the trees—yes, during chemo!
Make the decision to THRIVE...

and believe in the power within you

Resilience. Support. Faith. Calling upon these valuable qualities can help you get through chemo—the single best weapon in your fight against cancer—and look to the future with promise and confidence.

Heather Von St. James, 45, a cancer research advocate in Roseville, MN, is living proof. On November 21, 2005, just three months after giving birth to her daughter, Lily Rose, she was diagnosed with malignant pleural mesothelioma, a rare cancer often diagnosed in people exposed to asbestos. Even though she was given just 15 months to live, she and her husband, Cameron, sought out one of the leading experts in this disease. “He provided me with a glimmer of hope,” she wrote in an online column. “And with hope, the odds don’t matter.”

Along with relying on the unconditional love and support from family and friends, she also found solace from believing in a higher power. “I discovered that the spiritual side of fighting this disease was just as important as the physical,” she says. “Tapping into this source was a powerful way to alleviate my fears and my stress—it gave me a sense of peace like nothing else. I found great comfort in prayer and praise music, and I even asked my pastor to come pray with me at my house. And I have to admit, I always felt better when he left.”

Today, Heather is a healthy and active eight-year cancer survivor who has made it her mission to offer hope to other cancer patients around the world. Take comfort from her story, and read this guide to learn more about how chemo—which, today, is more effective and has fewer side effects than ever—works and how to thrive during treatment. Our goal is to provide the knowledge and confidence that will help you get the most from your treatment—greet every day with joy, gratitude and hope for the future.

“Chemotherapy is both a difficult and wonderful thing,” adds Heather. “You will discover that you’re stronger than you ever imagined, more resilient than you thought possible and you will be in awe of what your body can go through and still recover!”

Did you know?

More than 100 chemo drugs exist today—meaning they are more tailored to target your particular cancer than ever before.
This powerful therapy is the single best way to help you put cancer behind you. So if your doctor has said you need chemo, focus on the ultimate benefit—defeating your disease. And work with your care team and your support system—family, friends, fellow cancer patients—to make it the best possible experience.

A closer look at chemo

What it is
Unlike surgery and radiation, which target a specific part of the body, chemo is a systemic, or body-wide, therapy. You’ll probably receive a cocktail of two or more chemo drugs—usually by infusion (i.e., intravenously), but sometimes orally or by injection—that will travel through your entire system to seek and attack cancer cells. Depending on the chemo drugs you’re using and the type and stage of your cancer, you might receive chemo once a day, once a week, once every 10 days or even once a month. Your oncologist will weigh those factors to determine your schedule.

What a session is like
If you’re receiving your chemo by infusion, a session can last anywhere from a few hours to most of the day. You can read, listen to music or watch movies. And sometimes you can chat with others in the chemo suite—it’s a great way to find support and make new friends. Ask your oncologist or nurse navigator if a port is right for you. The small device, which is surgically implanted under the skin, gives the chemo nurse easy access to your veins.

Coping with the effects
Today’s chemo is kinder and gentler. In fact, many people say they feel fine—they can take care of things at home, exercise, spend fun time with family and friends, and even work. Yet sometimes, side effects do occur. Read on to learn how to manage them effectively.

If you experience…
- **Nausea:** Ask your oncologist to prescribe an antinausea medication. But don’t wait for stomach upset to strike before you take it—that will make it less effective. You can also fend off nausea by eating your biggest meal of the day when your appetite is strongest, then eating small snacks the rest of the day. If side effects interfere with your digestion and appetite, ask your healthcare team to refer you to a cancer nutritionist who can help you stay nourished. (See page 30 for other ideas.)
- **Fatigue:** Studies show regular walking can help ease fatigue during chemo. But if that doesn’t help, take naps and ease up on activity before you become exhausted. You need your strength so you can keep to the chemo schedule your doctor has determined. (Skipping treatments allows cancer cells to regrow, so your chances of remission may drop.) If you have extreme fatigue, talk to your doctor.

Your chemo care team
During treatment, a number of medical professionals will be involved in your care, including your:
- **Medical oncologist:** determines the medication you need and your schedule
- **Chemo nurse:** schedules and administers your IV infusions
- **Oncology nurse:** works closely with your oncologist
- **Oncology nutritionist:** helps you with your dietary needs during treatment
- **Oncology nurse navigator:** provides emotional support, helps you understand therapies, coordinates scheduling of visits and tests, and suggests resources for financial and insurance assistance
- **Phlebotomist:** draws blood when tests and procedures are needed
you & your care team

Clinical trials are studies that help doctors test the safety and effectiveness of new drugs or combinations of drugs. The goal of most trials is to yield improvements in survival, side effects and convenience over current standard treatments. Before you enroll in a clinical trial, discuss it carefully with your oncologist. Learn more at cancer.gov/clinicaltrials.

Hair loss: Many chemo medications cause hair to fall out or thin. Some people choose to take control, cutting their hair short or shaving it off before it starts falling out. You may prefer a wig, cap or scarf. Fortunately, when treatment is over, your hair will grow back. It may be curly at first, but it will return to your normal texture soon.

Infection: Let your doctor know—immediately!—if you experience fever, chills, weakness, shortness of breath or any other signs of infection. Not only can infection stall your chemo, it can be life-threatening! To learn more about infection and determine if you have a greater risk of developing one, see pages 12 and 13.

Working around chemo
Despite the side effects, you should be able to stay on the job during chemo. In fact, some people really want to work so they can maintain a sense of normalcy. If you feel particularly tired a day or two after chemo sessions, try scheduling treatments on Friday or arrange to take days off. And if you work for a public agency, school or company with more than 50 employees, your job is protected by the Family Medical Leave Act, which guarantees you 12 weeks of unpaid leave.

When chemo ends
Within a few weeks after your last treatment, nausea and appetite problems will ease and your hair will begin to regrow. But it could take a bit longer to shake the last remnants of fatigue and discomfort. Exercise and yoga can help with that. If you continue to have muscle pain or tingling in your fingers and toes, talk to your oncologist.

When you’re on chemo, getting a blood test called a CBC (complete blood count) becomes part of the routine. A CBC is usually done right before your chemo and then about two weeks later. The reason? The same drugs that fight cancer can also cause levels of your blood cells to dip. Following are the numbers your doctor may want to discuss with you. If need be, he can prescribe medication to boost low counts and help you stay on course.

<table>
<thead>
<tr>
<th>What is measured</th>
<th>Function</th>
<th>Normal range</th>
<th>If your count is out of range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td>The protein in red blood cells that carries oxygen through your body</td>
<td>13.8-17.2 grams/dL (male); 12.1-15.1 g/dL (female)</td>
<td>A low hemoglobin level may indicate anemia; if so, your body has to work much harder to supply oxygen to your tissues. This can leave you feeling tired, weak and short of breath.</td>
</tr>
<tr>
<td>White blood cells</td>
<td>Help protect your body against infection</td>
<td>4,500 to 10,000 cells/mCL</td>
<td>If levels of neutrophils, a type of white blood cell, are too low, you have neutropenia, a condition that makes you vulnerable to infection.</td>
</tr>
<tr>
<td>Platelets</td>
<td>Enable your blood to clot</td>
<td>150,000 to 400,000 platelets/mL</td>
<td>If your platelet count is too low, you may not be able to stop bleeding.</td>
</tr>
</tbody>
</table>

Source: National Institutes of Health

Alert! Be sure to have your blood tested per your doctor’s orders—and report symptoms such as fatigue or dizziness, chills or sudden onset of new pain ASAP.
Your chemo-day checklist

A little preparation can make your treatment more pleasant.

Breeze through check-in (on your first day)

- Insurance and hospital registration cards
- List of your medications and your pharmacy phone number
- Names and addresses of your referring physician and primary care doctor

Make time fly

- Book or magazines
- Portable CD/DVD player
- MP3 player (charged)
- Handheld game
- Knitting, sewing or other craft project
- Stationery
- Laptop
- Headphones
- Journal or diary

Curb thirst, hunger and side effects

- Bag lunch and/or snacks
- Water or a fizzy drink to help curb nausea
- Lip balm for dry lips and hand cream
- Gum, breath mints or hard candy to freshen your mouth

Keep comfy

- Shawl or sweater
- Pillow and cozy blanket
- Warm socks
- Cuddly clothing
- Other:
  ___________________________
  ___________________________
  ___________________________
  ___________________________

For more tips and tools, go to Guide2Chemo.com/Tools

Questions to ask before starting your chemo session

One way to help you feel better during your cancer journey? Staying organized and on top of all the details! These questions can get you started.

Key questions to ask your medical oncologist

1. How long and how often will I need to receive chemo treatments?
   ___________________________________________________________________
2. Why is it important to get the full dose of chemotherapy on schedule?
   ___________________________________________________________________
3. What can I do to make sure I stay on course? How important is it to avoid infection?
   ___________________________________________________________________
4. How will I know whether my chemo is working?
   ___________________________________________________________________

Key questions to ask your chemo nurse

1. Should I eat before my infusion?
   ______________________________________
2. How long will my appointment last?
   ______________________________________
3. Will I be able to drive to and from my appointment?
   ______________________________________
4. Can I bring family members or friends with me to the infusion area?
   ______________________________________
5. What symptoms should I report to my doctor after my infusion?
   ______________________________________

For more useful tips and information, go to Guide2Chemo.com

Chemo etiquette

* Don’t share your prognosis. And don’t ask others about theirs. Be sensitive to the fact that other people in the infusion suite may be at different phases of treatment and this kind of discussion could be unsettling.

* Read others’ body language. Infusion rooms can be lively places, where people chat, share tips and bond. But not everyone may be feeling talkative. If someone is immersed in a book or wearing headphones, they may prefer to enjoy quiet time. TIP: If you want quiet time, wear headphones—even if you have nothing playing!
Infection ALERT!

Undergoing chemo can save your life. It can also raise your risk of infection—the No. 1 reason why people have to stop chemo. Here’s how to stay healthy.

When you get chemo, your body is not always able to fight off infections the way it normally would. That’s because the therapy can lower your number of neutrophils (infection-fighting white blood cells) to dangerous levels, a condition known as neutropenia. “Only a small percentage of people develop this problem, but there isn’t a way to know in advance who will fall into that group,” says Lillie Shockney, RN, BS, MAS, administrative director of the Johns Hopkins Breast Center and Cancer Survivorship Programs. When neutropenia occurs and can’t be corrected, your doctor may delay your next treatment or order a dosage reduction. “That’s worrisome because studies demonstrating the benefits of chemo are based on taking it on schedule and at its full strength,” says Shockney. And if you develop an infection, “You may need to be hospitalized for a few days—so preventing or reversing neutropenia is critical.”

To stay safe...

1. Know your risk. If you’re over age 65, you are more likely to develop an infection. Certain conditions also boost your risk. Use the tool on the opposite page to see if you might have a risk of infection. Be sure to share it with your doctor.

2. Keep it in check. Ask your oncologist what you can do to avoid infection and remain on track with your chemo.

3. Be alert for the signs of infection. Refer to the opposite page for signs that warrant an immediate call to your doctor. •

Are you at risk for infection?

Check the boxes that apply to you and share this page with your healthcare team.

- I have had chemo and/or chemo-induced neutropenia in the past.
- I’ve had or am having radiation therapy for my bones.
- I have diabetes.
- I am older than 65.
- I have chronic obstructive pulmonary disease (COPD).
- I have heart disease.
- I have hypotension (low blood pressure).
- I have anemia.
- I have an open wound or infection.
- Blood tests have shown low albumin levels.
- I have liver disease.
- I have kidney disease.
- I have a condition that compromises my immune system (such as HIV).

