

#### For the Patient: PROTOCOL LUMMIPNI3

**Other Names:** Treatment of Malignant Mesothelioma using Ipilimumab and 3-Weekly Nivolumab

LU = LUng
MM = Malignant Mesothelioma
IP = IPilimumab
NI = NIvolumab

## **ABOUT THIS MEDICATION**

# What is this drug used for?

Ipilimumab (ip" i lim' ue mab) and Nivolumab (nye vol' ue mab) is an immunotherapy drug combination that is used to treat a type of lung cancer called malignant mesothelioma, that has spread to other parts of the body or cannot be removed by surgery.

# How does this drug work?

 Ipilimumab and nivolumab are a type of therapy called immunotherapy. They are antibodies designed to help your own body's immune system target cancer cells to stop them from growing.

#### **INTENDED BENEFITS**

- Ipilimumab and nivolumab are being given to destroy and/or limit the growth of cancer cells. It may improve your current symptoms, delay or prevent the onset of new ones and prolong your life expectancy
- It may take several treatments before your doctor can judge whether or not this treatment is helping. Treatment is continued as long as there is benefit and side effects are tolerable.

# TREATMENT SUMMARY

#### How is this drug given?

- Your treatment consists of cycles which last 6 weeks (42 days). You will receive treatment every 3 weeks (on days 1 and 22).
- On day 1, you will receive ipilimumab and nivolumab.
- On day 22, you will receive nivolumab only.
- Ipilimumab will be given as an infusion (a drip) into a vein (intravenously) over a period of 30 minutes. The nivolumab infusion will be given over 30 minutes.

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### What will happen while I am being treated?

- A blood test (lab work) and other tests are done before starting each treatment day.
- Treatment may be interrupted based on your test results and/or side effects.

#### **INSTRUCTIONS FOR THE PATIENT**

It is very important to report side effects immediately to your doctor. Do not manage side effects at home without speaking with your doctor. Be aware that symptoms may be delayed and can develop months after your last dose. If other doctors are involved in your care it is important they know you are on these treatments and the autoimmune side effects they can cause. Early treatment of side effects is critical.

# What other drugs or foods can interact with ipilimumab and nivolumab?

- Other drugs may interact with ipilimumab and nivolumab. Check with your doctor or pharmacist before you start or stop taking any other drugs including all prescription and non-prescription medicines, steroids or other medicines that lower your immune response, vitamins and herbal supplements.
- The drinking of alcohol (in small amounts) does not appear to affect the safety or usefulness of ipilimumab or nivolumab.

### Other important things to know:

- Before you are given ipilimumab or nivolumab, talk to your doctor if you:
  - have an active condition where your immune system attacks your body (autoimmune disease), such as ulcerative colitis, Crohn's disease, rheumatoid arthritis, multiple sclerosis, lupus or sarcoidosis
  - take other medicines that make your immune system weak. Examples of these may include steroids, such as prednisone
  - o had an organ transplant, such as a kidney transplant
  - o have liver damage from diseases or drugs
  - have any other medical conditions
- In some cases your tumour may grow before it shrinks.
- Ipilimumab and nivolumab may cause fetal harm if used during pregnancy. It is best to use birth control while being treated with ipilimumab and nivolumab and for at least 5 months after the last dose. Tell your doctor right away if you or your partner becomes pregnant.
- Ipilimumab and nivolumab may pass into your breast milk. Do not breastfeed during treatment.
- Tell doctors or dentists that you are being treated with ipilimumab and nivolumab before you receive any treatment from them. You should carry the BC Cancer <u>wallet</u> <u>card</u> for ipilimumab and nivolumab to alert health providers.
- Do not receive any immunizations before discussing with your doctor

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### SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Ipilimumab and nivolumab may cause serious immune reactions against your own body (autoimmune) affecting many parts.

# Are there any risks?

Unexpected and unlikely side effects can occur with any drug treatment. The ones listed below are particularly important for you to be aware of as they are directly related to the common actions of the drugs in your treatment plan.

# What is the most important information I should know about SERIOUS SIDE EFFECTS?

- Ipilimumab and nivolumab can cause serious side effects in many parts of your body. These side effects are most likely to begin during treatment; however, side effects can show up months after your last treatment.
- Tell your doctor as soon as possible if you have any of serious side effects listed in the table below or your symptoms get worse.
- **Do not try to treat or diagnose symptoms yourself**. Getting medical treatment right away may keep the problem from becoming more serious.

