The most personal care for life's most personal issues.

PROVENGE® Infusion Therapy

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877-422-8237
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1. INFUSION THERAPY – YOUR PATIENT EXPERIENCE AND WHAT TO EXPECT

Men who are referred to the Chesapeake Urology Infusion Therapy Center by their urologist or oncologist can expect a comprehensive treatment program and a healthcare team that provides support every step of the way.

HERE IS WHAT YOU CAN EXPECT:

Referral

Following a referral for infusion therapy by your urologist or oncologist, you will receive a call from Maria Webster, advanced therapy coordinator. Maria will contact you within several days of receiving the referral and will meet with you for a consultation within one week.

Your Initial Consultation

Maria will discuss the entire infusion therapy process with you, from what to expect from the leukapheresis procedure and the infusion process itself, to connecting you with other patients for support and providing information on financial assistance, should you need this help.

In addition, recognizing the emotional impact your disease may have on your spouse or partner, the staff at the Infusion Therapy Center can also provide needed support for spouses and loved ones, connecting them with others who are challenged by advanced prostate cancer. This support has proven invaluable to both patients and caregivers throughout the treatment process.

You will also be given general guidelines on diet. Making sure to stay hydrated as well as having an adequate intake of calcium and iron before the leukapheresis procedure and throughout your infusion therapy is important to minimize any potential side effects of treatment. Allow for at least one hour and a half for your initial consultation.

Sit back and relax in one of our Infusion Therapy Center’s comfortable recliners, watch TV, listen to music or even enjoy a quiet nap during your treatment.

More on back...
Your Infusion Therapy Begins

When you arrive at the center for your infusion therapy, our staff will make you feel comfortable and at home.

• You will be brought back to the treatment area where one of our nurses will begin warming your infusion dose to minimize any possible feeling of chills during your infusion. You will be given acetaminophen or ibuprofen as well as an antihistamine before your infusion begins to ward off any potential side effects from the treatment. The good news is, 95% of patients have no reactions to the PROVENGE® therapy.

• You will then be seated in one of our five comfortably appointed infusion therapy areas where your infusion will begin. We recommend that you wear comfortable clothing and sleeves that are loose enough to be rolled up the arm.

• The actual infusion normally takes approximately 60 minutes. Feel free to bring a family member to stay with you, a book, music and headphones or anything else to help ensure your comfort during your infusion therapy. Or, relax and recline in your chair and watch TV on your personal monitor.

• At the end of your infusion, you will rest comfortably for about 30 minutes so our staff can monitor you for any potential reaction to the treatment. After this time, you are free to go home. We ask, however, that someone is there with you to drive you home in case of any reaction to the therapy.

• PROVENGE is infused three times, with infusions given approximately every two weeks. Each infusion is done three days after your leukapheresis procedure. After three infusions, your treatment is complete.

• This appointment takes about one and one half to two hours. You will need a driver.

The Chesapeake Urology Infusion Therapy Center is located at:
Greater Baltimore Medical Center (GBMC)
6535 North Charles Street
Physicians Pavilion North, Suite 650
Towson, MD 21204

If you have any questions, please contact Maria Webster,
Infusion Therapy Program Manager, at 443-280-3347
Chesapeake Urology’s Infusion Therapy Center is a state-of-the-art center designed for a superior patient experience. The dedicated and experienced treatment team understands that expert care, coupled with compassionate support, can put your mind at ease when beginning infusion therapy for your advanced prostate cancer.

The Infusion Therapy Center team includes physicians who are present during all infusions to provide medical oversight for treatments, a center manager, dedicated infusion therapy nurses and financial assistance and insurance coordinators.

The Infusion Therapy Center is a warm, open environment with five personal infusion areas designed for comfort. Reclining chairs and TVs in each infusion area add to the experience and comfort of our patients and the bright space is filled with natural light streaming in through walls of windows.

Patients can choose to talk with other patients undergoing the autologous cellular immunotherapy (PROVENGE®) treatment, or have privacy by drawing the curtains to the personal infusion area. Many of our patients find it a source of comfort and camaraderie to talk with other men undergoing infusion therapy.

Our staff also encourage support for wives and caregivers. We understand that advanced prostate cancer and treatment can also be emotional for spouses and partners, which is why our staff helps connect caregivers for additional support.

