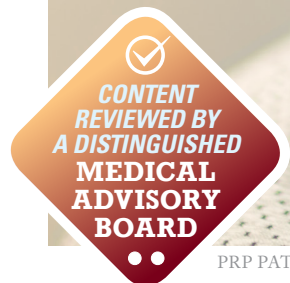


Guide to Understanding

BREAST CANCER *in* MEN





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IN THIS GUIDE

- 1 Overview:** Knowledge and support are key to navigating a breast cancer diagnosis
- 2 Staging:** Knowing more about your cancer helps guide treatment
- 4 Second Opinion:** Discover the benefits of getting another opinion
- 5 Treatment Planning:** Understand your treatment options to move forward confidently
- 6 Personal Perspective:** Steve Del Gardo
- 7 Supportive Care:** Find strength and support from others who share your diagnosis
- 8 Financial Planning:** Step-by-step plan for cancer care costs
- 8 Assistance:** Support and financial resources available for you

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Knowledge and support are key to navigating a breast cancer diagnosis

F *Feeling overwhelmed after receiving* a cancer diagnosis is normal, especially when it is a cancer you may not have realized you could even have. As you learn medical terms, meet new health care professionals and make treatment decisions, be patient with yourself. It is a lot of information to digest, but it may be easier if you learn as much as you can about your diagnosis and surround yourself with support.

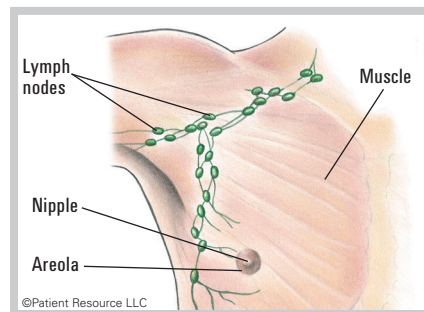
BREAST CANCER BASICS

Breast cancer in men is not common but does occur. It can develop in men at any age, with the average age at diagnosis between 65 and 70 years.

The breasts are made up of connective, fatty and fibrous tissues (see Figure 1). Though a lump may seem easier for men to feel because they typically have less breast tissue than women, they may ignore it or not report breast changes to their doctor because they may not realize they are at risk. They also do not obtain screening mammograms. As a result, male breast cancer may be diagnosed at a late stage. This delay in diagnosis can allow the cancer to spread to lymph nodes under the arm or around the collarbone, even before the original tumor in the breast tissue is large enough to be felt.

When genes in normal breast cells mutate

▲ FIGURE 1
MALE BREAST ANATOMY



and cause the cells to multiply uncontrollably, they form a disorganized mass of abnormal cells called a tumor. Some tumors are benign. Some are malignant, such as breast cancer. Cancer cells can penetrate and damage nearby organs and tissues. They can also break away and spread to other parts of the body through the bloodstream or lymphatic system, a pro-

cess known as metastasis. When this occurs, the cancer cells are still considered breast cancer, regardless of where it spreads.

Breast cancer is not always felt as a lump. Sometimes it is detected as a bloody nipple discharge or on a mammogram or breast ultrasound.

The following types of breast cancer are commonly diagnosed in men:

- **Ductal carcinoma in situ (DCIS)** involves abnormal cells in the lining of a duct.
- **Infiltrating ductal carcinoma**, the most common, occurs when cancer spreads beyond the cells lining ducts in the breast.
- **Inflammatory breast cancer** has spread to the skin of the breast. The breast looks red and swollen and feels warm because the cancer cells block the lymph vessels in the skin. The skin of the breast may appear dimpled, like an orange peel. There may not be any lumps in the breast that can be felt.
- **Invasive breast cancer** spreads beyond the ductal or lobular structures into surrounding fatty and fibrous breast tissue and other organs.
- **Paget's disease** of the nipple involves a tumor that has grown from ducts beneath the nipple onto the surface of the nipple. ■

» Explaining Genomics & Genetics

Genomics and genetics just sound complicated, right? They don't have to be. The following may help you understand what they are and why your doctor uses them to determine your diagnosis and decide how aggressively to approach treatment. As always, if anything isn't clear or if you have more questions, ask your doctor for more information.

Genetics and genomics are not the same thing. Germline genetics is the study of genes and the passing of genetic information and traits from parents to offspring (heredity). Tumor genomics refers to the study of the genes and DNA within a person's tumor. Germline genetic testing may be performed before or after someone is diagnosed with cancer, to determine whether a cancer-causing gene was inherited.

Tumor genomic testing is done to identify specific mutations within the tumor, which may help determine whether there are specific or targeted treatments available. In breast cancer, it is routine to test for the hormone-related biomarkers estrogen receptor (*ER*) and progesterone receptor (*PR*) as well as human epidermal growth factor receptor-2 (*HER2*), which encodes a growth-promoting protein. *HER2+* breast cancer results in overproduction of the *HER2* growth factor.

The BReast CAncer 1 gene (*BRCA1*) and BReast CAncer 2

gene (*BRCA2*) are the most common mutations in breast cancer. These genes produce proteins that help repair damaged DNA. Everyone has two copies of each of these genes — one copy inherited from each parent. *BRCA1* and *BRCA2* are sometimes called tumor suppressor genes because when they have certain changes, called harmful (or pathogenic) variants (or mutations), cancer can develop.

When categorizing mutations, the two main types are acquired (genetic damage that occurs during a person's lifetime) and germline (a genetic mutation that comes from the sperm or egg of the parents that is passed on to the child at conception).

Most cancers are caused by acquired mutations. Germline mutations are less common, and genetic testing is typically done to detect these mutations to determine future cancer risk, especially if there is a history of certain cancers in the family. However, inheriting a germline mutation doesn't mean a person will automatically develop cancer; it only means the risk is increased.

Mutations are common and don't automatically cause cancer, but when mutations cause cells to produce too many abnormal genes or proteins, they can interrupt normal bodily functions and become cancerous.

Knowing more about your cancer helps guide treatment

The results of a biopsy, imaging scans and genomic testing are used to classify and stage breast cancer according to the tumor, node and metastasis (TNM) system developed by the American Joint Committee on Cancer (AJCC). The system includes the tumor (T) size, cancer cells found in nearby lymph nodes (N), and cancer that has metastasized (M), or spread, to other parts of the body, such as the bones, brain, liver or lungs (see Table 1).