The following side effects were most frequently reported:

# Very common (more than 1 in 10 people)

- diarrhea
- itching, rash
- joint pain
- feeling tired
- feeling less hungry
- feeling nauseous
- fever

SERIOUS SIDE EFFECTS	How common is it?
Inflammation of the INTESTINES (colitis)	Very Common
Symptoms may include	
<ul> <li>diarrhea (loose stools) or more bowel movements than usual. Do not treat the diarrhea yourself.</li> </ul>	(more than 1 in 10)
<ul> <li>blood in stools or dark, tarry, sticky stools</li> </ul>	
stomach pain (abdominal pain) or tenderness	
• fever	
Inflammation of the THYROID GLAND (hyperthyroidism, hypothyroidism) Symptoms may include:	Very Common
rapid heart beat	(more than 1 in 10)
weight loss or gain	(
increased sweating	
• hair loss	
feeling cold	
constipation or diarrhea	
your voice gets deeper	
muscle aches	
changes in sleep patterns	
Inflammation of the SKIN	Very Common
Symptoms may include	
rash on your skin, mouth blisters, dry or peeling skin	(more than 1 in 10)
Depigmentation of the SKIN (vitiligo)	Common
Inflammation of the LUNGS (pneumonitis)	Very Common
Symptoms may include:	
shortness of breath	(more than 1 in 10)
• chest pain	
• coughing	

SERIOUS SIDE EFFECTS	How common is it?
Problems with MUSCLES	Very Common
Symptoms may include:	
back pain	(more than 1 in 10)
• spasms	
• weakness	
muscle pain	
Inflammation of the NERVES	Common
Symptoms may include	
weakness of legs, arms or face	(less than 1 in 10 but
numbness or tingling in hands or feet	more than 1 in 100)
lack of energy or dizziness	
Inflammation of certain GLANDS (pituitary, adrenal glands so they do not make enough	Common
hormone.	
Symptoms may include:	(less than 1 in 10 but
• weight loss	more than 1 in 100)
• increased sweating, hot flashes	
hair loss (includes facial and pubic)     faciling cold	
<ul> <li>feeling cold</li> <li>headaches that will not go away or unusual headache</li> </ul>	
changes in behavior such as less sex drive, being irritable or forgetful	
vision problems, dizziness or fainting	
excessive thirst and urination	
unusual tiredness or sleepiness	
Inflammation of the EYES	Common
Symptoms may include	
<ul> <li>changes in eyesight, blurry vision, double vision, or other vision problems</li> </ul>	(less than 1 in 10 but
eye pain or redness	more than 1 in 100)

SERIOUS SIDE EFFECTS	How common is it?
Inflammation of the KIDNEYS (nephritis)	Common
Symptoms may include:	
changes in the amount or colour of your urine	(less than 1 in 10 but
	more than 1 in 100)
Infusion reaction.	Common
Symptoms may include	
shortness of breath, wheezing or trouble breathing, cough, chest tightness	(less than 1 in 10 but
dizziness, fainting, rapid or weak heartbeat	more than 1 in 100)
itching, rash, hives, or feeling warm or flushed	
swelling of the throat, tongue, or face	
hoarse voice, throat tightness or trouble swallowing	
Inflammation of the LIVER (hepatitis)	Uncommon
Symptoms may include	
yellowing of your skin or the whites of your eyes,	(less than 1 in 100
<ul> <li>dark urine, tiredness, nausea or vomiting, loss of appetite, pain on the right side of your</li> </ul>	but more than 1 in
stomach, or bruise easily	1000)
Problems in the PANCREAS	Rare
Symptoms may include:	
abdominal pain	(less than 1 in 1000
nausea and vomiting	but more than 1 in
	10000)
Blood sugar problems (type 1 diabetes mellitus)	Rare
Symptoms may include:	
hunger or thirst	(less than 1 in 1000
a need to urinate more often	but more than 1 in
weight loss	10000)

OTHER SIDE EFFECTS	How common is it?	MANAGEMENT
Pain or tenderness may occur where the needle was placed.	Rare	Apply cool compresses or soak in cool water for 15-20 minutes several times a day.
Nausea does not usually occur.	Rare	
Fever may sometimes occur.	Common	<ul> <li>Take acetaminophen (e.g., TYLENOL®) every 4-6 hours, to a maximum of 4 g (4000 mg) per day.</li> <li>If you have other symptoms of <b>colitis</b>, tell your doctor as soon as possible. (see the table above for serious side effects)</li> </ul>
Tiredness and lack of energy may sometimes occur.	Very Common	<ul> <li>Do not drive a car or operate machinery if you are feeling tired.</li> <li>Try the ideas in Your Bank to Energy Savings: Helping People with Cancer Handle Fatigue.*</li> <li>If tiredness is persistent and you have other symptoms of hepatitis or inflammation of glands, tell your doctor as soon as possible. (see the table above for serious side effects)</li> </ul>
Headache may sometimes occur.	Common	<ul> <li>Take acetaminophen (e.g., TYLENOL®) every 4-6 hours if needed, to a maximum of 4 g (4000 mg) per day.</li> <li>If headache is persistent and you have other symptoms of inflammation of glands or Inflammation of the nerves, tell your doctor as soon as possible. (see the table above for serious side effects)</li> </ul>

