



# PROSTATE CANCER & YOU

A Guide for  
Patients and Caregivers



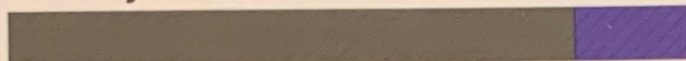
**Eligard<sup>®</sup>**  
(leuprolide acetate for injectable suspension)



# Facts About Prostate Cancer<sup>1-3</sup>

Other than skin cancer, prostate cancer is  
the most common cancer in American men.

Annually, an Estimated



**161,360**

American men will  
be diagnosed with  
prostate cancer.

**26,730**

will die from  
the disease.

About

**1 in 39**

men in the U.S.  
will die of  
prostate cancer.

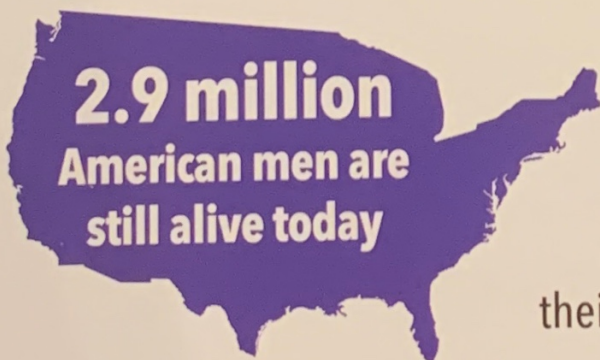
About

**1 in 7**

men will be diagnosed with  
prostate cancer during their lifetime.

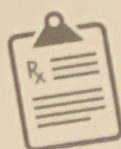


Prostate cancer can be a serious disease, but most men  
diagnosed with prostate cancer do not die from it.



In fact, more than  
**2.9 million** men  
in the United States who  
received a prostate cancer  
diagnosis at some point in  
their lives are still alive today.





About  
**6 in 10**  
cases

are diagnosed in  
**men 65 or older.**

Prostate cancer is rare  
in men younger than 40.

**Prostate cancer occurs more often in  
African American men and in  
Caribbean men of African ancestry  
than in men of other races.**



Having a father or brother  
with prostate cancer

**more than  
doubles  
the risk**

of developing prostate cancer.

## **Can prostate cancer be prevented?**

You may not be able to prevent  
prostate cancer, but here are  
lifestyle habits that **may help  
lower your risk:**



Eating at least 2½ cups of a  
wide variety of vegetables  
and fruits each day

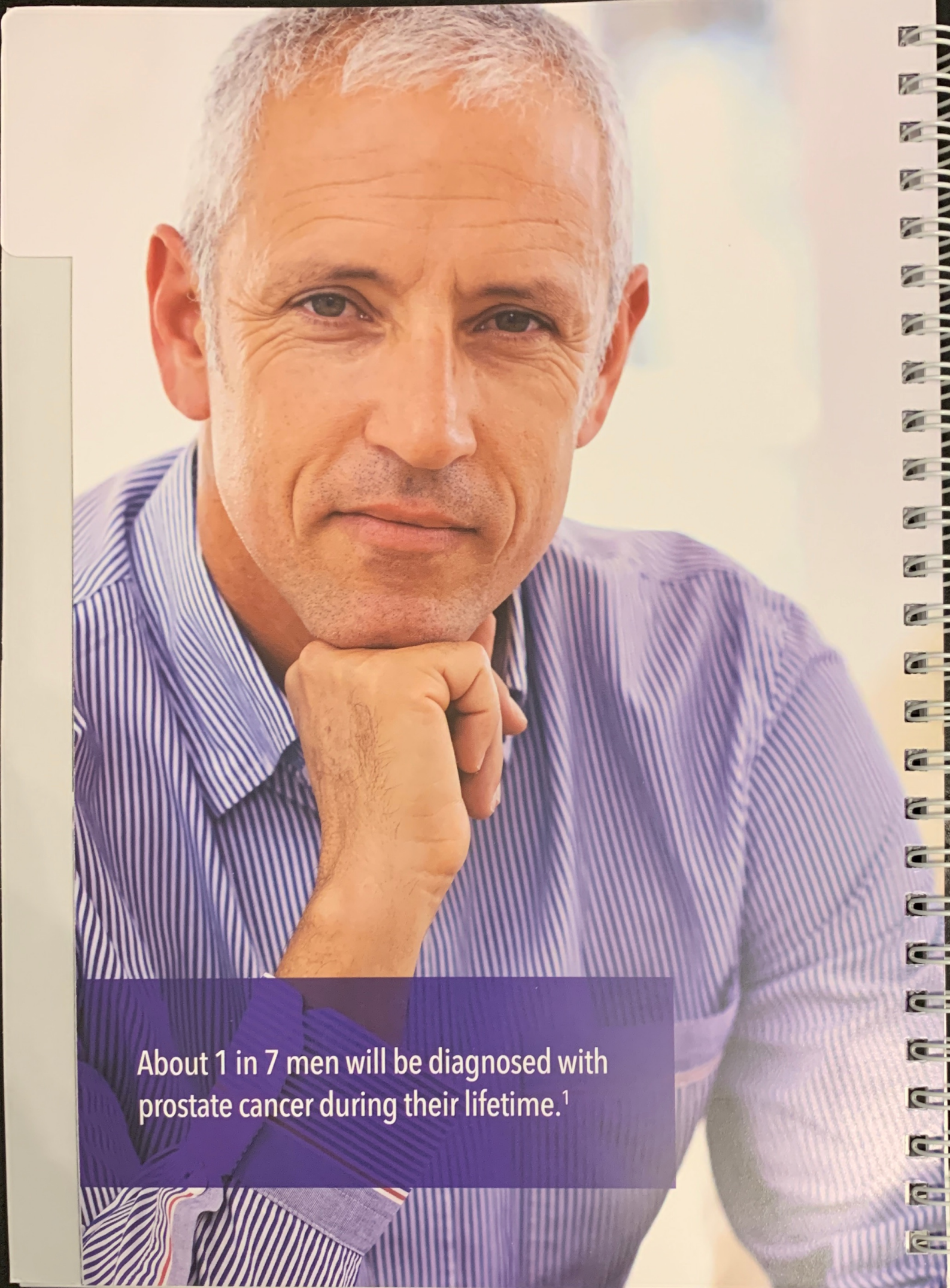


Being physically active



Staying at a healthy weight





About 1 in 7 men will be diagnosed with prostate cancer during their lifetime.<sup>1</sup>

