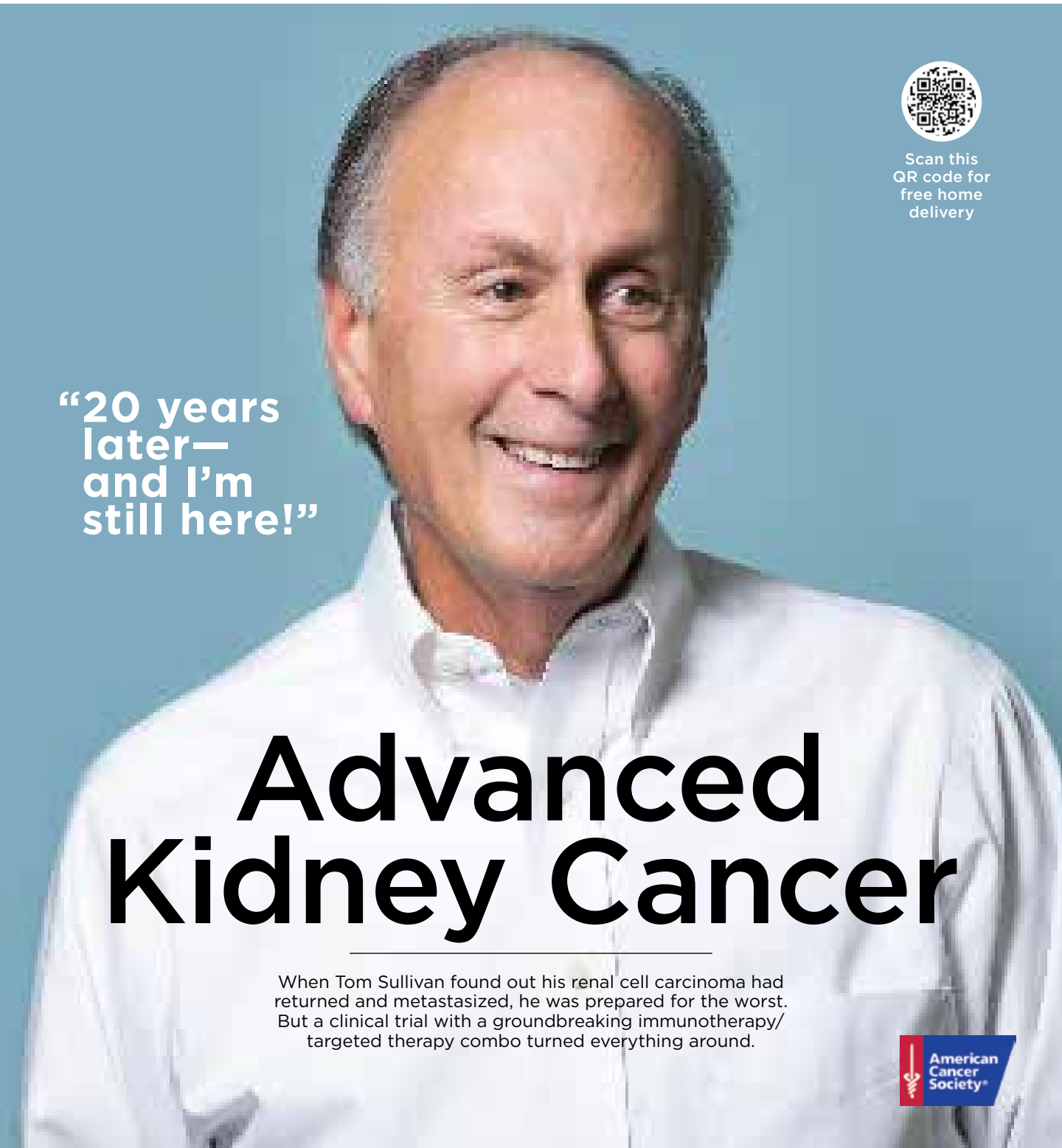
Learn about the latest treatment options
P. 8

Get the nutrition you need—despite RCC!
P. 30

Health Monitor® Living



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"20 years later—and I'm still here!"

Advanced Kidney Cancer

When Tom Sullivan found out his renal cell carcinoma had returned and metastasized, he was prepared for the worst. But a clinical trial with a groundbreaking immunotherapy/targeted therapy combo turned everything around.

American Cancer Society®

Contents

Health Monitor Living **Advanced Kidney Cancer**

COVER STORY

10
"20 years later and I'm still here!"
When Tom Sullivan found out his renal cell carcinoma had returned and metastasized, he was prepared for the worst. But a clinical trial with a new medication combo turned everything around

THE BASICS

3
Live the life you love!
With today's treatment breakthroughs, there's every reason to believe you have many active years ahead

YOU & YOUR CARE TEAM

6
Your healthcare team
These medical professionals can help treat your kidney cancer

7
Clinical trials: Are you a candidate?
Find out if one might be right for you

8
A closer look at immuno- and targeted therapies
Learn more about these groundbreaking cancer treatments

14
Keep track of your symptoms
Fill out this chart and share with your care team to make sure your treatment plan is all it can be

15
Q&A
Rupal S. Bhatt, MD, PhD, answers your top questions about advanced kidney cancer

32
Questions to ask today
Take these to your next exam

TRUE INSPIRATION

25
"The best is yet to come!"
Katie and Kayla share the lessons they've learned while navigating their diagnosis

FEEL YOUR BEST

30
Get the nutrition you need
Learn what's best to eat from kidney nutrition specialist Melissa Prest, DCN, RDN

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SPECIAL THANKS TO OUR MEDICAL REVIEWER

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TCO22

Cover photos by Jesse Turnquist

Live the life you love!

With today's treatment breakthroughs for advanced kidney cancer, there's every reason to believe you have many active years ahead.

Kevin G. laughs when he says he has a single post-retirement goal: "To live up to my new career as Grandad CEO!"

