

Explore  
your treatment  
options

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Get the  
nutrition  
you need—with  
mini meals!

P. 22

# Health Monitor<sup>®</sup>

Living

**“Targeted  
therapy  
was my  
miracle!”**

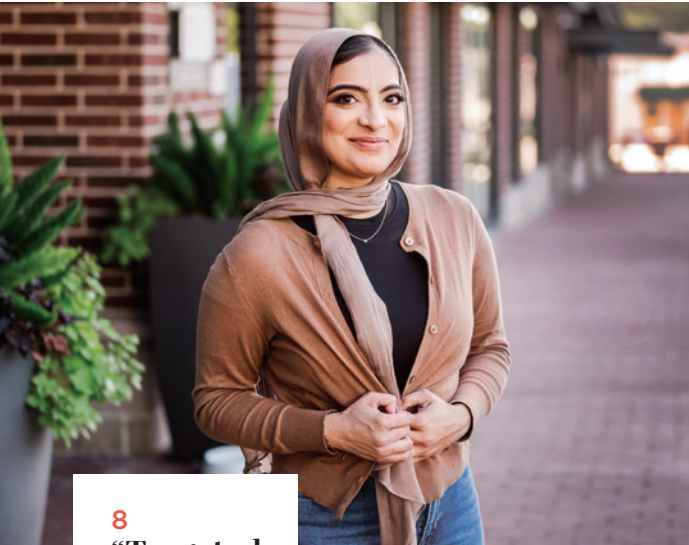


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## Stomach Cancer

Uroosa Khalid was devastated to find out she had stage IV stomach cancer. Today, thanks to a targeted therapy, her scans are NED and she's working to inspire other patients to never give up hope.





## 8 “Targeted therapy was my miracle!”

Uroosa Khalid was devastated to find out she had stage IV stomach cancer. Today, thanks to a targeted therapy, her scans are NED and she’s working to inspire other patients to never give up hope.

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### SPECIAL THANKS TO OUR MEDICAL REVIEWER



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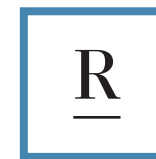
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VON24

Cover photo by The Teal Album

# Keep your eye on the future!

There’s good reason to be hopeful: With medical breakthroughs and new treatments on the horizon, getting the upper hand on stomach cancer is coming into reach.



Receiving a diagnosis of stomach cancer can feel overwhelming—you may be wondering what it means for you, your family and your future. You might feel unsure what your next step should be, or whether or not you need a second opinion.

First: It’s important to take a breath. A cancer diagnosis is always serious, but it’s important to remember that this moment does not define your journey: Now is the time to tap into the resilience that has seen you through past challenges.

Take a cue from Uroosa Khalid (see her story on p. 8)—she struggled for years with distressing symptoms that doctors couldn’t seem to figure out. By the time she was diagnosed, her stomach cancer was stage IV and required partial removal of her stomach and pancreas, as well as her entire duodenum, gallbladder and







26,890

THE NUMBER OF NEW STOMACH CANCER CASES EXPECTED TO BE DIAGNOSED IN THE U.S. IN 2024

68

THE AVERAGE AGE AT DIAGNOSIS

36%

THE OVERALL 5-YEAR SURVIVAL RATE

130,263

The average number of people living with stomach cancer in the U.S. today

bile ducts. But today, thanks to a combination of chemotherapy and a targeted therapy that Uroosa calls “a miracle,” her scans are NED and she’s back to enjoying her mom’s cooking and building her career as a realtor.

Or ask Jason Diaz and Steve Melen (see their stories, starting on p. 16)—both were stunned to discover their “acid reflux” was actually stomach cancer. Yet thanks to surgery, chemotherapy, immunotherapy and radiation, both Jason and Steve are now cancer-free, thriving and raising families.

### Looking forward

So if you’ve recently been diagnosed with stomach cancer, take comfort in knowing that today there are more treatments than ever to help you fight back—including many currently in clinical trials. Immunotherapies and targeted therapies in particular are at the forefront of advancements in cancer treatment. They are helping some people stabilize and even clear their cancer, transforming it from a potentially deadly disease into a chronic illness they can manage and live with for years.

The biggest keys? Surrounding yourself with supportive friends and loved ones and seeking out the right healthcare team. For help, consider visiting the resources on p. 11, or use the tool on p. 14 and the questions on the back cover to get the conversation started with your healthcare team about which treatment might be right for you.

And keep embracing the power of hope. Remember: every day brings new possibilities, and your fight is not just about battling cancer; it’s about living fully, finding joy in the little things and cherishing each moment.



Stomach cancer is more common in Asian Americans, Pacific Islanders and Hispanic populations.

In the meantime, strengthen your understanding of stomach cancer by reading through this guide.

### What is stomach cancer?

Stomach cancer, also known as gastric cancer, is caused when abnormal cells develop in the stomach and begin multiplying rapidly. Most stomach cancers form on the inner lining of the stomach wall, but some can also develop in the muscle, as well as along the divide between the stomach and the esophagus, known as the gastroesophageal junction. Sometimes cells will travel from their original site via your blood vessels or lymph system and form new tumors elsewhere in the body; if this happens, it’s known as metastasis and indicates stage IV cancer.

### Noticing the signs

While stomach cancer can cause symptoms at earlier stages—in-

cluding pain in the upper part of the stomach and indigestion—they are often mistaken as signs of other conditions, such as acid reflux and ulcers. Unfortunately, that means stomach cancer often isn’t diagnosed until it’s more advanced.

