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the patient voice™

ENDOMETRIAL CANCER

SPECIAL ISSUE SERIES

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AONN Official patient magazine of Academy of Oncology Nurse & Patient Navigators

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For people with certain types of advanced endometrial cancer

Living longer is possible with KEYTRUDA + LENVIMA

In a clinical study of patients with certain types of advanced endometrial cancer, **52% (181 out of 346) of patients taking KEYTRUDA + LENVIMA were alive at the time of follow-up** compared to 42% (148 out of 351) of patients receiving the chemotherapy medicines doxorubicin or paclitaxel.

KEYTRUDA and LENVIMA are prescription medicines used together to treat a kind of uterine cancer called endometrial carcinoma when your tumor is not microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), **and** you have received anti-cancer treatment, and it is no longer working, **and** your cancer cannot be cured by surgery or radiation (advanced endometrial carcinoma).

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

KEYTRUDA + LENVIMA is not chemotherapy.

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.

Important Safety Information for KEYTRUDA continued on the next page.

KEYTRUDA® (pembrolizumab) Injection 100 mg

LENVIMA® (lenvatinib) capsules | 10 mg and 4 mg

Actor portrayal.

Ask your doctor today if KEYTRUDA + LENVIMA is right for you
KeytrudaLenvima.com/AdvancedEndo

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

Important Safety Information for LENVIMA continued on the next page.

Important Safety Information for KEYTRUDA *(continued)*

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.

Infusion reactions that can sometimes be severe or life-threatening. Signs and symptoms of infusion reactions may include chills or shaking, itching or rash, flushing, shortness of breath or wheezing, dizziness, feeling like passing out, fever, and back pain.

Rejection of a transplanted organ. Your health care provider should tell you what signs and symptoms you should report and they will monitor you, depending on the type of organ transplant that you have had.

Complications, including graft-versus-host disease (GVHD), in people who have received a bone marrow (stem cell) transplant that uses donor stem cells (allogeneic). These complications can be serious and can lead to death. These complications may happen if you underwent transplantation either before or after being treated with KEYTRUDA. Your health care provider will monitor you for these complications.

Getting medical treatment right away may help keep these problems from becoming more serious. Your health care provider will check you for these problems during treatment with KEYTRUDA. They may treat you with corticosteroid or hormone replacement medicines. They may also need to delay or completely stop treatment with KEYTRUDA if you have severe side effects.

Before you receive KEYTRUDA, tell your health care provider if you have immune system problems such as Crohn's disease, ulcerative colitis, or lupus; have had an organ transplant or have had or plan to have a bone marrow (stem cell) transplant that uses donor stem cells (allogeneic); have had radiation treatment in your chest area; have a condition that affects your nervous system, such as myasthenia gravis or Guillain-Barré syndrome.

If you are pregnant or plan to become pregnant, tell your health care provider. KEYTRUDA can harm your unborn baby. If you are able to become pregnant, you will be given a pregnancy test before you start treatment. Use effective birth control during treatment and for at least 4 months after your final dose of KEYTRUDA. Tell them right away if you think you may be pregnant or you become pregnant during treatment with KEYTRUDA.

Tell your health care provider if you are breastfeeding or plan to breastfeed. It is not known if KEYTRUDA passes into your breast milk. Do not breastfeed during treatment with KEYTRUDA and for 4 months after your final dose of KEYTRUDA.

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

Common side effects of KEYTRUDA when given with LENVIMA include low levels of thyroid hormone; high blood pressure; feeling tired; diarrhea; joint and muscle pain; nausea; decreased appetite; vomiting; mouth sores; weight loss; stomach-area (abdominal) pain; urinary tract infection; protein in your urine; constipation; headache; bleeding; blisters or rash on the palms of your hands and soles of your feet; hoarseness; rash; liver problems; and kidney problems.

These are not all the possible side effects of KEYTRUDA. Talk to your health care provider for medical advice about side effects.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit **www.fda.gov/medwatch** or call 1-800-FDA-1088.

Please read the adjacent Important Information about KEYTRUDA and discuss it with your doctor.

Speak with your doctor today to discuss if KEYTRUDA + LENVIMA could be right for you

KEYTRUDA® (pembrolizumab) Injection 100 mg

LENVIMA® (lenvatinib) capsules | 10 mg and 4 mg

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Important Safety Information for LENVIMA *(continued)*

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 between two or more body parts (fistula): Get emergency medical help right away if you have severe stomach (abdomen) pain.

Changes in the electrical activity of your heart called QT prolongation: QT prolongation can cause irregular heartbeats that can be life threatening. Your healthcare provider will do blood tests before and during your treatment with LENVIMA to check the levels of potassium, magnesium, and calcium in your blood, and may check the electrical activity of your heart with an ECG.

