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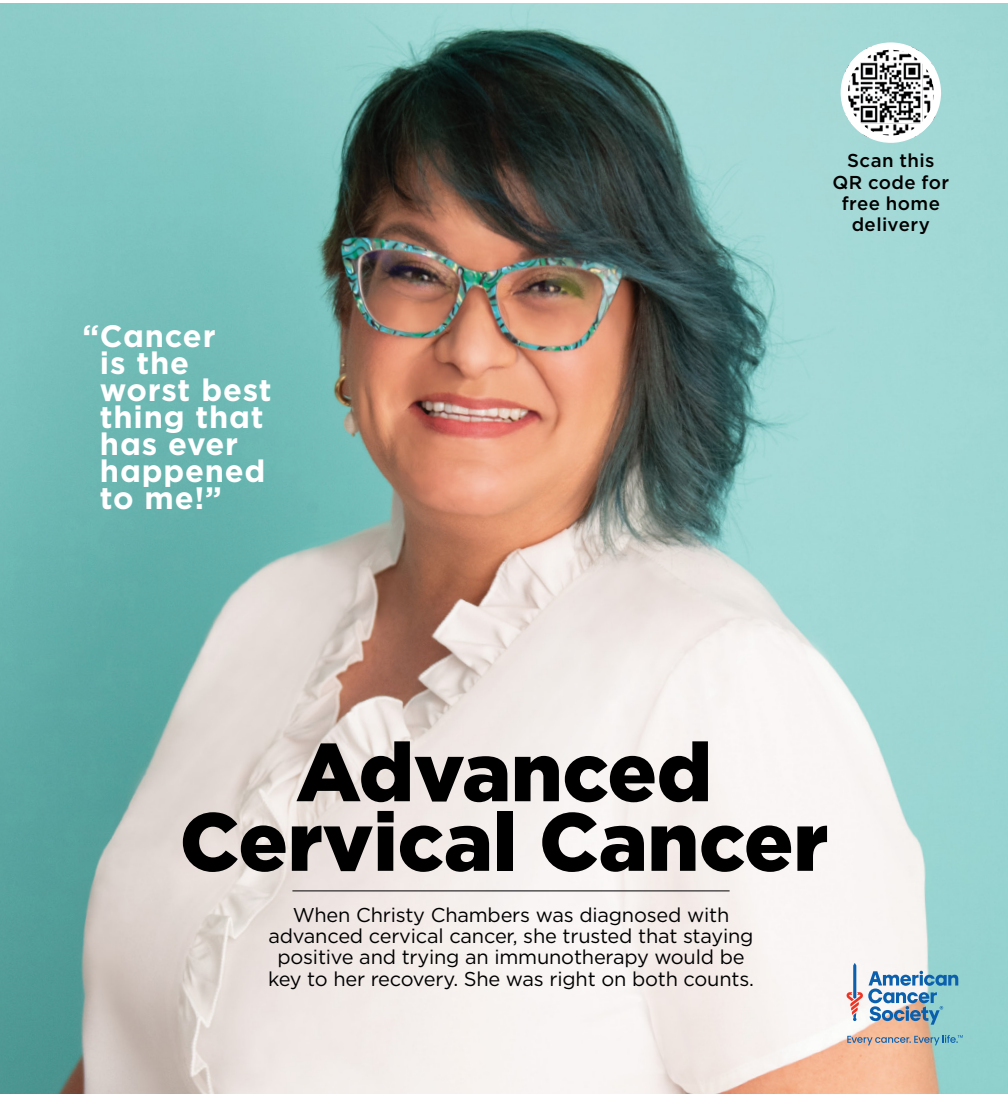

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"Cancer is the worst best thing that has ever happened to me!"

Advanced Cervical Cancer

When Christy Chambers was diagnosed with advanced cervical cancer, she trusted that staying positive and trying an immunotherapy would be key to her recovery. She was right on both counts.

Contents

Cover photo by Molly Dockery Photo

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VON24

SPECIAL THANKS TO OUR MEDICAL REVIEWER

Alessandro D. Santin, MD
Professor, Department of Obstetrics & Gynecology, Clinical Research Program Leader, Yale University School of Medicine; Co-Chief, Section of Gynecologic Oncology

The *best* is still to come!

With today's advances in the treatment of cervical cancer, you have every reason to feel hopeful about the future.

Hearing the words "you have cancer" can be met with many reactions: fear, sadness, disbelief, anger. But once the initial shock wears off, it's important to hold on to another emotion: hope.

Just ask Christy Chambers–after finding out she had stage IV cervical cancer, she and her husband spent nearly a week crying. But then Christy decided she had to face the diagnosis head-on. When chemotherapy and radiation had to be stopped due to blood clots, she found out about a new option–immunotherapy–that wound up eradicating her cancer. Read more about her story on p. 12.

Or talk to Tiera Wade, who spent years with distressing gynecological issues, only to find out she had cervical cancer. Despite the delay in treatment, today Tiera is healthy, happy and cancer-free. Hear what she has to say on p. 22.

And what both women have in common? A passion for patient advocacy and spreading the word that cervical cancer is not a shameful disease–and there's reason to believe that, like them, you can beat it, too.

Your journey ahead

So if you were blindsided by an advanced cervical cancer diagnosis, take heart. Today there are more treatments than ever, in particular immunotherapies and targeted therapies, which can stabilize and even get rid of the cancer, transforming it from a potentially deadly disease into a chronic illness you can manage and live with for years and years.

First, keep reading this guide, then discuss all your options with your healthcare team to find out what's the best next step for you.

What is advanced cervical cancer?