OTHER SIDE EFFECTS	How common is it?	MANAGEMENT
Constipation may sometimes occur.	Rare	<ul> <li>Exercise if you can.</li> <li>Drink plenty of fluids.</li> <li>Try ideas in Suggestions for Dealing with Constipation.*</li> <li>If you have other symptoms of colitis, tell your doctor as soon as possible. (see the table above for serious side effects)</li> </ul>
Loss of appetite and weight loss sometimes occur.	Common	<ul> <li>Try the ideas in Food Ideas to Help with Decreased Appetite.</li> <li>If loss of appetite is persistent and you have other symptoms of hepatitis, tell your doctor as soon as possible. (see the table above for serious side effects)</li> </ul>
<b>Hair loss</b> is rare with ipilimumab and nivolumab.	Uncommon	If hair loss is a problem, refer to For the Patient: Hair Loss Due to Chemotherapy.*

<sup>\*</sup>Please ask your chemotherapy nurse or pharmacist for a copy.

If you experience symptoms or changes in your body that have not been described above but worry you, or if any symptoms are severe, contact:		
a	t telephone number:	



# MEDICAL ALERT

NAME \_\_\_\_\_

has received
CHECKPOINT INHIBITOR IMMUNOTHERAPY:
Immune-Mediated Adverse Reactions

ALWAYS CARRY THIS CARD AND SHOW TO PHYSICIANS INCLUDING ANESTHETISTS

# SEVERE IMMUNE-MEDIATED ADVERSE REACTIONS Including enterocolitis, intestinal perforation, hepatitis, dermatitis (including toxic epidermal necrolysis), neuropathy, endocrinopathy, pneumonitis, myositis, myocarditis and toxicities in other organ systems. Duration of risk after treatment is unknown.

FOR MORE INFORMATION:	
BC Cancer - Abbotsford	604-851-4710
BC Cancer - Kelowna	250-712-3900
BC Cancer - Prince George	250-645-7300
BC Cancer - Surrey	604-930-4055
BC Cancer - Vancouver	604-877-6000
BC Cancer - Victoria	250-519-5500
www.bccancer.bc.ca/cdm	

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To V	To Whom It May Concern:		
RE:			
	Medical Oncologist Immunotherapy Regimen		

This patient is receiving **immunotherapy** at the BC Cancer and is at risk of **immune-related toxicities** which may be life threatening and require urgent management.

Immunotherapy toxicities are different from those encountered with standard chemotherapy or targeted therapies. The immune system may become dysregulated during immunotherapy treatment, leading to symptoms and findings which mimic autoimmune disorders. Adverse events can occur during or following treatment and can be life threatening. Any organ system in the body is at risk including, but not limited to:

Lungs (pneumonitis, pleuritis, sarcoidosis)

Gastrointestinal (colitis, ileitis, pancreatitis)

Liver (hepatitis)

Skin (rash, Stevens-Johnson syndrome)

Endocrine (hypophysitis, adrenal insufficiency, hypo/hyperthyroidism, type 1 diabetes mellitus) Renal (interstitial nephritis)

Blood (hemolytic anemia, thrombocytopenia, neutropenia)

Neurologic (encephalitis, Guillain-Barré syndrome, meningitis, myasthenia gravis, neuropathy)

Musculoskeletal (myositis, arthritis)

Cardiovascular (pericarditis, myocarditis, vasculitis)

Ophthalmologic (uveitis, scleritis, episcleritis, conjunctivitis, retinitis)

Management of immune-related toxicities necessitates prompt coordination with a medical oncologist with **initiation of high dose corticosteroids**, and may require referral to the appropriate subspecialty. If you suspect your patient is presenting with immune-related toxicity, **please contact the patient's medical oncologist** directly or if after hours contact the on-call physician. Additional information on immunotherapy toxicity treatment algorithms is located at the end of the above posted protocol at <a href="https://www.bccancer.bc.ca">www.bccancer.bc.ca</a>.

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