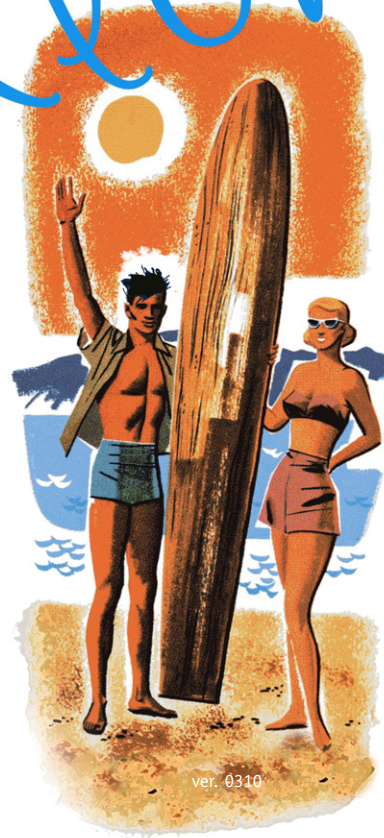


# Aloha



ver. 0310

**TOM DELMUNDO** | Art Director/Copywriter



**Look at it this way.  
The more you exercise,  
the healthier your lungs,  
the more you  
can smoke.**



**NO JUDGEMENTS**

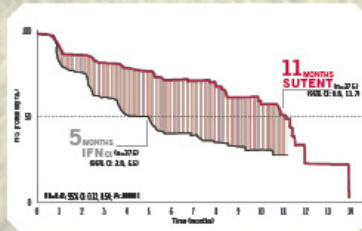
SUTENT<sup>®</sup> (sunitinib malate) is indicated for the treatment of advanced renal cell carcinoma (RCC).



This is not just another Sunday. It's **another** Sunday.

SUTENT has been studied in a phase 3 pivotal trial with a 1st-line mRCC population that included predominantly favorable- and intermediate-risk patients (94%).<sup>1\*</sup>

#### More than doubled median PFS



#### Demonstrated a nearly 5-fold higher ORR

- 39% vs 8% with IFN $\alpha$  (95% CI: 34.0, 44.3 and 5.7, 11.8, respectively;  $P < 0.000001$ ) in the second analysis (June 2007)<sup>1</sup>
- 28% vs 5% with IFN $\alpha$  (95% CI: 23.0, 32.3 and 3.3, 8.1, respectively;  $P < 0.01$ ) in the first analysis (November 2005)

#### Also achieved more than 2 years' median OS

- 26.4 months vs 21.8 months with IFN $\alpha$  (HR=0.82; 95% CI: 0.673, 1.001;  $P = 0.51$ )<sup>1</sup>

\*All data are from the large (N=750), phase 3, randomized, multicenter trial comparing SUTENT with IFN $\alpha$  in patients with treatment-naïve mRCC. mRCC=metastatic renal cell carcinoma; ORR=objective response rate; OS=overall survival; PFS=progression-free survival.

Reference: 1. Data on file, Pfizer Inc., New York, NY.

Please see study description and brief summary, including boxed warning, on the following pages.

#### Important Safety Information

Hepatotoxicity has been observed in clinical trials and post-marketing experience. This hepatotoxicity may be severe, and deaths have been reported. Monitor liver function tests before initiation of treatment, during each cycle of treatment, and as clinically indicated. SUTENT should be interrupted for Grade 3 or 4 drug-related hepatic adverse events and discontinued if there is no resolution. Do not restart SUTENT if patients subsequently experience severe changes in liver function tests or have other signs and symptoms of liver failure.

Women of childbearing potential should be advised of the potential hazard to the fetus and to avoid becoming pregnant.

Cardiovascular events, including heart failure, myocardial disorders, and cardiomyopathy, some of which were fatal, have been reported through post-marketing experience. Monitor patients for signs and symptoms of congestive heart failure (CHF) and, in the presence of clinical manifestations, discontinuation is recommended. Patients who present with cardiac events, pulmonary embolism, or cerebrovascular events within the previous 12 months were excluded from clinical studies.

SUTENT has been shown to prolong QT interval in a dose-dependent manner, which may lead to an increased risk for ventricular arrhythmias including torsades de pointes, which has been seen in <0.1% of patients. Monitoring with on-treatment electrocardiograms and electrolytes should be considered.


