Non small cell lung cancer locally advanced or metastatic tepotinib

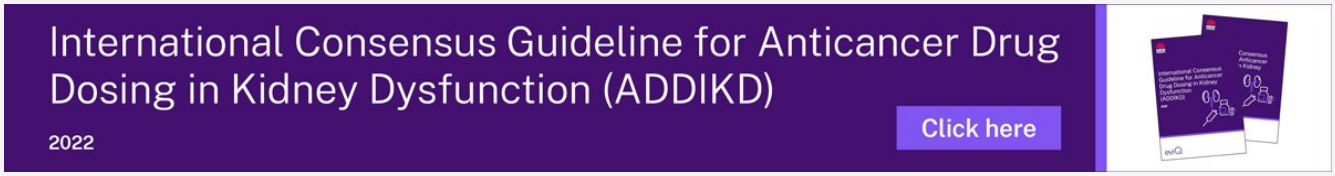
ID: 4122 v.1 **Endorsed**

This protocol is based on limited evidence; refer to the evidence section of this protocol for more information.

Check for clinical trials in this patient group. Link to Australian Clinical Trials website

Link to Clinical practice guidelines for the treatment of lung cancer

The anticancer drug(s) in this protocol may have been included in the ADDIKD guideline. Dose recommendations in kidney dysfunction have yet to be updated to align with the ADDIKD guideline. Recommendations will be updated once the individual protocol has been evaluated by the reference committee. For further information refer to the ADDIKD guideline. To assist with calculations, use the eviQ Estimated Glomerular Filtration Rate (eGFR) calculator.



Treatment schedule - Overview

Drug	Dose	Route
Tepotinib	450 mg ONCE a day *	PO

The dose used in the trial was 500 mg once a day[1]

* 2 x 225 mg tablets

Continuous until disease progression or unacceptable toxicity.

Drug status: Tepotinib is PBS authority

Tepotinib is available in **225 mg** tablets

Cost: ~ $8,440 per month

Treatment schedule - Detail

The supportive therapies (e.g. antiemetics, premedications, etc.), infusion times, diluents, volumes and routes of administration, if included, are listed as defaults. They may vary between institutions and can be substituted to reflect individual institutional policy.

*Antiemetics if included in the treatment schedule are based upon recommendations from national and international guidelines. These are **defaults only** and may be substituted to reflect individual institutional policy. Select here for recommended doses of alternative antiemetics.*

Continuous treatment		
Tepotinib	450 mg (PO)	ONCE a day (2 x 225 mg tablets) at the same time each day with food

The dose used in the trial was 500 mg once a day[1]

Continuous until disease progression or unacceptable toxicity.

Indications and patient population

Indications:

- Treatment of locally advanced or metastatic non small cell lung cancer (NSCLC) harbouring mesenchymal-epithelial transition exon 14 skipping alterations (METex14sk)
- ECOG performance status 0 to 2.

Cautions/Exclusions:

- Interstitial lung disease (ILD).

Clinical information

Caution with oral anti-cancer drugs	Select links for information on the safe prescribing, dispensing and administration of orally administered anti-cancer drugs. Read more about the COSA guidelines and oral anti-cancer therapy
Emetogenicity minimal or low	No routine prophylaxis required. If patients experience nausea and/or vomiting, consider using the low emetogenic risk regimen. Read more about preventing anti-cancer therapy induced nausea and vomiting
Cardiac toxicity	Tyrosine kinase inhibitors have been associated with cardiac complications of varying degrees and severity. Patients, especially those with pre-existing cardiovascular disease, should have a baseline cardiac assessment including an electrocardiogram (ECG) and biochemistry and be closely monitored; consider an echocardiogram (ECHO) as clinically indicated. Cardiac assessment should then be repeated as clinically indicated or when starting new medication which affects the QT interval. Read more about cardiac toxicity associated with anti-cancer drugs
Diarrhoea	Antidiarrhoeals (e.g. loperamide) are usually prescribed with this treatment. Read more about treatment induced diarrhoea
Oedema	Patients may experience an increased incidence of oedema, including peripheral oedema, with this treatment.
Pulmonary toxicity	This treatment has been associated with severe, life-threatening or fatal interstitial lung disease (ILD)/pneumonitis. Patients should be monitored for pulmonary symptoms indicative of ILD/pneumonitis. Treatment should be permanently discontinued in patients diagnosed with treatment-related ILD/pneumonitis. Read more about pulmonary toxicity associated with anti-cancer drugs.
Hepatotoxicity	Severe hepatotoxicity (including drug-induced liver injury) has been observed with this treatment. Monitor for abnormal liver function tests (LFTs), jaundice and tiredness. Refer to blood tests and dose modification sections for specific recommendations.
Elevations in lipase and amylase	Transient elevations of lipase and amylase have been reported. These were not severe and asymptomatic and not associated with pancreatitis. Monitor patient as clinically indicated.
Blood tests	FBC, EUC and eGFR at baseline and monitor throughout treatment as clinically indicated. LFTs at baseline then every two weeks for the first three months of treatment, then monthly or as clinically indicated.