It’s all part of the holistic and compassionate approach to cancer care that is the hallmark of Chesapeake Urology care.
2. CHESAPEAKE UROLOGY’S INFUSION THERAPY/PROVENGE® TEAM

As a patient of Chesapeake Urology’s advanced prostate cancer program and the Infusion Therapy Center, you are cared for by a team of top-level prostate cancer professionals who are committed to providing you with superior care and seeing you through every phase of your cancer treatment.

You’re in great hands with Chesapeake Urology’s Infusion Therapy/Advanced Prostate Cancer Care Team:

Ronald F. Tutrone, Jr., M.D., F.A.C.S., C.P.I.
*Medical Director, Chesapeake Urology Infusion Therapy Center*

Certified by the American Board of Urology
Fellow of the American College of Surgeons

**Prostate Cancer Specialties:** Open Prostatectomy, Advanced Prostate Cancer Treatment, Infusion Therapy

Dr. Tutrone is the medical director of Chesapeake Urology’s Infusion Therapy Center, providing medical oversight of infusion therapy patients. His clinical interests include treatment of urologic malignancies including kidney, bladder and prostate; laparoscopic treatment of renal and adrenal tumors; kidney stone treatment; urinary incontinence in men and women; and prostate disorders. He has been principal investigator in more than 200 clinical research trials and is Chairman of the William E. Kalhert Endowment for Urological Research.

Benjamin H. Lowentritt, M.D., F.A.C.S.
*Director, Chesapeake Urology Prostate Cancer Care Program*

Certified by the American Board of Urology
Fellow of the American College of Surgeons

**Prostate Cancer Specialties:** Robotic Prostatectomy, High-Intensity Focused Ultrasound (HIFU), 3D Ultrasound/MRI Fusion Prostate Cancer Biopsy, Advanced Prostate Cancer Treatment, Infusion Therapy

Dr. Lowentritt provides medical oversight of infusion therapy patients at Chesapeake Urology’s Infusion Therapy Center. He has a general urology practice with a focus on minimally invasive techniques to treat urological conditions. His expertise includes robotic, laparoscopic, and endoscopic management of renal, bladder, and prostate cancer, as well as minimally invasive options for benign prostatic hyperplasia (BPH), kidney stones, pelvic organ prolapse, and ureteropelvic junction obstruction.

David S. Goldstein, M.D., F.A.C.S.

Certified by the American Board of Urology
Fellow of the American College of Surgeons

**Prostate Cancer Specialties:** Robotic Prostatectomy, Infusion Therapy

Dr. Goldstein provides medical oversight of infusion therapy patients at Chesapeake Urology’s Infusion Therapy Center. His clinical areas of interest are minimally invasive surgery for prostate, kidney and bladder cancers, including robotic and laparoscopic surgery; the treatment of kidney stones; and female and male incontinence. Dr. Goldstein has been involved in several research studies involving pharmacological and medical device testing.

More on back...
Kristy Reesey
Infusion Therapy Coordinator

As the Infusion Therapy Coordinator, Kristy works with patients to provide easy and convenient scheduling of appointments. In addition, her role includes creating treatment calendars for each patient, making follow-up calls to patients after each infusion therapy session, and arranging transportation.

Beatrice Muma, RN
Infusion Therapy Nurse

Beatrice Muma, RN, is a PROVENGE infusion nurse at Chesapeake Urology’s Infusion Therapy Center. She can be found mainly in the operating and local procedures room where she cares for advanced prostate cancer patients undergoing infusion therapy. Beatrice received her Bachelor of Science Degree in Nursing from the College of Notre Dame in Maryland. Along with being a registered nurse, she’s also Oncology Certified and ACLS (Advanced Cardiac Life Support) certified.

Barbara Reinard, RN
Infusion Therapy Nurse

Barbara Reinard, RN, is an infusion nurse at Chesapeake Urology’s Infusion Therapy Center. She has many years of experience with peripheral and central venous access devices as well as infusion therapy. She is a three-year diploma graduate of the Union Memorial Hospital School of Nursing in Baltimore, MD and has worked more than 34 years in various critical care units including Medical/Surgical ICU, CCU, and in the Emergency Department.

Debbie Flanders
Manager Infusion Therapy Suite & Physician Dispensary

In addition to managing Chesapeake Urology’s GBMC office, Debbie manages both the Chesapeake Urology Infusion Suite and the Physician Dispensary. She works with the Infusion therapy team to help ensure our patients have a superior experience during their visits.