Other signs and symptoms of stomach cancer may include:

- Trouble swallowing
- Feeling bloated after eating
- Feeling full after small amounts of food
- Not feeling hungry
- Heartburn
- Nausea
- Weight loss
- Fatigue

### Who is at risk?

Stomach cancer has a variety of risk factors, some that cannot be controlled and some that can. Uncontrollable factors include:

#### SEX

It is more common in people assigned male at birth.

#### AGE

It can occur at any age, but risk increases after age 65.

#### ETHNICITY

It is more common in Asian Americans, Pacific Islanders and Hispanic populations.

Some risk factors, however, can be controlled, including:

#### INFECTIONS

Helicobacter pylori (*H. pylori*) bacteria is known to be a major cause of cancer in the lower part of the stomach because

## Could a clinical trial be right for you?

Clinical trials are research studies that generally involve newer treatments, such as targeted therapy drugs or immunotherapy, or new combinations of treatments. They can sometimes be the best option for advanced stomach cancer patients, but they may not be the best option for everyone. Ask your cancer care team if you might benefit from participating in a clinical trial, and whether there are any near you that you would be eligible for.

long-term infection can lead to changes in the inner lining of the stomach. *H. pylori* is most often spread person to person via saliva, or via food or water with fecal contamination. It usually has no symptoms but when it does, they are similar to the symptoms of stomach cancer listed above. If you think you might be infected with *H. pylori*, tell your doctor—it can be treated with antibiotics.

#### WEIGHT

Being overweight or obese is linked to an increased risk of cancers in the upper part of the stomach and esophagus.

#### SMOKING

Individuals who smoke double their risk for stomach cancer.

### How is it diagnosed?

In addition to a physical exam, as well as assessing your symptoms, medical history and family history, several methods will be used to detect stomach cancer, including:

**Endoscopy.** A thin tube with a camera attached (i.e., an endoscope) is passed down the throat. During an upper GI endoscopy, the doctor looks inside the esophagus, stomach and first part of the small intestine to see if any abnormalities are present, or if other issues, such as ulcers, are causing your symptoms.

**Biopsy.** Your healthcare provider will use an endoscope or a laparoscope (a type of endoscope used for surgery) to cut away a small tissue sample that can be used for further testing.

### How is it staged?

Once someone is diagnosed with stomach cancer, the next step is to see if it has spread to other areas of the body to help determine the stage. The tests can include:

**Blood tests.** Used to give your care team a peek into your overall health. ▶



**Endoscopic ultrasound (EUS).**

Sometimes done at the same time as the diagnostic endoscopy, EUS uses a small ultrasound probe on the end of the endoscope to take images inside the body. For stomach cancer, these images show how far cancer has spread into the stomach walls or nearby lymph nodes.

**Imaging tests.** These can include MRI, CT scans and positron emission tomography (PET), which can show if cancer cells have spread outside the stomach and formed tumors elsewhere.

**Laparoscopy.** In this procedure, doctors make small incisions in the abdomen through which they insert a thin, lighted tube with a camera. They can then see if the cancer has spread outside the stomach wall to nearby lymph nodes or to the abdominal cavity.

Once testing is complete, your oncology team will look at your biopsy samples, as well as results from any of the scans mentioned above, and determine if your tumor is a stage

between 0 and IV, with 0 being precancerous/contained within the innermost lining of the stomach and IV indicating the cancer has spread (metastasized) to distant organs.

**How is it treated?**

Your care team will work together to create a plan, which may include more than one type of treatment. Your overall health, risk factors, tumor location, stage and personal preferences will help determine which course is best for you. Treatment options include:

**Endoscopic mucosal resection.** In this procedure, an endoscope is used to remove early-stage cancer from the lining of the digestive tract.

**Gastrectomy.** A subtotal gastrectomy is the surgical removal of part of the stomach that contains cancer. This can include nearby lymph nodes, the spleen and parts of other organs. A total gastrectomy is the removal of the entire stomach, nearby lymph nodes, parts of the esoph-

agus, small intestine, and other tissues near the tumor.

**Radiation therapy.** This treatment uses high energy X-rays to kill cancer cells or prevent them from growing.

**Chemotherapy.** This treatment, usually given orally or via injection or infusion, stops the growth of cancer cells either by destroying them or preventing them from dividing.

**Immunotherapy.** This treatment helps the immune system better fight cancer cells. It can shrink tumors, stop them from growing, or even make them disappear.

**Targeted therapy.** These therapies help direct cancer-destroying medication to specific targets on cancer cells. Currently, several targeted therapies are available and/or being studied for proteins like HER2 or CLDN18.2, which can be found on some stomach cancer cells. Targeted therapies are often given alongside other treatments, including chemotherapy and immunotherapy. ●



## Your healthcare team

These medical professionals can diagnose and help treat stomach cancer.

**Gastroenterologist:**

a physician who specializes in treating diseases of the digestive system

**Surgical oncologist:**

a physician who treats cancer with surgery

**Medical oncologist:**

a physician who treats cancer with medicines such as chemotherapy, targeted therapy and immunotherapy

**Radiation oncologist:**

a physician who treats cancer with radiation therapy

**Palliative care provider:**

a medical professional who can address symptoms and optimize your quality of life

**Nurse practitioner/Physician associate:**

care providers who can offer routine care and education

**Psychiatrist/psychologist/social worker:**

mental health professional who can provide counseling; psychiatrists can also prescribe medication

**Dietitian:**

a nutrition professional who can help you plan meals and snacks that will ensure you're meeting your nutritional needs







COVER STORY

# “Targeted therapy was my miracle!”

After years of having her symptoms misdiagnosed, Uroosa Khalid was devastated to find out she had stage IV stomach cancer. Today, thanks to a targeted therapy, her scans are coming back NED (no evidence of disease) and she’s reminding other patients to never give up hope. —BY DIANE HERBST



**S**ix years ago, Uroosa Khalid was loving her life working as part of the e-commerce team for handbag maker Fossil, as well as starting a new career as a realtor. In her free time, she relished visiting her large, extended family, never missed her vigorous daily workouts and got inspired cooking new Pakistani, Thai and Turkish dishes.