Kevin watches his grandkids twice a week, and he takes his new role very seriously. "Those kids are always top-of-mind!"

One thing not top of mind these days? Kevin's stage III renal cell carcinoma (kidney cancer), which he was diagnosed with a year ago.

"I had seen my doctor after noticing some blood in my urine. I expected maybe some prostate issues, not kidney cancer!"

Kevin's oncologist recommended he try a new immunotherapy/targeted therapy that had been showing promise in others with his type of cancer. The result?

"The tumors on my kidney shrank within weeks! I'm not having any significant side effects, so I've been able to stay focused on my family—not cancer." ►

Are you a POC?

Black people are currently at the highest risk for kidney cancer, according to the journal *BMC Cancer*, with Hispanic people and Native Americans also at greater risk than White people.

Researchers are still looking into why, and are researching if high blood pressure and/or chronic kidney disease—two conditions also more prevalent in POC—may be a contributing factor, as well as genetics. Because smoking and obesity also increase risk, it can be especially important for POC to shun tobacco and maintain a healthy weight.

If you are experiencing any of the potential symptoms of kidney cancer (see the list, *right*), or you have a family member who has been diagnosed, ask your health-care provider if a kidney screening might be right for you.

Where do you fit in?

Whether you've been newly diagnosed with advanced kidney cancer, your disease has progressed despite being treated or recurred following treatment, you have good reason to be as hopeful as Kevin. The latest treatments can stabilize and even eradicate the cancer, transforming advanced kidney cancer into a chronic illness that may be managed for years.

Ready to take aim at your cancer? Keep reading this guide, then discuss all your options with your oncologist.

Understanding kidney cancer

Your kidneys filter blood to remove impurities, excess minerals and salts, and extra water from the body. Kidney cancer develops when abnormal cells in the kidneys begin to multiply. Most often, a tumor forms in one kidney, although two or more tumors can develop in one or both kidneys.

The most common type of adult kidney cancer is renal cell carcinoma (RCC), accounting for nine in 10 cases. RCC develops in the renal tubules, the tubes that collect urine. There are different subtypes of RCC. Seventy percent of people with RCC have clear cell renal cell carcinoma. Less common subtypes include papillary renal cell carcinoma and chromophobe renal cell carcinoma.

Because early RCC does not always cause obvious symptoms, the disease is often not detected until it is at an advanced stage: In stage III kidney cancer, the cancer has spread to a lymph node near the kidney, a main kidney blood vessel, or fatty tissue around the kidney. In stage IV kidney cancer, the cancer has spread to another organ or to other lymph nodes or tissue. Signs and symptoms may include:

- Blood in the urine
- A mass or lump on your abdomen, your side or your lower back
- Persistent low back pain or pressure on your side
- Loss of appetite
- Unexplained weight loss
- Anemia (low red blood cell count)
- Swollen ankles and legs
- Fatigue
- Persistent fever not caused by infection
- In men, enlarged veins around a testicle (i.e., varicocele)

How is advanced kidney cancer (RCC) detected?

To diagnose a case of kidney cancer that is already advanced, your doctor will ask about your symptoms, perform a physical exam and inquire about your personal and family medical history. Your doctor may also order blood and urine tests, as well as a biopsy, in which a tissue sample is removed and examined for malignant cells. To determine if cancer has spread, and where, your doctor may order one or more of the following imaging tests: a CT scan, MRI (magnetic resonance imaging), X-ray, ultrasound or bone scan.

How is advanced kidney cancer treated?

When determining your treatment plan, your oncologist will consider several factors, including your cancer's stage, your age and overall health, the likelihood that a particular treatment will work and your feelings about it. Your doctor will also consider any treatments you've already had. Options such as immunotherapy and targeted treatments may also be combined to attack the cancer from multiple angles.

Current treatments for advanced kidney cancer include:

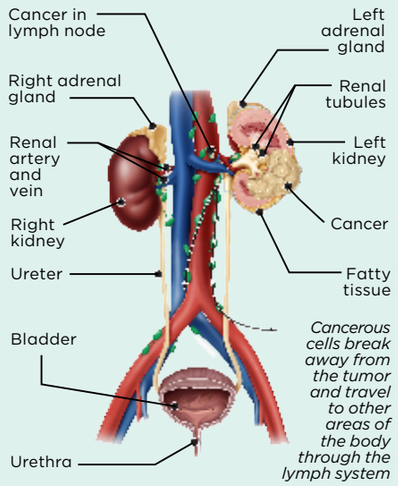
- ***Immunotherapy.*** This treatment boosts the body's immune system to destroy cancer cells.
- ***Targeted therapy.*** This treatment targets specific gene mutations that enable cancer to grow. (Learn more about immunotherapy and targeted therapy on p. 8)
- ***Chemotherapy.*** This treatment enters the bloodstream and fights cancer cells bodywide. It is not a standard treatment for advanced kidney cancer, and is usually used only if targeted therapy or immunotherapy have failed.
- ***Surgery.*** Surgery may be used to remove a kidney and surrounding tissue (radical nephrectomy), part of a kidney containing a tumor (partial nephrectomy), or cancer cells that have spread elsewhere (metastasectomy). Laparoscopic (using smaller incisions and instruments than those used in open surgery) and robot-assisted laparoscopic approaches (requiring special equipment) may also be used.
- ***Thermal ablation*** Ablative treatments may be used when surgery is not recommended. These are typically delivered via probe(s) inserted into the tumor through which either cold (e.g. cryosurgery) or heat energy (e.g. radiofrequency) is delivered. With cryosurgery, freeze/thaw cycles are used to destroy the cancer cells, while with radiofrequency ablation, current is used to heat and destroy the tumor.
- ***Radiation.*** High-energy X-rays target and destroy cancer cells; in advanced kidney cancer, this therapy is mainly used in areas where malignant cells have spread.

Some people may also consider taking part in a clinical trial, which contributes to cancer research. (Learn more on p. 7.)

