

For the Patient: **LUAVATZ**

Other Names: Treatment of Advanced Non-Small Cell Lung Cancer Using Atezolizumab

LU = LUng

AV = AdVanced

ATZ = ATeZolizumab

ABOUT THIS MEDICATION

What is this drug used for?

- Atezolizumab (a"te zoe liz' ue mab) is a monoclonal antibody used for the treatment of non-small cell lung cancer (NSCLC). It is usually given after you have had at least one other type of chemotherapy.

How does this drug work?

- Atezolizumab is a type of protein designed to target and interfere with the growth of cancer cells in your body.

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?

- Atezolizumab is given as an infusion (injection) into a vein. The infusion will last about 30 to 60 minutes. You will have an infusion every 3 weeks. This 3-week period is called a cycle.

What will happen when I get this drug?

- A blood test is done before starting each treatment cycle. You will see your oncologist at least every 3 weeks, before treatments.
- The dose of your treatment may be changed based on your blood test results and/or other side effects.

OTHER INSTRUCTIONS

- ***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.***

What other drugs or foods can interact with atezolizumab?

- Other drugs may **interact** with atezolizumab. 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 atezolizumab.

Other important things to know:

- **Before you are given atezolizumab**, 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.
 - had an organ transplant, such as a kidney transplant.
 - have any other medical conditions.
- Atezolizumab may damage sperm and may harm the baby if used during pregnancy. It is best to use **birth control** while being treated with atezolizumab and for at least **5 months** after the last dose. Tell your doctor right away if you or your partner becomes pregnant.
- **Do not breastfeed** during treatment and for **5 months** after the last dose.
- **Tell** doctors or dentists that you are being treated with atezolizumab before you receive any treatment from them.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Atezolizumab 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?

- Atezolizumab 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 atezolizumab.
- **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
- nausea, vomiting
- fever, chills
- shortness of breath
- cough

SERIOUS SIDE EFFECTS	How common is it?
<p>Inflammation of the NERVES <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • weakness of the legs, arms or face • numbness or tingling in hands or feet • lack of energy or dizziness 	Very Common
<p>Inflammation of the INTESTINES (colitis) <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • diarrhea (loose stools) or more bowel movements than usual. Do not treat the diarrhea yourself. • blood or mucus in stools or dark, tarry, sticky stools • severe stomach pain (abdominal pain) or tenderness • fever 	Common
<p>Inflammation of the SKIN <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • rash on your skin, mouth blisters, dry or peeling skin 	Common
<p>Inflammation of the LUNGS (pneumonitis) <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • shortness of breath • chest pain • coughing 	Common
<p>Inflammation of the THYROID GLAND (hyperthyroidism, hypothyroidism) <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • rapid heart beat • weight loss or gain • increased sweating • hair loss • feeling cold • constipation or diarrhea • your voice gets deeper • muscle aches • changes in sleep patterns 	Common

SERIOUS SIDE EFFECTS	How common is it?
<p>Infusion reactions <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • shortness of breath, wheezing or trouble breathing, cough, chest tightness • dizziness, fainting, rapid or weak heartbeat • itching, rash, hives, or feeling warm or flushed • swelling of the throat, tongue, or face • hoarse voice, throat tightness or trouble swallowing 	Common
<p>Inflammation of certain GLANDS (pituitary, adrenal glands so they do not make enough hormone) <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • weight loss • increased sweating, hot flashes • hair loss (includes facial and pubic) • feeling cold • headaches that will not go away or unusual headache • 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 	Common
<p>BLOOD SUGAR problems (type 1 diabetes mellitus) <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • hunger or thirst • a need to urinate more often • weight loss 	Uncommon
<p>Problems in the PANCREAS <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • abdominal pain • nausea and vomiting 	Uncommon
<p>Inflammation of the LIVER (hepatitis) <i>Symptoms may include:</i></p> <ul style="list-style-type: none"> • yellowing of your skin or the whites of your eyes • dark urine, tiredness, nausea or vomiting, loss of appetite, pain on the right side of your stomach, or bruise easily 	Uncommon

SERIOUS SIDE EFFECTS	How common is it?
Problems with MUSCLES <i>Symptoms may include:</i> <ul style="list-style-type: none"> • back pain • spasms • weakness • muscle pain 	Rare
Inflammation of the EYES <i>Symptoms may include:</i> <ul style="list-style-type: none"> • changes in eyesight, blurry vision, double vision, or other vision problems • eye pain or redness 	Rare
Inflammation of the KIDNEYS (nephritis) <i>Symptoms may include:</i> <ul style="list-style-type: none"> • changes in the amount or colour of your urine 	Rare

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 and vomiting may occur after your treatment.	Very Common	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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.)

OTHER SIDE EFFECTS	How common is it?	MANAGEMENT
Constipation may sometimes occur.	Common	<ul style="list-style-type: none"> • 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.)
You may sometimes have trouble sleeping .	Common	<ul style="list-style-type: none"> • Talk to your doctor if you continue to have trouble sleeping. • This will return to normal when you stop taking atezolizumab.
Hair loss is rare with atezolizumab.	Rare	If hair loss is a problem, refer to <i>For the Patient: Hair Loss Due to Chemotherapy</i> .*

***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 any symptoms are severe, contact:

_____ at telephone number: _____



Provincial Health Services Authority

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 - Abbotsford604-851-4710
- BC Cancer - Kelowna250-712-3900
- BC Cancer - Prince George.....250-645-7300
- BC Cancer - Surrey604-930-4055
- BC Cancer - Vancouver.....604-877-6000
- BC Cancer - Victoria.....250-519-5500

www.bccancer.bc.ca/health-professionals/professional-resources/cancer-drug-manual

Rev Aug 2018



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.

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.