The cervix is the narrow canal that connects the vagina to the uterus. Cervical cancer occurs when the cells that make up the cervix begin to grow out of control, forming tumors. In stage III cervical cancer, cancerous cells have been detected in either the lower part of the vagina, the walls of the pelvis or surrounding lymph nodes. In stage IV, the cancer has spread to distant parts of the body, such as the lungs, liver or bones.

The number one cause of cervical cancer is human papillomavirus (HPV), the most common sexually transmitted infection. While 9 out of 10 cases of HPV will clear on their own, some cases of the virus persist for years, eventually leading to the cellular changes that can cause cancer.

HPV itself usually has no symptoms but can be detected using a PAP test, which involves removing and testing cervix cells. (PAP tests are also used to screen for cervical cancer itself.) This exam is generally recommended every three to five years starting at age 21, but your healthcare provider may order more frequent or earlier testing based on your sexual history and past PAP results.

Although like HPV, cervical cancer often has no symptoms (especially in the early stages), it can sometimes cause the following:

- pain during and bleeding following intercourse
- post-menopausal vaginal bleeding
- sudden spotting between periods or suddenly heavy periods
- watery or bloody vaginal discharge with an odor
- bloody stool and difficult, painful bowel movements
- bloody urine and difficulty or pain while urinating

"Do I need the HPV vaccine?"

While HPV cannot be cured, most strains can be prevented with a vaccine, which is recommended for all people between ages 11 and 45 (it's important to note that HPV can also cause other types of cancer, including penile, vaginal, throat, mouth and more, so the vaccine is recommended for everyone). Even if you've had HPV or been diagnosed with an HPV-related cancer, such as cervical cancer, you may still benefit from the vaccine, as it can protect against strains of the virus you haven't been exposed to. Talk to your healthcare provider to see if the vaccine is right for you.

- lower back pain
- swelling in the legs, ankles and feet
- unexplained fatigue

Who is at risk?

Some risk factors cannot be controlled, such as age (most cases are diagnosed in women ages 35 to 44, but up to 20% of cases are diagnosed after age 65) and family history (your risk increases if a family member was diagnosed with cervical cancer). You can also be at increased risk if you have a compromised immune system or if you or your mother took diethylstilbestrol, which was prescribed between 1938 and 1971 to prevent miscarriage.

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

- ***Sexual history:*** People who have sex starting at a younger age, with more partners or with a partner at high risk for having HPV are at higher risk for cervical cancer.
- ***Smoking:*** Smoking increases the risk for dozens of cancer types, including cervical. If you need help quitting, visit *SmokeFree.gov*.
- ***Chlamydia:*** This STI plays a role in cervical cancer because it ups your chances of getting HPV.
- ***Long-term use of oral contraceptives:*** Scientists believe it makes cervical cells more vulnerable to HPV infection.
- ***Multiple pregnancies or getting pregnant at a young age:*** Those who have had three or more full-term pregnancies, or who had their first pregnancy before age 20, have an increased risk.

How is it diagnosed?

These tests can help your care team diagnose and evaluate cervical cancer:

- ***PAP test.*** Your healthcare provider uses a swab to gather cells from your cervix, which are then tested for precancerous/cancerous cells.
- ***Biopsy.*** Your healthcare provider uses a tool to cut or scrape off small samples of cervical tissue for testing in a lab.
- ***Imaging tests.*** If cancer is detected during the biopsy, tests such as X-ray, CT, MRI and/or PET may be used to see if your cancer has spread.

How is it treated?

Your doctor will recommend treatment after taking into consideration the stage (extent) of your cancer, its unique traits (e.g., if gene mutations were detected through testing), any treatment you have already had, and your overall physical function/strength and health.

Treatment for stage III and stage IV cervical cancers often combines more than one of the following:

- ***Chemotherapy,*** which kills fast-growing cells, such as cancer cells, throughout the body.
- ***Radiation,*** which targets tumors with X-rays.
- ***Surgery,*** which may be used to remove cervical cancer cells that have spread to another part of the body. (Surgery is rarely used as part of stage IV treatment.)
- ***Targeted therapy,*** which uses medication to zero in on specific changes in cervical cancer cells.
- ***Immunotherapy,*** which helps the immune system detect and destroy cancer.

Clinical trials offer hope, too

Clinical trials are research studies that generally involve newer treatments, such as immunotherapies, targeted therapies and new combinations of treatments. They can sometimes be the best option for advanced cervical cancer patients, but they may not be for everyone. See p. 10 to learn more.

Keep in mind: Change is normal

If your cervical cancer progresses during treatment or recurs following treatment, take a deep breath: With so many treatment options now available, odds are high your healthcare team will find another therapy that will work for you.

Does cervical cancer affect family planning?

While each case of cervical cancer is different, most people diagnosed with an advanced stage will likely have to undergo treatment that will impact their fertility. Discuss your family planning goals with your healthcare team prior to treatment. Options such as freezing your eggs or embryos can help you conceive via in vitro fertilization (IVF) or surrogate in the future.

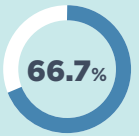
Immunotherapy is extending lives

FDA-approved immunotherapy treatments—PD-1 inhibitors and PD-L1 inhibitors—are bringing hope to many patients with advanced cervical cancer. In some patients, immune checkpoint inhibitors have enabled dramatic and lasting control of advanced cervical cancers. These drugs allow the immune system to detect cancer cells and launch an attack. Ask your doctor if you may be eligible.

CERVICAL CANCER QUICK FACTS

50
THE AVERAGE AGE AT DIAGNOSIS

13,960
The number of new cervical cancer cases diagnosed in the U.S. in 2023



The overall 5-year survival rate

300,000
The average number of women living with cervical cancer in the U.S. today

Meet your healthcare team

These medical professionals can diagnose and help treat cervical cancer.

