



spotlight on health

New Treatment Helps Woman Fight Husband's Metastatic Kidney Cancer

(NAPSA)—Because of her career at the Robert and Beverly Lewis Cancer Care Center in Pomona, California, where she helps raise visibility about the center's comprehensive cancer care, Tami Barto has been familiar with the daily battles of cancer patients and their families. However, she never imagined that she would experience having a loved one with cancer. But a year and a half after getting married, Tami's husband Ken learned that he had metastatic kidney cancer, the eighth most commonly diagnosed cancer in the United States according to the American Cancer Society.

Had it not been for Tami, Ken may not have discovered that he had cancer. She had urged him to get his lungs screened for cancer through a program at the University of California at Los Angeles Medical Center because he was a longtime smoker. When spots were found on his lungs and a cancerous tumor in his kidney, Tami took on a new role as caregiver for a significantly sick loved one. Throughout her husband's battle with kidney cancer, Tami remained positive and embraced her new role as a caregiver and advocate.

"Fewer than 10 percent of late-stage kidney cancer patients will live five years," said Nicholas Vogelzang, MD, Comprehensive Cancer Centers of Nevada and U.S. Oncology. "It's important for people battling metastatic kidney cancer to have as many treatment options as possible, so they can work with their doctors to find something that may make a difference."

Tami researched to find the best options for care and caregiving. She had heard of a medicine that worked differently than others and asked her husband's doctor for more information.

"We were devastated when we heard the diagnosis, but I knew I couldn't panic," recalls Tami. "I immediately went into action and started reaching out to my network of cancer resources to find something, anything that would help."

In July 2009, the U.S. Food and Drug Administration approved Avastin® (bevacizumab) plus interferon alfa to treat people with metastatic kidney cancer. Avastin is designed to block the

vascular endothelial growth factor (VEGF) protein to address a key underlying cause of cancer growth. Avastin works differently than other approved medicines for metastatic kidney cancer because it is designed to specifically bind to the VEGF protein, which is produced in elevated amounts in most kidney cancers.

Tami was fully aware of the severity of the disease. When they were able to take a vacation together to Hawaii, to her it was great news.

"Cancer treatment can be debilitating," said Tami. "To be able to enjoy a trip together and actually relax and laugh was wonderful and made a great difference to us both."

Tami continues her work in the cancer field and is grateful for every day she has with her husband, thanks to new research and cutting-edge treatments. Support groups, such as the National Family Caregivers Association, can help provide information and guidance for family caregivers. For more information, please visit www.thefamilycaregiver.org.

BOXED WARNINGS and Additional Important Safety Information

People treated with Avastin may experience side effects. In clinical trials, some people treated with Avastin experienced serious and sometimes fatal side effects, including:

Gastrointestinal (GI) perforation: Treatment with Avastin can result in the development of a potentially serious side effect called GI perforation, which is the development of a hole in the stomach, small intestine or large intestine. In clinical trials, this side effect occurred in more people who received Avastin than in the comparison group (0.3 percent to 2.4 percent). In some cases, GI perforation resulted in fatality. Avastin therapy should be permanently stopped if GI perforation occurs.

Surgery and wound healing problems: Treatment with Avastin can lead to slow or incomplete wound healing (for example, when a surgical incision has trouble healing or staying closed). In some cases, this event resulted in fatality. Surgery and wound heal-

ing problems occurred more often in people who received Avastin than in the comparison group. Avastin therapy should not be started for at least 28 days after surgery and until the surgical wound is fully healed. The length of time between stopping Avastin and having voluntary surgery without the risk of having surgery

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and wound healing problems following surgery has not been determined. Treatment with Avastin should be stopped at least 28 days before voluntary surgery and in people with surgery and wound healing problems following surgery that require medical treatment.

Severe bleeding: Treatment with Avastin can result in serious bleeding, including coughing up blood, bleeding in the stomach, vomiting of blood, bleeding in the brain, nosebleeds and vaginal bleeding. These events occurred up to five times more often in people who received Avastin. Across cancer types, 1.2 percent to 4.6 percent of people who received Avastin experienced severe to fatal bleeding. People who have recently coughed up blood (greater than or equal to a half teaspoon of red blood) or have serious bleeding should not receive Avastin. Treatment with Avastin should be permanently stopped if serious bleeding occurs (i.e., requiring medical attention).

In clinical trials for different cancer types, there were additional serious and sometimes fatal side effects that occurred in more people who received Avastin than in those in the comparison group. The formation of an abnormal passage from parts of the body to another part (non-GI fistula formation) was seen in 0.3 percent or less of people.

Severe to life-threatening stroke or heart problems were seen in 2.4 percent of people. Too much protein in the urine, which

led to kidney problems, was seen in less than 1 percent of people. Additional serious side effects that occurred in more people who received Avastin than those in the comparison group included severe to life-threatening high blood pressure, which was seen in 5 percent to 18 percent of people, and nervous system and vision disturbances (reversible posterior leukoencephalopathy syndrome), which was seen in less than 0.1 percent of people. Infusion reactions with the first dose of Avastin were uncommon and occurred in less than 3 percent of people and severe reactions occurred in 0.2 percent of people.

Common side effects that occurred in more than 10 percent of people who received Avastin for different cancer types, and at least twice the rate of the comparison group, were nosebleeds, headache, high blood pressure, inflammation of the nose, too much protein in the urine, taste change, dry skin, rectal bleeding, tear production disorder, back pain and inflammation of the skin (exfoliative dermatitis). Across all trials, treatment with Avastin was permanently stopped in 8.4 percent to 21 percent of people because of side effects.

Avastin may impair fertility. Patients who are pregnant or thinking of becoming pregnant should talk with their doctor about the potential risk of loss of the pregnancy or the potential risk of Avastin to the fetus during and following Avastin therapy, and the need to continue an effective birth control method for at least six months following the last dose of Avastin.

In the metastatic kidney cancer trial, the most common severe to fatal side effects that increased by 2 percent or more in people who received Avastin vs. those in the comparison group included tiredness (13 percent vs. 8 percent), weakness (10 percent vs. 7 percent), too much protein in the urine (7 percent vs. 0 percent), high blood pressure (6 percent vs. 1 percent), and severe bleeding (3 percent vs. 0.3 percent).

For full Prescribing Information and Boxed WARNINGS on Avastin please visit <http://www.avastin.com>.