After breast cancer is classified, it is staged (see Table 2 and Figure 1). Stage 0 refers to ductal carcinoma in situ (DCIS) breast cancer, and Stage IV represents breast cancer that has spread beyond the breast and lymph

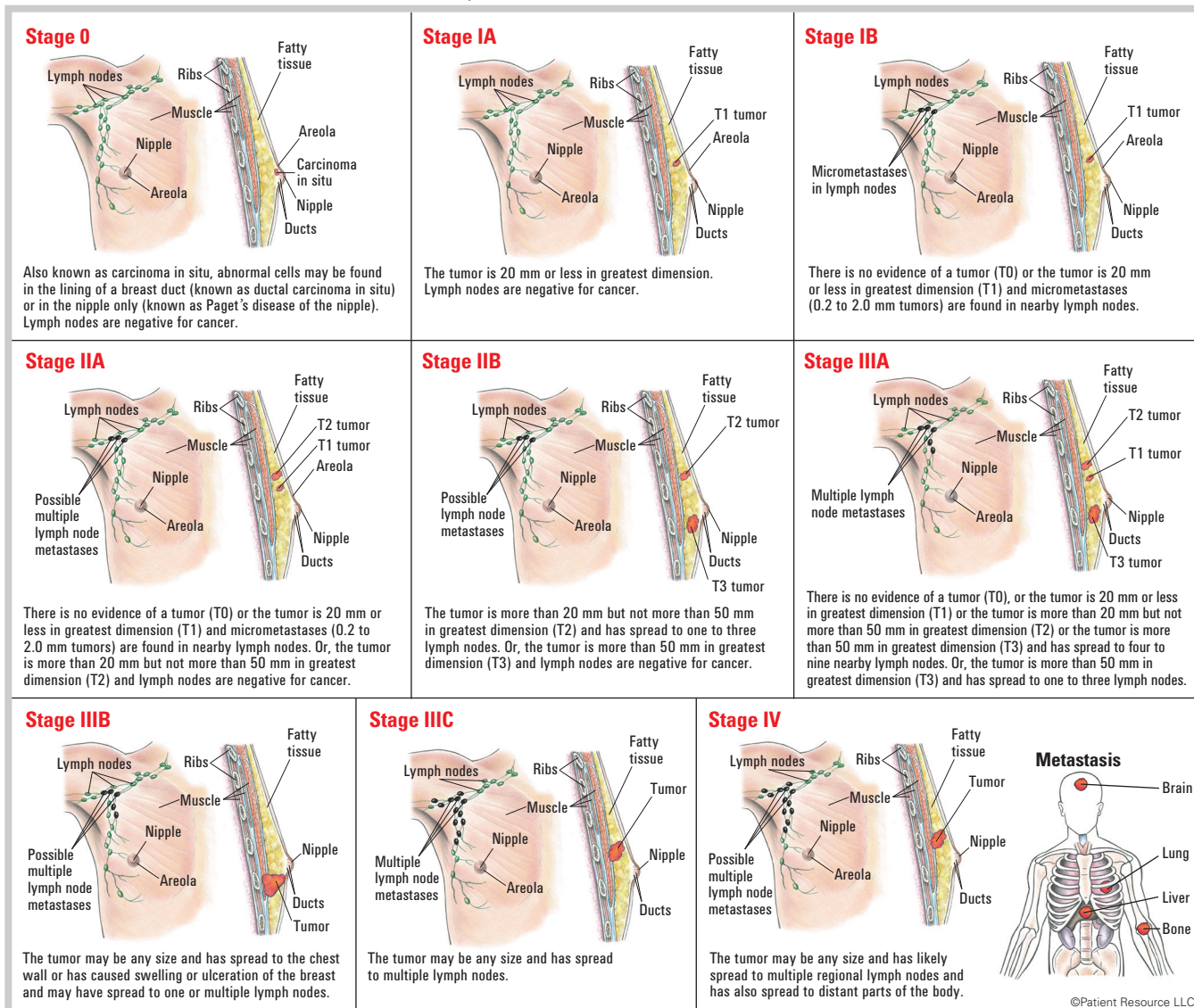
nodes into distant organs or bone.

Before a final stage is determined, many factors are considered: tumor grade; biomarkers, including the tumor's estrogen receptor (*ER*), progesterone receptor (*PR*) and

human epidermal growth factor receptor-2 (*HER2*) status; and molecular and genetic changes in cancer tissue identified in multi-gene panels such as MammaPrint, Oncotype DX, PAM 50 (Prosigna) and the Breast Cancer Index.

The hormone-related biomarkers *ER* and *PR* send signals to special receptor proteins inside normal breast cells and some breast cancer cells (those that carry the *ER* and/or *PR* biomarkers) to "turn on" the growth of cells. As a result, breast cancers are classified according to the presence (*ER*+/*PR*+) or absence (*ER*-/*PR*-) of these hormone receptors

FIGURE 1
ILLUSTRATED STAGES OF BREAST CANCER (MALE)



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in the cells, and the amount (or expression) of receptors. Most breast cancers in men are hormone receptor-positive, which means the growth of cancer cells is stimulated by estrogen and/or progesterone, both of which are found in men.

Approximately 20 percent of all breast cancers make extra copies of *HER2*, which

encodes a growth-promoting protein. Breast cancers with too much of this protein tend to grow and spread more aggressively. Breast cancer that does not express either of the hormone receptors or the *HER2* receptor is referred to as triple-negative breast cancer (TNBC), an aggressive form of breast cancer that is rarely diagnosed in men.

Determining whether you have hereditary breast cancer is important for your family members. The BReast CAncer 1 (*BRCA1*) and BReast CAncer 2 (*BRCA2*) genes are the most common hereditary susceptibility genes, and your doctor may test for others. Family members that have inherited abnormalities in the *BRCA1* or *BRCA2* genes have an increased likelihood of developing breast cancer and/or ovarian cancer.

Newly-diagnosed breast cancer patients found to have a *BRCA* mutation face an increased risk of another new breast cancer. As a result, the presence of inherited mutations in the *BRCA1* and *BRCA2* genes or other cancer-susceptibility genes may influence decisions regarding cancer prevention (prophylactic) surgery (removal of the breasts). The discovery of these mutations may also lead to different systemic treatments.

Keep in mind that having an inherited mutation does not mean you will automatically or definitely develop cancer; it means the risk is increased and you can explore ways to lower it, such as preventive surgery, medication or lifestyle changes. Frequent screenings will most likely result in early detection.

Risk factors that suggest a person carries the *BRCA* mutation include:

- Family history of any cancer, especially rare, including male breast cancer
- Cancer at an early age
- Multiple cancers in one relative
- Certain ancestry, such as Ashkenazi Jewish heritage
- Triple-negative breast cancer ■