OB-GYN: Doctor who specializes in healthcare of the female reproductive system, including administering PAP tests, and who may be the healthcare professional to diagnose you with cervical cancer

Pathologist: Doctor who studies your biopsy to assist in cancer diagnosis and treatment decisions

Radiologist: Doctor who interprets imaging studies (such as X-ray, MRI, CT, PET scan) of your cancer

Gynecologic oncologist: Doctor who specializes in treating cancer of the female reproductive system

Nurse practitioner/ physician associate: These primary care providers offer routine care and education

Medical oncologist: Doctor who treats cancer using medicine

Radiation oncologist: Doctor who treats cancer using radiation

Surgical oncologist: Doctor who treats cancer using surgery

Palliative care provider: A medical professional who can address symptoms and optimize your quality of life

Fertility specialists: Doctor who can help with IVF, egg freezing and other fertility treatments

Psychiatrist/ psychologist/social worker: Mental health professional who can provide counseling; psychiatrists can also prescribe medication

Understanding immunotherapy

These treatments are helping people with advanced cervical cancer live longer—and better—than ever before!

What is immunotherapy?

Immunotherapy treatments stimulate a person's own immune system to identify and destroy cancer cells.

How do immunotherapy medications work?

Immunotherapies "mark" cancer cells so the immune system can more easily find and destroy them. Basically, immunotherapies strengthen the body's own cancer-fighting machinery, so it's better able to identify, attack and kill cancer cells.

How is immunotherapy different from chemotherapy?

Chemo is aimed at all rapidly dividing cells, whether cancerous or not. Immunotherapy only affects immune cells, increasing their ability to attack cancer cells.

Can an immunotherapy medication treat advanced cervical cancer?

Yes. Immunotherapies are already approved by the Food and Drug Administration to treat some types of advanced cervical cancer. Ask your doctor if you may be eligible.

Immunotherapies—at a glance

THERAPY	HOW IT WORKS
Monoclonal antibodies	These man-made versions of immune system proteins can be used to target a specific part of a cancer cell.
Checkpoint inhibitors	Cancer cells can sometimes manipulate molecules (aka "checkpoints") on immune cells, preventing them from recognizing and attacking them. Checkpoint inhibitors target these molecules, enabling the immune system to recognize and attack the cancer.
Cancer vaccines	Treatment (vs. preventive) vaccines boost your immune system's response to cancer cells.
Cytokines	Cytokines help your immune system fight cancer cells; they may be used alone or in combination with other treatments, such as chemotherapy.
Other immunotherapies	Additional therapies to fight a variety of cancers are available; some are being studied in clinical trials.

Considering a clinical trial?

By joining a trial, you may get access to some of the newest and best treatments out there. To learn if you may be a candidate, read on.

1.
Search for trials.

Clinical trials are run by many sponsors—private companies, the U.S. government, hospitals, universities, etc.—so there is no single list that includes them all, but the search tools at the National Cancer Institute's website, *Cancer.gov/research/participate/clinical-trials-search*, and at the U.S. National Library of Medicine's site, *ClinicalTrials.gov*, are two of the most comprehensive and reliable. You can also ask your healthcare team if they can recommend one.

2.
Read the summaries.

Trial summaries will give you the facts about the study.

What to consider:

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

3.
Contact the trials.

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

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

4.
Talk with your care team.

Once you have all the information that you need, discuss your options with your healthcare team. If you do decide to try a trial, set up an appointment with the nearest trial location to get started with the process.

Track your symptoms

Fill out this worksheet and share it with your healthcare team. It can help them understand all the symptoms of advanced cervical cancer you're facing—and help you get the best care possible.

SYMPTOM	Doesn't affect me	Rarely	A few times a week	Daily	Multiple times a day
Fatigue					
Appetite loss					
Diarrhea					
Brain fog					
Joint pain/bone pain					
Lower back pain					
Pain/difficulty urinating					
Pain/difficulty defecating					
Pain/bleeding during intercourse					
Bleeding between periods					
Excessive bleeding during your period					
Bloody/clear discharge					
Unexplained weight loss					
Headache					
Coughing					
Fever/sore throat					

Having "scanxiety"? Here's a plan!

It's natural to feel nervous when waiting for the results of your latest tests. One way to manage the uncomfortable feelings? Create a contract with your physician. Decide 1) Where and how you will receive the news: By phone? Email? In person? 2) When you will receive the results: Within hours or days? 3) What you will do while you're waiting: Plan a soothing activity, even if it's just catching up with a friend over the phone. Or save up some crossword puzzles or other engaging games to work on while you wait.

"Cancer is the worst best thing that has ever happened to me!"

When Christy Chambers was diagnosed with advanced cervical cancer in 2022, she trusted that staying positive and trying an immunotherapy treatment would be key to her recovery. She was right on both counts. —BY AMY CAPETTA

There's no doubt about it—Christy Chambers loves to smile. When the 53-year-old from Monroe, NC, isn't spending time with her husband, Mike, and son, Haven, she likely can be found sharing inspirational words of wisdom in speeches, newsletters, blogs and videos. In fact, her digital business card offers an uplifting quote from columnist Edie Weinstein: "I am not just an optimist—I am an Opti-Mystic who sees the world through the eyes of possibility."

"I've always been a very positive person," adds Christy. So much so that she maintained this outlook even after being diagnosed with advanced cervical cancer in 2022.

Christy's health journey began in 2021, when she started skipping periods while also experiencing lightheadedness. "I thought it was menopause," she states. Then in 2022, she had a bout of excessive bleeding after not having menstruated for about five months. "It scared me to death," admits Christy, who met with her primary care physician for a Pap smear, then a colposcopy with her gynecologist. "My doctors couldn't stop the bleeding, and I could tell by my gynecologist's face it wasn't good."

