CONQUERING CANCER

WITH HOPE AND FAITH

Recently Diagnosed? Get educated.
Be encouraged, there are options out there. Start here.

3 TIPS

Colon cancer
It affects everyone, no matter your race or gender

Diagnosis
What to do when the doctor says cancer

Get the facts
Understanding your mammogram

Taking patients from discovery

Cindy Miller 61
Cancer diagnosed 12.08.09
Individualized treatment 12.15.09
Cancer-free 03.16.10

To recovery

The MemorialCare Todd Cancer Institute (TCI) provides comprehensive cancer prevention and early detection programs. Our highly specialized physicians are dedicated to early diagnosis, treatment, research and education for cancer, and develops treatment plans suited to the specific needs of each patient. Find out more about how we can prevent and fight cancer together.

800-MEMORIAL    memorialcare.org/tci

PHOTO: KATEEGRACE.COM

MemorialCare Todd Cancer Institute
Long Beach Memorial
CHALLENGES

When the nation declared war on cancer in 1971, we sought “the cure” for what was thought of as a monolithic disease. We have since learned that cancer is not one disease, but hundreds; we seek not one cure, but many. In a way, cancer is like television. Decades ago, we had three channels. Today, we have 500.

Many cures, not one

Thanks to investment in cancer research, we know more than ever about what makes a cancer cell tick. We’ve identified hundreds of genetic changes that cause cancer to grow and spread, and developed many highly targeted treatments that honed in on those changes, disabling the cancer cell. In many cases, cancer is becoming a chronic disease, like diabetes, kept in check; in some cases, new therapies have opened up the prospect of a cure.

Several advances were presented at the 2010 Annual Meeting of the American Society of Clinical Oncology, including a promising new lung cancer drug targeted to a mutation in the “ALK” gene, which is present in about 10,000 patients each year.

This is a new era of “personalized cancer medicine,” in which treatment targeted to the unique biology of the patient’s disease allows patients to live longer, better lives than ever before. Since the 1990s, cancer death rates have declined 21 percent among men and 12 percent among women. The quality of life for patients and survivors has vastly improved.

Staggering statistics

More than 1.5 million Americans are expected to be diagnosed in 2010, and nearly 570,000 are expected to die of the disease. Of concern, new cancer cases are expected to double by 2020 as the population ages.

One-third of cancer deaths can be prevented through lifestyle choices involving diet and nutrition, physical activity, weight control and—most importantly—avoiding tobacco use. In addition, many cancers, such as those of the breast, colon, and prostate, are curable if detected at their earliest, most treatable stages. For instance, breast cancer death rates have declined by more than 25 percent in recent decades as a result of mammography and improvements in systemic therapy for early-stage disease.

But we cannot sustain progress against this important killer of Americans without a renewed commitment to federal funding for clinical cancer research. To accelerate progress, we must invest in cancer clinical trials, accelerate the translation of scientific discoveries from bench to bedside, and do everything possible to encourage more patients to participate in lifesaving research trials.

Cancer is not a simple problem, and finding cures for its many forms is not easy or quick. But as the 12 million survivors can attest, the investment is well worth it, and recent progress shows that we have many reasons to be optimistic about the future.


KALI WON THE RACE OF HER LIFE.
But it wasn’t on her dirt bike.

Kali Carrier beat the odds by surviving brain and spinal cancer. Today Kali is a star student who loves dancing, gymnastics and, oh yeah... dirt biking.

To schedule an appointment with a doctor, please call: 888.631.2452 or CHLA.org
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Our physicians developed the sentinel node biopsy – the international standard of care for breast cancer.

John Wayne Cancer Institute at Saint John's developed this minimally invasive procedure that eliminates unnecessary lymph node removal. Our multispecialty team includes world-renowned surgeons, specially trained breast pathologists and highly skilled medical oncologists.

Now, with the opening of the new Margie Petersen Breast Center, Saint John's continues our legacy of breakthrough research, cutting-edge clinical trials and advanced treatments – from digital mammograms to the latest medical and surgical options.

For information about our cancer services or to make an appointment, please call 1-800-ST-JOHNs or visit www.cancercenters.newstjohns.org
It is a situation that is often feared: sitting in the doctor’s office and hearing that you have cancer. People diagnosed with cancer often say they were stunned upon hearing the diagnosis and unable to hear much of what was said afterward. After the initial shock, most people begin to look for sources of information and support.