Hepatitis B screening and prophylaxis	The requirement for routine screening for HBsAg and anti-HBc for patients receiving this treatment is unknown. Clinical judgement and individual patient situations should be taken into consideration. Read more about hepatitis B screening and prophylaxis in cancer patients requiring cytotoxic and/or immunosuppressive therapy
Vaccinations	Live vaccines should be used with caution in cancer patients. For cancer patients who are not receiving immunosuppressive therapy, there is currently no data as to the safety of giving live vaccines. Refer to the recommended schedule of vaccination for immunocompromised patients, as outlined in the Australian Immunisation Handbook Read more about COVID-19 vaccines and cancer.
Fertility, pregnancy and lactation	Cancer treatment can have harmful effects on fertility and this should be discussed with all patients of reproductive potential prior to commencing treatment. There is a risk of foetal harm in pregnant women. A pregnancy test should be considered prior to initiating treatment in females of reproductive potential if sexually active. It is important that all patients of reproductive potential use effective contraception whilst on therapy and after treatment finishes. Effective contraception methods and adequate contraception timeframe should be discussed with all patients of reproductive potential. Possibility of infant risk should be discussed with breastfeeding patients. Read more about the effect of cancer treatment on fertility

Dose modifications

Evidence for dose modifications is limited, and the recommendations made on eviQ are intended as a guide only. They are generally conservative with an emphasis on safety. Any dose modification should be based on clinical judgement, and the individual patient's situation including but not limited to treatment intent (curative vs palliative), the anti-cancer regimen (single versus combination therapy versus chemotherapy versus immunotherapy), biology of the cancer (site, size, mutations, metastases), other treatment related side effects, additional co-morbidities, performance status and patient preferences.Suggested dose modifications are based on clinical trial findings, product information, published guidelines and reference committee consensus . The dose reduction applies to each individual dose and not to the total number of days or duration of treatment cycle unless stated otherwise. Non-haematological gradings are based on Common Terminology Criteria for Adverse Events (CTCAE) unless otherwise specified. Renal and hepatic dose modifications have been standardised where possible. For more information see dosing considerations & disclaimer .

The dose recommendations in kidney dysfunction (i.e.renal impairment) displayed may not reflect those in the ADDIKD guideline and have been included for historical reference only. Recommendations will be updated once the individual protocol has been evaluated by the reference committee, with this version of the protocol then being archived. Clinicians are expected to refer to the ADDIKD guideline prior to prescribing in kidney dysfunction.
International Consensus Guideline for Anticancer Drug Dosing in Kidney Dysfunction (ADDIKD).

The dose modifications below are based on a combination of the product information and reference committee consensus.

Tepotinib dose reduction schedule	
Starting dose	450 mg once a day
Dose reduction	225 mg once a day

If patient unable to tolerate 225 mg once a day consider permanent discontinuation

Renal impairment	
Creatinine clearance (mL/min)	
30 to 50	No dose modification necessary
less than 30	No dosage adjustment has been established, consider dose reduction if clinically significant creatinine elevation or renal impairment

Renal impairment	

Hepatic impairment	
Hepatic dysfunction at baseline:	
Mild or moderate	No dose modification necessary
Severe	No data available as has not been studied
During treatment:	
Transaminases (ALT and AST) +/- Bilirubin	
Increased ALT/AST without increased bilirubin	
Grade 3	Delay treatment until recovery to baseline: • If recovered within 7 days, resume treatment at the same dose • If recovery > 7 days resume treatment at the next lower dose level
Grade 4	Permanently discontinue tepotinib
Increased ALT/AST with increased total bilirubin in the absence of cholestasis or haemolysis	
ALT and/or AST greater than 3 times ULN with total bilirubin greater than 2 times ULN	Permanently discontinue tepotinib
Increased total bilirubin without concurrent increased ALT/AST	
Grade 3	Delay treatment until recovery to baseline: • If recovered within 7 days, resume treatment at the next lower dose level • If recovery > 7 days permanently discontinue tepotinib
Grade 4	Permanently discontinue tepotinib