Low levels of blood calcium (hypocalcemia): Your healthcare provider will check your blood calcium levels during treatment with LENVIMA and may tell you to take a calcium supplement if your calcium levels are low.

A condition called Reversible Posterior Leukoencephalopathy Syndrome (RPLS): Call your healthcare provider right away if you get severe headache, seizures, weakness, confusion, or blindness or change in vision.

Bleeding: LENVIMA may cause serious bleeding problems that may lead to death. Tell your healthcare provider if you have any signs or symptoms of bleeding during treatment with LENVIMA, including severe and persistent nose bleeds; vomiting blood; red or black (looks like tar) stools; blood in your urine; coughing up blood or blood clots; heavy or new onset vaginal bleeding.

Change in thyroid hormone levels: Your healthcare provider should check your thyroid hormone levels before starting and every month during treatment with LENVIMA.

Wound healing problems: Wound healing problems have happened in some people who take LENVIMA. Tell your healthcare provider if you plan to have any surgery before or during treatment with LENVIMA.

- You should stop taking LENVIMA at least 1 week before planned surgery.
- Your healthcare provider should tell you when you may start taking LENVIMA again after surgery.

Severe jaw bone problems (osteonecrosis). Severe jaw bone problems have happened in some people who take LENVIMA. Certain risk factors such as taking a bisphosphonate medicine or the medicine denosumab, having dental disease, or an invasive dental procedure may increase your risk of getting jaw bone problems. Your healthcare provider should examine your mouth before you start and during treatment with LENVIMA. Tell your dentist that you are taking LENVIMA. It is important for you to practice good mouth care during treatment with LENVIMA. Tell your healthcare provider right away if you have any signs or symptoms of jaw bone problems during treatment with LENVIMA, including jaw pain, toothache, or sores on your gums, and if you plan to have any dental procedures before or during treatment with LENVIMA.

- You should stop taking LENVIMA at least 1 week before planned dental surgery or invasive dental procedures.
- Your healthcare provider should tell you when you may start taking LENVIMA again after dental procedures.

The most common side effects of LENVIMA when given with KEYTRUDA 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 (abdominal) pain, urinary tract infection, protein in your urine, constipation, headache, bleeding, rash, redness, itching, or peeling of your skin on your hands and feet, hoarseness, and rash.

LENVIMA may cause fertility problems in males and females and can harm your unborn baby. Tell your healthcare provider if you are:

- pregnant or plan to become pregnant. For females who are able to become pregnant, your healthcare provider should do a pregnancy test before you start treatment with LENVIMA. Use an effective method of birth control during treatment with LENVIMA and for at least 30 days after the last dose of LENVIMA
- breastfeeding or plan to breastfeed. It is not known if LENVIMA passes into your breast milk. Do not breastfeed during treatment with LENVIMA and for at least 1 week after the last dose

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 the FDA at 1-800-FDA-1088 or visit **www.fda.gov/medwatch**.

Please read the adjacent Important Information about LENVIMA and discuss it with your doctor.

Important Information About KEYTRUDA® (pembrolizumab) injection 100 mg. Please speak with your healthcare professional regarding KEYTRUDA (pronounced key-true-duh). Only your healthcare professional knows the specifics of your condition and how KEYTRUDA may work with your overall treatment plan. If you have any questions about KEYTRUDA, speak with your healthcare professional. **℞ONLY**

What is the most important information I should know about 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 anytime during treatment or even after your treatment has ended.

Call or see your healthcare provider right away if you develop any new or worsening signs or symptoms, including:

Lung problems

- cough
- shortness of breath
- 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
- 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)
- 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 your amount of urine
- swelling of your ankles
- loss of appetite
- blood in your urine

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. These are not all of the signs and symptoms of immune system problems that can happen with KEYTRUDA. Call or see your healthcare provider right away for any new or worsening signs or symptoms, which 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

Infusion reactions that can sometimes be severe or life-threatening. Signs and symptoms of infusion reactions may include:

- chills or shaking
- dizziness
- itching or rash
- feeling like passing out
- flushing
- fever
- shortness of breath or wheezing
- back pain

Rejection of a transplanted organ. Your healthcare provider should tell you what signs and symptoms you should report and monitor you, depending on the type of organ transplant that you have had.

Complications, including graft-versus-host-disease (GVHD), in people who have received a bone marrow (stem cell) transplant that uses donor stem cells (allogeneic). These complications can be serious and can lead to death. These complications may happen if you underwent transplantation either before or after being treated with KEYTRUDA. Your healthcare provider will monitor you for these complications.

Continued on next page.

Getting medical treatment right away may help keep these problems from becoming more serious. Your healthcare provider will check you for these problems during treatment with KEYTRUDA. Your healthcare provider may treat you with corticosteroid or hormone replacement medicines. Your healthcare provider may also need to delay or completely stop treatment with KEYTRUDA if you have severe side effects.