TABLE 1
AJCC TNM SYSTEM FOR CLASSIFYING BREAST CANCER

Classification	Definition
Tumor (T)	
Tx	Primary tumor cannot be assessed.
T0	No evidence of primary tumor.
Tis (DCIS)	Ductal carcinoma in situ.
Tis (Paget)	Paget disease of the nipple NOT associated with invasive carcinoma and/or carcinoma in situ (DCIS) in the underlying breast parenchyma (tissue).
T1	Tumor ≤ (not more than) 20 mm in greatest dimension.
T1mi	Tumor ≤ (not more than) 1 mm in greatest dimension.
T1a	Tumor > (more than) 1 mm but ≤ (not more than) 5 mm in greatest dimension.
T1b	Tumor > (more than) 5 mm but ≤ (not more than) 10 mm in greatest dimension.
T1c	Tumor > (more than) 10 mm but ≤ (not more than) 20 mm in greatest dimension.
T2	Tumor > (more than) 20 mm but ≤ (not more than) 50 mm in greatest dimension.
T3	Tumor > (more than) 50 mm in greatest dimension.
T4	Tumor of any size with direct extension to the chest wall and/or to the skin (ulceration or macroscopic nodules).
T4a	Extension to the chest wall.
T4b	Ulceration and/or ipsilateral (on the same side) macroscopic satellite nodules and/or edema (including peau d'orange) of the skin that does not meet the criteria for inflammatory carcinoma.
T4c	Both T4a and T4b are present.
T4d	Inflammatory carcinoma.
Node (N)	
pNX	Regional lymph nodes cannot be assessed.
pN0	No regional lymph node metastasis identified or ITCs (isolated tumor cells) only.
pN0(i+)	ITCs (isolated tumor cells) only (malignant cell clusters no larger than 0.2 mm) in regional lymph node(s).
pN0(mol+)	Positive molecular findings by reverse transcriptase polymerase chain reaction (RT-PCR); no ITCs (isolated tumor cells) detected.
pN1	Micrometastases; or metastases in 1-3 axillary (armpit) lymph nodes; and/or clinically negative internal mammary nodes with micrometastases or macrometastases by sentinel lymph node biopsy.
pN1mi	Micrometastases (approximately 200 cells, larger than 0.2 mm, but none larger than 2.0 mm).
pN1a	Metastases in 1-3 axillary (armpit) lymph nodes, at least one metastasis larger than 2.0 mm.
pN1b	Metastases in ipsilateral (on the same side) internal mammary sentinel nodes, excluding ITCs (isolated tumor cells).
pN1c	pN1a and pN1b combined.
pN2	Metastases in 4-9 axillary (armpit) lymph nodes; or positive ipsilateral (on the same side) internal mammary lymph nodes by imaging in the absence of axillary lymph node metastases.
pN2a	Metastases in 4-9 axillary (armpit) lymph nodes (at least one tumor deposit larger than 2.0 mm).
pN2b	Metastases in clinically detected internal mammary lymph nodes with or without microscopic confirmation; with pathologically negative axillary (armpit) nodes.
pN3	Metastases in 10 or more axillary (armpit) lymph nodes; or in infraclavicular (below the clavicle) (Level III axillary) lymph nodes; or positive ipsilateral (on the same side) internal mammary lymph nodes by imaging in the presence of one or more positive Level I, II axillary lymph nodes; or in more than three axillary lymph nodes and micrometastases or macrometastases by sentinel lymph node biopsy in clinically negative ipsilateral internal mammary lymph nodes; or in ipsilateral supraclavicular (above the clavicle) lymph nodes.
pN3a	Metastases in 10 or more axillary (armpit) lymph nodes (at least one tumor deposit larger than 2.0 mm); or metastases to the infraclavicular (below the clavicle) (Level III axillary) lymph nodes.
pN3b	pN1a or pN2a in the presence of cN2b (positive internal mammary nodes by imaging); or pN2a in the presence of pN1b.
pN3c	Metastases in ipsilateral (on the same side) supraclavicular (above the clavicle) lymph nodes.
Note: (sn) and (f) suffixes should be added to the N category to denote confirmation of metastasis by sentinel node biopsy or FNA/core needle biopsy respectively, with N0 further resection of nodes.	
Metastasis (M)	
M0	No clinical or radiographic evidence of distant metastases.
cM0(i+)	No clinical or radiographic evidence of distant metastases in the presence of tumor cells or deposits no larger than 0.2 mm detected microscopically or by molecular techniques in circulating blood, bone marrow, or other nonregional nodal tissue in a patient without symptoms or signs of metastases.
cM1	Distant metastases detected by clinical and radiographic means.
pM1	Any histologically proven metastases in distant organs; or if in nonregional nodes, metastases greater than 0.2 mm.

TABLE 2
STAGES OF BREAST CANCER

Stage	T	N	M
0	Tis	N0	M0
IA	T1	N0	M0
IB	T0 or T1	N1mi	M0
IIA	T0 or T1 T2	N1 N0	M0 M0
IIB	T2 T3	N1 N0	M0 M0
IIIA	T0-T3 T3	N2 N1	M0 M0
IIIB	T4	N0-N2	M0
IIIC	Any T	N3	M0
IV	Any T	Any N	M1

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Discover the benefits of getting another opinion

As you navigate this new territory, you may wonder if your doctor's treatment recommendations are the best for you, and you may consider seeking an opinion from another doctor. Or, you may be hesitant about getting a second opinion and wonder if it is even worth it. Think of it this way: People get second opinions all the time about which car to buy and who should perform maintenance on their house. Why would you not get a second opinion about something as valuable as your health?

Getting a second opinion is encouraged for a number of reasons. Gathering as much information as you can before starting treatment may help you feel more confident in making the decisions ahead. And it is a great step in becoming an advocate for your own health care.

Another doctor's opinion may change the diagnosis or reveal a treatment your first doctor was not aware of. A second opinion is also a way to make sure your pathology diagnosis and staging are accurate, and that you are aware of clinical trials that you might want to consider. You need to hear information about all of your treatment options. There is often collective wisdom gained from the experience and opinions of different oncology specialists who are experts in your type of cancer.

Second opinions are encouraged if you live in a small town or rural area where there may not be as many oncology specialists, especially if you might need a highly specialized or complicated type of care. If so, you may want to get an opinion from specialists at a larger medical center or comprehensive cancer center with particular expertise in treating breast cancer in men. In addition, it will provide an opportunity to decide if a different doctor, health care team or treatment center is a better fit for you.

WHERE DO YOU START?

The process involves locating another cancer specialist or group of specialists to review your medical records and confirm your doctor's diagnosis and treatment plan. Finding these experts is not always easy, and you

may worry that you will offend your doctor or hurt your doctor's feelings if you seek the advice of another expert. Do not let that stop you. Most doctors welcome a second opinion and may even recommend another physician or hospital. Start by asking your own doctor. Above all, the goal is for you to have the best care available.

Following are some places to look for a second opinion:

- The nearest hospital, medical clinic or cancer center.
- Other professional cancer organizations and patient advocacy groups.
- A major regional cancer center or research-oriented hospital.
- Another qualified pathologist, especially if there is difficulty or controversy in the pathology interpretation. Be sure to get a pathologist's second opinion if the initial pathology report does not contain a definite diagnosis, if you have a very rare cancer or if you have a cancer that has metastasized.
- Another cancer specialist who may be an authority in specific treatments for specific cancers, such as a surgeon who operates on complicated tumors or a medical oncologist with an experimental treatment that has been shown to be successful in preliminary studies but is still not widely offered.

PREPARING FOR AN APPOINTMENT

Before you meet with another medical professional for a second opinion, make sure you have all of your medical records related to your cancer. This may include laboratory, biopsy or imaging test results as well as any



other tests or procedures you have had. It may be helpful to call the doctor's office to find out if any information needs to be sent ahead of the appointment.

Some doctors may prefer to do their own testing before the appointment. Find out whether that is required and when to get the tests so the results will be ready in time for your in-person visit.

Make the most of your consultation by doing the following:

- **Take notes.** You may hear new information that your first doctor did not mention.
- **Bring a friend or family member.** Ask in advance if you can have another person at the in-person appointment. This person can also help take notes and listen, which can be valuable because they may hear information you do not. Some centers have limitations due to COVID-19. If that person cannot be in the room with you, consider calling and putting the phone on speakerphone.
- **Ask questions.** It may be helpful to bring a list of questions with you to the appointment. Always ask the doctor to explain anything you do not understand. Consider asking the doctor to provide pamphlets or booklets about the information being shared at your appointment that you can take home and review. ■

Understand your treatment options to move forward confidently

To plan treatment, your doctor will consider your age and general health, as well as the size of the tumor, its biomarker status (*ER*, *PR*, *HER2*), the stage of the cancer and genetic markers present, such as *BRCA1* and *BRCA2* mutations, and the results of genomic testing. Then, together, you and your doctor will define your treatment goals.

