Support and Assistance Guide for Cancer Patients

A complete guide to financial resources and support for patients and caregivers

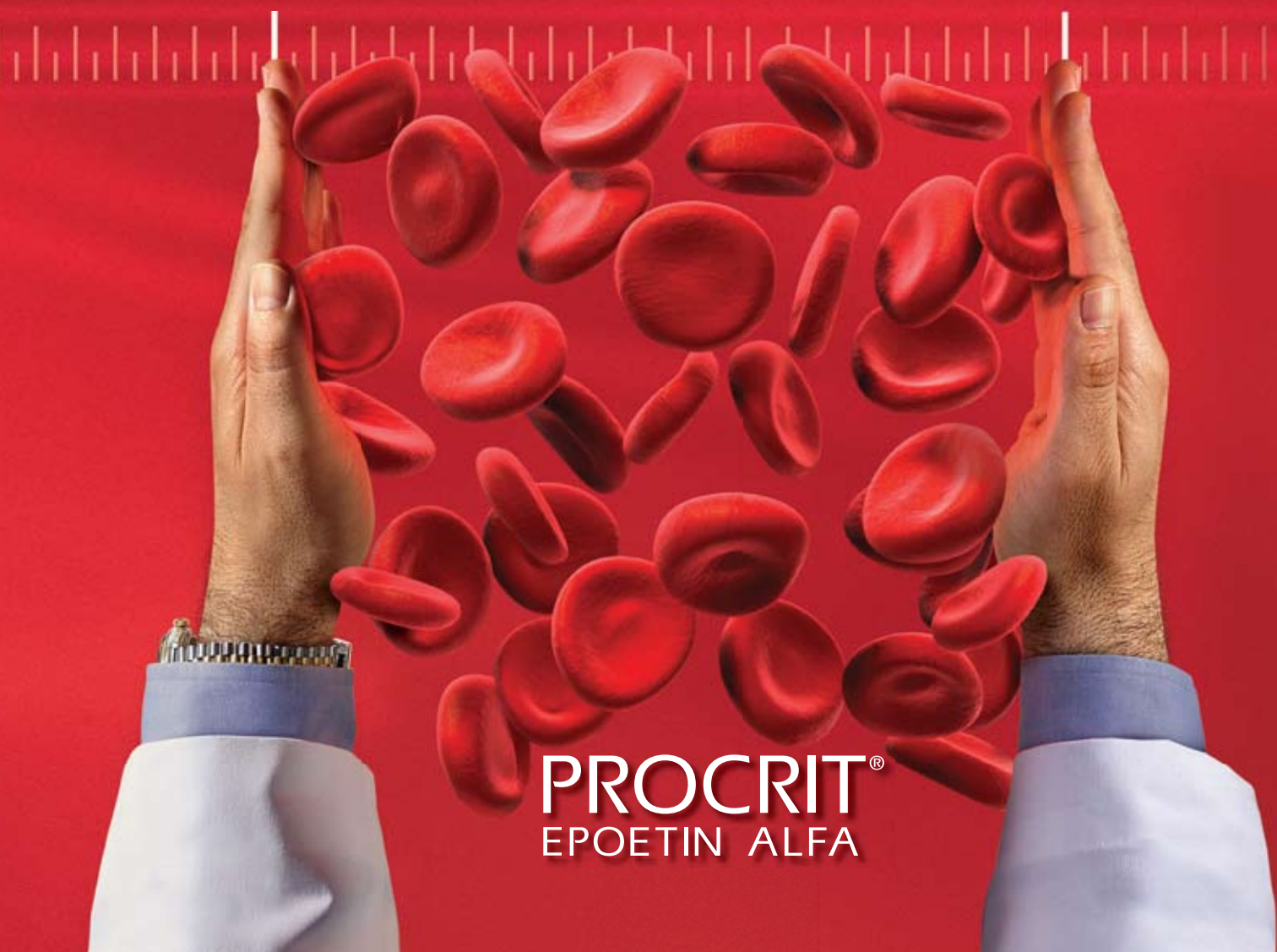
For Anemic Cancer Patients With Metastatic, Non-myeloid Malignancies Receiving Myelosuppressive Chemotherapy…

CONTROL THE RESPONSE

MANAGE HEMOGLOBIN TO REDUCE TRANSFUSIONS

When Treating Your Patients:

- Evaluate for other treatable etiologies of anemia (iron, folate, or B_{12} deficiency, hemolysis, or bleeding) to treat appropriately
- PROCRIT therapy should not be initiated at hemoglobin (Hb) levels ≥10 g/dL
- The dose of PROCRIT should be titrated for each patient to achieve and maintain the lowest Hb level sufficient to avoid the need for red blood cell (RBC) transfusion
- The rate of Hb increase should not exceed 1 g/dL in any 2-week period
- Monitor Hb weekly until stable, and then regularly during therapy



PROCRIT®
EPOETIN ALFA

PROCRIT Indication

PROCRIT is indicated for the treatment of anemia due to the effect of concomitantly administered chemotherapy based on studies that have shown a reduction in the need for RBC transfusions in patients with metastatic, non-myeloid malignancies receiving chemotherapy for a minimum of 2 months. Studies to determine whether PROCRIT increases mortality or decreases progression-free/recurrence-free survival are ongoing.

- PROCRIT is not indicated for use in patients receiving hormonal agents, therapeutic biologic products, or radiotherapy unless receiving concomitant myelosuppressive chemotherapy.
- PROCRIT is not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure due to the absence of studies that adequately characterize the impact of PROCRIT on progression-free and overall survival (see WARNINGS: Increased Mortality and/or Increased Risk of Tumor Progression or Recurrence).
- PROCRIT is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis, or gastrointestinal bleeding (see PRECAUTIONS: Lack or Loss of Response).
- PROCRIT use has not been demonstrated in controlled clinical trials to improve symptoms of anemia, quality of life, fatigue, or patient well-being.

Important Safety Information

WARNINGS: INCREASED MORTALITY, SERIOUS CARDIOVASCULAR and THROMBOEMBOLIC EVENTS, and INCREASED RISK OF TUMOR PROGRESSION OR RECURRENCE

Renal failure: **Patients experienced greater risks for death and serious cardiovascular events when administered erythropoiesis-stimulating agents (ESAs) to target higher versus lower hemoglobin levels (13.5 vs. 11.3 g/dL; 14 vs. 10 g/dL) in two clinical studies. Individualize dosing to achieve and maintain hemoglobin levels within the range of 10 to 12 g/dL.**

Cancer:

- **ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in some clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers (see WARNINGS: Table 1).**
- **To decrease these risks, as well as the risk of serious cardio- and thrombovascular events, use the lowest dose needed to avoid red blood cell transfusion.**
- **Use ESAs only for treatment of anemia due to concomitant myelosuppressive chemotherapy.**
- **ESAs are not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure.**
- **Discontinue following the completion of a chemotherapy course.**

Perisurgery: **PROCRIT® (Epoetin alfa) increased the rate of deep venous thromboses in patients not receiving prophylactic anticoagulation. Consider deep venous thrombosis prophylaxis.**

Contraindications

- PROCRIT is contraindicated in patients with uncontrolled hypertension or with known hypersensitivity to albumin (human) or mammalian cell-derived products.

Additional Important Safety Information

- Patients with chronic renal failure experienced greater risks for death and serious cardiovascular events (including myocardial infarction, stroke, congestive heart failure, and hemodialysis vascular access thrombosis) when administered ESAs to target higher versus lower hemoglobin levels (13.5 vs.11.3 g/dL; 14 vs. 10 g/dL) in two clinical studies; these risks also increased in controlled clinical trials of patients with cancer. A rate of hemoglobin rise of >1 g/dL over 2 weeks may contribute to these risks.
- PROCRIT therapy should not be initiated at hemoglobin levels ≥ 10 g/dL.
- The dose of PROCRIT should be titrated for each patient to achieve and maintain the lowest hemoglobin level sufficient to avoid the need for blood transfusion.
- When the hemoglobin reaches a level needed to avoid transfusion or, increases by more than 1 g/dL in a 2-week period, the PROCRIT dose should be reduced by 25%. Withhold the dose of PROCRIT if the hemoglobin exceeds a level needed to avoid transfusion. Restart dose at 25% below the previous dose when the hemoglobin approaches a level where transfusions may be required. Discontinue if after 8 weeks of therapy there is no response as measured by hemoglobin levels or if transfusions are still required.
- Monitor hemoglobin regularly during therapy, weekly until hemoglobin becomes stable.
- Cases of pure red cell aplasia (PRCA) and of severe anemia, with or without other cytopenias, associated with neutralizing antibodies to erythropoietin have been reported in patients treated with PROCRIT; predominantly in patients with chronic renal failure receiving PROCRIT by subcutaneous administration. If any patient develops a sudden loss of response to PROCRIT, accompanied by severe anemia and low reticulocyte count, and anti-erythropoietin antibody-associated anemia is suspected, withhold PROCRIT and other erythropoietic proteins. Contact ORTHO BIOTECH (1-888-2ASKOBI or 1-888-227-5624) to perform assays for binding and neutralizing antibodies. If erythropoietin antibody-mediated anemia is confirmed, PROCRIT should be permanently discontinued and patients should not be switched to other erythropoietic proteins.
- The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (e.g., sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).
- In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.
- Prior to and regularly during PROCRIT therapy monitor iron status; transferrin saturation should be ≥20% and ferritin should be ≥100 ng/mL. During therapy absolute or functional iron deficiency may develop and all patients will eventually require supplemental iron to adequately support erythropoiesis stimulated by PROCRIT.
- Treatment of patients with grossly elevated serum erythropoietin levels (e.g., >200 mUnits/mL) is not recommended.
- During PROCRIT therapy, blood pressure should be monitored carefully and aggressively managed, particularly in patients with an underlying history of hypertension or cardiovascular disease.
- Seizures in PROCRIT-treated patients have been reported in the context of a significant increase in hemoglobin from baseline; increases in blood pressure were not always observed; and patients may have had other underlying central nervous system pathology.
- The most commonly reported side effects (>10%) for PROCRIT in clinical trials were pyrexia, diarrhea, nausea, vomiting, edema, asthenia, fatigue, shortness of breath, paresthesia, and upper respiratory infection.

Please see Brief Summary of Prescribing Information, including Boxed WARNINGS, on adjacent page.

Centocor Ortho Biotech Products, L.P.

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PROCRIT®
EPOETIN ALFA

BRIEF SUMMARY OF PROCRIT® PRESCRIBING INFORMATION FOR THE TREATMENT OF ANEMIA IN CANCER PATIENTS ON CHEMOTHERAPY

PROCRIT®
(Epoetin alfa)
FOR INJECTION

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS,
REFER TO THE *PHYSICIANS' DESK REFERENCE®*

WARNINGS: INCREASED MORTALITY, SERIOUS CARDIOVASCULAR and THROMBOEMBOLIC EVENTS, and INCREASED RISK OF TUMOR PROGRESSION OR RECURRENCE

Renal failure: **Patients experienced greater risks for death and serious cardiovascular events when administered erythropoiesis-stimulating agents (ESAs) to target higher versus lower hemoglobin levels (13.5 vs. 11.3 g/dL; 14 vs. 10 g/dL) in two clinical studies. Individualize dosing to achieve and maintain hemoglobin levels within the range of 10 to 12 g/dL.**

Cancer:

- **ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in some clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers (see WARNINGS: Table 1).**
- **To decrease these risks, as well as the risk of serious cardio- and thrombovascular events, use the lowest dose needed to avoid red blood cell transfusion.**
- **Use ESAs only for treatment of anemia due to concomitant myelosuppressive chemotherapy.**
- **ESAs are not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure.**
- **Discontinue following the completion of a chemotherapy course.**

Perisurgery: **PROCRIT® increased the rate of deep venous thromboses in patients not receiving prophylactic anticoagulation. Consider deep venous thrombosis prophylaxis.**

(See WARNINGS: Increased Mortality, Serious Cardiovascular and Thromboembolic Events, WARNINGS: Increased Mortality and/or Increased Risk of Tumor Progression or Recurrence, INDICATIONS AND USAGE, and DOSAGE AND ADMINISTRATION in full Prescribing Information.)

INDICATIONS AND USAGE

PROCRIT® is indicated for the treatment of anemia due to the effect of concomitantly administered chemotherapy based on studies that have shown a reduction in the need for RBC transfusions in patients with metastatic, non-myeloid malignancies receiving chemotherapy for a minimum of 2 months. Studies to determine whether PROCRIT® increases mortality or decreases progression-free/recurrence-free survival are ongoing.

- PROCRIT® is not indicated for use in patients receiving hormonal agents, therapeutic biologic products, or radiotherapy unless receiving concomitant myelosuppressive chemotherapy.
- PROCRIT® is not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure due to the absence of studies that adequately characterize the impact of PROCRIT® on progression-free and overall survival (see WARNINGS: Increased Mortality and/or Increased Risk of Tumor Progression or Recurrence).
- PROCRIT ® is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis, or gastrointestinal bleeding (see PRECAUTIONS: Lack or Loss of Response).
- PROCRIT ® use has not been demonstrated in controlled clinical trials to improve symptoms of anemia, quality of life, fatigue, or patient well-being.

CONTRAINDICATIONS

PROCRIT® is contraindicated in patients with: 1. Uncontrolled hypertension. 2. Known hypersensitivity to mammalian cell-derived products. 3. Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatrics

Risk in Premature Infants

The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants which are sometimes fatal.

Adults

Increased Mortality, Serious Cardiovascular and Thromboembolic Events

Patients with chronic renal failure experienced greater risks for death and serious cardiovascular events when administered erythropoiesis-stimulating agents (ESAs) to target higher versus lower hemoglobin levels (13.5 vs. 11.3 g/dL; 14 vs. 10 g/dL) in two clinical studies. Patients with chronic renal failure and an insufficient hemoglobin response to ESA therapy may be at even greater risk for cardiovascular events and mortality than other patients. PROCRIT® and other ESAs increased the risks for death and serious cardiovascular events in controlled clinical trials of patients with cancer. These events included myocardial infarction, stroke, congestive heart failure, and hemodialysis vascular access thrombosis. A rate of hemoglobin rise of > 1 g/dL over 2 weeks may contribute to these risks.

In a randomized prospective trial, 1432 anemic chronic renal failure patients who were not undergoing dialysis were assigned to Epoetin alfa (rHuEPO) treatment targeting a maintenance hemoglobin concentration of 13.5 g/dL or 11.3 g/dL. A major cardiovascular event (death, myocardial infarction, stroke, or hospitalization for congestive heart failure) occurred among 125 (18%) of the 715 patients in the higher hemoglobin group compared to 97 (14%) among the 717 patients in the lower hemoglobin group (HR 1.3, 95% CI: 1.0, 1.7, p = 0.03).

Increased risk for serious cardiovascular events was also reported from a randomized, prospective trial of 1265 hemodialysis patients with clinically evident cardiac disease (ischemic heart disease or congestive heart failure). In this trial, patients were assigned to PROCRIT® treatment targeted to a maintenance hematocrit of either 42 ± 3% or 30 ± 3%. Increased mortality was observed in 634 patients randomized to a target hematocrit of 42% [221 deaths (35% mortality)] compared to 631 patients targeted to remain at a hematocrit of 30% [185 deaths (29% mortality)]. The reason for the increased mortality observed in this study is unknown, however, the incidence of non-fatal myocardial infarctions (3.1% vs. 2.3%), vascular access thromboses (39% vs. 29%), and all other thrombotic events (22% vs. 18%) were also higher in the group randomized to achieve a hematocrit of 42%. An increased incidence of thrombotic events has also been observed in patients with cancer treated with erythropoietic agents.

In a randomized controlled study (referred to as Cancer Study 1 - the 'BEST' study) with another ESA in 939 women with metastatic breast cancer receiving chemotherapy, patients received either weekly Epoetin alfa or placebo for up to a year. This study was designed to show that survival was superior when an ESA was administered to prevent anemia (maintain hemoglobin levels between 12 and 14 g/dL or hematocrit between 36% and 42%). The study was terminated prematurely when interim results demonstrated that a higher mortality at 4 months (8.7% vs. 3.4%) and a higher rate of fatal thrombotic events (1.1% vs. 0.2%) in the first 4 months of the study were observed among patients treated with Epoetin alfa. Based on Kaplan-Meier estimates, at the time of study termination, the 12-month survival was lower in the Epoetin alfa group than in the placebo group (70% vs. 76%; HR 1.37, 95% CI: 1.07, 1.75; p = 0.012).

A systematic review of 57 randomized controlled trials (including Cancer Studies 1 and 5 - the 'BEST' and 'ENHANCE' studies) evaluating 9353 patients with cancer compared ESAs plus red blood cell transfusion with red blood cell transfusion alone for prophylaxis or treatment of anemia in cancer patients with or without concurrent antineoplastic therapy. An increased relative risk of thromboembolic events (RR 1.67, 95% CI: 1.35, 2.06; 35 trials and 6769 patients) was observed in ESA-treated patients. An overall survival hazard ratio of 1.08 (95% CI: 0.99, 1.18; 42 trials and 8167 patients) was observed in ESA-treated patients.

An increased incidence of deep vein thrombosis (DVT) in patients receiving Epoetin alfa undergoing surgical orthopedic procedures has been observed (see ADVERSE REACTIONS, Surgery Patients: Thrombotic/Vascular Events in full Prescribing Information). In a randomized controlled study (referred to as the 'SPINE' study), 681 adult patients, not receiving prophylactic anticoagulation and undergoing spinal surgery, received either 4 doses of 600 U/kg Epoetin alfa (7, 14, and 21 days before surgery, and the day of surgery) and standard of care (SOC) treatment, or SOC treatment alone. Preliminary analysis showed a higher incidence of DVT, determined by either Color Flow Duplex Imaging or by clinical symptoms, in the Epoetin alfa group [16 patients (4.7%)] compared to the SOC group [7 patients (2.1%)]. In addition, 12 patients in the Epoetin alfa group and 7 patients in the SOC group had other thrombotic vascular events. Deep venous thrombosis prophylaxis should be strongly considered when ESAs are used for the reduction of allogeneic RBC transfusions in surgical patients (see BOXED WARNINGS and DOSAGE AND ADMINISTRATION in full Prescribing Information).

Increased mortality was also observed in a randomized placebo-controlled study of PROCRIT® in adult patients who were undergoing coronary artery bypass surgery (7 deaths in 126 patients randomized to PROCRIT® versus no deaths among 56 patients receiving placebo). Four of these deaths occurred during the period of study drug administration and all four deaths were associated with thrombotic events. ESAs are not approved for reduction of allogeneic red blood cell transfusions in patients scheduled for cardiac surgery.

Increased Mortality and/or Increased Risk of Tumor Progression or Recurrence

Erythropoiesis-stimulating agents resulted in decreased locoregional control/progression-free survival and/or overall survival (see Table 1). These findings were observed in studies of patients with advanced head and neck cancer receiving radiation therapy (Cancer Studies 5 and 6), in patients receiving chemotherapy for metastatic breast cancer (Cancer Study 1) or lymphoid malignancy (Cancer Study 2), and in patients with non-small cell lung cancer or various malignancies who were not receiving chemotherapy or radiotherapy (Cancer Studies 7 and 8).

Table 1: Randomized, Controlled Trials with Decreased Survival and/or Decreased Locoregional Control

Study / Tumor / (n)	Hemoglobin Target	Achieved Hemoglobin (Median Q1,Q3)	Primary Endpoint	Adverse Outcome for ESA-containing Arm
Chemotherapy				
Cancer Study 1 Metastatic breast cancer (n=939)	12-14 g/dL	12.9 g/dL 12.2, 13.3 g/dL	12-month overall survival	Decreased 12-month survival
Cancer Study 2 Lymphoid malignancy (n=344)	13-15 g/dL (M) 13-14 g/dL (F)	11.0 g/dL 9.8, 12.1 g/dL	Proportion of patients achieving a hemoglobin response	Decreased overall survival
Cancer Study 3 Early breast cancer (n=733)	12.5-13 g/dL	13.1 g/dL 12.5, 13.7 g/dL	Relapse-free and overall survival	Decreased 3 yr. relapse-free and overall survival
Cancer Study 4 Cervical Cancer (n=114)	12-14 g/dL	12.7 g/dL 12.1, 13.3 g/dL	Progression-free and overall survival and locoregional control	Decreased 3 yr. progression-free and overall survival and locoregional control
Radiotherapy Alone				
Cancer Study 5 Head and neck cancer (n=351)	≥15 g/dL (M) ≥14 g/dL (F)	Not available	Locoregional progression-free survival	Decreased 5-year locoregional progression-free survival Decreased overall survival
Cancer Study 6 Head and neck cancer (n=522)	14-15.5 g/dL	Not available	Locoregional disease control	Decreased locoregional disease control
No Chemotherapy or Radiotherapy				
Cancer Study 7 Non-small cell lung cancer (n=70)	12-14 g/dL	Not available	Quality of life	Decreased overall survival
Cancer Study 8 Non-myeloid malignancy (n=989)	12-13 g/dL	10.6 g/dL 9.4, 11.8 g/dL	RBC transfusions	Decreased overall survival

Decreased overall survival:

Cancer Study 1 (the 'BEST' study) was previously described (see WARNINGS: Increased Mortality, Serious Cardiovascular and Thromboembolic Events). Mortality at 4 months (8.7% vs. 3.4%) was significantly higher in the Epoetin alfa arm. The most common investigator-attributed cause of death within the first 4 months was disease progression; 28 of 41 deaths in the Epoetin alfa arm and 13 of 16 deaths in the placebo arm were attributed to disease progression. Investigator assessed time to tumor progression was not different between the two groups. Survival at 12 months was significantly lower in the Epoetin alfa arm (70% vs. 76%, HR 1.37, 95% CI: 1.07, 1.75; p = 0.012).