**When the doctor says cancer**

It is important to understand your disease and the process of diagnosing and treating it. During the initial visit, absorbing the news of the cancer and its unfamiliar medical language may be difficult.

You may want to take a family member or a friend who will not only be supportive, but can also help listen to and remember information. Using a tape recorder during the visit can also capture information for future use.

Getting the correct facts about your situation will help you make appropriate decisions in the coming days. Being an informed, involved patient and voicing your questions and concerns can be helpful to you and your health care team in forming a partnership in your care. Some patients want to know more information while others less. Tell your doctor and nurse how you prefer to be given information about your diagnosis, treatment, and prognosis (chance of recovery).

**Coping strategies**

Absorbing news of cancer and communicating with your doctor are part of the coping process. Many resources are available to understand the nature of coping. Your oncologist can provide resources, including the names of psychologists and group therapists. Understanding your emotions—and those of people close to you—can be helpful in managing your diagnosis, treatment, and process of healing.

Illness changes our relationship to the world. Being diagnosed with cancer is a difficult experience, and it is inevitable that there will be days when you cannot make yourself feel hopeful. Take care of yourself during those difficult times and realize that much has been learned and applied in recent years to help ease the process of cancer treatment.

**Get organized**

As you visit various doctors, you will gather a large amount of paperwork, test results, and personal notes. Creating a system for all these papers can help you communicate with your health care team and streamline correspondence with your insurance company, if insurance is covering the cost of your care.

**Consider a second opinion**

A second opinion is standard practice in medical care. In fact, many doctors encourage their patients to seek second opinions. To find a doctor, you can ask others who have been treated for a similar cancer, ask your doctor to make a referral, call local or regional comprehensive cancer centers, or use ASCO's ‘Find an Oncologist’ database.

**Find support**

Research has shown that sharing fears and anxieties with family or friends, counselors, clergy, or support groups helps strengthen patients emotionally, and perhaps even physically. Because not all people find it easy to open up to others, they may express their feelings in other ways such as writing in a journal, artistic projects, and reading.

However, even with outlets to express feelings, sometimes patients may experience anxiety and depression. If you find yourself uninterested in normal activities for more than a few weeks, talk with your doctor.

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Before your treatment

The right cancer therapy strategy starts with asking the right question:

*IS MY CANCER DIFFERENT?*

Yes, your cancer may be unique.

Your diagnostic and treatment strategy should be too.

Learn more about individualized cancer strategies at: IsMyCancerDifferent.com

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**Before your treatment**

The type of cancer treatment your doctor recommends depends on the type of cancer, the size and location of the tumor, whether the cancer has spread, and your overall health.

Before beginning treatment, consider asking the doctor about the goals of treatment, how long the treatment will take, and the potential side effects.

**Chemotherapy**

Chemotherapy is the use of drugs to kill cancer cells. Systemic chemotherapy is delivered through the bloodstream, targeting cancer cells throughout the body.

**Side effects of chemotherapy**

Chemotherapy can cause a variety of side effects such as fatigue and nausea. Fortunately, many new drugs do not cause the same severe side effects as some older chemotherapy.

**Radiation treatment**

Radiation therapy is the use of high-energy x-rays or other particles to kill cancer cells. The most common type of treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. The goals of radiation therapy can include shrinking the tumor before surgery, keeping the tumor from returning after surgery, eliminating cancer cells in other parts of the body, and relieving pain.

**Side effects of radiation treatment**

Radiation therapy can cause a variety of side effects including fatigue and upset stomach. However, similar to the side effects of chemotherapy, there are now often many ways to reduce or avoid side effects. These side effects go away once treatment is finished.

In addition, radiation therapy may have long-term side effects that can affect a person for many years. Today, most people who receive radiation therapy now receive smaller doses than what was given in years past.

**Targeted therapy**

Targeted therapy is a treatment that targets specific faulty genes or proteins that contribute to cancer growth and development. Targeted therapy is usually given along with another type of treatment, such as chemotherapy.

**Immunotherapy**

Immunotherapy is designed to boost the body’s natural defenses to fight the cancer. It uses materials made either by the body or in a laboratory to bolster, target, or restore immune system function. The side effects of immunotherapy generally include flu-like symptoms, such as chills, nausea, and fever.

