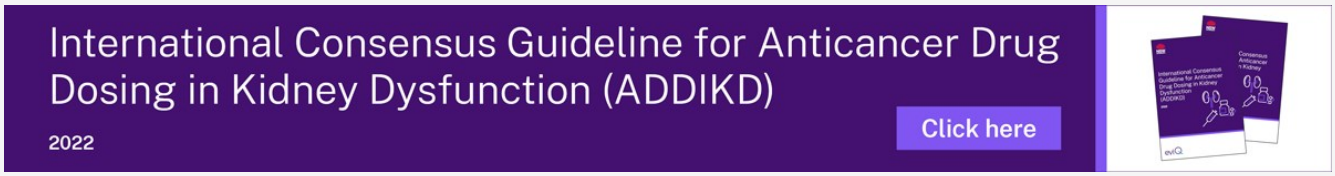
Basal cell carcinoma locally advanced or metastatic vismodegib

ID: 1918 v.2 **Endorsed**

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

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

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.



Related pages:

- Basal cell carcinoma locally advanced or metastatic soNIDEGib

Treatment schedule - Overview

Drug	Dose	Route
Vismodegib	150 mg ONCE a day	PO

Note: Intermittent scheduling has been used and appears broadly equivalent [1]

Continuous until disease progression or unacceptable toxicity

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Drug status: Vismodegib is PBS authority.

Vismodegib is unique in its documentation requirements for reimbursement. Further details and forms are found at the Department of Human Services

Cost: ~ $7,100 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		
Vismodegib	150 mg (PO)	ONCE a day with or without food. Swallow capsules whole with a glass of water.

Note: Intermittent scheduling has been used and appears broadly equivalent [1]

Continuous until disease progression or unacceptable toxicity

Indications and patient population

Indications

- Locally advanced basal cell carcinoma where surgery and radiation therapy are not appropriate
- Metastatic basal cell carcinoma

Contraindications

- Women who are pregnant or breastfeeding
- Women of child-bearing potential, unless two reliable methods of contraception are used during treatment and for 24 months after the last dose
- Men whose partners are of child-bearing potential, unless two reliable methods of contraception are used during treatment and for 6 months after the last dose

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 LOW	Antiemetics are not routinely required; however should a patient experience emesis: Metoclopramide 10 mg three times a day when necessary (maximum of 30 mg/24 hours, up to 5 days) OR Prochlorperazine 10 mg PO every 6 hours when necessary may be administered. Read more about preventing anti-cancer therapy induced nausea and vomiting
Musculoskeletal adverse effects	Muscle spasms, pain, cramps or weakness may be caused by this treatment. Patients should be advised to promptly report any new unexplained muscle pain, tenderness or weakness during this treatment. Patients with predisposed neuromuscular disorders or on combination therapy with other medications may have an increase risk of muscle toxicity and should be monitored closely.
Blood tests	FBC, EUC, eGFR and LFTs at baseline and repeat monthly during treatment or as clinically indicated.
Hepatitis B screening and prophylaxis	Routine screening for HBsAg and anti-HBc is NOT usually recommended for patients receiving this treatment. Read more about hepatitis B screening and prophylaxis in cancer patients requiring cytotoxic and/or immunosuppressive therapy
Vaccinations	The safety of having vaccinations whilst on this treatment is unknown and is therefore not recommended.
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. This treatment may cause severe congenital disabilities or death to an unborn baby when taken during pregnancy. A pregnancy test should be performed prior to the initiation of treatment and monthly during treatment in females of reproductive potential if sexually active. Females of reproductive potential are advised to use two reliable methods of contraception whilst on therapy and after treatment finishes. Male patients should use a condom with spermicide (if available), regardless of vasectomy status, when having sexual intercourse with a woman of childbearing potential during 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).

Renal Impairment
No dose modification necessary. Very limited data is available in patients with severe renal impairment, these patients should be monitored carefully for adverse effects.

Hepatic impairment
No dose modifications is necessary in patients with hepatic impairment

Interactions

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*

For more information see References & Disclaimer .

Vismodegib		
	Interaction	**Clinical management**
Substrates of OATP1B1 (e.g. bosentan, ezetimibe, glibenclamide, valsartan and HMG-CoA reductase inhibitors)	Vismodegib may increase the exposure to these medications, increasing the likelihood of side effects	Avoid combination or monitor closely for side effects, particularly statin-induced myopathy and rhabdomyolysis.