Cancer Study 2 was a Phase 3, double-blind, randomized (darbepoetin alfa vs. placebo) study conducted in 344 anemic patients with lymphoid malignancy receiving chemotherapy. With a median follow-up of 29 months, overall mortality rates were significantly higher among patients randomized to darbepoetin alfa as compared to placebo (HR 1.36, 95% CI: 1.02, 1.82).

Cancer Study 7 was a Phase 3, multicenter, randomized (Epoetin alfa vs. placebo), double-blind study, in which patients with advanced non-small cell lung cancer receiving only palliative radiotherapy or no active therapy were treated with Epoetin alfa to achieve and maintain hemoglobin levels between 12 and 14 g/dL. Following an interim analysis of 70 of 300 patients planned, a significant difference in survival in favor of the patients on the placebo arm of the trial was observed (median survival 63 vs. 129 days; HR 1.84; p = 0.04).

Cancer Study 8 was a Phase 3, double-blind, randomized (darbepoetin alfa vs. placebo), 16-week study in 989 anemic patients with active malignant disease, neither receiving nor planning to receive chemotherapy or radiation therapy. There was no evidence of a statistically significant reduction in proportion of patients receiving RBC transfusions. The median survival was shorter in the darbepoetin alfa treatment group (8 months) compared with the placebo group (10.8 months); HR 1.30, 95% CI: 1.07, 1.57.

Decreased progression-free survival and overall survival:

Cancer Study 3 (the 'PREPARE' study) was a randomized controlled study in which darbepoetin alfa was administered to prevent anemia conducted in 733 women receiving neo-adjuvant breast cancer treatment. After a median follow-up of approximately 3 years, the survival rate (86% vs. 90%, HR 1.42, 95% CI: 0.93, 2.18) and relapse-free survival rate (72% vs. 78%, HR 1.33, 95% CI: 0.99, 1.79) were lower in the darbepoetin alfa-treated arm compared to the control arm.

Cancer Study 4 (protocol GOG 191) was a randomized controlled study that enrolled 114 of a planned 460 cervical cancer patients receiving chemotherapy and radiotherapy. Patients were randomized to receive Epoetin alfa to maintain hemoglobin between 12 and 14 g/dL or to transfusion support as needed. The study was terminated prematurely due to an increase in thromboembolic events in Epoetin alfa-treated patients compared to control (19% vs. 9%). Both local recurrence (21% vs. 20%) and distant recurrence (12% vs. 7%) were more frequent in Epoetin alfa-treated patients compared to control. Progression-free survival at 3 years was lower in the Epoetin alfa-treated group compared to control (59% vs. 62%, HR 1.06, 95% CI: 0.58, 1.91). Overall survival at 3 years was lower in the Epoetin alfa-treated group compared to control (61% vs. 71%, HR 1.28, 95% CI: 0.68, 2.42).

Cancer Study 5 (the 'ENHANCE' study) was a randomized controlled study in 351 head and neck cancer patients where Epoetin beta or placebo was administered to achieve target hemoglobin of 14 and 15 g/dL for women and men, respectively. Locoregional progression-free survival was significantly shorter in patients receiving Epoetin beta (HR 1.62, 95% CI: 1.22, 2.14; p = 0.0008) with a median of 406 days Epoetin beta vs. 745 days placebo. Overall survival was significantly shorter in patients receiving Epoetin beta (HR 1.39, 95% CI: 1.05, 1.84; p = 0.02).

Decreased locoregional control:
Cancer Study 6 (DAHANCA 10) was conducted in 522 patients with primary squamous cell carcinoma of the head and neck receiving radiation therapy randomized to darbepoetin alfa with radiotherapy or radiotherapy alone. An interim analysis on 484 patients demonstrated that locoregional control at 5 years was significantly shorter in patients receiving darbepoetin alfa (RR 1.44, 95% CI: 1.06, 1.96; p = 0.02). Overall survival was shorter in patients receiving darbepoetin alfa (RR 1.28, 95% CI: 0.98, 1.68; p = 0.08).

Pure Red Cell Aplasia
Cases of pure red cell aplasia (PRCA) and of severe anemia, with or without other cytopenias, associated with neutralizing antibodies to erythropoietin have been reported in patients treated with PROCRIT®. This has been reported predominantly in patients with chronic renal failure (CRF) receiving PROCRIT® by subcutaneous administration. Any patient who develops a sudden loss of response to PROCRIT®, accompanied by severe anemia and low reticulocyte count, should be evaluated for the etiology of loss of effect, including the presence of neutralizing antibodies to erythropoietin (see PRECAUTIONS: Lack or Loss of Response). If anti-erythropoietin antibody-associated anemia is suspected, withhold PROCRIT® and other erythropoietic proteins. Contact ORTHO BIOTECH at 1 888 2ASK OBI (1-888-227-5624) to perform assays for binding and neutralizing antibodies. PROCRIT® should be permanently discontinued in patients with antibody-mediated anemia. Patients should not be switched to other erythropoietic proteins as antibodies may cross-react (see ADVERSE REACTIONS: Immunogenicity).

Albumin (Human)
PROCRIT® contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD) also is considered extremely remote. No cases of transmission of viral diseases or CJD have ever been identified for albumin.

PRECAUTIONS
The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT® therapy, no serious allergic or anaphylactic reactions were reported (see ADVERSE REACTIONS in full Prescribing Information for more information regarding allergic reactions).

The safety and efficacy of PROCRIT® therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT® therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with CRF treated with PROCRIT®. However, PROCRIT® has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT® should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT® therapy was associated with subclinical bone marrow fibrosis. Bone marrow fibrosis is a known complication of CRF in humans and may be related to secondary hyperparathyroidism or unknown factors. The incidence of bone marrow fibrosis was not increased in a study of adult patients on dialysis who were treated with PROCRIT® for 12 to 19 months, compared to the incidence of bone marrow fibrosis in a matched group of patients who had not been treated with PROCRIT®.

Cancer patients should have hemoglobin measured once a week until hemoglobin has been stabilized, and measured periodically thereafter.

Lack or Loss of Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1. Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see IRON EVALUATION); 2. Underlying infectious, inflammatory, or malignant processes; 3. Occult blood loss; 4. Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders); 5. Vitamin deficiencies: Folic acid or vitamin B12; 6. Hemolysis; 7. Aluminum intoxication; 8. Osteitis fibrosa cystica; 9. Pure Red Cell Aplasia (PRCA) or anti-erythropoietin antibody-associated anemia: In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to erythropoietin (see WARNINGS: Pure Red Cell Aplasia).

Iron Evaluation: During PROCRIT® therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT® therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT®.

Drug Interaction: No evidence of interaction of PROCRIT® with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT® has not been evaluated. PROCRIT® does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated IV with PROCRIT®, there was a trend for slightly increased fetal wastage at doses of 100 and 500 Units/kg.

Pregnancy Category C: PROCRIT® has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT® should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 Units/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 Units/kg. PROCRIT® has not shown any adverse effect at doses as high as 500 Units/kg in pregnant rabbits (from day 6 to 18 of gestation).

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT® during gestation and lactation revealed no effect of PROCRIT® at doses of up to 500 Units/kg. There were, however, decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 Units/kg group. There were no PROCRIT®-related effects on the F2 generation fetuses.

It is not known whether PROCRIT® is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT® is administered to a nursing woman.

Pediatric Use: See WARNINGS: Pediatrics

Pediatric Cancer Patients on Chemotherapy: The safety and effectiveness of PROCRIT® were evaluated in a randomized, double-blind, placebo-controlled, multicenter study (see CLINICAL EXPERIENCE, Weekly (QW) Dosing, Pediatric Patients in full Prescribing Information).

Geriatric Use: Insufficient numbers of patients age 65 or older were enrolled in clinical studies of PROCRIT® for the treatment of anemia associated with pre-dialysis chronic renal failure, cancer chemotherapy, and Zidovudine-treatment of HIV infection to determine whether they respond differently from younger subjects.

Information for Patients
Patients should be informed of the increased risks of mortality, serious cardiovascular events, thromboembolic events, and increased risk of tumor progression or recurrence (see WARNINGS). In those situations in which the physician determines that a patient or their caregiver can safely and effectively administer PROCRIT® at home, instruction as to the proper dosage and administration should be provided. Patients should be instructed to read the PROCRIT® Medication Guide and Patient Instructions for Use and should be informed that the Medication Guide is not a disclosure of all possible side effects. Patients should be informed of the possible side effects of PROCRIT® and of the signs and symptoms of allergic drug reaction and advised of appropriate actions. If home use is prescribed for a patient, the patient should be thoroughly instructed in the importance of proper disposal and cautioned against the reuse of needles, syringes, or drug product. A puncture-resistant container should be available for the disposal of used syringes and needles, and guidance provided on disposal of the full container.

Hypertension: Hypertension, associated with a significant increase in hemoglobin, has been noted rarely in patients treated with PROCRIT®. Nevertheless, blood pressure in patients treated with PROCRIT® should be monitored carefully, particularly in patients with an underlying history of hypertension or cardiovascular disease.

Seizures: In double-blind, placebo-controlled trials, 3.2% (n = 2/63) of patients treated with PROCRIT® TIW and 2.9% (n = 2/68) of placebo-treated patients had seizures. Seizures in 1.6% (n = 1/63) of patients treated with PROCRIT® TIW occurred in the context of a significant increase in blood pressure and hematocrit from baseline values. However, both patients treated with PROCRIT® also had underlying CNS pathology which may have been related to seizure activity.

In a placebo-controlled, double-blind trial utilizing weekly dosing with PROCRIT®, 1.2% (n = 2/168) of safety-evaluable patients treated with PROCRIT® and 1% (n = 1/165) of placebo-treated patients had seizures. Seizures in the patients treated with weekly PROCRIT® occurred in the context of a significant increase in hemoglobin from baseline values however significant increases in blood pressure were not seen. These patients may have had other CNS pathology.

Thrombotic Events: In double-blind, placebo-controlled trials, 3.2% (n = 2/63) of patients treated with PROCRIT® TIW and 11.8% (n = 8/68) of placebo-treated patients had thrombotic events (eg, pulmonary embolism, cerebrovascular accident), (see WARNINGS: Increased Mortality, Serious Cardiovascular and Thromboembolic Events).

In a placebo-controlled, double-blind trial utilizing weekly dosing with PROCRIT®, 6.0% (n = 10/168) of safety-evaluable patients treated with PROCRIT® and 3.6% (n = 6/165) (p = 0.444) of placebo-treated patients had clinically significant thrombotic events (deep vein thrombosis requiring anticoagulant therapy, embolic event including pulmonary embolism, myocardial infarction, cerebral ischemia, left ventricular failure and thrombotic microangiopathy). A definitive relationship between the rate of hemoglobin increase and the occurrence of clinically significant thrombotic events could not be evaluated due to the limited schedule of hemoglobin measurements in this study.

The safety and efficacy of PROCRIT® were evaluated in a randomized, double-blind, placebo-controlled, multicenter study that enrolled 222 anemic patients ages 5 to 18 receiving treatment for a variety of childhood malignancies. Due to the study design (small sample size and the heterogeneity of the underlying malignancies and of anti-neoplastic treatments employed), a determination of the effect of PROCRIT® on the incidence of thrombotic events could not be performed. In the PROCRIT® arm, the overall incidence of thrombotic events was 10.8% and the incidence of serious or life-threatening events was 7.2%.

ADVERSE REACTIONS
Immunogenicity
As with all therapeutic proteins, there is the potential for immunogenicity. Neutralizing antibodies to erythropoietin, in association with PRCA or severe anemia (with or without other cytopenias), have been reported in patients receiving PROCRIT® (see WARNINGS: Pure Red Cell Aplasia) during post-marketing experience.

There has been no systematic assessment of immune responses, i.e., the incidence of either binding or neutralizing antibodies to PROCRIT®, in controlled clinical trials.

Where reported, the incidence of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies across products within this class (erythropoietic proteins) may be misleading.

Adverse Experiences Reported in Clinical Trials
In double-blind, placebo-controlled studies of up to 3 months duration involving 131 cancer patients, adverse events with an incidence > 10% in either patients treated with PROCRIT® or placebo-treated patients were as indicated below:

	Percent of Patients Reporting Event	
	Patients Treated With PROCRIT®	**Placebo-treated Patients**
Event	**(n = 63)**	**(n = 68)**
Pyrexia	29%	19%
Diarrhea	21%*	7%
Nausea	17%*	32%
Vomiting	17%	15%
Edema	17%*	1%
Asthenia	13%	16%
Fatigue	13%	15%
Shortness of Breath	13%	9%
Parasthesia	11%	6%
Upper Respiratory Infection	11%	4%
Dizziness	5%	12%
Trunk Pain	3%*	16%

* Statistically significant

Although some statistically significant differences between patients being treated with PROCRIT® and placebo-treated patients were noted, the overall safety profile of PROCRIT® appeared to be consistent with the disease process of advanced cancer. During double-blind and subsequent open-label therapy in which patients (n = 72 for total exposure to PROCRIT®) were treated for up to 32 weeks with doses as high as 927 Units/kg, the adverse experience profile of PROCRIT® was consistent with the progression of advanced cancer.

Three hundred thirty-three (333) cancer patients enrolled in a placebo-controlled double-blind trial utilizing Weekly dosing with PROCRIT® for up to 4 months were evaluable for adverse events. The incidence of adverse events was similar in both the treatment and placebo arms.

OVERDOSAGE
The expected manifestations of PROCRIT® overdosage include signs and symptoms associated with an excessive and/or rapid increase in hemoglobin concentration, including any of the cardiovascular events described in WARNINGS and listed in ADVERSE REACTIONS in full Prescribing Information. Patients receiving an overdosage of PROCRIT® should be monitored closely for cardiovascular events and hematologic abnormalities. Polycythemia should be managed acutely with phlebotomy, as clinically indicated. Following resolution of the effects due to PROCRIT® overdosage, reintroduction of PROCRIT® therapy should be accompanied by close monitoring for evidence of rapid increases in hemoglobin concentration (>1 gm/dL per 14 days). In patients with an excessive hematopoietic response, reduce the PROCRIT® dose in accordance with the recommendations described in DOSAGE AND ADMINISTRATION in full Prescribing Information.

DOSAGE AND ADMINISTRATION

IMPORTANT: See BOXED WARNINGS and WARNINGS: Increased Mortality, Serious Cardiovascular and Thromboembolic Events.

Prior to initiating treatment with PROCRIT® a hemoglobin should be obtained to establish that it is >10 to ≤ 13 g/dL. The recommended dose of PROCRIT® is 300 Units/kg/day subcutaneously for 10 days before surgery, on the day of surgery, and for 4 days after surgery.

An alternate dose schedule is 600 Units/kg PROCRIT® subcutaneously in once weekly doses (21, 14, and 7 days before surgery) plus a fourth dose on the day of surgery.

All patients should receive adequate iron supplementation. Iron supplementation should be initiated no later than the beginning of treatment with PROCRIT® and should continue throughout the course of therapy. Deep venous thrombosis prophylaxis should be strongly considered (see BOXED WARNINGS).

PREPARATION AND ADMINISTRATION OF PROCRIT®

1. Do not shake. It is not necessary to shake PROCRIT®. Prolonged vigorous shaking may denature any glycoprotein, rendering it biologically inactive.
2. Protect the solution from light. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. Do not use any vials exhibiting particulate matter or discoloration.
3. Using aseptic techniques, attach a sterile needle to a sterile syringe. Remove the flip top from the vial containing PROCRIT®, and wipe the septum with a disinfectant. Insert the needle into the vial, and withdraw into the syringe an appropriate volume of solution.
4. **Single-dose**: 1 mL vial contains no preservative. Use one dose per vial; do not re-enter the vial. Discard unused portions.

   Multidose: 1 mL and 2 mL vials contain preservative. Store at 2° to 8°C after initial entry and between doses. Discard 21 days after initial entry.
5. Do not dilute or administer in conjunction with other drug solutions. However, at the time of SC administration, preservative-free PROCRIT® from single-use vials may be admixed in a syringe with bacteriostatic 0.9% sodium chloride injection, USP, with benzyl alcohol 0.9% (bacteriostatic saline) at a 1:1 ratio using aseptic technique. The benzyl alcohol in the bacteriostatic saline acts as a local anesthetic which may ameliorate SC injection site discomfort. Admixing is not necessary when using the multidose vials of PROCRIT® containing benzyl alcohol.

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

Distributed by:
Ortho Biotech Products, L.P.
Raritan, New Jersey 08869-0670

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ORTHO BIOTECH

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Table of Contents

About this Guide

Patients with cancer face many challenges: physical, financial, and emotional. The resources in this guide help with all these issues. "The Guide to Financial Assistance" lists organizations that assist with basic household expenses, medical costs, and housing and transportation needs for patients receiving treatment away from home. Some are dedicated specifically to helping uninsured patients afford medical care and underinsured patients afford medical supplies and drug expenses not covered by insurance. Others offer college scholarships for cancer survivors or grant the last wish of a terminally ill child. We have also listed government programs and groups that help patients organize their finances and find needed support.

The "Online Resource Guide" describes groups that advocate on behalf of patients with cancer or address non-financial concerns, like coping and staying employed. Many provide information on diagnosis and treatment of specific types of cancer, match patients to clinical trials, or host online communities where patients, survivors, and their families and caregivers can share their experiences. Several offer toll free hotlines or online chat services staffed by experts who answer your questions. You will also find a wealth of downloadable brochures, information on ordering free books, Webcasts, and Podcasts on a range of topics. Some sites focus on a specific cancer, whereas others are intended for anyone dealing with a cancer diagnosis.

The last section of this guide comprises fact sheets on common drugs used to treat cancer, outlining how the drug works and what Patient Assistance Programs are available. "About the Drug" provides a short description in easy-to-understand terms of how the drug works and what the drug is approved to treat. Under "Patient Assistance Program," we outline programs drug manufacturers have put in place to ensure no patient is unable to get needed medication. Some companies offer free prescriptions to patients who meet eligibility criteria, and others help with drug copayments. Although we have listed the approved indications for each drug, often a drug may be used for an off-label use, which may not be covered by a Patient Assistance Program. Please note that many cancer drugs are available in generic form and are no longer supported by the original manufacturer. These drugs are not included in this guide.

A Guide to Financial Assistance

A heavy financial burden often accompanies a cancer diagnosis. Many patients require support to meet treatment and quality of life needs. These resources assist with cancer-related expenses, provide support services, or guide you to other helpful organizations.

ORGANIZATION	WHO IT SERVES	BASIC NEEDS*	CHILD CARE	MEDICAL EQUIP/SUPPLIES	TRANSPORTATION	TEMPORARY HOUSING	SCHOLARSHIPS/CAMP	GOVERNMENT AID	LEGAL AID	MEDICAL COSTS	DRUG COSTS	HOME HEALTHCARE	PROSTHESES/WIGS	FINANCIAL ADVICE	WISH FULFILLMENT
A Special Wish Foundation Inc. www.spwish.org (800) 486-WISH E-mail via Website	Individuals aged <21 years with a life-threatening disorder														●
Administration on Aging www.aoa.gov (202) 619-0724 aoainfo@aoa.hhs.gov	Senior citizens						●						●		
Air Charity Network www.aircharitynetwork.org (877) 621-7177 execdir@aircharitynetwork.org	People needing transportation for medical crises			●											
American Cancer Society www.cancer.org (800) ACS-2345 E-mail via Website	Patients with cancer				●	●			●	●		●			
American Kidney Fund www.kidneyfund.org (866) 300-2900 helpline@kidneyfund.org	Patients with kidney disease			●						●					
Andre Sobel River of Life Foundation www.andreriveroflife.org (310) 276-7111 info@andreriveroflife.org	Single parents of children at partner institutions	●		●						●					
Angel Flight Inc. www.angelflight.com (918) 749-8992 angel@angelflight.com	Anyone with a legitimate medically related need			●											
Angel Food Ministries www.angelfoodministries.com (877) 366-3646 angelfood@angelfoodministries.com	Low-income families in 35 states	●													

*Basic needs refers to typical household expenses, such as a mortgage payment, groceries, utilities, car payment, etc.

