

For the Patient: **SMAVPEM**

Other Names: Treatment of Unresectable or Metastatic Melanoma Using Pembrolizumab

SM = Skin and Melanoma AV = Advanced PEM = Pembrolizumab

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 skin cancer called melanoma, that has spread to other parts of the body or cannot be removed by surgery.

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

Pembrolizumab is being given to destroy and/or limit the growth of melanoma cells.
 It may improve your current symptoms, and delay or prevent the onset of new ones.

TREATMENT SUMMARY

How is this drug given?

- Pembrolizumab will be given to you as an infusion (a drip) into a vein (intravenously) over a period of 30 minutes.
- You will be treated with pembrolizumab once every 3 weeks. This 3 weeks 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 (lab work) and other tests are done before starting each treatment cycle at the time you see your oncologist.
- The treatment may be interrupted based on your test results and/or side effects.

INSTRUCTIONS FOR THE PATIENT

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:
 - 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.
 - 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.
 - o 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.
- You may have a **transient worsening of disease** before the tumour shrinks. Tumour response will be assessed during treatment.
- Pembrolizumab may damage sperm and may harm the baby if used during pregnancy. You must use **birth control** while being treated with pembrolizumab and for at least 4 months after your last dose. Tell your doctor right away if you or your partner becomes pregnant.
- 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.

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

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 yourself. 	(less than 1 in 10 but 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:	Common
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	

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:	o on mon
• 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:	o on mon
 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:	Choominon
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 	

SERIOUS SIDE EFFECTS	How common is it?
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)
Problems in the pancreas	Rare
Symptoms may include:	T C T C T C T C T C T C T C T C T C T C
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:	Naic
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:	Raio
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 <i>Food Choices to Help Control Nausea</i>.* 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 <i>Suggestions for Dealing with Constipation</i>.* If you have other symptoms of colitis, tell your doctor as soon as possible. (see the table above for serious side effects.)

OTHER SIDE EFFECTS	How common is it?	MANAGEMENT
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.)
Loss of appetite and weight loss sometimes occur.	Very common	 Try the ideas in <i>Food Ideas to Help with Decreased</i> <i>Appetite.</i> 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 or pharmacist 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:___

BC MEDICAL CER ALERT Provincial Health Services Authority NAME	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.
has received CHECKPOINT INHIBITOR IMMUNOTHERAPY: Immune-Mediated Adverse Reactions ALWAYS CARRY THIS CARD AND SHOW TO PHYSICIANS INCLUDING ANESTHETISTS	FOR MORE INFORMATION: BC Cancer - Abbotsford



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, 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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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 am – 4:30 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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