

## Patient Resource

Pazopanib (monotherapy)

Includes treatment diary

## Patient Resource: Pazopanib (monotherapy)

### **VOTRIFNT®**

You have been prescribed pazopanib to treat your renal cell (kidney) cancer. Before you start your treatment with pazopanib, please discuss any health conditions you may have and any plans to have surgery with your oncology healthcare professional.

Pazopanib is an anti-cancer medication that targets a group of proteins involved in the growth and spread of certain types of cancers. This medication comes in tablet form and is taken by mouth once daily on an empty stomach. Do not eat for at least 1 hour before and at least 2 hours after taking pazopanib. Swallow the tablets whole with a glass of water, do not break or crush the tablets. Pazopanib should be taken at the same time each day. Do not consume grapefruit or grapefruit juice during pazopanib treatment.

If you have any issues with taking your medication, please contact your pharmacist.

### Most Common Side Effects of Pazopanib in Adults

- Diarrhea or severe diarrhea (e.g. 3 or more times a day accompanied by fever)
- Experiencing symptoms like nausea or vomiting
- Loss of appetite
- Stomach pain or discomfort
- Change in the perception of taste
- Pain in mouth due to mouth sores or ulcers
- Indigestion
- Weight loss
- Flatulence
- Headache
- Loss of strength, increased feelings of weakness
- Reduced energy

- Difficulty sleeping
- Dizziness
- Changes in hair colour or unusual hair loss or thinning
- Loss of skin pigment
- Skin rash
- Nail disorder (e.g. changes in the nail bed or plate)
- Sensations of prickling or crawling on the skin
- Excessive sweating
- Hoarse voice
- Cough or shortness of breath
- Nosebleeds

- Swelling in the hands, ankles, or feet
- Muscle, bone, tendon, ligament, and/or joint pain, or pain in the tumor site
- Muscle spasms
- Slow heart rate
- High blood pressure
- Chills
- Urinary tract infection, blood in urine, or painful urination
- Infection, which may or may not show changes in white blood cells during blood tests
- Increase in liver enzymes

If you experience any of the above side effects while being treated with pazopanib, report them to your oncology healthcare team and discuss the best way to manage them. DO NOT try to manage these side effects on your own.

See the next section for serious side effects that may require your doctor's attention right away.

If you notice any symptoms or side effects not listed on this card that concern you, please don't hesitate to contact your oncology care team.

## Patient Resource: Pazopanib (monotherapy)

**VOTRIENT®** 

The below are serious side effects that may require extra support to manage and should be reported to your oncology healthcare team immediately. Do not try to manage these side effects on your own, always speak with your healthcare professional, oncology healthcare team or pharmacist if you have any concerns or questions about your health.

### Serious Side Effects of Pazopanib in Adults

| Very common            | Common                       | Uncommon                   | Rare                           | CAUTION     |
|------------------------|------------------------------|----------------------------|--------------------------------|-------------|
| (2) Talk to your healt | thcare professional if seve  | re (e.g., impacting your a | bility to care for yourself, v | work, etc.) |
| Talk to your healt     | thcare professional in all c | cases                      |                                |             |
| Stop taking pazo       | panib and get immediate      | e medical help             |                                |             |



| Very common   | Common  |
|---|---|
| Chest pain  | Feelings of tiredness, or chest pain, accompanied by shortness of breath  |
| Uncommon  | ☐ Fever   |
| <ul> <li>Irregular heartbeat or palpitations, accompanied by dizziness</li> <li>Bruising under the skin, bleeding of the nose or gums, decreased urine output, or blood in urine caused by small blood clots in the small vessels, called thrombotic microangiopathy</li> </ul> | <ul> <li>STOP TAKING MEDICATIONS IMMEDIATELY AND GET IMMEDIATE HELP IF YOU EXPERIENCE A COMBINATION O</li> <li>Sudden severe pain in the back, chest or abdomen</li> <li>Coughing (especially if coughing up blood), intense unexplained pain high in the neck or back</li> </ul> |
| <ul> <li>☐ Irregular heartbeat (alone)</li> <li>☐ Cold sweats</li> <li>☐ Pain or discomfort in the back, shoulder, arm, throat, jaw or teeth</li> </ul>   |   |
| Swollen ankles or feet  |   |