ORGANIZATION	WHO IT SERVES	BASIC NEEDS*	CHILD CARE	MEDICAL EQUIP/SUPPLIES	TRANSPORTATION	TEMPORARY HOUSING	SCHOLARSHIPS/CAMP	GOVERNMENT AID	LEGAL AID	MEDICAL COSTS	DRUG COSTS	HOME HEALTHCARE	PROSTHESES/WIGS	FINANCIAL ADVICE	WISH FULFILLMENT
Association of Hole in the Wall Camps www.holeinthewallcamps.org (203) 562-1203	Children with serious & life-threatening medical conditions					●									
Barr Foundation Amputees Assistance Fund www.oandp.com/resources/organizations/barr (561) 391-7601 t-barr@t-barr.com	Amputees											●			
Believe in Tomorrow National Children's Foundation www.believeintomorrow.org (800) 933-5470 info@believeintomorrow.org	Critically ill children & their families				●										
Bleed Purple www.bleedpurple.org (208) 699-7249 E-mail via Website	College students with cancer					●			●						
Bone Marrow Foundation www.bonemarrow.org (800) 365-1336 TheBMF@bonemarrow.org	Transplant patients	●	●	●	●				●	●	●				
Breast and Cervical Cancer Treatment Act (CDC) www.cdc.gov/cancer/nbccedp/legislation/law106-354.htm (800) CDC-INFO (800) 232-4636 cdcinfo@cdc.gov	Low-income women						●		●						
Brenda Mehling Cancer Fund www.bmcf.net (800) 878-9184	Patients aged 18-40 years	●			●	●			●		●				
Cameron Siemers Foundation for Hope www.cameronsiemers.org (877) 509-9516 info@cameronsiemers.org	Individuals aged 18-28 years with life-threatening illnesses													●	●
Camp Quality USA www.campqualityusa.org (330) 671-0167 patty@campqualityusa.org	Children with cancer					●									
Camp Sunshine www.campsunshine.org (207) 655-3800	Children with life-threatening illnesses & their families					●									
Cancer for College www.cancerforcollege.org (760) 599-5096	Cancer survivors & amputees					●									
Cancer Recovery Foundation www.cancerrecovery.org (800) 238-6479 aporter@cancerrecovery.org	Children					●									
Cancer Survivors' Fund www.cancersurvivorsfund.org (281) 437-7142 csf@cancersurvivorsfund.org	Young adult cancer survivors					●						●			

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ORGANIZATION	WHO IT SERVES	BASIC NEEDS*	CHILD CARE	MEDICAL EQUIP/SUPPLIES	TRANSPORTATION	TEMPORARY HOUSING	SCHOLARSHIPS/CAMP	GOVERNMENT AID	LEGAL AID	MEDICAL COSTS	DRUG COSTS	HOME HEALTHCARE	PROSTHESES/WIGS	FINANCIAL ADVICE	WISH FULFILLMENT
Cancer*Care* www.cancercare.org (800) 813-HOPE info@cancercare.org	Individuals affected by cancer		●		●										
Candlelighters Childhood Cancer Foundation www.candlelighters.org (800) 366-2223 staff@candlelighters.org	Children with cancer & their families					●	●			●	●			●	
Carolyn's Compassionate Children www.cccscholarships.org (866) 540-1392 info@cccscholarships.org	Young adult cancer survivors						●								
Casting for Recovery www.castingforrecovery.org (888) 553-3500 info@castingforrecovery.org	Women who have survived breast cancer						●								
Catholic Charities USA www.catholiccharitiesusa.org (703) 549-1390 info@catholiccharitiesusa.org	People of all faiths who need mortgage and rent assistance and help with medical supplies and medications	●			●	●				●	●				
Centers for Medicare and Medicaid Services www.cms.gov (800) MEDICARE (800) 633-4227	Low-income & other eligible individuals							●							
Chai Lifeline www.chailifeline.org (212) 465-1300 (877) CHAI-LIFE info@chailifeline.org	Children with chronic illness & their families	●			●	●	●								
Chef David's Kids www.chefdavidskids.com (954) 594-1024 chefdavidmitchell@gmail.com	Critically ill & abused children														●
Children's Oncology Camping Association International www.coca-intl.org (515) 669-4580 administrativeteam@coca-intl.org	Children with cancer & their families						●								
Children's Wish Foundation International Inc. www.childrenswish.org (800) 323-WISH lindad@childrenswish.org	Individuals aged <18 years with a life-threatening illness														●
Chronic Disease Fund www.cdfund.org (877) 968-7233 info@cdfund.org	Underinsured patients with chronic disease									●					
Clayton Dabney Foundation for Kids with Cancer www.claytondabney.org (214) 361-2600 lauren.lee@claytondabney.org	Children in the last stages of terminal cancer														●

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ORGANIZATION	WHO IT SERVES	BASIC NEEDS*	CHILD CARE	MEDICAL EQUIP/SUPPLIES	TRANSPORTATION	TEMPORARY HOUSING	SCHOLARSHIPS/CAMP	GOVERNMENT AID	LEGAL AID	MEDICAL COSTS	DRUG COSTS	HOME HEALTHCARE	PROSTHESES/WIGS	FINANCIAL ADVICE	WISH FULFILLMENT
Corporate Angel Network www.corpangelnetwork.org (914) 328-1313 info@corpangelnetwork.org	Cancer patients traveling for treatment				●										
Disabled Children's Relief Fund www.dcrf.com (516) 377-1605 E-mail via Website	Disabled children			●											
Dream Factory www.dreamfactoryinc.com (800) 456-7556	Children aged 3–18 with a critical or chronic illness					●									●
Dream Foundation www.dreamfoundation.org (805) 564-2131 E-mail via Website	Adults with a life-threatening illness														●
Dream Street Foundation www.dreamstreetfoundation.org (800) 55-DREAM dreamstreetca@gmail.com	Children & young adults with a life-threatening illness					●									
Dreams Come True www.dreamscometrue.org (904) 296-3030	Children with a life-threatening illness														●
First Hand Foundation www.cerner.com/firsthand (816) 201-1569 firsthandfoundation@cerner.com	Seriously ill children in low-income families			●	●	●			●			●			
Fisher House www.fisherhouse.org (301) 294-8560 info@fisherhouse.org	Military families					●									
Free Gas USA Inc. www.freegasusa.org info@freegasusa.org	Low-income patients				●										
Friends of Man www.friendsofman.org (303) 798-2342	Low-income & disabled patients	●	●			●				●		●			
Give Kids the World Village www.gktw.org (800) 995-KIDS (407) 396-1114 dream@gktw.org	Children with a life-threatening illness & their families					●									●
GovBenefits www.govbenefits.gov (800) 333-4636	Patients needing government assistance						●								
HealthWell Foundation www.healthwellfoundation.org (800) 675-8416 info@healthwellfoundation.org	Patients unable to afford insurance fees			●	●				●	●					

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ORGANIZATION	WHO IT SERVES	BASIC NEEDS*	CHILD CARE	MEDICAL EQUIP/SUPPLIES	TRANSPORTATION	TEMPORARY HOUSING	SCHOLARSHIPS/CAMP	GOVERNMENT AID	LEGAL AID	MEDICAL COSTS	DRUG COSTS	HOME HEALTHCARE	PROSTHESES/WIGS	FINANCIAL ADVICE	WISH FULFILLMENT
Hill-Burton Free and Reduced Cost Health Care (DHHS) www.hrsa.gov/hillburton (800) 638-0742	Uninsured, isolated, or medically vulnerable citizens						●								
Jesica's Hope Chest www.4jhc.org contactus@4jhc.org	Critically ill children			●	●	●				●	●				
Joe's House www.joeshouse.org (877) 563-7468 info@joeshouse.org	Cancer patients traveling for treatment					●									
Kelly Anne Dolan Memorial Fund dolanfund.org (215) 643-0763 E-mail via Web site	Families in PA, NJ, DE with terminally/critically/chronically ill, severely disabled, or seriously injured children	●	●		●					●	●				
Kristy Lasch Miracle Foundation www.kristylasch.org (412) 872-4125 E-mail via Website	Low-income women aged <30 years with breast cancer	●								●	●				
Legal Services Corporation www.lsc.gov (202) 295-1500 info@lsc.gov	Low-income individuals						●								
Lifeline Pilots www.lifelinepilots.org (309) 697-6282 missions@lifelinepilots.org	Patients with medical emergencies				●										
Limbs for Life Foundation www.limbsforlife.org (888) 235-5462 admin@limbsforlife.org	Amputees											●			
Locks of Love www.locksoflove.org (888) 896-1588 info@locksoflove.org	Financially disadvantaged children aged <21 years with hair loss related to a medical condition											●			
Make-A-Wish Foundation www.wish.org (800) 722-WISH (9474) E-mail via Website	Children with a life-threatening medical condition														●
Medicare www.medicare.gov (800) MEDICARE (800) 633-4227	Eligible low-income individuals						●								
Medicare Rights Center www.medicarerights.org (800) 333-4114	Older adults & people with disabilities							●	●						
National Association of Hospital Hospitality Houses www.nahhh.org (800) 542-9730 E-mail via Website	Families & their loved ones receiving medical treatment far from home					●									

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ORGANIZATION	WHO IT SERVES	BASIC NEEDS*	CHILD CARE	MEDICAL EQUIP/SUPPLIES	TRANSPORTATION	TEMPORARY HOUSING	SCHOLARSHIPS/CAMP	GOVERNMENT AID	LEGAL AID	MEDICAL COSTS	DRUG COSTS	HOME HEALTHCARE	PROSTHESES/WIGS	FINANCIAL ADVICE	WISH FULFILLMENT
National Patient Travel Center Helpline www.patienttravel.org (800) 296-1217 info@nationalpatienttravelcenter.org	Patients who need long-distance medical air transportation to a treatment center			●											
National Cancer Coalition www.nationalcancercoalition.org (919) 821-2182	Cancer patients & their families	●		●					●	●					
National Children's Cancer Society www.nationalchildrenscancersociety.org (314) 241-1600 pbeck@children-cancer.org	Children with cancer & families; scholarships for survivors of childhood cancer	●		●	●		●			●					
National Children's Leukemia Foundation www.leukemiafoundation.org (800) GIVE-HOPE info@leukemiafoundation.org	Children with leukemia & their families				●									●	●
National Organization for Rare Disorders Co-Payment Assistance Program www.rarediseases.org (866) 828-8902 (Kidney & liver cancer) (800) 999-6673 (Hodgkin's) (877) 508-0411 (Peripheral T-Cell Lymphoma) patientassistance@rarediseases.org	Patients with kidney & liver cancer, Hodgkin's lymphoma, & peripheral T-cell lymphoma									●					
National Transplant Assistance Fund & Catastrophic Injury Program www.transplantfund.org (800) 642-8399 E-mail via Website	Cancer patients in need of transplants								●						
PAF Co-Pay Relief www.copays.org (866) 512-3861	Financially and medically eligible patients with insurance or Medicare Part D									●					
Partnership for Prescription Assistance www.pparx.org (888) 477-2669 E-mail via Website	Qualifying patients without prescription drug coverage									●					
Patient Advocate Foundation www.patientadvocate.org (800) 532-5274 help@patientadvocate.org	Patients with cancer or other serious illnesses; scholarships to cancer survivors aged <25 years					●		●	●				●		
Patient Services Incorporated www.uneedpsi.org (800) 366-7741 uneedpsi@uneedpsi.org	Patients unable to afford insurance fees for treatment								●	●					
Ronald McDonald House Charities www.rmhc.org (630) 623-7048 info@rmhc.org	Families with children in treatment				●										
RxAssist www.rxassist.org (401) 729-3284 info@rxassist.org	Patients who need help paying for medications												●		

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SAMFund www.thesamfund.org (617) 938-3484 info@thesamfund.org	Cancer survivors aged 17-35 years					●									
Sarcoma Alliance www.sarcomaalliance.org (415) 381-7236 info@sarcomaalliance.org	Patients affected by sarcoma				●				●						
Starlight Children's Foundation www.starlight.org (301) 479-1212 info@starlight.org	Seriously ill children and their families														●
State Children's Health Insurance Program www.insurekidsnow.gov (877) Kids-Now (877) 543-7669	Children whose families cannot afford coverage						●								
State Health Insurance Assistance Program www.shiptalk.org (List of contacts by state)	People with Medicare and their families													●	
Sunshine Foundation www.sunshinefoundation.org (215) 396-4770 florida@sunshinefoundation.org	Chronically/seriously ill, physically challenged, and/or abused children aged 3–18 years														●
The Children's Leukemia Research Association Inc. (aka The National Leukemia Research Association) www.childrensleukemia.org (516) 222-1944 info@childrensleukemia.org	Children and adults with leukemia								●	●					
The Leukemia & Lymphoma Society www.leukemia-lymphoma.org (800) 955-4572 E-mail via Website	Low-income patients with AML, CML, CLL, Hodgkin's lymphoma, NHL, myeloma, MDS, or Waldenstrom macroglobulinemia			●					●	●					
US Department of Veterans Affairs www.va.gov (800) 827-1000 E-mail via Website	Veterans & their families						●								
US Social Security Administration www.ssa.gov (800) 772-1213	Older adults & other eligible individuals						●								
Wigs for Kids www.wigsforkids.org (440) 333-4433 info@wigsforkids.org	Children who have lost their hair due to a medical condition or burn												●		
Zichron Shlome Refuah Fund www.zsrf.org (718) GET-WELL zsrf@thejnet.com	Patients with chronic illness & their families	●		●					●						

*Basic needs refers to typical household expenses, such as a mortgage payment, groceries, utilities, car payment, etc.

Online Resource Guide

A cancer diagnosis may seem overwhelming, and finding helpful information and support can be challenging. This guide highlights the most beneficial Websites for people with cancer and their caregivers and details the resources each organization has to offer.

Icon Key

- Information
- Forums/chatroom/ penpal matching
- Literature
- Hotline
- Clinical trials
- Financial assistance
- Scholarships/grants/ tuition assistance
- Counseling
- Transportation
- Childcare
- Legal aid
- Gift for patients

Bladder Cancer

American Bladder Cancer Society

www.bladdercancersupport.org
(413) 684-4240
E-mail via Website

This site features forums and blogs, information, and videos. The organization's goal is to increase awareness of bladder cancer, which includes advocacy on the government level.

Bladder Cancer Advocacy Network

www.bcan.org
(888) 901-BCAN

The Bladder Cancer Advocacy Network (BCAN) works to increase public awareness about bladder cancer. It supports research and provides educational and support services. Website visitors can sign up for BCAN's newsletter.

Bladder Cancer WebCafé

www.blcwebcafe.org
E-mail via Website

Bladder Cancer WebCafé describes its goal as presenting patients with current information on treatment options and online resources, as well as a place to connect with others experiencing a bladder cancer diagnosis.

Brain Cancer

American Brain Tumor Association

www.abta.org
(800) 886-2282
(847) 827-9910
info@abta.org

The American Brain Tumor Association (ABTA) promotes brain tumor research and provides a hub for patient support resources. The site contains links to a full range of support options. Additionally, ABTA offers a pen-pal program and will help individuals start their own support groups.

Brain Tumor Foundation for Children Inc.

www.braintumorkids.org
(404) 252-4107
info@braintumorkids.org

The Brain Tumor Foundation for Children Inc. (BTFC) is a financial, social, and educational resource for families of children with brain and spinal cord tumors. BTFC also funds research and advocates for patients. The site details how to apply to BTFC's financial assistance program, the Butterfly Fund.

Brain Tumor Survivor

www.btsurvivor.com

This is an active bulletinboard community with more than 4722 registered users. The forum has separate sections for information on

treatment, the latest published brain cancer research, personal stories, and links to useful Websites on brain cancer. It is also a place where people with brain cancer can talk generally about their lives.

Children's Brain Tumor Foundation

www.cbtf.org
(866) 228-4673
info@cbtf.org

The Children's Brain Tumor Foundation (CBTF) supports children with brain and spinal cord tumors through education, research, and increased public awareness. CBTF offers a toll free support line run by pediatric neuro-oncology social workers and connects affected families through its Parent-to-Parent Network. You can also visit the Website to download a free resource guide.

Musella Foundation

www.virtualtrials.com
Phone: (888) 295-4740
musella@virtualtrials.com

The Musella Foundation offers a 48-page downloadable book, *Brain Tumor Guide for the Newly Diagnosed*, and multiple newsletters. Patients can register for the Brain Tumor Virtual Trial, which analyzes global results to determine optimum treatment. The site's clinical trial search engine matches patients to relevant research efforts. In addition, the site has many educational Webcasts.

National Brain Tumor Society

www.braintumor.org
(800) 770-8287
info@braintumor.org

The National Brain Tumor Society (NBTS) provides message boards where patients and caregivers provide mutual support. Other resources include downloadable booklets, brochures, and fact sheets. Front-page postings update visitors on current brain cancer news.

Pediatric Brain Tumor Foundation

www.pbtfus.org
(800) 253-6530
pbtfus@pbtfus.org

The Pediatric Brain Tumor Foundation (PBTF) funds childhood brain tumor research and assists patients and their families. In 2002, PBTF began a scholarship program for families of survivors. Site visitors will find an Internet broadcast series, newsletters, and booklets. PBTF's staff social worker answers e-mails on brain cancer concerns.

Pediatric Low Grade Astrocytoma Foundation

www.fightplga.org
contact@fightplga.org

The Pediatric Low Grade Astrocytoma (PLGA) Foundation distinguishes itself with its specific focus on PLGA, the most common type of brain tumor found in children. In addition to answering common questions on PLGA, the site provides a video gallery and links to support groups, including its own Low Grade Glioma list serve.

Tug McGraw Foundation

www.tugmcgraw.org
(707) 255-1884
info@tugmcgraw.org

Beyond funding research and increasing awareness, Tug McGraw Foundation strives to improve the daily lives of individuals suffering from brain cancer. In this endeavor, the site provides resources for both patients and caregivers. Its primary tools consist of links to external resources. A news and events blog updates current foundation happenings, and you can subscribe to the newsletter at the Website.

Breast Cancer

BreastCancer.org

www.breastcancer.org

At this physician-reviewed site, you can try the Breast Cancer Coach feature to identify questions you might want to ask your physician. In addition to information on every aspect of breast cancer, BreastCancer.org hosts Ask-the-Expert Online conferences, discussion boards, and chat rooms. Sections also cover handling expenses and breast cancer in the workplace.

Breast Cancer Network of Strength

www.networkofstrength.org
(800) 221-2141 (English)
(800) 986-9505 (Spanish)
E-mail via Website

Available in several languages, the Website provides information on breast cancer, with a focus on emotional support through the YourShoes peer counselor hotline. Free brochures are available, and low-income women can apply for a free wig, prostheses, or mastectomy bra.

Breast Cancer Support

www.bcsupport.org
bcsurvivors@gmail.com

Breast Cancer Support is primarily an online community that offers a discussion forum for people with a diagnosis of breast cancer or their caregivers and family members. It is designed for women with all types of breast cancer, at all stages. Individual boards cover specific topics. The Website also posts daily links to the latest research news in breast cancer.

The Inflammatory Breast Cancer Foundation

www.eraseibc.com
(866) 944-4223
info@eraseibc.com

Specifically for women with inflammatory breast cancer (IBC), the site includes data, Podcasts, and videos on this type of breast disease. Brochures are also available by mail or online.

Living Beyond Breast Cancer

www.lbbc.org
(888) 753-5222

This site, available in English and Spanish, offers free brochures on various types of breast cancer and issues like financial and emotional support. Women in the Philadelphia area can apply for a grant to help with treatment-related and household expenses. The site also includes a message board and educational Webcasts.

Metastatic Breast Cancer Information & Support

www.AdvancedBC.org/www.BCMets.org
E-mail via Website

These sister sites provide a place where women with advanced metastatic breast cancer can connect with one another through an e-mail list group. At AdvancedBC.org, you can find information on breast cancer and treatment and read excerpts from *Advanced Breast Cancer: A Guide to Living with Metastatic Disease*, written by the site's founder.

National Breast Cancer Foundation

www.nationalbreastcancer.org
E-mail via Website

The National Breast Cancer Foundation (NBCF) funds free mammograms for women who cannot afford them. The Website includes fact sheets on risks, diagnosis, and treatment; and an interactive video guide called "Beyond the Shock." You can also register for the online message boards and use tools to create an early detection plan.

Pink-Link

www.pink-link.org
E-mail via Website

Pink-Link has an active Breast Cancer Support Network, where women with breast cancer discuss the issues surrounding their illness. At the Website, you can find other breast cancer survivors to connect with through an online searchable database, and you can subscribe to the Pink-Link newsletter.

SHARE: Self-help for Women with Breast or Ovarian Cancer

www.sharecancersupport.org
(866) 891-2392

SHARE provides telephone support in 12 languages, including English and Spanish; hosts support groups and educational programs; and engages in advocacy activities. You can subscribe to the monthly newsletter and download copies of prior newsletters at the Website.

Susan G. Komen for the Cure

www.komen.org
(877) 465-6636
E-mail via Website

Billed as the resource for all things related to breast health, Susan G. Komen for the Cure is one of the most widely recognized breast cancer support groups. The site includes information, downloadable brochures, and a message board. It also lists local affiliates patients can contact to apply for financial help. A national breast care helpline offers direct support.