ILD/Pneumonitis	
Any grade	Withhold if ILD/pneumonitis suspected Permanently discontinue tepotinib if diagnosis confirmed

Other adverse reactions	
Grade 2	Maintain dose level If unable to tolerate consider delaying treatment until resolved, then resume treatment at the next lower dose level
Grade 3	Delay treatment until resolved, then resume treatment at the next lower dose level
Grade 4	Permanently discontinue tepotinib

Interactions

Drug interactions in eviQ protocols are under review and being updated to align with current literature. Further site-wide updates and changes will occur in due course. References & Disclaimer

The drug interactions shown below are not an exhaustive list. For a more comprehensive list and for detailed information on specific drug interactions and clinical management, please refer to the specific drug product information and the following key resources:

- *MIMS - interactions tab (includes link to a CYP-450 table) (login required)*
- *Australian Medicines Handbook (AMH) – interactions tab (login required)*
- *Micromedex Drug Interactions (login required)*
- *Cancer Drug Interactions*
- *Cytochrome P450 Drug Interactions*

Tepotinib		
	Interaction	**Clinical management**
Strong CYP3A4 inducers (e.g. carbamazepine, phenytoin, phenobarbitone, rifampicin, St John's wort etc.)	Reduced efficacy of tepotinib due to increased clearance	Avoid combination
Dual strong CYP3A4 inhibitors and P-gp inhibitors (e.g. azole antifungals, clarithromycin, cobicistat, ritonavir etc.)	Increased toxicity of tepotinib possible due to reduced clearance	Avoid combination
P-gp substrates (e.g. dabigatran, digoxin, loperamide, phenytoin etc.) with narrow therapeutic indices	Increased toxicity of substrate possible due to reduced clearance	Avoid combination. If concomitant use is unavoidable consider dose reduction of substrate.
Vaccines	Diminished response to vaccines and increased risk of infection with live vaccines.	Live vaccines should be used with caution in cancer patients. For cancer patients who are not receiving immunosuppressive therapy, there is currently no data as to the safety of giving live vaccines. For more information, refer to the recommended schedule of vaccination for cancer patients, as outlined in the Australian Immunisation Handbook

Administration

eviQ provides safe and effective instructions on how to administer cancer treatments. However, eviQ does not provide every treatment delivery option, and is unable to provide a comprehensive list of cancer treatment agents and their required IV line giving set/filter. There may be alternative methods of treatment administration, and alternative supportive treatments that are also appropriate. Please refer to the individual product information monographs via the TGA website for further information.

Administration

This is a continuous oral treatment

Safe handling and waste management (reproductive risk only)

Safe administration

General patient assessment prior to each treatment.

Any toxicity grade 2 or greater may require dose reduction, delay or omission of treatment and review by medical officer before recommencing treatment.

Treatment - Time out

Tepotinib

- administer orally ONCE a day
- to be swallowed whole with a glass of water; do not break, crush or chew
- to be taken with food.

Note: Missed dose can be taken if there is more than 8 hours until the next scheduled dose; if a dose is forgotten or vomited, normal dosing should be resumed at the next scheduled dose.

Continue safe handling precautions (reproductive risk only) for 7 days after completion of drug(s).

Discharge

Discharge information

Tepotinib tablets

- Tepotinib tablets with written instructions on how to take them.

Antidiarrhoeals

- Antidiarrhoeals as prescribed.

Antiemetics

- Antiemetics if required or prescribed.

Patient information

- Ensure patient receives patient information sheet.

Side effects

The side effects listed below are not a complete list of all possible side effects for this treatment. Side effects are categorised into the approximate onset of presentation and should only be used as a guide.

