

Face To Face With The Number-One Cancer Killer: One Man's Journey With Lung Cancer And Treatment

(NAPSA)—Lung cancer is the leading cause of cancer death among Hispanic Americans. Unfortunately, most Latinos are not diagnosed until the cancer has reached an advanced stage—where survival rates are lower. These are alarming statistics, but one man refuses to let a diagnosis of lung cancer slow him down.

“My diagnosis with lung cancer was scary,” 56-year-old Gus Aponte of New York City said, “but it is important to me that I stay hopeful and do everything possible to fight this disease.”

On his way home from his daughter's wedding in Mexico, Aponte felt sick with what he thought was a chest cold. He went to the doctor and was diagnosed with pneumonia. His pneumonia worsened, and he received a CT scan that found four tumors on his lungs. He was diagnosed with non-small cell lung cancer in August 2006. Gus, with the support of his wife, family and physician, is now fighting advanced lung cancer.

“Without my wife, Carol, this would be a completely different situation. She is always the one with a positive outlook, always telling me everything is going to be all right,” Aponte said.



Gus Aponte walks his daughter down the aisle.

For patients like Aponte, there are currently four standard treat-

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ments for lung cancer—surgery, radiation, chemotherapy, and targeted therapies—according to nationally known oncologist Dr. Roman Perez-Soler, Chair, Department of Oncology, at Montefiore Medical Center.

“In recent years, there have been some advancements in lung cancer treatment, including targeted therapies like Tarceva and Avastin, that allow us to specifically attack the cancer cells,” Dr. Perez-Soler said.

These advances have helped patients like Aponte effectively manage the disease.

“Once the doctor decided we were going to take Tarceva, we checked the side effects, and decided Tarceva was right for me,” Aponte said.

In reflecting on his diagnosis and journey with lung cancer, Aponte said, “To live with cancer is a different way of living, but it helped me in many ways; I wake up in the morning and I know I will enjoy the day.”

For more information, call the American Cancer Society's 24-hour hotline, (800) ACS-2345, to speak with a Spanish-speaking representative, or visit www.tarceva.com.

Tarceva Indication and Safety Information:

Results with Tarceva will be different for each patient and Tarceva is not right for everyone. Tarceva is an oral tablet indicated for the treatment of patients with locally advanced or metastatic non-small cell lung cancer after failure of at least one prior chemotherapy regimen.

In clinical studies, there were infrequent reports of serious lung injuries similar to Interstitial Lung Disease (ILD)-like events, including deaths. Tarceva may cause harm to an unborn baby or may cause possible risk or pregnancy loss. Women should avoid becoming pregnant and avoid breast-feeding while taking Tarceva. Rash and diarrhea were the most common side effects associated with the use of Tarceva in clinical studies.

Avastin Indication and Safety Information:

Avastin, in combination with carboplatin and paclitaxel, is indicated for first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic nonsquamous, non-small cell lung cancer. The most serious adverse events associated with Avastin across all trials were GI perforation, wound-healing complication, hemorrhage, arterial thromboembolic events, hypertensive crisis, reversible posterior leukoencephalopathy syndrome, neutropenia and infection, nephrotic syndrome and congestive heart failure. The most common adverse events seen in patients receiving Avastin across all studies were asthenia, pain, abdominal pain, headache, hypertension, diarrhea, nausea, vomiting, anorexia, stomatitis, constipation, upper respiratory infection, epistaxis, dyspnea, exfoliative dermatitis and proteinuria.