What is KEYTRUDA? KEYTRUDA is a prescription medicine used to treat:

- a kind of kidney cancer called renal cell carcinoma (RCC).
  - KEYTRUDA may be used with the medicine lenvatinib as your first treatment when your kidney cancer has spread or cannot be removed by surgery (advanced RCC).
- a kind of uterine cancer called endometrial carcinoma. KEYTRUDA may be used with the medicine lenvatinib:
  - when a laboratory test shows that your tumor is not microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), **and**
  - you have received anti-cancer treatment and it is no longer working, **and**
  - your cancer cannot be cured by surgery or radiation (advanced endometrial carcinoma).

Before receiving KEYTRUDA, tell your healthcare provider about all of your medical conditions, including if you:

- have immune system problems such as Crohn's disease, ulcerative colitis, or lupus
- have received an organ transplant
- have received or plan to receive a stem cell transplant that uses donor stem cells (allogeneic)
- have received radiation treatment to your chest area
- have a condition that affects your nervous system, such as myasthenia gravis or Guillain-Barré syndrome
- are pregnant or plan to become pregnant. KEYTRUDA can harm your unborn baby.

  Females who are able to become pregnant:
  - Your healthcare provider will give you a pregnancy test before you start treatment with KEYTRUDA.
  - You should use an effective method of birth control during and for at least 4 months after the final dose of KEYTRUDA. Talk to your healthcare provider about birth control methods that you can use during this time.
  - Tell your healthcare provider right away if you think you may be pregnant or if you become pregnant during treatment with KEYTRUDA.
- are breastfeeding or plan to breastfeed. It is not known if KEYTRUDA passes into your breast milk. Do not breastfeed during treatment with KEYTRUDA and for 4 months after your final dose of KEYTRUDA.

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

How will I receive KEYTRUDA?

- Your healthcare provider will give you KEYTRUDA into your vein through an intravenous (IV) line over 30 minutes.
- In adults, KEYTRUDA is usually given every 3 weeks or 6 weeks depending on the dose of KEYTRUDA that you are receiving.
- Your healthcare provider will decide how many treatments you need.
- Your healthcare provider will do blood tests to check you for side effects.
- If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment.

What are the possible side effects of KEYTRUDA?
KEYTRUDA can cause serious side effects. See "What is the most important information I should know about KEYTRUDA?"

Common side effects of KEYTRUDA when given with lenvatinib include: low levels of thyroid hormone, high blood pressure, feeling tired, diarrhea, joint and muscle pain, nausea, decreased appetite, vomiting, mouth sores, weight loss, stomach-area (abdominal) pain, urinary tract infection, protein in your urine, constipation, headache, bleeding, blisters or rash on the palms of your hands and soles of your feet, hoarseness, rash, liver problems, and kidney problems.

These are not all the possible side effects of KEYTRUDA.

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

General information about the safe and effective use of KEYTRUDA

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. You can ask your pharmacist or healthcare provider for information about KEYTRUDA that is written for health professionals.

Based on Medication Guide usmg-mk3475-iv-2203r050 revised March 2022.

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PATIENT INFORMATION for LENVIMA® (lehn-veema) (lenvatinib) 10 mg and 4 mg capsules for oral use

What is LENVIMA?

LENVIMA is a prescription medicine that is used to treat people with certain kinds of cancer.

- LENVIMA is used to treat adults with a type of kidney cancer called advanced renal cell carcinoma (RCC):
  - along with the medicine pembrolizumab as your first treatment when your kidney cancer has spread or cannot be removed by surgery.
- LENVIMA is used along with another medicine called pembrolizumab to treat endometrial carcinoma, a type of uterine cancer:
  - when your tumor is not microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR), **and**
  - you have received anti-cancer treatment, and it is no longer working, **and**
  - your cancer cannot be cured by surgery or radiation (advanced endometrial carcinoma).

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

Before you take LENVIMA, tell your healthcare provider about all of your medical conditions, including if you:

- have high blood pressure
- have heart problems
- have a history of blood clots in your arteries (type of blood vessel), including stroke, heart attack, or change in vision
- have or have had liver or kidney problems
- have a history of a tear (perforation) in your stomach or intestine, or an abnormal connection between two or more body parts (fistula)
- have headaches, seizures, or vision problems
- have any bleeding problems
- plan to have surgery, a dental procedure, or have had a recent surgery. You should stop taking LENVIMA at least 1 week before planned surgery. See **"What are the possible side effects of LENVIMA?"**
- are pregnant or plan to become pregnant. LENVIMA can harm your unborn baby.