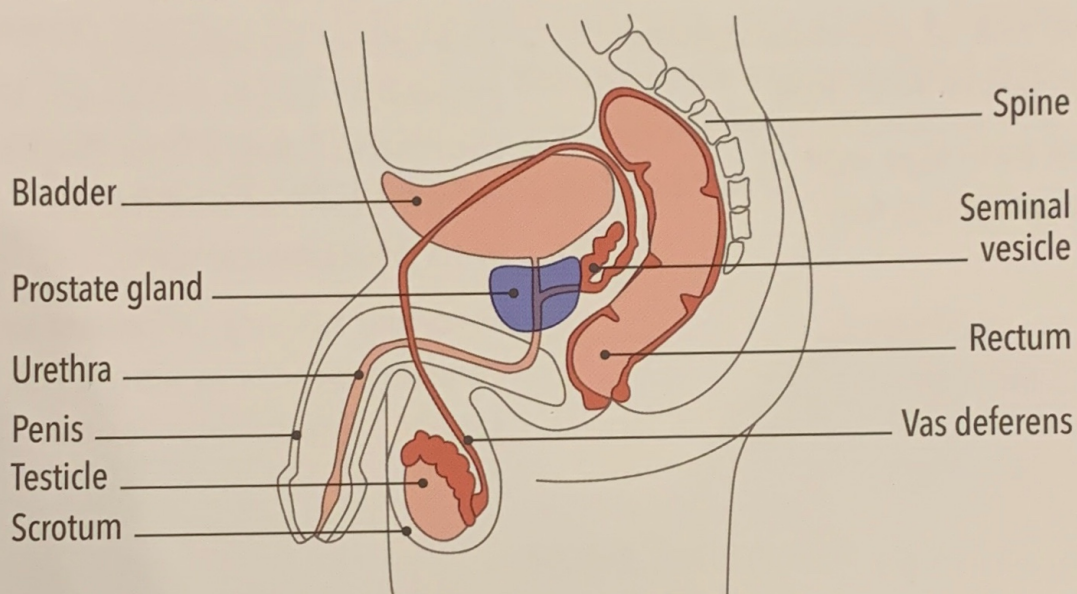


# Understanding Prostate Cancer

## About the Prostate<sup>1</sup>

The prostate is a small gland found in the male reproductive system. It produces some of the fluid found in semen.

The prostate is about the size of a walnut in younger men, but can grow in size as men age. It is found just below the bladder, directly in front of the rectum. The urethra, which is the tube that carries urine and semen out of the body through the penis, goes through the center of the prostate.<sup>1</sup>



## About Prostate Cancer

Cancer is a disease where cells, which are the building blocks of the tissues in the body, become abnormal. These abnormal cells multiply and can spread throughout the body.<sup>2</sup>

Cancer can grow in the prostate as a number of small tumors scattered throughout the prostate gland.<sup>4</sup>

- Tumors usually develop in older men and grow slowly.<sup>2</sup>
- Prostate cancer can develop in younger men, especially African American men and those with a family history of prostate cancer.<sup>2</sup>



- Some prostate cancer tumors are slow growing, do not spread and do not lead to death. However, some grow quickly and spread to other parts of the body, which may result in death.<sup>2</sup>

Today's methods of finding and treating prostate cancer have led to improvements in survival rates for this disease.<sup>1</sup>

## Risks and Causes of Prostate Cancer<sup>1-3,5</sup>

Like many cancers, the exact cause of prostate cancer is unknown. There are, however, a few known risk factors that have been linked to an increase in the likelihood of developing prostate cancer.

### Age

- The risk of prostate cancer increases with age.
- The average age at diagnosis is 66.

### Family history (genetics)

- The risk of developing prostate cancer increases in men who have a first-degree relative (father or brother) with prostate cancer.
- A family history of breast or ovarian cancer is also a risk factor for prostate cancer.

## Symptoms of Prostate Cancer

During the early stages, prostate cancer usually causes no symptoms. As the cancer progresses, symptoms may include:<sup>1,5</sup>

- Difficulties with starting and stopping urination
- The need to urinate more often than usual, particularly at night
- Sudden urges to urinate
- Dribbling urine
- Pain or a burning sensation when passing urine
- Blood in the urine or semen
- Pain during ejaculation
- Pain in the lower back, upper thighs or hips



## Diagnosis of Prostate Cancer

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Prostate cancer is diagnosed using a combination of tests, which may include:<sup>2,5</sup>

**Digital Rectal Exam (DRE):** The doctor feels for any bumps or hard areas on the prostate by inserting a gloved finger into the rectum.

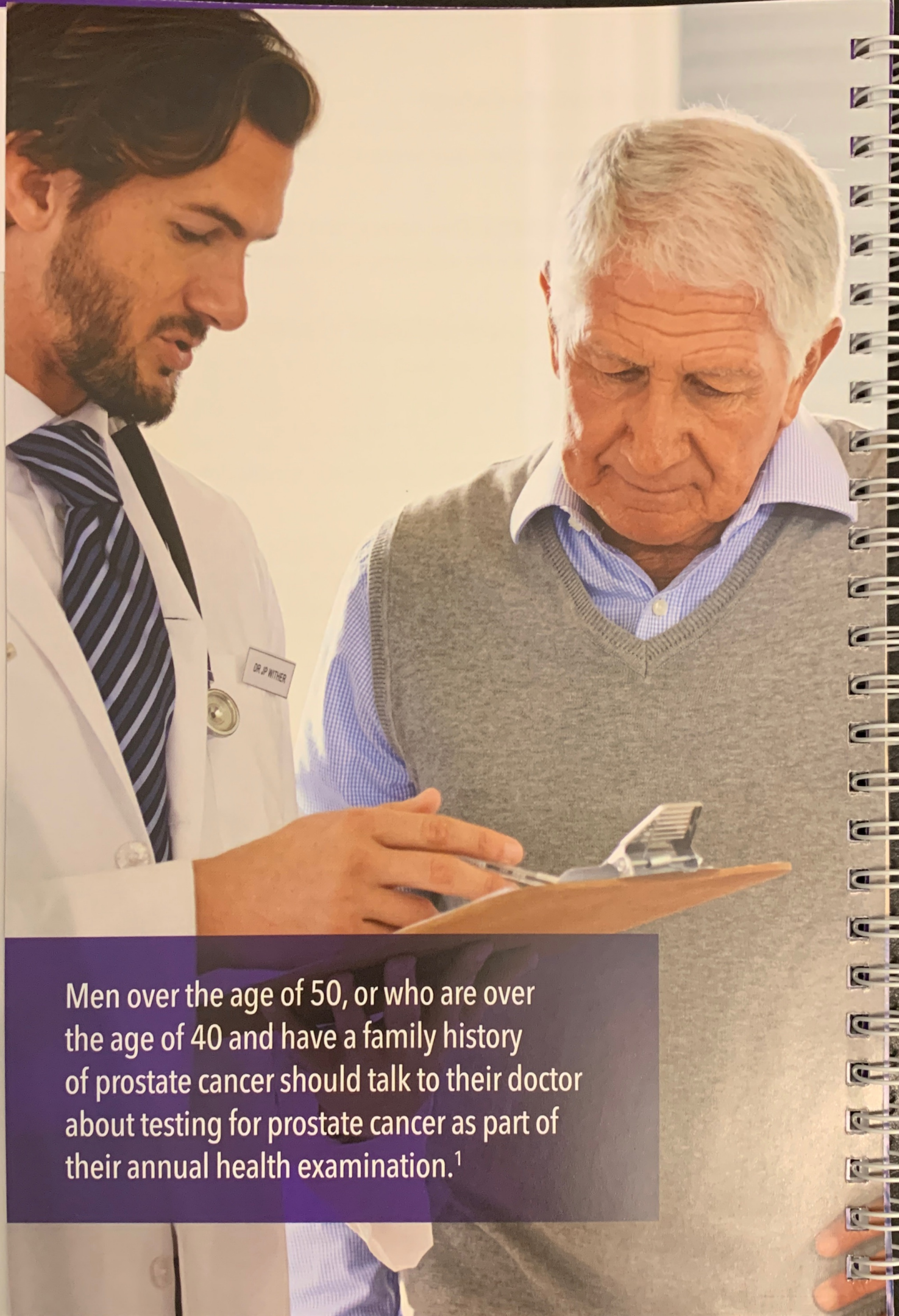
**Prostate-Specific Antigen (PSA) Blood Test:** Higher levels of PSA, detectable with a blood test, can occur in men with prostate cancer. They also occur in men with a benign enlargement or an inflammation of the prostate.

