

# Patient Resource

Pembrolizumab (monotherapy)

Includes treatment diary

## Patient Resource: Pembrolizumab (monotherapy)

#### KEYTRUDA®

You have been prescribed pembrolizumab to treat your renal cell (kidney) cancer. Before you start your treatment with pembrolizumab, please discuss any health conditions you may have with your oncology healthcare professional. Pembrolizumab is a monoclonal antibody which enhances the body's immune system to target cancer cells and prevent their growth. This medication is given intravenously (into your vein).

#### Most Common Side Effects of Pembrolizumab in Adults

- Diarrhea and/or nausea
- Itching and/or rash
- Unusual feelings of tiredness or weakness
- Low or high levels of thyroid hormone
- Fever
- Feeling less hungry than usual
- Shortness of breath
- Skin patches where colour has been lost (termed 'vitiligo')
- Increased liver enzyme levels

If you experience any of the above side effects while being treated with pembrolizumab, 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 that are not listed on this card that concern you, please don't hesitate to contact your oncology care team.

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### KEYTRUDA®

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 Pembrolizumab in Adults

Very common	Common	Uncommon	Rare	CAUTION				
(ii) Talk to your healt	hcare professional if seve	ere (e.g., impacting you	ability to care for yourself,	work, etc.)				
Talk to your health	hcare professional in all c	cases						
Stop taking pemb	orolizumab and get imme	ediate medical help						
	_							
CIPCIII	LATORY							
CIRCU	LATORT							
Common								
Feeling cold								
Rapid heartbeat								
Increased sweating	ng							
Uncommon								
		ala artin a a a a f						
7	pain accompanied by By be caused by inflam							
heart muscle (my								
Irregular heartbed								
to rule out febrile	healthcare professiona	al immediately						
Anemia (low red l	• •							
Swollen lymph nodes								
Reactions to infusi	ions: Flushing							



#### Common

Skin problems such as rash, itching, blistering, peeling or sores

#### Uncommon

Hair loss

Rashes or tender lumps on the skin

Red skin lesions

**Reactions at infusion site:** Itching or rash



### **GASTROINTESTINAL**

#### Common

- Diarrhea or an increase in the number of bowel movements you have
- Stools that are black, tar-like, sticky, or stools with blood or mucus
- Severe stomach pain or tenderness
- Nausea or vomiting
- Constipation
- Ulcers in in the mouth, nose or throat
- Weight loss of weight gain
- Changes in appetite or thirst

#### Uncommon

- Diarrhea (with loose and oily stools) associated with bloating and abdominal discomfort
- Inflammation of the stomach lining, or gastritis, characterized by severe stomach pain or tenderness, nausea or vomiting



### **HEPATIC**

#### **Uncommon**

- Yellowing of the skin or eyes (jaundice)
- Pain in the upper right part of the stomach
- Bleeding or bruising more easily than normal
- Dark urine



### Common Uncommon Changes in eyesight, eye pain, or other eye problems Persistent or unusual headaches Pain, numbness, tingling, or weakness in the arms or legs Dizziness or fainting Muscle problems, such as muscle cramps, spasms, pain, or weakness Muscle aches Unusual tiredness Severe or persistent muscle or joint pains Reaction to infusions: Dizziness or feeling faint **RESPIRATORY Uncommon** Common Shortness of breath Reactions to infusion: Shortness of breath or wheezing Chest pain Coughing Deepening of your voice **RENAL/UROLOGIC** Common Uncommon

# **HEMATOLOGIC**

Unusually frequent urination

Aplastic anemia, or insufficient production of new blood cells, may also occur. This may be characterized by feelings of fatigue or dizziness, shortness of breath, rapid or irregular heart rate, pallor, irregular bleeding or bruising (including bleeding from the nose or gums), frequent infections that do not resolve during the expected timeframe, rash, headache, and/or fever.

Urinary incontinence or difficulty urinating

Dark or unusually coloured urine

### Blood Pressure Information and Log

When taking pembrolizumab, 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 FOR EACH CYCLE.

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

Blood pressure (after the first week of treatment, then every 2 weeks for 2 months, then monthly)

If your blood pressure is greater than 170 mmHg (systolic) and 95 mmHg (diastolic) please call your cancer care team.

Date	AM	PM	Time of Day	<b>BP Reading (mmHg)</b> Systolic/Diastolic (e.g., 120/80)	Comments (e.g., right or left arm)
Date of my next appointme	nt is:			Date of my next appointment for blood wo	ork is:

