

LUNG HEALTH

MEDIA PLANET

Karen Whittle

New hope for a patient with a rare lung disease



Four common radon myths you should know the truth about

How early testing for lung cancer is life-saving for those at risk



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Taking Aim at Lung Cancer

In working with lung cancer patients daily, we have seen a major transformation in how people are now living with, and surviving, the disease.

Science has advanced to where clinicians can often prescribe treatments that target a patient's specific genomic mutation that is driving their cancer, which often results in improved outcomes and quality of life — truly personalized medicine.

Deeper understanding

Today's deeper understanding of the multitude of biomarkers that drive some lung cancers — with names like ALK, EGFR, ROS1, and BRAF — has enabled scientists to develop life-changing treatments. Since 2015, the U.S. Food and Drug Administration has approved more than 15 lung cancer treatments, the majority of which are biomarker-driven.

For those with an actionable biomarker, typically people with adenocarcinoma, a type of non-small cell lung cancer (NSCLC), the positive impact can be substantial. We've seen this through the patients at our survivorship summits, many of whom continue doing the things they love, including being a parent, working, exercising, and traveling, even while being treated for stage IV lung cancer.

Get informed

We encourage all people newly diagnosed with NSCLC to ask their doctor to test their tumor tissue for biomarkers with technologies such as next generation sequencing, an advanced precision diagnostic that offers a comprehensive profile of the tumor, testing for many biomarkers at the same time with limited amounts of tumor required.

Andrea Ferris, President, CEO, LUNGevity Foundation

4 Myths About Radon

Radon is an invisible killer that can be lurking in anyone's home. Learn more about misconceptions surrounding this radioactive gas and how to protect yourself.

Should you be concerned about something invisible from nature showing up in your home? You should be, if it's radon.

Radon is an odorless, invisible gas that occurs naturally and hides in homes. It's also the nation's second leading cause of lung cancer. Any home can have dangerous levels of radon, regardless of where it's located or when it was built.

According to the U.S. Environmental Protection Agency, nearly 1 out of every 15 homes in the United States has hazardous levels of radon. That's why it's so important to know the truth about radon. Here are some common myths and the American Lung Association's best advice on how to protect yourself.

Myth No. 1: Radon is not actually dangerous

The U.S. Surgeon General has determined that radon is the second leading cause of lung cancer. While it is invisible, radon is also radioactive. Exposure to high levels of radon over time can cause lung cancer. Radon-related lung cancers are responsible for an esti-



Janice Nolen
National Assistant
Vice President, Policy,
American Lung
Association

mated 21,000 deaths every year in the United States.

Myth No. 2: Radon is not a problem in my community

Dangerous radon levels have been found in homes across the country. Your home can have higher levels of radon, while your neighbor's home is safe. Because radon comes from rock and soil, it can be found anywhere and in any part of the nation. Radon comes in the house or building through cracks in walls, basement floors, foundations, and other openings, and can occur at cancer-causing levels indoors. The only way to know if your home has too much radon is to test. Everyone should test their home for radon.

Myth No. 3: It's too expensive to test for radon or fix your radon problem

Various forms of do-it-yourself test kits are simple to use and inexpensive. Larger buildings, including schools and daycares, may need professional help to do the testing. For more information about getting test kits, go to Lung.org/radon.

Fixing radon in your home usually costs between \$500 and \$2000 — about the price of a new laptop or television. You can get expert help to fix your home.

Myth No. 4: Our schools are safe from radon

Most states do not require radon testing in schools, but more are starting to test. Kids, teachers, and other staff can be exposed to hazardous levels of radon. A nationwide survey of radon levels in schools from 1993 found nearly 1 in 5 schools had at least one classroom with dangerous levels of radon. Newer testing continues to show high levels of radon in many classrooms and schools.

Learn more about protecting yourself and the ones you love at Lung.org/radon. ■

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Breathing new life into lungs.

