

Metastatic Colorectal Cancer

Healthmonitor®

Making every moment matter

- Tips from four thrivers
- Tools for partnering with your care team
- Gentle yoga moves

Explore your treatment options

Today's advances mean you may have many years ahead

"I'm living my life to the fullest!"

Sarah DeBord

is enjoying every day with her children, despite stage IV colorectal cancer

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER



Metastatic Colorectal Cancer



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Look to your future *with hope!*

With today's treatments, you don't have to stop planning for tomorrow!

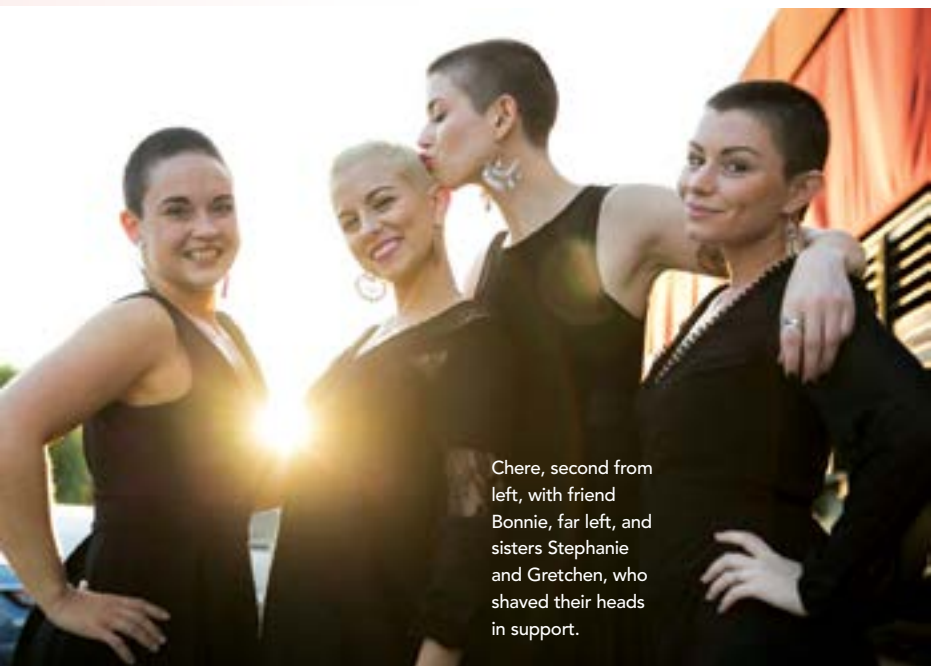
“**W**hen you have stage IV cancer, you’ve got to live in the moment,” says Chere Garcia of Costa Mesa, CA. Three years ago, at age 34, Chere and her husband, Horacio, had their lives turned upside down when Chere was diagnosed with colorectal cancer that had metastasized to the liver. She’s been fighting cancer ever since and, in that time, has had some down days. But her vow to “seize the day” has never faltered. In fact, Chere started an organization to help cancer survivors called *Carpe Diem*—translation: seize the day. It’s what motivated her to decorate her seven-year-old

daughter Jouet’s bedroom for Valentine’s Day this year. “I like to surprise her—it’s just a lil special thing I do for her,” she writes on her Facebook blog, “Chere’s Fight.”

“My body has been at war systematically since May 2015, and it will continue its war until my body wins,” Chere writes. “I’m certain my body will win, but I’m just hoping it’s sooner rather than later...”

Chere has every reason to be hopeful. With today’s personalized treatment approaches and in-the-pipeline breakthroughs, many people with metastatic colorectal cancer can realistically expect to live many years. That






Chere, second from left, with friend Bonnie, far left, and sisters Stephanie and Gretchen, who shaved their heads in support.

said, staying centered as you weigh your current and future treatment options can be a challenge. For Chere, family therapy has been a boon: “It has helped my daughter tremendously. And while I’ve always looked at my blog as therapy, there are things that are private that I don’t share with the world. These things, I can talk about with my therapist.”

If you’re troubled or confused, talking to your oncology care team can help bring clarity and calm. Also helpful? Learning everything you can about metastatic colorectal cancer.

That’s where this guide comes in—it provides an overview of the disease, a review of your treatment options and practical strategies.

And if all that sounds overwhelming, take one day, one hour, one minute at a time. Gather love and support from your family, friends and the robust community of others fighting metastatic colorectal cancer. People like Chere and Sarah (p. 6), along with Stacy, Valarie, Joy and Jason (p. 20), who urge you to focus on the people and activities you value most. 

“I take it one treatment at a time and think... I can do it!”

Sarah DeBord is creating memories with her children and helping others with colorectal cancer—even while in treatment for stage IV disease.

—BY KATHLEEN ENGEL



“I’ve been fighting for six years,” says Sarah DeBord, who was diagnosed with stage IV colorectal cancer in late 2011. “I’ve had 140 rounds of chemo. Fighting cancer has been like running a marathon or doing an obstacle course: I can’t look at all the obstacles ahead of me. I look at one chemo—one treatment—at a time and think: *You can do it!*”

“I had to sit on a chair while making dinner!”

Prior to receiving her diagnosis, Sarah, a then 34-year-old mom of two young children and a dedicated runner,

knew something was wrong. She was inexplicably losing weight and very fatigued. “By the afternoon, I’d have to have a nap,” says Sarah. “By evening, I was so exhausted, I couldn’t even stand up to cook dinner—I had to sit on a chair.” She’d had blood in her stool since age 24, which she’d been told was “probably” caused by hemorrhoids. “But it was getting worse. And it would take ten trips in the morning to empty my bowels.” She went to an urgent care facility and was referred to a gastroenterologist. She figured she had an inflammatory bowel disease, so the diagnosis that came after a



colonoscopy—cancer—rocked her. “I remember coming home and my baby crawling onto my lap and I was sobbing,” says Sarah. “He was nursing and my tears were falling on him!”