Colorectal Cancer

Colon Cancer Alliance

www.ccalliance.org
(877) 422-2030
Online list of email contacts

The Colon Cancer Alliance (CCA) promotes community interaction through message boards, chat rooms, expert-mediated discussions, and a helpline. Individuals can also create their own pages. Additional resources include a newsletter, videos, book reviews, and clinical trial updates. Visitors can search for a local CCA chapter to seek direct support.

C3: Colorectal Cancer Coalition

www.fightcolorectalcancer.org
(877) 427-2111
info@fightcolorectalcancer.org

C3: Colorectal Cancer Coalition educates patients on prevention, screening, and treatment options. The Website provides colorectal cancer news updates. Its helpline associates answer callers' questions and respond to emailed inquiries. A site blog features a colorectal cancer expert's articles.

Gastrointestinal Cancer

Life Raft Group

www.liferaftgroup.org
(973) 837-9092
liferaft@liferaftgroup.org

The Life Raft Group is for people with gastrointestinal stromal tumors (GIST) and their family members. It includes information on treatment strategies, a list of GIST specialists by state, member blogs, Webcasts, downloadable brochures, and a searchable list of trials. Life Raft Group also runs a members-only support group.

GIST Support International

www.gistsupportinternational.org
(215) 340-9374
gsi@gistsupport.org

Perhaps the most comprehensive site on gastrointestinal stromal disorders (GIST), GIST Support International (GSI) includes PDFs of medical literature on GIST, a collection of Webcasts and slide shows from medical professionals, and a GIST support Wiki with advice from community members. Patients can also learn about the various treatments for GIST, submit questions for professional answers, join the GSI e-mail list, or participate in the Phone Pals program.

Gynecological Cancers (Ovarian, Cervical)

FORCE: Facing Our Risk of Cancer

www.facingourrisk.org
(866) 824-7475
info@facingourrisk.org

A Website primarily for women at risk of developing or who have hereditary ovarian and breast cancer, FORCE provides links to local support groups and has its own online message board. It offers downloadable brochures and mails free literature to health providers. There are several links to sites that help women find an appropriate specialist or obtain genetic testing.

Eyes on the Prize

www.eyesontheprize.org
askpro@eyesontheprize.org

The Website provides frequently asked questions (FAQs) on every aspect of gynecologic cancers, from tests and treatments to follow-up care and life after treatment. Visitors to the site can send general questions to professionals on gynecologic cancer or suggest a FAQ topic.

Gilda Radner Familial Ovarian Cancer Registry

www.ovariancancer.com
(800) 682-7426
gradner@roswellpark.org

In addition to providing information on ovarian cancer, the site includes a registry for women with relatives who had ovarian cancer to help research institutions improve diagnosis and treatment of this disease. The site also features frequently asked questions, a survey, and newsletters.

Gynecologic Cancer Foundation

www.thegcf.org
(800) 444-4441
info@thegcf.org

The Society of Gynecologic Oncologists founded the Gynecologic Cancer Foundation (GCF) to focus on the prevention, early detection, and treatment of gynecologic cancers. Women can order free brochures and educational material on all major gynecologic cancers. GCF is affiliated with the Women's Cancer Network (www.wcn.org), which features a searchable database of gynecologic oncologist cancer specialists. Patients can call GCF's hotline for assistance.

National Cervical Cancer Coalition

www.nccc-online.org
(800) 685-5531
info@nccc-online.com

Founded in 1996, the National Cervical Cancer Coalition (NCCC) educates the public on cervical cancer and its relationship to HPV and supports women with cervical cancer. The site includes facts on detection, prevention, and treatment; a newsletter; survivor stories; and health news. NCCN sponsors the Phone Pals and E-Pals program for women who have received a cervical cancer diagnosis.

National Ovarian Cancer Coalition

www.ovarian.org
(888) 682-7426
nocc@ovarian.org

The mission of the National Ovarian Cancer Coalition is to educate the public on ovarian cancer and improve survival and quality of life for women with the disease. The site supplies advice and medical information for the newly diagnosed, survivors, and caregivers. Call their helpline for direct assistance.

Ovarian Cancer National Alliance

www.ovariancancer.org
(866) 399-6262
(800) 535-1682 (trials)
ocna@ovariancancer.org

The Ovarian Cancer National Alliance (OCNA) facilitates ovarian cancer research to find an early detection test, advance healthcare practices, and develop improved treatments. OCNA has a rich Website, with downloadable tools such as a symptom diary; data on risk factors, detection, and treatment; a list of state resources; and a support community. OCNA also runs a clinical trials matching service.

Ovations

www.ovationsforthecure.org
(866) 920-6382
info@ovationsforthecure.org

Ovations was founded by an ovarian cancer survivor and is dedicated to finding a cure. Ovations hosts an annual conference and provides Stuart Weitzman slip-ons to women receiving treatment. The group also sponsors a blog for patients to share stories and coordinates donations to fulfill a patients' wish list.

SHARE: Self-help for Women with Breast or Ovarian Cancer

www.sharecancersupport.org
(866) 537-4273

SHARE is run by breast and ovarian cancer survivors. It provides telephone support in 12 languages, including English and Spanish; hosts support groups and educational programs; and engages in advocacy activities. You can subscribe to the monthly newsletter and download copies of prior newsletters at the Website.

Kidney Cancer

American Kidney Fund

www.kidneyfund.org
(866) 300-2900
helpline@kidneyfund.org

The American Kidney Fund (AKF) awards patient grants to cover a variety of expenses, including dialysis, medication, insurance premiums, and travel. For immediate assistance, AKF offers a toll free, nationwide helpline in both English and Spanish. The site provides in-depth information on kidney health. Visitors will also find a newsletter, kidney health card, and free kidney health brochures.

Kidney Cancer Association

www.kidneycancer.org
(800) 850-9132
kidney.cancer@hotmail.com

The Kidney Cancer Association (KCA) connects patients and families through its community forum chat rooms. Site visitors can also access a nurse helpline and a clinical trial matching and referral service. Other KCA resources include a newsletter, Podcasts, and videos.

Leukemia & Lymphoma

Children's Leukemia Research Association

www.childrensleukemia.org
(516) 222-1944
info@childrensleukemia.org

The Children's Leukemia Research Association provides financial support to leukemia patients. Approved funding is awarded toward laboratory fees, X-ray therapy, chemotherapy, and leukemia medications. The site's question and answer forum responds by email to submitted questions.

International Myeloma Foundation

www.myeloma.org
(800) 452-2873
TheIMF@myeloma.org

The International Myeloma Foundation (IMF) offers a free software program designed to manage patient treatment data. Site visitors will also find contacts and meeting locations for support groups across the United States. Other resources include a helpline, listserv, online support group, a free information pack, and free downloadable publications on various aspects of myeloma care. There is also an archive of educational Webcasts.

The Leukemia & Lymphoma Society

www.leukemia-lymphoma.org
E-mail via Website

For 60 years, The Leukemia & Lymphoma Society (LLS) has supported patients with blood cancer and other blood diseases. LLS offers limited direct financial assistance and help with insurance and prescription drug payments. Interactive resources include a helpline, message boards, and one-on-one support for the newly diagnosed. Several site resources, such as free literature, accommodate non-English speakers.

LymphomaInfo

www.lymphomainfo.net
info@lymphomainfo.net

This Website provides facts on several types of lymphoma and includes a glossary of lymphoma terms. Patients are invited to blog about their experience. The site also lists links to the latest stories about lymphoma in the news.

Lymphoma Research Foundation

www.lymphoma.org
(800) 235-6848
(800) 500-9976
helpline@lymphoma.org

The Lymphoma Research Foundation (LRF) focuses on both Hodgkin and non-Hodgkin lymphoma. Patients struggling with medical bills are eligible for LRF's financial assistance program. The foundation's Lymphoma Support Network connects patients and caregivers with volunteers for one-to-one peer support. LRF also offers a helpline.

Max Foundation

www.themaxfoundation.org
(888) 462-9368
info@themaxfoundation.org

The Max Foundation (TMF) strives to improve survival rates and the quality of life of blood cancer and rare cancer patients. TMF runs an international helpline for patients, families, and caregivers with leukemia. It also provides assistance in helping those in need obtain Gleevec and Tasigna through Novartis. The Website includes a virtual patient art gallery and inspiring patient stories.

National Children's Leukemia Foundation

www.leukemiafoundation.org
(718) 251-1222
info@leukemiafoundation.org

The National Children's Leukemia Foundation (NCLF) operates a 24-hour helpline for patients, families, and caregivers. Additionally, NCLF retains a patient advocacy staff that provides e-mail support for healthcare-related financial issues. The Website contains educational information on various types of leukemia and treatments.

Liver Cancer

About Liver Tumors

www.aboutlivertumors.com
(502) 583-8303
E-mail via Website

About Liver Tumors is primarily an educational resource that details diagnosis and treatment options. Visitors can use the Ask a Professional tool to submit a question to the site's contributing physicians.

American Liver Foundation

www.liverfoundation.org
(800) GO-LIVER
E-mail via Website

The Ameican Liver Foundation (ALF) provides resources on a variety of liver diseases, including hepatocellular carcinoma (HCC). The site includes downloadable brochures on hepatitis, liver cancer, and liver transplants, as well as a brochure on managing your medications. Brochures are available in English and many Asian languages. There is also research information, a Webcast on HCC, a glossary, and links to state affiliates.

livertumor.org

www.livertumor.org
E-mail via Website

Livertumor.org offers background and treatment information about liver cancer. It also lists numerous links to useful sites and allows visitors to peruse research article abstracts. Its physician finder search engine locates liver cancer specialists.

Lung Cancer

American Lung Association

www.lungusa.org
(800) LUNGUSA
(800) 548-8252
E-mail via Website

Although the American Lung Association (ALA) handles all types of lung disease, it includes information specifically for patients with lung cancer. ALA offers a free interactive tool that produces treatment-option reports tailored to patients' diagnoses. ALA's Website also provides a helpline and a newsletter and outlines several ALA-sponsored programs to help people quit smoking, recognizing that smoking is a common cause of lung cancer.

Caring Ambassadors Program

www.lungcancercap.org
(503) 632-9032
cindy.langhorne@lungcancercap.org

The Caring Ambassadors Program (CAP) addresses diagnosis, staging, and the challenges of living with various types of lung cancer. CAP provides resource links, a newsletter, and a monthly medical research review. A kids' section advises on parents and family members communicating with children about lung cancer.

GRACE: Global Resource for Advancing Cancer Education

www.cancergrace.org
E-mail via Website

GRACE is a comprehensive site that contains so much information it provides an online tutorial to guide users on using the site. GRACE contains detailed practical information on the latest treatments, and its physician experts routinely answer patients' questions. Free Podcasts are available for download.

International Association for the Study of Lung Cancer

www.iaslc.org
(303) 724-4499
pia.hirsch@ucdenver.edu

The International Association for the Study of Lung Cancer (IASLC) is an organization of physicians and healthcare professionals who research lung cancer. IASLC awards fellowships, supports workshops, and holds biennial world conferences. The Website offers Podcasts and videos of leading experts discussing the latest lung cancer research.

lungCANCER.org

www.lungcancer.org
(800) 813-4673
info@cancercare.org

Sponsored by CancerCare, lungCANCER.org has a section called Lung Cancer 101 for new patients. It also discusses the different types of lung cancer, as well as diagnosis, treatment, symptoms, and staging. At the site, you can sign up for the newsletter or order free copies of CancerCare publications and education booklets. You can also visit the online support groups.

LUNGevity Foundation

www.lungevity.org
(312) 464-0716
info@lungevity.org

The LUNGevity Website hosts the largest lung cancer support community on the Internet. It includes a series of free message boards for patients, survivors, and caregivers. Live chat and monthly discussions hosted by lung cancer experts are also offered. You can also learn about treatments and disease facts.

Lung Cancer Alliance

www.lungcanceralliance.org
(800) 298-2436
info@lungcanceralliance.org

Lung Cancer Alliance (LCA) provides a Phone Buddy Program for patients, survivors, and caregivers; sponsors a toll free information hotline that provides advice and referrals; and hosts an online support community. Patients can also access a clinical trials matching service and download various brochures.

Lung Cancer Circle of Hope

www.lungcancercircleofhope.org
(732) 363-4426
info@lungcancercircleofhope.org

At this Website, visitors can read a detailed explanation of how the lungs work, access statistics on various types of cancer, and view information on the symptoms, diagnosis, and treatment of lung cancer. They can also subscribe to the group's newsletter or read lung cancer news online.

MesoCare.org

www.mesocare.org
(800) 877-6000

In addition to information on mesothelioma, the site includes videos of lectures from experts on the condition. It outlines a formula for planning a fundraiser to help with medical costs and addresses needs for spiritual support. You can also order free materials on mesothelioma.

Mesothelioma & Lung Cancer

www.mesothelioma-lung-cancer.org
(800) 780-2686

This site has a few unique items, such as locations of cancer hospitals by state, veterans' resources, questions to ask your physician during all stages of care, and a free packet on mesothelioma. The site includes information on lung cancer and mesothelioma treatments and diagnosis.

National Lung Cancer Partnership

www.nationallungcancerpartnership.org
(608) 233-7905
info@nationallungcancerpartnership.org

This nonprofit group provides free educational booklets, hosts blogs by lung cancer survivors, and publishes stories from patients with lung cancer and their loved ones. At the site, you can view a video on patients' experiences with clinical trials and access a list of recommended books.

Oral Cancer

Oral Cancer Foundation

www.oralcancerfoundation.org
(949) 646-8000
info@oralcancerfoundation.org

The Oral Cancer Foundation (OCF) engages in fundraising and public outreach to increase awareness of oral cancer. In addition to providing statistics and a forum, the site contains the Webcast "Everything You Always Wanted to Know About Mouth Cancer." Visitors can receive oral cancer updates by signing up for OCF's newsletter.

SPOHNC: Support for People with Oral and Head and Neck Cancer

www.spohnc.org
(800) 377-0928
info@spohnc.org

Started by a cancer survivor 13 years ago, SPOHNC provides treatment information for patients who have oral and head and neck cancers. SPOHNC regularly publishes a newsletter. The site features teleconferences and mails a free booklet to patients.

Thyroid Cancer Survivors' Association

www.thyca.org
thyca@thyca.org

Since 1995, Thyroid Cancer Survivors' Association has connected thyroid cancer survivors and healthcare professionals worldwide, promoting research and education. With more than 500 Web pages of information, patients and survivors of thyroid cancer have plenty to explore here. The organization hosts an annual survivor conference, workshops, and an e-mail support network. Patients can download a cookbook of low-iodine recipes and order a free new patient packet.

Pancreatic Cancer

Pancreatic Cancer Action Network

www.pancan.org
(877) 272-6226
info@pancan.org

Available in English and Spanish, the Website for the Pancreatic Cancer Action Network (Pancan) provides detailed information on diagnosis and treatment of pancreatic cancer. Patients can order a free packet of materials or call to speak one-on-one with a Patient and Liaison Services Associate (e-mail pals@pancan.org).

Prostate Cancer

Prostate Cancer Foundation

www.prostatecancerfoundation.org
(800) 757-2873
info@pcf.org

The Prostate Cancer Foundation (PCF) funds prostate cancer research. The Website offers information on prostate cancer screening, treatments and their side effects, and the latest research. Patients can order or download "An Introduction to Prostate Cancer" and receive advice on how to talk about their diagnosis. The site also lists clinical trials.

PSA Rising

www.psa-rising.com
contact@psa-rising.com

PSA Rising's mission is to provide news and information on prostate cancer and improve the survival and well being of men with this disease. The site includes the basics on prostate cancer and PSA testing, the latest research on treatments and risk, and blogs.

Us TOO

www.ustoo.org
(800) 808-7866
ustoo@ustoo.org

Nonprofit Us TOO is a prostate cancer education and support network started by prostate cancer survivors. It comprises 325 chapters worldwide. The Website supplies men with prostate cancer and their families with free information, materials, and peer-to-peer support. The organization also sponsors an online support community, in-person meetings, and a patient hotline. You can also order a free newly diagnosed patient resource kit, sign up for the newsletter, or visit the audio/video archives.

Testicular Cancer

The Testicular Cancer Resource Center

www.tcrc.acor.org

This charitable organization provides information on testicular and extragonadal germ cell tumors for patients, caregivers, family, friends, and physicians.

TC Cancer.com

www.tc-cancer.com
E-mail via Website

The site was developed to provide education and support to men with testicular cancer and their caregivers. It offers a wealth of fact sheets, a glossary, active patient forums and blogs, and personal stories. A testicular cancer links section lists additional resources with individual summaries.

General Sites

American Association for Cancer Research

www.aacr.org
(866) 423-3965
aacr@aacr.org

The American Association for Cancer Research (AACR) is a professional organization for scientists and researchers studying oncology, but it also includes information and materials specifically for patients. AACR promotes cancer research and education through publications, conferences, workshops, and community advocacy. The Website features links to cancer support groups and informative Websites. AACR's Scientist-Survivor program connects two key cancer communities: researchers and patients.

The American Cancer Society

www.cancer.org
(800) ACS-2345
Email via Website

The American Cancer Society (ACS) has a national home office and 3400 local offices across the country. ACS maintains a comprehensive informational Website replete with resources. ACS support efforts include clinical trial matching and an online community. Visitors seeking direct aid are encouraged to call the helpline or contact their local ACS branch.

CancerActionNOW.org

www.canceractionnow.org
info@canceractionnow.org

Affiliated with the Marti Nelson Cancer Foundation, CancerActionNow.org works to help cancer patients find appropriate clinical trials or gain access to an experimental medication. The Website describes various treatment options, the drug development process, and how clinical trials work, and it provides information on compassionate use.

Cancer and Careers

www.cancerandcareers.org
ksweeney@cew.org

Cancer and Careers addresses cancer in the workplace. Extensive message boards advise women with cancer on how to continue working or return to work after a cancer diagnosis. The site discusses all aspects of this issue, including cosmetic needs of women undergoing treatment, such as wigs. Cancer and Careers also includes information for employers and coworkers on how to respond when learning an employee has cancer. Website visitors will find blogs, publications, videos, and a newsletter.

Cancer*Care*

www.cancercare.org
(212) 712-8400
(800) 813-4673
info@cancercare.org

Cancer*Care*'s financial assistance grants appropriate funds toward copays, medication, transportation, childcare, and homecare. Free one-on-one counseling from professional oncology social workers is also available, as are telephone and online support groups and workshops. The site contains myriad downloadable publications searchable by topic and cancer type.

Cancer Really Sucks

www.cancerreallysucks.org
E-mail via Website

Young people with cancer have their own distinct concerns about a diagnosis. Cancer Really Sucks was created by teenagers for teenagers affected by cancer. Message boards and chatrooms offer online support. A "How to Deal" section offers advice on handling your emotions after diagnosis and after treatment. Visitors can also access links and read about recent cancer breakthroughs.

Cancer Support Community (Wellness Community)

www.thewellnesscommunity.org
(888) 793-WELL
help@cancersupportcommunity.org

The Cancer Support Community (CSC), which emerged out of the merger of the Wellness Community and Gilda's Clubs, offers a variety of multimedia including Podcasts, videos, Internet radio, and a blog. The Website has a rich online support community offering twenty-four hour support. CSC also details its major initiatives, C.A.R.E. and Cancer Transitions, and helps you find local support groups.

HopeWell Cancer Support

www.hopewellcancersupport.org
(410) 832-2719
cancerhelp@hopewellcancersupport.org

HopeWell Cancer Support aspires to create a supportive community for all people affected by cancer. It provides an online community that includes blogs and forums for patients, their family members, and caregivers. HopeWell hosts various support programs throughout the Maryland area each year.

Lance Armstrong Foundation

www.livestrong.org
(866) 673-7205
E-mail via Website

In addition to raising money for all types of cancer research, the Lance Armstrong Foundation (LAF) offers several programs for patients and caregivers. LAF provides one-on-one support through the LIVESTRONG SurvivorCare program. The Website has a blog, clinical trial matching service, survivor stories, tools to assist with treatment decisions, videos and Podcasts, downloadable brochures, and more.

National Cancer Institute

www.cancer.gov
(800) 422-6237
E-mail via Website

The National Cancer Institute (NCI) offers an exhaustive informational site addressing every type of cancer. The database is updated regularly to include information on the newest treatments and breakthroughs. In addition, NCI provides a helpline and live online chat assistance for patients and caregivers. The site also includes a link to the NCI clinical trials database, with more than 8,000 trials currently enrolling patients.

The National Children's Cancer Society

www.nationalchildrenscancersociety.org
(314) 241-1600
E-mail via Website

The National Children's Cancer Society (NCCS) distributes financial assistance for a variety of services including meals and lodging during treatment, transportation, phone cards, health insurance premiums, and uncovered medical expenses. NCCS also developed the Beyond the Cure Program, which awards scholarships to childhood cancer survivors. Site message boards encourage visitor interaction.

National Coalition for Cancer Survivorship

www.canceradvocacy.org
(888) 650-9127
info@canceradvocacy.org

The National Coalition for Cancer Survivorship (NCCS) advocates for quality cancer care for all Americans and to empower survivors. The Website includes the free Cancer Survivor Toolbox, an audio program that helps people develop skills to face the challenges of a cancer diagnosis. The Toolbox is available in English and Spanish, and Chinese transcripts can be downloaded. NCCS offers several free publications on many topics, including health insurance and employment rights. You can also join the blogging community at NCCS, creating your own blog or commenting on others' entries.