What could your life look like after a lung transplant? Penn Medicine's Transplant Institute has the experience and options you can trust with outcomes that consistently exceed national standards. But, our experience is only part of our story. Penn is one of only a few places in the nation to offer Ex Vivo Lung Perfusion, making more donor lungs available for transplant, sooner. Expanding the availability of matching donor lungs and breathing hope into the lives of transplant patients. Less waiting, more living. Another reason why your life—every breath of it—is worth Penn Medicine.

Learn more at PennMedicine.org/LungTransplant.

Penn Transplant Institute



Finding Support Changed This Pulmonary Fibrosis Patient's Life



PHOTO: COURTESY OF PULMONARY FIBROSIS FOUNDATION

Pulmonary fibrosis is incurable, but getting the right support from doctors, researchers, and fellow patients made all the difference for one man.

Two years ago, Malcolm "Mal" Doyle, of West Hartford, Connecticut, visited his doctor for shortness of breath and went by ambulance to Hartford Hospital. There, he was diagnosed with pulmonary fibrosis, a life-threatening lung disease that affects 200,000 Americans annually. There is no known cure for pulmonary fibrosis.

Shortly after his diagnosis, Doyle and his family went on vacation to Ocean City. "At first I began to feel sorry for myself and wondered what life would be like in the near future," Doyle says. "But while walking on the boardwalk, I decided to fight this debilitating disease."

And fight it he did. When he returned home, Doyle called the Pulmonary Fibrosis Foundation and inquired about how to start a support group. He launched the Greater Hartford Pulmonary Fibrosis Support Group, which now includes 12-15 patients and caregivers who meet every month.

"Quality of life is important to all of us, and by sharing our hopes and fears, perhaps we all can live life to its fullest and learn from one another how to live one day at a time," says Doyle.

Samantha Simmons, Coordinator, Marketing & Communications, Pulmonary Fibrosis Foundation

Karen's Story: A Second Chance for a New Beginning

Karen's diagnosis of sarcoidosis, an inflammatory disease that affected her lungs and other organs, nearly spelled doom. Fortunately, hope was on the horizon.



PHOTO: COURTESY OF PENN MEDICINE

Karen Whittle couldn't tell you the cause of the lung disease that completely changed the course of her life. That's because there wasn't one. Whittle was diagnosed with sarcoidosis, which has no definitive cause. For many, sarcoidosis clears up on its own. For Whittle, it led to the complete deterioration of her lungs and heart.

A devastating diagnosis

Whittle went to the doctor after she noticed the skin near her appendix hardening. The diagnosis was surprising and scary. The skin changes were an early sign of inflammation due to sarcoidosis, an inflammatory disease affecting several organs of the body. But Whittle remained

symptom-free until waking up several years later with mucus in her chest and trouble breathing.

Penn Medicine pulmonologist Morris Swartz, M.D., delivered the devastating news: the sarcoidosis had spread, resulting in scar tissue growing in Whittle's lungs.

Three years into oxygen support, Whittle was rushed to the emergency room with trouble breathing. Whittle left the hospital two weeks later with an oxygen cart, a chest catheter, and a canister that administered medication directly into her heart.

A new beginning

After Whittle's incredibly hard work and perseverance while on the transplant list, she received the long-awaited call: a set of

donor lungs was a match. Given how sick Whittle was at the time of transplant, there were complications. Whittle slept in an induced coma for 16 days to allow her body to heal and accept the new lungs.

Breathing easy

After her lung transplant, Whittle had a long road to recovery. But the hard work paid off. Finally, she could breathe easy. Whittle's advice to others on the transplant waitlist: "If you're afraid, speak to someone. Penn Medicine's lung transplant and pulmonary teams have a wonderful support system. Speak to a specialist, take the chance; you won't regret it." ■

Jaclyn Sommer, Content Strategist; Danielle Burrows, Writer, Penn Medicine

Lung Cancer Knowledge Saves Lives

While ribbons and races are a great way to show support for those living with lung cancer, the true goal is to encourage people to learn everything they can about the disease that kills more people in the U.S. than any other cancer.

From safer and more widely available screening, to genomic testing that allows for more effective treatment, to immunotherapy that helps patients' bodies fight their own cancer, the lung cancer community has been leading the way in cancer innovation.