A couple days later, her test results were revealed in her online MyChart record before her physician even had a chance to call her with the news: stage III cervical cancer. Without hesitating, Christy messaged her physician, who responded almost immediately. "He's an old-school doctor and was furious that this information was sent before he had a chance to inform me," she explains.

However, Christy refused to dwell on how the news was delivered. "As soon as I heard the word 'cancer,' I started pushing hot and heavy on the schedule—my attitude was, 'Let's go; let's get it out now.'" After being referred to an oncology team and discussing possible treatments, Christy went for a positron emission tomography (PET) scan—and it was then she learned the cancer had metastasized to some lymph nodes and to her collarbone. Her true diagnosis was stage IV.

"I decided to fight"

For a couple days—when son Haven wasn't home—Christy and Mike locked themselves inside to cry while going through all the possibilities. "I would say I spent about one week wallowing in the diagnosis until I realized I could determine my reaction—and I decided to fight."

Along with starting a treatment plan that included chemotherapy and radiation, Christy formed her own circle of support. After telling family members and close friends about her diagnosis, she created a private Facebook account entitled "What A Beautiful Mess" and invited everyone in her world to join for updates. "It allowed me to write about my treatments, thoughts and emotions in a newsletter format. I didn't realize it at the time, but I was educating myself and others along the way."

Christy lives in a small rural area where women tend not to be open about gynecological cancers, so she created her own outreach program by handing out homemade bracelets to fellow cancer patients and medical staff during treatments, with a note that included the name of her Facebook account and the message, "No one fights alone." And then she discovered Cervivor, a global community of patient advocates who inspire and empower those affected by cervical cancer.

"I attended virtual meetings and conferences and hosted my first fundraiser—I was advocating before I really understood what it meant."

While her emotional well-being was stable,

Christie's physical health hit a roadblock: She was dealing with several side effects from the chemo (including a blood clot in the lung), so she was advised to stop the treatments.

"Two infusions—and the cancer was gone!"

After getting that health news, Christy threw herself into research and had a conversation with her radiologist. That's how she learned about immunotherapy, a type of treatment that amps up the immune system's ability to seek and destroy cancer cells. "Something told me it would be my best shot—and I just felt like I needed to try it."

Between the first and second infusions (which were administered three weeks apart), she began experiencing double vision. Once a specialist determined that her eye issues were a very rare side effect of the immunotherapy, Christy's medical team did not permit her to continue with the treatment.

> "Cancer can break you down, but it also has the capacity to give you a rebirth!"

Thankfully, in early 2023, Christy's scans showed a significant decrease in the amount of cancer in her body—despite having had to cut the treatment short.

Then, in May 2023, she received even better news: Additional scans revealed the cancer had disappeared completely, and she was declared NED (no evidence of disease). "After just two infusions it was gone!" she exclaims in joy.

These days, Christy meets with her oncologist once every six weeks, and her scans remain clear. While she has some minor side effects from the earlier protocols (such as fatigue and digestive issues), the double vision is gone. Furthermore, Christy has been able to meet some of her fellow "Cervivors" and enjoys sharing her story and promoting the HPV vaccine at forums. "We are working hard to end the stigma of cervical cancer."

Her number one message for other women living with advanced cervical cancer is to remain hopeful. "A facilitator at the Cervivor school asked us to boil down our journey into three words and I picked *#ChooseHopeDaily*," says Christy. "There is a dark side and a light side to life. Cancer can be such a journey of darkness, but the good news is you can start over each day and bring the day into the light. Artist Leonard Cohen wrote, 'There is a crack in everything, that's how the light gets in.' Personally, I believe the crack lets our light out. I tell people that cancer is the worst best thing that has ever happened to me. It can break you down, but it also has the capacity to give you a rebirth."

Photos by Molly Dockery Photo

NAVIGATING *YOUR* ROAD WITH CERVICAL CANCER

Here, Christy shares the strategies that have helped her along the way. Maybe they can help you, too.

Become your own best advocate. A handful of missteps occurred during the early weeks of Christy's diagnosis, including learning she had cancer via her online MyChart record, being told to transfer to another hospital while she was already in a hospital, and not being informed about vital test results. After that, Christy requested a meeting with her healthcare team. "I said, 'I do not understand why I'm not getting communication. I understand if you're not hand holders, but I need more,' " she recalls. "This medical team had access to an immunotherapy I wanted, so I needed to make this relationship work. Luckily, the conversation did the trick—in fact, we are great friends today."

Rally an appointment buddy. Christy advises bringing a trusted friend or family member to appointments. Both she and Mike took notes during one of her first appointments, and Christy contacted a nurse navigator afterward for additional clarification. "I tell everyone to bring a notebook to their doctor's office, and when you think of questions between appointments, write them down," she advises. "There's a lot going on at the same time—a lot of information and emotions—and you won't necessarily remember everything when you're sitting in the office."

Tap the healing power of pets. Adopting a dog during the COVID lockdown turned out to be a blessing for the entire family. During the summer of 2022, Christy insisted that Mike and Haven go on vacation together while she stayed home to rest between treatments. But when her husband and son caught COVID and needed to stay out of the house for an additional week, their dog Ethel provided Christy with comfort and love. "I was so thankful for her—she is a sweet, warm, giant, couch potato who was instrumental in getting me through treatment."

Remember to live. "When I was in treatment, I decided to embrace living with cervical cancer," explains Christy, who can be found on Instagram and TikTok *@christy_kealoha*. "Some days were certainly harder than others, and while some people say, 'Seize the day,' I like the saying, 'Remember to live.' " A lover of quotes, this statement from actor Rainn Wilson also resonates with her: "Fostering hope and joy in others is maybe our highest spiritual calling." "I realized if I could do it, then I can help somebody else," she continues. "And this is largely how I maintained a positive mindset. I came out the other end even more positive, which probably annoys some people!" she laughs.