OncoLink

www.oncolink.org
E-mail via Website

OncoLink provides general information on cancer but also includes advice on diagnosis and therapy for multiple types of cancer. Patients can also find information on coping with their

diagnosis. The Website's interactive database generates treatment advice based on patients' responses to the programmed questions. Interactive blogs and a clinical trial matching service are also available.

Patient Advocate Foundation

www.patientadvocate.org
(800) 532-5274
help@patientadvocate.org

The Patient Advocacy Foundation (PAF) may be best known for the wealth of financial assistance programs it offers, including one that helps patients with their copayments. It also has abundant informational resources on various aspects of treatment for solid tumors and blood cancers. This includes newsletters and downloadable audio files, a guide to chemotherapy-related anemia, and brochures on filing for disability, health savings accounts, and clinical trials. Visitors to the Website can chat online with a PAF case manager about their questions and concerns. PAF has established an African American outreach program and a Hispanic/Latino outreach program to address disparities in care.

Planet Cancer

www.planetcancer.org
(512) 452-9010
contactus@planetcancer.org

The Planet Cancer community is geared specifically toward young adults with cancer. The Website's Cancertainment section lists books, movies, music, video games, and more that reference cancer. Real World Advice discusses a range of topics from tests to treatments. It also addresses issues of particular concern to young adults with cancer, such as fertility preservation. Registered users can visit the forums, start a blog, and share photos and videos. Some ethnic groups are at greater risk of certain cancers.

Clinical Trials Information

Breast Cancer Trials

www.breastcancertrials.org
(415) 476-5777
E-mail via Website

This nonprofit service provides patients with information about breast cancer trials funded by public and private resources. The Website provides an overview of clinical trials and discusses the importance of trials. It also proposes questions to ask your physician and addresses financial and insurance concerns regarding trial participation. You can browse clinical trials or use the matching tool to find ones that match your criteria. You can also find a list of commonly used drugs and drug types used to treat breast cancer.

ClinicalTrials.gov

www.clinicaltrials.gov
E-mail via Website

This site is a searchable database of more than 82,000 federally and privately funded clinical trials in the United States and throughout the world. You can search by condition, medication, sponsor, location, and other criteria. Each trial listing includes the treatment protocol, eligibility criteria, and contact information. The site also includes a glossary and general information on clinical trials.

Coalition of Cancer Cooperative Groups

www.cancertrialshelp.org
(877) 227-8451
E-mail via Website

This nonprofit group is dedicated to improving patient awareness of cancer clinical trials and promoting participation. The Coalition sponsors TrialCheck, a source of current cancer clinical trial information with free online navigation and matching. TrialCheck Phone Support is offered in collaboration with the American Cancer Society. The site also contains videos, news items, and publications on clinical trial participation.

EmergingMed Navigator

www.emergingmed.com
(877) 601-8601
contactus@emergingmed.com

EmergingMed partners with organizations that advocate for patients with cancer to provide a free online tool designed to help patients find appropriate clinical trials. Patients create a profile, search the trials database, and submit an application. An EmergingMed staff member will contact you by phone or e-mail to discuss trial participation. The Website also includes a glossary of medical terms. EmergingMed has collaborated with various lung cancer advocacy organizations to develop a program designed to encourage patients with lung cancer to participate in clinical trials called the Lung Cancer Clinical Trials Call to Action.

Sarcoma Alliance for Research through Collaboration

www.sarctrials.org
(734) 930-7600
sarc@sarctrials.org

This Website contains a list of searchable clinical trials for various types of sarcoma. You can also use the interactive map feature to find a specialist or a trial in your area. You will also find information on what it is like to participate in a clinical trial, including patients' experiences. The site describes types and phases of trials and key terms and discusses patients' expenses during a trial and privacy expectations. You will also find articles on sarcoma and advice for patients and families.

Abraxane

(albumin-bound paclitaxel)

Abraxis BioScience

www.abraxane.com

(800) 564-0216

About the Drug

Abraxane (also referred to as Nab-paclitaxel) is an injectable drug approved by the FDA to treat metastatic breast cancer after failure of combination chemotherapy that has spread or relapsed within 6 months of adjuvant chemotherapy with a combination regimen. Unless clinically contraindicated, prior therapy should have included an anthracycline. Abraxane should not be prescribed for patients whose white blood cell counts are dangerously low, putting them at risk for serious infection.

Abraxane is a suspension that consists of albumin-bound nanoparticles of paclitaxel, an anticancer agent. Albumin is a human protein that delivers nutrients to cells throughout the body, including cancer cells. Abraxis uses a proprietary process to bind albumin to the paclitaxel. After administration, Abraxane delivers the active agent directly to the tumor, where it interferes with certain cell functions and stops cancer cells from growing and dividing. The cancer cells die, which typically slows or stops tumor growth.

Patient Assistance Program

Abraxis Oncology offers a Patient Access Program to help uninsured and insured patients in need obtain Abraxane at no cost. Decisions are made on a case-by-case basis, and patients must meet eligibility criteria based on diagnosis, residency, and income. In general, patients must have an annual gross household income of $100,000 or less. In addition, patients must be permanent residents of the United States or US territories. Each enrollment period for uninsured patients lasts six months, and patients may re-enroll as needed.

To speak with someone from the Patient Access Program, call the ARC of Support hotline at (800) 564-0216 and select Option 3. Option 3 will connect you with a specially trained service representative. In addition to determining your eligibility for the Patient Access Program, representatives will work with you and your healthcare team to address reimbursement issues, appeal claims denials, and verify your insurance benefits. ARC of Support will also help patients who do not qualify for the Patient Access Program identify nonprofit organizations that offer financial assistance with drug costs. Representatives are available Monday through Friday, 8 AM to 8 PM EST. Additional information and the Abraxane Patient Assistance Application are available at www.abraxisoncology.com.

Afinitor
(everolimus)

Novartis Oncology

www.afinitor.com
(888) 4Afinitor

About the Drug

Afinitor inhibits the mTORC1 protein. In humans, the mTOR protein regulates several cell functions essential to the growth, survival, proliferation, and spread of cancer cells. Inhibiting mTOR activation leads to inhibition of T lymphocyte activation and proliferation and antibody production.

Afinitor is administered as an oral tablet taken once daily. It has been approved by the FDA to treat patients with advanced renal cell carcinoma (kidney cancer) whose disease has progressed after treatment with Sutent (sunitinib) or Nexavar (sorafenib), two additional drugs approved for patients with renal cell carcinoma.

Patient Assistance Program

For patients taking Afinitor, Novartis offers the AfiniTRAC (Treatment Reimbursement Access Commitment) reimbursement support program. AfiniTRAC is designed to help simplify the insurance process for patients and their physicians. Representatives help verify benefits for patients. AfiniTRAC also offers comprehensive support for patients based on coverage status and eligibility. An enrollment form for the AfiniTRAC program is available through the Afinitor Website or by calling a representative at (888) 523-4648, Monday through Friday, 9 AM to 8 PM EST.

Patients with private insurance may be eligible for the Co-pay Assistance Program; this is not open to patients whose prescriptions are covered by Medicaid or Medicare or residents of Massachusetts. Patients on a federal or state program will receive referrals to a foundation that offers copayment assistance.

Patients who have no insurance may qualify to receive Afinitor at no cost for up to one year through the Patient Assistance Program. The program is administered by the Novartis Patient Assistance Foundation (PAF), which can be reached at (800) 277-2254. To qualify, patients must be residents of the United States, meet income eligibility requirements, and have no private or public prescription coverage. Medicare beneficiaries enrolled in a Part D prescription drug plan may qualify for help from PAF if they exhibit financial hardship in affording their medications. PAF evaluates other cases on an individual basis, and patients with financial need should call to see whether they qualify. Medicare patients who need guidance in choosing a Part D prescription drug plan can call Novartis at (800) 942-3424.

Alimta
(pemetrexed)

Lilly Oncology

www.alimta.com
(800) 545-5979

About the Drug

Alimta is a chemotherapy drug administered intravenously to patients with certain types of lung cancer. It inhibits three enzymes that cancer cells depend on for survival and growth. Alimta is FDA approved to be used in conjunction with the chemotherapy drug cisplatin as an initial treatment for advanced non–small cell lung cancer (NSCLC) of nonsquamous histology. It is not approved for patients who have squamous cell NSCLC.

In addition, Alimta is approved for patients with advanced nonsquamous NSCLC whose disease has remained stable after initial chemotherapy, to help maintain this effect. Alimta is also used to treat advanced nonsquamous NSCLC after prior therapy. Patients with malignant pleural mesothelioma, a cancer that affects the inside lining of the chest cavity, can also take Alimta in combination with cisplatin if they are not candidates for surgery. For questions about Alimta, call (800) 545-5979. Downloadable brochures are also available at the Website.

Patient Assistance Program

The Patient One program (www.lillypatientone.com) helps patients who are taking Alimta to treat cancer with financial concerns, access to medication, and claims issues. Physicians of patients who are uninsured or whose medical insurance does not cover therapy with Alimta can contact a Patient One representative at (866) 4PatOne or download an application from the Website to apply for free vials of Alimta. The patient has to be in ongoing therapy in the United States and meet income-eligibility requirements. Proof of the patient's income must be submitted with the application.

Lilly also offers assistance to patients who have insurance but struggle to keep up with out-of-pocket treatment costs. Patient One connects patients with foundations that provide financial assistance for coinsurance and helps the patient navigate the process of securing aid. In cases in which an insurer has denied a claim for Alimta, Patient One will handle the appeals process for qualified patients and work to prevent treatment interruption. The Patient One program also helps physicians with coding information and filing reimbursement claims.

Arimidex
(anastrazole)

AstraZeneca

www.arimidex.com
(800) 292-6363

About the Drug

Arimidex is an approved aromatase inhibitor that fights breast cancer by reducing the amount of circulating estrogen in the body. The FDA has approved this hormonal treatment for postmenopausal women with hormone receptor–positive early stage breast cancer following surgery. It is also prescribed as an initial treatment for postmenopausal women with locally advanced or metastatic breast cancer that is hormone receptor–positive or hormone receptor–unknown, and it is used to treat breast cancer in postmenopausal women whose disease has progressed after receiving treatment with tamoxifen. In studies, patients with estrogen receptor–negative disease and those who did not previously respond to tamoxifen therapy rarely responded to Arimidex.

Patient Assistance Program

AstraZeneca offers a range of prescription assistance programs to help patients who do not have adequate prescription drug coverage and who meet other eligibility requirements. If you are an individual earning $30,000 or less annually or a family of four earning $60,000 or less annually, you may qualify for an AZ&Me Prescription Savings program. AZ&Me programs are for people without insurance and for Medicare Part D subscribers. To find out whether you qualify for an AZ&Me Prescription Savings Program, visit the www.azandme.com Website or call the number above.

The AstraZeneca Cancer Support Network at (866) 992-9276 assists patients unable to afford their medicines. The Network provides information on your AstraZeneca cancer treatment and offers personal support from oncology information specialists in more than 150 languages.

For cancer patients receiving treatment at major cancer centers in Boston, Massachusetts, and Philadelphia, Pennsylvania, AstraZeneca provides free temporary housing for their families at the AstraZeneca Hope Lodge.

Aromasin
(exemestane)

Pfizer Oncology

www.aromasin.com
(800) 879-3477

About the Drug

Aromasin is a hormonal therapy that stops the production of estrogen in postmenopausal women with estrogen receptor-positive tumors, reducing the risk of tumor growth. Aromasin is prescribed for postmenopausal women following surgery, radiation, or chemotherapy for estrogen receptor-positive early stage breast cancer. Patients typically begin treatment with Aromasin after two to three years of tamoxifen therapy. Tamoxifen should be discontinued prior to starting Aromasin. Patients continue to take Aromasin for two to three years (depending on the length of tamoxifen use) until they have received a total of five years of adjuvant treatment. Aromasin should not be taken by women who have not yet experienced menopause, and it should not be taken in conjunction with any products that contain estrogen.

Patient Assistance Program

Pfizer offers a few programs to help patients with medication costs. Information on Pfizer's First Resource service is available at www.pfizerhelpfulanswers.com. This comprehensive patient assistance program offers reimbursement support, including help appealing insurance denials and finding alternate sources of financial aid.

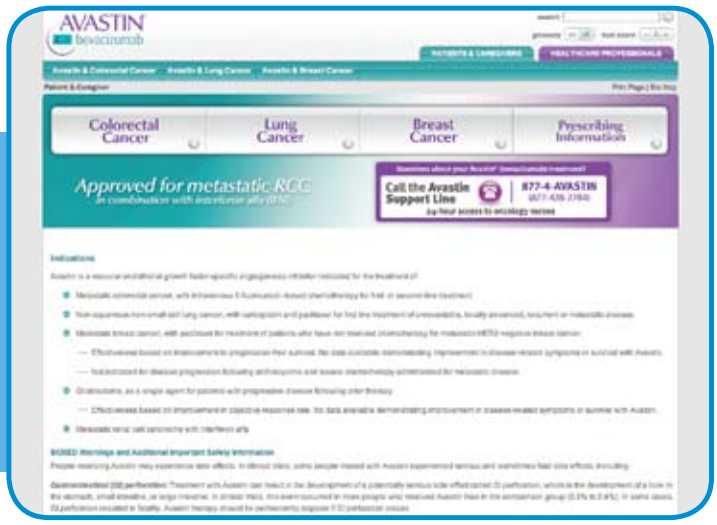
Patients residing in the United States, Puerto Rico, or the US Virgin Islands may be eligible for assistance from First Resource if they have no prescription drug coverage or have insufficient coverage, meet certain income guidelines (based on family size), and are receiving treatment from a licensed physician. To apply, call a First Resource counselor at (877) 744-5676 weekdays from 9 AM to 8 PM EST. English- and Spanish-speaking counselors are available.

Forty-five hospitals in the United States participate in the Pfizer Hospital Partnership program. Some of these hospitals may provide Aromasin to registered outpatients who have no prescription coverage through a private insurer or public provider. To qualify, total gross income for an individual must not exceed $21,660 annually; for a family of four, annual household total gross income cannot exceed $44,100. Contact your local hospitals to see whether they participate.

Pfizer Pfriends is another program that works with participating pharmacies to provide drug discounts to qualified patients without prescription coverage, regardless of age or income. Patients interested in applying for a Pfizer Pfriends card should call (866) 706-2400.

Avastin
(bevacizumab)

Genentech BioOncology



www.avastin.com
(877) 428-2784

About the Drug

Avastin is a humanized monoclonal antibody that blocks vascular endothelial growth factor (VEGF) from sending the signals that trigger the growth of new blood vessels (angiogenesis). Malignant tumors rely on continued blood vessel growth to deliver nourishment and remove cell waste, and stopping angiogenesis is one therapeutic alternative. Avastin has been approved by the FDA to treat several types of cancer:

- Metastatic colorectal cancer, in combination with intravenous 5-fluorouracil–based chemotherapy, as a first- or second-line treatment
- Locally advanced, recurrent, or metastatic non–small cell lung cancer of nonsquamous histology, in combination with carboplatin and paclitaxel, as initial therapy
- Metastatic breast cancer, in conjunction with paclitaxel, to treat patients who have not had chemotherapy for metastatic HER2-negative breast cancer and excluding patients with metastatic disease that has progressed following anthracycline and taxane chemotherapy
- Glioblastoma, as a single agent for patients whose disease has progressed following prior therapy
- Metastatic renal cell carcinoma, combined with interferon alfa

Patients can call the Avastin Support Line at the number above to speak with an oncology nurse. The support line is available around the clock.

Patient Assistance Program

Avastin Access Solutions assists patients in several ways. First, patients whose dosage of Avastin reaches 10,000 mg within a 12-month period may qualify to receive the drug free from Genentech for the remainder of the 12-month period. To be eligible, the patient's annual household adjusted gross income must be less than $100,000 and the patient must be receiving Avastin for an FDA-approved indication from a single provider or facility. The treating oncologist must identify the patient for enrollment. The service is renewable for every 12-month period of therapy; patients who switch providers may need to reapply. A step-by-step overview of the program and an application are available at www.GenentechAccessSolutions.com, along with guidance on understanding your insurance policy.

For uninsured patients or those denied coverage by their health insurance carrier, Genentech has established the Genentech Access to Care Foundation. Patients must have an annual household adjusted gross income of $100,000 or less and meet specific medical criteria to qualify.

Genentech also recently initiated the BioOncology Co-Pay Card Program for patients on Avastin. Once patients accumulate $100 in copayment costs, the co-pay card will pay 80% of future copayment costs. For more information on the programs, call Avastin Access Solutions at (866) 4-ACCESS.

Doxil
(doxorubicin HCl)

Ortho Biotech Products LP

www.doxil.com
(800) 609-1083
(800) 533-3851

About the Drug

Doxil is an intravenous prescription medication used to treat women with ovarian cancer that has progressed or recurred after platinum-based chemotherapy. The FDA has also approved the administration of Doxil in combination with Velcade (bortezomib) to treat patients with multiple myeloma who have not previously used Velcade but have received at least one prior therapy.

Doxil uses a special delivery system to help ensure that doxorubicin, the active agent, reaches the tumor tissue. The doxorubicin is placed inside a fat bubble (also known as a liposome), which is then coated with a layer of methoxypolyethylene glycol (a type of rubber). As it makes its way to the tumor through the bloodstream, the coating helps Doxil evade detection and destruction by the immune system. Approximately 90% of the medication reaches the tumor, where it slowly leaks out of the liposome coating. Treatment is typically administered every four weeks, with each session taking approximately one hour.

Patient Assistance Program

Ortho Biotech Products LP, which manufactures Doxil, offers eligible patients free assistance based on medical and financial need. Patients or their healthcare providers can contact the DOXILine Hotline at (800) 609-1083 or (800) 533-3851, Monday through Friday, 9 AM to 8 PM EST, to seek help with reimbursement issues. DOXILine representatives can help verify insurance coverage, discuss guidelines for private and public insurance programs and plans, and assist with claims appeals related to treatment with Doxil.

Ortho Biotech's parent company, Johnson & Johnson, makes Doxil available for qualified patients through the Janssen Ortho Patient Assistance Foundation, a private charitable organization. Patients must meet the following eligibility criteria:

- Have no private or public health insurance
- Meet specific financial criteria
- Live in the United States or a US territory
- Be an outpatient under the care of a valid licensed US healthcare provider

Application and enrollment are free. Patients approved for the program will receive Doxil at no cost for up to one year, at which time they can reapply. An online eligibility tool is available at www.access2wellness.com. Interested patients can also call an access2wellness specialist at (866) 317-2775.

Eloxatin
(oxaliplatin)

sanofi-aventis

www.eloxatin.com
(800) 981-2491

About the Drug

Eloxatin is a chemotherapy agent approved for infusion along with other chemotherapy drugs in the treatment of colorectal cancer. The FDA has approved Eloxatin infused in combination with 5-fluorouracil/leucovorin (also known as 5-FU/LV or FOLFOX) as a treatment following surgical removal of a primary stage III colon cancer tumor. Eloxatin is also approved as part of a combination chemotherapy regimen with 5-FU/LV (FOLFOX) to treat advanced cancer of the colon and/or rectum.

Eloxatin is a platinum-based chemotherapy drug, generally considered an alkylating-like agent. Alkylating-like agents interfere with DNA repair, inhibiting cell division in rapidly dividing cancer cells and disrupting tumor growth. They are cytotoxic, which means they are also toxic to normal cells. Eloxatin is also available in generic form.

Patient Assistance Program

To help patients having difficulty obtaining their medication, sanofi-aventis offers the Pact+ Program, available at (800) 996-6626, Monday through Friday, 9 AM to 8 PM EST. You can download an application for the program at www.pactplusonline.com. This Patient Assistance Program provides medication free of charge to uninsured patients who are under the care of a licensed healthcare provider and meet financial and residential eligibility requirements.

Patients with private health insurance that denies coverage for Eloxatin can appeal for assistance from the Drug Replacement Program. Patients must meet financial eligibility requirements, be legal residents of the United States, and receive treatment from a licensed healthcare provider. Through Pact+, reimbursement assistance is offered for the following:

- Benefit verification and prior authorization
- Claims management
- Appealing claim denials
- Coding and billing guidance

Pact+ representatives will also assist patients in finding services and resources from charitable organizations for a range of medical and living expenses.

Erbitux
(cetuximab)

Bristol-Myers Squibb/ImClone Systems

www.erbitux.com

About the Drug

Erbitux, a monoclonal antibody, inhibits endothelial growth factor receptor (EGFR), a chemical involved in sending signals that accelerate tumor growth, proliferation, and migration. It is used to treat colorectal cancer and head and neck cancer.

For patients with metastatic colorectal cancer, Erbitux is approved to treat EGFR-expressing tumors that have progressed after irinotecan- and oxaliplatin-containing chemotherapy regimens. It has also been approved by the FDA for patients with EGFR-expressing metastatic colorectal cancer who are unable to tolerate irinotecan-based chemotherapy. Erbitux can also be prescribed in combination with irinotecan for patients with EGFR-expressing metastatic colorectal carcinoma that is refractory to irinotecan-based therapy. Use of Erbitux is not recommended in patients with colorectal cancer who have KRAS gene mutations.