**Transrectal Ultrasound (TRUS):** Ultrasound waves are used to visualize the prostate.

**Biopsy:** If either the DRE or PSA tests are abnormal, a biopsy may be taken. Small pieces of the prostate are sampled and examined under a microscope for cancer cells. A biopsy is a definitive way of diagnosing prostate cancer.







Men over the age of 50, or who are over the age of 40 and have a family history of prostate cancer should talk to their doctor about testing for prostate cancer as part of their annual health examination.<sup>1</sup>



# Grading and Staging of Prostate Cancer

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There are tests that help your doctor determine the best treatment option for you.<sup>2</sup>  
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When prostate cancer has been diagnosed, doctors will determine the grade of the cancer (its aggressiveness) by examining biopsied cells under a microscope. Determining the grade of the cancer helps doctors choose the best treatment option for you.

Other tests are often ordered, which may include magnetic resonance imaging (MRI), computed tomography (CT) scans, bone scans and prostate-specific membrane antigen (PSMA) or positron emission tomography (PET) scans to determine the stage of the cancer.

## Grading - a system doctors use to determine how quickly the cancer is likely to spread.<sup>2</sup>

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Prostate cancer is usually graded using a Gleason Score<sup>6</sup> or the grade group,<sup>7</sup> a system that was developed by the International Society of Urological Pathology (ISUP). The higher the score, the more aggressive the cancer. Here's how the grading system works:<sup>2</sup>

- Samples from two areas of the prostate are each graded into a Gleason Grading System pattern from 1 to 5.

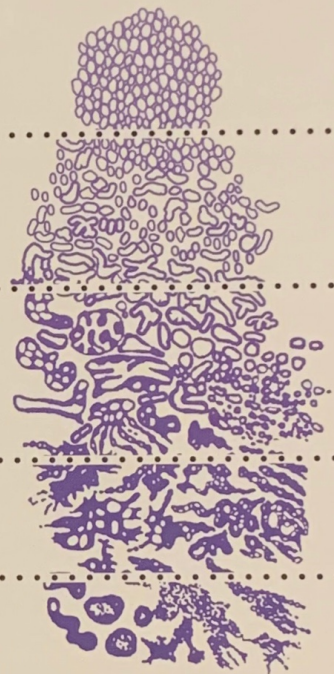


- The numbers are added together to get a Gleason score between 2 and 10.
- A lower Gleason score means the cells look more like normal prostate cells.
- A higher Gleason score means the cells look more abnormal, and the cancer is likely to grow and spread more quickly.

## The Gleason Grading System

The Gleason Grading System describes the five distinct patterns where prostate cells change from normal cells to cancerous cells.<sup>6</sup>

- 1 Small, identical cells that are close together
- 2 Cells in various shapes and sizes, loosely packed
- 3 Increased cell size with irregular shapes; cells are closer together
- 4 Large, irregular, fused cells
- 5 Irregular, fused cells that have invaded surrounding connective tissue cells



GLEASON PATTERNS <sup>7</sup>	GLEASON SCORE <sup>7</sup>	GRADE GROUP <sup>7</sup>
1-3	≤6	1
3-4	3+4=7	2
3-4	4+3=7	3
3-5	8	4
4-5	9-10	5



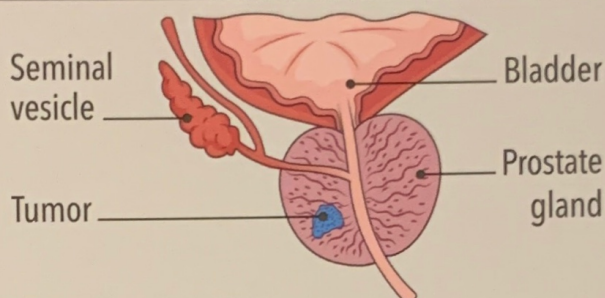
## Staging - How Far the Cancer has Spread<sup>2</sup>

If a biopsy reveals cancer, additional tests are used to help determine if the cancer has spread outside the prostate. This is called staging.<sup>2,5</sup> The American Joint Committee on Cancer TNM Staging System is used.<sup>1</sup>

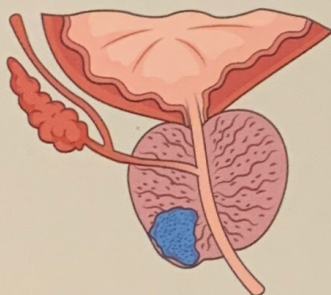
**T Categories** describe the local extent of a prostate tumor, ranging from T1 to T4. **N Categories** describe whether the cancer has spread to nearby lymph nodes. **M Categories** describe whether the cancer has spread to distant parts of the body.