Immediate (onset hours to days)	
Nausea and vomiting	Read more about prevention of treatment induced nausea and vomiting

Early (onset days to weeks)	
Diarrhoea	Read more about treatment induced diarrhoea
Fatigue	Read more about fatigue
Hepatotoxicity	Anti-cancer drugs administered either alone or in combination with other drugs and/or radiation may cause direct or indirect hepatotoxicity. Hepatic dysfunction can alter the metabolism of some drugs resulting in systemic toxicity.
Fluid retention and oedema	An excess amount of fluid around the cells, tissues or serous cavities of the body, leading to swelling.
Arthralgia and myalgia	Generalised joint pain or and/or stiffness and muscle aches, often worse upon waking or after long periods of inactivity. Can improve with movement. May be mild or severe, intermittent or constant and accompanied by inflammation. Read more about arthralgia and myalgia
Abdominal pain	Dull ache, cramping or sharp pains are common with some anti-cancer drugs. These are caused by either increased or decreased gastrointestinal motility and can be associated with diarrhoea or constipation.
Constipation	

Late (onset weeks to months)	
Alopecia - partial	Hair thinning and/or patchy hair loss. Patients can also experience mild to moderate discomfort of the hair follicles, and rarely pain as the hair is falling out. Read more about alopecia and scalp cooling
Pulmonary toxicity	Pulmonary toxicity may include damage to the lungs, airways, pleura and pulmonary circulation. Read more about pulmonary toxicity associated with anti-cancer drugs

Evidence

A search of the literature did not find strong evidence to support the use of tepotinib in the treatment of non-small cell lung cancer (NSCLC). The expert reference panel supported publication of the protocol on the basis of the information summarised below. The

committee was most strongly influenced by the VISION trial by Paik et al.[1]

Between September 2016 and January 2020, 152 patients with advanced or metastatic NSCLC with a confirmed MET exon 14 skipping mutation (on either liquid-biopsy or tissue-biopsy) were given 500 mg tepotinib once a day and continued on the drug until disease progression, unacceptable toxicity, death or withdrawal.

The primary end point was the objective response (ORR) by independent review among patients who had undergone at least 9 months of follow-up. Secondary end points included investigator-assessed objective response, duration of response (DOR), progression-free survival (PFS) and overall survival (OS).

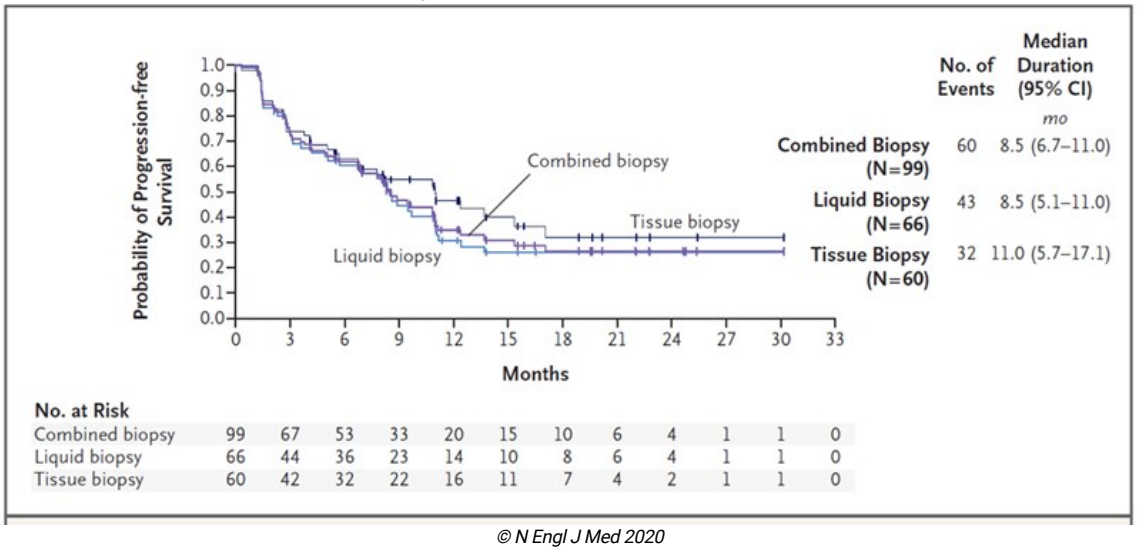
Source	Study & Year Published	Supports Use	Is the dose and regimen consistent with the protocol?	Comments
Phase II trials	Paik et al 2020[1]	**Yes**	No	Dose 500 mg daily
Guidelines	**Date published/revised**	**Supports Use**	**Is the dose and regimen consistent with the protocol?**	**Comments**
NCCN	June 2020	**Yes**	N/A	No doses stated
ESMO	2020	**Yes**	N/A	No doses stated
CCO	-	**N/A**	-	-
BCCA		**N/A**		