Hypertension may occur. Monitor blood pressure and treat as needed with standard anti-hypertensive therapy. In cases of severe hypertension, temporary suspension of SUTENT is recommended until hypertension is controlled.

Hemorrhagic events including tumor-related hemorrhage, some of which were fatal, have occurred. Perform serial complete blood counts (CBCs) and physical examinations.

The most common grade 3/4 AEs (occurring in  $\geq 5\%$  of patients with RCC receiving SUTENT vs IFN $\alpha$ ) were fatigue (15% vs 15%), hypertension (13% vs <1%), asthenia (11% vs 6%), diarrhea (10% vs <1%), hand-foot syndrome (8% vs 0%), dyspnea (6% vs 4%), nausea (6% vs 2%), back pain (5% vs 2%), pain in extremity/limb discomfort (5% vs 2%), vomiting (5% vs 1%), and abdominal pain (5% vs 1%).

The most common grade 3/4 lab abnormalities (occurring in  $\geq 5\%$  of patients with RCC receiving SUTENT vs IFN $\alpha$ ) included lymphocytes (18% vs 26%), lipase (18% vs 8%), neutrophils (17% vs 9%), uric acid (14% vs 8%), platelets (9% vs 1%), hemoglobin (8% vs 5%), sodium decreased (8% vs 4%), leukocytes (8% vs 2%), glucose increased (6% vs 6%), phosphorus (6% vs 6%), and amylase (6% vs 3%).

**SUTENT**<sup>®</sup>  
sunitinib malate



“Your cancer is in complete remission,  
probably.”

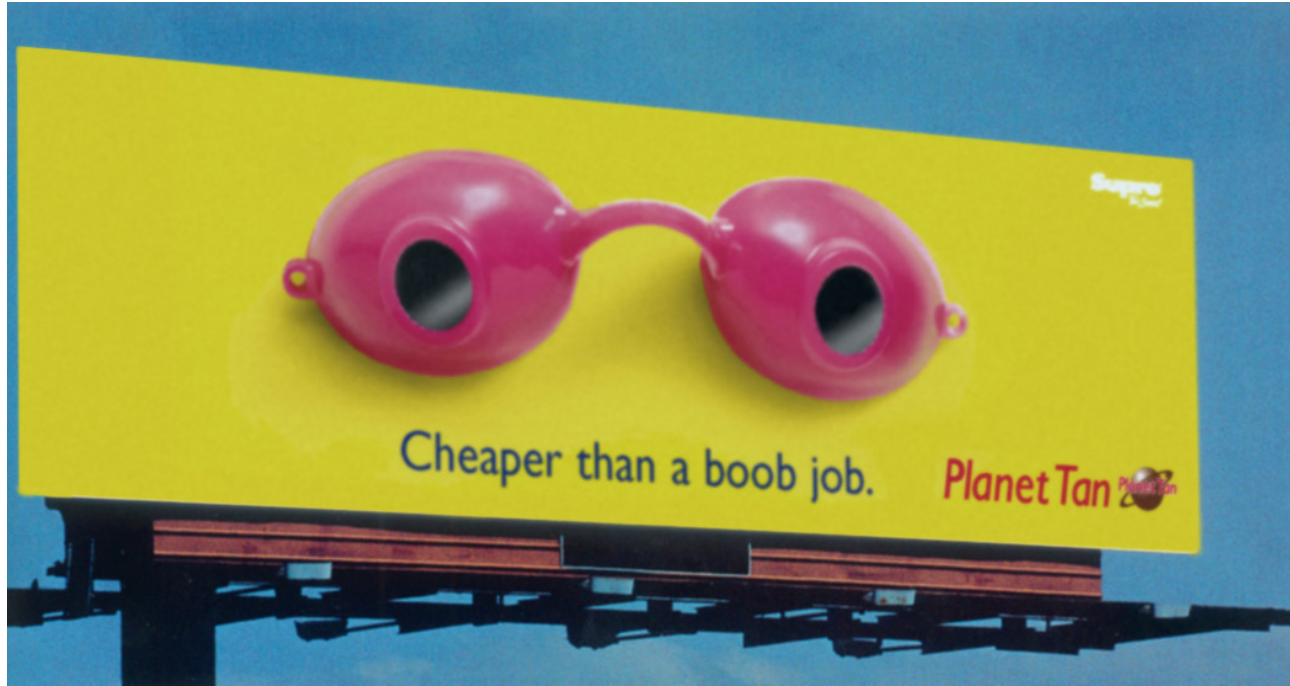
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## MONEY SAVING TRAVEL TIPS