### T Categories

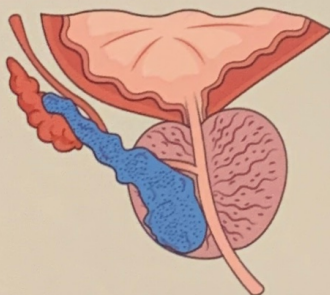
**T1:** The tumor is not felt during a DRE, but a biopsy found cancer cells.



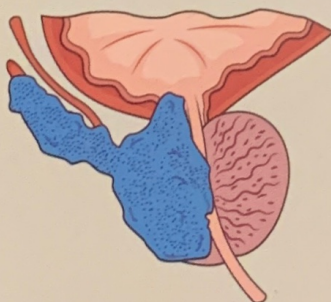
**T2:** The tumor is felt during a DRE, but the cancer remains within the prostate gland.



**T3:** The tumor has spread beyond the outer rim of the prostate and may have grown into the seminal vesicles.



**T4:** The tumor has spread to tissues and structures next to the prostate such as the bladder, rectum or pelvic wall.



### N Categories

**N0:** The cancer has not spread to any nearby lymph nodes.

**N1:** The cancer has spread to one or more nearby lymph nodes.

### M Categories

**M0:** The cancer has not spread beyond nearby lymph nodes.

**M1:** The cancer has spread beyond nearby lymph nodes.





Prostate cancer is the most common cancer among men after skin cancer, but it can often be treated successfully.<sup>1</sup>



# Treating Prostate Cancer

You and your doctor are partners from the beginning in deciding what treatment path is best for you.

## Active Surveillance

Some prostate cancer tumors grow very slowly. That's why an "active surveillance" approach may be the right treatment for some men.<sup>1,4</sup>

### Active surveillance may be right for:<sup>4</sup>

- Men who are older or who have other health concerns
- Men with slow-growing tumors who do not want to experience treatment side effects
- Men whose cancer is not causing symptoms
- Men who have a very small tumor that is limited to one area of the prostate

### Active surveillance does NOT mean the cancer is ignored.<sup>4</sup>

This approach includes:

- Careful observation by the doctor
- PSA and DRE tests, usually every three to six months
- Possibly a prostate biopsy once a year

If symptoms occur or the cancer begins to grow more quickly, treatment may be advised.



## Surgery<sup>1,2,4</sup>

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**Radical prostatectomy** is the most common operation for prostate cancer. The goal of this surgery is to prevent it from spreading outside the prostate by removing the entire prostate gland, the associated lymph nodes plus some of the tissue around it.

- Prostate cancer is not usually a single tumor. It is a number of small tumors scattered throughout the prostate gland, which is why the entire prostate is removed during surgery.
- The risks are similar to those of any major surgery.
- Complications of the surgery may include incontinence and impotence.

**Laparoscopic radical prostatectomy (LRP)** uses several smaller incisions to remove the prostate, which offers certain benefits.

- Smaller incisions resulting in less post-operative pain.
- Faster recovery times.

### **Robotic-assisted laparoscopic radical prostatectomy**<sup>1</sup>

(robotic-assisted LRP) allows the surgeon to control robotic arms to perform the operation through several small incisions.

- Results are similar to LRP, but the surgery can take less time, result in less pain and blood loss and healing may be faster.
- It may be possible to avoid injuring nerves that run on either side of the prostate.



## Radiation<sup>1,2,4</sup>

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### Radiation is used for:

- Cancer that is confined to the prostate gland
- Cancer that has spread only to nearby tissues
- Cancer that was not completely removed or returns
- Keeping advanced cancer from spreading further

Radiation therapy side effects may include incontinence, bowel problems and impotence.

### Types of radiation therapy

**External beam radiation therapy (EBRT)** delivers radiation from outside your body using a large machine. The radiation passes through your skin and other tissue to reach the tumor.

### Brachytherapy

- Small radioactive seeds are placed in or near the tumor itself, giving a high radiation dose to the tumor while reducing radiation exposure to the surrounding healthy tissue.
- The seeds are very small and usually do not cause significant discomfort.



When choosing the right treatment option, it is important to ask your cancer care team questions. They can help you make an informed decision.





**Even when your cancer is advanced, you should know about an important therapy option.**

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## **ELIGARD<sup>®</sup> (leuprolide acetate for injectable suspension)**

There are many treatment options for managing advanced prostate cancer.

Your doctor has recommended ELIGARD, the only LHRH with the innovative ATRIGEL<sup>®</sup> Delivery System.



**Eligard<sup>®</sup>**  
(leuprolide acetate for injectable suspension)

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**Use:** ELIGARD<sup>®</sup> is a prescription drug, given by injection, for the management of advanced prostate cancer. However, there is no known cure for advanced prostate cancer.

**Please see full Important Safety Information on page 63 and accompanying full Prescribing Information in the back pocket.**