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Other birthday is a gift in itself.

That’s why we provide free patient and family support services. With each person served, we’re getting closer to a world with more birthdays. See how you can volunteer or donate at cancer.org or at 1.800.227.2345. Together we’ll stay well, get well, find cures and fight back.

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**Questions to ask your health care team**

- What is the exact type and name of the cancer I have?
- How was it diagnosed?
- What tests were taken and what did they show?
- Will I need additional tests?
- What stage is the cancer and what does that mean?
- What are my options?
- Who will be coordinating my overall treatment and follow-up care?
- Who will be part of my health care team, and what does each member do?
- What are the possible side effects of this treatment option, both in the short term and the long term?
- If I’m worried about managing the costs related to my cancer care, who can help me with these concerns?

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On Monday July 12, 2010, the Merrick family of Carpenteria, Calif. heard the devastating words, “It’s back.” Just weeks after being declared cancer free, Daisy Love, age six, the youngest member of the Merrick clan, was back in the hospital for more chemotherapy.

Almost a year earlier, after Daisy fell to the ground one day at recess, doctors discovered a Stage 3 Wilms tumor in one of her kidneys. The treatment had seemed successful, but then the cancer returned.

When we spoke with Daisy Love recently, she sat propped up in her bed at L.A. Children’s Hospital. This beautiful little girl was full of freckles and big smiles as she sat patiently receiving her hourly dose of chemotherapy. She had two things on her mind: movies and Monopoly.

What’s the worst part of cancer? “All the pokes,” she says. And what’s the best part? “Not having to get out all the tangles from my hair and getting to wear all my hats.”

Praying for Daisy
After 15 months of surgery, chemo, and radiation treatments, Daisy Love and her family are determined to continue the course with a victorious spirit. Their attitude comes from their faith in Christ and prayer support from all over the world. As soon as they learned that the cancer was back, Daisy’s family—father, Britt Merrick, the lead pastor of Reality Church in Carpinteria, Cali., mother, Kate, and brother, Isaiah asked friends and family to join them in praying for Daisy. A family friend created prayfordaisy.com, a blog designed to keep friends and family updated. So far the site has drawn over 862,000 visits from 145 countries and has become a place for friends, family, and strangers to gather in the virtual world to pray.

“If I’ve learned one thing this year, it’s to offer more grace and forgiveness to others. I’ve realized how truly blessed and fortunate we are,” comments Kate. For the Merricks, having a child with cancer is just one more way they accept God’s blessings for them. “Don’t be afraid of affliction; don’t fear it,” says Kate.

Even though the side effects are worse than the first time around, Daisy continues with a kick-cancer-in-the-butt attitude. She is helped by some wonderful doctors. Like all his patients, Daisy calls her oncologist Marcio Malogolowkin “Dr. Marcio” because his last name is just too hard to pronounce. Dr. Marcio is silly, gentle, and kind. Dr. Daniel Greenfield, another oncologist who works with Daisy, is often the only one who can make her laugh. Her sense of humor is irrepressible, but Daisy has a serious side, too. These days she takes comfort in her favorite Bible verse, Isaiah 41:10:

So do not fear, for I am with you; do not be dismayed, for I am your God.

I will strengthen you and help you;
I will uphold you with my righteous right hand.

What’s next for little Daisy Love? Radiation therapy followed by a family trip to Tel-Aviv, where Dr. Shimon Slavin will administer an experimental cancer vaccine specifically designed for Daisy.

To follow Daisy Love’s progress, please visit: PrayforDaisy.com.

Avery Hurt
editorial@mediaplanet.com

Dr. Marcio Malogolowkin
Pediatric oncologist at Children’s Hospital Los Angeles. He is also one of Daisy Merrick’s favorite doctors.

Dr. Avery Hurt
Taking the long view

Jasan Zimmerman has been a cancer survivor since before he can remember. He was cured of neuroblastoma as an infant, then was diagnosed with thyroid cancer at 15 years old with a recurrence at 21. Today Zimmerman is a healthy 35-year-old cancer survivor. But what exactly does that mean?

An ongoing experience
“Cancer patients are ‘survivors’ from the time of their diagnosis until their death—no matter how far away that death or what its eventual cause,” explains Patricia Ganz, MD, director of the Division of Cancer Prevention & Control Research at UCLA’s Jonsson Comprehensive Cancer Center. Once the active treatment period is over, survivors and their families still have many issues to face.