  Females who are able to become pregnant:
  - Your healthcare provider should do a pregnancy test before you start treatment with LENVIMA.
  - You should use an effective method of birth control during treatment with LENVIMA and for at least 30 days after the last dose of LENVIMA. Talk with your healthcare provider about birth control methods you can use during this time. Tell your healthcare provider right away if you become pregnant or think you are pregnant during treatment with LENVIMA.
- are breastfeeding or plan to breastfeed. It is not known if LENVIMA passes into your breast milk. Do not breastfeed during treatment with LENVIMA and for at least 1 week after the last dose.

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

Especially tell your healthcare provider if you are taking, or have taken, an osteoporosis medicine.

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

How should I take LENVIMA?

- Take LENVIMA exactly as your healthcare provider tells you to take it.
- Your healthcare provider will tell you how much LENVIMA to take and when to take it. Your healthcare provider may change your dose during treatment, stop treatment for some time, or completely stop treatment with LENVIMA if you have side effects.
- Take LENVIMA 1 time each day at the same time, with or without food.
- If you miss a dose of LENVIMA, take it as soon as you remember. If your next dose is due within 12 hours, skip the missed dose and take the next dose at your regular time.
- If you cannot swallow LENVIMA capsules whole:
  - Use a medicine cup to measure about one tablespoon of water or apple juice and place into a small glass.
  - Place the LENVIMA capsules into the small glass without breaking or crushing them.
  - Leave the capsules in the liquid for at least 10 minutes.
  - Stir the contents of the glass for at least 3 minutes.
  - Drink the mixture. After drinking, rinse the glass with a small amount of additional water or apple juice and swallow the liquid.
- If you take too much LENVIMA, call your healthcare provider or go to the nearest hospital emergency room right away.

What are the possible side effects of 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.

Continued on next page.

- **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 turns 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 between two or more body parts (fistula).** Get emergency medical help right away if you have severe stomach (abdomen) pain.
- **changes in the electrical activity of your heart called QT prolongation.** QT prolongation can cause irregular heartbeats that can be life threatening. Your healthcare provider will do blood tests before and during your treatment with LENVIMA to check the levels of potassium, magnesium, and calcium in your blood, and may check the electrical activity of your heart with an ECG.
- **low levels of blood calcium (hypocalcemia).** Your healthcare provider will check your blood calcium levels during treatment with LENVIMA and may tell you to take a calcium supplement if your calcium levels are low.
- **a condition called Reversible Posterior Leukoencephalopathy Syndrome (RPLS).** Call your healthcare provider right away if you get severe headache, seizures, weakness, confusion, or blindness or change in vision.
- **bleeding.** LENVIMA may cause serious bleeding problems that may lead to death. Tell your healthcare provider if you have any signs or symptoms of bleeding during treatment with LENVIMA, including:
  - severe and persistent nose bleeds
  - vomiting blood
  - red or black (looks like tar) stools
  - blood in your urine
  - coughing up blood or blood clots
  - heavy or new onset vaginal bleeding
- **change in thyroid hormone levels.** Your healthcare provider should check your thyroid hormone levels before starting and every month during treatment with LENVIMA.
- **wound healing problems.** Wound healing problems have happened in some people who take LENVIMA. Tell your healthcare provider if you plan to have any surgery before or during treatment with LENVIMA.
  - You should stop taking LENVIMA at least 1 week before planned surgery.
  - Your healthcare provider should tell you when you may start taking LENVIMA again after surgery.
- **severe jaw bone problems (osteonecrosis).** Severe jaw bone problems have happened in some people who take LENVIMA. Certain risk factors such as taking a bisphosphonate medicine or the medicine denosumab, having dental disease, or an invasive dental procedure may increase your risk of getting jaw bone problems. Your healthcare provider should examine your mouth before you start and during treatment with LENVIMA. Tell your dentist that you are taking LENVIMA. It is important for you to practice good mouth care during treatment with LENVIMA. Tell your healthcare provider right away if you get signs or symptoms of jaw bone problems during treatment with LENVIMA, including jaw pain, toothache, or sores on your gums. Tell your healthcare provider if you plan to have any dental procedures before or during treatment with LENVIMA. You should avoid having invasive dental procedures if possible, during treatment with LENVIMA. Stopping your bisphosphonate medicine before an invasive dental procedure may help decrease your risk of getting these jaw problems.
  - You should stop taking LENVIMA at least 1 week before planned dental surgery or invasive dental procedures.
  - Your healthcare provider should tell you when you may start taking LENVIMA again after dental procedures.

Continued on next page.

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, itching, 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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CONQUER™
the patient voice™

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With the ongoing COVID-19 pandemic, we would like to remind breast cancer survivors to work closely with their healthcare team to determine appropriate safety measures when receiving care.