COMMON TREATMENTS

Surgery is the most common treatment for most breast cancers.

One of the most performed surgeries for men is a modified radical mastectomy. This includes the removal of the breast, many underarm lymph nodes, the lining over the chest muscles and sometimes part of the muscles in the chest wall.

A lumpectomy is also commonly used. This surgery removes the tumor along with a small margin of normal-appearing tissue around it. A lumpectomy is usually followed by radiation therapy, which is designed to kill microscopic cancer cells hiding in other parts of the breast.

Axillary lymph node surgery is usually necessary to stage the cancer or to control cancer that has spread to the nodes. Most men will undergo an initial staging procedure called a sentinel lymph node biopsy of their lymph nodes at the same time as their breast surgery. If the sentinel nodes contain cancer cells, sometimes a more extensive operation to remove additional tissue from the underarm may be necessary. This is called an axillary lymph node dissection.

Radiation therapy is almost always delivered after lumpectomy to destroy cancer cells that may be hidden in normal-appearing breast tissue. Research shows that a person with a small tumor who has radiation therapy after a lumpectomy has a similar survival rate and risk of recurrence as someone who has a mastectomy.

Post-mastectomy radiation therapy is sometimes necessary. For those patients with a high risk of the cancer growing back on the chest wall area (after mastectomy and/or axillary surgery), radiation can lower this risk. Radiation therapy may also be used to control symptoms from specific areas of cancer involvement, such as bone or brain metastases.

DRUG THERAPY

Chemotherapy may be used as neoadjuvant (preoperative) therapy to shrink a large, bulky tumor so it can be removed surgically, or it may be offered to reduce the tumor's size so that a patient can have more surgical options. Neoadjuvant chemotherapy also offers the advantage of helping your doctor determine how well the chemotherapy drugs work against the tumor and identify whether additional therapy is needed post-operatively. Adjuvant (after surgery) chemotherapy is given to destroy cancer cells that may remain in the body (hiding in other organs such as the liver, lungs or bones). Some cancer cells may be too small to detect with laboratory testing or on imaging studies.

Targeted therapy is given orally in pill form or intravenously (IV) into a vein in your arm. It may be given alone or in combination

with other drug therapies. It may be used as neoadjuvant or adjuvant therapy. Some patients will be candidates for extended adjuvant therapy, which is designed to further reduce the risk of recurrence.

Hormone therapy may be used depending on the stage of the cancer. Men who have breast cancer should not receive testosterone or additional androgens. Types of hormone therapy that may be used include aromatase inhibitors and luteinizing hormone-releasing hormone (LHRH) analogs. Men who have hormone receptor-positive breast cancer may receive hormonal therapy for at least 5 and up to 10 years. Your doctor will discuss how long you should continue hormone therapy after considering the stage of cancer, the risk of it returning and any side effects you have.

Immunotherapy may be given intravenously (IV) to stimulate the body's own immune system to treat certain breast cancers.

Bone-modifying drugs are typically used when the cancer has metastasized to the bone.

CLINICAL TRIALS

Clinical trials that examine new types of therapy may be another treatment option. ■

COMMON DRUG THERAPIES FOR BREAST CANCER

These therapies may be used alone or in combination. For some combination therapies your doctor might suggest, go to PatientResource.com/Breast_Cancer_Treatment.aspx

CHEMOTHERAPY

- ▶ capecitabine (Xeloda)
- ▶ carboplatin (Paraplatin)
- ▶ cisplatin
- ▶ cyclophosphamide
- ▶ docetaxel (Taxotere)
- ▶ doxorubicin (Adriamycin)
- ▶ epirubicin (Ellence)
- ▶ eribulin (Halaven)
- ▶ fluorouracil (5-FU)
- ▶ gemcitabine (Gemzar)
- ▶ ixabepilone (Ixempra)
- ▶ liposomal doxorubicin (Doxil)
- ▶ paclitaxel (Taxol)
- ▶ protein-bound paclitaxel (Abraxane)
- ▶ vinorelbine (Navelbine)

HORMONE THERAPY

- ▶ anastrozole (Arimidex)
- ▶ exemestane (Aromasin)
- ▶ fulvestrant (Faslodex)
- ▶ goserelin acetate (Zoladex)
- ▶ letrozole (Femara)
- ▶ leuprolide acetate (Eligard, Lupron, Lupron Depot)
- ▶ megestrol acetate (Megace)
- ▶ tamoxifen
- ▶ toremifene (Fareston)

IMMUNOTHERAPY

- ▶ dostarlimab-gxly (Jemperli)
- ▶ pembrolizumab (Keytruda)

TARGETED THERAPY

- ▶ abemaciclib (Verzenio)
- ▶ ado-trastuzumab emtansine (Kadcyla)
- ▶ alpelisib (Piqray)
- ▶ everolimus (Afinitor, Afinitor Disperz)
- ▶ fam-trastuzumab deruxtecan-nxki (Enhertu)
- ▶ lapatinib (Tykerb)
- ▶ larotrectinib (Vitrakvi)
- ▶ margetixumab-cmkb (Margenza)
- ▶ neratinib (Nerlynx)
- ▶ olaparib (Lynparza)
- ▶ palbociclib (Ibrance)
- ▶ pertuzumab (Perjeta)
- ▶ pertuzumab, trastuzumab and hyaluronidase-zzxf (Phesgo)
- ▶ ribociclib (Kisqali)
- ▶ ribociclib and letrozole (Kisqali Femara Co-Pack)
- ▶ sacituzumab govitecan-hziy (Trodelyv)
- ▶ talazoparib (Talzenna)
- ▶ trastuzumab (Herceptin)
- ▶ trastuzumab and hyaluronidase-oysk (Herceptin Hylecta)
- ▶ tucatinib (Tukysa)

As of 3/7/22

Raising awareness to increase support

While he was battling breast cancer, Steve Del Gardo discovered something almost as shocking as his Stage II diagnosis. The world of breast cancer was focused almost entirely on women. Now he's cancer-free and doing his part to raise awareness for male breast cancer survivors by leading Protect the Pecs, an organization where men can receive support and know they are not alone in their fight.



➔ **I was 44 when I first felt a lump** in my left pectoral area. My primary care doctor referred me to a well-known breast care institute nearby. At my first appointment, the receptionist gave me several forms to fill out. I couldn't believe that all of the questions were geared toward women, asking about menstrual cycles, gynecologists and most recent mammograms. Even the sign outside read "Wellness Center for Women." All I could do was sign and date the forms.

I had a mammogram and ultrasound, and after reading my test results, my doctor recommended a biopsy. A week later, the results came back benign. He told me to come back in six months if the lump hadn't disappeared. Instead of disappearing, it got bigger and painful but I trusted him, so I waited. I went back after six months, and he recommended a lumpectomy immediately.