So it came as a huge frustration when, seemingly out of nowhere, she was bogged down by extreme yet inexplicable fatigue. She also started having persistent nausea and pain in her upper abdomen. “I thought maybe the stomach issues were because I had started ordering out more due to the fact I had no energy to cook,” she says. “But I’d never felt this tired before, and never for this extended period of time, and I knew something was wrong.”

Uroosa went to her gastroenterologist, who thought it might be the return of an ulcer she’d had years earlier, but the medications she took didn’t alleviate the constant pain and nausea.

Uroosa continued to see her doctors, doggedly determined to discover what was going on, and eventually underwent a colonoscopy and two endoscopies, which gave no answers. “They were just like, ‘you’re young. You probably have ulcers. It’s probably stress related. It’ll go away,’” Uroosa recalls. “I felt very dismissed by everybody.”

**“I don’t know if I’m going to get past this”**

But in September 2020, after undergoing a third endoscopy, Uroosa’s doctor told her she had duodenal cancer (the duodenum is the first part of the upper intestine), but that it was in its early stages, likely I or II. “I just felt very numb,” she recalls. “It took me a while for the news to really hit me. I kind of went into an, *Okay, what’s next?* mode.”

In the following weeks, Uroosa underwent surgery to remove her duodenum, but the morning after the procedure she received more shocking news. “My oncolo-

gist came into my hospital room and said, ‘You were misdiagnosed. What we thought was duodenal cancer was actually stage IV stomach cancer,’” Uroosa recalls. “Your tumor was 11 centimeters, it originated in your stomach, but it has already spread.”

Surgeons removed 80% of her stomach, 30% of her pancreas, as well as her duodenum, gallbladder and bile ducts.

After surgery, Uroosa immediately started 12 rounds of chemotherapy. “Going for my first chemo session is when it hit me, when I was like, *Oh my God, I have cancer*,” she says. She lasted through just five rounds of chemo as severe side effects—including seizures and loss of consciousness—landed her in the hospital after each treatment.

“I don’t know if I’m going to get past this,” she recalls feeling. “I knew I wasn’t getting better. I was like, *At this point, I am dying, and if I keep doing this, I will die*. The chemo was going to kill me faster than the cancer.”

**“I felt like I was alive again for the first time”**

So Uroosa decided to go to MD Anderson Cancer Center in Houston for a second opinion. “I know that it’s one of the leading cancer centers; my grandfather went there when he was sick,” she says. She made an appointment and her oncologist there, Jaffer Ajani, MD, suggested she stop the chemo. Testing revealed she was a promising candidate for a targeted immunotherapy.

Yet despite having excellent health insurance, Uroosa was denied coverage for the treatments, which would cost her \$10,000 a month. “That amount made it completely inaccessible,” she says. “It was a relatively new treatment option for stomach cancer, and I think that played a big role in not getting it.”

For three months in early 2021, Uroosa went untreated as she appealed the insurance denials. “I felt like I was trying to convince them why my life was worth

saving,” she says. “It felt very degrading.”

When Aki Smith, founder of the stomach cancer patient advocacy group Hope For Stomach Cancer, learned of Uroosa’s plight, she suggested reaching out to the drug maker’s patient assistance program. “Within a week I got a letter and they told me, ‘We’ll be able to cover the drug for you at no cost,’” Uroosa recalls. “I was so relieved, I broke down.”

After receiving the first of 35 treatments in March 2021, “it was immediately a world of difference,” she says. “I remember feeling like I was alive after such a long time. I started feeling somewhat strong again. It literally saved my life.”

Six months after that first targeted therapy treatment, Uroosa’s oncologist delivered the words she’d longed to hear: no evidence of disease.

“That was amazing; I felt very light and I just wanted to celebrate,” she says. “This is when COVID restrictions were kind of lifting and things were somewhat going back to normal for everybody. So it’s like me and the world were healing together. I just wanted to do everything.”

Uroosa completed her targeted therapy in May 2023 and today is working as a realtor in Dallas, having left her job with Fossil during treatment. “I feel so good, and healthy,” she says. “I feel like me being here is a miracle.”

She shares her story to give others diagnosed with stomach cancer hope and makes a yearly trek to Washington, DC, with other Hope for Stomach Cancer members to speak with lawmakers about increasing funding for better early detection.

She’s also looking to the future again. “I hope in my next chapter to find the right person, get married and start a family,” Uroosa says. She now lives back home with her parents and thoroughly enjoys eating the cooking of her mom, a former professional caterer. “I have a second chance at life,” she says, “and I don’t want to take it for granted!” ●



**FIND THE SUPPORT YOU NEED!**

*Uroosa discovered that sharing her story of surviving advanced stomach cancer and connecting with other patients through a variety of nonprofit stomach cancer groups has given her a sense of purpose.*

“I’m lucky and I know I am,” Uroosa says. “Most of the people I met when I was first diagnosed are no longer here. The only way I’m able to deal with that is knowing that I can help the next person who is going to face this diagnosis and I can make it easier for someone else. I feel very hopeful. Since I started on targeted therapy, so much has advanced in terms of treatment options.”

Uroosa has volunteered with three nonprofits as a mentor to patients newly diagnosed and has shared her story on Capitol Hill, hoping to prompt improved CDC screening for stomach cancer. “My job was to put a face to the fact that there are stomach cancer patients that are not always old,” she says, noting the majority of people diagnosed are over 65 and male.