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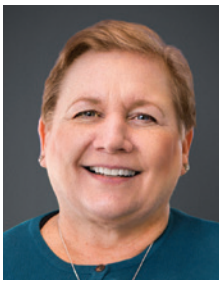
Education After a Diagnosis of Endometrial Cancer: The Key to Empowerment



By **LILLIE D. SHOCKNEY, RN, BS, MAS, HON-ONN-CG**
University Distinguished Service Professor of Breast Cancer
Professor of Surgery, Johns Hopkins University School of Medicine
Co-Developer of Work Stride—Managing Cancer at Work, Johns Hopkins Healthcare Solutions
Co-Founder, AONN+
Co-Founder, ACCCNN

When you heard the words, "you have endometrial cancer," you may have felt as if you were thrust into a world of fear and uncertainty. Which, of course, is completely normal and to be expected. The question is, what should happen next? Along with treatment, your empowerment should happen next! You may wonder how you can become empowered. Well, I believe empowerment is achieved through education.

Your oncology navigator should provide all the information you need to jump-start your education about endometrial cancer and its treatments. The more you know and understand about this disease and the treatment course, the better sense of control you will begin to experience.

Being well informed enables you and your treatment team to have confident conversations, during which you can ask questions and understand the answers. Do not be embarrassed to ask questions; remember that no question is off limits. If you don't understand the answer, speak up and say so. You should never leave an appointment or hang up from a phone call with your doctor or nurse feeling confused. While no one expects you to write your own encyclopedia on endometrial cancer, you need enough information to understand the disease and its treatment, how best to prepare for those treatments, how to minimize side effects and symptoms, and how to plan around upcoming milestones, such as your grandson's graduation or your daughter's wedding. This means working with the team to create a treatment schedule that will allow you to feel relatively well and able to participate in those significant milestone events.

Being empowered also helps you to educate your friends and family so they too gain an understanding of endometrial cancer, your treatment course, and perhaps most importantly, how they can be helpful to you throughout your treatment. A word to the wise: avoid medical advice from well-meaning family and friends who may have googled "endometrial cancer" and feel they have valuable advice to offer. Of course, they have only the best intentions, but it is crucial that you obtain credible information from your treatment team and websites the treatment team recommends.

Remember, the goals of your treatment team are to provide the best care, achieve the best possible outcomes, and educate and empower you with clear information so you can participate as a member of the treatment team.

On behalf of all of us at *CONQUER: the patient voice*, I hope you find this issue on endometrial cancer to be informative and empowering! ♦

Lillie Shockney

Co-Founder AONN Academy of Oncology Nurse & Patient Navigators

Treatment Options for Endometrial Cancer

By **ROBIN ATKINSON, RN, BSN, OCN**

Many times, endometrial cancer is diagnosed early and may only require surgery to completely remove the cancer, which is good news when you're facing a cancer diagnosis. But if this is not your story, don't despair, there is good and hopeful news for you, too. There are more effective treatment options available to you today than ever before. I will outline several of these treatments in this article.

When recommending a treatment course, your doctor will consider several factors; 3 of the most important factors are the stage, grade, and histologic type of the cancer:

- Stage is a measurement of how far the cancer has spread in the body
- Grade is a measurement of how aggressive the cancer is
- Histologic type defines the precise type of cancer. For example, endometrioid is the most common type of endometrial cancer. Other types include papillary serous, clear-cell, and uterine sarcoma.

Stage I Endometrial Cancer

In stage I endometrial cancer, the cancer has not spread beyond the uterus. Some women with stage I cancer may only require surgery. In this case, your doctor will schedule follow-up appointments postsurgery to check for a recurrence or a return of the cancer. This may include physical exams, blood tests, and imaging tests. However, in some stage I cases, the doctor may recommend further treatment. The most common postsurgery treatments for stage I endometrial cancer are vaginal brachytherapy and external beam radiation therapy (also called EBRT or simply "radiation"). If the cancer is determined to be a high grade or more aggressive, chemotherapy may also be prescribed.

MANY TIMES, ENDOMETRIAL CANCER IS DIAGNOSED EARLY AND MAY ONLY REQUIRE SURGERY TO COMPLETELY REMOVE THE CANCER.

Ms. Atkinson is a gynecology/oncology nurse navigator at the Novant Health Derrick L. Davis Cancer Institute in Winston-Salem, NC.

Treatments for Endometrial Cancer	
External Beam Radiation Therapy	A procedure that aims high-energy waves (radiation), much like x-rays, directly at the cancer site.
Chemotherapy	Drugs that work by stopping or slowing the growth of cancer cells, either by killing the cells or by stopping them from dividing.
Hormone Therapy	A method of treating cancer that blocks or removes hormones in the body. Typically used to treat slow-growing, less-aggressive cancer.
Vaginal Brachytherapy	A type of radiation therapy in which radioactive material sealed in seeds, wires, or catheters is placed directly into the vagina to kill cancer cells in that area.
Targeted Therapy	A type of cancer treatment designed to "target" specific properties of cancer cells, such as proteins or genetic mutations.
Immunotherapy	A type of cancer treatment that uses the body's immune system to help fight cancer.