“Very few people know about the late-effects of treatment,” says Thomas Sellers, 11-year cancer survivor and president of the National Coalition for Cancer Survivorship (NCCS), a support group for survivors and their families. These can include infertility, heart disease, osteoporosis, and, as was the case with Zimmerman, other cancers (Zimmerman’s thyroid cancer and a couple of bouts of skin cancer were most likely caused by his radiation treatments). Cancer patients can also have ongoing practical issues, explains Sellers, such as maintaining insurance coverage and avoiding employment discrimination.

Not just physical
The lingering effects aren’t all physical; coming to terms with cancer can take years. For most of his life, Zimmerman wasn’t comfortable talking about his cancer, but a couple of years ago that changed. “I read about a young adult support group and was compelled to go to a meeting—but I didn’t say much for over a year,” confesses Zimmerman, who is now active in both cancer support and advocacy.

The art of survivorship
The NCCS Web site provides a “Cancer Survivor Toolbox” [www.canceradvocacy.org/toolbox/] to help survivors and their families deal with issues, both physical and emotional. But perhaps the most fundamental tool, says Zimmerman, is communication. “Learning the right questions to ask and connecting with the people who have the answers” is crucial. Zimmerman recommends Internet research, cancer support groups, and choosing doctors who will listen to your concerns and respond honestly.

Do cancer treatments cause other health problems or increase risk of other illnesses?
Absolutely. Between 80 and 90 percent of children with cancer are cured, but many die prematurely of cardiovascular disease, other cancers, or have other problems such as osteoporosis, cognitive decline, or infertility as a result of the cancer treatments.

What can patients do to minimize the chances of late effects?
People facing cancer should get the best treatment possible, but be sure they are not being over-treated. Most cancer treatment is not an emergency. You can take weeks to get several opinions and give thought to possible long-term effects, such as fertility. A young adult man might want to consider storing sperm or a couple might store fertilized eggs, for example.
Making colon cancer a thing of the past

One of the keys to eradicating colon cancer is awareness. Being aware of risk factors, symptoms, family history and screening options will not only help in avoiding or fighting the disease itself, but could mean the difference between life and death.

Colon cancer is the second leading cause of cancer death in the United States. A lot of work has gone into bringing awareness to this disease, but because it deals with part of the body that the general public is uncomfortable talking about, many needlessly suffer.

The stigma associated with this cancer still looms large. Colon cancer kills nearly 50,000 Americans yearly and almost 150,000 new cases of colon and rectal cancer will be diagnosed this year.

Preventative measures
A screening test such as a colonoscopy is a preventative measure that works. When you turn 50, get screened. If you have risk factors such as a family history of the disease, talk to your doctor. You may need to be screened earlier. The results are undeniable. Screening can reduce your risk of developing colon cancer by 80 percent or more. Colon cancer is one of the most preventable and curable cancers...if it’s caught early. Colon cancer doesn’t discriminate. It affects everyone, no matter your race or gender.

Andrew Spiegel
CEO, Colon Cancer Alliance

Your Journey Forward

These days, more and more people survive cancer, thanks to medical progress and improved treatment. But once treatment ends, many survivors feel a bit lost and unsure about their next steps. And the medical professionals caring for cancer survivors sometimes feel unprepared to meet their unique needs. That is why Journey Forward was created. This program deals with the need for survivors and their doctors to work as a team after active treatment comes to an end. Whether you’re a patient or professional, in these pages, you’ll find tools and resources to assist you on the journey forward.

Journey Forward promotes the use of Survivorship Care Plans. These plans, completed by the Survivor’s oncology team, give clear steps for care after active treatment. A typical plan begins with a simple, yet complete, treatment summary and offers guidelines for monitoring future care. We encourage oncologists and primary care physicians to implement Survivorship Care into their practices so cancer survivors can move forward with the care and support they need.

A typical survivorship care plan includes:
1. Patient diagnosis and treatment summary
2. Best schedule for follow-up tests
3. Information on late- and long-term effects of cancer treatment
4. List of symptoms to look for
5. List of support resources

For more information visit www.journeyforward.org

We Aced Christine’s Toughest Test

Business grad student Christine Romer faced her biggest test when, at 28, she received a breast cancer diagnosis. Tower Hematology Oncology Medical Group was her best choice for the latest cancer treatment options. Tower offered Christine hope, and today she is in remission, graduated, and grateful.