Maria Webster
Provenge Infusion Therapy Program Manager and Advanced Prostate Cancer Team Coordinator

Maria is the manager of the Infusion Therapy Center at Chesapeake Urology. She is responsible for all administrative activities, staffing, training and coordination of the Center’s PROVENGE® program, which includes following-up With PROVENGE patients for three years post therapy to ensure their well-being and good health.

As the Advanced Prostate Cancer Team Coordinator, Maria works closely with patients and the infusion therapy team to ensure that all patients receiving PROVENGE are carefully monitored throughout their treatment. Maria has been an integral member of the infusion therapy program since its inception in 2011 and takes the patient through each step of the treatment process.

Katie Quaranta, RN
Infusion Therapy Center Nurse

Mary Kathleen “Katie” Quaranta, RN, has been an infusion nurse at Chesapeake Urology’s Infusion Therapy Center working with the PROVENGE infusion program since 2011. With an extensive background in critical care, Katie currently focuses on surgical prep and recovery. Katie received her Bachelors of Science in Nursing from the University of Delaware. She previously worked on a medical/surgical intensive care unit for five years where she cared for critically ill patients including cancer patients, administering biotherapies and occasionally chemotherapy.

Linda Carr
Nurse Educator, Dendreon

Linda Carr is one of Dendreon’s nurse educators. As a service to Chesapeake Urology and their patients, she speaks with and helps prepare PROVENGE patients for their initial leukapheresis appointment. Once a patient is scheduled for PROVENGE, Linda may contact them to confirm their cell collection appointment location, date and time, and provide an overview of the cell collection process. Linda was previously an apheresis nurse who collected cells for PROVENGE patients at a blood collection center in Virginia. Her goal is to help all PROVENGE patients prepare for their entire PROVENGE infusion process.

Carla Williamson
Financial Assistance Manager

As part of Chesapeake Urology’s Financial Assistance team, Carla Williamson works directly with our PROVENGE patients, helping them with identifying and acquiring financial assistance resources to help with costs of the treatment that are not covered by a patient’s insurance plan. Patients who need financial assistance or have questions about financial assistance resources can contact Carla at 443-738-2875.

Melissa Stallknecht
Pre-Certification and Insurance Verification

For new patients just starting on the PROVENGE treatment, Melissa Stallknecht is the Chesapeake Urology financial representative who submits the patient enrollment form for the PROVENGE treatment to the insurance company. She also takes care of insurance authorization and verifies a patient’s benefits with their insurance company. Patients can contact Melissa with questions regarding insurance authorization and verification at 443-738-2719.
Each PROVENGE treatment cycle is a two-step process. First, some of your white blood cells are harvested. This is called leukapheresis. Your white blood cells are sent to a Dendreon manufacturing facility (in Atlanta) where PROVENGE is made for you. Three days later, Dendreon sends your PROVENGE (your activated white blood cells) back to us, and we give it to you by intravenous infusion in Chesapeake Urology’s Infusion Therapy Center. This two-step process is done a total of three times with infusions given approximately every two weeks.

To get started, you will be asked to sign the enrollment form using the name that appears on your picture ID. It’s important that the name on your photo ID and on the enrollment form match exactly, so that we can identify and confirm product labels at the necessary points during the process.

Before the first white blood cell harvesting procedure (also called leukapheresis), you will have an appointment at the harvesting center to meet with the registered nurses that specialize in leukapheresis. They may want to meet with you in advance and look at the veins in your arm; this is called a venous assessment. If your veins are too small or too deep, they may ask that you have a central venous catheter (a special IV device) placed into a deep vein in your chest. This CVC would remain in place for the duration of your PROVENGE treatment. Chesapeake Urology would make all of these arrangements for you.

A week or two before the first leukapheresis appointment, you will be scheduled for a blood test at your local Chesapeake Urology office. You may eat or drink as usual on the day of your blood test.

Please take calcium supplements daily; follow the label instructions.

At your consult, you will have lab work performed. Please be sure that you are well hydrated for the procedure as this will ensure a successful collection.
WHITE BLOOD CELL HARVESTING (LEUKAPHeresis) PROCEDURE

• This procedure takes three to four hours.

• Eat a light, calcium-rich meal (please refer to the page on calcium-rich foods) about one hour before you leave home. Drink lightly and avoid caffeine, as you may not be able to go to the bathroom during the procedure.

• Some patients choose to wear an absorbent pad (Depends®) to the procedure; it may also be a good idea to bring an extra pair of undergarments with you to your procedure.

• If you take medication for high blood pressure, do NOT take it before the procedure. Sometimes, the procedure can affect your blood pressure. Please bring your blood pressure medication with you; you can take your medication before you go home.