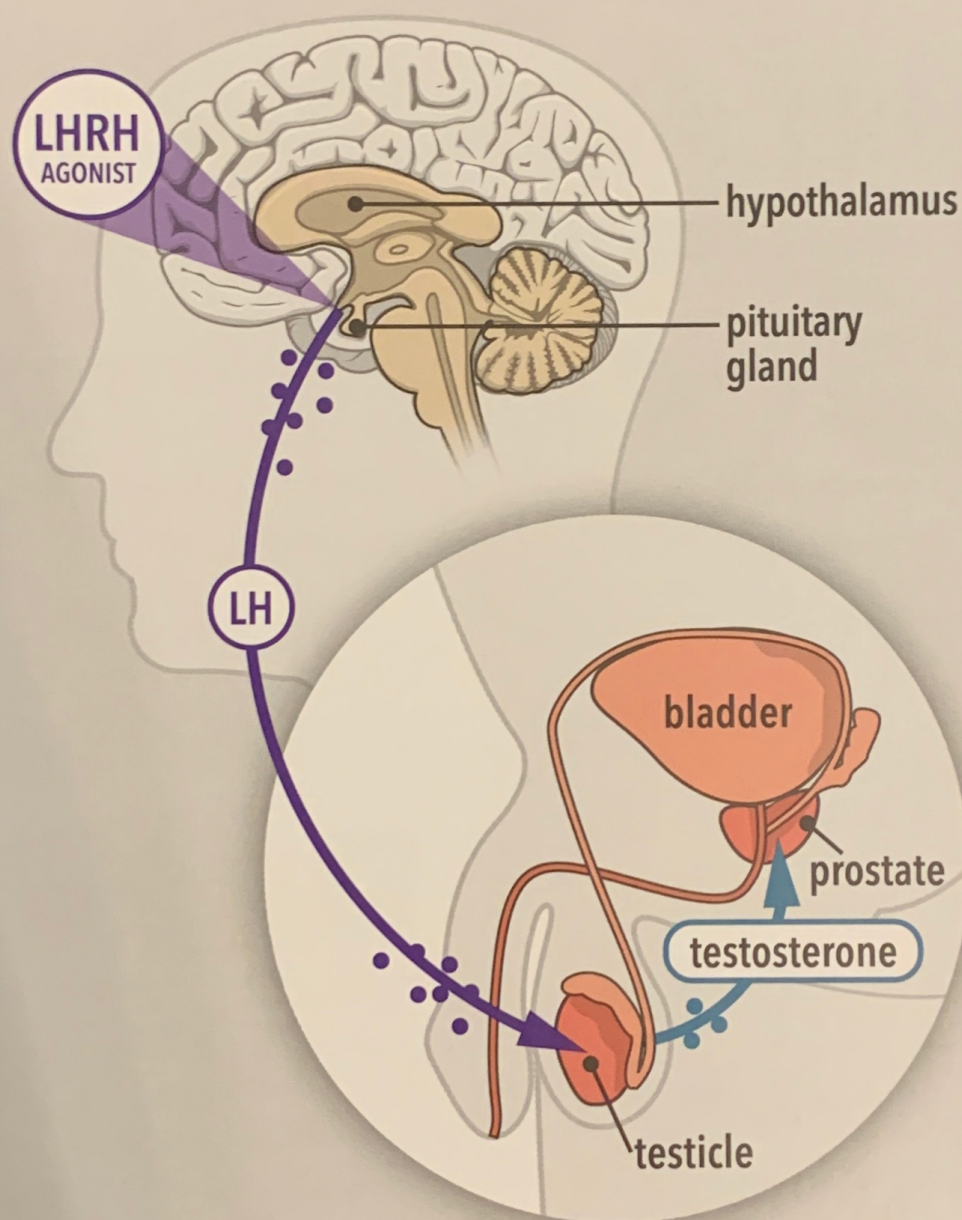
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## LHRH Agonist Drugs

There are several different types of hormone therapies, and they are grouped based on how they work to manage testosterone.<sup>1</sup> *Luteinizing hormone-releasing hormone* (LHRH) agonists are drugs that work by stopping testosterone production in the testicles.

### How LHRH Agonists Work





## How ELIGARD® Works<sup>1,4,8-10</sup>

ELIGARD works by tricking the brain into thinking that there is too much testosterone in the blood. The brain then stops sending chemical messages to the testes so that they stop producing testosterone.

This has the effect of inhibiting the growth of the prostate cancer tumor, which relies on testosterone to grow.

Like other LHRH agonists, which stop your body from producing testosterone, the first dose of ELIGARD makes male hormone levels rise temporarily, which may cause a worsening of symptoms or onset of new symptoms in some patients.

Within three to four weeks, ELIGARD causes male hormone levels to fall. Your response to ELIGARD should be monitored by your doctor to evaluate if the product is working for you.

In most cases, testosterone hormone levels become similar to those seen after surgical castration.



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ELIGARD® has an innovative technology known as the ATRIGEL® Delivery System.<sup>9</sup> It is designed to deliver a continuous dose of medicine to your body until your next ELIGARD injection — no matter which dose your doctor prescribes.

The steady, sustained release of the drug makes it possible for you and your doctor to choose from several different dosing schedules — whichever is right for you.<sup>9,10</sup>



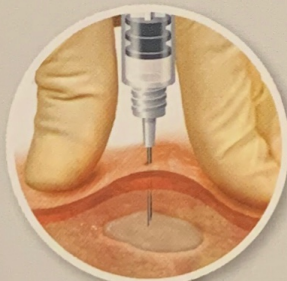
### ELIGARD Dosing Options

Every month, every 3 months, every 4 months or every 6 months

Ask your doctor if a 6-month dosing option (two injections a year) is right for you.

## Consistent Drug Release with the ATRIGEL® Delivery System

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ELIGARD is injected just under the skin into the subcutaneous space, which means it is not injected into muscle.

ELIGARD can be injected at one of many injection sites such as the abdomen, arm or upper buttocks.



The liquid hardens into a solid, pea-sized ball. You may feel a tiny bump immediately after injection, which goes away over time.



The ELIGARD implant dissolves slowly, continuously releasing medicine over the dosing period.



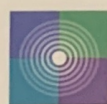
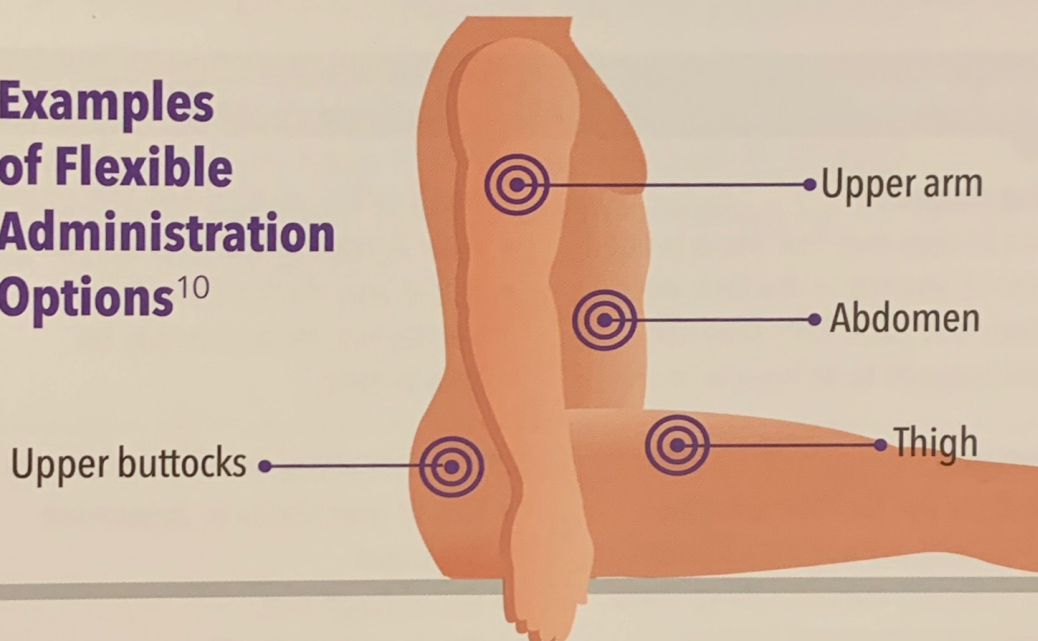
# Your ELIGARD<sup>®</sup> Injection

ELIGARD is given by subcutaneous injection by your doctor or nurse. Subcutaneous means under the skin. In this type of injection, a short needle is used to inject the drug into the tissue layer between the skin and the muscle.