General		
	Interaction	**Clinical management**
Warfarin	Anti-cancer drugs may alter the anticoagulant effect of warfarin.	Monitor INR regularly and adjust warfarin dosage as appropriate; consider alternative anticoagulant.
Direct oral anticoagulants (DOACs) e.g. apixaban, rivaroxaban, dabigatran	Interaction with both CYP3A4 and P-gp inhibitors /inducers. DOAC and anti-cancer drug levels may both be altered, possibly leading to loss of efficacy or toxicity (i.e. increased bleeding).	Apixaban: avoid concurrent use with strong CYP3A4 and P-gp inhibitors. If treating VTE, avoid use with strong CYP3A4 and P-gp inducers. Rivaroxaban: avoid concurrent use with strong CYP3A4 and P-gp inhibitors. Dabigatran: avoid combination with strong P-gp inducers and inhibitors. If concurrent use is unavoidable, monitor closely for efficacy/toxicity of both drugs.
Digoxin	Anti-cancer drugs can damage the lining of the intestine; affecting the absorption of digoxin.	Monitor digoxin serum levels; adjust digoxin dosage as appropriate.
Antiepileptics	Both altered antiepileptic and anti-cancer drug levels may occur, possibly leading to loss of efficacy or toxicity.	Where concurrent use of an enzyme-inducing antiepileptic cannot be avoided, monitor antiepileptic serum levels for toxicity, as well as seizure frequency for efficacy; adjust dosage as appropriate. Also monitor closely for efficacy of the anti-cancer therapy.
Antiplatelet agents and NSAIDs	Increased risk of bleeding due to treatment related thrombocytopenia.	Avoid or minimise combination. If combination deemed essential, (e.g. low dose aspirin for ischaemic heart disease) monitor for signs of bleeding.
Serotonergic drugs, including selective serotonin reuptake inhibitors (SSRIs e.g. paroxetine) and serotonin noradrenaline reuptake inhibitors (SNRIs e.g. venlafaxine)	Increased risk of serotonin syndrome with concurrent use of 5-HT3 receptor antagonists (e.g. palonosetron, ondansetron, granisetron, tropisetron, dolasetron, etc.)	Avoid combination. If combination is clinically warranted, monitor for signs and symptoms of serotonin syndrome (e.g. confusion, agitation, tachycardia, hyperreflexia). For more information link to TGA Medicines Safety Update
Vaccines	Diminished response to vaccines and increased risk of infection with live vaccines.	Live vaccines (e.g. BCG, MMR, zoster and varicella) are contraindicated in patients on immunosuppressive therapy. Use with caution in patients on non-immunosuppressive therapy. 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 day of treatment.

Pre treatment medication

Administer antiemetics if required

Treatment - Time out

Vismodegib

- administer orally ONCE a day with or without food.
- to be swallowed whole with a glass of water; do not break, crush or chew

Note: missed doses should not be replaced; 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 information

Vismodegib capsules

- Vismodegib capsules with written instructions on how to take them.

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
Taste and smell alteration	Read more about taste and smell changes

Early (onset days to weeks)	
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
Diarrhoea	Read more about treatment induced diarrhoea
Fatigue	Read more about fatigue
Muscle spasms	Spasms, cramping and pain in the muscle can occur causing severe discomfort

Late (onset weeks to months)	
Anaemia	Abnormally low levels of red blood cells (RBCs) or haemoglobin in the blood. Read more about anaemia
Alopecia	Hair loss may occur from all parts of the body. 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
Anorexia	Loss of appetite accompanied by decreased food intake. Read more about anorexia
Menstrual abnormalities	Irregular, spotting, increased, decreased or loss of uterine bleeding.

Evidence

A search of the literature did not find strong evidence to support the use of vismodegib in the treatment of basal cell carcinoma. 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 phase II multicentre, international, two cohort, non-randomised trial (ERIVANCE BCC) involving 104 patients with advanced basal cell carcinoma (BCC), including metastatic BCC (n=33) (mBCC) and locally advanced BCC (n=71) (laBCC). Locally advanced BCC patients had cutaneous lesions that were inappropriate for surgery (inoperable, multiply recurrent where curative resection deemed to be unlikely or for whom surgery would result in substantial deformity) and for which radiation therapy was unsuccessful or contraindicated. Between February 2009 and April 2010, 104 patients were enrolled across 31 sites in the United States, Europe and Australia. They received oral vismodegib at a dose of 150 mg daily. Eight patients with locally advanced BCC were excluded from the efficacy analysis because the independent pathologist did not identify BCC in biopsy specimens obtained at baseline. A control group was not used in this study, given the small patient population, the historical absence of spontaneous responses, and the lack of available effective therapies. The primary endpoint was independent review facility-assessed objective response rate (IRF-assessed ORR). Secondary endpoints included investigator-assessed ORR, independent-review facility and investigator assessed duration of response (DOR) and progression free survival (PFS). Safety analysis included frequency and severity of treatment-emergent adverse events, AEs leading to drug interruption or withdrawal, and serious adverse events, including death.[2]