The treatment journey is different for every person; a treatment that works for one person may not work for another. The good news is that today's options are more varied and advanced than ever. By working closely with your cancer care team, chances are that they will find a treatment that works for you. And, like Kevin, you'll probably find that advanced kidney cancer is no reason to put your life on hold!

ADVANCED KIDNEY CANCER

In stage III kidney cancer, the cancer has spread to a lymph node near the kidney, a main kidney blood vessel, or fatty tissue around the kidney. In stage IV kidney cancer, the cancer has spread beyond the fatty tissue around the kidney or to another organ, such as the brain, lungs or bones, or to distant lymph nodes or tissue.



Your advanced kidney cancer healthcare team

Here are some of the medical professionals you may work with:

Urologic oncologist/urologist— medical professional who specializes in cancers of the genitourinary tract

Medical oncologist— doctor who specializes in treating cancer using systemic treatments such as chemotherapy, immunotherapy and targeted therapy

Radiation oncologist— doctor who specializes in treating cancer using radiation therapy

Surgical oncologist— doctor who specializes in treating cancer using surgery

Pathologist— doctor who looks at tissue obtained by biopsy or surgery to help diagnose kidney cancer

Palliative care doctor— doctor who specializes in preserving quality of life through pain management and symptom relief

Radiologist— doctor who may perform X-rays, MRI scans, CT scans and nuclear medicine studies

Oncology nurse— nurse who provides care, support and education during cancer treatment

Infusion nurse— nurse who administers medications, such as chemotherapy, through infusions and/or injections, and supportive care

Nurse navigator— nurse who educates and provides resources you may need during treatment

Illustration by Matt Chinworth

CLINICAL TRIALS: Are you a candidate?

Astounding progress is being made in the treatment of advanced kidney cancer. By participating in a clinical trial, you may be able to benefit from the latest breakthroughs.

HERE'S WHAT YOU CAN DO:

1. Search for trials

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

2. Read the summaries

Trial summaries will give you the facts about the study so you can determine if you're a good fit. What to consider:

- Do you meet all the criteria? Clinical trials are often looking for people who fit specific traits—they may only want patients who have tried and failed to respond to a certain type of treatment, for example, or someone with a specific genomic mutation.
- Location of the trial
- Length of the trial
- What is the trial objective?

3. Contact the trials

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

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

A closer look at immunotherapy and targeted therapy

Thanks to groundbreaking new treatments, more than 15.5 million people are now cancer survivors. Read on to learn more about two of the newest developments in cancer treatment: immunotherapy and targeted therapy, which are changing prognoses and improving quality of life for many, even those with advanced kidney cancer.

IMMUNOTHERAPY

- **What is it?** Immunotherapy treatments stimulate a person's own immune system to identify and destroy cancer cells.
- **How do immunotherapy medications work?** Immunotherapies "mark" cancer cells so the immune system can more easily find and destroy them. Immunotherapies also give the immune system a boost, so it can better fight cancer cells.
- **How is immunotherapy different from chemotherapy?** Chemotherapy is aimed at all rapidly dividing cells, whether cancerous or not. Immunotherapy is aimed at immune cells, enabling them to attack cancer cells.
- **Can an immunotherapy medication treat advanced kidney cancer?** Yes. Immunotherapies are already approved by the Food and Drug Administration to treat advanced kidney cancer. (Sometimes two immunotherapies are given in combination.) Ask your doctor if you may be eligible.

Immunotherapies — at a glance

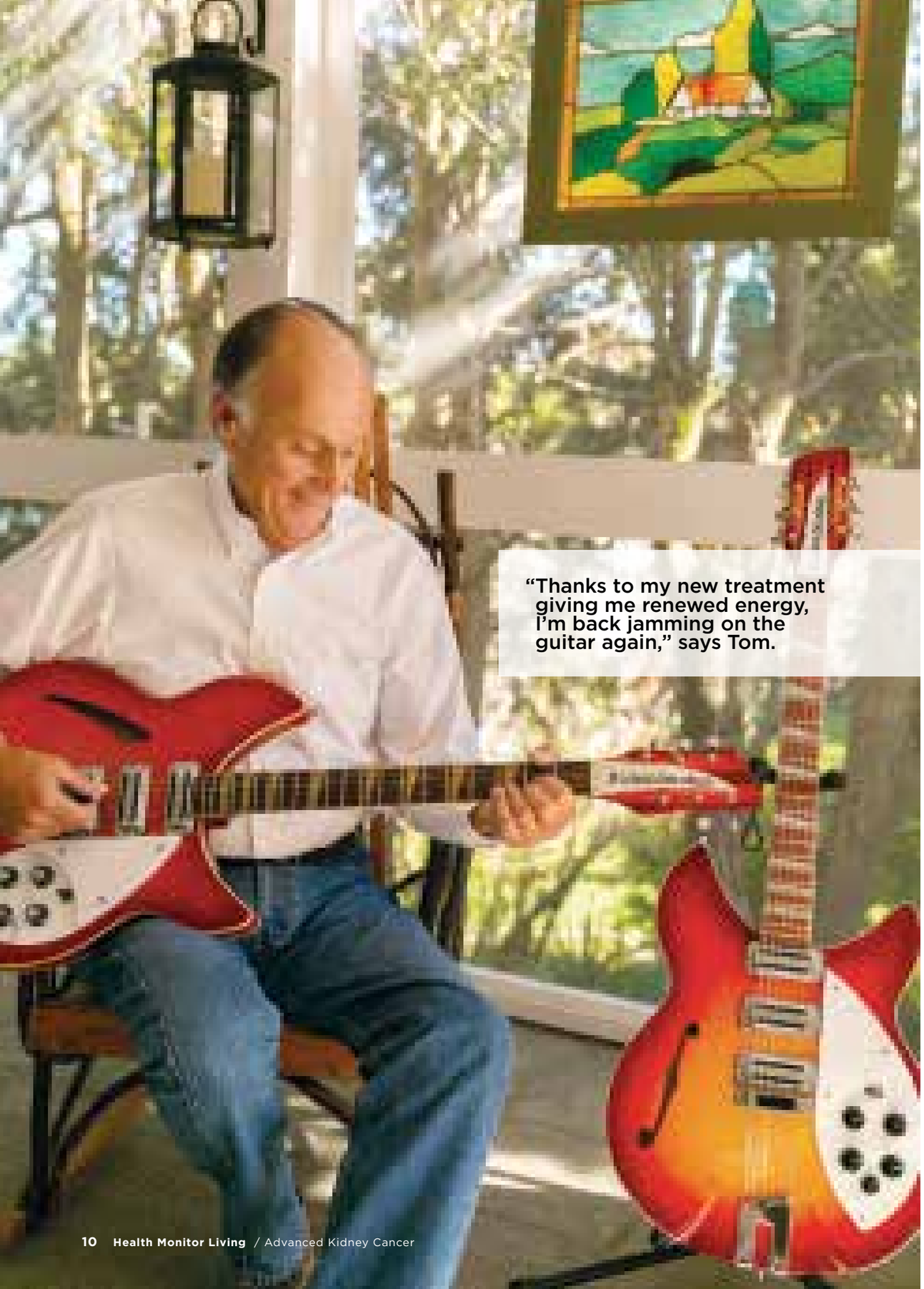
THERAPIES	HOW THEY WORK
Monoclonal antibodies	These man-made versions of immune system proteins can be used to target a specific part of a cancer cell. Many monoclonal antibody medications are checkpoint inhibitors. (See below.)
Checkpoint inhibitors	Cancer cells can sometimes manipulate molecules (aka "checkpoints") on immune cells so the immune cells won't recognize and attack them. Checkpoint inhibitors target these molecules, enabling the immune system to recognize and attack the cancer.
Cancer vaccines	Treatment (vs. preventive) vaccines boost your immune system's response to cancer cells.
Cytokines	Cytokines help your immune system fight cancer cells; they may be used alone or in combination with other treatments, such as chemotherapy.
Other immunotherapies	Additional therapies to fight a variety of cancers are available; some are being studied in clinical trials.