Your doctor can choose various sites for subcutaneous injections. He or she may choose an injection site on the abdomen, upper buttocks, thigh, upper arm or any other location with adequate amounts of subcutaneous tissue.



## Examples of Flexible Administration Options<sup>10</sup>



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# Common Side Effects with Hormonal Therapies like ELIGARD® (leuprolide acetate for injectable suspension) and Tips for Managing Symptoms<sup>4,8</sup>

Many men experience side effects during hormonal therapies. It is important to understand these side effects and how to help manage them. This information does not replace the advice of your doctor; be sure to talk to your doctor about any side effects you have or lifestyle changes you make during treatment.

## Side effects<sup>10</sup>

### Hot flashes

Hot flashes may feel like a sudden rush of warmth in the face, neck, chest and back. They may last a few seconds to an hour or more.

### Fatigue

Fatigue can feel like extreme tiredness, exhaustion, depression or difficulty concentrating. There are many causes of fatigue including inactivity, poor sleep and side effects from drugs like ELIGARD.

### Dizziness

If blood vessels in the brain dilate, or expand, you may become lightheaded or dizzy. Alcohol, excitement, high temperatures, hyperventilation (breathing too fast) and certain medicines can cause dizziness.

## Tips for managing side effects<sup>11</sup>

- Avoid coffee, alcohol and spicy foods.
- Wear lightweight cotton clothes.
- Talk to your doctor if you have hot flashes. He or she may be able to help.

Simple things you can do to minimize fatigue:

- Talk to your doctor to determine the cause.
- Get enough rest.
- Don't push yourself.
- Take short walks and exercise, if possible.
- Eat nutritious foods that help with energy.
- Try stress-relieving activities.

Call your doctor if you feel any of the following, which may be a side effect or possibly something more serious:

- Faint
- Giddy or erratic
- Light headed



**You may experience** some temporary discomfort during and after your ELIGARD® injections. Common side effects related to the injection are:<sup>10</sup>

- Burning and stinging
- Pain
- Bruising
- Redness

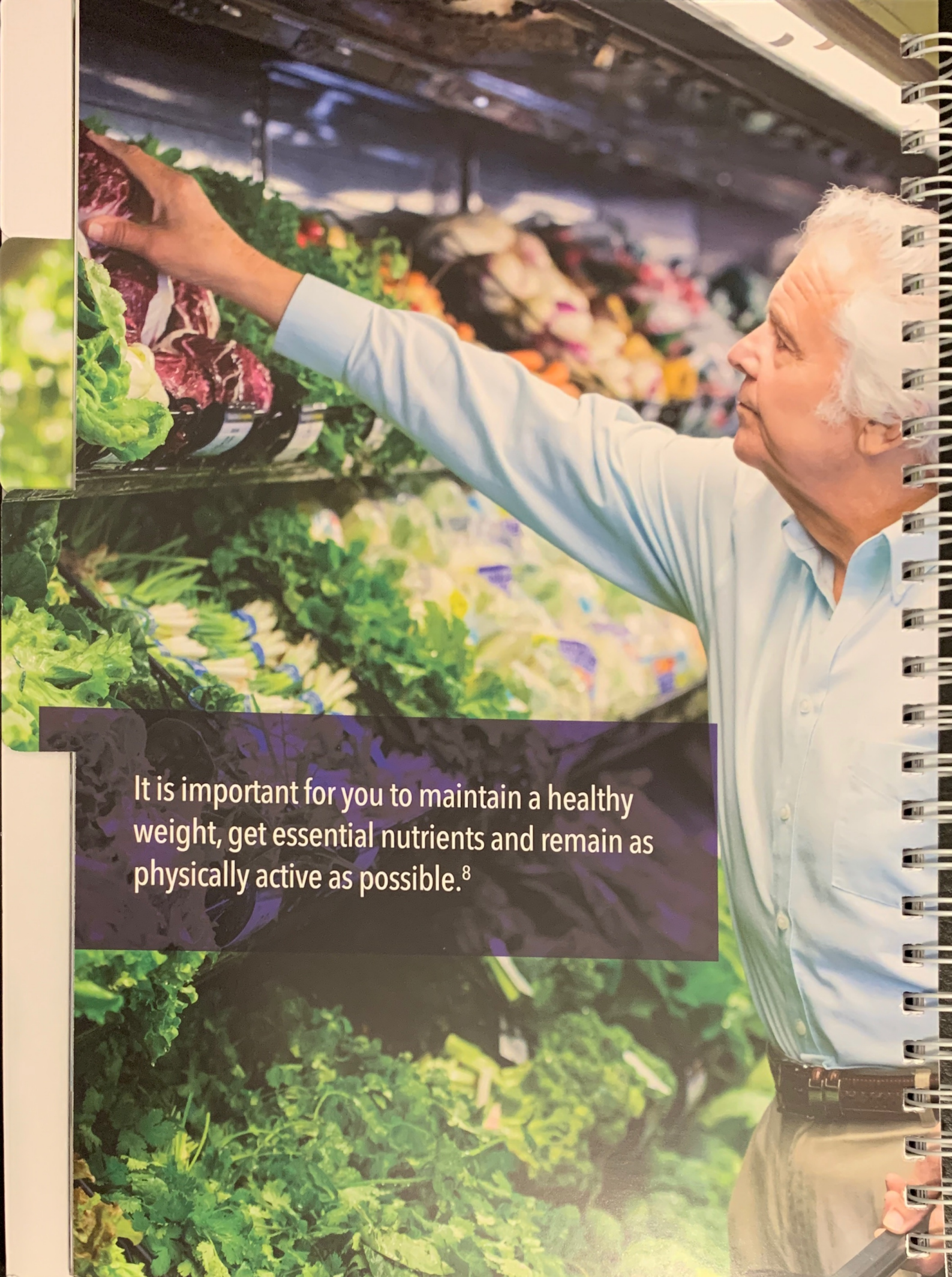
Other side effects related to hormonal therapies include osteoporosis, hyperglycemia, diabetes and cardiovascular disease. Please notify your doctor if you experience any symptoms related to these diseases. You may experience other side effects and should always tell your doctor about how you are feeling when receiving hormonal therapy. Additional side effects have been reported with ELIGARD. Please see additional Important Safety Information for ELIGARD on page 63 of this booklet.