Watch for these signs

Use this daily checklist to spot signs of infection. Call your doctor immediately if you experience any of the following:

- Fever of 100.5°F or higher
- Chills or shaking
- Unusual sweating
- Cough or bringing up sputum
- Sore throat
- Rash or redness
- Painful urination
- Bloody or cloudy urine
- Diarrhea with fever
- Earache
- Sinus pain or pressure
- Headache
- Stiff neck
- Redness or swelling around a port

IMPORTANT: Do not take aspirin, acetaminophen, ibuprofen or other drugs for fever without telling your healthcare provider.

- Write the number to call in an emergency here ________________________
“I am celebrating LIFE!”

She is an artist and a photographer. A writer and an adventure traveler. But a cancer patient? It wasn’t exactly on her college core curriculum.

“I was super healthy,” Jolie recalls. “I was learning to surf, doing a lot of yoga, biking a lot. I found a lump in my neck in April 2013, but they thought it was a cyst. A few days after I saw the doctor, I hurt my ribs while surfing. And when I went for an X-ray, they saw the tumors in my chest.”

Jolie was diagnosed with Hodgkin’s lymphoma and began treatment a few weeks later, taking a medical withdrawal from the University of North Florida in Jacksonville. “I couldn’t keep up with the homework because I was exhausted, and I was missing classes to see doctors. I bombed some of my finals because I thought, Who cares? I’ve got cancer.” Jolie was treated in Jacksonville. “I had chemo—no radiation. My heart and lungs were weak—most of the tumors were near my heart. I had palpitations and chest pain. And even though I was in shape, I had to stop all the time to catch my breath.”

Despite her challenges, Jolie held down two jobs during her treatment—working the nature trails at her school and doing secretarial work at a local kayak and camping gear store. “Every place I worked at, they were amazingly supportive.” And while she was unable to rock climb or hike, she made an effort to move her body, taking yoga classes for cancer patients at the nearby Christina Phipps Foundation. “They gave me a shot to keep my white blood cells up, and I was careful to avoid infection,” says Jolie.

“I finished chemo and celebrated!”

By the end of September, Jolie had finished chemo and was thrilled. “I traveled around California by myself to celebrate,” she says. That’s when she got a phone call from her doctor—the cancer had spread.

“I was upset,” says Jolie. This time, she flew home to her parents in Virginia, where she lived during the next round of chemo, finishing in January 2014. Awaiting the results of a PET scan, which can show if cancer is present, she wasn’t optimistic. She had even discussed a bone marrow transplant with her doctor as a next step. But—great news!—there was no evidence of cancer. “We were elated!”

In Jolie fashion, she celebrated with a trip to Europe over the summer—by herself. “Experiencing anything that takes you out of your comfort zone, whether it be ill health or traveling to a foreign place, stimulates personal growth. Maybe that’s why cancer made me realize my love for travel—[it’s] a much more enjoyable way to broaden your perspective!” Of course, her love of solo travel didn’t stop her from...
Chicago teacher Jennifer S. did everything she could to stick to her chemo schedule—including making sure she wasn’t sidelined by infection.

When 43-year-old Jennifer learned she had breast cancer, “my world came crashing down,” she says. “But my doctor assured me that my odds of beating it were high—if I did my part.”

He outlined a course of treatment, which included surgery to remove her tumor, followed by chemo. “He said I’d get the best benefit from my chemo if I could get through the treatment without delays. That meant it was important to avoid infection, which could make me miss sessions.”

The trouble is, levels of white blood cells called neutrophils (the infection fighters!) drop during chemo—so people undergoing the therapy have a greater risk of getting infected. “It could happen to anybody, my doctor said. But as a teacher, I was concerned,” says Jennifer. “My kids are always coming down with colds, flus and all the usual illnesses kids are prone to.”

So Jennifer’s doctor prescribed a treatment to help her avoid infection by boosting her levels of neutrophils. “I’d get a shot the day after every chemo session,” she explains. “And I always said ‘thank you’ after each and every shot. I looked at it as my protector!”

“I had peace of mind!”

Fortunately, Jennifer got through chemo without a problem. “That white cell booster—it was a blessing. While I was also careful during the days I was more vulnerable to infection, the shot gave me added protection—and peace of mind. I think that was one more tool in my toolbox for beating cancer!”

Jolie’s top tips for thriving throughout treatment

“I remember holding on to the Buddhist philosophy that everything is temporary—even suffering,” says Jolie. That belief, and these strategies, helped her stay strong.

• Challenge yourself when you can. “I wasn’t able to rock climb, but I practiced yoga regularly and even beat my brother hiking up a mountain! Although I lost muscle, I was in a better place because I made the effort to stay active.”

• Embrace all the positivity you can find! “I didn’t want losing my hair to be a sad experience. So I threw a party where all my friends took turns shaving my head. I felt so lucky for the people I had in my life.”

• Treat your body like a temple. “Having cancer is not an excuse to fill yourself with junk food. Make sure the foods you eat are healthy. To avoid infection, I carefully washed the fresh greens I love and enjoyed organic frozen meals.”

• Doll up to go out. “The times I went out without a wig, it was always awkward. When my mom gave me a nice wig and drew on my eyebrows, people treated me like a normal person!”

• Trust only experts—and have a comeback ready. “Skip the advice from people who have no medical training. I got all sorts of weird recommendations. I’d say, ‘Okay, I’ll check into it. Thanks for the advice.’ ”

• Keep track of high infection days and more with our chemo calendar

Log on to Guide2Chemo.com to download a copy. Have a smartphone? You can download an app!
Patients undergoing strong chemotherapy are at risk for infection.

“Chemo helped my sister fight cancer.”

“Neulasta Onpro” helped me fight the risk of infection.”

Neulasta® is a prescription medicine used to help reduce the chance of infection due to a low white blood cell count, in people with certain types of cancer (non-myeloid), who receive anti-cancer medicines (chemotherapy) that can cause fever and low blood cell count. It is not known if Neulasta® is safe and effective in children.