TARGETED THERAPY

- **What is it?** Targeted therapy blocks specific molecules that signal cancer cells to multiply and spread. It is used to slow the growth of cancer, kill cancer cells or relieve symptoms caused by cancer. Targeted therapy is primarily used for cancers that overproduce specific proteins or have certain gene and protein mutations.
- **How do targeted therapies work?** Targeted therapies work in different ways depending on if they target a molecule within or on the surface of the cancer cell. Some attach to proteins inside a cancer cell to block the process that tells cells to grow, and some block enzymes that cancer cells use to reproduce.
- **How is targeted therapy different from chemotherapy?** Chemotherapy is aimed at all rapidly dividing cells, whether cancerous or not. Targeted therapy is aimed at specific aspects of cancer cells to stop them from growing and dividing.
- **Can a targeted therapy treat advanced kidney cancer?** Yes. Targeted therapies are already approved by the Food and Drug Administration to treat advanced kidney cancer, and are usually given along with other types of therapies, including immunotherapies. Ask your doctor if you may be eligible.

Targeted therapies — at a glance

THERAPIES	HOW THEY WORK
Angiogenesis inhibitors	These drugs block the cancer's ability to grow new blood vessels that contain nutrients it needs to grow.
Hormone therapies	These drugs either block or stop the production of hormones certain cancers need to grow, such as breast and prostate cancers.
Signal transduction inhibitors	These drugs block signals and enzymes that tell cells to continue to divide and grow.
Gene expression modulators	These drugs change the proteins that control the way gene instructions in cancer cells get carried out.
Apoptosis inducers	These drugs cause cancer cells to go through the natural process of cell death.



"Thanks to my new treatment giving me renewed energy, I'm back jamming on the guitar again," says Tom.

Photos by Jesse Turnquist

"20 YEARS LATER—AND I'M STILL HERE!"

When Tom Sullivan found out his kidney cancer had returned and metastasized, he was prepared for the worst. But a clinical trial with a groundbreaking immunotherapy/targeted therapy combo turned everything around—and got him back to the life he loves.

—BY NANCY MORGAN

After almost 40 years on the job, Tom Sullivan was ecstatic to retire from his demanding job as a New York City parole officer in 1998. He and his wife, Connie, got settled in right away, purchasing a cottage in Kingston, NY, which they renovated from top to bottom. Once that was finished, it was finally time to enjoy their time together with their favorite outdoor activities: kayaking, skiing and flyfishing.

Everything seemed to be going great, until some troubling symptoms—particularly abdominal pain—surfaced for Tom seemingly out of the blue. The pain eventually sent him to a urologist, who thought he was passing a kidney stone. Tom waited patiently, if uncomfortably, for months, but no stone appeared.

Fearing something else might be wrong, Tom went to the hospital, where tests revealed it was cancer, not a stone, causing his symptoms. He received a diagnosis of early-stage clear cell renal cell carcinoma. Surgeons removed Tom's right kidney and surrounding tissue, and follow-up scans deemed the procedure a success. At his 5-year follow-up appointment, he was given "a clean bill of health." ►

"Understand your diagnosis and know its reality. Do your research so you know what you're up against—and what treatments really can make a difference."

"I thought I was in the clear!"

Convinced his cancer days were behind him, Tom returned to normal retired life. He was proceeding happily along, until one day when he suddenly found himself nearly unable to breathe while hauling equipment from the basement for a fishing trip with friends. "I'll be okay," he tried to reassure Connie. "I'll just catch my breath and then I'll be on my way."

"Forget it!" Connie commanded. "You're not going anywhere!" Fortunately, Tom knew better than to argue with her. So instead of going fishing, he went to the hospital, where he was found to have blood in his stool and was sent for more testing.

