

For the Patient: LYPEM

Other Names: Treatment of Relapsed or Refractory Hodgkin Lymphoma Using Pembrolizumab

LY = LYmphoma
PEM = PEMrolizumab

ABOUT THIS MEDICATION

What is this drug used for?

 Pembrolizumab (pem broe LIZ ue mab) is a drug that is used to treat a type of lymphoma called Hodgkin lymphoma.

How does this drug work?

 Pembrolizumab is a type of therapy called immunotherapy. It is an antibody designed to help your own body's immune system target cancer cells to stop them from growing.

INTENDED BENEFITS

This treatment is being given to slow down the growth of cancer cells in your body. This treatment can help with controlling some of the symptoms the cancer may be causing and may delay or prevent new symptoms from starting.

TREATMENT SUMMARY

How is this drug given?

Pembrolizumab is a clear liquid given as an infusion (injection) into a vein. The
infusion lasts about 30 minutes. You will have an infusion once every 3 weeks. This
3 week period is called a cycle. The cycle is repeated as long as you are benefiting
from treatment and not having too many side effects.

What will happen while I am being treated?

- A blood test is done before starting each treatment cycle, usually at the time you see your oncologist.
- Your treatment may be interrupted based on your blood test results and/or other side effects.

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OTHER INSTRUCTIONS

- It is very important to report side effects immediately to your doctor. Do not manage side effects at home without first 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.

What other drugs or foods can interact with pembrolizumab?

- Other drugs may interact with pembrolizumab. Check with your doctor or pharmacist before you start or stop taking any other drugs including all prescription and nonprescription 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 pembrolizumab.

Other important things to know:

- Before you are given pembrolizumab, talk to your doctor or pharmacist if you:
 - o have an active condition where your immune system attacks your body (autoimmune disease), such as ulcerative colitis, Crohn's disease, lupus, rheumatoid arthritis or sarcoidosis.
 - o take other medicines that make your immune system weak. Examples of these may include steroids, such as prednisone or dexamethasone.
 - o had an organ transplant, such as a kidney transplant.
 - have any other medical conditions.
- It is very important to tell your doctor immediately if you have, or develop, any of the symptoms listed under Serious Side Effects. Do not try to treat or diagnose symptoms yourself.
- Pembrolizumab may damage sperm and may harm the baby if used during pregnancy. It is best to use birth control while being treated with pembrolizumab and for at least 4 months after the last dose. Tell your doctor right away if you or your partner becomes pregnant. Do not breast feed during treatment.
- Pembrolizumab may pass into your breast milk. **Do not breastfeed** during treatment.
- Tell doctors or dentists that you are being treated with pembrolizumab before you receive any treatment from them.
- Do not receive any immunizations before discussing with your doctor

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SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Pembrolizumab 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 drug in your treatment plan.

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

- Pembrolizumab 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 with pembrolizumab.
- **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
- cough

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| SERIOUS SIDE EFFECTS | How common is it? |
|---|------------------------|
| Inflammation of the intestines (colitis) | Common |
| Symptoms may include: | |
| diarrhea (loose stools) or more bowel movements than usual. Do not treat the diarrhea | (less than 1 in 10 but |
| yourself. | more than 1 in 100) |
| blood or mucus in stools or dark, tarry, sticky stools | |
| severe stomach pain (abdominal pain) or tenderness | |
| Inflammation of the thyroid gland (hyperthyroidism, hypothyroidism) | Common |
| Symptoms may include: | |
| rapid heart beat | (less than 1 in 10 but |
| weight loss or gain | more than 1 in 100) |
| increased sweating | |
| hair loss | |
| feeling cold | |
| constipation or diarrhea | |
| your voice gets deeper | |
| muscle aches | |
| changes in sleep patterns | |
| Inflammation of the pituitary gland (hypophysitis, hypopituitarism, including secondary | Common |
| adrenal insufficiency) | |
| 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) | |
| feeling cold | |
| headaches that will not go away or unusual headache | |
| decreased sex drive | |
| vision problems | |
| excessive thirst and urination | |

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| SERIOUS SIDE EFFECTS | How common is it? |
|---|-------------------------|
| Inflammation of the lungs (pneumonitis) | Common |
| Symptoms may include: | |
| shortness of breath | (less than 1 in 10 but |
| chest pain | more than 1 in 100) |
| • coughing | |
| Problems with muscles | Common |
| Symptoms may include: | |
| back pain | (less than 1 in 10 but |
| • spasms | more than 1 in 100) |
| • weakness | |
| muscle pain | |
| Skin problems | Common |
| Symptoms may include: | |
| • rash | (less than 1 in 10 but |
| dry skin | more than 1 in 100) |
| Problems in other organs (nervous system, eyes) | Common |
| Symptoms may include: | |
| tingling, numbness, lack of energy | (less than 1 in 10 but |
| changes in eyesight | more than 1 in 100) |
| • dizziness | |
| Inflammation of the liver (hepatitis) | Uncommon |
| Symptoms may include: | |
| nausea or vomiting | (less than 1 in 100 but |
| loss of appetite | more than 1 in 1000) |
| pain on the right side of your stomach | |
| yellowing of your skin or the whites of your eyes | |
| dark urine | |
| bleeding or bruise more easily than normal | |
| Inflammation of the kidneys (nephritis) | Uncommon |
| Symptoms may include: | |
| changes in the amount or colour of your urine | (less than 1 in 100 but |
| | more than 1 in 1000) |