KEYTRUDA + chemotherapy + radiation therapy may be a treatment option for people with FIGO 2014 Stage 3 to 4A cervical cancer

Ask your doctor if treatment including KEYTRUDA is right for you:

1. What is KEYTRUDA and is it an option for me?
2. How does KEYTRUDA + chemotherapy + radiation therapy work?
3. Where can I find clinical trial results with KEYTRUDA + chemotherapy + radiation therapy?

KEYTRUDA is a prescription medicine used to treat a kind of cancer called cervical cancer. KEYTRUDA may be used with chemotherapy and radiation therapy when your cervical cancer has spread to nearby tissue or organs or has affected your kidneys (Stage III to IVA cervical cancer based on FIGO 2014 classification).

FIGO = International Federation of Gynecology and Obstetrics.

Actor Portrayal

To learn more, visit:
keytruda.com/cervicalcancer

IMPORTANT SAFETY INFORMATION

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

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

- **Lung problems:** cough, shortness of breath, or chest pain.
- **Intestinal problems:** diarrhea (loose stools) or more frequent bowel movements than usual; stools that are black, tarry, sticky, or have blood or mucus; or severe stomach-area (abdomen) pain or tenderness.
- **Liver problems:** yellowing of your skin or the whites of your eyes; severe nausea or vomiting; pain on the right side of your stomach area (abdomen); dark urine (tea colored); or bleeding or bruising more easily than normal.
- **Hormone gland problems:** headaches that will not go away or unusual headaches; eye sensitivity to light; eye problems; rapid heartbeat; increased sweating; extreme tiredness; weight gain or weight loss; feeling more hungry or thirsty than usual; urinating more often than usual; hair loss; feeling cold; constipation; your voice gets deeper; dizziness or fainting; changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness.
- **Kidney problems:** decrease in the amount of your urine; blood in your urine; swelling of your ankles; loss of appetite.
- **Skin problems:** rash; itching; skin blistering or peeling; painful sores or ulcers in your mouth or in your nose, throat, or genital area; fever or flu-like symptoms; swollen lymph nodes.
- **Problems can also happen in other organs and tissues.** Signs and symptoms of these problems may include: chest pain; irregular heartbeat; shortness of breath; swelling of ankles; confusion; sleepiness; memory problems; changes in mood or behavior; stiff neck; balance problems; tingling or numbness of the arms or legs; double vision; blurry vision; sensitivity to light; eye pain; changes in eyesight; persistent or severe muscle pain or weakness; muscle cramps; low red blood cells; bruising.
- **Infusion reactions that can sometimes be severe or life-threatening.** Signs and symptoms of infusion reactions may include chills or shaking, itching or rash, flushing, shortness of breath or wheezing, dizziness, feeling like passing out, fever, and back pain.
- **Rejection of a transplanted organ or tissue.** Your health care provider should tell you what signs and symptoms you should report and they will monitor you, depending on the type of organ or tissue transplant that you have had.
- **Complications, including graft-versus-host disease (GVHD), in people who have received a bone marrow (stem cell) transplant that uses donor stem cells (allogeneic).** These complications can be serious and can lead to death. These complications may happen if you underwent transplantation either before or after being treated with KEYTRUDA. Your health care provider will monitor you for these complications.

Important Safety Information is continued on the next page.

IMPORTANT SAFETY INFORMATION *(continued)*

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

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

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

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

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

Common side effects of KEYTRUDA when given with chemotherapy with radiation therapy medicines include feeling tired or weak; nausea; constipation; diarrhea; decreased appetite; rash; vomiting; cough; trouble breathing; fever; hair loss; inflammation of the nerves that may cause pain, weakness, and paralysis in the arms and legs; swelling of the lining of the mouth, nose, eyes, throat, intestines, or vagina; mouth sores; headache; weight loss; stomach-area (abdominal) pain; joint and muscle pain; trouble sleeping; bleeding, blisters, or rash on the palms of your hands and soles of your feet; urinary tract infection; and low levels of thyroid hormone.

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

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

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

Having trouble paying for your Merck medicine?

Merck may be able to help. www.merckhelps.com

Talk to your doctor to see if KEYTRUDA + chemotherapy + radiation therapy could be right for you.

IT'S TRU. KEYTRUDA® (pembrolizumab) Injection 100 mg

Scan QR code with your phone to learn more

MERCK

Important Information About KEYTRUDA® (pembrolizumab) injection 100 mg.

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

What is the most important information I should know about KEYTRUDA?

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

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

Lung problems

- cough
- shortness of breath
- chest pain

Intestinal problems

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

Liver problems

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

Hormone gland problems

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

Kidney problems

- decrease in your amount of urine
- blood in your urine
- swelling of your ankles
- loss of appetite

Skin problems

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

Problems can also happen in other organs and tissues. These are not all of the signs and symptoms of immune system problems that can happen with KEYTRUDA. Call or see your healthcare provider right away for any new or worsening signs or symptoms, which may include:

- chest pain, irregular heartbeat, shortness of breath, swelling of ankles
- confusion, sleepiness, memory problems, changes in mood or behavior, stiff neck, balance problems, tingling or numbness of the arms or legs
- double vision, blurry vision, sensitivity to light, eye pain, changes in eyesight
- persistent or severe muscle pain or weakness, muscle cramps
- low red blood cells, bruising

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

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

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

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

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

Continued on the next page.

(continued from the previous page)

Important Information About KEYTRUDA® (pembrolizumab) injection 100 mg.

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

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

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

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

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

How will I receive KEYTRUDA?

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

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

Common side effects of KEYTRUDA when used alone include: feeling tired, pain, including pain in muscles, rash, diarrhea, fever, cough, decreased appetite, itching, shortness of breath, constipation, bones or joints and stomach-area (abdominal) pain, nausea, and low levels of thyroid hormone.