Efficacy

The ORR was 46% (95% confidence interval [CI], 36 to 57) amongst the 99 patients in the efficacy population. A complete response was not observed in any patient. Comparable responses were seen irrespective of baseline characteristics and number of lines of previous therapies. The results were also similar across the total number of patients enrolled who may have had less than 9 months of follow up.[1]

In the combined biopsy group (plasma and tissue biopsy positive N=99), median DOR was 11.1 months (95% CI, 7.2 to could not be estimated), median duration of PFS was 8.5 months (95% CI, 6.7 to 11.0). Median OS was 17.1 months (95% CI, 12.0 to 26.8) according to data which remain immature.

Kaplan-Meier estimates of PFS according to biopsy group[1]



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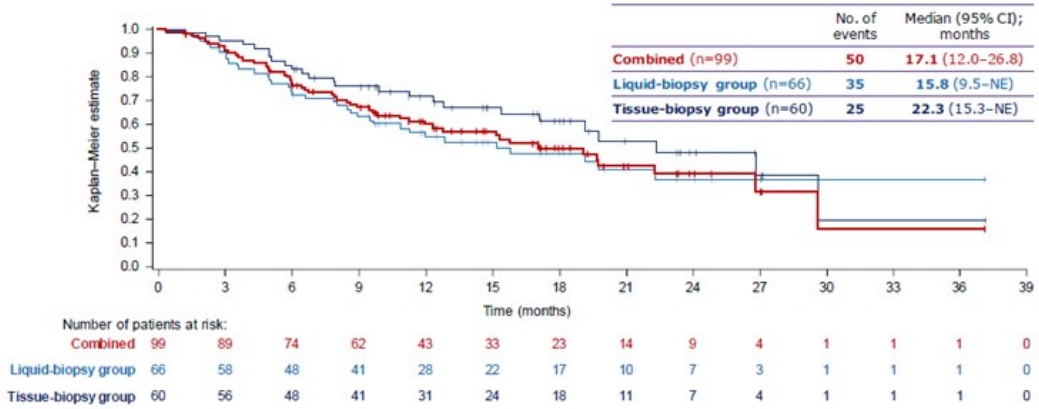
OS was not significantly different between plasma (N=66) or tissue biopsy (N=60) positive patients when compared to the combined biopsy group (N=99). Median OS was 15.8 months, 22.3 months and 17.1 months respectively.

OS for the three primary analysis populations[1]



Toxicity

A summary of the toxicities associated with this protocol are included in the table below. The most clinically significant toxicities for this treatment were peripheral oedema, pleural effusion or dyspnoea. There was one treatment-related death from respiratory failure secondary to interstitial lung disease.[1]

Adverse events[1]

Adverse Events	Safety Population (N = 152)			
	All Grades	Grade 1 or 2	Grade 3	Grade 4
		number of patients (percent)		
Any adverse event†	135 (89)	93 (61)	38 (25)	3 (2)
Peripheral edema	96 (63)	85 (56)	11 (7)	0
Nausea	39 (26)	38 (25)	1 (1)	0
Diarrhea	33 (22)	32 (21)	1 (1)	0
Blood creatinine increased	27 (18)	26 (17)	1 (1)	0
Hypoalbuminemia	24 (16)	21 (14)	3 (2)	0
Amylase increased	17 (11)	13 (9)	3 (2)	1 (1)
Lipase increased	13 (9)	9 (6)	4 (3)	0
Asthenia	12 (8)	11 (7)	1 (1)	0
Decreased appetite	12 (8)	11 (7)	1 (1)	0
Pleural effusion	12 (8)	8 (5)	4 (3)	0
Alopecia	12 (8)	12 (8)	0	0
Fatigue	11 (7)	10 (7)	1 (1)	0
Alanine aminotransferase increased	11 (7)	7 (5)	3 (2)	1 (1)
Aspartate aminotransferase increased	10 (7)	7 (5)	2 (1)	1 (1)
Vomiting	9 (6)	9 (6)	0	0
General edema	9 (6)	5 (3)	4 (3)	0
Upper abdominal pain	8 (5)	8 (5)	0	0

References

1 Paik, P. K., E. Felip, R. Veillon, et al. 2020. "Tepotinib in Non-Small-Cell Lung Cancer with MET Exon 14 Skipping Mutations." N Engl J Med 383(10):931-943.