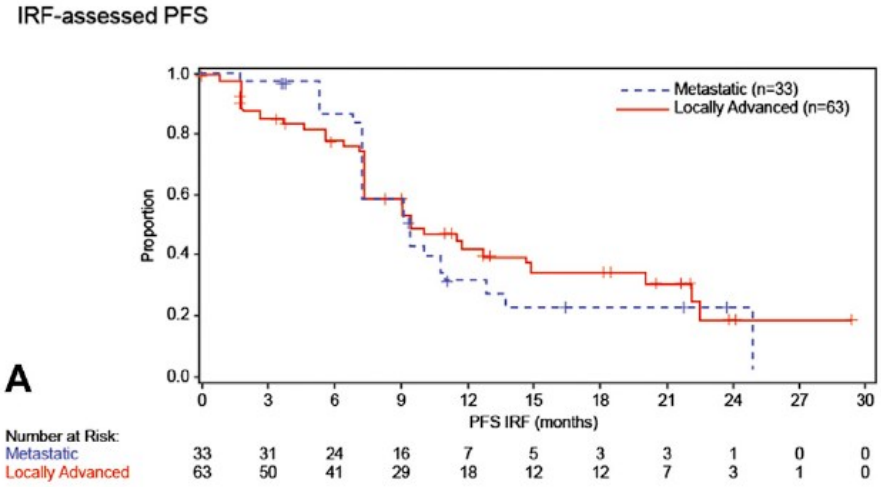
Source	Study & year published	Supports use	Is the dose and regimen consistent with the protocol?	Comments
Phase II trials	Sekulic et al 2012 [2]	**Yes**	Yes	
	Dreno et al 2017[1]	**Yes**	-	Intermittent dosing schedules used
Guidelines	**Date published/revised**	**Supports Use**	**Is the dose and regimen consistent with the protocol?**	**Comments**
NCCN	v.1 2018	**Yes**	Yes	
BCCA	October 2014	**Yes**	Yes	
CCO	June 2017	**Yes**	Yes	
ESMO	-	N/A	-	

Efficacy

After a median follow up of 22.4 months for mBCC and 21.7 months for laBCC, the IRF-assessed ORR was 33.3% in the mBCC cohort [95% CI 19.2-51.8] and 47.6% in the laBCC cohort [95% CI 35.5 – 60.6]. In the mBCC cohort, all 11 responders had partial response (33%), whereas in the laBCC cohort, 14/30 responders had complete response and 16 had partial response.

The estimated median DOR was 7.6 months in the mBCC cohort [95% CI 5.5 – 9.4] and 9.5 months in the laBCC cohort [95% CI 7.4 – 21.4]. The median PFS was 9.5 months in the mBCC cohort [95% CI 7.4 – 11.1] and 9.5 months in the laBCC cohort [95% CI 7.4 – 14.8]. Median overall survival was 24.1 months for the mBCC cohort [95% CI 14.3 months – NE] and was not reached for the laBCC cohort [95% CI NE – NE]. [3]

Kaplan-Meier curve for independent review facility (IRF) progression free survival[3]



Toxicity

The most common AEs that led to treatment discontinuation (with n≥2) included muscle spasm, weight loss and dysgeusia. All patients experienced treatment-emergent adverse events (TEAEs); however, these were mild to moderate (grade ≤ 2) in almost half the patients. Commonly reported TEAEs, occurring in 20% or more of patients included muscle spasm (71.2%), alopecia (65.4%), dysgeusia (53.8%), weight loss (50%), fatigue (40.4%) and nausea (32.7%). Amenorrhoea was reported in 2 out of 6 women of childbearing potential. In those patients who developed AEs, common AEs with the shortest median time to onset included muscle spasm (1.89 months), dysgeusia (1.48 months), nausea (2.14 months), fatigue (2.79 months), and decreased appetite (2.87 months). 24 patients died during the study period. None of the deaths were considered related to the study treatment by investigators.[3]

Table 3. Commonly Reported Adverse Events, According to Grade.*

Event	Any Grade	Grade 1	Grade 2	Grade 3 or 4
		percentage of patients		
Muscle spasms	68	48	16	4
Alopecia	63	49	14	0
Dysgeusia	51	28	23	0
Decrease in weight	46	27	14	5
Fatigue	36	27	5	4
Nausea	29	21	7	1
Decrease in appetite	23	14	6	3
Diarrhea	22	16	5	1

* These adverse events occurred in at least 20% of all patients and were coded with the use of the *Medical Dictionary for Regulatory Activities* (MedDRA), version 13.1. The highest grade of event is reported here for each patient.