OMBINATION OF: or abdomen



### Very common

Pain, tingling, swelling or redness, thick calluses, or blisters on the palms of hands or soles of the feet

### Uncommon

Wounds that do not heal

# No.

### **GASTROINTESTINAL**

### Common

- Vomiting or coughing up blood
- Stools that are black or bloody
- Diarrhea

### Uncommon

- Abdominal pain that lasts and worsens when lying down, accompanied by nausea or vomiting
- Rectal bleeding
- Abdominal pain or tenderness, accompanied by bloating or a feeling of fullness (distention) in abdomen
- Weight loss



### **HEPATIC**

### Common

- Yellowing of skin or eyes (jaundice)
- Unusual dark urine
- Pain in the right upper stomach area



#### Common

Unusual tiredness

Mini-strokes, characterized by numbness or weakness on one side of the body, difficulty speaking, dizziness, or loss of balance that lasts for minutes to hours

Seizures, fainting or loss of consciousness

Disorientation or confusion



### **RESPIRATORY**

#### Common

Shortness of breath

Shortness of breath, accompanied by chest pain, leg pain, or swelling of legs/feet

#### **Uncommon**

### STOP TAKING MEDICATIONS IMMEDIATELY AND GET IMMIEDATE HELP IF YOU EXPERIENCE A COMBINATION OF:

Sudden numbness or weakness of your arm, leg or face (especially if only on one side of the body), difficulty speaking, sudden difficulty walking, or loss of balance or coordination

Sudden severe headache, seizures, weakness in an arm or leg, tiredness, changes in vision, difficulty speaking or understanding speech, loss of coordination or balance, or loss of consciousness

Trouble seeing, blurry or impaired vision

#### Uncommon

Coughing up blood



### **RENAL/UROLOGIC**

#### Uncommon

Bloody urine

Decreased urine output

Interstitial lung disease, characterized by cough, shortness of breath, difficulty breathing, and/or fever. Posterior Reversible Encephalopathy Syndrome Headaches, symptoms of which include seizures, loss of speech or vision, high blood pressure, and abnormal drowsiness. Tumour lysis syndrome, symptoms of which include nausea, shortness of breath, irregular heartbeat, heart rhythm disturbances, lack of urination, clouding of urine, muscle spasms or twitching, tiredness and/or joint pain, severe muscle weakness, and seizures; metabolic disorders (kidney failure, abnormal heartbeat) and abnormal blood tests may also be present due to rapid breakdown of cancer cells.

## Blood Pressure Information and Log

When taking pazopanib, it is important to monitor your blood pressure. This should be done 1 week after first treatment, then every 2 weeks for the first 2 months, and then at least monthly thereafter during treatment. This can be done using an at-home blood pressure monitor or the blood pressure monitors available at many local pharmacies and community health centres. If you are purchasing a monitor for at-home use, look for a statement of recommendation from Hypertension Canada on the package.

| Please list any blood pressure medications you are currently taking below: |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Prior to taking your blood pressure**, please ensure you do the following:

- Try to rest or relax for at least 30 minutes before you check your blood pressure
- Do not smoke
- Do not have any drinks with caffeine, such as pop, coffee or tea
- Take your blood pressure at approximately the same time of day

While taking your blood pressure, please ensure you do the following:

- Remove any tight clothing from your arm or wrist
- Check your blood pressure in a quiet room
- Sit down and stretch out your arm on a table and keep your arm at about the level of your heart
- Let your arm relax
- Make sure that your legs are not crossed
- Follow the directions that accompany the machine you are using

Please see the next page for a blood pressure log to use during your treatment.

### PLEASE USE THIS TREATMENT DIARY TO RECORD YOUR BLOOD PRESSURE INFORMATION THROUGHOUT TREATMENT

IMPORTANT: Please record and report even minor symptoms. All side effects must be reported to your cancer care team.

|      | If your blood pressure is greater than 170 mmHg (systolic) and 95 mmHg (diastolic) please call your cancer care |    |             |   |                                       |  |  |
|------|---|----|-------------|---|---------------------------------------|--|--|
| Date | AM  | PM | Time of Day | BP Reading (mmHg) Systolic/Diastolic (e.g., 120/80) | Comments<br>(e.g., right or left arm) |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |
|      |   |    |             |   |                                       |  |  |