If you want to have a sense of community and mentorship, as well as learn all you can about stomach cancer during your journey, Uroosa recommends reaching out to these nonprofits she volunteers with:

**Hope for Stomach Cancer** ([stocan.org](http://stocan.org))

Founded by the daughter of a stomach cancer survivor, it provides resources to patients, caregivers and loved ones, and advocates with lawmakers for better early detection and prevention.

**Debbie’s Dream Foundation** ([debbiesdream.org](http://debbiesdream.org))

This group provides mentorship for new patients, families and caregivers and promotes increased research funding.

**Stupid Strong** ([stupidstrong.org](http://stupidstrong.org))

Co-founded by a woman who passed away from stomach cancer, this grant-based nonprofit is dedicated to raising awareness about stomach cancer, advancing research funding, and providing education and support to families.

Photos by The Teal Album





Scan to discover more at VYLOY.com



VYLOY® is a targeted treatment used in combination with chemotherapy as a first therapy for people with advanced\* cancer of the stomach or the area where the esophagus joins the stomach (GEJ) that is HER2-negative and claudin 18.2 positive

Talk to your doctor to see if VYLOY is right for you

# Live in the positive

+CONNECTIONS +POSSIBILITIES +MOMENTS

\*Cancer that cannot be removed with surgery or has spread to other parts of the body. GEJ=gastroesophageal junction; HER2=human epidermal growth factor receptor 2.

## What is VYLOY?

VYLOY (zolbetuximab-clzb) is a prescription medicine used to treat adults with cancer of the stomach (gastric cancer) or cancer located where the esophagus joins the stomach (gastroesophageal junction cancer). VYLOY is used in combination with chemotherapy that contains fluoropyrimidine and platinum as the first treatment when your gastric or gastroesophageal junction cancer:

- cannot be removed with surgery or has spread to other parts of the body,
- is HER2-negative, **and**
- your tumor tests positive for "claudin (CLDN)18.2."

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

## IMPORTANT SAFETY INFORMATION

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

- have nausea or vomiting.
- are pregnant or plan to become pregnant. It is not known if VYLOY will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if VYLOY passes into your breast milk. Do not breastfeed during treatment with VYLOY and for 8 months 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.

## What are the possible side effects of VYLOY?

VYLOY may cause serious side effects, including:

- **Allergic reactions, including anaphylaxis and infusion-related reactions.** Allergic reactions are common during treatment with VYLOY and can sometimes be serious. Serious allergic reactions can happen during or after your VYLOY infusion, including life-threatening allergic reactions and serious infusion-related reactions that may lead to death. Your healthcare provider will monitor you during your infusion and for 2 hours after or longer if needed.

Tell your healthcare provider or get emergency medical help right away if you get any of the following symptoms of a serious allergic reaction during or after your infusion of VYLOY:

- o itchy, raised bumps on the skin (hives)
- o coughing that does not go away
- o nausea or vomiting
- o stomach (abdominal) pain
- o increased saliva
- o breathing problems such as wheezing
- o throat tightness or change in voice
- o fever
- o chest discomfort
- o chills or shaking
- o back pain

- **Severe nausea and vomiting.** Nausea and vomiting are common during treatment with VYLOY and can sometimes be severe. Nausea and vomiting happened more often during the first treatment cycle. Before you receive each VYLOY infusion, your healthcare provider will give you medicines to help prevent nausea and vomiting. Tell your healthcare provider right away if nausea or vomiting does not go away or gets worse.

**The most common side effects of VYLOY include:**

- o tiredness
- o decreased appetite
- o diarrhea
- o tingling or numbness of the arms or legs
- o stomach (abdominal) pain
- o constipation
- o decreased weight
- o fever
- o decreased white blood cells, red blood cells and platelets
- o decreased protein (albumin) in the blood
- o changes in kidney function tests
- o changes in blood sugar (glucose)
- o changes in liver functions tests
- o changes in body salts (electrolytes) in your blood

Your healthcare provider may slow the rate of your infusion, temporarily stop, or completely stop treatment with VYLOY if you have certain side effects. These are not all of the possible side effects of VYLOY. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

**Please see accompanying Brief Summary on adjacent pages and full Prescribing Information on VYLOY.com.**

**VYLOY**  
zolbetuximab-clzb  
for injection 100mg vial

## Brief Summary based on FDA-approved patient labeling

The risk information provided here is not comprehensive. To learn more about VYLOY (zolbetuximab-clzb), talk to your healthcare provider or pharmacist. To obtain the FDA-approved product labeling, visit [www.VYLOY.com](http://www.VYLOY.com) or call 1-800-727-7003.

## What is VYLOY (vye-LOY)?

VYLOY is a prescription medicine used to treat adults with cancer of the stomach (gastric cancer) or cancer located where the esophagus joins the stomach (gastroesophageal junction cancer). VYLOY is used in combination with chemotherapy that contains fluoropyrimidine and platinum as the first treatment when your gastric or gastroesophageal junction cancer:

- cannot be removed with surgery or has spread to other parts of the body,
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- It is not known if VYLOY is safe and effective in children.

## What should I tell my healthcare provider before receiving VYLOY?

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

- have nausea or vomiting.
- are pregnant or plan to become pregnant. It is not known if VYLOY will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if VYLOY passes into your breast milk. Do not breastfeed during treatment with VYLOY and for 8 months 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.

## How will I receive VYLOY?

- VYLOY will be given to you by intravenous (IV) infusion into your vein.
- Your healthcare provider will decide how much VYLOY you will receive.
- You will usually receive VYLOY every 2 or 3 weeks based on the chemotherapy chosen by your healthcare provider.
- Your healthcare provider will decide how many treatments you need.