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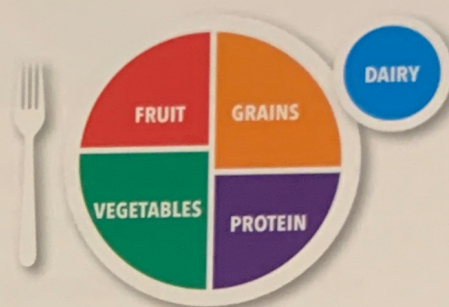
It is important for you to maintain a healthy weight, get essential nutrients and remain as physically active as possible.<sup>8</sup>



# Tips on Living With Prostate Cancer<sup>1,4,8</sup>

## Diet

One of the best things you can do, regardless of treatment, is to eat a healthy, balanced diet. The diagram (at right) shows what a healthy meal should look like. It includes the five food groups that are the building blocks of a healthy diet.



Adapted from USDA, ChooseMyPlate.gov

### A healthy diet helps:

- Fight possible side effects of hormonal therapy, such as decreased muscle mass and weight gain
- Boost your overall health and well-being
- Enhance your strength and energy level
- Increase your body's ability to tolerate side effects
- Decrease the risk of infection

### What is a healthy diet?

- Foods and beverages in amounts that help achieve and maintain a healthy weight
- Whole grain breads, cereals, pasta and beans instead of white flour and sugar
- A limited amount of red meats, especially high-fat or processed meats, such as hot dogs, bologna and bacon

Talk to your doctor or nurse before you make any changes to your diet while managing your prostate cancer. They can help you decide which foods are best for you.



## Emotional Health Concerns<sup>5,8</sup>

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### **I feel angry and anxious. Is this normal?**

A prostate cancer diagnosis is difficult, not only physically, but emotionally as well.

You may experience a range of negative emotions, which can change from day to day or even hour to hour. All of these emotions are perfectly normal.

You may feel:

- Overwhelmed
- Angry
- Fearful and worried
- Stressed and anxious
- Sad and depressed
- Guilty
- Lonely

It is important to remember that your healthcare team can help you cope with physical and emotional issues. Family, friends, clergy and support groups are also excellent resources.

Be sure to talk about what is happening to you. Sharing your feelings and concerns with other people can help.

You can't change the fact that you have cancer, but you can find strategies to help you cope.

### **Will prostate cancer treatment affect my sex life?**

Any treatment that lowers testosterone levels can cause erectile dysfunction or a lowered sex drive. Talk to your doctor about your concerns.

Share your thoughts and feelings with your partner. Talk about ways to stay close. Some couples find it helps to talk with a counselor.



## Why is it important to manage stress?\*

Most people feel some degree of stress and anxiety both during and after their cancer treatment. It's normal to experience stress over all the life changes you are facing.

However, it is important to put effective coping skills in place. Too much stress can negatively affect your treatment.

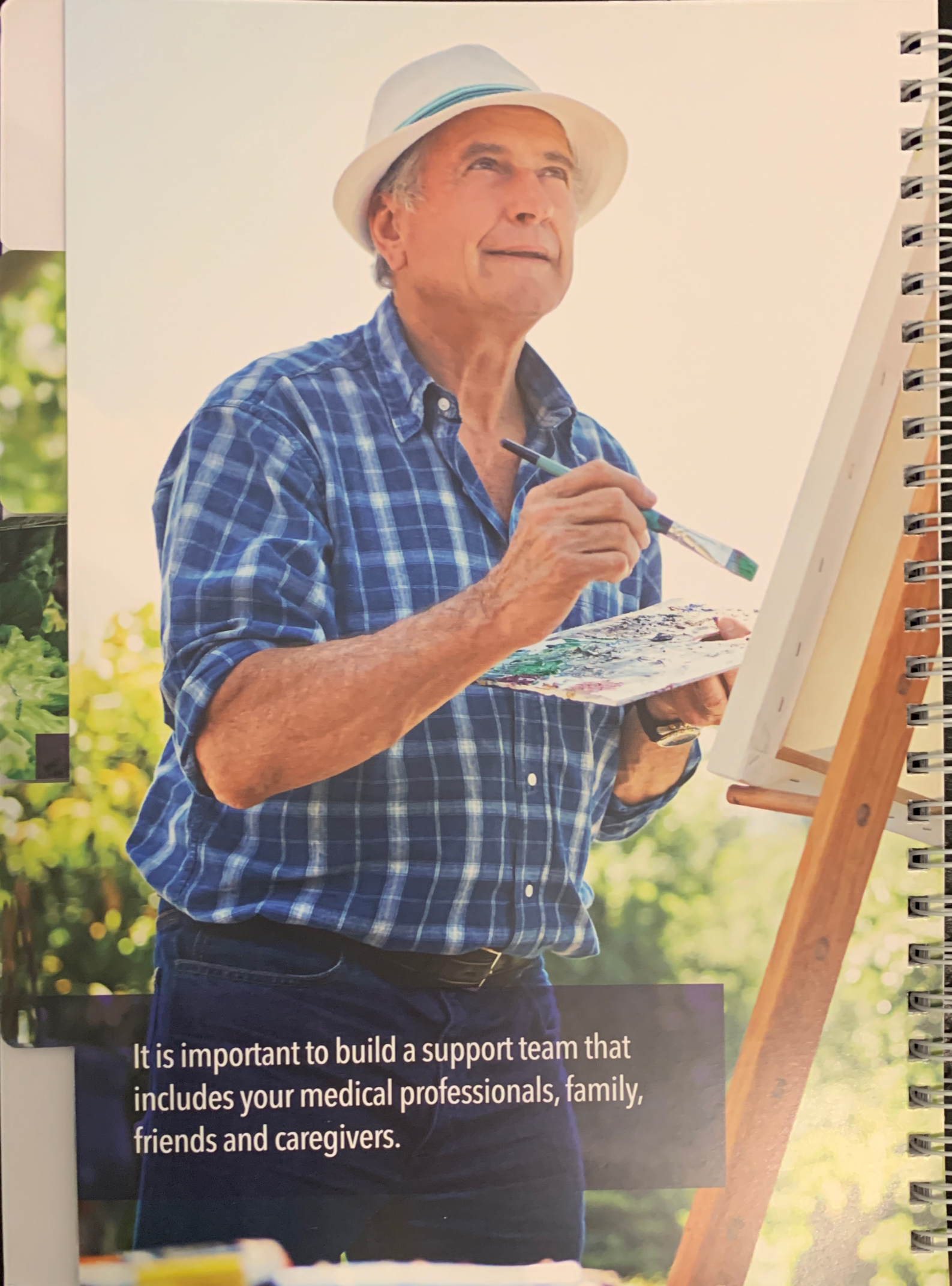
Ongoing feelings of stress and anxiety can prevent the body from healing.