Stage II: Surgery plus Treatment

In stage II endometrial cancer, the cancer has spread to the cervix. Much like stage I, after surgery your doctor may recommend some combination of EBRT, vaginal brachytherapy, or chemotherapy.

IN STAGE IV ENDOMETRIAL CANCER, THE CANCER HAS SPREAD TO LYMPH NODES AND ORGANS OUTSIDE THE PELVIS.

In cases where the tumor is small and slow growing, your doctor may prescribe a hormone therapy.

Hormone therapy is also called "endocrine therapy" and should not be confused with hormone replacement therapy or chemotherapy. Hormone therapies are treatments that manipulate the effect of hormones in some way to interrupt the growth of cancer cells.

Options for Stage III and IV Endometrial Cancer

In stage III endometrial cancer, the cancer has spread to other areas of the body, such as the fallopian tubes, the surface of the uterus, or the lymph nodes. Surgery may be an option.

In stage IV endometrial cancer, the cancer has spread to lymph nodes and organs outside the pelvis. Surgery may still be an option depending on how far the cancer has spread. In some cases, chemotherapy may be recommended before surgery in hope of shrinking the tumor. Whether you undergo surgery or not, your doctor may prescribe either chemotherapy or hormone therapy possibly followed by EBRT and/or vaginal brachytherapy.

What About Recurrence?

If the cancer comes back after treatment, your

doctor will consider many factors before prescribing treatment, such as the location of the recurrence and previously used treatments. If the cancer returns to the pelvic area, also called a "local recurrence," you may be prescribed EBRT (if you have not previously received EBRT), exploratory surgery, chemotherapy, hormone therapy, or vaginal brachytherapy.

If the cancer returns to other areas of the body outside of the pelvic area, also called a "distant recurrence," your doctor may prescribe surgery, EBRT or other types of radiation, chemotherapy, hormone therapy, immunotherapy, and/or targeted therapy.

Target Therapy and Immunotherapy

Most recently, targeted therapies and immunotherapies were approved by the US Food and Drug Administration for women with recurrent endometrial cancer. These approvals are good news for women with endometrial cancer and mark the first new treatment options for recurrent endometrial cancer in years. To determine if you are a candidate for these treatments, your doctor will order tests on the cancer cells to check for the presence of certain properties, also called "biomarkers." If certain biomarkers are present, targeted therapy or immunotherapy may be an option.

YOUR Treatment

It is my sincere hope that you learn everything you can about your treatment options so you can confidently make decisions with your treatment team about your best course of action. If you ever have questions about the disease, the prescribed treatments, or side effects from those treatments, never hesitate to contact your nurse navigator. They are there to help guide and support you.

IF YOU HAVE QUESTIONS ABOUT THE DISEASE, THE PRESCRIBED TREATMENTS, OR SIDE EFFECTS FROM THOSE TREATMENTS, NEVER HESITATE TO CONTACT YOUR NURSE NAVIGATOR.

I am very happy to report the good news of recently approved new treatment options for women with endometrial cancer, but more so, I hope you receive good news from your doctor of a successful treatment. ♦

Endometrial Cancer 101: The Terms You Need to Know

Any medical diagnosis is usually accompanied by an entirely new vocabulary. Learning the "language" of endometrial cancer will help you to confidently participate in those all-important conversations with your treatment team. We've compiled a list of some common terms related to an endometrial cancer diagnosis and grouped them by the condition, tests and treatments, as well as medical professionals.

THE CONDITION/ANATOMY

Endometrial Cancer: Also called "endometrial carcinoma," endometrial cancer starts in the cells of the inner lining of the uterus.

Lymph Nodes: Small structures in the lymph system that filter foreign substances and help fight infection.

DIAGNOSIS

Grade: A measurement of how aggressive the cancer cells are. Grade 1 is low-grade and usually means the cancer grows slowly and is less likely to spread. Grade 3 is high-grade and usually means the cancer is growing more quickly.

Stage: A measurement from I to IV (1 to 4) of how large the tumor is and how far the cancer has spread. In general, the lower the number, the less the cancer has spread.

TESTS AND TREATMENTS

Bilateral Salpingo-Oophorectomy (BSO): Surgical removal of the ovaries and fallopian tubes.

Chemotherapy: Treatment with drugs that work by stopping or slowing the growth of cancer cells, either by killing the cells or by stopping them from dividing.

Dilation & Curettage (D&C): A procedure, typically performed in an operating room, to scrape and remove tissue from the inner lining of the uterus.