## What are the possible side effects of VYLOY?

VYLOY may cause serious side effects, including:

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  - o breathing problems such as wheezing

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**The most common side effects of VYLOY include:**

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- changes in blood sugar (glucose)
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- changes in body salts (electrolytes) in your blood

Your healthcare provider may slow the rate of your infusion, temporarily stop, or completely stop treatment with VYLOY if you have certain side effects.

These are not all the possible side effects of VYLOY.

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

## What are the ingredients in VYLOY?

**Active ingredient:** zolbetuximab-clzb

**Inactive ingredients:** arginine, polysorbate 80, sucrose, and phosphoric acid to adjust pH.

For more information, visit [www.VYLOY.com](http://www.VYLOY.com) or call 1-800-727-7003.

Talk to your doctor or pharmacist to learn more.

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**VYLOY**  
zolbetuximab-clzb  
for injection 100mg vial



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# IS YOUR TREATMENT ALL IT CAN BE?

Fill in the answers below and share with your healthcare provider—it will help them understand how stomach cancer is impacting your life and whether you could benefit from an updated treatment plan.



In the last three months, how often have you experienced...

	Not at all	A few times a month	A few times a week	Daily	Almost always
Nausea or vomiting					
Loss of appetite					
Abdominal pain					
Indigestion or heartburn					
Unusual hunger pangs					
Difficulty swallowing					
Unexplained weight loss					
Fatigue					
Frequent burping or belching					
Persistent cough					
Changes in bowel habits (e.g., diarrhea or constipation)					
Blood in stool					
Jaundice (yellowing of skin or eyes)					
Difficulty breathing					
Unexplained fever					

On a scale from 1-10, with 1 being the lowest, how extreme is your pain level on an average day?

### Treatment challenges

I am sometimes unable to take my medication as directed because:

[select all that apply]

- I can't handle the side effects
- I forget
- I can't afford them
- The pharmacy doesn't have them available
- Can't get to the pharmacy/clinic
- I don't have the time
- Other: \_\_\_\_\_



**Side effect worries** My oncologist recommended a combination chemotherapy/targeted therapy to treat my stage III stomach cancer. The idea of multiple medications at once scares me—does that mean I'm going to have double the side effects?

Q

A

Answers to your top questions about stomach cancer

**A:** While side effects are possible with treatment, it's important to note that not everyone will experience them—and combining treatments does not mean you will experience more or fewer than someone else. Some side effects, like fatigue, are more common than others. Your healthcare team will monitor you closely and provide support to manage any adverse effects that may arise.

### Pain relief options

**Q:** I have arthritis and stage III gastric cancer. I've been told to stay away from certain medications. What is my best option for joint pain relief that won't irritate my stomach?

**A:** For managing arthritis pain, acetaminophen can be a safe choice, with a maximum

daily dose of 2,000 mg. It's important to avoid NSAIDs, as they may increase the risk of kidney issues and bleeding.

### Genetic testing

**Q:** I'm a mother of three and have been diagnosed with stage IV gastric cancer. How can I know if my disease is hereditary? Should my children get checked?

**A:** Patients diagnosed with stage IV gastric cancer should consider tumor mutation profiling to identify any inherited mutations that may have contributed to the disease. This testing can also reveal targetable mutations that may respond to specific medications known as targeted therapies. If an abnormal variant is found, it can guide further testing.

Additionally, if there is a family history of gastric cancer, further testing may be recommended. Genetic testing is also advisable if two or more close relatives have been diagnosed, especially if one was under 50 years old at the time of diagnosis.

### Recurrence fears

**Q:** I was diagnosed with stage IV gastric cancer and following treatment my scans show no evidence of disease. I thought that meant I was cured, but my doctor said that's not the case. Does that mean the cancer will come back?

**A:** Patients with stage IV gastric cancer will very likely experience a recurrence at some point. Your doctor will schedule regular scans to closely monitor your condition. It's essential to communicate any new or concerning symptoms to your oncologist, such as unexplained weight loss, loss of appetite or new pain, so that they can provide the best possible care. ●

### OUR EXPERT

**Jacquelyne Gaddy, MD, MSc, MSCR,** Assistant Professor, Department of Medicine, Center for Gastrointestinal Cancers, Smilow Cancer Hospital & Yale Cancer Center



# “We advocated for ourselves—and now we’re cancer-free!”

Getting diagnosed with stomach cancer was a challenge for both Jason and Steve, who implore others to “trust their guts.” Here they share their other tips for thriving during treatment, and beyond. —BY DIANE HERBST

“Trust yourself!”

JASON DIAZ, 38  
WHITTIER, CA

In 2017, at the age of 30, Jason Diaz began suffering heartburn so severe, it radiated to his back. Over-the-counter medication did not alleviate the discomfort. “It became unbearable at times,” he says. “One day while I was working, I couldn’t get out of my office chair. The pain was crippling, so I just sat there hunched over until I could move again.”

Jason immediately went to urgent care, where a doctor diagnosed him with GERD and prescribed more medication. Unfortunately the pain persisted, and soon after, Jason developed frequent diarrhea. Now suffering for two years, Jason was convinced he either had colon cancer or stomach cancer—the latter of which he knew an aunt had passed away from.

“I went to my doctor and explained, ‘I haven’t gotten any better with the medications I’ve tried, I think I have cancer,’” Jason recalls. “He told me I was crazy. He gave me the rundown of why I don’t fit the criteria of having cancer,

including the fact that I was only 32.”

Instead, the doctor suggested that Jason might have an *H. pylori* infection. “That didn’t feel right, there was something telling me, ‘Do not leave this office without getting a referral to see a specialist,’” he recalls. Jason blurted out a lie—saying he had black tarry stool—since he knew this could sometimes indicate colon cancer.