Important Safety Information

Do not take Neulasta® if you have had a serious allergic reaction to Neulasta® (pegfilgrastim) or NEUPOGEN® (filgrastim). Tell your healthcare provider:

- If you have sickle cell disease;
- Severe skin reactions to acrylic adhesives;
- Are allergic to latex;
- Have any other medical problems;
- Are or are planning to become pregnant, or to breastfeed;
- And about all the medicines you take (prescription and over-the-counter medicines, vitamins, and herbal supplements).

Serious side effects of Neulasta® include spleen rupture (which can cause death); a serious lung problem called acute respiratory distress syndrome (ARDS); serious allergic reactions; sickle cell crises (which can cause death); kidney injury (glomerulonephritis), increased white blood cell count (leukocytosis), or capillary leak syndrome. Call your doctor or seek emergency care right away if you have:

- Pain in the left upper stomach area or left shoulder tip area (symptoms of an enlarged or ruptured spleen); fever, shortness of breath, trouble breathing, or a fast rate of breathing (symptoms of ARDS);
- Shortness of breath, wheezing, dizziness, swelling around the mouth or eyes, fast pulse, sweating, or hives (symptoms of an allergic reaction), puffiness in your face or ankles, blood in your urine or brown-colored urine or you notice you urinate less than usual (symptoms of kidney injury), or swelling or puffiness and are urinating less often, trouble breathing, swelling of your stomach area (abdomen) and feeling of fullness, dizziness or feeling faint, or a general feeling of tiredness (symptoms of capillary leak syndrome).

The most common side effect of Neulasta® is pain in the bones and in your arms and legs. These are not all the possible side effects of Neulasta®. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

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 (1-800-332-1088).

Neulasta® is given as an injection under the skin (subcutaneous).

Consider the possibility of fewer doctor visits with Neulasta® Onpro™.

Neulasta® Onpro™ is a kit that includes a co-packaged single dose of Neulasta® and a single-use On-body Injector, a small, lightweight delivery system applied to the skin during your chemo appointment. It’s designed to automatically administer Neulasta® the next day, so that you may not have to return to the doctor just for a shot.

Please see brief summary of Important Product Information on the following page.

References:

* Delivered over 45 minutes, approximately 27 hours after activation
† If, for any reason, you believe you did not receive your full dose of Neulasta® or that your On-body Injector is not working correctly, immediately contact your healthcare provider.

Ask your doctor about Neulasta® Onpro™ and the possibility of fewer doctor visits.

Neulasta.com 1-844-MYNEULASTA
BRIEF SUMMARY OF PATIENT PACKAGE INSERT
Neulasta® (pegfilgrastim)
This brief summary of the Patient Information for the On-body Injector for Neulasta® provides information and instructions for people who will be receiving Neulasta® or their caregivers. This brief summary does not tell you everything about Neulasta®. This information does not take the place of talking with your healthcare provider about your medical condition or your treatment.

What is the most important information I need to know about receiving Neulasta® with the On-body Injector for Neulasta®?

• See the Instructions for Use for the On-body Injector for Neulasta® for detailed information about the On-body Injector for Neulasta® and important information about your dose delivery that has been written by your healthcare provider.
  
  • Know the time that delivery of your dose of Neulasta® is expected to start.
  • Avoid traveling, driving, or operating heavy machinery during hour 26 through hour 29 after the On-body Injector for Neulasta® is applied. Avoid activities and places that may interfere with monitoring during the 45-minute period that Neulasta® is expected to be delivered by the On-body Injector for Neulasta®, and for 1 hour after delivery.
  • A caregiver should be with you the first time that you receive Neulasta® with the On-body Injector for Neulasta®.
  • If you have an allergic reaction during the delivery of Neulasta®, remove the On-body Injector for Neulasta® by grabbing the edge of the adhesive pad and peeling off the On-body Injector for Neulasta®. Get emergency medical help right away.
  • You should only receive a dose of Neulasta® on the day your healthcare provider tells you.
  • You should not receive your dose of Neulasta® any sooner than 24 hours after you finish receiving your chemotherapy. The On-body Injector for Neulasta® is programmed to deliver your dose about 27 hours after your healthcare provider places the On-body Injector for Neulasta® on your skin.
  • Do not expose the On-body Injector for Neulasta® to the following because the On-body Injector for Neulasta® may be damaged and you could be injured: MRI, X-ray, CT-Scan, Ultrasound, or oxygen-rich environments, such as hyperbaric chambers.
  • Avoid airport X-ray scans. Request a manual pat down instead. Use care during a manual pat down to help prevent the On-body Injector for Neulasta® from being accidentally removed.
  • Keep the On-body Injector for Neulasta® at least 4 inches away from electrical equipment such as cell phones, cordless telephones, microwaves, and other common appliances. If the On-body Injector for Neulasta® is too close to electrical equipment, it may not work correctly and can lead to a missed or incomplete dose of Neulasta®.
  • Call your healthcare provider right away if the:
    • On-body Injector for Neulasta® comes off before or during a dose delivery. Do not re-apply it.
    • On-body Injector for Neulasta® is leaking.
    • Adhesive on your On-body Injector for Neulasta® becomes noticeably wet (saturated) with fluid, or there is dripping. This may mean that Neulasta® is leaking out of your On-body Injector for Neulasta®. If this happens you may only receive some of your dose of Neulasta®, or you may not receive a dose at all.
    • On-body Injector for Neulasta® status light is flashing red.

What is Neulasta®?
Neulasta® is a prescription medicine used to help reduce the chance of infection due to a low white blood cell count, in people with certain types of cancer (non-myeloid), who receive anti-cancer medicines (chemotherapy) that can cause fever and low blood cell count.

It is not known if Neulasta® is safe and effective in children.

Who should not take Neulasta®?
Do not take Neulasta® if you have had a serious allergic reaction to pegfilgrastim (Neulasta®) or to filgrastim (NEUPOGEN®).