History

Version 1

Date	Summary of changes
20/05/2022	Protocol reviewed and approved by Medical Oncology Reference Committee.
24/06/2022	Protocol published on eviQ. Review in 1 year.
01/06/2023	Protocol reviewed at Medical Oncology Reference Committee meeting on 19/05/2023. Drug status updated to PBS authority. Next review in 2 years.

First approved: 24 June 2022
Last reviewed: 19 May 2023
Review due: 30 June 2025

The currency of this information is guaranteed only up until the date of printing, for any updates please check:
https://www.eviq.org.au/p/4122
09 Aug 2023

Patient information - Lung cancer locally advanced or metastatic - Tepotinib

Patient's name:

Your treatment

It is important to understand that tepotinib is not a traditional chemotherapy drug and has a different way of working. It works by targeting the cancer cells to stop them growing and spreading. The treatment schedule below explains how the drug for this treatment is given.

Tepotinib		
This treatment is continuous. Your doctor will advise you how long to take the treatment for.		
Day	**Treatment**	**How it is given**
Continuous	**Tepotinib** (tep-OH-tih-nib*)*	Take orally (2 x 225 mg tablets) ONCE a day at the same time each day. Swallow the tablet whole with a glass of water with food. Do not break, crush or chew. If you forget to take a tablet, and it is more than 8 hours before your next dose, take it as soon as you remember. If it is less than 8 hours until your next dose, skip the missed dose and take your normal dose the next time it is due. Do not take a double dose for a missed dose or if a dose is vomited.

When to get help

Anticancer drugs (drugs used to treat cancer) can sometimes cause serious problems. It is important to get medical help immediately if you suddenly become unwell.

Emergency contact details

Ask your doctor or nurse from your treating team when you should get help and who to contact if you have a problem

Daytime: .....

Night/weekend: .....

Other instructions: .....

.....

.....

Other information about your treatment

Changes to your dose or treatment delays

Sometimes a treatment may be started at a lower dose or the dose needs to be changed during treatment. There may also be times when your treatment is delayed. This can happen if your doctor thinks you are likely to have severe side effects, if you get severe side effects, if your blood counts are affected and causing delays in treatment, or if you are finding it hard to cope with the treatment. This is called a dose reduction, dose change or treatment delay. Your doctor will explain if you need any changes or delays to your treatment and the reason why.

Blood tests and monitoring

You will need to have a blood test before you start treatment and regularly throughout your treatment. Your doctor or nurse will tell you when to have these blood tests.

Other medications given during this treatment

- **Antidiarrhoeals:** you may be given some medication to treat diarrhoea. Your doctor or nurse will tell you how and when to take your antidiarrhoeal medication.
- **Anti-sickness (anti-nausea) medication:** you may be given some anti-sickness medication. Make sure you take this medication as your doctor or nurse tells you, even if you don't feel sick. This can help to prevent the sickness starting.

Side effects

Cancer treatments can cause damage to normal cells in your body, which can cause side effects. Everyone gets different side effects, and some people will have more problems than others.

The table below shows some of the side effects you may get with this treatment. You are unlikely to get all of those listed and you may also get some side effects that have not been listed.

Tell your doctor or nurse about any side effects that worry you. Follow the instructions below and those given to you by your doctor or nurse.

Immediate (onset hours to days)	
Nausea and vomiting	• You may feel sick (nausea) or be sick (vomit). • Take your anti-sickness medication as directed even if you don't feel sick. • Drink plenty of fluids (unless you are fluid restricted). • Eat small meals more frequently. • Try food that does not require much preparation. • Try bland foods like dry biscuits or toast. • Gentle exercise may help with nausea. • Ask your doctor or nurse for eviQ patient information - Nausea and vomiting during cancer treatment. • **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have uncontrolled vomiting or feel dizzy or light-headed.**

Early (onset days to weeks)	
Diarrhoea	• You may get bowel motions (stools, poo) that are more frequent or more liquid. • You may also get bloating, cramping or pain. • Take your antidiarrhoeal medication as directed by your doctor. • Drink plenty of fluids (unless you are fluid restricted). • Eat and drink small amounts more often. • Avoid spicy foods, dairy products, high fibre foods, and coffee. • Ask your doctor or nurse for eviQ patient information - Diarrhoea during cancer treatment. • **Tell your doctor or nurse immediately, or go to your nearest hospital Emergency Department if your diarrhoea is not controlled, you have 4 or more loose bowel motions per day, and if you feel dizzy or light-headed.**