Twenty years from his initial diagnosis, the tests revealed that Tom's kidney cancer had returned and had spread to his stomach, liver, spleen and pancreas. The hospital stabilized him and quickly referred him to New York's Memorial Sloan Kettering Cancer Center. "Yours is a pretty unusual case," they told him. "We want you to go somewhere where you won't be so unusual."

A month after diagnosis, Tom was placed on an immunotherapy/chemotherapy combination. The medications were "mostly effective," he says. His tumors started to shrink early on, except for the ones on his spleen. But he also had some very hard-to-take side effects, including soaking sweats, shaking tremors and extreme lower back pain. Interestingly, he found that he could tolerate the treatment better if he stood during infusions—which lasted four hours.

"The trial changed everything!"

His trusted oncologist, Chung-Han Lee, MD, PhD, wondered if another option might bring better results, so he suggested a clinical trial, which combined an immunotherapy and targeted therapy—no chemo—that had already been approved for other forms of cancer. Tom agreed—"I really wanted to be free of those side effects!"—and went through 35 cycles over 35 months.

Luckily, it turned out to be the right decision. "The scans are unchanged and the tumors that remain are stabilized, which is what we're hoping for," says Dr. Lee. "They look excellent."

Even better, the side effects for the new treatment are much more tolerable. "My energy levels are great," says Tom. "I can be as active as I want to be." So much so, in fact, that in addition to returning to his usual outdoor activities, Tom's also recently rejoined his former bandmates, playing guitar and bagpipes at local gigs on the weekends every other week or so.

"I feel like I can do anything now," he says. "Nothing is going to stop me!"

YOU CAN GET THE UPPER HAND, TOO!

Tom shares some of the tips that have helped him fend off cancer twice.

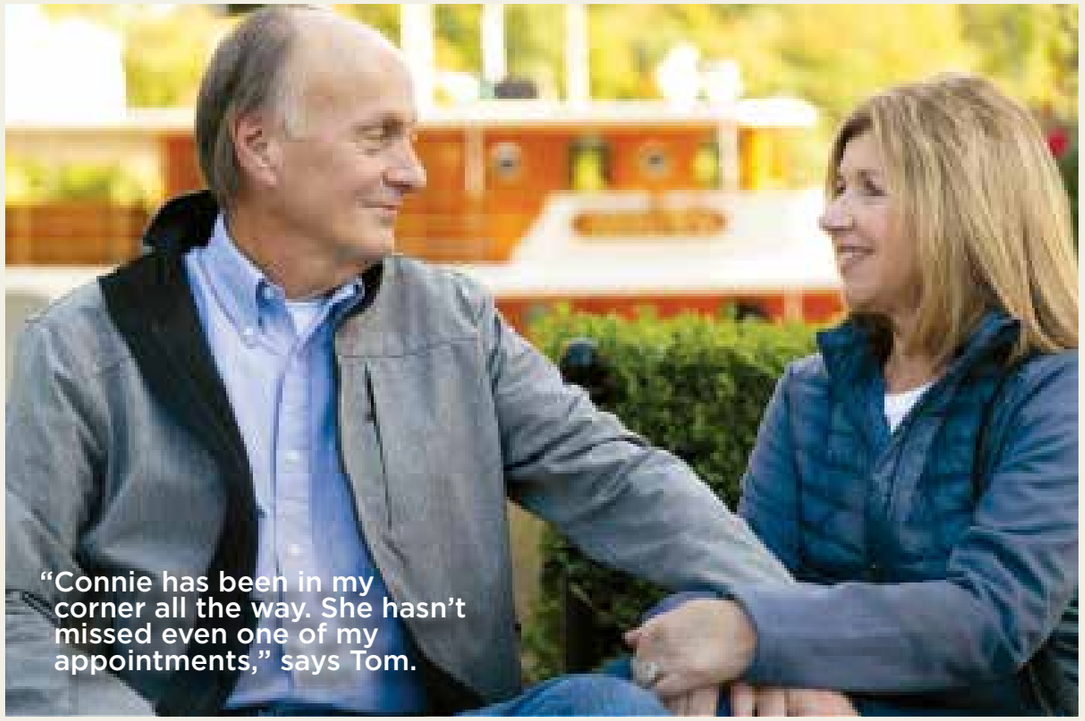
Understand your diagnosis and know its reality. It can be hard to face at first, says Tom, "but this is your new reality. Do your research so you know what you're up against—and what treatments really can make a difference. The more you know, the more you can come up with a plan, and that can help you feel back in control."

Find a healthcare team you can connect with. Tom describes his oncologist, Dr. Chung-Han Lee, of Memorial Sloan Kettering in NYC, as "a lifesaver. Dr. Lee and his team gave me the confidence that I was in the best possible hands. Once I knew that, I relaxed and put my total faith in them."

Hold on to hope. Tom is living proof that new discoveries in cancer care are changing outcomes. "When I was first diagnosed, I was told that if my cancer came back, I had a survival probability of 10% or less. There was nothing they would have been able to do at the time. Now, twenty years later, my doctor is telling me, 'Don't worry, we can treat this now. We have ways that we can help keep this under control.' "

Lean on your support system. Tom's consists of a wide circle of friends, his two children and, of course, his wife, Connie. "She has been my best adviser. She's been in my corner all the way. She hasn't missed even one of my appointments. She's been everything for me." For those who need additional support, Tom also recommends nonprofit organizations like the Kidney Cancer Association, which provides education and resources for patients, caregivers and anyone impacted by kidney cancer.

Try to help others when you can. At his doctor's request, Tom agreed to reach out to a patient who had just been diagnosed with Tom's form of cancer. "This man has been so, so grateful to have someone to talk with him any time he needs it. And I'm so thankful that I've been able to do that!"



"Connie has been in my corner all the way. She hasn't missed even one of my appointments," says Tom.