Endometrial Biopsy: A procedure, typically performed in a doctor's office, in which a sample of tissue is taken from the inner lining of the uterus (endometrium) for examination under a microscope.

External Beam Radiation Therapy (EBRT): A procedure that aims high-energy waves (radiation), much like x-rays, directly at the cancer site.

Hormonal Therapy: A method of treating cancer that blocks or removes hormones in the body. Also called endocrine therapy, hormonal therapy, or hormone treatment.

Immunotherapy: A type of treatment that helps your body's own immune system to fight cancer.

MRI (Magnetic Resonance Imaging): A scanning procedure using radio waves and a powerful magnet linked to a computer to create pictures of areas inside the body.

Radiation Therapy: A treatment using high-energy radiation to kill cancer cells and shrink tumors.

Total Hysterectomy: Surgical removal of the uterus and cervix.

Vaginal Brachytherapy: A type of radiation therapy in which radioactive material sealed in needles, seeds, wires, or catheters is placed directly into the vagina to kill cancer cells in that area. Also called implant radiation therapy, internal radiation therapy, or radiation brachytherapy.

TREATMENT TEAM

Gynecologic Oncologist: A surgeon who has advanced training and specializes in endometrial, cervical, ovarian, vulvar, and vaginal cancers.

Medical Oncologist: A physician who has advanced training and specializes in cancer. Medical oncologists are experts in prescribing anticancer drugs and other medical treatments for cancer.

Radiation Oncologist: A physician who has advanced training in giving radiation therapy to people to treat cancer.

Oncology Nurse Navigator: A clinically trained registered nurse who has advanced training and specializes in cancer. ♦

Preparing for Your Appointment: Making the Most of Your Time with Your Treatment Team

By **LILLIE D. SHOCKNEY, RN, BS, MAS, HON-ONN-CG**

Doctor appointments are excellent opportunities to connect with the members of your treatment team, learn about endometrial cancer and its treatments, and have your questions answered. During appointments, your doctors and nurses will take the time to listen to your concerns and thoroughly explain every aspect of your diagnosis and treatment plan. As you may know already, this can be *a lot* of information. To make the most of your time with the treatment team, I encourage you to take some time to prepare. I think you'll find when you do so, you'll leave the appointment feeling better equipped and informed than when you arrived.

One of the most common and effective ways to prepare for your appointment is to write your questions in a notebook to bring with you. Questions may be about the disease, your treatment options, or how to manage a side effect of the treatment. You may have questions about scheduling your treatments around family events, such as a daughter's wedding or a grandson's graduation. You may have questions about logistics, such as arranging transportation to and from your appointments. Of course, your nurse will be available to you between appointments via phone for any question or situations that may arise, but when those nonemergency questions occur to you, write them down.

Another effective strategy to making the most of your appointment is to bring a friend or family member with you. This person can take notes, allowing you to remain focused on the conversation. Many times, people will bring a companion who doubles as a caregiver. Having your caregiver at your appointments is not only important for you, but it's also helpful for them. To be an effective caregiver, they should have a good understand of the treatment course, possible side effects, and what to expect as a caregiver.

Occasionally, people will use their phone to make a voice recording of appointments. This can be especially helpful if your caregiver or companion is unable to attend the appointment, but it also gives you the ability to revisit the information when you need it. For some people, a recording helps them to feel less pressured to remember everything or write down every word spoken at the appointment.

I hope these simple (but effective) strategies inspire you to make the most of your time with your treatment team. I encourage you to prepare for each appointment, bring along a friend, and find the best way *for you* to record the proceedings of your appointment (whether that be through note-taking or voice recording). In preparing, spend some quiet moments reflecting on your questions and concerns and bring those questions and concerns to your treatment team. Once addressed, you will feel better informed, and hopefully, empowered. ♦

Understanding Health Insurance Access in the United States: What You Should Know

Understanding health insurance options in the United States can be incredibly confusing, particularly in light of the ever-changing expansions under the Affordable Care Act (ACA). Healthcare delivery varies widely depending on whether a person has public insurance, private insurance, or is uninsured, and these differences in access can greatly impact health outcomes, particularly when a person has cancer.

According to Amy Davidoff, PhD, MS, social and behavioral scientist administrator at the National Cancer Institute, knowing some basics about health insurance can help patients to feel more like active members of their own care teams.

"Health insurance coverage is important and necessary," she said at the 2022 Summit on Cancer Health Disparities in Seattle, WA. "But it's not nearly sufficient, and it's not all created equal."

What Difference Does Insurance Make?

"Unlike some countries that have national health insurance, or at least ensure that everyone has access to health insurance, we tend to use health insurance as a kind of policy lever," said Dr. Davidoff.