• You can take pain medication any time before or during the procedure. You may also want to bring pain medication to the procedure; sometimes, sitting for several hours causes stiffness and discomfort.

• Take all of your other medications as usual.

• Bring your photo ID.

• Wear comfortable, loose-fitting clothes with sleeves that can be pulled above the elbow.

• Optional: bring DVDs, music and headphones or a book to pass the time.

The white blood cell centers are located at the following American Red Cross locations:

10400 Little Patuxent Pkwy., #400 2720 Prosperity Avenue, #200
(Located in the Wells Fargo Building) Fairfax, VA 22031
Columbia, MD 21044 703-698-4890
800-733-2767

2025 E Street, NW 700 Spring Garden Street
Washington, DC 20006 Philadelphia, PA 19123
800-448-3543 215-451-4000
YOUR PROVENGE® TREATMENT PROCESS

Each dose of PROVENGE is personalized by taking your own blood cells and reprogramming them to jump-start your immune system. This section also talks about the importance of PSA levels and the role they play in the PROVENGE treatment process. Here’s a step-by-step overview of the process:

Step 1: Cell Collection

To make each dose, blood will be drawn from your body and passed through a machine that collects a small portion of your immune cells, along with some platelets and a small number of red blood cells. The machine returns the rest of the cells and blood to your body.

- This cell collection process is also called leukapheresis or apheresis and takes three to four hours.
- Your cell collection will take place at an accredited American Red Cross Center with trained staff that specialize in this specific collection process.

Side effects from a leukapheresis procedure can include dizziness, fatigue, tingling in the fingers and around the mouth, feeling cold, fainting and nausea. A calcium-rich diet may decrease these potential side effects.

Step 2: PROVENGE Treatment

Your immune cells are then sent to an FDA-approved manufacturing facility to be made into a dose of PROVENGE specifically for you.

- Each dose of PROVENGE is given about three days after your cell collection procedure, and your appointment will take about two hours.
- The PROVENGE infusion procedure will take place at Chesapeake Urology’s Infusion Therapy Center.

PROVENGE treatment is complete in just three treatment cycles. Each cycle is made up of two appointments – one to collect your cells and another to infuse the PROVENGE dose into your body.

More on back...
BEFORE YOUR CELL COLLECTION PROCEDURE, YOU SHOULD:

- Make sure to drink more water than usual two to three days before your treatment to stay well hydrated.

- Avoid drinking caffeinated beverages on the day of each cell collection procedure.

- Eat a calcium-rich breakfast, which may include yogurt, milk, calcium-fortified orange juice or cereal, bananas, blueberries, or almonds.

- Wear comfortable, loose-fitting clothing, especially clothing with sleeves that can be raised above the elbow.

- Have a driver lined up for the ride home since most people feel fatigued after the cell collection procedure.
Advanced stage prostate cancer is cancer that has spread, or metastasized, beyond the prostate. This is also known as metastatic prostate cancer. While these types of cancers are not “curable,” a myriad of breakthrough treatment advances offer new hope. These new and innovative therapies, including combining different therapies in some cases, can help many men with advanced prostate cancer live a longer, more fruitful life. If you are receiving PROVENGE® therapy, your doctor may subsequently recommend other treatment options as you go through your advanced stage prostate cancer journey that can help enhance and extend your quality of life.

**HORMONE THERAPY** is used when prostate cancer has spread to other parts of the body or returned after treatment. It can also be used temporarily during radiation therapy for six months to two years to improve outcomes for localized cancers. The goal of hormone therapy is to eliminate testosterone and other androgens because these molecules are the fuel that the prostate cancer uses to grow. Hormone therapy can eliminate testosterone and other androgens and slow the growth of prostate cancer cells. Though not curative, hormone therapy can be effective for several years. Hormone therapy can be used:

- For metastatic disease as initial treatment.
- For an elevated PSA or recurrence of prostate cancer following radical prostatectomy, radiation therapy or cryotherapy.
- For men who are not candidates for surgery or radiation therapy and are not interested in active surveillance.
- To shrink the prostate gland before having a radical prostatectomy or radiation therapy. (Therapy performed around the time of other therapy is called neoadjuvant therapy.)

**There are two categories of hormone treatments**

- Medical therapy is used to stop production of testosterone by the testicles and other androgens from the adrenal glands. There are several types of medical therapy: luteinizing hormone-releasing hormone (LHRH) analogues, antiandrogens and gonadotropin-releasing hormone (GnRH) antagonists.