“My sons were all the reason I needed”

“It has been a grind and a mental battle, but I am emotionally and mentally strong,” says Sarah, who soon learned that her colorectal cancer had metastasized to her lungs. “I wonder if there’s a connection between being a runner and being able to handle this.” Because, despite the harsh side effects

of treatment, she’s never considered giving up. She has, after all, two very important reasons to stay the course—her sons, Merrick, 10, and Lachlan, 7.

“I’ve got to love them enough now to last them a lifetime. I’ve got to create the life moments that will lead to lasting memories,” Sarah resolved after her diagnosis. On her blog, *coloncancerchick.com*, she committed to focusing “less on things and more on experiences” and to creating “the moments that could ultimately shape the men I want them to become.”

As for her treatment, like any successful runner, she’s pacing herself—taking a break from one particularly difficult regimen to return to an earlier treatment that stabilized her. It’s all about staying in the race—and with two beautiful children cheering her, Sarah greets each day determined to win.

On her cancer-versary last Thanksgiving, Sarah posted: “I have now lived for six years with cancer in my body, and the most exciting news to report is that I’m a tiny bit less cancerishy than I was last year.”

Turn the page to read Sarah’s tips on making every day matter. ►



MAKING EVERY DAY MATTER


Here, the strategies that help Sarah stand up to cancer each and every day.

Involve your children. “They feel as out of control as you do—and have to cope with both sickness and the change of routine,” says Sarah. So, years ago, she gave each child age-appropriate tasks. “I labeled my nausea meds with an ‘N.’ Lachlan, at four, knew what ‘N’ was and could bring them to me.”

Get help for anxiety. When Sarah found herself “dry-heaving in the parking lot” before infusions, she mentioned it to her chemo

nurse, who told her that anxiety was to blame. Turns out, the same medication Sarah’s doctor prescribed for nausea is also used to treat anxiety. Taking her nurse’s suggestion, she began taking the meds just before leaving for chemo—and it worked! She would arrive at chemo with a newfound sense of calm.



Prioritize your life. Cancer forced Sarah to make some major life decisions, she says. “I decided, it’s not about having the nicest car. I said to the children: ‘Let’s live a simpler life, so we can travel and do things.’ ”

Get support. Sarah gets hands-on support from all quarters—from running friends and fellow moms, to family members who have temporarily moved in to help. But she’s particularly grateful to the survivors she’s come to know through her job at the Minneapolis-based nonprofit Colon Cancer Coalition (coloncancercoalition.org) and through Colontown.org, an online community of Facebook groups for colorectal patients, survivors and caregivers. “I can post a comment and get immediate replies—I know, if they could, they’d pick up the phone in a heartbeat. You have this connection of cancer, and there’s nothing quite like that.” 

Who is on *your* team

During your treatment, these medical professionals may come in and out of your life.



- **Medical oncologist**—an MD who specializes in treating cancer with medicine
 - **Radiation oncologist**—an MD who specializes in treating cancer using radiation
 - **Surgical oncologist**—an MD who specializes in treating cancer through surgery
 - **Palliative care doctor**—an MD who specializes in preserving quality of life through pain management and symptom relief
 - **Pathologist**—an MD who makes diagnoses and may submit cancer tissue for molecular studies
 - **Radiologist**—an MD who may perform MRI studies and nuclear medicine studies
 - **Plastic surgeon**—an MD who can assist with reconstruction after surgery
 - **Oncology nurse**—an RN who provides care, support and education during cancer treatment
 - **Infusion nurse**—an RN who administers medications, such as chemotherapy, through infusions
 - **Nurse navigator**—an RN who educates you and provides resources you and your family may need during treatment
 - **Psychiatrist/psychologist**—a mental health professional who can provide counseling; psychiatrists can also prescribe medication
 - **Social worker**—a professional who can help you deal with psychological and social issues, as well as financial concerns 
-  Find even more ways to work closely with your healthcare team at [HealthMonitor.com/MetaCancer](https://www.healthmonitor.com/MetaCancer)

Understanding *your* treatment options

Your doctors can now call on an array of powerful treatments to customize therapy to your unique cancer.

If colorectal cancer has spread to one or more distant organs in your body, you may wonder if anything can be done for you. The answer is an emphatic YES. In fact, treatments for metastatic colorectal cancer are getting more personalized and *more effective* every day.

Your doctor has a range of treatment options, including therapies that can shrink tumors and slow the progression of cancer, medication that eases pain and procedures that work on healing the places where tumors have spread. The treatments you and your care

team decide upon depend on your age and general health, the type of cancer you have (including the presence or absence of any gene mutations), where the cancer has spread and how extensively it has spread, and your response to previous treatments, if you've had any. Your options will fall into one of the following categories:

- **Surgery**, which may be used to remove a tumor or part or all of an organ, and to relieve pressure on tissues or bones.
- **Chemotherapy** (chemo), given orally or into a vein, can



kill cancer cells, slow cancer's growth and control symptoms.

- **Radiation** uses high-energy rays to target tumors and ease symptoms. Stereotactic body radiotherapy aims radiation on tumors from multiple angles.
- **Ablation and cryotherapy** use either heat or freezing temperatures (respectively) to kill cancer cells.
- **Chemoembolization** involves infusing chemotherapy medication and foreign substances into blood vessels that feed cancer cells.

- **Targeted therapy** may be used if your cancer has a specific biomarker that can be targeted. (See **Biomarker testing for metastatic colorectal cancer** on the next page to learn more.) Targeted therapies block signals or proteins that cancer cells need in order to grow while sparing healthy cells.