References

1 Dreno, B., R. Kunstfeld, A. Hauschild, et al. 2017. "Two intermittent vismodegib dosing regimens in patients with multiple basal-cell carcinomas (MIKIE): a randomised, regimen-controlled, double-blind, phase 2 trial." Lancet Oncol 18(3):404-412.

2 Sekulic, A., M. R. Migden, A. E. Oro, et al. 2012. "Efficacy and safety of vismodegib in advanced basal-cell carcinoma." N Engl J Med 366(23):2171-2179.

3 Sekulic, A., M. R. Migden, K. Lewis, et al. 2015. "Pivotal ERIVANCE basal cell carcinoma (BCC) study: 12-month update of efficacy and safety of vismodegib in advanced BCC." J Am Acad Dermatol 72(6):1021-1026.e1028.

History

Version 2

Date	Summary of changes
10/09/2020	Patient information title updated- 'locally advanced or metastatic' added. Version number changed to V.2.
12/03/2021	Protocol reviewed electronically by Medical Oncology reference committee. No changes. Next review in 4 years.

Version 1

Date	Summary of changes
15/06/2018	New protocol taken to Medical Oncology Reference Committee meeting
06/11/2018	Protocol approved and published on eviQ. Review protocol in 1 year.
31/05/2019	Protocol reviewed electronically by Medical Oncology Reference Committee. No changes. Next review in 2 years.

First approved: 6 November 2018
Last reviewed: 12 March 2021
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/1918
01 Mar 2024

Patient information - Basal cell carcinoma locally advanced or metastatic - Vismodegib

Patient's name:

Your treatment

The treatment schedule below explains how the drug for this treatment is given.

Vismodegib		
This treatment is continuous. Intermittent scheduling may be used. Your doctor will advise you how long to take the treatment for.		
Day	**Treatment**	**How it is given**
Continuous	**Vismodegib** (*vis-moe-DEG-ib*)	Take orally ONCE a day with or without food. Swallow capsules whole with a glass of water, do not break, crush or chew. If you forget to take a capsule or vomit a capsule, take your normal dose the next time it is due. Do not take an extra dose.

When to get help

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

Treatment delays

There may 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. Your doctor will explain if you need any delays to your treatment and the reason why.

Blood tests and monitoring

You may need to have blood tests while you are receiving this treatment. Your doctor or nurse will tell you when to have these blood tests.

Other medications given during this treatment

- **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.**
Taste and smell changes	• You may find that food loses its taste or tastes different. • These changes are likely to go away with time. • Do your mouth care regularly. • Chew on sugar-free gum or eat sugar-free mints. • Add flavour to your food with sauces and herbs. • Ask your doctor or nurse for eviQ patient information - Taste and smell changes during cancer treatment.

Early (onset days to weeks)	
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.
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.**
Muscle spasms and cramps	• You may get muscle spasms and cramps, usually in the hands, calves and thighs. • Tell your doctor or nurse if you get any of these symptoms. Your doctor may prescribe you medication for this.

Late (onset weeks to months)	
Low red blood cells (anaemia)	• You may feel dizzy, light-headed, tired and appear more pale than usual. • Tell your doctor or nurse if you have any of these signs or symptoms. You might need a blood transfusion. • **Tell your doctor or nurse immediately, or go to the nearest hospital Emergency Department if you have any chest pain, trouble breathing, or feel like your heart is racing.**
Hair loss (alopecia)	• Your hair may start to fall out from your head and body. • Hair loss usually starts 2 to 3 weeks after your first treatment. • You may become completely bald and your scalp might feel tender. • Use a gentle shampoo and a soft brush. • Take care with hair products like hairspray, hair dye, bleaches and perms. • Protect your scalp from the cold with a hat, scarf or wig. • Protect your scalp from the sun with a hat or sunscreen of SPF 50 or higher. • Moisturise your scalp to prevent itching. • Ask your doctor or nurse about the Look Good Feel Better program
Appetite loss (anorexia)	• You may not feel like eating. • Try to avoid drinking fluids at meal times. • Try to eat small meals or snacks regularly throughout the day. • Try to eat food that is high in protein and calories. • If you are worried about how much food you can eat, or if you are losing weight, ask to speak to a dietitian.
Changes to your period	You may experience • increased, decreased or loss of bleeding • irregular bleeding or spotting • a delay in the return of your period after stopping treatment

General advice for patients 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.
- 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 13 11 20 for cancer information and support

General cancer information and support

- Australian Rare Cancer (ARC) Portal – arcportal.org.au/
- Beyond Blue – 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

Additional notes:

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