What should I tell my healthcare provider before receiving Neulasta®?
Before you receive Neulasta®, tell your healthcare provider if you:
• have sickle cell trait or sickle cell disease
• have had severe skin reactions to acrylic adhesives

• are allergic to latex
• have problems with your kidneys
• have any other medical problems
• are pregnant or plan to become pregnant. It is not known if Neulasta® may harm your unborn baby.
• are breastfeeding or plan to breastfeed. It is not known if Neulasta® passes into your breast milk.

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 Neulasta®?
See the Instructions for Use for detailed information about how you will receive a dose of Neulasta® with the On-body Injector for Neulasta®, and how to remove and dispose of the On-body Injector for Neulasta®.

What are possible serious side effects of Neulasta®?
Neulasta® can cause serious side effects, including:
• Spleen Rupture. Your spleen may become enlarged or may rupture during treatment with Neulasta®. A ruptured spleen can cause death. Call your healthcare provider right away if you have pain in your left upper stomach area or left shoulder area. This pain can mean your spleen is enlarged or ruptured.
• A serious lung problem called Acute Respiratory Distress Syndrome (ARDS). Call your healthcare provider or get emergency medical help right away if you get any of these symptoms of ARDS: fever, shortness of breath, trouble breathing, or a fast rate of breathing.
• Serious Allergic Reactions. Get emergency medical help right away if you get any of these symptoms of a serious allergic reaction with Neulasta®: shortness of breath, wheezing, dizziess, swelling around the mouth or eyes, fast pulse, sweating, and hives.

If you have an allergic reaction during the delivery of Neulasta®, remove the On-body Injector for Neulasta® by grabbing the edge of the adhesive pad and peeling off the On-body Injector for Neulasta®. Get emergency medical help right away.
• Sickle Cell Crises. Severe sickle cell crises, and sometimes death, can happen in people with sickle cell trait or disease who receive filgrastim, a medicine similar to Neulasta®.
• Kidney injury (glomerulonephritis). Kidney injury has been seen in patients who received Neulasta®, You should notify your healthcare provider right away if you experience puffiness in your face or ankles, blood in your urine or brown colored urine or you notice you urinate less than usual.
• Increased white blood cell count (leukocytosis). Your doctor will check your blood during treatment with Neulasta®.
• Capillary Leak Syndrome. Neulasta® can cause fluid to leak from blood vessels into your body’s tissues. This condition is called “Capillary Leak Syndrome” (CLS). CLS can quickly cause you to have symptoms that may become life-threatening. Get emergency medical help right away if you develop any of the following symptoms:
  • swelling or puffiness and are urinating less often
  • trouble breathing
  • swelling of your stomach-area (abdomen) and feeling of fullness
  • dizziness or feeling faint
  • a general feeling of tiredness

The most common side effect of Neulasta® is pain in the bones and in your arms and legs. These are not all the possible side effects of Neulasta®. For more information, ask your healthcare provider or pharmacist.

What are the ingredients in Neulasta®?
Active ingredient: pegfilgrastim
Inactive ingredients: acetate, polysorbate 20, and sodium, sorbitol in Water for Injection.

Manufactured by:
Amgen Inc.
One Amgen Center Drive
Thousand Oaks, California 91320-1799

www.neulasta.com
1-800-77-AMGEN (1-800-772-6436)

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 Thousand Oaks, California 91320-1799 142798_0_BriefSummary.pgs 11.11.2015 17:57 PDFX1a
**Staying the course**

<table>
<thead>
<tr>
<th>BEFORE CHEMO BEGINS</th>
<th>BEFORE EACH SESSION</th>
<th>DURING EACH SESSION</th>
<th>BEFORE YOU LEAVE</th>
<th>BEFORE YOUR NEXT VISIT</th>
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<tr>
<td>□ Schedule screenings. Take care of dental work. Get any exams you’re due for, such as a Pap or colonoscopy, and your flu vaccine.</td>
<td>□ If your doctor has prescribed steroids to prevent allergic reactions, take them now.</td>
<td>□ Ask for what you need! Now is not the time to be shy! Ask for a snack if you’re hungry, a blanket if you’re cold or a magazine if you’re bored.</td>
<td>□ Get post-infusion medication instructions. Find out when to take antinausea meds, for example. Also: The day after chemo, you may need an injection of a medication to boost the white blood cells that fight infection. If so, get a prescription.</td>
<td>□ Watch for signs of infection! (Refer to the tool on page 13.)</td>
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<td>□ Fill all prescriptions your doctor has given you, such as those for antinausea meds.</td>
<td>□ Drink water. The infusion nurse will find your veins more easily.</td>
<td>□ See if someone can help with errands. Not only will that relieve stress, it actually enhances the healing process.</td>
<td>□ Find out about any side effects you should watch for. Mouth sores, severe nausea, “flushing” and fever are common reasons to call your doctor after an infusion.</td>
<td>□ Keep a log. Record your symptoms and discuss them with your healthcare team. And tote your log when traveling; new docs can treat you best when they know where you are in your treatment plan.</td>
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<td>□ Ask about having a port implanted. Needles are inserted more easily through a port than directly through the skin.</td>
<td>□ See if someone can help with errands. Not only will that relieve stress, it actually enhances the healing process.</td>
<td>□ Visualize your chemo working! Envision the chemo drugs searching and destroying cancer cells. Studies show visualization may help relieve anxiety, boost your spirits and even rev your immune system temporarily. It could help you walk out of your session feeling more in control!</td>
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<td>□ Stock up on face and body lotion, lip balm, nasal gel, hard candies and mints.</td>
<td>□ Ease your anxiety. Try breathing deeply, yoga (if your doctor allows it) or meditation to calm any pre-chemo jitters.</td>
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<td>□ Double-check the date and time of your next appointment. Then mark it on your calendar.</td>
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</tr>
<tr>
<td>□ Ask your cancer care team for a healthy eating and exercise plan that’s realistic for you. (See page 30 for more on nutrition.)</td>
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**How does your doctor plan your treatment?**

Which chemo drugs will help rid your body of cancer... in what doses... how often? The answers are different for each person. Your doctor will decide what’s right for you by weighing various factors, including the type of cancer you have, its stage, and your weight or body surface area. As your chemo progresses, it’s not unusual for your doctor to further fine-tune your formula depending on your body’s response.
Outsmarting the other side effects of chemo

Don’t let these side effects of chemo catch you by surprise. Here’s what to know to stay well—and stay on track.