- **Immunotherapy** uses medication that stimulates your body's immune system to attack cancer cells or mark them so they're more easily found and destroyed. Immunotherapy agents can be used in people



whose cancer cells test positive for specific gene changes.

If colorectal cancer progresses during treatment or recurs following treatment, a different medication or combination of medications may better treat your cancer. Your treatment may also include palliative therapies, aimed solely at relieving any uncomfortable symptoms you may have.

Clinical trials offer hope, too

With metastatic colorectal cancer, participating in a clinical trial may be an excellent option. (To learn more about clinical trials, see the next page.) 

ALERT! Biomarker testing can help home in on key treatment

Ask your care team about getting this test for your colorectal cancer.

Research shows that using a targeted therapy that blocks epidermal growth factor receptor (EGFR)—a growth signal that allows cells to develop and divide—may be effective at stopping or slowing the growth of colorectal cancer. Anti-EGFR therapy, however, is effective only in people whose tumors do *not* have mutations, or changes, to a gene called *RAS* (their tumors are said to be “wild-type *RAS*”)—which is about half of people with metastatic colorectal cancer.

Ask your doctor if your tumor tissue has been genotyped for *RAS* mutations and how the results affect your treatment options.

Clinical trials: Are you a candidate?

Astounding progress is being made in the treatment of metastatic colorectal cancer, and by participating in a clinical trial, you may be able to benefit from the latest breakthroughs. Here's what you need to know:

1 Find out if you're eligible.

Clinical trials are usually looking for people who fit specific criteria—they may only want patients who have tried and failed to respond to a certain type of treatment, or someone with a specific gene mutation.

2 Search for trials.

Clinical trials are run by many different sponsors—private companies, the U.S. government, hospitals, etc.—so there is no single list that includes them all, but the search tools at the National Cancer Institute's website, Cancer.gov/clinicaltrials/search, and at the U.S. National Library of Medicine's site, ClinicalTrials.gov, are two of the most comprehensive and reliable.

3 Read the summaries.

Trial summaries will give you the facts about the study. What to consider:


- Do you meet all the criteria?
- Location of the trial
- Length of the trial
- What is the trial objective?

4 Contact the trials.

Ask to speak with the trial coordinator, the referral coordinator or the protocol assistant. It's also possible to have your doctor call for you, as he or she might be better able to answer any of the trial representative's questions to determine if you're eligible. Some questions you or your doctor should ask:

- What are the risks, benefits and potential side effects?
- Is the trial randomized?
- Could you be given a placebo?
- Who will cover costs (such as travel)?
- How will it affect your everyday life?
- Are similar trials or drugs available through your own oncologist?

5 Talk with your care team.

Once you have all the information you need, discuss your options with your care team. If you do decide to try a trial, set up an appointment with the nearest trial location to get started. 

How have you been feeling?

Place a checkmark next to any symptoms you've been experiencing. Your doctor can help you find ways to manage them.

- | | |
|---|--|
| <input type="checkbox"/> Appetite changes | <input type="checkbox"/> Nausea and vomiting |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Neuropathy |
| <input type="checkbox"/> Cloudy thinking | <input type="checkbox"/> New or increased pain |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Sexual changes |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Short of breath |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Trouble swallowing |
| <input type="checkbox"/> Dizziness, lightheadedness | <input type="checkbox"/> Skin/nail changes |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Urinary and bladder changes |
| <input type="checkbox"/> Flu-like symptoms | <input type="checkbox"/> Weight loss or gain |
| <input type="checkbox"/> Hot flashes | |
| <input type="checkbox"/> Mouth sores | |

ALERT! REPORT THESE SYMPTOMS ASAP

Tell your doctor right away if you experience bone pain, broken bones, urinary incontinence, bowel incontinence or weakness in the legs. These could be signs of bone metastasis.



Have there been any changes since your last visit?

1. Have you noticed any changes in your symptoms?
If so, please list:

2. Have you broken any bones since your last visit?

3. Have you stopped or started taking any medications for your cancer? If so, please list:

4. Have you received any other treatments or undergone any procedures since your last visit?
If so, please list:

5. Have you experienced any changes in other health conditions (e.g., high blood pressure, diabetes or depression)? If so, please explain:

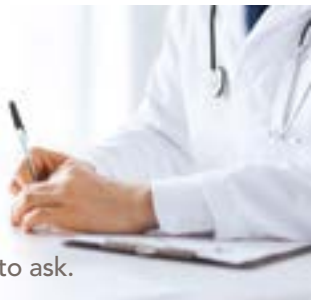
6. Have you stopped or started taking any medications for any other health conditions?

7. Have you experienced any major life stressors (e.g., job changes or relationship issues)?

8. Have you increased your alcohol consumption or begun smoking?

Questions for your *care team*

Take this list to your next appointment so you can remember the questions you want to ask.