When the biopsy results came back as Stage II breast cancer, I was shocked because I thought it was a fatty deposit. I did not expect a cancer diagnosis. My doctor recommended a mastectomy. I asked him about taking both breasts, but he said typically 90 percent of men don't get it in the other breast. I told him I'm not a typical guy. I had a double mastectomy later that month.

After those two surgeries in November, I thought I was done with treatment. My doctor said there was a 30 percent chance of recurrence within five years, and I thought those were pretty good odds. He disagreed and recommended chemotherapy. Even though I really didn't want chemotherapy because of everything I'd read, I took four rounds once every three weeks. I lost the hair on my head and my goatee. Some side effects were bad, especially the nausea and bone pain, but I got through it with great support from my family and friends. My hair grew back a little darker and a little wavier, and I lost 55 pounds, so those are two plusses.

During treatment, I got frustrated with the lack of resources out there for guys with breast cancer. I didn't know anything about breast cancer, and when I did find something online, it was just a footnote. There were no support groups, and there was no one for me to talk to. That's when I decided to start Protect the Pecs. I'd been through the pain and suffering, and I knew I could do a lot for male breast cancer survivors and their families.

Through Protect the Pecs, I am raising awareness about male breast cancer by telling my story at corporations, colleges and conferences. Not surprisingly, my audiences are usually made up of women because men are embarrassed about having breast cancer. I tell them not to worry about the word "breast" — just call it chest cancer or pec cancer. Women usually make doctor's appointments for their husbands and sons so, by educating them, I'm also educating the men in their lives.

When I speak, I stay away from the doom and gloom. I was never that sort of person before, and I'm still not. Instead, I'm open and honest, and I use humor because laughter is one of the keys to recovery. Hearing about the first time I had a mammogram and how I ate hot wings before chemotherapy puts people at ease. I also mention things I've done that I never could've done before I had cancer, like speaking in front of big audiences and throwing out the first pitch at a Cincinnati Reds game without being terrified.

A lot of people are so very angry about having cancer. When I talk to them one on one, I tell them cancer is just a hiccup in their lives. Blaming and being negative doesn't help. If you're negative, I believe your body will get sick. When I was diagnosed, my dad told me to be positive and keep moving forward, that I'd get through it. Instead of lying face down in the fight against cancer, I came out swinging, using all my strength, positivity, faith and humor to beat it down. ■

Find strength and support from others who share your diagnosis

When you learned about your diagnosis, your shock may have been compounded by embarrassment at having what is traditionally known as a “woman’s disease.” Realize that your feelings are valid. Discussing them and comparing notes with other men who have breast cancer can be immensely helpful.

ADDRESSING SIDE EFFECTS

Preventing, minimizing and managing the side effects of the cancer or its treatment is a primary focus of your multidisciplinary health care team. As you and your doctor review your treatment options, discuss the potential physical and emotional side effects of each type of therapy. Ask about any that need immediate attention and find out what to do if they occur. Prompt or preventive treatment may help avoid more serious complications. To be most effective, your health care team will rely on you to communicate openly about how you feel and any side effects you are experiencing (see Table 1).

ADDITIONAL RESOURCES TO EXPLORE

Supportive care is designed to ensure your whole person is cared for.

- **Fertility** can be affected by treatment or the cancer itself. Treatments may cause infertility by damaging sperm quality, lowering sperm production, altering hormone levels or causing impotence. The most common option for preserving a man’s fertility prior to cancer treatment is called sperm-banking, or sperm cryopreservation (freezing and storage). For men who do not choose to bank sperm prior to treatment, doctors usually recommend waiting 2 to 5 years to try to have a child. Talk to your doctor about fertility implications related to your specific cancer treatments before beginning treatment, if possible.
- **Dietary support** may be needed if you have challenges with nausea or your appe-

tite. If a dietitian or nutritionist is not on your health care team, ask for a referral.

- **Sexual health** is an important part of life, and it should not be ignored because of a cancer diagnosis. Talk with your doctor about ways to maintain your sexuality, or

ask for a referral to a therapist who has experience working with people who have cancer.

- **Spiritual or religious guidance** may be available from a chaplain or spiritual care advisor at the hospital or in your religious community. Spiritual support is available to you even if you do not consider yourself a religious person.
- **Transportation support** is available for help getting to and from cancer-related appointments. ■

▲ TABLE 1

SOME COMMON SIDE EFFECTS OF CANCER OR ITS TREATMENT

Side Effect	Symptoms
Anemia	Low energy, weakness, dizziness, light-headedness, shortness of breath, rapid heartbeat
Blood clots	Leg discomfort
Bone loss and pain	Weakened bone caused by the cancer or treatment
Chemo brain	Brain fog, confusion and/or memory problems
Constipation	Difficulty passing stools or less frequent bowel movements compared to your usual bowel habits
Decreased appetite	Eating less than usual, feeling full after minimal eating, not feeling hungry
Diarrhea	Frequent loose or watery bowel movements
Fatigue	Tiredness that is increased and harder to relieve than the fatigue an otherwise healthy person has
Fever	Raised body temperature that could signal an infection
Hair loss (alopecia)	Hair loss on the head, face and body
Headache	Pain or discomfort in the head
Lymphedema	Swelling where lymph nodes have been removed or damaged
Nausea and vomiting	The feeling of needing to throw up and/or throwing up
Neuropathy	Numbness, pain, burning sensations and tingling, usually in the hands or feet at first
Neutropenia	Low white blood cell count that increases the risk of infection
Pain	Musculoskeletal pain and aches that occur in the muscles, bones, tendons, ligaments or nerves
Respiratory problems	Shortness of breath (dyspnea) with or without cough, upper respiratory infections
Skin reactions	Rash, redness and irritation, or dry, flaky or peeling skin that may itch
Thrombocytopenia	Low number of platelets in the blood, which can lead to bruising and bleeding
Weight changes	Gaining or losing weight unintentionally

Prepare for a range of emotions

Emotional side effects are expected with a cancer diagnosis, and it is crucial that you acknowledge and address them.

Anxiety can begin as soon as you receive your diagnosis. Moderate to severe anxiety is often treated with medication, therapy or a combination of both. Explore relaxation techniques, such as meditation, muscle relaxation, yoga or guided imagery.

Depression is a psychological reaction to your situation as a whole. Do not avoid talking to your doctor about it because you think depression is just part of having cancer. If these feelings last more than a few days or if you have thoughts of death or of attempting suicide, seek medical attention immediately.

Fear is common. Making plans may become difficult because every ache and pain triggers a concern. Do your best to stay focused on the present.

Scanxiety is the anxiety that can happen when you are awaiting results from imaging scans, laboratory tests or exams. Scanxiety

can be extremely stressful, and it can help to find ways to manage it. First, remind yourself that it is normal to feel this way. Talk with your doctor or nurse so you can know when to expect results. Keep your mind occupied with things you enjoy. Staying busy gives you less time to worry. Consider discussing your fears with your friends, a support group or a therapist.

Step-by-step plan for cancer care costs

Though you are focused on understanding your diagnosis and treatment, it is also important to be aware of the costs involved in your care. Many people are available to help. Do not feel embarrassed to talk with them about your financial situation. They expect you to, and they are skilled at guiding you to reputable sources for answers and assistance.