Side effects of KEYTRUDA when used alone that are more common in children than in adults include: fever, vomiting, headache, stomach area (abdominal) pain, and low levels of white blood cells.

Common side effects of KEYTRUDA when given with certain chemotherapy or chemotherapy with radiation therapy medicines include: feeling tired or weak, nausea, constipation, diarrhea, decreased appetite, rash, vomiting, cough, trouble breathing, fever, hair loss, inflammation of the nerves that may cause pain, weakness, and paralysis in the arms and legs, swelling of the lining of the mouth, nose, eyes, throat, intestines, or vagina, mouth sores, headache, weight loss, stomach-area (abdominal) pain, joint and muscle pain, trouble sleeping, bleeding, blisters, or rash on the palms of your hands and soles of your feet, urinary tract infection, and low levels of thyroid hormone.

Common side effects of KEYTRUDA when given with chemotherapy and bevacizumab include: tingling or numbness of the arms or legs, hair loss, low red blood cell count, feeling tired or weak, nausea, low white blood cell count, diarrhea, high blood pressure, decreased platelet count, constipation, joint aches, vomiting, urinary tract infection, rash, low levels of thyroid hormone, and decreased appetite.

Common side effects of KEYTRUDA when given with axitinib include: diarrhea, feeling tired or weak, high blood pressure, liver problems, low levels of thyroid hormone, decreased appetite, blisters or rash on the palms of your hands and soles of your feet, nausea, mouth sores or swelling of the lining of the mouth, nose, eyes, throat, intestines, or vagina, hoarseness, rash, cough, and constipation.

Common side effects of KEYTRUDA when given with enfortumab vedotin include: rash, tingling or numbness of the arms or legs, feeling tired, itching, diarrhea, hair loss, weight loss, decreased appetite, dry eye, nausea, constipation, changes in sense of taste, and urinary tract infection.

These are not all the possible side effects of KEYTRUDA.

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

General information about the safe and effective use of KEYTRUDA

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

Based on Medication Guide usmg-mk3475-iv-2403r063 as revised March 2024.

MERCK

Photo by Randi Mull

"Keep digging for answers and understanding!"

When Tiera Wade was diagnosed with cervical cancer in 2020, she felt betrayed by both her body and the medical community. Then, she found her voice and became an impassioned patient advocate.

—BY AMY CAPETTA

Tiera Wade, from Akron, OH, had had abnormal Pap smear results on and off for nearly 15 years. Throughout this period, doctors pinned it on cervical dysplasia, the development of abnormal cells on the cervix that may lead to cervical cancer. "At the time, I was a single mother with a corporate job and health insurance, yet I couldn't afford my copay," says the 43-year-old. "My children were my priority, and I used my paid time off to make sure they received their vaccinations and the care they needed. Unfortunately, the urgency for *my* health was not there."

What's worse, her doctor made judgmental remarks: "Tiera, you're too young to be dealing with this and you're probably sleeping with too many people." She was encouraged to have another Pap test in six months, and when the results came back normal, she was told she didn't need to be screened for another year. "Sometimes the results were abnormal, then other times I was told everything looked fine."

These irregularities led to several loop electrosurgical excision procedures (LEEPs), in which a thin wire is used to remove abnormal cervical tissue for testing. "I'd check back in with my doctor but not yearly, since there wasn't a 'we need to keep monitoring this' type of conversation. Nobody had any concerns."

"My cancer was so advanced, hysterectomy wasn't an option"

On December 31, 2018, Tiera got married and was eager to have another child with her new husband—but suddenly she was having trouble conceiving. She headed back to her doctor, who referred her to a gynecologic oncologist. "I remember him saying, 'It's precancer, but it's nothing that serious.' And I remember thinking, 'Why isn't precancer serious?' "

She was right to question the logic: In 2020, a

PET-CT scan showed a tumor sitting between her cervix and uterine wall. It turned out she had cervical cancer, and it was so advanced that hysterectomy was not an option. "I was numb."

What followed was an aggressive treatment plan: 36 rounds of external radiation, six rounds of chemo and six rounds of brachytherapy, which involves placing a radioactive source inside or near a tumor. "I realized I wasn't going to be able to have the child I came in here for, but I needed to fight for the children I had at home."

"A strong relationship with your care team is key"

Along this journey, Tiera found something invaluable—her voice: "Cancer was the light switch that had to go off," she states. "I have truly shined in my understanding that formulating good patient and physician relationships can literally save lives." She also found the strength to handpick the specialists on her healthcare team, whom she calls her "dream team!"

Tiera—an artisanal jewelry designer who showcases her creations (including traditional African waist beads) on Instagram *@settrendz_jewelry*—also partnered with a functional medicine practice that offers physical therapy as well as nutrition and mental health services. She made improvements to her diet (which included cutting out red meat, incorporating fish into meals and increasing her water intake) and started seeing a therapist. "I'm a sexual assault survivor, so there was a lot of trauma to unpack," she states.

Then in December 2020, Tiera's world got bigger when a nurse practitioner introduced her to Cervivor, a global community of patient advocates who inspire and empower those affected by cervical cancer. "The first thing I did was dive into the personal stories on their site, where I was able to filter them based on demographics, age and staging. Knowing I wasn't alone on this journey was heart-wrenching yet beautiful at the same time."

Tiera's self-advocacy and perseverance paid off: On January 29, 2021, she was declared NED (no evidence of disease), and today she's a passionate patient advocate who speaks at conferences and moderates panels with fellow Cervivor survivors.

"I had a choice: I could get busy living, or I could get busy dying—and I chose to get busy living! Think of yourself as an investment—because you are worth it!"

GET THE CARE YOU DESERVE

Here, Tiera shares the strategies that helped set her on the right treatment path.

Be direct. After dealing with bladder and kidney issues caused by radiation, Tiera kicked off a conversation with her oncologist that not only improved their partnership, but boosted her level of care. "I remember lying on my stomach while talking to him (I couldn't sit down because my tailbone hurt so bad), and I said, 'I need you to tell me what the game plan is as though you were talking to your own mother.' And from that conversation, the whole dynamic between us changed."

Know it's okay to ask questions. Looking back on her journey, Tiera believes her biggest mistake was not asking questions. "Today I tell people self-advocacy is okay—it is not the same as defiance or being overly aggressive. As Black women, we are sometimes labeled as the 'angry Black lady,' but asking questions and requesting accountability should not equal anger." Above all, she wants her daughters to learn from her experience. "I am raising three beautiful Black women, and I cannot look at their faces and tell them that they cannot fight for themselves," she says with emotion.

Photo by Randi Mull

Break the stigma. "Unfortunately, cancer is not an unfamiliar beast in my family—my grandmother dealt with skin cancer and leukemia. However, when I told her about my diagnosis, she said, 'Oh, I had it too.' Cervical cancer wasn't talked about because it was considered the 'nasty woman's disease.' " Growing up in a religious household, Tiera was led to believe cervical cancer was a punishment from God. "There was this mentality of 'you brought this on yourself,' yet that couldn't be further from the truth." There was also a time when Tiera didn't feel cervical cancer was "pink" enough. "Everyone wears pink to bring awareness to breast cancer because there is no stigma. But if there's cancer below the belt, no one wants to talk about it. This must change."

NEW TREATMENT CONCERNS

My doctor recommended I try an immunotherapy to treat my cervical cancer, but I'm worried about taking such a new treatment. How do I know it's safe?

Q

A

Answers to your questions about cervical cancer

A: Immunotherapy is at the frontier of treatment for many cancers, including cervical. They have been studied in thousands of patients for years now. At this point, we know a lot about the potential side effects as well as their benefits. Don't be afraid to ask about the expected side effects as well as how likely the drug is to work in your case—your doctor should be able to summarize clinical data for you and give you a realistic picture of what to expect.

Did an STI cause my cancer?

Q: *Someone told me my cervical cancer was caused by an STI. What does this mean—and is it true?*

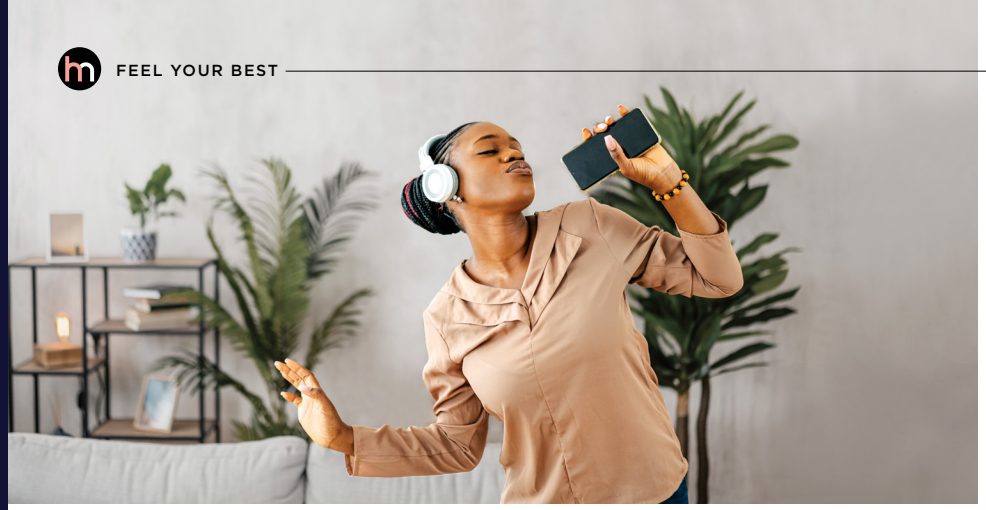
A: Human papilloma virus (HPV) is a virus that is mainly transmitted through sexual contact. The CDC estimates that almost half of adults in America carry strains of HPV at any given time. Almost all cases of cervical cancer are attributable to a previous HPV infection, but only a small number of HPV-infected women develops cervical cancer. HPV vaccination and cervical cancer screening programs can prevent and detect most cases of cervical pre-cancer today.

OUR EXPERTS:

Alessandro D. Santin, MD, Professor, Department of Obstetrics & Gynecology, Clinical Research Program Leader, Yale University School of Medicine; Co-Chief, Section of Gynecologic Oncology

with

Blair C. McNamara, MD, Clinical fellow, Department of Obstetrics and Gynecology, Division of Gynecologic Oncology, Yale University School of Medicine



Outsmart symptoms and side effects

If cervical cancer or its treatment is sapping your energy, stealing your joy and making every day, well, a pain, tell your healthcare team. Sometimes a medication or treatment adjustment can make all the difference. You can also ask if the following self-help strategies make sense for you.

FATIGUED?

GET MOVING. The number-one energy booster for cancer patients is exercise, according to the National Cancer Research Institute—but that doesn't mean you need to start training for a marathon. A 15-minute walk led to a marked reduction in fatigue levels for patients, according to a study published in *JAMA Oncology.*

• **Ask:** "Can I safely do [a particular] exercise?" If cervical cancer or its treatment has affected your bones or lung capacity, you may benefit from a stationary form of exercise, like chair yoga.

WORRIED ABOUT INFECTION?