Chemo brain
Some patients say they feel like they’re in a fog, forget things or struggle to express themselves. (The condition usually disappears after treatment ends but can persist if both radiation to the brain and chemo are given.)

Report: Symptoms that interfere with your life, such as memory lapses. (They may be due to stress, sleep problems or other therapies.)

What your doctor can do: Refer you to a doctor who can test your brain function or to a therapist who can offer coping strategies.

What you can do: Get more sleep, try brain-boosting activities, exercise and don’t multitask.

Depression
Simply having cancer can make you feel down or hopeless, but some chemotherapy medications can also increase your risk of depression.

Report: Persistent sadness or feelings of hopelessness.

What your doctor can do: Prescribe medication that can ease your low mood or refer you to a counselor for help.

What you can do: Reach out to others for support, rest when you need to, eat well and exercise when you feel up to it.

Peripheral neuropathy
Some chemo drugs can damage nerves in hands and feet, which is known as peripheral neuropathy.

Report: Numbness, tingling or “pins and needles” sensation in your hands and feet, loss of balance.

What your doctor can do: Prescribe a pain reliever or adjust your chemo drugs.

What you can do: Avoid extreme temps and protect hands and feet.

Help for fatigue
I’m in chemo now. Why am I so tired and what can I do about it?
Tell your doctor. If chemo has caused you to become anemic, your doctor may prescribe medication to stimulate the production of red blood cells to restore your energy. Or he may refer you to a cancer rehab therapist who can help you remain active. Also, let your doctor know if you have pain, emotional stress or are having trouble sleeping. All of these can lead to fatigue, as well.

Finding humor where you least expect it
I find some things really funny while my friends think I’m just in denial about my cancer. Humor for me is a stress reliever. How can I get others to understand this?
By telling them exactly that. Humor is a great stress reliever, and laughter gets your T-cells pumping. So consider your habit of finding things funny a part of your treatment. What you may be experiencing as a patient is what we call “dark humor.” A true example: A woman with metastatic breast cancer that I know was deliberating whether to go trick-or-treating with her grandchild. In the end, she went and enjoyed herself, remarking that she didn’t even need a costume—she went as a jack o’ lantern, given the orange tint to her skin from treatment-related jaundice.

Regular checkups?
How should I prepare for visits with my oncologist?
One of the main things your oncologist will want to determine is how well you are tolerating chemo. You can help him by taking a few minutes before your exam to jot down any side effects you’ve had, like nausea, mouth sores and fatigue. If necessary, he can order medications that bring you relief and/or possibly adjust your treatment schedule or dose, so there’s no reason for you to suffer in silence.

Words of wisdom from a breast cancer nurse navigator

Lillie Shockney, RN, BS, MAS, is administrative director of the Johns Hopkins Breast Center and associate professor, Johns Hopkins University School of Medicine.
Everyday ways to thrive!

Jenn, Pat, Heather and Marty share what helped them feel their best during chemo. Ask your healthcare team if their strategies can help you, too!

**“USE EVERY RESOURCE YOU CAN!”**

**Jenn Sommermann, Freeport, NY**
Diagnosed with stage III ovarian cancer in 2006

Ask for help—and be specific. “Once I figured out what people could do to help me, life got easier. I asked someone to make dinner for me and even told her what to cook. I asked my mother-in-law to pay for a house cleaner. I asked my mother to take the dog while I was recovering from surgery. I asked one friend for a ride to the store and another to bring me Chinese food while I was in the hospital. People want to help; give them a specific job and everyone wins.”

**Take the support drugs.** “I initially declined support drugs—for nausea, acid reflux, anxiety and sleep. After two rounds of being the tough guy, I succumbed and things got much better. What was I thinking? They’re called support drugs for a reason!”

**Stay off the Internet and stay positive.** “Dr. Google has nothing but bad news when it comes to cancer. Don’t let that information into your consciousness. Surround yourself with positive people who love you fiercely.”

**Choose munchies with care!** “Don’t eat anything in the chemo lounge that you plan on enjoying post-treatment. To this day I can’t eat canned chicken soup, plain potato chips or saltines without a chemo flashback.”

**“GET COMFY DURING CHEMO”**

**Pat Spain, Boston, MA**
Diagnosed with stage III colon cancer in 2011

Tune in to tune out. “I planned on reading during chemo, but never could. I found that watching old movies or TV shows distracted me the best. I binge-watched Netflix!”

Find what soothes your stomach today. “Different things worked at different points in chemo. Ginger tea with honey was great at first, then later, warm water with lemon did the trick.”

Do your passion. “I love finding snakes and when I felt well enough, I got outside and searched the woods and ponds in the area. I made a sort of ‘chemo goal’ to find three species of snakes that I had never caught before!”

—Pat Spain, aka TV’s “BEAST HUNTER”
mood. I found naps could be kind of a reset button. Kind of like when you have a bad day and the world seems like it’s coming to an end, then you go to sleep and the next day realize it’s not so bad.”

“Inspirational autobiographies were helpful. I am a huge sports fan so I would read about athletes who had overcome a major health problem: Lance Armstrong, who was very inspiring at the time. And Josh Bidwell, an NFL punter who overcame testicular cancer. I actually sent Josh an email after reading his book and talked to him on the phone.”

“Consider the Opportunities”

Marty Andrews, Los Angeles, CA
Diagnosed with stage III rectal cancer in 2009

Treat your taste buds. “Sometimes, living in the moment was really important, so I’d treat myself to a special meal or snack. My doctor told me that all food was good food on chemo, so when I had an appetite I would eat one of the fun things, like a hamburger, pizza or French fries.”