Keep track of your symptoms

Check the boxes to indicate any symptoms or side effects you're experiencing and how often they are affecting your life, then share this page with your care team so they can help you feel your best:

Symptom	Doesn't affect me	Rarely	A few times per week	Daily	Multiple times per day
Diarrhea	☐	☐	☐	☐	☐
Stomach cramping	☐	☐	☐	☐	☐
Nausea/vomiting	☐	☐	☐	☐	☐
Constipation	☐	☐	☐	☐	☐
Skin rash	☐	☐	☐	☐	☐
Difficulty breathing	☐	☐	☐	☐	☐
Rapid heartbeat	☐	☐	☐	☐	☐
Dizziness	☐	☐	☐	☐	☐
Headache	☐	☐	☐	☐	☐
Joint pain	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐
Feeling down or depressed	☐	☐	☐	☐	☐
Other (please specify):	☐	☐	☐	☐	☐

List the current medications you are taking, including anything over-the-counter or any supplements:

_____

_____

List any conditions (e.g. diabetes, heart disease, etc.) you've been diagnosed with since your last visit:

_____

_____

List any major life events (e.g. job change, divorce, moving) that have occurred since your last visit:

_____

_____

Q A

Answers to your questions about advanced kidney cancer

CAN I STOP THE SPREAD? I was just diagnosed with kidney cancer that has spread to a nearby lymph node (stage III). Is there anything I can do on my own, in addition to medical therapy, to help prevent it from spreading further?

A: There are no known lifestyle changes that can keep the cancer from coming back or metastasizing. Factors like vitamins, diet changes and exercise regimens have been considered, but none have been shown to change the course of cancer. That said, attending to your overall health can help you feel better and be stronger in case any future treatments are needed. I recommend making healthy choices, such as eating a well-balanced diet and fitting in as much exercise as you are up to.

It's also good to keep in mind that today's treatments and combination treatments, especially the newer immunotherapy combinations, have been showing great success in treating kidney cancer and helping extend patient's lives.

JUST TELL ME WHAT TO DO!

Q: *I trust my physician and would prefer if she made all my treatment decisions. But my wife and my doctor both say I need to be part of the decision-making. Is there any real benefit to that?*

A: It's very important to have a team you trust and feel comfortable with, so it's great you have that. If you also feel that all your questions are being answered, then I believe that you have the option to be as involved as you wish. That said, make sure that you understand your doctor's explanations, get clear answers to your questions and feel the treatment options make sense to you. Some of my patients like to be very involved and do their own research. Some like to have a family member "in charge" to ask the questions and be the primary communicator. Again, all patients have different styles for what they want, and while there is no clear need to be part of the decision-making, it is important to feel heard and understood.

SCARED OF SIDE EFFECTS

Q: *I'm worried my treatment will cause terrible side effects. Is there any way to relieve them?*

A: Most treatments for advanced kidney cancer do have side effects. However, oncology teams have quite a bit of experience in treating not only the cancer, but the side effects of the treatments. It is important to tell your medical team what you are experiencing; they usually have medicines that can bring effective relief. Additionally, there are ways to minimize side effects by adjusting the dose and treatment schedule. For example, sometimes we reduce the doses of medicines or give a medicine every four weeks instead of every three weeks. These things can help a lot with side effects with no real difference in the overall cancer outcome.

OUR EXPERT: Rupal S. Bhatt, MD, PhD, Genitourinary Medical Oncologist, Beth Israel Deaconess Medical Center in Boston, MA; Associate Professor, Department of Medicine, Harvard Medical School

KEYTRUDA (pembrolizumab) LENVIMA

Facing advanced kidney cancer (RCC)?

KEYTRUDA and LENVIMA are prescription medicines used together to treat a kind of kidney cancer called advanced renal cell carcinoma (RCC) as your first treatment when your kidney cancer has spread or cannot be removed by surgery.

It is not known if LENVIMA is safe and effective in children.

KEYTRUDA + LENVIMA may be your first treatment

Two medicines. One combination that may help you fight advanced kidney cancer (RCC). Your doctor can help you decide if KEYTRUDA + LENVIMA could be right for you.

Ask your doctor if KEYTRUDA + LENVIMA is right for you

KeytrudaLenvima.com/AdvancedRCC

Important Safety Information for KEYTRUDA

KEYTRUDA is a medicine that may treat certain cancers by working with your immune system. KEYTRUDA can cause your immune system to attack normal organs and tissues in any area of your body and can affect the way they work. These problems can sometimes become severe or life-threatening and can lead to death. You can have more than one of these problems at the same time. These problems may happen any time during treatment or even after your treatment has ended.

Call or see your health care provider right away if you develop any signs or symptoms of the following problems or if they get worse. These are not all of the signs and symptoms of immune system problems that can happen with KEYTRUDA:

Lung problems: cough, shortness of breath, or chest pain.

Intestinal problems: diarrhea (loose stools) or more frequent bowel movements than usual; stools that are black, tarry, sticky, or have blood or mucus; or severe stomach area (abdomen) pain or tenderness.

Liver problems: yellowing of your skin or the whites of your eyes; severe nausea or vomiting; pain on the right side of your stomach area (abdomen); dark urine (tea colored); or bleeding or bruising more easily than normal.

Hormone gland problems: headaches that will not go away or unusual headaches; eye sensitivity to light; eye problems; rapid heartbeat; increased sweating; extreme tiredness; weight gain or weight loss; feeling more hungry or thirsty than usual; urinating more often than usual; hair loss; feeling cold; constipation; your voice gets deeper; dizziness or fainting; changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness.

Kidney problems: decrease in the amount of your urine; blood in your urine; swelling of your ankles; loss of appetite.

Skin problems: rash; itching; skin blistering or peeling; painful sores or ulcers in your mouth or in your nose, throat, or genital area; fever or flu-like symptoms; swollen lymph nodes.

Problems can also happen in other organs and tissues. Signs and symptoms of these problems may include: chest pain; irregular heartbeat; shortness of breath; swelling of ankles; confusion; sleepiness; memory problems; changes in mood or behavior; stiff neck; balance problems; tingling or numbness of the arms or legs; double vision; blurry vision; sensitivity to light; eye pain; changes in eyesight; persistent or severe muscle pain or weakness; muscle cramps; low red blood cells; bruising.