The FDA has approved Erbitux in conjunction with radiation therapy as an initial treatment of locally or regionally advanced squamous cell carcinoma of the head and neck (SCCHN). Erbitux can also be prescribed on its own to treat patients with recurrent or metastatic SCCHN whose disease has progressed after prior platinum-based therapy.

Patient Assistance Program

At www.destinationaccess.com, you will find a link to Reimbursement Support for Erbitux from Bristol-Myers Squibb and ImClone. The Destination Access Erbitux Patient Assistance Program provides free Erbitux for patients meeting the following criteria:

- US citizenship or US legal resident alien status
- Annual household adjusted gross income that does not exceed $75,000
- An FDA-approved or compendia-accepted diagnosis
- Uninsured or denied insurance appeals that are discontinued
- Ongoing treatment administered on an outpatient basis

The patient and his/her healthcare provider can complete the enrollment form available at the Website or request one from Destination Access at (800) 861-0048, Monday through Friday, 7 AM to 7 PM, CST. You will need to fax proof of income and chemo flow sheets to (888) 776-2370. Once Destination Access receives all the information, a program specialist will contact the applicant's healthcare provider to discuss available options. For approved patients, Erbitux will be shipped to their physician's office the next business day. Patients who do not qualify for free medication can still ask Destination Access for assistance with understanding their insurance benefits or appealing denied claims.

Femara
(letrozole)

Novartis Oncology

www.femara.com
(888) 669-6682

About the Drug

Femara is an oral nonsteroidal aromatase inhibitor prescribed after surgery to women with hormone receptor-positive early stage breast cancer who are past menopause. Femara blocks the production of estrogen, a naturally produced hormone that fuels the growth of some breast cancers. Femara is also approved by the FDA for extended use after surgery in postmenopausal women with early stage breast cancer who are within three months of completing five years of tamoxifen therapy.

In addition, Femara is approved to treat postmenopausal women with estrogen receptor-positive or estrogen receptor-unknown breast cancer that has metastasized (spread) to another part or parts of the body. Finally, Femara has been approved to treat advanced breast cancer in postmenopausal women whose disease has progressed despite therapy that suppresses estrogen expression.

Patient Assistance Program

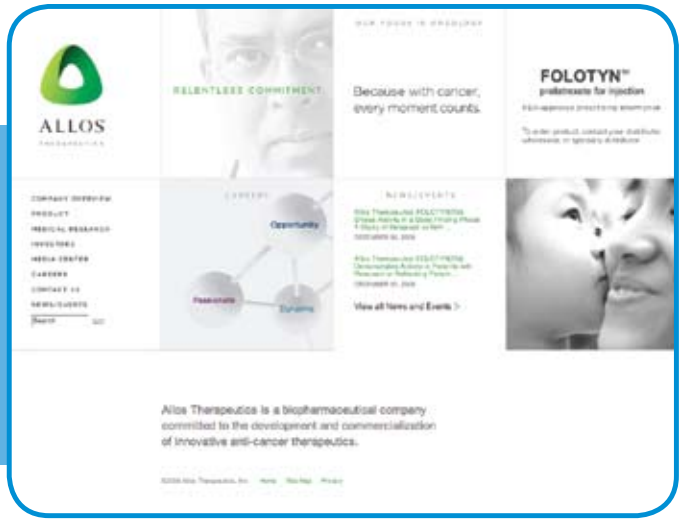
Patients taking Femara for one of its approved indications can enroll in the Femara Cares Program, available through the Femara Website at www.femara.com. In addition to treatment tools, the Femara Cares Program provides a Prescription Discount Card for eligible patients. It is available for patients with private insurance or those who have no prescription drug coverage. The program is not available to Massachusetts residents or to patients whose medications are partially or fully covered through Medicare, Medicaid, or another public healthcare program.

The Prescription Discount Card covers 100% of out-of-pocket monthly costs for Femara after the first $10; the maximum benefit is $800 in a 12-month period. In other words, each 30-day prescription will cost $10 until the $800 benefit limit is reached. You can request a card by calling (877) 280-7727 or downloading it from the Website.

Novartis also offers a corporate Patient Assistance Program through the Novartis Patient Assistance Foundation (PAF) for patients who have no insurance. The PAF can be reached at (800) 277-2254, and sample applications are available at www.pharma.us.novartis.com. To qualify, patients must be residents of the United States, meet income eligibility requirements, and have no private or public prescription coverage. Medicare beneficiaries enrolled in a Part D prescription drug plan may qualify for help from PAF if they exhibit financial hardship in affording their medications. PAF evaluates other cases on an individual basis, and patients with financial need should call to see whether they qualify. Medicare patients who need guidance in choosing a Part D prescription plan can call Novartis at (800) 942-3424.

Folotyn
(pralatrexate injection)

Allos Therapeutics Inc.



www.folotyn.com
(888) ALLOS88

About the Drug

Folotyn is the first drug approved by the FDA to treat patients with relapsed or refractory peripheral T-cell lymphoma (PTCL). Patients taking Folotyn should receive vitamin B12 injections no more than 10 weeks before the first dose of Folotyn and every 8 to 10 weeks thereafter. Patients are also advised to take 1.0 to 1.25 mg of oral folic acid daily during treatment with Folotyn.

Folotyn is administered intravenously over three to five minutes, once a week for six weeks in 7-week cycles. Treatment is generally continued until disease progresses or the patient experiences unacceptable side effects. Your physician may advise reducing or interrupting doses to manage severe or intolerable adverse reactions. You will need to have a blood test every week while taking Folotyn to monitor blood cell counts.

Folotyn can harm a developing fetus, and women are advised to avoid becoming pregnant while receiving treatment with Folotyn. You should advise your physician if you have any kidney or liver problems.

Patient Assistance Program

Allos has established the Allos Support for Assisting Patients (ASAP) program to help with reimbursement issues. An enrollment form is available online at www.getasapinfo.com or by calling a reimbursement representative at (877) 272-7102, Monday through Friday, 9 AM to 8 PM EST. ASAP provides drug replacement at no charge to patients who meet the following criteria:

- No private insurance coverage
- No health coverage under a government-sponsored plan
- Prescribed Folotyn based on healthcare provider's professional medical opinion
- Demonstrates financial necessity according to ASAP criteria
- Must be a U.S. citizen or legal U.S. resident currently receiving treatment in the United States

ASAP representatives will help patients who do not qualify to search for alternate sources of drug coverage. For insured patients, ASAP performs benefit investigations, preauthorizations, and predeterminations to ensure Folotyn is covered by the insurance provider. ASAP also helps file appeals for claims denials of Folotyn. If a patient meets eligibility guidelines for ASAP, the program will replace Folotyn that has been denied by the insurer on appeal.

Gemzar
(gemcitabine HCl)

Lilly Oncology

www.gemzar.com
(800) 545-5979

About the Drug

The chemotherapy drug Gemzar is approved to treat several types of cancer. The FDA has approved the use of Gemzar in combination with carboplatin to treat patients with advanced ovarian cancer that has relapsed at least six months after completing a platinum-based therapy regimen. Gemzar is also approved in combination with cisplatin as a first-line treatment in patients with inoperable, locally advanced (stage IIIA or IIIB) or metastatic (stage IV) non–small cell lung cancer. Note that Gemzar is not indicated for people who have small cell lung cancer.

For patients with metastatic breast cancer, Gemzar is prescribed in combination with paclitaxel after progression on anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated. Gemzar is the standard of care for patients with locally advanced (nonresectable stage II or stage III) or metastatic (stage IV) adenocarcinoma of the pancreas and is indicated as initial therapy or following treatment with the chemotherapy agent 5-fluorouracil. Tarceva (erlotinib) is also approved in combination with Gemzar to treat advanced or metastatic pancreatic cancer.

Patient Assistance Program

Lilly Oncology's Patient One program (www.lillypatientone.com) helps patients who are taking Gemzar to treat cancer with financial concerns, access to medication, and claims issues. Physicians of patients who are uninsured or whose medical insurance does not cover therapy with Gemzar can contact a Patient One representative at (866) 4PatOne or download an application from the Website to apply for free vials of Gemzar. The patient has to be in ongoing therapy in the United States and meet income eligibility requirements. Proof of the patient's income must be submitted with the application.

Lilly also offers assistance to patients who have insurance but who still struggle to keep up with out-of-pocket treatment costs. Patient One connects patients with foundations that provide financial assistance for coinsurance and helps the patient navigate the process of securing aid. In cases in which an insurer has denied a claim for Gemzar, Patient One will handle the appeals process for qualified patients and work to prevent treatment interruption. The Patient One program also helps physicians with coding information and filing reimbursement claims.

Gleevec
(imatinib mesylate)

Novartis Oncology

www.Gleevec.com
(888) 669-6682

About the Drug

Gleevec is an oral medication that targets and turns off certain proteins that cancer cells rely on to grow and multiply. The FDA approved Gleevec in 2001 as a treatment for Philadelphia chromosome–positive chronic myeloid leukemia (Ph+ CML) in all three phases: blast crisis, accelerated phase, and chronic phase. It has also been approved as an initial treatment for Ph+ CML in the chronic phase or in any phase of Ph+ CML following the failure of interferon-alpha therapy.

Other hematologic malignancies Gleevec is used to treat include relapsed or refractory Ph+ acute lymphoblastic leukemia; certain genetic variations of myelodysplastic and myeloproliferative diseases, aggressive systemic mastocytosis, hypereosinophilic syndrome, and chronic eosinophilic leukemia; and nonresectable, recurrent, or metastatic dermatofibrosarcoma protuberans.

Gleevec is also approved as a treatment for nonresectable or metastatic KIT (CD117)-positive gastrointestinal stromal tumors (GIST). The FDA recently approved the use of Gleevec in patients with GIST as a maintenance therapy following complete surgical removal of the tumor.

Patient Assistance Program

Novartis has different payment assistance programs depending on what disease Gleevec is being used to treat. My CML Circle, at www.mycmlcircle.com, is a new copayment assistance program for Ph+ CML patients in the United States and Puerto Rico. Patients starting or continuing Gleevec at the 400-mg dose can apply for the My CML Circle Co-Pay Card to receive $15 in assistance per refill for up to 12 refills. Those on a higher dose of Gleevec can receive up to $25 per refill for 12 refills. Eligible patients diagnosed with other approved conditions for which Gleevec is prescribed can apply for the Gleevec Co-Pay Card. To enroll in these programs, call (888) 625-2333. Subscribers to a federal government-related healthcare program that includes prescription drug coverage and residents of Massachusetts are ineligible.

In addition to the Co-Pay Card, Novartis offers financial help for uninsured patients through the Novartis Patient Assistance Foundation (PAF) at (800) 277-2254. To qualify, patients must reside in the United States, meet income eligibility requirements, and lack private or public prescription coverage. Novartis PAF provides Gleevec for free to eligible patients. Medicare beneficiaries enrolled in a Part D prescription drug plan may qualify if they have trouble affording their medications. PAF evaluates other cases on an individual basis, and patients should call to see whether they qualify. Medicare patients who need guidance in choosing a Part D prescription plan can call Novartis at (800) 942-3424. Those patients requiring assistance with insurance reimbursement should call the Gleevec Reimbursement Hotline at (877) 453-3832.

Herceptin
(trastuzumab)

Genentech BioOncology

www.herceptin.com
(866) 449-HER2

About the Drug

Nearly one-quarter to one-third of patients with breast cancer have tumors that express too much human epidermal growth factor receptor-2 (HER2) protein. These types of tumors are called HER2/neu- or ErbB2-positive. Individuals whose cancer overexpresses HER2 have an increased likelihood of disease recurrence. Some patients with other types of cancer (such as gastric or ovarian) may also overexpress HER2, and Herceptin is being investigated in these disease types.

Herceptin is a monoclonal antibody that binds to the HER2 protein, preventing it from instigating uncontrollable tumor cell reproduction. It is used following surgery to treat breast cancer that overexpresses HER2 and is node-positive or node-negative (estrogen receptor/progesterone receptor–negative or with one high-risk feature). Herceptin is approved in combination with a chemotherapy regimen that includes doxorubicin, cyclophosphamide, and either paclitaxel or Taxotere (docetaxel); with Taxotere and carboplatin; and as a single agent following therapy with an anthracycline-based regimen.

The FDA has also approved the administration of Herceptin with paclitaxel as a first-line treatment for HER2-overexpressing metastatic breast cancer. In addition, Herceptin can be used alone in individuals with HER2-overexpressing breast cancer who have already received at least one chemotherapy regimen for metastatic disease.

Patient Assistance Program

For uninsured patients or those denied coverage by their health insurance carrier, Genentech has established the Genentech Access to Care Foundation (GATCF). Patients must have an annual household adjusted gross income of $100,000 or less and meet specific medical criteria to qualify to receive free Herceptin.

Genentech recently initiated the BioOncology Co-Pay Card Program to help qualified patients afford copayments for their infused Genentech medications, such as Herceptin. The Card pays 80% of each copayment after the first $100 for one year, up to $4,000. Patients must meet the following criteria:

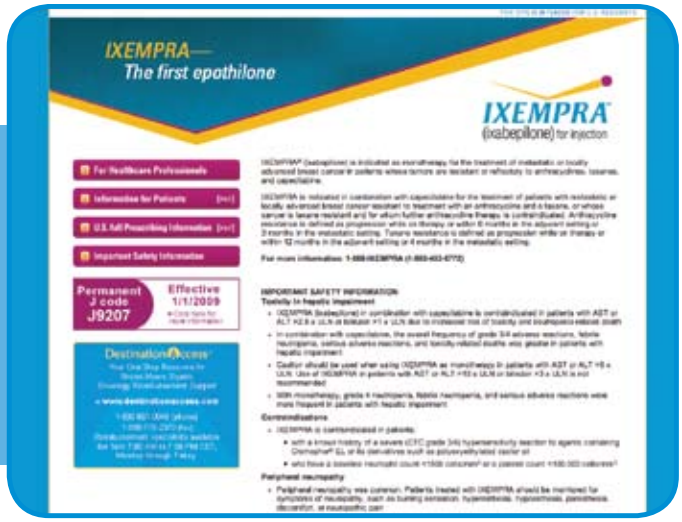
- Must have commercial insurance and cannot be covered by a government-funded health program
- Cannot already receive benefits from the GATCF
- Must have an insurance copayment for Herceptin that is more than $100 per refill
- Annual household income cannot exceed $100,000
- Must be 18 years of age or older
- Must reside in Puerto Rico or the United States (excluding Massachusetts)

Patients can contact Herceptin Access Solutions at (888) 249-4918 or visit www.herceptinaccesssolutions.com for more information. Representatives can also assist with helping patients file appeals for insurance coverage denials of Herceptin and connecting patients with nonprofit organizations that help patients afford their drug copayments.

Ixempra
(ixabepilone)

Bristol-Myers Squibb

www.ixempra.com
(888) 493-6772



About the Drug

The FDA has approved Ixempra as a single-agent treatment for metastatic or locally advanced breast cancer in patients whose tumors resist or do not respond to therapy with anthracyclines, taxanes, and capecitabine. It is also approved in combination with capecitabine for the following:

- Individuals with metastatic or locally advanced breast cancer resistant to treatment with an anthracycline and a taxane
- Individuals with metastatic or locally advanced breast cancer that is taxane resistant or who are not candidates for additional anthracycline therapy

Anthracycline resistance is defined as disease progression while receiving therapy or within 6 months of stopping treatment in the adjuvant setting or 3 months in the metastatic setting. Taxane resistance is described as progression while on therapy or within 12 months in the adjuvant setting or 4 months in the metastatic setting. The combination of Ixempra and capecitabine should not be used in patients with hepatic impairment.

Ixempra belongs to a relatively new class of chemotherapeutic drugs known as epothilones. They inhibit microtubule function; microtubules are essential to cell division. Inhibiting microtubule function arrests cell division and leads to cell death. Ixempra is administered by injection.

Patient Assistance Program

At www.destinationaccess.com, you will find a link to reimbursement support for Ixempra from Bristol-Myers Squibb. If your insurer requires prior authorization to establish medical necessity before authorizing payment for Ixempra, you can download the enrollment form from the Website, where you will also find a description of the benefits investigation process. The Destination Access Patient Assistance Program provides free Ixempra for qualified patients who are US citizens or US legal residents, generally lack public or private prescription drug coverage, and have an established financial hardship.

Patients should call (800) 861-0048, Monday through Friday, 7 AM to 7 PM CST, to speak with a program specialist at Destination Access. If the representative determines that the patient may be eligible for assistance, he or she will contact the patient's physician to begin the enrollment process. Patients who do not qualify to receive Ixempra at no cost can still ask Destination Access specialists for help in understanding their insurance benefits or in appealing denied drug claims.

Nexavar
(sorafenib)

Bayer Healthcare/Onyx Pharmaceuticals

www.nexavar.com
(866) NEXAVAR

About the Drug

Nexavar is an FDA-approved treatment for patients with hepatocellular carcinoma (a type of liver cancer) whose tumors cannot be removed surgically. It is also approved to treat advanced renal cell carcinoma, the most common type of kidney cancer, accounting for approximately 90% of kidney cancer diagnoses.

Nexavar is an orally administered small molecule inhibitor of multiple tyrosine protein kinases. Nexavar targets the mitogen-activated protein (MAP) kinases, a molecular pathway involved in regulating multiple cellular activities, including gene expression, cell proliferation, cell survival, and cell growth.

Patient Assistance Program

A physician can help patients who have been prescribed Nexavar by contacting a Resources for Expert Assistance and Care Helpline (REACH) program counselor at (866) NEXAVAR, 87-REACH-4-IT, or (877) 322-4448. The REACH Program helps with insurance and reimbursement concerns. A program counselor can answer questions about insurance coverage, including questions about Medicare Part D drug benefits; contact an insurance company about authorizing coverage of Nexavar for a patient; identify and help apply for alternate sources of coverage and payment; and review eligibility for assistance if the patient does not have insurance.

Because Nexavar is distributed only through specialty pharmacy providers (SPPs) and not through retail pharmacies, the program helps identify SPPs and arrange drug delivery. After verifying a patient's insurance coverage, the program counselor will send the prescription to an SPP, who will fill the prescription and arrange to deliver Nexavar to the patient or the patient's physician.

Physicians can download a REACH Program enrollment form at www.nexavar-us.com. Completed forms can be faxed to (866) 639-5181. Patients can obtain more information about the REACH program by visiting bayeroncology.com. They can also phone a counselor at 87-REACH-4-IT or (877) 322-4448 to discuss criteria for eligibility to receive assistance with affording Nexavar.

Ontak
(denileukin diftitox)

Eisai Corporation

www.ontak.com

About the Drug

Ontak, an antineoplastic agent, is FDA approved for patients with cutaneous T-cell lymphoma (CTCL) who did not respond to prior therapies or ceased responding to prior therapies and whose CTCL cells test positive for a component called CD25. It is not approved for patients whose lymphoma cells are negative for the CD25 component.

Ontak is an engineered protein that combines interleukin-2 (IL-2) with Diphtheria toxin. IL-2 is a hormone-like molecule that helps mediate the immune system. It is instrumental in stimulating an immune response to microbial infection and in identifying the presence of something foreign in the body. Some types of leukemia and lymphoma express IL-2 receptors. The IL-2 in Ontak binds to the IL-2 receptors, introducing the Diphtheria toxin into the malignant cells, killing them.

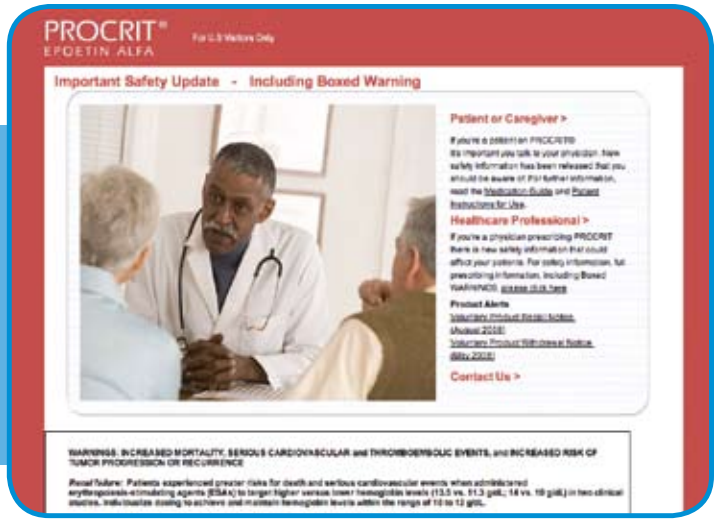
Patient Assistance Program

Patients who have received a prescription of Ontak from their physician for CD25-positive CTCL and need assistance in affording their medication can call Eisai's Patient Assistance Program for its oncology products at (866) 613-4724. Eligible patients are those who do not have any private health insurance or any federal- or state-sponsored public health coverage. Patients enrolled in a Medicare Part D prescription drug program may be eligible if they have reached their cap. Patients must also meet income guidelines, which an Eisai reimbursement representative can discuss with you.