## Ways to help manage stress:

- Create a support network of people you can rely on and trust.
- Talk openly with your healthcare professionals and get answers to your questions.
- Talk about your feelings with a counselor or support group; ask your doctor for a recommendation.
- Get enough rest.
- Listen to music.
- Try meditation or visual imagery.
- Take a yoga class.
- Go for a walk.
- Get outside and enjoy the fresh air.

\*ELIGARD® (leuprolide acetate for injectable suspension) is not indicated to manage stress.





It is important to build a support team that includes your medical professionals, family, friends and caregivers.



# Tools for Managing Your Treatment

Keeping track of your health is a great way to provide progress reports to your healthcare team.

Use the following tools to record your physical activity, make notes of questions to ask your doctor and document symptoms and side effects. Bring this information with you to your doctors' appointments. You may also want to record test results and stay organized by keeping the contact information for all your healthcare professionals in one place.



## Planning and Recording Your Physical Activity

On the following pages, you will find tools to help you:

- Plan and track your physical activity week by week
- Measure and keep track of your monthly progress

### Weekly Activity Planner and Tracker<sup>13</sup>

Use the weekly activity planner to make your own exercise and physical activity plan. Go4Life, from the National Institute on Aging at NIH, has a range of suggested activities for you to explore. Visit <https://go4life.nia.nih.gov/exercises>. It is also a good idea to involve your healthcare professional. When you plan your activities, it is important to be realistic with what you think you can manage.

Try to do strength exercises for all your major muscle groups on two or more days a week, but don't exercise the same muscle group two days in a row. Concentrate on the upper body and lower body on alternate days.

To track your activity, check the box on the planner when you complete the planned activity (see below for an example).

### Example of using the Weekly Activity Planner

WEEK #: 2						COMMENTS (How did you perform? How did you feel?)
DATE: 8/10/17						
SUNDAY	✓ walked dog around park				✓ stretched legs and back	Legs were tight

**For instructions on activities, go to <https://go4life.nia.nih.gov/exercises>**

Talk with your doctor or nurse before starting any new program of physical activity. Ask his or her opinion about your exercise plans.



## Monthly Progress Tracker<sup>13</sup>

As you exercise regularly, you may want to see whether your fitness has improved. You may be able to lift a weight more easily or your physical activity may no longer feel challenging. Track your progress and assess whether you need to update your goals monthly using the five simple tests outlined below. By recording your scores every month, you can monitor the progress of your fitness level.



### Endurance

Choose a fixed course and see how long it takes to walk/jog that distance. As your endurance improves, it should take less time.



### Upper body strength

Using a light hand weight, count the number of arm curls you can do safely in two minutes.



### Lower body strength

Count the number of chair stands you can do safely in two minutes.



### Balance

Time yourself as you stand on one foot, without support, for as long as possible. Stand near something sturdy to hold in case you lose your balance. Repeat with the other foot.



### Flexibility

Sit toward the front of a sturdy chair and stretch one leg straight out in front of you with your heel on the floor and your toes pointing up. Bend the other leg and place your foot flat on the floor. Slowly bend from your hips and reach as far as you can toward the toes of the outstretched foot. Notice how far you can reach before you feel a stretch.

### Use the scale below to rate yourself

- 1 Task was extremely challenging, and I could not complete it
- 2 Task was challenging, but I managed to complete the activity
- 3 Task was moderately challenging
- 4 Task was easy



# Get the Support You Need

No one should fight a cancer diagnosis alone. It is important to build a support team that includes your medical professionals, family, friends and caregivers. You may also want to include others who have been touched by this disease.

## Advocacy

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Prostate cancer advocacy groups help you and your loved ones navigate the cancer landscape. They can connect you with medical professionals, support groups and financial assistance. Advocacy groups also raise funds for advancing treatment options.

### **Patient Advocates for Advanced Cancer Treatments, Inc. (PAACT)**

[www.paactusa.org](http://www.paactusa.org)  
1-616-453-1477

### **Prostate Cancer Foundation**

[www.pcf.org](http://www.pcf.org)  
1-800-757-CURE (2873)

### **Prostate Cancer Research Institute**

[www.pcri.org](http://www.pcri.org)  
1-800-641-PCRI (7274)

### **US Too**

[www.ustoo.org](http://www.ustoo.org)  
1-800-808-7866

### **ZERO – The End of Prostate Cancer**

[www.zerocancer.org](http://www.zerocancer.org)  
1-888-245-9455





## Education

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Becoming your own advocate means learning as much as you can about prostate cancer. The following organizations will help you learn about your condition, treatment options and how you can support your medical care through healthy lifestyle choices.

### **Men's Health Network™**

[www.menshealthnetwork.org](http://www.menshealthnetwork.org)  
1-202-543-MHN-1 (6461) ext.101

### **Urology Care Foundation™**

[www.urologyhealth.org](http://www.urologyhealth.org)  
1-800-828-7866

### **American Cancer Society®**

[www.cancer.org](http://www.cancer.org) (see "Learn About Cancer")  
1-800-227-2345

### **Blue Cure®**

[www.bluecure.org](http://www.bluecure.org)

### **Prostate Health Education Network, Inc.**

[www.prostatehealthed.org](http://www.prostatehealthed.org)  
1-617-481-4020



## **Financial Assistance**

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You may be nervous about the financial aspects of being diagnosed with cancer, but there are many organizations dedicated to helping you with those costs. Speak with the organizations below to see what type of assistance they may be able to offer. You should also check with your doctor's office to see if other assistance is available.

### **BenefitsCheckUp®**

[www.benefitscheckup.org](http://www.benefitscheckup.org)

### **CFAC: Cancer Financial Assistance Coalition**

[www.cancerfac.org](http://www.cancerfac.org)

### **CancerCare® Co-Payment Assistance Foundation**

[www.cancercarecopay.org](http://www.cancercarecopay.org)

1-866-55-COPAY (2-6729) or 1-212-601-9750

### **Health Well Foundation®**

[www.healthwellfoundation.org](http://www.healthwellfoundation.org)

1-800-675-8416

### **Partnership for Prescription Assistance®**

[www.pparx.org](http://www.pparx.org)

### **Patient Advocate Foundation**

[www.copays.org](http://www.copays.org)

1-866-512-3861