Important Safety Information for KEYTRUDA continued on next page.

Important Safety Information for LENVIMA

LENVIMA may cause serious side effects, including:

High blood pressure (hypertension): High blood pressure is a common side effect of LENVIMA and can be serious. Your blood pressure should be well controlled before you start taking LENVIMA. Your healthcare provider should check your blood pressure regularly during treatment with LENVIMA. If you develop blood pressure problems, your healthcare provider may prescribe medicine to treat your high blood pressure.

Heart problems: LENVIMA can cause serious heart problems that may lead to death. Call your healthcare provider right away if you get symptoms of heart problems, such as shortness of breath or swelling of your ankles.

Problem with blood clots in your blood vessels (arteries): Get emergency medical help right away if you get any of the following symptoms: severe chest pain or pressure; pain in your arms, back, neck, or jaw; shortness of breath; numbness or weakness on one side of your body; trouble talking; sudden severe headache; sudden vision changes.

Liver problems: LENVIMA may cause liver problems that may lead to liver failure and death. Your healthcare provider will check your liver function before and during treatment with LENVIMA. Tell your healthcare provider right away if you have any of the following symptoms: your skin or the white part of your eyes turn yellow (jaundice); dark "tea-colored" urine; light-colored bowel movements (stools); feeling drowsy, confused or loss of consciousness.

Kidney problems: Kidney failure, which can lead to death, has happened with LENVIMA treatment. Your healthcare provider should do regular blood tests to check your kidneys.

Increased protein in your urine (proteinuria): Proteinuria is a common side effect of LENVIMA and can be serious. Your healthcare provider should check your urine for protein before and during your treatment with LENVIMA.

Diarrhea: Diarrhea is a common side effect of LENVIMA and can be serious. If you get diarrhea, ask your healthcare provider about what medicines you can take to treat your diarrhea. It is important to drink more water when you get diarrhea. Tell your healthcare provider or go to the emergency room, if you are unable to drink enough liquids and your diarrhea is not able to be controlled.

An opening in the wall of your stomach or intestines (perforation) or an abnormal connection (continued)

Important Safety Information for LENVIMA continued on next page.

Important Safety Information for KEYTRUDA (continued)

[illegible]

Important Safety Information for LENVIMA (continued)

[illegible]

Learn more at KeytrudaLenvima.com/AdvancedRCC

[illegible]

[redacted]

[redacted]

[redacted]

[

[illegible]

The most common side effects of LENVIMA when given with pembrolizumab include:

- decrease in thyroid hormone levels
- increased blood pressure
- tiredness
- diarrhea
- joint and muscle pain
- nausea
- decreased appetite
- vomiting
- mouth sores
- weight loss
- stomach-area (abdomen) pain
- urinary tract infection
- protein in your urine
- constipation
- headache
- bleeding
- rash, redness, flaking, or peeling of your skin on your hands and feet
- hoarseness
- rash

LENVIMA may cause fertility problems in males and females. Talk to your healthcare provider if this is a concern for you.

Your healthcare provider may need to reduce your dose of LENVIMA, or delay or completely stop treatment, if you have certain side effects.

These are not all the possible side effects of LENVIMA.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store LENVIMA?

- Store LENVIMA at room temperature, between 68°F to 77°F (20°C to 25°C).

Keep LENVIMA and all medicines out of the reach of children.

General information about the safe and effective use of LENVIMA.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use LENVIMA for a condition for which it was not prescribed. Do not give LENVIMA to other people, even if they have the same symptoms you have. It may harm them. You can ask your healthcare provider or pharmacist for information about LENVIMA that is written for health professionals.

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"THE *best* IS YET TO COME!"

For Katie and Kayla, getting diagnosed with kidney cancer came with a silver lining: They found each other through a support group! "While I wish cancer wasn't the reason for our friendship, I'm forever grateful to have found people like Katie who just get me," says Kayla. Here, they share the lessons they've learned while navigating their diagnosis together.

—BY JOANA MANGUNE

Photo of Katie by Adam Keeling

"Consider all your options"

KATIE COLEMAN, 30
AUSTIN, TX

INSTAGRAM:
@KATIEKICKSCANCER

Laugh off your worries with your support group.
"I have found a community online and joined lots of support groups. That has honestly been the best therapy for me and is my saving grace when I'm feeling alone. There are some things you just can't say to friends and family, fears you can't share because it hurts them, too. But the folks I've met in these groups, we've all traveled the same road, we all have the same fears and we're all there to support each other," says Katie who can be found on Instagram *@katiekickscancer*. "When you get a weird pain in your side, you have cancer buddies you can confess your deepest fears to and you'll be met with someone on the other side letting you know how last week they lost four hours of sleep rereading all of their medical records after they felt a new pain in their knee. We laugh out our irrational fears together and sometimes share a dark sense of humor to get us through our pain, and it's something only someone who has been there can really get."

Look up clinical trials.
"Clinical trials can be a great way to get access to the latest treatment options that are currently in the pipeline. And sometimes you have to shop around to find one—I only qualified for one clinical trial due to my subtype, and at my original cancer center, I didn't qualify for any. So make sure to try multiple channels when searching."

Stay away from Dr. Google.
"My biggest tip for new patients searching online? Don't. The studies and stats that are available now are dated and most of them don't reflect the newest treatment options available. It can lead you down a dark hole and it's not somewhere you want to be. Instead, I'd recommend writing down all your questions and taking them to your appointment with your oncologist."

Walk off stress.
"Getting outside and going for a walk is the biggest stress relief for me. It helps clear my head and brighten my spirits. Sometimes I use walks to call family and friends to catch up. Other times I just walk and listen to the environment. I lost over 50 pounds in the last year by walking 6-10 miles a day. My doctors have stressed that I should no longer lose any more weight, but walking is still my jam. So I usually keep my walks to a mile or two and I replace any calories I burn with a protein shake."