If you or a loved one have been diagnosed with cancer or would like a second opinion, call us today. We’re here for you.

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Beverly Hills | 310.888.8680 | TowerOncology.com

“Tower Oncology took such good care of me – I felt like I had someone to rely on.”
Question: At what age should you begin getting annual screening mammograms?
Answer: At the age of 40. But a recent National Cancer Institute study found that rates in the U.S. fell by as much as four percent between 2000 and 2005.

Dangerous decline in mammography rates is a worrisome trend

More and more women are not taking advantage of the best screening tool available today to fight breast cancer—mammography, and Susan G. Komen for the Cure, the world’s largest breast cancer organization, is worried about that trend.

Komen for the Cure and other health advocacy groups have not wavered on their recommendations: starting at the age of 40, women of average risk for breast cancer, should begin getting annual screening mammograms. But a recent National Cancer Institute study found that mammography rates in the U.S. fell by as much as four percent between 2000 and 2005. "We think making a decision against taking advantage of the best screening tool we have today for finding breast cancer early is a dangerous decision," said Susan Brown, Komen's director of health education. "We encourage all women to talk with their health care provider if they're thinking that mammography screening may not be important for them."

The report's authors call that drop "significant" and say theirs is the first study to detect the decline is nationwide. Some of the sharpest declines were seen among women who previously reported high screening rates—women between 50- and 64-years-old, and women in higher socioeconomic levels.

No one seems to know exactly what is behind the national decline, but Komen's Brown said it is probably a number of factors conspiring to create this worrisome trend.

"It may have to do with confusion among women, cost, access, women's busy schedules or a combination of these and other reasons," Brown said. "Whatever the reasons are, the fact appears to be that women are choosing not to use a technology that is proven to save lives by catching breast cancer early. I think these numbers are very disturbing."

A year ago, when a federal panel issued controversial recommendations that women need not start receiving regular screening mammograms until the age of 50 and then after that only every other year, critics worried such a move would muddy the waters for a lot of women.

"I think confusion on the part of many women certainly has been one reason behind these low mammography rates," Brown says. "Catch breast cancer early and the odds are extraordinarily high it can be cured," Brown said. "But the way to do that is to have an annual mammogram. If you're in your 40s or 50s, you have 25 to 40 percent smaller chance of dying from breast cancer if you have an annual screening mammogram."

For more information regarding mammograms, go to komen.org.

Cancer Services

Good Samaritan Hospital’s Cancer Program is an American College of Surgeon’s Commission on Cancer Accredited Community Cancer Program.

Programs and Services include:
• Focus on multidisciplinary approach to screening, diagnosis and treatment of cancer
• Patient access to NCI sponsored clinical research studies
• Gamma Knife Radiosurgery for the treatment of brain tumors
• Brachytherapy Program: treatment of prostate, breast, eye and gynecological cancers
• Chemo Embolization - Endoscopic Services – Thoracic Surgery using VATS – Hepato-biliary expertise
• Cancer Services Center: Helen's Room & Support Groups

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When you read about cancer, you may often see the term “risk” used. What exactly does this mean?

In general terms, risk is the chance that an event will happen. When talking about cancer, risk is most often used to describe the chance that a person will develop cancer or have a recurrence. Using this information helps researchers and oncologists (doctors who treat people with cancer) improve the health of large numbers of people.

Risk factors
A risk factor is anything that increases a person’s chance of developing cancer. Although risk factors, such as smoking or a family history of cancer, can influence the development of cancer, most do not directly cause cancer. Some people with several risk factors never develop cancer, while others with no known risk factors do. However, knowing your risk factors and communicating them to your doctor may help you make more informed lifestyle and health care choices.

General risk factors for cancer include older age, a personal and/or family history of cancer, using tobacco, specific chemicals (such as benzene), and exposure to radiation. People can avoid some of these by not smoking or avoiding multiple sunburns, for example. But other risk factors cannot be controlled, such as getting older.