- Surgical therapy, known as bilateral orchiectomy, is performed to remove both testicles, which are the main source of androgen production. Surgical removal results in a fast drop in testosterone levels that slows the growth of prostate cancer. Surgery may be performed via one or two incisions, depending on what your surgeon decides. For men who are bothered by the change of scrotal appearance (empty scrotum), prosthetic testes can be placed as implants.
IMMUNOTHERAPY (BIOLOGIC APPROACHES)

Immunotherapy may be used for men with advanced prostate cancer who are not helped by hormone therapy. Immunotherapy, including therapeutic vaccines and other biologic approaches, harnesses the immune system to selectively target cancer cells.

**Sipuleucel-T (Provenge®)** is an innovative treatment option for certain men with advanced prostate cancer. It is designed to work differently than hormone therapy, and uses the body’s own immune system to fight the cancer. Provenge is designed specifically for each individual’s cancer. Each dose consists of the patient’s own immune cells that have been trained to seek and attach to prostate cancer cells.

RADIOTHERAPY

Radiotherapy is a treatment that involves the use of high-energy radiation to treat cancer. Radiotherapy is used alone or in combination with chemotherapy (chemoradiotherapy), to treat cancers. For people with incurable cancers, radiotherapy is a very effective method of controlling symptoms. The high-energy radiation used during radiotherapy permanently damages the DNA of cancer cells, causing them to die. Nearby healthy tissues also suffer temporary cell damage from radiation but these cells are usually able to repair the DNA damage and continue growing normally.

**Radium Ra 223 Dichloride (Xofigo®)** is used to treat prostate cancer that is resistant to medical or surgical treatments that lower testosterone and has spread to the bones, but not to other parts of the body. Xofigo is an injection that sends radiation directly to cancer tumors in the bones. It has been shown to significantly improve survival in prostate cancer patients whose disease has spread to the bones.
SECONDARY HORMONE THERAPY

**Abiraterone Acetate (Zytiga®)** is an oral prescription medicine that is used along with prednisone to treat men with castrate-resistant prostate cancer. Zytiga works by blocking other steps in the testosterone pathway, decreasing the production of a hormone called cytochrome P450 17A1 that stimulates cancer cells to continue to grow.

**Enzalutamide (Xtandi®) capsules** is a prescription medicine used to treat men with prostate cancer that no longer respond to a medical or surgical treatment, which lowers testosterone and has spread to other parts of the body (metastatic castration-resistant prostate cancer). Xtandi is an androgen receptor inhibitor that interferes with the connection between androgens and androgen receptors, which can help slow cancer cell growth. Xtandi is an oral medication and can be taken with or without prednisone.

**MEDICATIONS USED TO IMPROVE BONE HEALTH**

Metastatic prostate cancer commonly spreads to the bones, where it can cause bone pain and brittle-bone disease (osteoporosis). These symptoms can also arise during hormone therapy, when levels of testosterone are very low due to androgen deprivation therapy (ADT). The bones of men who take ADT may become thinner, more brittle and at increased risk for breaking. Your physician may prescribe medications, which can reduce bone loss that may result from hormone therapy, reduce the spread of cancer in the bone, alleviate pain and minimize other complications of bone metastases.

**Denosumab (Xgeva®)** is used for prostate cancer patients with metastatic bone disease to prevent fractures, severe bone pain and spinal cord compression. This treatment is given to patients in an ambulatory surgical center or a hospital. Xgeva contains denosumab, a protein (monoclonal antibody) that works to slow down bone destruction caused by cancer spreading to the bone (bone metastasis). Xgeva is used in adults with cancer to prevent serious complications caused by bone metastasis (e.g., fracture, pressure on the spinal cord, or the need for radiation therapy or surgery). Xgeva is administered as a single injection under the skin once every four weeks.

**Denosumab (Prolia®)** is used to increase bone mass in men with non-metastatic prostate cancer who are receiving hormonal therapy and are at high risk for fracture. This treatment is given to patients in an ambulatory surgical center or a hospital. Prolia contains denosumab, a protein (monoclonal antibody) that works to reduce the incidence of vertebral fractures. Prolia is administered once every six months, as a single injection under the skin (subcutaneous).