It got his doctor to give him the referral he was seeking, and soon after Jason met with a GI specialist, who performed an endoscopy with a biopsy and confirmed Jason’s fears: He had stage II stomach cancer, which meant it had spread into the muscle layer of his stomach and a few nearby lymph nodes. He decided to go to California’s City of Hope for treatment, enrolling in a clinical trial there. Jason first had a total gastrectomy, i.e., the surgical removal of his stomach, followed by a regimen of chemotherapy and immunotherapy, and today is cancer-free. He



“If your body is telling you, *‘Hey, this pain is persistent; it’s not normal’* pay attention to what your body is telling you.”

hopes that by sharing his story, others will listen to their bodies when something feels off.

“The first thing that we’re going to get told is it’s something else,” he says, “but if your body is telling you, ‘Hey, this pain is persistent; it’s not normal’ pay attention to what your body is telling you.” Here, Jason shares other tips he’s learned on his journey with stomach cancer.

**Don’t give up.** “You have to be very clear and direct about what’s going on with your body. And don’t be afraid to mention it over and over and over again until you get the answers that you’re looking for. The last thing you

want to do is not listen to your body, and then it becomes too late.”

**Advocate for getting tested.** “Everything starts with early detection. We’re seeing such a rise right now with stomach cancer in younger patients. So if you are having these symptoms and you are experiencing ongoing heartburn or stool changes, you have to be persistent with your doctor. Let them know that you want to see a specialist and push for the endoscopy with a biopsy, because it’s the foolproof way we have to be diagnosed with stomach cancer.”

**Plan for the future.** Jason froze his sperm before treatment, since the che-

motherapy he would receive would impact his future fertility. “I knew I wanted to be a dad, and with cancer sometimes that takes a little planning.” Today he is the grateful father of a daughter and son through in vitro fertilization.

**Find an escape.** Jason started gardening during treatment, first just for some sort of physical activity that wouldn’t exhaust him—but it quickly became something more. “I felt like if I was helping plants to live and survive, and I was doing good in the universe, maybe the universe would pay me back,” he says. “It was, mentally speaking, huge for me.” ▶





“Don’t delay treatment—I’m proof that yes, you can live and even thrive despite stomach cancer,” says Steve (shown here with wife Tanya).

## “Face your diagnosis—don’t hide!”

STEVE MELEN, 54  
LARKSPUR, CA

**For months leading to the spring of 2007,** Steve Melen had pain when swallowing food, acid reflux and very low energy. “I was in China, and we were walking up the Great Wall. I was so worn down I couldn’t make it to the top,” says Steve, who was 37 at the time. “I thought, *This is strange, why can’t I do this?*”

Back home, Steve was so concerned he visited his doctor, who attributed it to the stress of having a 1-year-old and a demanding new job as a financial adviser. “He said I had a lot going on,” says Steve, who was given medication for acid reflux. When that didn’t help, Steve returned to the doctor and was tested for an ulcer, which was negative.

Over the next three months, his symptoms worsened. “I was having lunch in the office and I ended up throwing up,” Steve recalls. “That was the first time that had ever happened. I went home, and tried to just drink more Pepto Bismol. I didn’t sleep all night because the pain in my abdomen was so bad.”

Early the next morning, Steve went to the emergency room, where testing

showed he was anemic. A chest scan revealed a mass in his stomach. “They go, ‘We’re going to do an endoscopy,’ and they found a five-centimeter bleeding mass in my stomach,” Steve recalls, adding that doctors also discovered slight swelling in his pancreas.

He was diagnosed with stage III stomach cancer in January 2008, which meant his cancer had spread beyond the stomach to nearby lymph nodes. He had surgery at Stanford Medical Center to remove his stomach, spleen, half his pancreas and a third of his esophagus. A leak soon after surgery caused Steve to become septic, and he was rushed into emergency surgery to fix the issue. Following a month recovering in the hospital, Steve underwent chemotherapy and radiation treatments, and today continues to be cancer-free.

“At that time, there were not a ton of success stories,” he says. Eager to provide hope to others, today Steve serves as a mentor to newly diagnosed patients, and wrote a memoir, *Killer Graces*, about his stomach cancer journey, addiction to painkillers (that started while recovering from surgery) and sobriety. “I am so happy and so grateful now,” says Steve. Here, he shares some of what he’s learned along the way dealing with stomach cancer.

**Beware of painkillers.** Steve was prescribed opioid pain relievers following his stomach cancer surgeries and warns how easy it is to become addicted. “If you take those pills for extended periods of time, they get a hold of you, and it is the most painful and extended withdrawal,” he says. “You don’t want to go through that. I tell people, try to delay, minimize or not use. Find other pain management methods!”

**Find a compassionate helping hand.** Steve is a mentor for stomach cancer patients through the Debbie’s Dream Foundation ([debbies-dream.org](http://debbies-dream.org)), where he is also a board member. “What I recommend is to find someone that’s similar and who you can relate to. There’s plenty of resources online that match people like myself up—I didn’t have those resources when I was diagnosed and I wish I had.”

**Be proactive.** “Once you get a stomach cancer diagnosis, don’t delay the treatment your doctor recommends, because the cancer can be fast growing,” Steve says. “People are scared, they’re like, ‘How do you live without a stomach?’ and they don’t want to act. I’m proof it’s possible! You have to make a decision. You can’t ostracize yourself and hide in the sand and just let things happen or the cancer will win.” ●

## Health Monitor

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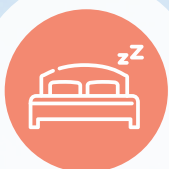
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# Yes, you *can* get back your energy!