"Every day I feel blessed to be living the life I have," says Katie with husband Brian at their Grand Canyon wedding.

"Look on the bright side"

KAYLA BULKLEY, 33
ENGLEWOOD, CO

INSTAGRAM:
@KAYKAY8677

Choose a specialist.
"I have chromophobe [a rare type of kidney cancer], so I chose a doctor who's worked with patients like me before. The first doctor I saw was really sweet, but she'd never worked with a chromophobe patient before so I made her nervous. My current urologist is the most amazing doctor I've met in my life. I have a high respect for her. She'll text me months later and check up on me. You can really tell she cares."

Lean into your faith.
"I'm Christian, so for me, my belief that God knows what the whole picture is gives me comfort. Worrying about things doesn't change it. Kidney cancer has made me cherish every day more. I realize now how fragile life is. Everything can change in an instant. Instead of worrying, I started a thankfulness journal. I write what I'm thankful for every day. That way, I wake up not thinking about the bad things and start my day with positive thoughts."

Continued on next page. ►

"I wouldn't be here without my faith and my family," says Kayla, with husband Jacob and daughter Jane.

Grieve your old self.

"Take a deep breath. Allow yourself to grieve cause it's a true crisis. It's okay to be sad and scared. But it's going to be okay and it's not a death sentence. The treatments today are getting better and better."

Accept help.

"COVID added a level of difficulty and it was definitely rough for me. I'm used to being surrounded by family and everybody being there for me. During the pandemic, I had to be extra careful before my surgery because of my abdominal wounds and I was in isolation. But thankfully, my sister-in-law, Brigitta, came in from Oklahoma for my post surgery—it was a huge blessing to have her around! She helped around the house and took care of my daughter while I recovered."

Use social media to share your story.

"I've been open on social media," says Kayla who can be found on Instagram *@kaykay8677*. "I do it more for awareness for kidney cancer. Especially for chromophobe since there's little research about it. I like that on Instagram you can use hashtags, so people who just got diagnosed are able to find me through the tags and they can message me and I'm able to tell them my story and give them hope."

Get the nutrition you need!

Maybe you have no appetite. Or you've heard that, if your treatment impaired your kidney function (such as surgery to remove part of or a whole kidney), you should be careful about what you eat. You wonder which foods are "safe." To the rescue: Insight from Melissa Prest, DCN, RDN, a board-certified specialist in renal nutrition and owner of Kidney Nutrition Specialists (*knsdietitians.com*).

PROTEIN

When the kidneys aren't functioning well, a protein-heavy diet may result in waste building up in the bloodstream. To avoid that you can...

• **Get a target number.** Ask your doctor how much protein you should aim for each day, and Prest says to make sure you discuss factors such as "if you're struggling to maintain weight, having difficulty eating or are managing another health condition, such as type 2 diabetes."

• **Incorporate "meat extenders."** These are foods such as beans and mushrooms that work well as replacements in recipes that call for ground meats, such as burgers, meatballs and meatloaf. "Plant-based proteins are easier for your body to process," says Prest.

• **Scale back rather than eliminate meat.** "For example, if you usually have two eggs at breakfast, have one egg and add some peppers and onions. That way you don't feel deprived."

PHOSPHORUS

When we take in too much phosphorus, a mineral needed for strong bones, we eliminate the excess in urine. "But if the kidneys aren't working well, that can be a challenge," says Prest. If you need to limit your phosphorus intake, aim to...

• **Cut back on dairy.** Milk-based dairy is a top source of phosphorus, so stick to just 4 to 8 oz. per day. You can also try plant-based dairy, but check the ingredients for the word "phosphate," which indicates phosphorus has been added.

POTASSIUM

This mineral functions as an electrolyte throughout the body—but too much can build up in the blood when kidneys aren't functioning at their best, which can lead to dangerous heart problems. If your potassium levels are too high, your doctor may recommend you:

• **Be choosy about produce.** "Fresh fruits and veggies are the biggest source of potassium and are an important part of a healthy diet, so you don't want to eliminate them alogether. Just replace high-potassium options like bananas, spinach and sweet potatoes with low-level ones like grapes, apples and cauliflower."

• **Check labels for other foods, too.** Dairy products, grains, nuts and nut butters can also be high in potassium.

SODIUM

When kidney function has declined, too much sodium can disrupt your body's fluid balance and lead to high blood pressure, which, in turn, can worsen kidney function. If your doctor advises you to cut your sodium intake, try these steps.

• **Know your limits.** "Aim to take in no more than four grams of sodium a day," says Prest. "If you have high blood pressure or swelling, consume less than three grams."

• **Season smarter.** "Try flavoring foods with lemon, vinegar or herbs instead of salt.

• **Avoid processed foods.** "Many processed foods—even breads and cereals—are among the highest dietary sources of sodium. Read nutrition labels and choose products that contain less sodium," says Prest. "A good rule of thumb: Check the nutrition label for the Percent Daily Value for sodium. It should be 5% or less."

WHAT ABOUT WATER?

"Unless you're having issues with swelling or heart failure, there's no need to feel anxious about your water consumption. Look at the color of your urine. If it's clear to a light-straw in color, you're doing a good job of staying well-hydrated. If your urine is dark, you may need to drink more water," says Prest, who adds that certain medications and supplements may cause some discoloration. On the other hand, if you're not producing urine as you normally would, or have swelling under the eyes or in the lower extremities, tell your cancer care team.

Health Monitor Living

Questions to ask at today's exam

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

What should I know about immunotherapy or targeted therapy? Are either or both an option for me?

Is there a clinical trial that can help me? What are the pros and cons of participating in a trial?

Are there any side effects that I should report to you immediately?

If this treatment doesn't work, what are my next options?

What future tests will I need to track my progress?

What are the side effects I can expect?

Can I still work while undergoing treatment?

Do you know of any support groups I can join?

On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.