Step 1

Medical expenses. These include medical office visits, tests, treatments, drugs and caregiving, which are the most obvious additions to your spending. Contact the financial staff at your doctor's office. They can help you understand your insurance policy and out-of-pocket expenses. They may also have access to programs that offer certain medications at reduced costs.

cancer-related costs. You may spend more money on transportation, travel, legal assistance, child or elder care, meal preparation or housecleaning. Reach out to your social worker, patient advocate or patient navigator at your medical facility. They can refer you to local organizations, advocacy groups and other nonprofit organizations that may offer assistance in these and other areas.

Step 2

Lifestyle expenses. You may have increased living expenses because of new,

Step 3

Special events. Take into consideration that your income may be reduced if you have to cut back on hours or take a leave of

absence, but if you can, plan for something special. Set aside extra money to enjoy special activities or trips with your family and friends to help ease the stress of this difficult time. ■

ASSISTANCE

Support and financial resources available for you

BASIC LIVING EXPENSES

Bringing Hope Home	www.bringinghopehome.org, 484-580-8395
Cleaning for a Reason	www.cleaningforareason.org
Family Reach Foundation	www.familyreach.org, 973-394-1411
National Cancer Assistance Foundation	www.natcaf.org, 866-413-5789
Stupid Cancer	www.stupidcancer.org, 212-619-1040

BREAST CANCER

ABCD After Breast Cancer Diagnosis	www.abcdbreastcancersupport.org
American Breast Cancer Foundation	www.abcf.org
Avon Foundation for Women	www.avonworldwide.com/supporting-women/breast-cancer
Bosom Buddies Breast Cancer Support, Inc.	www.bbbsci.org
Breast360.org	www.breast360.org
Breast Cancer Action	www.bcaction.org
Breast Cancer Research Foundation	www.bcrf.org
BreastCancer.org	www.breastcancer.org
BreastCancerTrials.org	www.breastcancertrials.org
Breast Friends	www.breastfriends.org
Bright Pink	www.brightpink.org
Carrie's TOUCH	www.carriestouch.org
Casting for Recovery	www.castingforrecovery.org
Celebrating Life Foundation	www.celebratinglife.org
Driving Miss Darby Foundation, Inc.	www.drivingmissdarby.org
Dr. Susan Love Foundation for Breast Cancer Research	www.drSusanLoveResearch.org
Expedition Inspiration Fund for Breast Cancer Research	www.expeditioninspiration.org
FORCE: Facing Our Risk of Cancer Empowered	www.facingourrisk.org
Foundation for Women's Cancer	www.foundationforwomenscancer.org
HER2Support.org	her2support.org
Here for the Girls	www.herefortheirls.org
The IBC Network Foundation	www.theibcnetwork.org

The Inflammatory Breast Cancer Foundation	www.eraseibc.org
Inflammatory Breast Cancer Research Foundation	www.ibcresearch.org
Leslie's Week (Stage 4)	www.lesliesweek.org
Linda Creed Breast Cancer Organization	www.linda Creed.org
Living Beyond Breast Cancer	www.lbbc.org
Male Breast Cancer Coalition	www.malebreastcancercoalition.org
Metastatic Breast Cancer Alliance	www.mbcalliance.org
Metastatic Breast Cancer Network	www.mbcn.org
METAvisor	www.metavior.org
My BCTeam (social network for women facing breast cancer)	www.mybcteam.com
My Breast Cancer Support	www.mybreastcancersupport.org
My Pink Planner	www.mypinkplanner.com
National Breast and Cervical Cancer Early Detection Program	www.cdc.gov/cancer/nbcccdep
National Breast Cancer Coalition	www.stopbreastcancer.org
National Breast Cancer Foundation, Inc.	www.nationalbreastcancer.org
National Cancer Institute	www.cancer.gov/types/breast
National Cancer Institute (breast cancer treatment & pregnancy)	www.cancer.gov/types/breast/patient/pregnancy-breast-treatment-pdq
Nueva Vida, Support Network for Latinas With Cancer	www.nueva-vida.org
The Pink Agenda	www.thepinkagenda.org/fab-u-wish/apply-now
Reach to Recovery (breast cancer support)	www.cancer.org/reachtotherecovery
SHARE Cancer Support	www.sharecancersupport.org
Sharsheret	www.sharsheret.org
Sisters Network Inc.	www.sistersnetworkinc.org
The Sister Study	www.sisterstudy.org
Support Connection	www.supportconnection.org
Susan G. Komen	www.komen.org
Sustain Inspire Survive	www.helpsis.com
Tigerlily Foundation	www.tigerlilyfoundation.org
Triple Negative Breast Cancer Foundation	www.tnbcfoundation.org, 877-880-8622
Young Survival Coalition	www.youngsurvival.org

CANCER EDUCATION

American Cancer Society.....	www.cancer.org
American Society of Clinical Oncology.....	www.cancer.net
CANCER101.....	www.cancer101.org
CancerCare.....	www.cancer.org
Cancer Support Community.....	www.cancersupportcommunity.org
Centers for Disease Control and Prevention (CDC).....	www.cdc.gov
Dr. Susan Love Foundation for Breast Cancer Research.....	www.drSusanLoveResearch.org
FORCE: Facing Our Risk of Cancer Empowered.....	www.facingourrisk.org
The Gathering Place.....	www.touchedbycancer.org
Get Palliative Care.....	www.getpalliativecare.org
Global Resource for Advancing Cancer Education (GRACE).....	www.cancergrace.org
The Hope Light Foundation.....	www.hopelightproject.com
National Cancer Institute.....	www.cancer.gov
National Comprehensive Cancer Network (NCCN).....	www.nccn.org
National LGBT Cancer Network.....	www.cancer-network.org
NCI Cancer Information Service.....	800-422-6237
Patient Resource.....	www.patientresource.com
Physicians Committee for Responsible Medicine.....	www.pcrm.org/health-topics/cancer
Scott Hamilton CARES Foundation.....	www.scottcares.org
Triage Cancer.....	www.triagecancer.org
Union for International Cancer Control.....	www.uicc.org
U.S. National Library of Medicine.....	www.nlm.nih.gov