1. What are the results of my latest tests and scans, and what do they suggest about my current treatment?

2. When will I be tested for biomarkers? How could the results affect my treatment?

3. Do you recommend any other treatment strategies at this time? If so, what are the risks and benefits of each?

4. What are the side effects of any treatment you recommend and how can I manage them?

5. Should I call your office if I experience specific symptoms? If so, what are they?

6. What tests will be used to monitor me, and how often will I need them performed?

7. Can you recommend any specific lifestyle changes that can help me feel my best?

8. Is there a clinical trial that can help me? What are the pros and cons?

9. Can I still work during treatment?

10. What support services do you recommend for me?

YOUR METASTATIC COLORECTAL CANCER MAY HAVE MET ITS MATCH

There are different metastatic colorectal cancer (mCRC) types. If a *RAS* test shows your mCRC is wild-type *RAS*, Vectibix® in combination with chemotherapy (FOLFOX) may help you live longer.¹

- Vectibix® + FOLFOX vs FOLFOX alone were studied in 1,183 patients with metastatic colorectal cancer. After the initial results were reported, 512 wild-type *RAS* patients were analyzed¹
 - Half the patients on Vectibix® + FOLFOX were still alive at 25.8 months, compared to 20.2 months with FOLFOX alone¹



 **Vectibix®**
(panitumumab)
100mg/5ml | 20mg/ml for injection

Indication

Vectibix® (panitumumab) is for treating patients with wild-type *RAS* metastatic colorectal cancer (cancer that has spread outside of the colon and rectum). *RAS* status is determined by an FDA-approved test. Wild-type *RAS* is a cancer without mutations in the *KRAS* and *NRAS* genes.

Vectibix® can be used:

- As a first-time treatment given with chemotherapy called FOLFOX (folinic acid, fluorouracil, oxaliplatin)
- Alone, following disease progression with the following chemotherapies: fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy

Vectibix® is not to be used to treat patients with tumors that have mutations in the *RAS* gene (called *RAS* mutant), or when the *RAS* mutation status is unknown. Talk to your doctor about your *RAS* status.

Please read important facts about Vectibix® on the following page and discuss it with your doctor.

Reference: 1. Vectibix® (panitumumab) prescribing information, Amgen.

Important Safety Information

In a clinical study, nearly all patients (90%) taking Vectibix® experienced skin rash or other skin reactions. Skin reactions included but were not limited to:

- Acne-like skin rash
- Itching
- Redness
- Skin rash
- Skin peeling
- Nail infections at the side of the nail beds of the fingers or toes
- Dry skin
- Openings in the skin

Of these patients, 15% had severe skin reactions that involved, for some, pain, disfigurement, ulceration, or loss of outer layers of skin when receiving Vectibix® alone. Some patients who developed severe skin reactions also developed infections in the blood, skin, fat, or tissue that sometimes resulted in death.

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IMPORTANT FACTS ABOUT VECTIBIX® (vek-ta-bix) (panitumumab)

The risk information below does not take the place of a discussion with your doctor and is not comprehensive. Your doctor can help you understand how Vectibix® may fit into your treatment plan. Ask your doctor any questions you have about Vectibix®. The FDA-approved product labeling can be found at www.Vectibix.com.



What is Vectibix®?

Vectibix® (panitumumab) is for treating patients with wild-type *RAS* metastatic colorectal cancer (cancer that has spread outside of the colon and rectum). *RAS* status is determined by an FDA-approved test. Wild-type *RAS* is a cancer without mutations in the *KRAS* and *NRAS* genes.

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Vectibix® is not to be used to treat patients with tumors that have mutations in the *RAS* gene (called *RAS* mutant), or when the *RAS* mutation status is unknown. Talk to your doctor about your *RAS* status.

What is the most important information I should know about Vectibix®?

In a clinical study, nearly all patients (90%) taking Vectibix® experienced skin rash or other skin reactions. Skin reactions included but were not limited to:

- Acne-like skin rash
- Itching
- Redness
- Skin rash
- Skin peeling
- Nail infections at the side of the nail beds of the fingers or toes
- Dry skin
- Openings in the skin

Of these patients, 15% had severe skin reactions that involved, for some, pain, disfigurement, ulceration, or loss of outer layers of skin when receiving Vectibix® alone. Some patients who developed severe skin reactions also developed infections in the blood, skin, fat, or tissue that sometimes resulted in death.

Your doctor may need to make changes to your dose to address your side effects, or in the event of severe or life-threatening side effects, stop Vectibix® treatment. It is important that you tell your doctor right away if you have any skin reactions or any signs of infection (such as chills, fever, or increased redness or swelling of an existing skin reaction).

How will I receive Vectibix®?

- Vectibix® is given as an infusion into a vein every 2 weeks.
- For most patients, the first dose of Vectibix® is given over 60 minutes.
- After that, Vectibix® administration may take 30-60 minutes, based on how well you tolerate the medicine.
- Administration may take 90 minutes for patients who need a larger dose of Vectibix®.

- Your doctor may adjust your Vectibix® dose and infusion time based on how well you tolerate the medicine.

What should I tell my doctor before receiving Vectibix®?

Tell your doctor right away if you:

- Spend a lot of time in the sun
- Know your *RAS* status and have a *RAS* mutation
- Currently have or have had in the past:
 - Kidney problems
 - Lung problems
 - Eye problems, such as inflammation or infection
- Are taking Avastin® (bevacizumab)
- Have any other medical conditions
- Are pregnant or plan to become pregnant. Vectibix® can harm your unborn baby
 - Those who are able to become pregnant should use an effective method of birth control during and for at least 2 months after the last dose of Vectibix®. Talk to your doctor about birth control methods that you can use during this time.

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

Know the medicines you take. Keep a list of them to show your doctor and pharmacist when you get a new medicine.

What are the possible serious side effects of Vectibix®?

See "What is the most important information I should know about Vectibix®?" and then read on for more information.

Patients who have metastatic colorectal cancer with *RAS*-mutant tumors should not receive Vectibix®. Several clinical trials have been done evaluating treatments that block part of the pathway that increases tumor cell growth (anti-epidermal growth factor receptor [EGFR]). Anti-EGFR treatments include Vectibix® and Erbitux® (cetuximab). In studies of these medicines, patients with *RAS*-mutant tumors experienced serious side effects without any benefit from the treatment. In one study, patients with *RAS*-mutant tumors who received Vectibix® + FOLFOX did not live as long as patients who received FOLFOX alone.