Tiredness and lack of energy (fatigue)	• You may feel very tired, have no energy, sleep a lot, and not be able to do normal activities or things you enjoy. • Do not drive or operate machinery if you are feeling tired. • Nap for short periods (only 1 hour at a time) • Prioritise your tasks to ensure the best use of your energy. • Eat a well balanced diet and drink plenty of fluids (unless you are fluid restricted). • Try some gentle exercise daily. • Allow your friends and family to help. • **Tell your doctor or nurse if you get any of the symptoms listed above.**
Liver problems	• You may get: ◦ yellowing of your skin or eyes ◦ itchy skin ◦ pain or tenderness in your stomach ◦ nausea and vomiting ◦ loss of appetite • You will have regular blood tests to check how well your liver is working. • **Tell your doctor or nurse as soon as possible if you notice that your urine is a dark colour, the whites of your eyes look yellow, or if you have stomach pain.**
Extra fluid in the body (fluid retention)	• You may gain weight over a short amount of time. • Your hands and feet may become swollen, appear red or feel hot and uncomfortable. • Wear loose clothing and shoes that are not too tight. • Try not to stand up or walk around too much at one time. • If your ankles or legs get swollen, try raising them. • Make sure that any cuts or areas of broken skin are treated as soon as possible. • **Tell your doctor or nurse as soon as possible if you get any of the symptoms listed above or gain 1 to 2 kg in a week.** • **Tell your doctor or nurse immediately or go to the nearest hospital Emergency Department if you become short of breath.**
Joint and muscle pain and stiffness	• You may get muscle, joint or general body pain and stiffness. • Applying a heat pack to affected areas may help. • Talk to your doctor or nurse about other ways to manage these symptoms. You may need medication to help with any pain.
Stomach pain	• You may get: ◦ dull aches ◦ cramping or pain ◦ bloating or flatulence (gas). • **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have stomach pain that you are unable to control.**
Constipation	• You may have bowel motions (stools, poo) that are less frequent, harder, smaller, painful or difficult to pass. • You may also get: ◦ bloating, cramping or pain ◦ a loss of appetite ◦ nausea or vomiting. • Drink plenty of fluids (unless you are fluid restricted). • Eat plenty of fibre-containing foods such as fruit, vegetables and bran. • Take laxatives as directed by your doctor. • Try some gentle exercise daily. • **Tell your doctor or nurse if you have not opened your bowels for more than 3 days.**

Late (onset weeks to months)	
Hair thinning	• Your hair may become dry and may break easily. • You may lose some of your hair. • Use a gentle shampoo and a soft hairbrush. • Take care with hair products like hairspray, hair dye, bleaches and perms. • Protect your scalp from the cold with a hat or scarf. • Protect your scalp from the sun with a hat and sunscreen of SPF 50 or higher. • Ask your doctor or nurse about the Look Good Feel Better program (www.lgfb.org.au)

Lung problems	• Lung problems are rare, but can be serious. They may occur throughout treatment or after the completion of treatment.
	• You may get:
	  ◦ shortness of breath
	  ◦ fever
	  ◦ dry cough
	  ◦ wheezing
	  ◦ fast heartbeat
	  ◦ chest pain.
	• Your doctor will monitor how well your lungs are working during your treatment.
	• **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have chest pain or become short of breath.**

General advice for people having cancer treatment

Blood clot risk

- Cancer and anticancer drugs can increase the risk of a blood clot (thrombosis).
- Tell your doctor if you have a family history of blood clots.
- A blood clot can cause pain, redness, swelling in your arms or legs, shortness of breath or chest pain.
- If you have any of these symptoms go to your nearest hospital Emergency Department.

Medications and vaccinations

- Before you start treatment, tell your doctor about any medications you are taking, including vitamins or herbal supplements.
- Don't stop or start any medications during treatment without talking to your doctor and pharmacist first.
- Paracetamol is safe to take if you have a headache or other mild aches and pains. It is recommended that you avoid taking aspirin, ibuprofen and other anti-inflammatory type medications for pain while you are having treatment. However, if these medications have been prescribed by your doctor, do not stop taking them without speaking with your doctor.
- Vaccinations such as flu and tetanus vaccines are safe to receive while having treatment. Do not have any live vaccines during your treatment or for 6 months after it finishes. If you are unsure, check with your doctor before you have any vaccinations.
- People you live with should be fully vaccinated, including having live vaccines according to the current vaccination schedule. Extra care needs to be taken with hand washing and careful disposal of soiled nappies for infants who have recently received the rotavirus vaccine.