CAREGIVERS & SUPPORT

4th Angel Patient & Caregiver Mentoring Program.....	www.4thangel.org, 866-520-3197
Cactus Cancer Society.....	www.cactuscancer.org
CanCare.....	www.cancares.org, 888-461-0028
CANCER101.....	www.cancer101.org, 646-638-2202
Cancer and Careers.....	www.cancerandcareers.org, 646-929-8032
CancerCare.....	www.cancer.org, 800-813-4673
Cancer Connection.....	www.cancer-connection.org, 413-586-1642
Cancer Hope Network.....	www.cancerhopenetwork.org, 877-467-3638
Cancer Really Sucks!.....	www.cancerrealsucks.org
Cancer Support Community.....	www.cancersupportcommunity.org, 888-793-9355
Cancer Support Community Helpline.....	888-793-9355
Cancer Survivors Network.....	csn.cancer.org, 800-227-2345
Caregiver Action Network.....	www.caregiveraction.org, 855-227-3640
CaringBridge.....	www.caringbridge.org
Center to Advance Palliative Care.....	www.capc.org
Chemo Angels.....	www.chemoangels.com
Cleaning for a Reason.....	www.cleaningforareason.org
Connect Thru Cancer.....	www.connectthrucancer.org
Cooking with Cancer.....	www.cookingwithcancer.org, 205-978-3570
Family Caregiver Alliance.....	www.caregiver.org, 800-445-8106
Friend for Life Cancer Support Network.....	www.friend4life.org, 866-374-3634
The Gathering Place.....	www.touchedbycancer.org, 216-595-9546
Guide Posts of Strength, Inc.....	www.cancergps.org, 336-883-4483
Imerman Angels.....	www.imermanangels.org, 866-463-7626
Livestrong Foundation.....	www.livestrong.org, 855-220-7777
Living Hope Cancer Foundation.....	www.getupandlive.org
LivingWell Cancer Resource Center.....	www.livingwellcrc.org, 630-933-7860
Lotsa Helping Hands.....	www.lotsahelpinghands.com
The Lydia Project.....	www.thelydiaproject.org, 877-593-4212
MyLifeLine.....	www.mylifeline.org, 888-793-9355
National LGBT Cancer Project.....	www.lgbtcancer.org, 917-301-1913
Patient Empowerment Network.....	www.powerfulpatients.org
SHARE Caregiver Circle.....	www.sharecancersupport.org/caregivers-support, 844-275-7427
Stronghold Ministry.....	www.mystronghold.org, 877-230-7674
Triage Cancer.....	www.triagecancer.org, 424-258-4628
Well Spouse Association.....	www.wellspouse.org, 732-577-8899
weSPARK Cancer Support Center.....	www.wespark.org, 818-906-3022
Wigs & Wishes.....	www.wigsandwishes.org

CHILD CARE EXPENSES

CancerCare.....	www.cancer.org, 800-813-4673
Stupid Cancer.....	www.stupidcancer.org, 212-619-1040
Touching Hearts Program.....	www.cancer.org/financial/information, 800-813-4673



EQUIPMENT/SUPPLIES EXPENSES

CancerCare.....	www.cancer.org, 800-813-4673
Friends of Man.....	www.friendsofman.org, 303-798-2342
Look Good Feel Better.....	www.lookgoodfeelbetter.org
Stupid Cancer.....	www.stupidcancer.org, 212-619-1040

GOVERNMENT ASSISTANCE

Benefits.gov.....	www.benefits.gov
Centers for Medicare & Medicaid Services.....	www.cms.gov
Disability Benefits Center.....	www.disabilitybenefitscenter.org
Eligibility.com (Medicare resources).....	www.eligibility.com/medicare
Hill-Burton Program.....	www.hrsa.gov/get-health-care/affordable/hill-burton, 800-638-0742
Legal Services Corporation.....	www.lsc.gov, 202-295-1500
Medicare Rights Center.....	www.medicarerights.org, 800-333-4114
National Breast and Cervical Cancer Early Detection Program.....	www.cdc.gov/cancer/nbccedp, 800-232-4636
National Council on Aging.....	www.ncoa.org, 571-527-3900
Social Security Administration.....	www.ssa.gov, 800-772-1213
State Health Insurance Assistance Programs.....	www.shiphelp.org, 877-839-2675
U.S. Department of Veterans Affairs.....	www.va.gov/health

GRANTS, SCHOLARSHIPS, AWARDS, CAMPS

Cameron Siemers Foundation for Hope (young adults).....	www.cameronsiemers.org
Cancer for College.....	www.cancerforcollege.org, 760-599-5096
Casting for Recovery.....	www.castingforrecovery.org, 888-553-3500
Chai Lifeline.....	www.chailifeline.org, 877-242-4543
FinAid (links to assistance programs).....	www.finaid.org/scholarships/cancer
First Descents (outdoor adventure experiences).....	www.firstdescents.org, 303-945-2490
Jack & Jill Late Stage Cancer Foundation.....	www.jajf.org
Leslie's Week (Stage 4 breast cancer).....	www.lesliesweek.org, 410-263-5598
National Collegiate Cancer Foundation.....	www.collegiatecancer.org, 240-515-6262
Nicki Leach Foundation.....	www.nickileach.org, 904-716-5394
Patient Advocate Foundation.....	www.patientadvocate.org, 800-532-5274
The Samfund (young adults ages 21-39).....	www.thesamfund.org, 617-938-3484
Stupid Cancer.....	www.stupidcancer.org, 212-619-1040
Ulman Foundation.....	ulmanfoundation.org, 888-393-3863

HOME HEALTH CARE EXPENSES

CancerCare.....	www.cancer.org, 800-813-4673
Stupid Cancer.....	www.stupidcancer.org, 212-619-1040
Touching Hearts Program.....	www.cancer.org/financial/information, 800-813-4673

INSURANCE PREMIUM EXPENSES

Accessia Health.....	www.patientservicesinc.org, 800-366-7741
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CancerCare Co-Payment Assistance Foundation.....www.cancerarecopay.org, 866-552-6729
 HealthWell Foundation (diagnosis-specific).....www.healthwellfoundation.org, 800-675-8416
 Patient Advocate Foundation Co-Pay Relief.....www.copays.org, 866-512-3861
 Stupid Cancer.....www.stupidcancer.org, 212-619-1040

LEGAL ISSUES

Aging in Place.....www.aginginplace.org
 Cancer and Careers.....www.cancerandcareers.org
 Disability Rights Legal Center.....www.thedrlc.org, 866-999-3752
 LawHelp.org.....www.lawhelp.org
 Legal Services Corporation.....www.lsc.gov, 202-295-1500
 National Coalition for Cancer Survivorship.....www.canceradvocacy.org, 877-622-7937
 National Health Law Program (links to assistance programs).....www.healthlaw.org, 202-289-7661
 Patient Advocate Foundation.....www.patientadvocate.org, 800-532-5274
 Social Security Disability Resource Center.....www.ssdrc.com

MEDICAL CARE EXPENSES

The Assistance Fund.....tafcares.org, 855-845-3663
 CancerCare.....www.cancerare.org, 800-813-4673
 Cancer Warrior, Inc.....www.cancerwarriorinc.org, 702-546-8575
 Hair to Stay.....www.hairtostay.org, 800-270-1897
 Patient Access Network Foundation.....www.panfoundation.org, 866-316-7263
 Patient Advocate Foundation.....www.patientadvocate.org, 800-532-5274
 Stupid Cancer.....www.stupidcancer.org, 212-619-1040

NUTRITION

American Cancer Society.....www.cancer.org, 800-227-2345
 CancerCare.....www.cancerare.org, 800-813-4673
 Cancer Support Community.....www.cancersupportcommunity.org, 888-793-9355
 LLS | PearlPoint Nutrition Services.....www.pearlpoint.org
 OncoLink.....www.oncolink.org

POST-TREATMENT FINANCIAL NEEDS

CancerCare.....www.cancerare.org, 800-813-4673
 The Samfund (young adults ages 21-39).....www.thesamfund.org, 617-938-3484
 Stupid Cancer.....www.stupidcancer.org, 212-619-1040