**Zoledronic Acid (ZOMETA®)** is a treatment that can help reduce and delay bone complications, such as skeletal fractures, caused by cancer that has spread to the bone. Zometa is given to patients as an injection and is used with anti-cancer medications.
CHEMOTHERAPY

Chemotherapy is the delivery of powerful drugs intravenously, orally, or in combination, to kill cancer cells. Chemotherapy is not used as an initial treatment because chemotherapy drugs are not as effective as hormone therapy. However, after hormone therapy becomes less effective, various chemotherapy drugs may improve symptoms, reduce PSA levels, and/or decrease prostate cancer cells.

Docetaxel (Taxotere®) injection is used alone or in combination with other medications to treat certain types of breast, lung, prostate, stomach and head and neck cancers. Taxotere injection is in a class of medications called taxanes. It works by stopping the growth and spread of cancer cells. Approved by the FDA in 2004, Taxotere is the first treatment proven to prolong survival in castrate-resistant prostate cancer patients.

Cabazitaxel (Jevtana®) is a prescription anti-cancer medicine used with the steroid medicine prednisone. It is used to treat men with advanced prostate cancer that has worsened (progressed) after treatment with other anti-cancer medicines, including docetaxel. This means Jevtana may be an option for patients if docetaxel is no longer working.

Mitoxantrone is used to treat leukemia and prostate cancer, as well as other conditions. Mitoxantrone is part of a general group of chemotherapy drugs known as antibiotics. It stops the growth of cancer cells, which are then destroyed. The combination of mitoxantrone and prednisone is approved as a second-line treatment for metastatic castrate-resistant prostate cancer.

CLINICAL TRIALS

Clinical trials can offer state-of-the-art treatments to patients before becoming standard FDA treatments. Chesapeake Urology has a number of active clinical trials for men with advanced prostate cancer. The trials are continuously changing based upon enrollment. A trial may not only offer the best option for treatment, but also allows patients to contribute to finding cures for prostate cancer. Chesapeake Urology Research Associates (CURA) is our research division. To see our latest clinical trials, please visit www.ChesapeakeUrology.com/ProstateCancerClinicalTrial.aspx. Our urologists and patient navigators advise patients if they qualify for any of the ongoing trials.
CALCIUM AND IRON RICH FOODS FOR YOUR GOOD HEALTH

Before your leukapheresis procedure, a member of the infusion therapy team will talk to you about the importance of maintaining your health, which includes a healthy diet. You will be encouraged to eat a diet that includes calcium and iron rich foods to help increase your strength before your procedure. As a guide, we have provided you with a list of foods that are high in calcium and iron to get you started on your PROVENG® journey.

Beef
Lamb
Ham
Turkey
Chicken
Veal
Pork
Dried beef
Liver
Liverwurst
Eggs (any style)

Shrimp
Clams
Scallops
Oysters
Tuna
Sardines
Haddock
Mackerel

Spinach
Sweet potatoes
Peas
Broccoli
String beans
Beet greens
Dandelion greens
Collards
Kale
Chard

White bread (enriched)
Whole wheat bread
Enriched pasta
Wheat products
Bran cereals
Corn meal
Oat cereal
Cream of Wheat
Rye bread
Enriched rice

Strawberries
Watermelon
Raisins
Dates
Figs
Prunes
Prune juice
Dried apricots
Dried peaches

Tofu
Beans (kidney, garbanzo, or white, canned)
Tomato products (e.g., paste)
Dried peas
Lentils
Instant breakfast
Corn syrup
Maple syrup
Molasses

More on back...
ARE SOME FOODS WITH IRON BETTER THAN OTHERS?

Food has two types of iron — heme iron and non-heme iron. Heme iron is found in meat, fish and poultry, and is the form of iron that is most readily absorbed from your stomach and taken up into your body after you eat it. Non-heme iron is found in plant foods as well as meat. Foods with non-heme iron are still good to eat, but the iron contained in these foods won’t be absorbed as completely as heme iron. You absorb up to 30 percent of heme iron, found only in animal tissues (meat, poultry, and fish). You absorb 2-10 percent of non-heme iron, found in plant foods as well as meat. Eating meat generally boosts your iron levels far more than eating non-heme iron. When you eat heme iron with other sources of non-heme iron, the iron is more completely absorbed. Foods high in vitamin C, like tomatoes, citrus fruits and red, yellow and orange peppers can also help with the absorption of non-heme iron.

Source: The American Red Cross.
www.redcrossblood.org/learn-about-blood/health-and-wellness/iron-rich-foods
www.chesapeakeurology.com
877-422-8237

The most personal care for life’s most personal issues.

PROVENGE®
Infusion Therapy