The application can be obtained by calling the Patient Assistance Program. The patient and his or her physician must fill out the designated portions of the application and return it to Eisai by fax or mail. A decision is typically made within 48 hours, and the patient and physician are notified in writing.

Procrit
(epoetin alfa)

Ortho Biotech Products LP



www.procrit.com
(800) 457-6399

About the Drug

Procrit stimulates the production of red blood cells, helping patients with anemia maintain or improve their red blood cell count and avoid the need for transfusions. Procrit is approved by the FDA to treat anemia (a) associated with chronic renal failure; (b) in patients with HIV who are receiving treatment with zidovudine; (c) in patients unwilling to donate autologous blood who are at high risk for blood loss during a scheduled elective, noncardiac, nonvascular surgery procedure; and (d) in patients with metastatic, non-myeloid cancers who are undergoing at least two months of chemotherapy.

Procrit is not approved for patients with cancer who are receiving hormonal agents, therapeutic biologic products, or radiotherapy unless they are also undergoing myelosuppressive chemotherapy. Due to safety concerns, Procrit is not indicated for patients receiving myelosuppressive therapy with the expectation that they will be cured. It is also not approved to treat anemia in cancer patients that is caused by factors such as iron or folate deficiencies, hemolysis, or gastrointestinal bleeding.

In some patients with cancer, Procrit is associated with an increased risk of death, serious cardiovascular and thromboembolic events, and tumor progression or recurrence. As with all medications, patients should review FDA warnings for Procrit before using and discuss any concerns with their physician.

Patient Assistance Program

The PROCRITline.com Website and hotline at (800) 553-3851 are dedicated to assisting patients with affording a Procrit prescription. PROCRITline provides reimbursement information and support, verifying insurance benefits to determine eligibility for assistance, helping patients with insurance appeals, and identifying alternate sources of aid. The site includes links to each state's Medicare guidelines and more than 400 private and public organizations that help with reimbursement, insurance, or other needs.

Ortho Biotech's parent company, Johnson & Johnson, makes Procrit available for qualified patients through the Janssen Ortho Patient Assistance Foundation, a private charitable organization. Patients must meet the following eligibility criteria:

- Have no private or public health insurance
- Meet specific financial criteria
- Live in the United States or a US territory
- Be an outpatient under the care of a valid licensed US healthcare provider

Application and enrollment are free. Patients approved for the program will receive Procrit at no cost for up to one year, at which time they can reapply. An online eligibility tool is available at www.access2wellness.com. Interested patients can also call an access2wellness specialist at (866) 317-2775.

Revlimid
(lenalidomide)

Celgene Corporation

www.revlimid.com
(800) 931-8691

About the Drug

The FDA has approved the chemotherapy drug Revlimid to be used with Decadron (dexamethasone) as a treatment for patients with multiple myeloma who have received at least one prior therapy. It is also approved for patients with low- or intermediate-1-risk myelodysplastic syndromes associated with a deletion 5q cytogenetic abnormality who have developed transfusion-dependent anemia. Revlimid is an immunomodulatory drug, which affects the immune system; it also kills cancer cells, although its exact mechanism is unknown.

Revlimid is derived from thalidomide, a compound associated with severe life-threatening human birth defects. Because of this, pregnant women or women planning to become pregnant should not take Revlimid and women using Revlimid should take precautions to avoid pregnancy. Because of its potential toxicity to developing fetuses, Revlimid is only available to patients through a special restricted distribution program called RevAssist. This program is designed to ensure that Revlimid is only dispensed to registered patients who meet program criteria.

Patient Assistance Program

At www.revlimid.com, you will find a link to Celgene's Patient Support Coordinator (PSC) program. Coordinators can help with reimbursement assistance, insurance claims and appeals, Medicare Part D issues, and locating programs and services that offer assistance with copayments for Revlimid. You can e-mail patientsupport@celgene.com to request assistance or call (800) 931-8691 weekdays from 8 AM to 7 PM EST to speak one-on-one with a PSC.

If you are an uninsured or underinsured patient who has been prescribed Revlimid, you can apply to receive your medication at no cost through Celgene's patient support program. Revlimid may be provided free for up to six months for patients who meet income eligibility guidelines and other criteria. If you require more than six months of drug assistance, a renewal application must be sent at least one month before the end of the six-month period.

You will find a downloadable application form for you and your healthcare provider to complete at www.revlimid.com or the Patient Support Coordinator Website, www.CelgenePSC.com. Have your healthcare provider fax your completed application to (800) 822-2496. Generally, within two business days of receiving your completed application, Celgene will notify your healthcare provider of your eligibility status.

Rituxan
(rituximab)

Genentech BioOncology

www.rituxan.com
(888) 455-2220

About the Drug

Rituxan is an infused medication that targets CD20-positive B-cells, which are involved in non-Hodgkin lymphoma (NHL) and rheumatoid arthritis. For patients with NHL, the FDA has approved Rituxan for use in the following circumstances:

- As a single agent in relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL
- Previously untreated follicular, CD20-positive, B-cell NHL in combination with the CVP chemotherapy regimen
- As single-agent maintenance therapy for up to two years in patients who have achieved nonprogressing or stable, low-grade, CD20-positive B-cell NHL after first-line CVP chemotherapy
- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with the CHOP chemotherapy regimen or other anthracycline-based chemotherapy regimens

Patients should review the medication guide prior to receiving their first Rituxan infusion. Patients can call the number above at any time to speak with a nurse educator about Rituxan therapy.

Patient Assistance Program

For uninsured patients or those denied coverage by their health insurance carrier, Genentech has established the Genentech Access to Care Foundation. Patients must have an annual household adjusted gross income of $100,000 or less and meet specific medical criteria to qualify to receive free Rituxan. Genentech also recently initiated the BioOncology Co-Pay Card Program specifically to help qualified patients afford copayments for their infused Genentech medications, such as Rituxan. Once patients accumulate $100 in copayment costs, the co-pay card will pay 80% of future copayment costs for one year.

Patients can contact a Rituxan Access Solutions representative at (888) 249-4918 from 6 AM to 5 PM PST, Monday through Friday or visit the Website at www.rituxanaccesssolutions.com. Representatives will also assist with helping patients file appeals for insurance coverage denials of Rituxan and connecting patients to nonprofit organizations that help patients afford their drug copayments.

Sancuso

(granisetron transdermal system)

Prostrakan Inc.

www.sancuso.com
(800) SANCUSO

About the Drug

Sancuso is FDA-approved to prevent chemotherapy-induced nausea and vomiting (CINV) in patients receiving five consecutive days of chemotherapy with a regimen considered to be moderately or highly emetogenic (likely to cause vomiting). Granisetron, the active ingredient in the Sancuso system, is a 5-HT3 receptor antagonist used to prevent nausea and vomiting following chemotherapy.

Sancuso delivers granisetron continuously via an adhesive patch that is placed on the upper arm. Sancuso can be applied by the patient, a caregiver, or a healthcare professional and should be affixed to clean, dry skin 24 to 48 hours before a scheduled chemotherapy treatment. It can be worn for up to seven days and should not be reused.

Patient Assistance Program

ProStraCare is a free service that helps patients and their healthcare team manage treatment with Sancuso. Representatives at the ProStraCare Support Center will assist with the following aspects of reimbursement and treatment:

- Verifying insurance coverage
- Shipping the product to your home (or where designated)
- Contacting you to remind you to apply Sancuso prior to your first chemotherapy infusion
- Providing patient assistance for those with financial need who meet qualifications
- Replacing product when a chemotherapy appointment is canceled or rescheduled

The ProStraCare Support Center can be reached at (800) 726-2876, Monday through Friday, 9 AM to 7 PM EST. You can download an enrollment form for the program at www.prostrakan-usa.com.

Sprycel
(Dasatinib)

Bristol-Myers Squibb/ImClone Systems

www.sprycel.com

About the Drug

Sprycel is an oral medication that inhibits several enzymes associated with the progression of certain hematologic malignancies, including BCR-ABL and SRC proteins. It is prescribed for adults with a diagnosis of chronic myeloid leukemia (CML) who are no longer responding to or who cannot tolerate Gleevec (imatinib mesylate), the standard first-line treatment for CML. It is also approved for adults with Philadelphia chromosome-positive acute lymphoblastic leukemia who are no longer benefitting from or who are unable to tolerate their prior treatment. It is not recommended for patients who have not first tried Gleevec.

Patient Assistance Program

At www.destinationaccess.com, you will find a link to Reimbursement Support for Sprycel from Bristol-Myers Squibb and ImClone. If your insurer requires prior authorization to establish medical necessity before authorizing payment for Sprycel, you can download the enrollment form from the Website, where you will also find a description of the benefits investigation process. The Destination Access Patient Assistance Program provides free Sprycel for patients who are US citizens or US legal residents, generally lack public or private prescription drug coverage, and have an established financial hardship.

The patient should call (800) 861-0048, Monday through Friday, 7 AM to 7 PM CST, to speak with a program specialist at Destination Access. If the representative determines that the patient may be eligible for assistance, he or she will contact the patient's physician to begin the enrollment process. Patients who do not qualify to receive Sprycel at no cost can still ask Destination Access specialists for help in understanding their insurance benefits or appealing denied claims.

Sutent
(sunitinib malate)

Pfizer Oncology

www.sutent.com
(877) 5-SUTENT

About the Drug

Sutent has been approved by the FDA to treat two types of cancer: advanced (metastatic) kidney cancer and gastrointestinal stromal tumor (GIST). In advanced kidney cancer, also called renal cell carcinoma (RCC), Sutent inhibits signaling from platelet-derived growth factor (PDGF) and vascular endothelial growth factor (VEGF) receptors, which activate enzymes that contribute to tumor growth and spread. The oral agent is prescribed as a first-line treatment for patients with advanced or metastatic RCC.

For patients with GIST, a rare cancer of the stomach, bowel, or esophagus, Sutent is prescribed when Gleevec (imatinib) is no longer effective or is no longer tolerated and patients demonstrate tumor growth. In addition to inhibiting PDGF and VEGF, Sutent inhibits KIT, a mutation found in more than 90% of patients with GIST.

Patient Assistance Program

Pfizer has a few programs available to help patients taking Sutent with medication costs. Information on Pfizer's First Resource service is available at www.pfizerhelpfulanswers.com. This comprehensive patient assistance program offers reimbursement support, including help appealing insurance denials and help finding alternate sources of financial aid. Patients residing in the United States, Puerto Rico, or the US Virgin Islands may be eligible for assistance from First Resource if they have no prescription drug coverage or have insufficient coverage, meet certain income guidelines (based on family size), and are receiving treatment from a physician licensed to practice in the United States, Puerto Rico, or the US Virgin Islands. To apply, call a First Resource counselor at (877) 744-5676 weekdays from 9 AM to 8 PM EST. English- and Spanish-speaking counselors are available. You can also download an application online.

You may be eligible for the Sutent copayment card, which helps cover the cost of copayments for Sutent. To qualify, you must have coverage from a private insurer that requires only a copayment for Sutent, be unable to afford the copayment, and meet program guidelines for hardship assistance. Individuals enrolled in the patient assistance program who meet these criteria will receive the card automatically by mail; those who need immediate help can speak with a First Resource counselor and obtain card information over the phone.

Pfizer Pfriends is another program that works with participating pharmacies in the United States, Puerto Rico, and US Virgin Islands to provide drug discounts to qualified patients without prescription coverage, regardless of age or income. Patients interested in applying for a Pfizer Pfriends card should call (866) 706-2400. Patients who reside in Massachusetts are not eligible for these patient assistance programs.

Tarceva
(erlotinib)

Genentech BioOncology

www.tarceva.com
(877) TARCEVA

About the Drug

Tarceva works to prevent tumor growth by inhibiting human epidermal growth factor receptor 1 (HER1), a protein overexpressed in some cancers. It comes in pill form and is taken once daily, one hour before or two hours after eating. The FDA has approved Tarceva for patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) who have received at least one prior chemotherapy regimen. The use of Tarceva concurrently with a platinum-based chemotherapy regimen is not recommended.

Tarceva is also approved in combination with Gemzar (gemcitabine) as a first-line treatment for patients with locally advanced, unresectable, or metastatic pancreatic cancer who have not received chemotherapy previously.

Patient Assistance Program

Tarceva Access Solutions assists patients in several ways. For uninsured patients or those denied coverage by their health insurance carrier, Genentech has established the Genentech Access to Care Foundation. Patients must have an annual household adjusted gross income of $100,000 or less and meet specific medical criteria to qualify.

The Tarceva Co-Pay Card Program can reduce monthly copayment costs for eligible patients for up to one year. The program contributes 80% of the total copayment after the first $100, with a $4000 limit per year.

To qualify, patients must be covered under a commercial health insurance plan and have copayments for Tarceva totaling more than $100 per month. In addition, the patient's annual household income cannot exceed $100,000 and he or she must be a legal resident of the United States (excluding Massachusetts) or Puerto Rico.

Genentech also offers the Tarceva Dose Modification Exchange Program. For patients who require a dose reduction to manage treatment-related side effects, the program may replace the remaining tablets in your current prescription with tablets at the reduced dose at no charge.

For information on these programs, call a Tarceva Access Solutions representative at (888) 249-4918 between 6 AM and 5 PM PST, Monday through Friday, or visit www.tarcevaaccesssolutions.com. Representatives can also assist you with finding a nonprofit organization that offers help with copayments.

Tasigna
(nilotinib)

Novartis Oncology

www.us.tasigna.com
(888) 669-6682

About the Drug

Tasigna is a new option for adult patients with Philadelphia chromosome–positive chronic myeloid leukemia (Ph+ CML). It is an oral 200-mg capsule that blocks certain proteins known to help tumor cells grow and multiply. The FDA has approved Tasigna to treat adults with Ph+ CML in the chronic or accelerated phases who have become resistant to or intolerant of Gleevec, the standard first-line treatment for Ph+ CML.

Tasigna works similarly to Gleevec and is intended to be used as long-term therapy. It has been associated with a life-threatening heart problem called QT prolongation, which causes an irregular heartbeat that may lead to sudden death. Patients taking Tasigna should be monitored with an electrocardiogram during treatment.

Patient Assistance Program

To help patients with their copayments, Novartis offers My CML Circle at www.mycmlcircle.com. Patients with Ph+ CML in the United States and Puerto Rico who are prescribed Tasigna can obtain a CML Circle Co-Pay Assistance card from their physician or by calling (888) 625-2333. Patients already taking 200-mg Tasigna capsules or those who transition to Tasigna can receive up to $50 per prescription refill for 12 refills. Patients enrolled in a Federal Government-related healthcare program that includes prescription drug coverage and patients living in Massachusetts are not eligible for the program.

In addition to the co-pay assistance card, Novartis offers financial help for uninsured patients through the Novartis Patient Assistance Foundation (PAF), available at (800) 277-2254. To qualify, patients must reside in the United States, meet income eligibility requirements, and lack private or public prescription coverage. Novartis PAF provides Tasigna at no cost to eligible patients. Medicare beneficiaries enrolled in a Part D prescription drug plan may qualify for help from PAF if they are having difficulty affording their medications. PAF evaluates other cases on an individual basis, and patients should call to see whether they qualify. Medicare patients who need guidance in choosing a Part D prescription plan can call Novartis at (800) 942-3424. Those patients requiring assistance with insurance reimbursement issues can call the Gleevec Reimbursement Hotline at (877) 453-3832.

Taxotere
(docetaxel)

sanofi-aventis

www.taxotere.com

About the Drug

Taxotere is a chemotherapy drug, administered intravenously, that is approved to treat the following five types of malignant solid tumors:

Breast cancer—As a single agent in patients with locally advanced or metastatic breast cancer that has progressed on or after prior chemotherapy; and combined with doxorubicin and cyclophosphamide after surgery in patients with node-positive breast cancer.

Non–small cell lung cancer (NSCLC)—As a single agent in patients with locally advanced or metastatic NSCLC that has progressed after treatment with a platinum-based chemotherapy regimen; and combined with cisplatin as an initial treatment for unresectable locally advanced or metastatic NSCLC.

Prostate cancer—Combined with prednisone to treat men with androgen-independent (also referred to as hormone refractory or castration resistant) metastatic prostate cancer.

Gastric cancer—Combined with cisplatin and fluorouracil to treat patients with advanced gastric adenocarcinoma, including adenocarcinoma of the gastroesophageal junction, who have not received chemotherapy for advanced disease.

Head and neck cancer—Combined with cisplatin and fluorouracil as an induction treatment for patients with locally advanced squamous cell carcinoma of the head and neck.

Taxotere is a taxane and is a semi-synthetic version of paclitaxel, an extract from a rare yew tree in the Pacific that was discovered to have anticancer properties. Taxotere binds to and stabilizes microtubules, which inhibits cell division and causes cancer cell death.

Patient Assistance Program

To help patients having difficulty obtaining their medication, sanofi-aventis offers the Pact+ Program, available at (800) 996-6626, Monday through Friday, 9 AM to 8 PM EST. You can download an application for the program at www.pactplusonline.com. This Patient Assistance Program provides medication free of charge to uninsured patients who are under the care of a licensed healthcare provider and meet financial and residential eligibility requirements.

Patients with private health insurance that denies coverage for Taxotere on appeal can seek assistance from the Drug Replacement Program. Patients must meet financial eligibility requirements, be legal residents of the United States, and receive treatment from a licensed healthcare provider. Through Pact+, reimbursement assistance is offered for the following:

- Benefit verification and prior authorization
- Claims management
- Appealing claim denials
- Coding and billing guidance

Pact+ representatives will also assist patients in finding services and resources from charitable organizations for a range of medical and living expenses.

Temodar
(temozolomide)

Merck & Schering-Plough

www.temodar.com

About the Drug

Temodar is an oral drug approved to treat adults newly diagnosed with a type of brain cancer known as glioblastoma multiforme (also known as grade IV astrocytoma). It is administered in conjunction with radiotherapy and then continued after completion of radiotherapy as a maintenance treatment. The FDA has also approved Temodar in adults with another type of brain cancer known as anaplastic astrocytoma, whose disease has continued to progress after treatment with a drug regimen containing the medications nitrosourea and procarbazine.

Temodar is an oral alkylating agent drug that interferes with DNA replication, disrupting cell growth, especially of rapidly growing cancer cells. This helps slow tumor growth. Temodar is a derivative of dacarbazine, another alkylating agent used to treat cancer, and patients who have experienced an allergic reaction to dacarbazine in the past should not take Temodar. Women should not nurse infants while taking Temodar.

Patient Assistance Program

The Schering-Plough Commitment to Care is a need-based program that helps ensure individuals with brain cancer who need Temodar are able to obtain their medication. Patients can call (800) 521-7157 to speak with a reimbursement specialist, who can provide assistance with several issues:

- Insurance verification
- Preauthorization or precertification
- Appealing claims denials
- Referrals to state and local assistance programs
- Determining eligibility to receive Temodar free from Schering-Plough

Commitment to Care provides Temodar at no cost to qualified low-income patients who are uninsured or to low-income patients enrolled in Medicare who have spent at least 2% of their annual household income to purchase prescription medications. You can call to request an application or download an application online at www.merck.com/responsibility/commitmenttocare.pdf. The Commitment to Care program is confidential and promises rapid follow up without extensive paperwork.

Thalomid
(thalidomide)

Celgene Corporation

www.thalomid.com
(888) 423-5436

About the Drug

The FDA has approved the use of Thalomid in combination with dexamethasone for patients with newly diagnosed multiple myeloma. It is also approved for acute treatment of patients with cutaneous manifestations of moderate to severe erythema nodosum leprosum (ENL) and maintenance therapy for preventing and suppressing cutaneous manifestations of ENL recurrence.

Thalomid is an oral medication associated with significant toxicity to a developing fetus and should not be taken during pregnancy or used by women who could become pregnant. A single dose of Thalomid can cause birth defects. To limit the risk of fetal exposure to Thalomid, Celgene has designed the System for Thalidomide Education and Prescribing Safety, or S.T.E.P.S. Only physicians and pharmacists registered with the program can prescribe or dispense Thalomid and patients must agree to comply with the requirements of S.T.E.P.S. to receive the medication.

Patient Assistance Program

At www.thalomid.com, you will find a link to Celgene's Patient Support Coordinator (PSC) program. Coordinators can help with reimbursement assistance, insurance claims and appeals, Medicare Part D issues, and locating programs and services that offer assistance with copayments for Thalomid. You can e-mail patientsupport@celgene.com to request assistance or call (800) 931-8691 weekdays from 8 AM to 7 PM EST to speak one-on-one with a PSC.