Non-smokers can get lung cancer

Most people who have never smoked probably don't think they are at risk for lung cancer. While not smoking or quitting smoking can prevent lung cancer, the statistics show smoking isn't the crux of the issue. In fact, of the men and women with lung cancer, almost 20 percent never smoked, and of that percentage, two-thirds are women.

Life-saving screening

Because lung cancer often doesn't present symptoms until

the disease is advanced, it's important for those at risk to talk to their doctor about screening. The U.S. Preventive Services Task Force recommends screening for people who are between 55 and 80 years old who have quit smoking in the last 15 years or who are currently smoking.

Personalized care

Every person's cancer is different, but the good news about lung cancer treatment is that we are now entering the era of personalized medicine. There are many different types of lung cancer, and biomarker testing looks for biological changes in genes or proteins, like EGFR or ALK. By identifying specific gene mutations, oncologists can determine which treatments will work best and offer the patient an incredibly customized treatment regimen. One-size-fits-all treatment for lung cancer is a thing of the past.

More research is needed

Although lung cancer takes more lives each year than breast, colorectal, and prostate cancer combined, it receives significantly less cancer research funding. This must change. While breakthroughs in biomarker testing through GO₂ Foundation-supported research and treatments like immunotherapy are gaining some ground against the disease, we need far more research and funding.

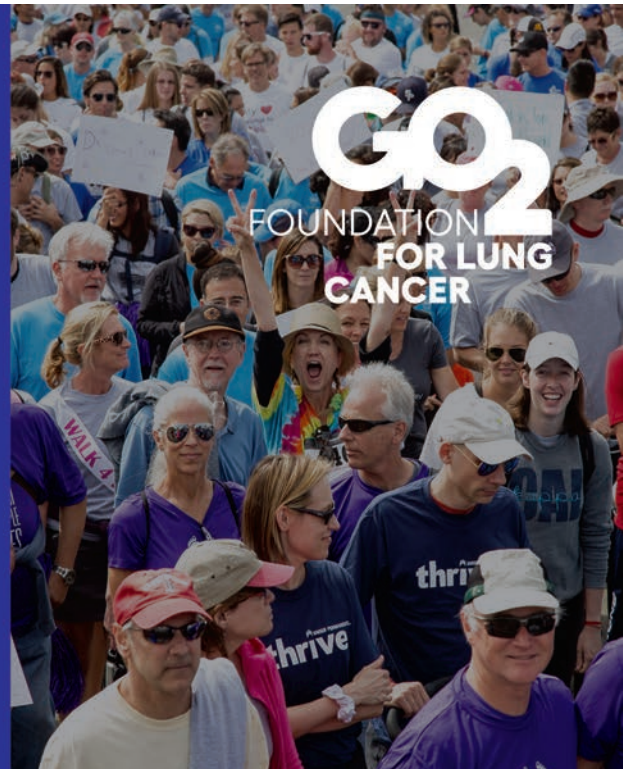
One proposal to help us achieve more research is the Women and Lung Cancer Research and Preventive Services Act of 2019, now pending in Congress. This bipartisan and bicameral legislation brings a much-needed priority focus to accelerating research and screening services. ■

Laurie Fenton Ambrose, Co-Founder, President, and CEO, GO₂ Foundation for Lung Cancer

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Empower Everyone.
Ignore No One.



MY DAD'S IPF ISN'T CONTAGIOUS, BUT HIS GRIT IS.

With OFEV, he can show his fight, and even pass it on.

Your battle with idiopathic pulmonary fibrosis (IPF) isn't just for you. It's for the ones who matter most to you. Keep fighting to inspire the ones you love by taking OFEV® (nintedanib).

OFEV is the only twice-daily prescription pill that may help slow the progression of IPF—a serious and irreversible lung disease. Ask your doctor if OFEV is right for you and learn more at TreatIPF.com.



Use and Important Safety Information

What is OFEV?