PRESCRIPTION EXPENSES

America's Pharmacy.....www.americaspharmacy.com, 888-495-3181
 CancerCare Co-Payment Assistance Foundation.....www.cancerarecopay.org, 866-552-6729
 Cancer Financial Assistance Coalition.....www.cancerfac.org
 Good Days.....www.mygooddays.org, 972-608-7141
 HealthWell Foundation.....www.healthwellfoundation.org, 800-675-8416
 Komen Treatment Assistance Fund.....www.komen.org/support-resources/financial-assistance, 877-465-6636
 Medicine Assistance Tool.....www.medicineassistancetool.org
 National Organization for Rare Disorders.....www.rarediseases.org, 203-999-6673
 NeedyMeds.....www.needymeds.org, 800-503-6897
 Patient Access Network Foundation.....www.panfoundation.org, 866-316-7263
 Patient Advocate Foundation Co-Pay Relief.....www.copays.org, 866-512-3861
 RxAssist.....www.rxassist.org
 RxHope.....www.rxhope.org
 SingleCare.....www.singlecare.com, 844-234-3057
 Stupid Cancer.....www.stupidcancer.org, 212-619-1040
 Together Rx Access.....www.togetherxaccess.com, 800-444-4106

REIMBURSEMENT & PATIENT ASSISTANCE PROGRAMS

myAbbVie Assist.....www.abbvie.com/patients/patient-assistance, 800-222-6885
 Abraxane Financial Assistance.....www.abraxanepro.com/financial-assistance, 800-861-0048
 Afinitor Patient Support.....www.afinitor.com/metastatic-breast-cancer/patient/cost, 888-423-4648
 Amgen Assist 360.....amgenassist360.com/patient, 888-427-7478
 Amgen First Step.....amgenfirststep.com, 888-427-7478
 Amgen Safety Net Foundation.....amgensafetynetfoundation.com, 888-762-6436
 Aromasin Savings Card.....www.aromasin.com/savings, 866-562-6151
 AstraZeneca Access 360.....myaccess360.com/patient, 844-275-2360
 AstraZeneca Patient Savings Programs For Specialty Products.....astrazenecaspecialtysavings.com, 844-275-2360
 AstraZeneca Prescription Savings Program (AZ&ME).....azandmeapp.com, 800-292-6363
 Bristol-Myers Squibb.....bms.com/patient-and-caregivers/get-help-paying-for-your-medicines, 800-721-8909

Bristol-Myers Squibb Access Support.....bmsaccesssupport.bmscustomerconnect.com/patient, 800-861-0048
 Bristol-Myers Squibb Patient Assistance Foundation.....bmspaf.org, 800-736-0003
 Daichi Sankyo Access Central.....dsiaccesscentral.com, 866-437-4669
 Enhertu4U.....www.enhertu4u.com/patient/affording-your-medicine.html, 833-364-3788
 Faslodex Co-pay Savings Program.....www.myaccess360.com/faslodex-fulvestrant/patient-affordability, 844-275-2360
 Gemzar Patient Assistance.....pfizerxrxpathways.com, 844-989-7284
 Genentech Access Solutions.....genentech-access.com/patient, 877-436-3683
 Genentech Oncology Co-pay Assistance Program.....copayassistancenow.com, 855-692-6729
 Genentech Patient Foundation.....gene.com/patients/patient-foundation, 888-941-3331
 Genomic Access Program.....www.oncotypeiq.com, 888-662-6897
 Gilead's Advancing Access.....www.gileadadvancingaccess.com, 800-226-2056
 Halaven Eisai Reimbursement Resources.....www.eisaireimbursement.com/patient/halaven, 866-613-4724
 Herceptin Access Solutions.....genentech-access.com/patient/brands/herceptin, 877-436-3683
 Herzuma Teva CORE.....www.herzuma.com/resources-and-support, 888-587-3263
 Ibrance Financial Assistance.....www.ibrance.com/financial-support-resources, 844-942-7262
 Ixempra Access + Support.....www.ixempra.com/for-patients/get-patient-support, 855-991-7277
 Janssen CarePath.....www.janssencarepath.com/patient, 877-227-3728
 Kadcyra Access Solutions.....www.kadcyra.com/financial-assistance-programs, 877-436-3683
 Kanjinti Cost Assistance.....www.amgenassist360.com/patient/kanjinti-cost-assistance, 888-427-7478
 Keytruda KEY+YOU.....www.keyplusyou.com, 855-398-7832, press 2
 Keytruda Patient Assistance.....merckaccessprogram-keytruda.com/hcc/, 855-257-3932
 Kisqali Care Patient Support Program.....www.us.kisqali.com/patient-support/financial-resources, 800-282-7630
 Lilly Cares Foundation Patient Assistance Program.....lillycares.com, 800-545-6962
 Lilly Oncology Support Center.....www.lillyoncologysupport.com, 866-472-8663
 Lynparza Support.....lynparza.com/resources-support/financial-support, 844-275-2360
 Margenza Access Support.....www.margenzasupport.com, 844-633-6469
 Merck Access Program.....merckaccessprogram.com
 Merck Patient Assistance Program.....merckhelps.com, 800-727-5400
 Nerlynx Puma Patientlynx Reimbursement Support.....nerlynx.com/access-and-support/access-programs, 855-816-5421
 Novartis Oncology Universal Co-pay Program.....copay.novartis oncology.com, 877-577-7756
 Novartis Patient Assistance Foundation.....www.novartis.us/our-products/patient-assistance/patient-assistance-foundation-enrollment, 800-277-2254
 Novartis Patient Assistance Now Oncology (PANO).....www.patient.novartis oncology.com/financial-assistance/pano, 800-282-7630
 Patient Rx Solutions.....www.patientrxsolutions.com, 800-676-5884
 Perjeta Access Solutions.....genentech-access.com/patient/brands/perjeta, 877-436-3683
 Pfizer Oncology Together.....pfizeroncologytogether.com/patient, 877-744-5675
 Pfizer RxPathways.....pfizerxrxpathways.com, 844-989-7284
 Plesgo Access Solutions.....genentech-access.com/patient/brands/plesgo, 877-436-3683
 PIQRAY Patient Support Services.....www.us.piqray.com/metastatic-breast-cancer/patient-resources/support, 800-282-7630
 R-Pharm US Access + Support.....enrollsource.rpharm-us.com/ 855-991-7277
 SeaGen Secure.....seagensecure.com, 855-473-2873
 Talzenna Support & Resources.....www.talzenna.com/support-and-resources, 877-744-5675
 Teva Cares Foundation Patient Assistance Programs.....tevacares.org, 877-237-4881
 Teva CORE.....tevacore.com, 888-587-3263
 Trodelvy Access Support.....www.trodelvy.com/patient/mtnbc/access-support, 844-876-3358
 Tukysa SeaGen Secure.....seagensecure.com/patient/tukysa, 855-473-2873
 Tykerb Co-pay Program.....copay.novartis oncology.com/?name=tykerb, 877-577-7756
 Verzenio Continuous Care Support Program.....www.verzenio.com/savings-support/continuous-care, 844-837-9364
 Vitrakvi TRAK Assist.....www.vitrakvi-us.com/patient-assistance-program, 800-288-8374
 Xeloda Access Solutions.....www.genentech-access.com/patient/brands/xeloda, 877-436-3683
 YourBlueprint.....www.yourblueprint.com/financial-assistance, 888-258-7768
 Zoladex Co-pay Card.....www.zoladexhcp.com/access-support, 844-965-2339

 **For more resources, go to PatientResource.com**

PATIENT
RESOURCE

Where information equals hope