Ask: What’s next? “It’s good to daydream about the future. You are getting a second chance at life. What will you do different? Your priorities will shift. Today I recognize opportunities as a chance of a lifetime—like the Super Bowl I went to this year. After cancer you can’t just say, I’ll do it some day.”

Stay in the game. “Work if you can. The process of getting up each and every day helped take my mind off what was happening. Anything you can do to take your mind off chemo or make a minute or hour pass is a step closer to finishing your treatment.”

Reboot yourself. “Sometimes just taking a nap can improve your mood. I found naps could be kind of a reset button. Kind of like when you have a bad day and the world seems like it’s coming to an end, then you go to sleep and the next day realize it’s not so bad.”

“Feel Your Best—Inside and Out!”

Heather McCollum, Raleigh, NC
Diagnosed with stage II ovarian cancer in 2011

Switch up your utensils. “Use plastic utensils if silverware gives you a tinny taste in your mouth.”

Take care of your nose. “Use a dab of coconut oil on a Q-tip to swab just inside your nose if your nostrils burn or if you have a dry/bleeding nose.”

Help for a sore scalp. “If you lose your hair and your hair follicles are inflamed, get a fuzzy, fun fur hat to wear. I couldn’t put my head on my pillow without one because my scalp hurt. My mother and I started to knit hats and give them out to patients in the infusion center. The recipient would smile. I would smile. We would both laugh and feel better.”

Size up your shoes. “If you have foot pain from neuropathy, get a pair of shoes one size larger than your normal size to wear in the house. They will protect your feet from stubbed toes.”

Say affirmations daily—at least! “I had 30 affirmations that I would say out loud twice a day, and I wrote more all the time. They help you work past the panic and focus on fighting. My favorite one is, I am living a long and healthy life.”

Say ‘no’ to negativity! “No sad movies, no tear-jerker books, no world news, no negative people (if you can swing that). I created a sanctuary on my back porch where I could sit in peace and listen to the birds. I only read and viewed things that would make me smile or laugh. Smiles are good medicine!”

Read for encouragement. “Inspirational autobiographies were helpful. I am a huge sports fan so I would read about athletes who had overcome a major health problem: Lance Armstrong, who was very inspiring at the time. And Josh Bidwell, an NFL punter who overcame testicular cancer. I actually sent Josh an email after reading his book and talked to him on the phone.”

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Conquer your nutrition hurdles

Chemo kills cancer cells—but it can kill your appetite, too. And nausea isn’t the only culprit. Chemo can cause mouth sores that make it painful to eat and can make you lose your taste for food. Yet eating is important to boost your immune system and keep you strong. So think of a balanced diet as another part of your treatment plan, and take a cue from oncology nutritionists on overcoming these common challenges:

<table>
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<th>PROBLEM</th>
<th>SOLUTION</th>
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| “I’M TOO TIRED TO COOK.” | • Make meals on your high-energy days. “You probably know you’ll be tired for three days after chemo,” says Tiffany Barrett, RD, at the Winship Cancer Institute of Emory University. “So make meals ahead of time and store them. When you need to eat, all you have to do is pop them in the oven or microwave. Keep grab-and-go snacks on hand like yogurt and peanut butter and crackers. Or make a smoothie in the morning and save half for later in the day.”
|                     | • Think of food as medicine! “You need calories and protein for recovery and rebuilding,” says Barrett. “So avoid skipping meals, and eat as though it’s your medicine.” |
| “I’M NAUSEATED.”    | • Graze on low-fat foods Eat small frequent meals, and pick lower-fat foods that digest well, advises Barrett. “Plain chicken breast works. So do eggs and yogurt.” Also: Avoid letting your stomach get too empty, or too full, says Barrett. “If it gets too empty, your stomach creates more acid and can’t tolerate food as well. If it gets too full, it won’t be able to digest as well!”
|                     | • Wake up nauseated? “Eat toast or crackers, and wait a bit until you can handle more,” says Barrett. “A light stroll helps with digestion.” |
| “I HAVE DIARRHEA.”  | • Try the BRAT diet! “Some medications, such as chemotherapy drugs and antibiotics, can cause diarrhea,” says Natalie Ledesma, RD, at the University of California at San Francisco Helen Diller Family Comprehensive Cancer Center. “But the BRAT diet—bananas, rice, applesauce and toast—can help. Also, drink plenty of liquids to replace the fluid you’re losing,” says Ledesma, who also advises steering clear of gas-producing foods such as broccoli, onions and beans. “Now is not the time to eat raw vegetables, particularly raw leafy greens, and the skins, seeds and stringy fibers of unpeeled fruit.”
| “MY MOUTH IS SORE.” | • Avoid foods that are acidic, salty, spicy or scratchy. Skip citrus, pickles, tomatoes, crackers, toast and cereal. |
| “MY MOUTH IS DRY.”  | • Drink up! “Some chemo medications can cause damage to your salivary glands,” says Lanford. To the rescue: fluids! Drink 8 to 10 cups each day and rinse your mouth before bedtime. “Water is best, but if you need the calories, have watered-down juice,” says Lanford. Other options: Moistten your food with sauce, oil or gravy. |
|                     | • Dodge dry mouth! “At bedtime, swish with some olive oil or let a pat of butter soften in your mouth—then spit,” says Lanford. “It will coat your mouth so it doesn’t dry out.” |

Find out five nutrients you need during chemo at Guide2Chemo.com/Nutrients
feel your best

“T’m two years cancer free!”

After surgery and chemotherapy, Chef Steven Satterfield was declared NED—no evidence of disease.