Stomach cancer patients reported some of the highest rates of fatigue compared to other cancer patients, according to a study in *Cancer Medicine*. And it's more than just "feeling tired"—cancer-related fatigue (CRF) is an overwhelming sense of tiredness that persists no matter how much you sleep. When you have it, things like taking a shower or making the bed can feel like Herculean tasks, which can dampen your mood and stress you out. Luckily, you *can* turn the tables on CRF and get your energy revving again. Just give these tips a try.

—BY SHARON BRANDWEIN, CERTIFIED SLEEP SCIENCE COACH



## 1. Set yourself up for sleeping success.

If you're not cycling through all the necessary stages of sleep (i.e., light, deep and REM), you'll feel fatigued despite snoozing eight hours a night. To give your body its best shot, try:

- Maintaining a consistent sleep-wake schedule, even on weekends
- Using blackout curtains or a sleep mask to mitigate light disruption
- Using a white noise machine to block out unwanted noise
- Turning the thermostat down at night to keep the bedroom cool
- Turning off your phone, TV and other electronic devices 1-2 hours before bed
- Avoiding caffeine, alcohol and heavy meals in the late afternoon and evening



## 2. Pace yourself.

It may be tempting to carry on with life as usual, especially if you're having a "good" day, but your brain and body may not always be on the same page during treatment. That means if you overdo it one day, you may pay for that effort for the next three. So make sure to space out energy-sapping chores with frequent rest breaks, and don't be afraid to ask friends and family to help. Keep a chart of tasks you normally take care of—when someone offers to help out, show them the chart and let them choose a task they can take over for you.



## 3. Speak up.

If CRF persists or worsens, it's important to talk to members of your healthcare team, who might be able to help by altering your treatment plan. Remember, too, that you can always ask for a referral to a palliative care specialist: Not just for "end of life" situations, these clinicians, nurses and social workers specialize in easing side effects so you can be more comfortable at any stage of treatment. They may recommend lifestyle adjustments, add-on therapies, supplements and other strategies that can help you cut CRF and other cancer-related symptoms down to size.



## 4. Get specialized nutrition help.

Of course you know that eating a balanced diet and staying hydrated are key to helping you maintain your strength, support your immune system and reduce fatigue. But what if treatment-related nausea and stomach upset get in the way? Seek out a dietitian who specializes in oncology—both [ZocDoc.com](http://ZocDoc.com) and the Academy of Nutrition and Dietetics ([eatright.org](http://eatright.org)) offer the ability to search for dietitians via your ZIP code and sort by specialties.



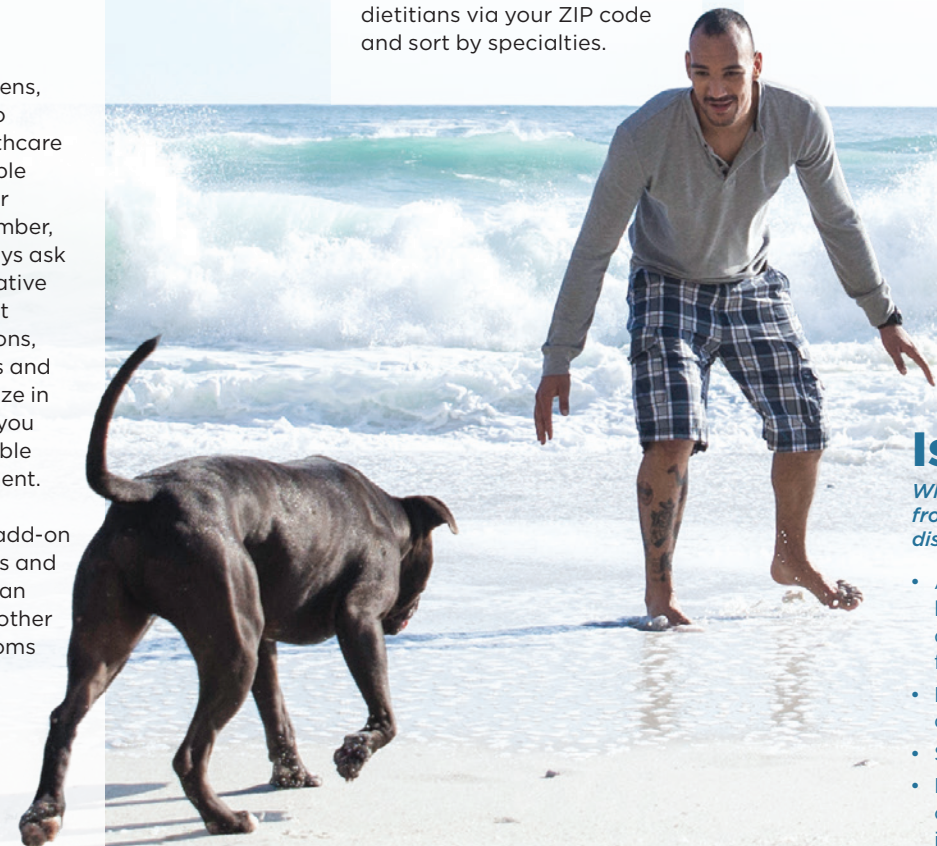
## 5. Be strategic about naps.

While it might seem like naps will lessen your ability to sleep well at night, studies show that short naps during the day are beneficial, including for those dealing with CRF. The key is to keep them short—no more than 30 minutes, so you don't enter the deep sleep stage—and try to schedule them for the early afternoon, between 1 PM and 3 PM.