OFEV is a prescription medicine used to treat people with a lung disease called idiopathic pulmonary fibrosis (IPF). It is not known if OFEV is safe and effective in children.

Important Safety Information

What is the most important information I should know about OFEV (nintedanib)?

OFEV can cause harm, birth defects or death to an unborn baby. Women should not become pregnant while taking OFEV. Women who are able to become pregnant should have a pregnancy test before starting treatment and should use birth control during and for at least 3 months after your last dose. If you become pregnant while taking OFEV, tell your doctor right away.

What should I tell my doctor before using OFEV?

Before you take OFEV, tell your doctor if you have:

- liver problems
- heart problems
- a history of blood clots
- a bleeding problem or a family history of a bleeding problem
- had recent surgery in your stomach (abdominal) area
- any other medical conditions.

Tell your doctor if you:

- are pregnant or plan to become pregnant.

- are breastfeeding or plan to breastfeed. It is not known if OFEV passes into your breast milk. You **should not** breastfeed while taking OFEV.
- are a smoker. You should stop smoking prior to taking OFEV and avoid smoking during treatment.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, herbal supplements such as St. John's wort.

What are the possible side effects of OFEV?

OFEV may cause serious side effects.

TELL YOUR DOCTOR RIGHT AWAY if you are experiencing any side effects, including:

- **Liver problems.** Unexplained symptoms may include yellowing of your skin or the white part of your eyes (jaundice), dark or brown (tea colored) urine, pain on the upper right side of your stomach area (abdomen), bleeding or bruising more easily than normal, feeling tired, or loss of appetite. Your doctor will do blood tests regularly to check how well your liver is working during your treatment with OFEV.
- **Diarrhea, nausea, and vomiting.** Your doctor may recommend that you drink fluids or take medicine to treat these side effects. Tell your doctor if you have these symptoms, if they do not go away, or get worse and if you are taking over-the-counter laxatives, stool softeners,

and other medicines or dietary supplements.

- **Heart attack.** Symptoms of a heart problem may include chest pain or pressure, pain in your arms, back, neck or jaw, or shortness of breath.
- **Stroke.** Symptoms of a stroke may include numbness or weakness on 1 side of your body, trouble talking, headache, or dizziness.
- **Bleeding problems.** OFEV may increase your chances of having bleeding problems. Tell your doctor if you have unusual bleeding, bruising, or wounds that do not heal and/or if you are taking a blood thinner, including prescription blood thinners and over-the-counter aspirin.
- **Tear in your stomach or intestinal wall (perforation).** OFEV may increase your chances of having a tear in your stomach or intestinal wall. Tell your doctor if you have pain or swelling in your stomach area.

The most common side effects of OFEV are diarrhea, nausea, stomach pain, vomiting, liver problems, decreased appetite, headache, weight loss, and high blood pressure.

These are not all the possible side effects of OFEV. For more information, ask your doctor or pharmacist. **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.**

Please see Patient Information on the next page.

Patient Information
OFEV® (OH-fev)
(nintedanib)
capsules

Read this Patient Information before you start taking OFEV and each time you get a refill. There may be new information. This information does not take the place of talking to your doctor about your medical condition or your treatment.

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

OFEV can cause birth defects or death to an unborn baby. Women should not become pregnant while taking OFEV. Women who are able to become pregnant should have a pregnancy test before starting treatment with OFEV. Women who are able to become pregnant should use birth control during treatment and for at least 3 months after treatment. If you become pregnant while taking OFEV, tell your doctor right away.

What is OFEV?

- OFEV is a prescription medicine used to treat people with a lung disease called idiopathic pulmonary fibrosis (IPF).
- It is not known if OFEV is safe and effective in children.

What should I tell my doctor before taking OFEV?