Some patients who were taking Vectibix® developed low levels of certain electrolytes, including:

- Magnesium
- Calcium
- Potassium

Your doctor may check the levels of these electrolytes in your blood while you are on treatment and for up to 2 months after you finish treatment. Your doctor may add other oral or intravenous medications to your Vectibix® treatment.

Vectibix® is given by infusion into a vein. Some patients may develop an infusion reaction, which can be severe and in rare cases has resulted in death. In one clinical study, infusion reactions developed in 4% of patients, and 1% of patients experienced serious infusion reactions. Infusion reactions included:

- Fever
- Chills
- Shortness of breath
- Throat spasms
- Low blood pressure

Depending on how severe the reaction is, your doctor may decide to slow the rate of the infusion, stop the infusion, or stop your Vectibix® treatment completely.

Tell your doctor right away if you experience severe diarrhea or dehydration.

Some patients treated with Vectibix® and chemotherapy developed kidney failure and other complications because of severe diarrhea and dehydration.

Lung disease, including fatal lung disease, occurred in 1% or less of patients who had taken Vectibix®. Tell your doctor if you have problems breathing, wheezing, or a cough that doesn't go away or keeps coming back. If you have had lung problems in the past, be sure to tell your doctor. Your doctor may decide to stop Vectibix® treatment.

Being in the sun may make skin reactions worse. Wear sunscreen and protective clothing (such as a hat) and avoid direct sunlight while you are on treatment with Vectibix®. Tell your doctor if you have new or worsening skin reactions.

Inflammation of the eye and injury to the cornea have been reported. Tell your doctor if you have any vision changes or eye problems. If you experience any of these side effects or they worsen, your doctor may interrupt or discontinue Vectibix®.

In a study of patients treated for mCRC, the addition of Vectibix® to the combination of Avastin® (bevacizumab) and chemotherapy caused patients to experience severe side effects and to not live as long as patients receiving only Avastin® and chemotherapy. Do not take Avastin® with Vectibix®.

- Some moderate to severe side effects happened at a higher rate for Vectibix® patients, including acne-like rash, diarrhea, dehydration, painful ulcers and mouth sores, and abnormally low levels of potassium and magnesium in the blood.
- Serious or potentially fatal blood clots that traveled to the lungs occurred more in Vectibix®-treated patients, and less than 1% of Vectibix®-treated patients died.
- Because of the side effects experienced, patients receiving Vectibix®, Avastin®, and chemotherapy received less chemotherapy for the first 24 weeks of the study compared with those receiving Avastin® and chemotherapy.

Vectibix® can cause harm to an unborn child. Use effective birth control to avoid pregnancy while taking Vectibix® and for at least 2 months after the last dose.

What are some of the most common side effects of Vectibix®?

In patients who received Vectibix® alone, the most commonly reported side effects (experienced by 20% or more of patients) were different types of skin rash, infections at the side of the nail beds of the fingers or toes, fatigue (extreme tiredness), nausea, and diarrhea.

In patients who received Vectibix® + FOLFOX, the most commonly reported side effects (experienced by 20% or more of patients) were diarrhea, sore mouth, inflammation of mucous membranes, weakness, infection of the nail beds, loss of appetite, low magnesium, low potassium, skin rash, acne-like skin rash, itching, and dry skin. The most common serious side effects were diarrhea and dehydration.

What should I know about Vectibix® in certain patients?

In patients who have metastatic colorectal cancer with *RAS*-mutant tumors, or whose *RAS* status is not known, Vectibix® should not be used.

In women who are pregnant or plan to become pregnant, Vectibix® should not be used. Vectibix® can cause harm to an unborn child. It is not known if Vectibix® can increase the chances of birth defects or miscarriage. Talk with your doctor about the risk to your unborn child and use effective birth control to avoid pregnancy while taking Vectibix® and for at least 2 months after the last dose. Vectibix® may reduce your ability to become pregnant.

In women who are breastfeeding, serious side effects to breastfed infants are possible while taking Vectibix®. Do not breastfeed during and for 2 months after the last dose of Vectibix®. Talk with your doctor about whether your Vectibix® dose should be adjusted.

The safety of Vectibix® and how well it works in children are not known.

In patients over 65 years of age, there may be an increased chance of serious side effects and serious diarrhea with Vectibix® treatment, when used in combination with chemotherapy (FOLFOX), but not with Vectibix® alone.

These are not all the possible side effects of Vectibix®. 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.

General information about Vectibix®

The Prescribing Information summarizes the most important information about Vectibix®. If you would like more information, talk with your doctor.

For more information, go to www.Vectibix.com or call Amgen at 1-800-772-6436.

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“How we *thrive!*”

Who better to know the dips, bumps and curves on the road you take with metastatic colorectal cancer than four people traveling that path today? Read on for the strategies that keep Stacy, Valarie, Joy and Jason centered, active and optimistic.

“STAY POSITIVE”

Stacy Hurt, Pittsburgh, PA

Ride out the highs and lows.

Stacy has had 55 treatments since her 2014 diagnosis with stage IV cancer. “A cancer diagnosis is a roller coaster ride. You can’t control when the next hill or valley will happen—you just have to hang on and ride them out. I’ve coped with the highs and lows through mindfulness practices. I meditate and do visualization.”

Cheer yourself. “You’ve got to push yourself,” says Stacy. “I’d talk to myself out loud: *You’ve got to do this, Stacy. Come on!*”

Think shrink! That’s Stacy’s mantra! “My friends printed T-shirts with it, and I channeled all my energy into visualizing the tumors shrinking. At night, I’d pray and visualize the cancer draining down through my body, legs and

feet and I stomp it into the ground! Every night since diagnosis!”