Understanding your risk for cancer is important because it can help your doctor determine whether you could benefit from additional care, such as:

- Receiving a cancer screening test
- Receiving a screening test at an earlier age and/or more often than the general population
- Having another intervention, such as surgery or medication to lower your cancer risk

Understanding the difference between absolute and relative risk:
Absolute risk is the chance that a person will develop a disease during a given time. It is helpful for determining how many people are at risk for a disease. You may often see this expressed as a percentage.

Relative risk compares the risk between a group of people who have a particular risk factor and those who don’t.

Both relative risk and absolute risk can help doctors understand whether an individual’s risk is higher or lower than the general population. These measurements also provide important information when making decisions about lifestyle or cancer screening. When applying studies you hear in the news to your own situation, it is important to find out the absolute risk; most studies report, which can make something sound more important than it is.

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Christopher Rose, board certified Radiation Oncologist and Medical Director of The Center for Radiation Therapy of Beverly Hills is former president of ASTRO.

Radiation treatment: Educate yourself and ask questions

**QUESTION & ANSWER**

**Has cancer treatment improved?**

- Though we are far from the perfect treatment, the “uncomplicated cure” that patients expect, we now have many more wins than losses. When I got into this field in the early 70s, cure rates were on the low side of 40 percent. Now when someone walks in the door, the expectation is that they are going to be cured.

**How can patients maximize effectiveness of their treatments?**

- Patients should educate themselves. If they do this on the Internet, they need to be careful to go to good sites, such as ASTRO’s site RTANSWERS.org, The American Cancer Society, The National Cancer Institute, of the Prostate Cancer Foundation. There is a lot of incorrect information out there. And they should ask their doctor questions. There is far too much information to take in at one visit. I encourage my patients to use a tape recorder, or to confirm what they hear by follow-up emails, but some doctors aren’t comfortable with that. Whatever method you use, though, try to get the answers on paper.

**What can patients do to make sure radiation treatment is as safe as possible?**

- Advances in computer technology have made it much easier to minimize radiation dose to healthy tissue while maximizing the dose to cancer cells. Still, we must be careful. ASTRO has provided a six-point plan called Target Safely to ensure we administer radiation safely, and most centers have multiple safety systems in place. Patients should check that their center is accredited by ASTRO and has a qualified medical physicist on staff.

**“Now when someone walks in the door, the expectation is that they are going to be cured.”**

Christopher M. Rose, MD, FASTRO Medical Director, The Center for Radiation Therapy of Beverly Hills; Past-President, American Society for Therapeutic Radiation Oncology (ASTRO)

**Should patients be wary of unnecessary radiation from diagnostic procedures?**

- Patients should ask what information is being gleaned by the additional diagnostic test. In some cases, the tests provide unique information; they won’t make a difference in the treatment plan.

AVERY HURT
editorial@mediaplanet.com

Source: American Cancer Society

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**Help when you need it**

For almost a century The American Cancer Society, through a network of experts and trained volunteers, has been supporting cancer patients and their families with a variety of programs. Some focus on the emotional challenges of cancer.

Man to Man, a community-based education program, helps men cope with having prostate cancer. The Cancer Survivors Network is a safe and secure online space where survivors and caregivers gather to share their experiences. Other programs help patients deal with more practical concerns. Road to Recovery provides volunteers to drive cancer patients to office visits. The Look Good, Feel Better program offers workshops with licensed cosmetologists who help women deal with the aesthetic challenges of cancer treatment by providing products and advice on make-up, skin care, and wigs.

For information, resources and referrals, call 1-800-227-2345, 24 hours a day, 7 days a week, or visit www.cancer.org.
Taking a broader view—charting a unique course in cancer care

At Genentech BioOncology, not only are we leading the fight against cancer with innovative science, but we’re also dedicated to supporting patients and others within the oncology community.

A commitment to patients—We created Genentech BioOncology™ Access Solutions®, a single source for all access and reimbursement issues, so healthcare providers can remain focused on patient care.

Reducing barriers to treatment—We help make treatment possible for patients in financial need through our BioOncology Co-pay Card Program and ongoing charitable donations to various independent, nonprofit organizations in support of co-pay assistance.

A commitment to care—Our first product was approved in 1985, and since then we have donated approximately $1.5 billion in medicine to uninsured patients through the Genentech® Access to Care Foundation and other donation programs.

Our goal is to fundamentally change the way that cancer is treated by personalizing solutions to patient care.

www.BioOncology.com

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