

For the Patient: GUBAVE

Other Names: Maintenance Therapy of Locally Advanced or Metastatic Urothelial Carcinoma using Avelumab

GU = **G**enito**U**rinary **AVE** = **AVE**lumab

ABOUT THIS MEDICATION

What is this drug used for?

• Avelumab (a vel' ue mab) is a drug that is used to treat bladder cancer.

How does this drug work?

• Avelumab 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 your cancer cells in your body. This treatment can help to control some of the symptoms that cancer may be causing and may delay or prevent new symptoms from starting.

TREATMENT SUMMARY

How is this drug given?

- Avelumab will be given as an infusion (a drip) into a vein (intravenously) over a period of 60 minutes.
- You will be treated with avelumab once every 2 weeks. This 2-week period is called a "cycle". The cycle is repeated and the number of cycles will depend on your treatment plan.

What will happen while I am being treated?

- A blood test (lab work) and other tests are done before starting each treatment cycle.
- Treatment may be interrupted based on your test results and/or side effects.

INSTRUCTIONS FOR THE PATIENT

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. 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 avelumab?

- Other drugs may interact with avelumab. 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 avelumab.

Other important things to know:

- Before you are given avelumab, talk to your doctor if you:
 - have an active condition where your immune system attacks your body (autoimmune disease), such as ulcerative colitis, Crohn's disease, rheumatoid arthritis, multiple sclerosis, lupus or sarcoidosis.
 - take other medicines that make your immune system weak. Examples of these may include steroids, such as prednisone or dexamethasone.
 - had an organ transplant, such as a kidney transplant.
 - have liver damage from diseases or drugs.
 - 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.
- Avelumab may damage sperm and may harm the baby if used during pregnancy. It is best to use **birth control** while being treated with avelumab and for at least **one month** after the last dose. Tell your doctor right away if you or your partner becomes pregnant.
- Avelumab may pass into your breast milk. **Do not breastfeed** during treatment and for at least **1 month** after the last dose.
- **Tell** doctors or dentists that you are being treated with avelumab before you receive any treatment from them. You should carry the BC Cancer <u>wallet card</u> for checkpoint inhibitor to alert health providers.
- Do not receive any immunizations before discussing with your doctor

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Avelumab 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 drugs in your treatment plan.

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

- Avelumab 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.
- **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)

- Itching
- High blood pressure
- Headache
- Joint pain

Common (may affect up to 1 in 10 people)

- Allergic reaction to the drug, increased tendency of body to have allergic reactions
- Redness of the skin
- Increase liver enzymes in the blood
- Increase thyroid hormone in the blood

SERIOUS SIDE EFFECTS	How common is it?
Infusion reaction. Symptoms may include	Very Common
 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 	(more than 1 in 10)
Problems with MUSCLES	Very Common
Symptoms may include: • back pain • spasms • weakness • muscle or joint pain	(more than 1 in 10)
Inflammation of the NERVES	Very Common
Symptoms may include • weakness of legs, arms or face • numbness or tingling in hands or feet • lack of energy or dizziness	(more than 1 in 10)
Problems in the PANCREAS	Very Common
Symptoms may include:abdominal painnausea and vomiting	(more than 1 in 10)
Inflammation of the SKIN	Common
 Symptoms may include rash on your skin, mouth blisters, dry or peeling skin itchy skin 	(less than 1 in 10 but more than 1 in 100)

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 in stools or dark, tarry, sticky stools 	
stomach pain (abdominal pain) or tenderness	
• fever	
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 LUNGS (pneumonitis)	Common
Symptoms may include:	
shortness of breath	(less than 1 in 10 but
chest pain	more than 1 in 100)
• coughing	

SERIOUS SIDE EFFECTS	How common is it?
Inflammation of the LIVER (hepatitis) Symptoms may include	Common
 yellowing of your skin or the whites of your eyes, 	(less than 1 in 10 but
 dark urine, tiredness, nausea or vomiting, loss of appetite, pain on the right side of your stomach, or bruise easily 	more than 1 in 100)
Inflammation of certain GLANDS (pituitary, adrenal glands) so they do not make enough hormone.	Uncommon
Symptoms may include:	(less than 1 in 100)
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	
Inflammation of the EYES	Uncommon
Symptoms may include	
 changes in eyesight, blurry vision, double vision, or other vision problems 	(less than 1 in 100)
eye pain or redness	
Inflammation of the KIDNEYS (nephritis)	Uncommon
Symptoms may include:	
changes in the amount or colour of your urine	(less than 1 in 100)