Look ahead. Stacy has experienced the gamut of side effects, including nausea, fatigue, body aches and sore gums. “As positive a person as I am, I’d get pretty low,” she says. “When you’re battling, the one thing you have to do is tell yourself: *This is temporary. This will pass. In a couple of days, I’ll feel better!*”

Find your purpose. “My kids are the reason I’m alive,” says Stacy. “Griffin [14] and Emmett [12] give me something to live for. *I can’t go anywhere!*”



"TAKE CHARGE"

Valarie Schlosser,
Tampa, FL

Let the good outweigh the bad.

"I cry often, and when I do, I let it come and then I'm okay and I walk away from it," says Valarie, who was diagnosed in 2015. "When I feel things spinning out of control, I look at what I still have and recognize why I am grateful: *I have air in my lungs. I'm alive. I can walk. I didn't throw up today.* There's tons of bad, but don't let it outweigh your good!"

Find joy. Valarie makes it a practice to find delight all around her. "I have a lavender bike with peach rims that I call Penelope. I'll take a bike ride or a walk in the park. I'll sit on my patio and look at my flowers. I go to the market and buy a piece of salmon. I have to see those silver linings and when I do, I jump on them!"

Be your own advocate. "Focus on what you need to know," says Valarie. "If you have rectal cancer, find out what



Valarie, left, and her daughter, Peyton.

[treatment] is out there for rectal cancer. If it's colon cancer, focus on what's out there for that. I'll research. Then I'll email my doctors with questions and show up at appointments with my notebooks."

Take charge of finances.

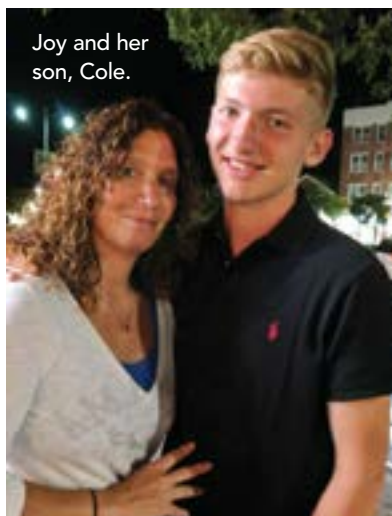
"When I was first diagnosed, financial resources were tight and I had very little insurance," says Valarie. "I still seek help constantly and apply to every foundation I can for aid [for my medical needs]. It's a battle and overwhelming at times. If you have a patient navigator or social worker who can help with that, take advantage of it. But no one will be as diligent as you." ►

"KEEP MOVING— AND LAUGHING"

Joy Freedman, Baltimore, MD

Get treated at a great place.

When Joy transferred her care to Johns Hopkins, "My life changed!" she says. "Go to a teaching hospital or an NIH (National Institutes of Health) hospital that performs clinical trials," she urges. "You get so many different sets of eyes looking at the same thing. Get a surgeon who specializes in colorectal cancer—you want someone who this is all they do!"



Joy and her
son, Cole.

Create a vision board. On the days following a treatment when Joy was too weak to leave her bedroom, she fixed her eyes to a vision board mounted on the wall. "I still have it. It has 'NED' [No Evidence of Disease] all over it. I would focus on NED all the time."

Ignore the "stats." "I'm a human being—not a stat," Joy told her son when he researched colorectal cancer on the Internet. "I told him, 'What you read doesn't apply to me. Stats are based on a range of people.' I don't let those numbers define me."

Seek out "funny." To stay upbeat, especially around chemo days, Joy looked for things to make her laugh. "Anything funny, anything that would put me in a good mood, I'd watch—Ellen, Jenny McCarthy. I downloaded the SNL [*Saturday Night Live*] app on my phone and watched Kate McKinnon skits." What she *didn't* watch? "The news!"

Keep moving. "Even when my energy was low, I'd force myself to squeeze a handball," says Joy. "Anything to keep moving. I'd do arm curls with my cellphone. In my mind, if I was moving, I was okay!"



Jason and his service dog, McCready.

"LEAN ON OTHERS"

Jason Egli, Okeechobee, FL


Find support—near and far.

Jason calls his mother, who moved in with him after his diagnosis, "my absolute rock;" his girlfriend, Ellie, "a huge support and cheerleader;" and McCready, his service dog, "an incredible support." The others he's leaned on? "My church has been a loving family—they donated money when times got hard. And I joined an online community where I can find out about the latest treatments and clinical trials from other people who have similar symptoms to mine."

Lean on your medical team.

"Dr. Timmy Nguyen, my medical oncologist, and Dr. Ramesh Kumar, my radiation oncologist, are absolutely amazing. I don't know what I'd do without them. They always have a plan and a backup plan. They're people I trust completely. And Dr. Nguyen's nurse, Michelle Ward, is the best nurse I ever had in my life. Any time I had issues—I needed something for diarrhea or comfort because my markers came back bad—Michelle was there. They're incredible *people*, not just medical professionals—I think that's really, really important. My team is a huge part of my success."

Try the BRAT diet. To combat chemo-related diarrhea, Jason focused his food intake on bananas, rice, applesauce and toast (BRAT). "It helped. I also had nausea and vomiting, but forced myself to eat. I'd often do a protein shake with a banana and either almond milk or coconut milk."

Stay hydrated. "After chemo sessions, I was couch-ridden and could sleep 18 hours a day," Jason says. As a result, he was hospitalized twice for emergency rehydration. To prevent that from happening again, "I would drink beverages with electrolytes, like smartwater and sugar-free Gatorade." 



Help for living your best life with metastatic colorectal cancer

GENETIC TESTING FOR MY FAMILY?