Simply put, some people in the United States have more access to better health insurance than others, so it's important to pay attention to how insurance is used in our country, she said.

From the patient side, insurance provides financial protection at the point of care. This financial support, in addition to negotiated rates, can save patients money as well as worry and distress that accompany financial concerns.

When it comes to recommended cancer screenings like Pap smears, mammograms, and colorectal cancer screenings, uninsured people are significantly less likely to undergo screenings than people with private or public insurance (like Medicare and Medicaid).

People with private insurance are the least likely to have a late-stage cancer diagnosis, as these patients typically have their cancer diagnosed at an earlier stage when it's easier to treat. In addition, privately insured patients are more likely to receive the recommended treatment for their cancer when compared with people with other types of insurance.

Public insurance options vary, and while public insurance does have benefits, it's not without its drawbacks. For example, Medicaid provides a high level of financial protection, but not a lot of provider access. Medicare has better provider access but subpar financial protection compared with Medicaid. However, Medicare in combination with private insurance offers high levels of both financial protection and provider access.

It's clear that insurance coverage does matter in the US healthcare system, but all insurance is not the same. In fact, differences in insurance coverage and benefits highlight the many widespread disparities in the country and point to the fact that private insurance typically translates to a better patient experience.

Health Insurance Expansions Under the ACA

The ACA was designed to improve healthcare quality, accessibility, and affordability in the United States. After its implementation, several expansions

to the ACA were put in place, most notably, the expansion of Medicaid.

The initial goal of this expansion was to provide uniform Medicaid eligibility for all adults under the age of 65 years with income under 138% of the federal poverty level. This included people without dependent children, who were typically excluded from the Medicaid program before the ACA. According to Dr. Davidoff, this was particularly beneficial for people between the ages of about 40 to 64—a group in which cancer incidence is increasing—with grown children who had moved out of the house.

"But unfortunately, the mandatory nature of the expansion was undermined with the Supreme Court decision in 2012, making it a voluntary expansion," she noted. Currently, 39 states, including Washington, DC, have adopted the Medicaid expansion decision, with most holdouts clustered in the Southeast (as well as Texas, Kansas, Wyoming, South Dakota, and Wisconsin).

ACA health insurance expansions also impacted private insurance. Insurance Marketplaces were established in 2014 as centralized, state-specific sources to purchase individual insurance plans. Plans in the Marketplace are presented in 4 health "metal" categories: Bronze, Silver, Gold, and Platinum.

These stepwise categories do not refer to the quality of care delivered, but only to how much a patient covers out of pocket, and how much is covered by their insurance plan. For example, the insurance company and patient split cost 60%:40% in a Bronze plan, 70%:30% in a Silver plan, and so on. A Bronze plan has the lowest monthly premium (monthly payment), but the highest costs for care, while a Platinum plan has the highest monthly premium and lowest costs when care is needed.

Income-based premium subsidies (tax credits that can help lower monthly insurance costs), and income-based cost-sharing subsidies (which reduce out-of-pocket spending on Silver plans specifically), also help to curb costs for low- and middle-income patients.

Outside of the Insurance Marketplace, expansions led to the end of exclusions from insurance coverage for preexisting conditions like cancer and increased availability of private insurance plans for workers in larger firms.

Finally, the individual insurance mandate—which was enacted in 2014 and required individuals to purchase minimum essential coverage or face a penalty—is still in place but is no longer enforced.

Effects of the ACA on Insurance Access

"The goal of the ACA was universal coverage, but we knew that was never possible," said Dr. Davidoff.

However, it did result in a substantial decrease in uninsured patients, due in large part to the expansion of Medicaid and an increase in Medicaid enrollment. "But there remain a tremendous number of people in the US who are still uninsured," she noted.

In terms of cancer care specifically, more research is needed on the effects of ACA-related coverage, according to Dr. Davidoff. However, research has shown that ACA insurance expansions have led to an uptick in certain cancer screenings, with more patients now being up to date on screening for colorectal cancer. This increase has been particularly noticeable among lower-income individuals and racial, ethnic, and minority groups.

Increases in access to screening have also led to small but important changes in stage at diagnosis; Medicaid expansion has been associated with an increase in early-stage cancer diagnoses and a relative decrease in the proportion of late-stage diagnoses. According to Dr. Davidoff, these changes might be subtle, but they are a crucial step in the right direction in terms of equitable healthcare delivery in the United States.

Although racial/ethnic differences in 5-year survival in patients with advanced-stage cancers do remain, the ACA expansions also reduced differences in the rate of timely treatment (care received in 30 days or less) received by black versus white patients.

"Prior to the expansion, white patients were much more likely than black patients to receive care in a timely manner," she said. "After the expansion, that gap almost entirely disappeared. It's a narrow—but important—slice of the picture." ♦

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