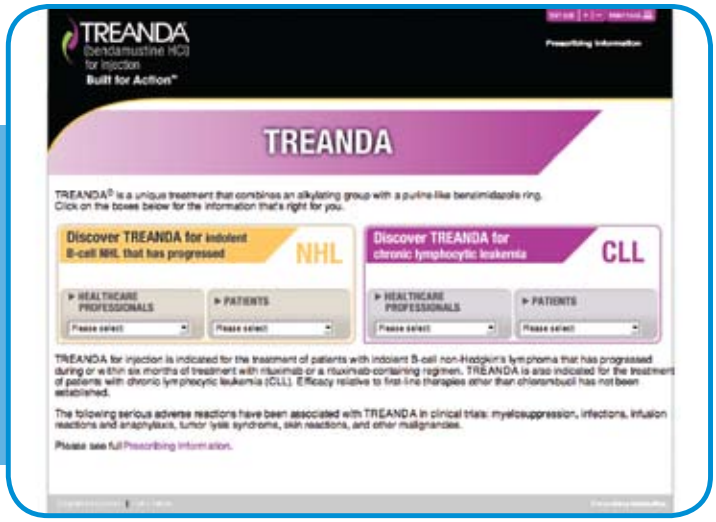
If you are an uninsured or underinsured patient who has been prescribed Thalomid, you can apply to receive your medication at no cost through Celgene's patient support program. Thalomid may be provided free for up to six months for patients who meet income eligibility guidelines and other criteria. If you require more than six months of drug assistance, a renewal application must be sent at least one month before the end of the six-month period. Medicare Part D subscribers who demonstrate financial necessity may also qualify to receive free Thalomid for the remainder of the calendar year.

You will find a downloadable New Case application form for you and your healthcare provider to complete at the Patient Support Coordinator Website, www.CelgenePSC.com. Have your healthcare provider fax your completed application to (800) 822-2496. Generally, within two business days of receiving your completed application, Celgene will notify your healthcare provider of your eligibility status.

Treanda
(bendamustine HCI)

Cephalon Oncology

www.treanda.com
(800) 896-5855



About the Drug

Treanda is an intravenous chemotherapy drug first approved to treat patients with chronic lymphocytic leukemia (CLL). Treanda kills the cells that cause CLL. The FDA subsequently approved Treanda as a treatment for indolent (slow-growing) B-cell non-Hodgkin lymphoma that has progressed during treatment with Rituxan (rituximab) or a Rituxan-containing regimen, or that has progressed within 6 months of completing treatment with Rituxan or a Rituxan-based regimen.

Treanda belongs to the family of drugs known as alkylating agents (nitrogen mustard gas derivatives). These agents cause DNA damage in cancerous cells, which are more sensitive to these effects, leading to programmed cell death in the tumor. They also affect normal cells and are referred to as cytotoxic. Treanda combines two kinds of chemical structures and has a unique dual-action mechanism. In addition to causing the death of tumor cells through DNA damage, it exhibits other anti-tumor properties that are not yet fully understood.

Patient Assistance Program

Information about the Cephalon Oncology Reimbursement Expertise (CORE) program is available by calling (866) 261-7730, Monday through Friday (excluding holidays), 9 AM to 8 PM EST. CORE offers a support program and other online tools to help patients understand the reimbursement process. CORE's reimbursement consultants assist patients in several ways:

- Verifying benefits and coverage
- Explaining insurance policy benefits and limitations
- Obtaining precertification
- Supporting patients through the claims appeals process
- Providing documentation to appeal insurance denials
- Explaining eligibility requirements for patient assistance from Cephalon

Uninsured patients prescribed Treanda can contact the CORE hotline for details about the CORE Patient Assistance Program. Patients who meet certain eligibility criteria may be eligible to receive Treanda at no cost. Patients who are approved for the program agree to notify CORE within 30 days of any changes to their eligibility status, such as an increase in income, new insurance benefits, or enrollment in a government-sponsored program. An enrollment form is available at www.cephalononcologycore.com.

Trelstar
(triptorelin pamoate)

Watson Pharmaceuticals

www.trelstar.com
(866) 755-3315

About the Drug

Trelstar is an injectable medication available in two formulations, Trelstar LA and Trelstar Depot. Both formulations of Trelstar are approved as a palliative treatment for men with advanced prostate cancer. They are an alternative therapy for when orichectomy (surgical removal of the testes) or estrogen are not indicated or unacceptable to the patient.

Trelstar tells the pituitary gland to stop making luteinizing hormone (LH) and is known as an LHRH antagonist. LH tells the testes to produce testosterone, which can contribute to prostate tumor progression. Trelstar results in lower levels of testosterone in your blood, helping to slow tumor progression. Trelstar Depot is administered once every four weeks and is designed to reduce testosterone levels for an entire month. Trelstar LA is a long-acting formulation that is injected every 12 weeks and suppresses testosterone levels until the next injection. Your physician will help you decide which Trelstar formulation you need.

Patient Assistance Program

Watson Pharmaceuticals offers reimbursement and support programs for Trelstar. Representatives with the Trelstar support line can be reached at the number above and provide a comprehensive range of support services. They can assist you with medical and nonmedical information. Selecting Option 2 will connect you with Trelstar Reimbursement Services. Reimbursement counselors are available from 9 AM to 8 PM EST and can help with the following:

- Verifying insurance coverage
- Confirming proper coding to use on claim forms
- Explaining health insurance coverage
- Reviewing denied claims and helping to file an appeal

Watson has an Indigent Patient Program, and a Support Line Counselor can screen interested patients for eligibility. The program provides Trelstar without charge to low-income patients who are uninsured or underinsured and meet financial eligibility requirements. After confirming eligibility, the consultant will send you a qualification form to verify financial need. Patients will be notified by telephone or fax of their eligibility status, and those who qualify will receive Trelstar as prescribed at no cost. For those who do not qualify, a counselor can help identify alternate funding sources from nonprofit organizations.

Tykerb
(lapatinib)

GlaxoSmithKline

www.tykerb.com
(888) 825-5249

About the Drug

The FDA has approved Tykerb in combination with Xeloda (capecitabine) to treat patients with advanced or metastatic breast cancer whose tumors express too much human epidermal growth factor receptor-2 (HER2) protein and who received prior therapy including an anthracycline, a taxane, and Herceptin (trastuzumab).

Tykerb is a small molecule, which enables it to enter the cancer cell and stop the HER2 receptor from working properly, halting its overexpression of HER2 protein. It has also been shown to decrease tumor-causing breast cancer stem cells and slow cancer progression.

Tykerb is associated with a risk of liver damage in some patients, so if you have liver problems, it is important to inform your physician before taking Tykerb.

Patient Assistance Program

GlaxoSmithKline (GSK) offers GSK for You, a collection of plans that help eligible patients with demonstrated financial need get access to GSK medications. For oncology drugs, GSK provides the Commitment to Access patient assistance program. This provides GSK medicines at no cost to eligible patients who lack sufficient prescription drug coverage. Patients can be enrolled in the program by a healthcare professional or social worker.

The following are eligibility guidelines for receiving patient assistance:

- Patient must not have prescription drug coverage through a private insurer or a public program such as Medicare or Medicaid, except
  - -Individuals enrolled in a Medicare drug plan who have spent at least $600 on prescriptions this year
  - -Individuals whose prescription drug plan only covers generic drugs
- Maximum monthly income cannot exceed $4,512.50 for one person, $6,070.83 for two, $7,629.16 for three, and $9,187.49 for four (maximums slightly higher for Alaska and Hawaii)
- Patient must be a US resident

For more information about Commitment to Access, patients can call (888) 825-5249, Monday through Friday, 8 AM to 6 PM EST or visit www.CommitmentToAccess.com. The number for healthcare professionals to enroll patients in Commitment to Access is (866) 265-6491, with representatives available weekdays from 8 AM to 8 PM.

In addition, Tykerb Cares by GSK offers insurance coverage and benefits verification, researches alternative funding, and helps connect patients with nonprofit programs for assistance with affording medications. A healthcare provider can enroll a patient in Cares by GSK by phoning (888) 663-4752 to speak with a live agent or leave a message if one is unavailable. Enrollment forms are also available online at www.tykerb.com.

Vectibix
(panitumumab)

Amgen

www.vectibix.com
(800) 772-6436

About the Drug

Vectibix is a fully human monoclonal antibody that binds to epidermal growth factor receptors (EGFRs) found on the surface of cells to prevent EGFR activity that contributes to tumor growth and spread. The FDA has approved Vectibix to treat patients with metastatic colorectal carcinoma whose tumors express EGFR and who have experienced disease progression during or following chemotherapy regimens that contain fluoropyrimidine, oxaliplatin, and/or irinotecan.

Vectibix is not recommended for patients with metastatic colorectal cancer who have tumors with certain KRAS genetic mutations. Vectibix has been found to be ineffective in these patients.

Patient Assistance Program

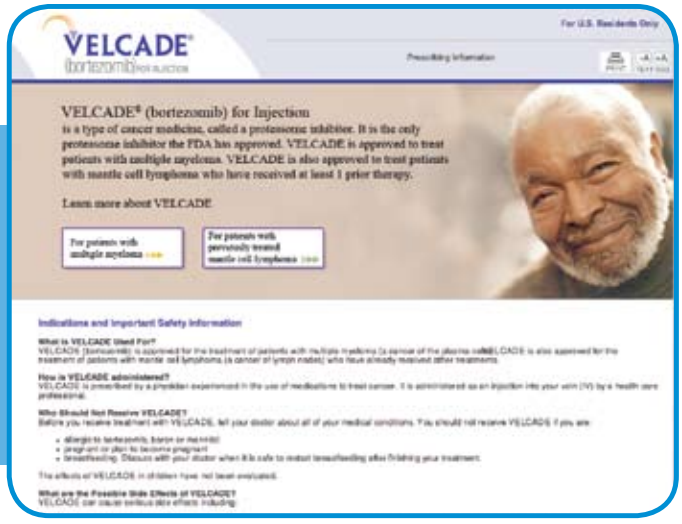
Amgen offers the Amgen Oncology Assistance program, which includes the "Reimbursement Connection." Patients can call (800) 272-9376 to request assistance with reimbursement issues, including prior authorization support, information on the claims appeals process, and billing concerns. A specialist will assess each patient's case and direct the patient to the appropriate program option.

For medically needy patients, Amgen and Wyeth have established the Safety Net Foundation. This confidential service helps uninsured patients who meet residency and insurance eligibility criteria and whose annual household adjusted gross income does not exceed $75,000. An application is available at the Website or by calling (888) 762-6436. Patients accepted into the program will qualify to receive Vectibix at no cost for up to one year, with the medication shipped to their physician's office. Patients who do not qualify for the program will be referred to the appropriate third-party resource.

Velcade
(bortezomib)

Millennium Pharmaceuticals Inc.

www.velcade.com
(866) VELCADE



About the Drug

Velcade is approved as a treatment for patients with multiple myeloma, a cancer that affects the plasma cells. It is approved for previously treated multiple myeloma that has relapsed or is refractory to other treatments and it is also approved for newly diagnosed multiple myeloma. Velcade has also been approved for patients with mantle cell lymphoma, a cancer of the lymph nodes, who have received at least one prior treatment. It is administered by injection into the bloodstream and is typically used in combination with other chemotherapy agents.

Velcade is a proteasome inhibitor. Proteasomes are found in all human cells and are responsible for breaking down most proteins. By disrupting various cell signaling pathways, Velcade prevents the proteasomes from breaking down the proteins. The accumulation of proteins in the cells can cause the cells to die and slow tumor growth. Velcade also inhibits angiogenesis, the process used by tumors to establish and maintain a blood supply necessary for survival and growth.

Patient Assistance Program

Millennium Pharmaceuticals offers the Velcade Reimbursement Assistance Program, a hotline for healthcare providers, patients, and caregivers. Patients who have no other sources of drug coverage may be eligible to receive Velcade free of charge. To qualify, patients must meet the following criteria:

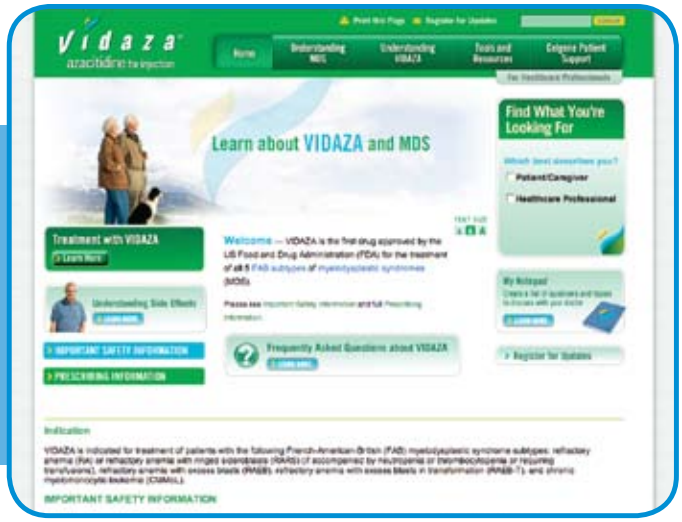
- Uninsured
- Meet income guidelines (speak with a representative)
- Reside in the United States or its territories
- Receive Velcade for an FDA-approved use and have not received more than two prior therapies

Patients with Medicare may be eligible for assistance from the Reimbursement Assistance Program if they can demonstrate difficulty meeting their copayment requirements. Patients who are not eligible for direct assistance through the program will be assisted with finding other sources of funding from nonprofit organizations.

For more information, contact (866) VELCADE (835-2233), Monday through Friday, 9 AM to 8 PM EST, to speak with a reimbursement specialist. Reimbursement specialists can also assist with questions about coding and billing, health insurance coverage and eligibility, preauthorization, and copayment obligations.

Vidaza
(azacitidine)

Celgene Corporation



www.vidaza.com
(888) 423-5436

About the Drug
The FDA approved Vidaza as a treatment for all five French-American-British (FAB) subtypes of myelodysplastic syndromes (MDS). This includes refractory anemia (RA) and refractory anemia with ringed sideroblasts (RARS), which account for approximately 40% of MDS cases; refractory anemia with excess blasts (RAEB), which makes up about 30% of MDS cases; refractory anemia with excess blasts in transformation (RAEB-T), accounting for 20% of MDS cases; and chronic myelomonocytic leukemia (CMMoL), responsible for about 10% of cases. Vidaza is designed to help reduce the need for transfusions of red blood cells and to allow the bone marrow to produce healthy white blood cells and platelets.

Vidaza is administered as an injection or intravenously. Vidaza should not be used by patients who are known to have hypersensitivity to azacitidine or mannitol and by patients with advanced liver cancer. Women taking Vidaza should take precautions to avoid becoming pregnant during treatment and should not breastfeed during pregnancy. Men should not father children while taking Vidaza. Patients with liver or kidney problems should inform their physician before starting Vidaza.

In MDS, certain genes essential to cell proliferation are turned "off." Vidaza helps restore the normal function of these genes. Vidaza also causes the death of rapidly dividing cancer cells that no longer respond to the body's normal mechanisms for controlling growth and leaves normal cells relatively unaffected.

Patient Assistance Program
At www.vidaza.com, you will find a link to Celgene's Patient Support Coordinator (PSC) program. Coordinators can help with reimbursement assistance, insurance claims and appeals, Medicare Part D issues, and locating programs and services that offer assistance with copayments for Vidaza. You can e-mail patientsupport@celgene.com to request assistance or call (800) 931-8691 weekdays from 8 AM to 7 PM EST to speak one-on-one with a PSC.

If you are an uninsured or underinsured patient who has been prescribed Vidaza, you can apply to receive your medication at no cost through Celgene's patient support program. Vidaza may be provided free for up to six months for patients who meet income eligibility guidelines and other criteria. If you require more than six months of drug assistance, a renewal application must be sent at least one month before the end of the six-month period. Medicare Part D subscribers who demonstrate financial necessity may also qualify to receive free Vidaza for the remainder of the calendar year.

You will find a downloadable New Case application form for you and your healthcare provider to complete at the Patient Support Coordinator Website, www.Celgene PSC.com. Have your healthcare provider fax your completed application to (800) 822-2496. Generally, within two business days of receiving your completed application, Celgene will notify your healthcare provider of your eligibility status.

Xeloda
(capecitabine)

Roche Pharmaceuticals

www.xeloda.com

About the Drug

Xeloda is an orally administered chemotherapeutic agent that works to slow tumor growth or decrease tumor size. It is approved by the FDA as a treatment for metastatic breast cancer and for certain types of colorectal cancer.

Xeloda is used in conjunction with Taxotere (docetaxel) to treat patients with breast cancer that has spread to other parts of the body. It is also used to treat patients with metastatic breast cancer that has not improved after treatment with Abraxane (nab-paclitaxel) and with anthracycline-containing medicines such as Adriamycin (doxorubicin).

In patients with colorectal cancer, Xeloda is prescribed for patients with Dukes, C (stage III) colon cancer following surgical resection. It is also administered to patients with colon or rectal cancer that has metastasized, or spread to other parts of the body. Patients considering treatment with Xeloda can fill out a questionnaire at the Website to determine whether it is right for them.

Patient Assistance Program

Representatives from the Oncoline Reimbursement Hotline are available at (800) 433-6676 to help answer questions about billing, reimbursement, and insurance policy coverage. They will also assist patients in need with locating financial resources to help them afford their Xeloda prescription. Representatives are available from 9 AM to 7 PM ET, Monday through Friday.
The Roche Oncoline Patient Assistance program provides Xeloda to eligible patients for 90 days at no cost. Patients may qualify if they meet the following requirements:

- No health insurance coverage from any private, public, or Medicare Part D prescription coverage program or reached the coverage cap
- Financially unable to pay for the medication
- Meet income guidelines

You must contact the hotline directly to see whether you meet eligibility guidelines and to request an application. You can download the Benefit Investigation Packet at www.rochereimbursement.com and fax it to the Oncoline Reimbursement Hotline at (866) 496-8702.
At the Website, you can also sign up to receive Xeloda reimbursement information updates by e-mail.

Zolinza
(vorinostat)

Merck

www.zolinza.com
(800) 444-2080

About the Drug

The FDA has approved Zolinza to treat cutaneous T-cell lymphoma (CTCL) that has relapsed after treatment with other medications, resisted prior treatment, or progressed during or after treatment with other drugs. Zolinza may improve symptoms of skin disease in patients with CTCL, and it may slow or stop the growth of cancer cells. It is sometimes used to treat Sézary syndrome, a type of lymphoma that is closely related to CTCL.

Zolinza belongs to a class of compounds that inhibit histone deacetylases (HDAC). The exact mechanism of HDAC inhibitors is unclear, but they appear to alter gene expression in various ways without modifying cellular DNA.

Patient Assistance Program

Merck offers the Accessing Coverage Today (ACT) three-part program to help patients who have been prescribed Zolinza. The ACT program will arrange to deliver Zolinza to your preferred pharmacy and provides personalized support and patient advocacy for insurance issues related to coverage for Zolinza. This includes investigating insurance benefits, helping to resolve payment denials and filing claims appeals, and helping with the prior authorization and medical necessity processes.

The ACT patient assistance program provides Zolinza at no cost to eligible patients. To qualify, patients must live in the United States and have an annual gross income at or below 500% of the Federal Poverty Level. While the program is designated for uninsured individuals, insured patients may be eligible if they meet certain medical and financial guidelines. For patients who do not qualify, a representative will work with you to look for alternative assistance programs.

A downloadable application and a brochure on the ACT program are available at the Website for Zolinza. Call (866) 363-6379 to speak with a representative.

Zometa
(zoledronic acid)

Novartis Oncology

www.us.zometa.com

About the Drug

Zometa is a approved by the FDA for patients with multiple myeloma and solid tumors, including breast, lung, and prostate cancer, who have documented bone metastases. It is not an anticancer drug and should be used in conjunction with standard therapies to treat cancer. Patients with prostate cancer should have progressed after treatment with at least one hormonal therapy before being prescribed Zometa. It is also prescribed for hypercalcemia of malignancy (elevated levels of calcium in the blood caused by cancer).

When cancer metastasizes to the bone, it can wear away portions of bone, resulting in osteolytic bone lesions, or small holes. This leaves bones weak. Bisphosphonates like Zometa are drugs designed to prevent the loss of bone mass and help prevent skeletal fractures. It can also help treat pain associated with bone metastases, reduce the need for radiation or surgery to the bone, and reduce the chances of spinal cord compression. Zometa is typically administered as an infusion every 3 to 4 weeks. Oral hygiene is especially important when being treated with Zometa, and patients should speak with their physicians before undergoing any invasive dental procedures or if they have any jaw pain.

Patient Assistance Program

Novartis offers a corporate Patient Assistance Program through the Novartis Patient Assistance Foundation (PAF) for patients who have no insurance. The PAF can be reached at (800) 277-2254, and sample applications are available at www.pharma.us.novartis.com. To qualify, patients must be residents of the United States, meet income eligibility requirements, and have no private or public prescription coverage. Medicare beneficiaries enrolled in a Part D prescription drug plan may qualify for help from PAF if they exhibit financial hardship in affording their medications. PAF evaluates other cases on an individual basis, and patients with financial need should call to see whether they qualify. Medicare patients who need guidance in choosing a Part D prescription plan can call Novartis at (800) 942-3424.

Calling (800) 282-7630 will connect you with an expert at the Novartis Oncology Reimbursement Hotline who can answer your questions or provide assistance with the reimbursement process. Program staff will help you verify your medical benefits, determine insurance coverage, and explain copayment obligations. They can also assist with helping patients try to locate alternative sources of funding for Zometa.

Notes

Intellisphere

Oncology Specialty Group