Q I learned I have wild-type RAS metastatic colorectal cancer. Should my family now get tested as well, in case they're also at risk?

A In short, no, and I'll explain why. Cancer genetics refers to two different types of genetic changes that can predispose a person to developing cancer—hereditary mutations and somatic mutations. Hereditary mutations may affect every cell of the body, putting a person at risk for certain cancers. These are the types of mutations that can be passed down or shared among biological family members, in which case testing makes sense. Somatic mutations, on the other hand, are genetic changes limited strictly to the cancer cells. KRAS (there are two RAS genes—KRAS and NRAS) is an example of a somatic mutation found in about 40% of colorectal cancers. It is important for colorectal cancers

to be evaluated for KRAS mutations, as this can predict response to certain anticancer medications, but it does not mean family members are at higher risk.

HELP FOR DEPRESSION

Q I'm writing about my husband, who's in treatment for stage IV colorectal cancer. He's very moody, often irritable, and seems unable to enjoy anything. But he insists that he's fine. How can I help him?


A It can be challenging to maintain a positive outlook when one's body does not cooperate, and, unfortunately, anxiety, grief and depression are all expected toxicities that can accompany a cancer diagnosis and treatment. But there is hope for your husband if you—or his doctor—can persuade him to accept it. Counseling/therapy, exercise and antidepressant and anti-anxiety medications have all been proven to help patients coping with a cancer diagnosis.



PALLIATIVE CARE?

Q My doctor recently referred me to a palliative care specialist, but I'm reluctant to go. It feels like my doctor's giving up—and that I would be, too.

A That's not the case! While palliative care specialists do deal with end-of-life-care, they also focus on symptom management for people facing serious or chronic illnesses. Often doctors refer a patient to a palliative care specialist

if they feel they are not adequately managing the patient's symptoms, not because that patient is out of options. Palliative care providers are experts in managing symptoms such as pain, anxiety, shortness of breath, nausea, constipation and lack of appetite; the result is improved quality of life. Importantly, several large scientific clinical trials have also shown that when patients receive aggressive palliative care early on in their illness, they actually live longer. 

OUR EXPERT: **Andrea Bullock, MD, MPH**, Harvard Medical School; Division of Hematology-Oncology, Beth Israel Deaconess Medical Center in Boston. Dr. Bullock specializes in gastrointestinal cancers.

Being there for your *loved one*

Not sure how to provide your loved one with the TLC they need? Read on for some tips to help you take care of them—and yourself!



Get only the facts you need. Doing research can be overwhelming for both you and the patient. Make it easier to grasp by sticking to the info that's relevant to your loved one's situation *now*. And spare them the details they don't need to know!

Take off the pressure—with their okay. Ease your loved one's mind by handling the items they usually manage but are currently unable to—like car maintenance, yard care or bill paying. Ask first, though—they may want to continue their regular routine as much as they can.

Anticipate their new needs. For example, if your loved one is having bowel problems, pick seats close to the exit in a movie theater or the aisle seat on a plane.

Help keep things organized.


Create a folder with all the documents related to your loved one's cancer—lab results, insurance information, etc. In it, store a list of contact info for all medical personnel that you deal with. (Putting another copy of the list in a prominent place, like on the door of your fridge, can make emergency moments a little less stressful.) Also store a list of all the meds your loved one takes, as well as the time each one is taken. It can make stocking the pillbox an easier task.

Keep the mood light.

Little things—like watching a favorite TV show, enjoying a good meal or spending time socializing with family or friends—can help your loved one stay upbeat during a trying time. Go with their energy though, and don't force activities when they're tired or not in the mood to participate.

Talk. But keeping the lines of communication open doesn't always mean a face-to-face chat. For example, you might find that sending emails makes it easier to open up about certain frustrations or embarrassing topics—whatever works!

Take time for yourself.

Make time to see your friends! Even a quick coffee date can boost your mood. It's okay to ask or pay for someone to watch your loved one for a few hours and take a break if needed. Remember—the caregiver needs to take care of themself in order to better care for the patient! 

MORE WAYS TO GET ORGANIZED

Sort pills creatively: The number of medications your loved one takes can add up, especially if they're also taking meds for other conditions, like arthritis or blood pressure. To help keep track of which pills they've taken or still need to take, put your collection of souvenir shot glasses to use. The unique containers can help prompt memory just like a traditional pill organizer!

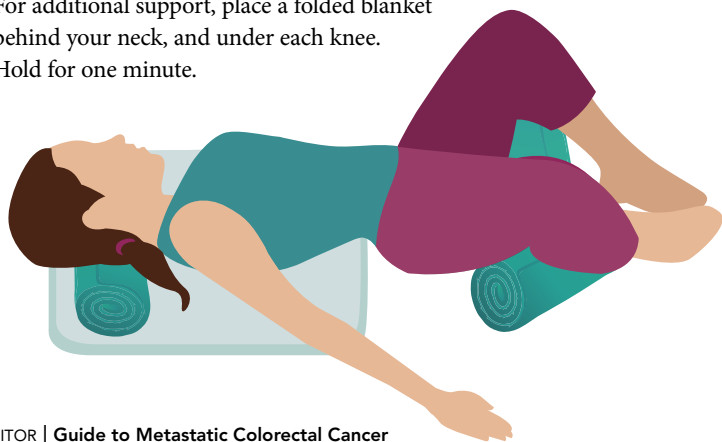
Use technology: Use the calendar on your smartphone to keep track of doctor appointments and tests. Even better, synchronize your calendar with your loved one's to keep you both up to date.

3 moves to restore you!