Other medical and dental treatment

- If you go to hospital or any other medical appointment (including dental appointments), always tell the person treating you that you are receiving anticancer drugs.
- Before you have any dental treatment, talk to your doctor.

Diet

- While you are receiving this treatment it is important that you try to maintain a healthy diet.
- Grapefruit and grapefruit juice can interact with your medication and should be avoided while you are on this treatment.
- Speak to your doctor or nurse about whether drinking alcohol is safe with your treatment.
- If you have any concerns about recent weight loss or weight gain or questions about your diet, ask to speak to a dietitian.

Fertility

- Some cancer treatments can reduce your fertility. This can make it difficult or impossible to get pregnant or father a child.

- Talk to your doctor or nurse before you start any treatment. Depending on your situation there may be fertility sparing options available to you and/or your partner, discuss these with your doctor or nurse.

Pregnancy and breastfeeding

- Some cancer treatments can be dangerous to unborn babies. Talk to your doctor or nurse if you think there is any chance that you could be pregnant.
- Do not try to get pregnant or father a child during this treatment. Contraception should be used during treatment and after stopping treatment. Ask your doctor or nurse about what type of contraception you should use.
- If you are planning pregnancy/fatherhood after completing this treatment, talk to your doctor. Some doctors advise waiting between 6 months and 2 years after treatment.
- Do not breastfeed if you are on this treatment, as anti-cancer medications can also pass into breast milk.

Sex life and sexuality

- The desire to have sex may decrease as a result of this treatment or its side effects.
- Your emotions and the way you feel about yourself may also be affected by this treatment.
- It may help to discuss your concerns with your partner and doctor or nurse.

Quitting smoking

- It is never too late to quit smoking. Quitting smoking is one of the best things you can do to help your treatment work better.
- There are many effective tools to improve your chances of quitting.
- Talk to your treating team for more information and referral to a smoking cessation support service.

Staying active

- Research shows that exercise, no matter how small, has many benefits for people during and after cancer treatment.
- Talk to your doctor before starting an exercise program. Your doctor can advise whether you need a modified exercise program.

For more information about cancer treatment, side effects and side effect management see our Patient and carers section.

Where to get more information

Telephone support

- Call Cancer Council on 13 11 20 for cancer information and support
- Call the Lung Foundation Australia on 1800 654 301

Lung cancer information

- Lung Foundation Australia – lungfoundation.com.au
- Lungevity – lungevity.org

General cancer information and support

- Australian Rare Cancer (ARC) Portal – arcportal.org.au/
- Beyondblue – beyondblue.org.au
- Cancer Australia – canceraustralia.gov.au
- Cancer Council Australia – cancer.org.au
- Cancer Voices Australia – cancervoicesaustralia.org
- CanTeen – canteen.org.au
- Carers Australia – carersaustralia.com.au
- Carer Help - carerhelp.com.au
- CHILL Cancer related hair loss - scalpcooling.org
- eviQ Cancer Treatments Online – eviQ.org.au
- LGBTQI+ People and Cancer - cancercouncil.com.au/cancer-information/lgbtqi
- Look Good Feel Better – lgfb.org.au
- Patient Information – patients.cancer.nsw.gov.au
- Radiation Oncology Targeting Cancer – targetingcancer.com.au
- Redkite – redkite.org.au
- Return Unwanted Medicines – returnmed.com.au

- Staying active during cancer treatment – patients.cancer.nsw.gov.au/coping-with-cancer/physical-wellbeing/staying-active

Quit smoking information and support

Quitting smoking is helpful even after you have been diagnosed with cancer. The following resources provide useful information and support to help you quit smoking. Talk to your treating team about any other questions you may have.

- Call Quitline on 13 QUIT (13 78 48)
- iCanQuit – iCanQuit.com.au
- Patient Information – patients.cancer.nsw.gov.au/coping-with-cancer/physical-wellbeing/quitting-smoking
- Quitnow – quitnow.gov.au

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