## 6. Just do 15.

Minutes a day, that is. Studies show that's all the activity cancer patients need to boost energy and mood. Better yet, nothing strenuous is required: Gentle activities, such as walking, stretching or yoga will do the trick. And as a bonus, you'll find that, if done regularly, those 15 minutes of activity will help you sleep more soundly at night. ●



## Is it CRF?

While garden-variety tiredness lasts anywhere from a few hours to a day or two, CRF is distinguished by the following symptoms:

- A lack of energy that leaves you feeling drained and lethargic and lasts for several days or longer
- Feeling tired even after a full night's sleep or rest
- Sleeping more than usual
- Poor focus, trouble concentrating and impaired memory
- Disinterest in your appearance and/or personal hygiene
- A lack of interest or ability to do the things you usually do
- A persistent sense of emotional or mental exhaustion



# Get the nutrition you need—with *mini meals!*

If you've been diagnosed with stomach cancer, you may have found that the common symptoms—including nausea, vomiting and loss of appetite—can make it difficult to get the nutrition you need. In fact, up to 75% of stomach cancer patients are malnourished at the time of diagnosis according to a study by the *Journal of Clinical Oncology*.

One way to make eating easier? Try mini meals—that means aiming for five to six meals in a day containing about 300 to 400 calories each. The small-

er quantities are easier to digest, and studies show that eating more frequently can help stave off nausea. To help get you started, we've asked registered dietitians Lori Bumbaco, MS, RDN, CSO, LDN, and Gabriella Nowicki, MS, RDN, CSO, LDN, CNSC, for their favorite mini-meal recipes. Each is packed with plenty of nourishing nutrients and protein to keep your body strong; they can be eaten at any time of day and they're easy to digest to boot!

—by Kourtney Johnson

For something super quick and easy, try a...

## Chocolate, Banana and Peanut Butter Smoothie

To make:

- Blend 1/4 cup plain Greek yogurt, 1/2 cup whole milk or vanilla soymilk, 1/2 Tbsp creamy peanut butter, 1 Tbsp chocolate syrup and 1/2 banana.
- Pour into a glass and enjoy!

**Nutrition information:** calories 250, protein 12 g, carbohydrates 35 g, fat 8 g



If you have a sweet tooth, try...

## Sweet Potato Pie Mash

To make:

- Microwave 1 medium sweet potato, peeled and cut into 1/2-inch pieces, until soft.
- Blend in 1 oz soft or silken tofu, 1/4 cup unsweetened soymilk, 1 Tbsp maple syrup and 1/2 Tbsp MCT oil until smooth.
- Serve topped with 1/8 cup chopped walnuts or pecans and 1/4 tsp ground cinnamon.

**Nutrition information:** calories 337, protein 13 g, carbohydrates 38 g, fat 16 g



For a savory option, try...

## Avocado and Egg Salad

To make:

- In a medium bowl, combine 2 hard-boiled eggs, chopped; 1/2 small avocado, pitted and peeled; 1 Tbsp plain, low fat Greek yogurt; 1 tsp lemon juice; 2 Tbsp chives, chopped; and 1/4 tsp Dijon mustard.
- Mash with fork until desired consistency is achieved.
- Season with salt and pepper to taste.
- Enjoy with crackers or on top of whole wheat bread.

**Nutrition information:** calories 270, protein 16 g, carbohydrates 7 g, fat 20 g



### ! Keep these tips in mind to help combat side effects

- **Choose room temperature foods.** Cold foods like ice cream can “shock” the stomach and sometimes trigger upset, whereas hot foods are more likely to produce a scent that can cause nausea.
- **Use utensils made of wood, plastic or bamboo.** Some cancer treatments can cause foods to taste metallic, and using metal utensils can intensify this effect.
- **Avoid sugar alcohols.** These include mannitol, sorbitol, xylitol, lactitol, isomalt, maltitol—all of which can cause stomach upset, gas and bloating, not to mention provide zero nutritional value. Instead, use natural sweeteners like maple syrup or honey, both of which have been study-proven to be gentle on the stomach. ●

## EASY WAYS TO MEET YOUR CALORIE NEEDS

If you're struggling to eat enough, adding these ingredients—all featured in these recipes—to your menu can help. They are considered some of the most calorie- and nutrient-dense foods, meaning you don't need to consume much to get a big nutritional benefit.

- **Nut and seed butters:** These include peanut, almond, cashew and sunflower. Nut butters pack lots of protein, fiber and healthy unsaturated fats, as well as vitamins E and B6, folate, niacin, magnesium, zinc, copper and potassium. Spread on crackers, bread or mix into smoothies or oatmeal.
- **MCT oil:** Often recommended to people who have had stomach resection surgery or other digestive conditions, MCT oil is created by filtering down coconut oil until it only contains medium-chain triglycerides, which are easier for the body to digest. It can be used as the oil in most recipes, including baked goods, and is also typically the oil used to make “bullet coffee.” It can be found in most natural/health food stores and supplement shops.
- **Avocado:** Like nut butters, avocados contain lots of healthy unsaturated fats and fiber, as well as potassium, folate, magnesium, niacin and vitamins B6, C, E, and K. Slather it on toast, mix it into egg or tuna salad, or blend into smoothies.
- **Eggs:** Whether you prefer them scrambled, hard-boiled or sunny-side up, the incredible edible egg is just that—a nutrient powerhouse packing plenty of protein, potassium and iron, while being one of the few dietary sources of vitamin D.



# Health Monitor Living

## Questions to ask at today's exam



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What stage is my stomach cancer? How aggressive is it? What is my prognosis based on this information?

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What are the side effects I might feel from treatment? Which side effects or problems should I tell you about right away?

---



What are my treatment choices? What if my cancer doesn't respond to initial treatments?

---



Will I need to have my stomach removed? How much will be removed? How will this impact my quality of life?

---



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

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### On treatment and need help covering the cost?

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