Gentle yoga can help most people feel great, but it has extra benefit for people in treatment. “Relaxation postures help people cope with pain and nausea, rejuvenating postures thwart fatigue, and strengthening postures fight muscle atrophy and deterioration,” says yoga instructor Stephanie Miller, owner of yoga studio Bamboo Moves in Englewood, NJ. Ask your healthcare provider if it’s safe for you to try the following poses.

Beat stress and fatigue with the supported reclining bound ankle pose

- Sit and place a rolled blanket behind your back.
- Lie back and put the soles of your feet together with arms resting comfortably at your sides.
- For additional support, place a folded blanket behind your neck, and under each knee.
- Hold for one minute.





Ease tension and boost flexibility with the cat/cow pose

- Come to all fours with your knees at hip distance, hands directly under your shoulders.
- Start with cow pose: Inhale and lift your chest and pelvis toward the ceiling. Slowly gaze upwards.
- Exhale and move into cat

pose: Round your spine while shifting your gaze toward your navel.

- Alternate each pose for a minute.

Neck problems? Rather than lifting your head to gaze upwards, keep your neck in line with your spine.

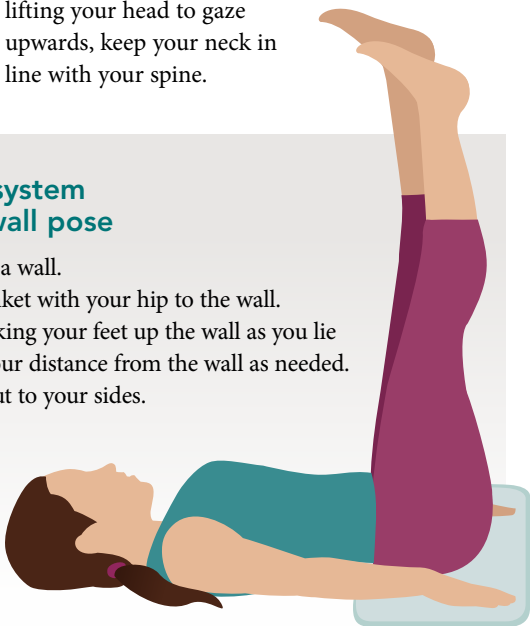
Repeat shorter poses two to three times.

Soothe your nervous system with the legs up the wall pose

- Place a folded blanket against a wall.
- Sit down sideways on the blanket with your hip to the wall.
- Turn your body and start walking your feet up the wall as you lie down on your back. Adjust your distance from the wall as needed.
- Relax your hands and arms out to your sides.
- Hold for five to 15 minutes.

Tight hamstrings?

Place the blanket five inches away from the wall. 🛏



Flavorful, NOURISHING and sooo satisfying!



Ginger
can help
quell
nausea!

Chickpeas. Garlic. Ginger. Turmeric. Every tasty bite is packed with nutrients that help you heal, calm your stomach and boost your energy!

MIDDLE EASTERN CHICKPEA BURGERS

Serves 8, 2 patties per serving

- 2 cups cooked chickpeas or 1 (15-oz.) can, drained, rinsed and mixed with a spritz of fresh lemon juice and a pinch of sea salt
- ½ tsp sea salt
- ½ tsp turmeric
- ½ tsp paprika
- ¼ tsp ground cumin
- ¼ tsp ground coriander
- ⅛ tsp ground cinnamon
- 2 tsp minced garlic
- 1 tsp minced fresh ginger
- 3 Tbsp extra-virgin olive oil
- 2 Tbsp freshly squeezed lemon juice
- 2 ½ cups cooked brown basmati rice
- 1 egg, lightly beaten (or 2 tsp. Tahini)
- 3 Tbsp finely diced red bell pepper
- ¼ cup loosely packed minced fresh flat-leaf parsley

- Preheat the oven to 375°F and line a baking sheet with parchment paper.
- Combine the first 11 ingredients (chickpeas through lemon juice) in a food processor. Process until smooth and well combined. Transfer the mixture to a bowl. Fold in the rice, egg, bell pepper and parsley.

Cook and freeze 'em!
Thaw and reheat at 350° for 15 minutes.

- Moisten your hands to keep the mixture from sticking. Shape the mixture into 16 ¼-inch-thick patties about 2 ½ inches in diameter. Place them on prepared pan. Bake for 22 to 25 minutes, until the patties start

to get dry and crisp on the outside. They will firm up as they cool.

- Serve on a bun (as shown), or in a wrap or pita—or atop a salad! Store leftovers

in a covered container in the refrigerator for three to five days.

Variations: For a crispy burger, heat 2 tsp. olive oil in a skillet over medium heat and cook the patties for about three minutes on each side, until golden brown. 🍷

Nutrition facts (per serving)
Calories 100, fat 4 g (saturated 1 g), protein 3 g, carbohydrates 15 g, fiber 3 g, sodium 223 mg

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The help you need *now!*

If you or a loved one have been diagnosed with colorectal cancer and want to know more, take heart: Knowledge, support, and comfort are readily available—and just a click or phone call away. Check out our partners below, along with other great resources.

American Cancer Society

The American Cancer Society's mission is to save lives, celebrate lives, and lead the fight for a world without cancer. While most people know us for our research, we do so much more. We attack cancer from every angle. We promote healthy lifestyles to help you prevent cancer. We research cancer and its causes to find more answers and better treatments. We fight for lifesaving policy changes. We provide everything from emotional support to the latest cancer information for those who have been touched by cancer. And we do it all 24 hours a day, 7 days a week. Call us 800.227.2345 or visit: www.cancer.org



Stupid Cancer

www.stupidcancer.org

Colon Cancer Coalition

www.coloncancercoalition.org

AARP

www.aarp.org

National Coalition for Cancer Survivorship

www.canceradvocacy.org

Partnership for Prescription Assistance

www.pparx.org