| SERIOUS SIDE EFFECTS | How common is it? |
|---|----------------------|
| Problems in the pancreas | Rare |
| Symptoms may include: | |
| abdominal pain | (less than 1 in 1000 |
| nausea and vomiting | but more than 1 in |
| Blood sugar problems (type 1 diabetes mellitus) | |
| 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) |
| Infusion reactions | Rare |
| Symptoms may include: | |
| shortness of breath | (less than 1 in 1000 |
| itching or rash | but more than 1 in |
| • dizziness | 10000) |
| • fever | |
| wheezing | |
| • flushing | |
| feeling like passing out | |

| OTHER SIDE EFFECTS | How common is it? | MANAGEMENT |
|---|-------------------|---|
| Pain or tenderness may occur where the needle was placed. | Very rare | Apply cool compresses or soak in cool water for 15-20 minutes several times a day. |
| Nausea and vomiting may occur after your treatment. Most people have little or no nausea. | Common | You may be given a prescription for antinausea drug(s) to take before your treatment and/or at home. It is easier to prevent nausea than treat it once it has occurred, so follow directions closely. Drink plenty of fluids. Eat and drink often in small amounts. Try the ideas in Food Choices to Help Control Nausea.* If nausea and vomiting is persistent and you have other symptoms of hepatitis, tell your doctor as soon as possible. (see the table above for serious side effects.) |
| Fever may sometimes occur. | Common | Take acetaminophen (e.g., TYLENOL®) every 4-6 hours, to a maximum of 4 g (4000 mg) per day. If you have other symptoms of colitis, tell your doctor as soon as possible. (see the table above for serious side effects.) |
| Constipation may sometimes occur. | Common | Exercise if you can. Drink plenty of fluids. Try ideas in Suggestions for Dealing with Constipation.* If you have other symptoms of colitis, tell your doctor as soon as possible. (see the table above for serious side effects.) |
| Headache may sometimes occur. | Common | Take acetaminophen (e.g., TYLENOL®) every 4-6 hours if needed, to a maximum of 4 g (4000 mg) per day. 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.) |

| OTHER SIDE EFFECTS | How common is it? | MANAGEMENT |
|---|-------------------|--|
| Loss of appetite and weight loss sometimes occur. | Very common | Try the ideas in Food Ideas to Help with Decreased Appetite. 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.) |
| Tiredness and lack of energy may sometimes occur. | Very common | Do not drive a car or operate machinery if you are feeling tired. Try the ideas in Your Bank to Energy Savings: Helping People with Cancer Handle Fatigue.* 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.) |
| Hair loss is rare with pembrolizumab. | Rare | If hair loss is a problem, refer to For the Patient: Hair Loss Due to Chemotherapy.* |

^{*}Please ask your oncologist, pharmacist or chemotherapy nurse for a copy.

| If you experience symptoms or changes in your body that have not been described above but worry you, or in any symptoms are severe, contact: |
|--|
| at 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 | |
| BC Cancer - Victoria | 250-519-5500 |
| www.bccancer.bc.ca/health-professionals/professional-re | sources/cancer-drug-manual |
| Rev Aug 2018 | |

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| Provincial He | atth Services Authority |
|---------------|-------------------------|
| To WI | hom 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, or as per your local centre's process (next page). Additional information on immunotherapy toxicity treatment algorithms is located at the end of the above posted protocol at www.bccancer.bc.ca.

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Provincial Health Services Authority

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| BC CANCER CENTRES | CONTACT INFORMATION AND PROCESS |
|----------------------|---|
| Abbotsford | Contact the patient's medical oncologist immediately by calling the Abbotsford Regional Hospital and Cancer Centre (ARHCC) switchboard at (604) 851-4700 and ask for the on-call medical oncologist (24-hour call system). |
| Kelowna | Between 8:30 am – 5:00 pm, call (250) 712-3900 (press "8" to speak to the Kelowna Centre receptionist) and have an oncologist paged. Outside these hours, call the Kelowna General Hospital switchboard at (250) 862-4000 and ask for the on-call medical oncologist. |
| Prince George | Between 8:30 am – 4:00 pm Monday to Friday, call (250) 645-7313. Outside these hours, go to the emergency department at the University Hospital of Northern British Columbia (UHNBC). |
| Surrey | Between 8:30 am – 4:00 pm Monday to Friday (except Statutory holidays), call the Nursing Phone Line at (604) 930-4053. Outside these hours, call the Surrey Memorial Hospital switchboard at (604) 581-2211 and ask for the Fraser Valley on-call medical oncologist. |
| Vancouver | Between $8:30\mathrm{am}-4:30\mathrm{pm}$ Monday to Friday, call the Patient Nurse Line at (604) 877-6025. Outside these hours, call the inpatient unit at (604) 877-6000 and press 1, and ask for the on-call medical oncologist. |
| Victoria | Between 8:30 am — 4:30 pm Monday-Friday (except Statutory holidays), call (250) 519-5500, and press 1 then 4 to speak with a registered nurse. Outside these hours, call the Royal Jubilee Hospital switchboard at (250) 370-8000 and ask for the on-call medical oncologist. |

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