SERIOUS SIDE EFFECTS	How common is it?
Blood sugar problems (type 1 diabetes mellitus)	Uncommon
Symptoms may include:	
hunger or thirst	(less than 1 in 100)
a need to urinate more often	
weight loss	
increase in blood sugar	

OTHER SIDE EFFECTS	MANAGEMENT
Pain or tenderness may occur where the needle was placed.	Apply cool compresses or soak in cool water for 15-20 minutes several times a day.
Your white blood cells may decrease after your treatment. White	To help prevent infection:
blood cells protect your body by fighting bacteria (germs) that cause infection. When they are low, you are at greater risk of	 Wash your hands often and always after using the bathroom.
having an infection.	 Avoid crowds and people who are sick.
	 Call your doctor <i>immediately</i> at the first sign of an infection such as fever (over 100°F or 38°C by an oral thermometer), chills, cough, or burning when you pass urine.
Your platelets may decrease after your treatment. Platelets help to	To help prevent bleeding problems:
make your blood clot when you hurt yourself. You may bruise or	• Try not to bruise, cut, or burn yourself.
bleed more easily than usual.	• Clean your nose by blowing gently. Do not pick your nose.
	Avoid constipation.
	• Brush your teeth gently with a soft toothbrush as your gums may bleed more easily. Maintain good oral hygiene.
	Some medications such as ASA (e.g., ASPIRIN®) or ibuprofen (e.g., ADVIL®) may increase your risk of bleeding.
	• Do not stop taking any medication that has been prescribed by your doctor (e.g., ASA for your heart).
	• For minor pain, try acetaminophen (e.g., TYLENOL®) first, to a maximum of 4 g (4000 mg) per day, but occasional use of ibuprofen
	may be acceptable.
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OTHER SIDE EFFECTS	MANAGEMENT
Diarrhea may sometimes occur.	<i>Immediately</i> see your doctor or get emergency help.
Constipation may sometimes occur.	See or call your doctor as soon as possible.
Nausea and vomiting may occur after your treatment. Most people have little or no nausea.	
Headache may sometimes occur.	
Swelling of hands, feet, or lower legs may sometimes occur if your body retains extra fluid.	
Hair loss does not occur with avelumab.	

If you experience symptoms or changes in your body that have not been described above but worry you, or if 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 BC Cancer - Kelowna 250-712-3900 BC Cancer - Prince George 250-645-7300 BC Cancer - Surrey 604-930-4055 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

Provincial Health Services Authority	
To Whom It May Concern:	
RE:	
Medical Oncologist	
Immunotherapy Regimen	
This patient is receiving immunotherapy at the BC Cancer a toxicities which may be life threatening and require urgent	
Immunotherapy toxicities are different from those encound or targeted therapies. The immune system may become d treatment, leading to symptoms and findings which mimic events can occur during or following treatment and can be in the body is at risk including, but not limited to:	ysregulated during immunothera autoimmune disorders. Adverse
Lungs (pneumonitis, pleuritis, sarcoidosis) Gastrointestinal (colitis, ileitis, pancreatitis) Liver (hepatitis) Skin (rash, Stevens-Johnson syndrome) Endocrine (hypophysitis, adrenal insufficiency, hypo/hyp	perthyroidism, type 1 diabetes melli
Renal (interstitial nephritis) Blood (hemolytic anemia, thrombocytopenia, neutroper Neurologic (encephalitis, Guillain-Barré syndrome, meni Musculoskeletal (myositis, arthritis) Cardiovascular (pericarditis, myocarditis, vasculitis) Ophthalmologic (uveitis, scleritis, episcleritis, conjunctiv	ngitis, myasthenia gravis, neuropat
Management of immune-related toxicities necessitates pro oncologist with initiation of high dose corticosteroids , and appropriate subspecialty. If you suspect your patient is pre toxicity, please contact the patient's medical oncologist di on-call physician, or as per your local centre's process (nex immunotherapy toxicity treatment algorithms is located at protocol at <u>www.bccancer.bc.ca</u> .	may require referral to the senting with immune-related rectly or if after hours contact th t page). Additional information of
BC Cancer Systemic Therapy Program Developed: 28 Nov 2017 Revised:	1/2
Developed: 28 Nov 2017 Revised: www.bccancer.bc.ca 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 am – 4:30 pm Monday to Friday, call the Patient Nurse Line at (604) 8 ancouver 6025. Outside these hours, call the inpatient unit at (604) 877-6000 and press 1, and 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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