from Aston Resorts

# 1

### Tip #1 HOW TO BUY AN AUTHENTIC HAWAIIAN SHIRT (WITHOUT LOSING YOURS)

First of all, if the maker claims it's an Authentic Hawaiian Shirt, it probably isn't. Because in Hawaii they're called 'Aloha Shirts.' Next, look at the pocket. Unless it's a vintage shirt, the pattern on the pocket should match the pattern on the shirt, edge to edge (cheaper, overseas and mainland knock-offs don't).

Save some money and skip the 100% silk shirts. Rayon, cotton and poly-blend shirts are what locals wear.

Finally, check the label. It should say 'Made in Hawaii'. If it says 'Pakistan' or 'New York', just keep walk'n'brah'.



# 2

### Tip #2 STAY AT ASTON

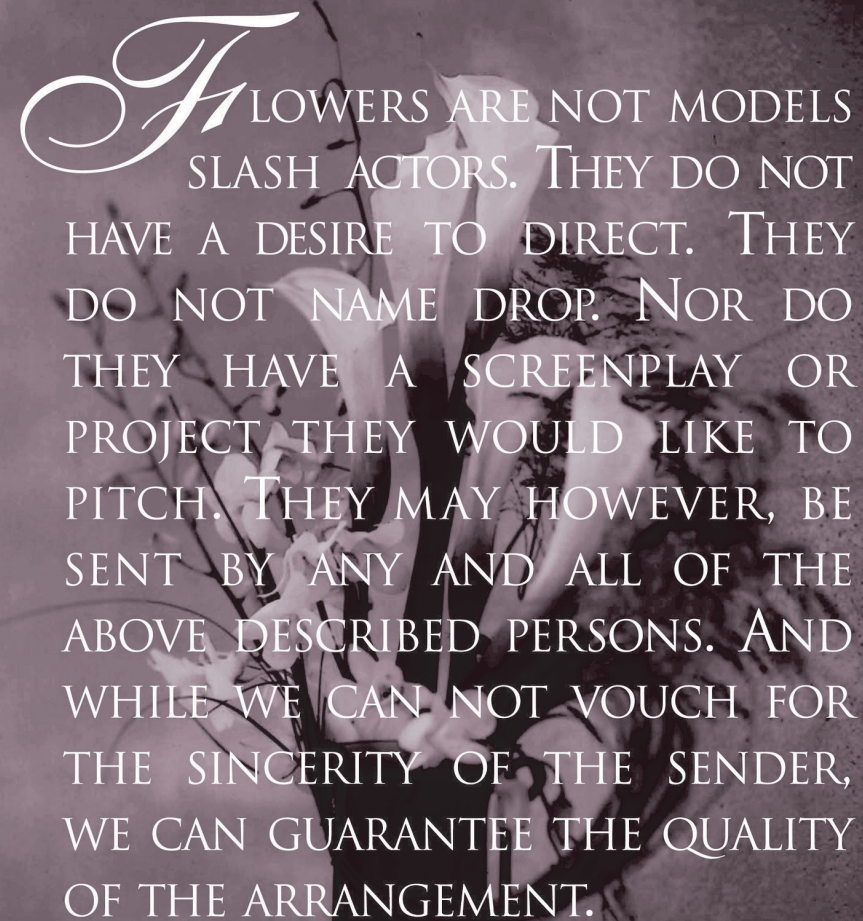
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**SINCE YOU'RE IN THAT  
POSITION ANYWAY,  
WHY DON'T WE CHAT?  
-GOD**

**P.S. DID I MENTION, I WAS ONCE A CARPENTER?**

**TRY PRAYER. IT WORKS.**

*A message from  
The Roman Catholic Diocese of Brooklyn  
[www.dioceseofbrooklyn.org](http://www.dioceseofbrooklyn.org)*





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