KEEP GERMS AT BAY! Treatment can impact your immune system, which means it can lower your ability to fight infection. Because of that, it's important to avoid getting sick. The Centers for Disease Control devotes an entire website to helping cancer patients avoid infection (visit it at *preventcancerinfections.org*), but here's the main takeaway: Wash your hands and stay away from crowds. Contact your doctor immediately if you notice fever, sore throat or skin redness or swelling.

• **Ask:** "Should I get the COVID-19 vaccine?" Generally speaking, yes—and your flu shot, too—but your healthcare provider may advise you to wait depending on where you are with your treatment and if you have a scan scheduled, as the vaccine can cause lymph nodes to swell, impacting the scan results.

BATTLING NAUSEA?

STICK TO MINI MEALS. Eating smaller, more frequent meals can help offset the risk of nausea, advises Tiffany Barrett, RD, of the Winship Cancer Institute at Emory University. The reason? If your stomach gets too empty, your stomach creates more acid that can lead to stomach upset. And if it gets too full, it makes it more difficult for your digestive system to work—not to mention, it can make it more difficult to breathe!

• **Ask:** "Can I eat before an infusion?" Some have found that nausea is reduced when they receive their treatment on a fuller stomach.

PROBLEM WITH PAIN?

REPORT SYMPTOMS CLEARLY! Everyone's pain threshold (the point at which you feel discomfort) is unique, and no two people experience pain in the same way—plus, pain related to cancer can have many different causes. Because of that, it's important to communicate to your care provider how your pain is affecting you and exactly what it feels like. That way, they will be better equipped to treat the symptom. Rate your pain on a scale of 1-10 (with 10 being the worst) and let them know where you're feeling it. You can also describe your pain as: constant, intermittent, growing, stabbing, burning, dull, achy, hot, tender, sharp, shooting, throbbing or cramping.

• **Ask:** "When can I take my pain meds?" Most pain medications work best if taken as soon as symptoms crop up, and some must be taken regularly to prevent pain. It may also help to ask what situations may require you to increase your dose, how much is safe and for how long.

ARE YOU A PERSON OF COLOR?

Get the pain management you need!

Black patients are significantly less likely to be prescribed pain medication and, when they are, they generally receive lower doses, according to a study published by the National Institutes of Health. In fact, a study examining pain management among patients with metastatic or recurrent cancer found that only 35% of persons of color received the appropriate pain prescriptions compared with 50% of White patients. If you feel your pain is being inadequately managed, don't be afraid to speak up or seek a second opinion.

Combat fatigue with *these* 5 ENERGY FOODS!

"When undergoing treatment for cancer, there are things you can't control, but food doesn't have to be one of them," says *TODAY* show nutrition expert Joy Bauer, RDN. "Fatigue is a common symptom and research shows what you eat can make a difference in how you feel. In addition to staying hydrated and getting enough shut-eye, science has shown these five foods can help keep your energy flowing."

TOFU

A plant-based protein, tofu steadies blood sugars and is a good source of iron. "It'll help perk you up by giving a sustained stream of energy. And because it takes on the taste of whatever is coupled with it, tofu is an ideal starting point for recipes," says Bauer.

Smart swap: Instead of fatty red meat, sub in tofu along with vitamin C-rich veggies like peppers and broccoli for a lighter stir-fry dish.

SWISS CHARD

A cousin of kale, this super versatile dark leafy green is also a superstar with its fatigue-fighting nutrients. Swiss chard contains plant-based iron, which is important for energy, but it isn't easily absorbed in plant form. "But this dark leafy green gets bonus points for being naturally packaged with vitamin C, which helps the body absorb iron. Spinach and kale still need help with that from other sources," Bauer says. The vitamin C can also help boost the immune system.

Smart swap: Substitute grain-based wraps and sandwich bread with Swiss chard for a healthier lunchtime meal and pair with lean protein and a healthy dose of vegetables.

DARK-MEAT POULTRY

Boasting twice the amount of myoglobin, a compound needed for energy, skinless dark-meat poultry only has a few extra calories than its white meat counterpart but offers an abundance of other energy-essential nutrients like vitamin B12, iron, riboflavin and thiamine, Bauer says. Bonus? Dark meat also contains zinc, a nutrient that helps boost your immune system and enhances smell and taste—important for stimulating an appetite.

Smart swap: Use skinless dark meat from drumsticks and thighs when making hearty soups and stews. Add in seasonal vegetables and broth to jumpstart your immune system and rev up energy.

WALNUTS

Packed with vitamins and nutrients like iron and magnesium to promote energy, walnuts not only can help ward off fatigue, but they also contain fiber and protein to stabilize blood sugar so you stay energized longer. Walnuts also are the only nut that contain omega-3 fatty acids, which not only can boost your energy but may help with inflammation, says Bauer. Though more research is needed, one control study found that omega-3s helped combat fatigue during cancer treatment.

Smart swap: Toss aside high-carb croutons in favor of walnuts in your salads, and add lean protein, dark-leafy greens and a spritz of olive oil.

PURPLE GRAPES

Bursting with water, grapes ward off dehydration, which can lead to fatigue. "But the real magic happens within the skins, which contain an antioxidant called resveratrol," Bauer says. Studies have linked this plant compound with multiple health benefits, including reduced inflammation and fatigue. Researchers aren't sure how it works, but believe it activates a protein needed for generating energy.

Smart swap: Change up your peanut butter and jelly sandwich by replacing sugary jam with a few purple grapes. Eating whole fruit will add fiber and bring a touch of sweetness to your sandwich without spiking blood sugar and causing an energy-draining sugar crash.

Health Monitor Living

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Questions to ask at your next exam

What are the results of my tests and scans, and what do they mean for me?

What are my treatment choices? Am I a candidate for immunotherapy?

How will we know if my current treatment is working? What are the next steps if it isn't?

What are the side effects I might feel? How can they be avoided? What side effects should I tell you about right away?

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

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.