I have a goal to stay physically fit—I work out with a trainer three times a week. I also cycle, eat healthfully and take time to rest,” says Steven Satterfield, executive chef and co-owner of the Atlanta restaurant Miller Union, which has recently garnered “best new restaurant” honors from national magazines. In recent months, Steven has been on the road promoting his cookbook, Root to Leaf: A Southern Chef Cooks Through the Seasons (Harper Wave), which was published in March 2015 and has received overwhelming praise from critics. But what do you expect from a top five finalist in the “Best Chef: Southeast” category for the last two years by the James Beard Foundation?

So you’re probably wondering: How did one of America’s top chefs handle the unpredictable dietary dilemmas that often accompany chemo treatments?

“I found my groove”

When he learned in 2012 that he had stage III testicular cancer, Steven went into shock. “My urologist told me he wanted to schedule surgery right away,” he recalls. Steven, who was 42 at the time, had other thoughts. He was super-busy, lots to do. Could he put off surgery for three weeks? “Everyone told me I was crazy,” he says. And after one night of terrible sleep, he realized… bad idea. “Let’s get this out of me,” he told his doctor the next day. “That was Thursday. On Friday I had surgery to remove the tumor.”

Once he’d recovered from surgery, Steven began chemo: five days of treatment with high doses of three chemo medications, followed by two weeks off. “At the end of day one, it was hard to get out of bed I felt so weak. I had stomach problems. But by the following Tuesday, I’d start to feel better. And by that second weekend, I felt great. I realized, Okay, I can get through this. Once I learned the pattern, I’d go to work.” For ten days, Steven went to the restaurant in the morning and left before his staff arrived. “I wanted to work as much as I could to keep my mind off cancer.”

“I cooked through chemo!”

Throughout treatment, family and friends surrounded Steven, who often held court from his recliner. “I’m a social person, so that was great. And everybody brought food!” Local farmers dropped fresh produce at his door. “I was eating greens, beets, carrots and fresh strawberries.” No way would he stay out of the kitchen. “I liked to have something to focus on,” says Steven. “You don’t want to just sit around and dwell on what you’re going through. For the most part, I ate whatever I felt like that day. I’d get the idea in my head and talk myself into it. So if I know I’m going to eat roast chicken, mashed potatoes and kale tonight, I’m going to look forward to it.”

Some foods, Steven lost his taste for. Like shrimp. “During treatment, I worked with a magazine on a shrimp boil recipe, but I couldn’t eat the dish!”

Then there were the foods that gave him a lift, like the frozen yogurt he enjoyed with his sister after chemo treatments. When he had no appetite, Steven drank a canned nutrition shake to avoid becoming malnourished. “My mother insisted.”

His best advice to people in chemo? “When you’re hungry, eat something. You never know when you’ll feel too nauseated to eat later!”

Turn for Chef Steven’s delicious carbonara recipe.
Chef Steven’s
Pasta Carbonara with English Peas and Country Ham

Makes 2 servings
1 tsp. kosher salt
½ lb. whole wheat penne rigate
1 Tbsp unsalted butter
1 Tbsp extra-virgin olive oil
1 oz. finely chopped low-sodium ham
½ cup shelled English peas
½ cup asparagus, cut into ¼” pieces
2 large eggs
1 oz. parmesan cheese, freshly grated

Fill a medium pot two-thirds full with water and add kosher salt. Cover and place over high heat until boiling. Add the pasta and boil until the noodles are just cooked, 7 to 8 minutes. Drain and stir occasionally until cooled.

In a wide skillet over medium heat, melt the butter and warm the olive oil together. Add cooked pasta and toss to combine. Add ham, peas and asparagus and continue to cook, stirring frequently, until peas and asparagus are warmed through. Add eggs and stir continuously until the eggs coat the noodles and vegetables, like a sauce. Add the parmesan cheese and stir to combine. Divide the pasta mixture into two bowls and serve immediately.

“I would make this comforting dish for lunch when I needed to eat but was not feeling well.”

Nutrition facts (per serving) calories 659, fat 26 g, protein 37 g, carbohydrates 80 g, sodium 696 mg, sugars 10 g

Nominate your Oncology Nurse Navigator to join this group of LifeChangers!

Share your story about an Oncology Nurse Navigator who has made a difference in your life! They may win a trip to their professional Annual Meeting.

Mari Damhof
2014 Semifinalist
Grace Sauzier
2014 Winner
Cary Ralph
2013 Semifinalist
Marian Gilmore
2013 Winner
Laurie Rudolph
2015 Semifinalist

Please include the ONN’s full name, place of employment, phone number and email, as well as your name, address, phone number and email. All information will be kept confidential.

Visit: LifeChangerAward.com for online submission
Email to: lifechanger@healthmonitor.com
Or mail to: “ONN LifeChanger Award,” Health Monitor Network, 135 Chestnut Ridge Road, Montvale, NJ 07645

the leading patient engagement provider for cancer patients. Visit us at HealthMonitor.com; Guide2BreastCancer.com; Guide2Chemo.com
The help you need now!

Visit Guide2Chemo.com/Resources to access these helpful organizations—your source for services, classes, travel and more!

**Resources**

**National Comprehensive Cancer Network**
An alliance of cancer centers devoted to patient care, research and education.

**Caregiver Action Network**
The nation’s leading family caregiver organization.

**StupidCancer**
Innovative and award-winning services for the young adult cancer survivor, so they can get busy living.

**National Coalition for Cancer Survivorship**
Advocates for quality cancer care for all touched by cancer.

**Savings and Financial Assistance**
Partnership for Prescription Assistance
Help in getting prescription drugs, even if you don’t have coverage.

**Living Beyond Breast Cancer**
Assists you whether you are newly diagnosed or in treatment for metastatic breast cancer.

Get more on Guide2Chemo.com!

Log on for everything you need to feel your best during chemo, such as:

- A chemo calendar that helps ensure you stay on top of appointments—and know what to do in between
- Expert tips to reduce your risk of infection—the #1 reason patients are thrown off their chemo schedule
- Tools for communicating with your cancer care team
- Strategies for managing chemo side effects
- Eating for strength and energy

For more resources, visit Guide2Chemo.com/Resources