Before you take OFEV, tell your doctor if you:

- have liver problems
- have heart problems
- have a history of blood clots
- have a bleeding problem or a family history of a bleeding problem
- have had recent surgery in your stomach (abdominal) area
- are a smoker
- have any other medical conditions
- are pregnant or plan to become pregnant. OFEV can harm your unborn baby. OFEV can cause birth defects or death to an unborn baby. See **“What is the most important information I should know about OFEV?”**
- are breastfeeding or plan to breastfeed. It is not known if OFEV passes into your breast milk. You **should not** breastfeed while taking OFEV.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements such as St. John’s wort. Keep a list of the medicines you take and show it to your doctor and pharmacist when you get a new medicine.

How should I take OFEV?

- Take OFEV exactly as your doctor tells you to take it.
- Your doctor will tell you how much OFEV (nintedanib) to take and when to take it.
- Take OFEV with food. Swallow the OFEV capsules whole with a liquid.
- **Do not** chew or crush OFEV capsules.
- If you miss a dose of OFEV, take your next dose at your regular time. **Do not** take the missed dose.
- **Do not** take more than 300 mg of OFEV in 1 day.
- If you take too much OFEV, call your doctor or go to the nearest hospital emergency room right away.
- Your doctor should do certain blood tests before you start taking OFEV.

What are the possible side effects of OFEV?

OFEV may cause serious side effects, including:

- **See “What is the most important information I should know about OFEV?”**
- **liver problems.** Call your doctor right away if you have unexplained symptoms such as yellowing of your skin or the white part of your eyes (jaundice), dark or brown (tea colored) urine, pain on the upper right side of your stomach area (abdomen), bleeding or bruising more easily than normal, feeling tired, or loss of appetite. Your doctor will do blood tests regularly to check how well your liver function is working during your treatment with OFEV.
- **diarrhea, nausea, and vomiting.** While you are taking OFEV, your doctor may recommend that you drink fluids or take medicine to treat these side effects. Tell your doctor if you have diarrhea, nausea, or vomiting or if these symptoms do not go away or become worse. Tell your doctor if you are taking over-the-counter laxatives, stool softeners, and other medicines or dietary supplements that can cause diarrhea.
- **heart attack.** Tell your doctor right away if you have symptoms of a heart problem. These symptoms may include chest pain or pressure, pain in your arms, back, neck or jaw, or shortness of breath.
- **stroke.** Tell your doctor right away if you have symptoms of a stroke. These symptoms may include numbness or weakness on 1 side of your body, trouble talking, headache, or dizziness.
- **bleeding problems.** OFEV may increase your chances of having bleeding problems. Tell your doctor if you have unusual bleeding, bruising, or wounds that do not heal. Tell your doctor if you are taking a blood thinner, including prescription blood thinners and over-the-counter aspirin.

- **tear in your stomach or intestinal wall (perforation).** OFEV (nintedanib) may increase your chances of having a tear in your stomach or intestinal wall. Tell your doctor if you have pain or swelling in your stomach area.

The most common side effects of OFEV are diarrhea, nausea, stomach pain, vomiting, liver problems, decreased appetite, headache, and weight loss. These are not all the possible side effects of OFEV. For more information, ask your doctor or pharmacist. 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 OFEV?

- Store OFEV at room temperature 68°F to 77°F (20°C to 25°C).
- Keep OFEV dry and protect from high heat.

Keep OFEV and all medicines out of reach of children.

General information about the safe and effective use of OFEV.

- Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use OFEV for any condition for which it was not prescribed. Do not give OFEV to other people, even if they have the same symptoms you have. It may harm them. This Patient Information leaflet summarizes the most important information about OFEV. If you would like more information, talk to your doctor. You can ask your pharmacist or doctor for information about OFEV that is written for health professionals.
- For more information, go to www.ofev.com or call Boehringer Ingelheim Pharmaceuticals, Inc. at 1-800-542-6257, or (TTY) 1-800-459-9906.

What are the ingredients in OFEV?

Active ingredient: nintedanib.

Inactive ingredients: Fill Material: triglycerides, hard fat, lecithin. Capsule Shell: gelatin, glycerol, titanium dioxide, red ferric oxide, yellow ferric oxide, black ink.

This Patient Information has been approved by the U.S. Food and Drug Administration.

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For more information on maintaining lung health,
visit futureofpersonalhealth.com.

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