

Patient information and therapy diary

For those being treated with
OPDIVO® (nivolumab) combined with
YERVOY® (ipilimumab) for malignant
pleural mesothelioma (pleural cancer)



Introduction

This brochure is intended as guidance for you while you are undergoing treatment with OPDIVO combined with YERVOY. Here, you can learn more about OPDIVO and YERVOY, and what you can expect in connection with your treatment. The symptoms of possible side effects, which you should be aware of, are also described here and what you should do if you experience these symptoms.

For complete information, please see the package leaflet for OPDIVO and YERVOY on www.fass.se.

About the therapy

The immune system consists of a number of different cells, including T-cells, which are a part of the body's natural defence. The T-cells find and destroy cells that the body considers to be foreign, such as bacteria, viruses and cancer cells. However, sometimes cancer cells can find ways of hiding from the immune system's defence, which allows the cancer to grow and spread.

OPDIVO helps by stopping the cancer cells from blocking the immune system's T-cells. YERVOY acts in a different way, by increasing the activity of the T-cells, so they can attack and destroy the cancer cells.

Because this therapy works by activating your immune system, it can give rise to side effects that are caused because your immune system becomes very active and starts to attack healthy cells. It is important that you contact your attending physician or nurse if you experience symptoms or indications of side effects. You can also read further information about side effects related to treatment in the section "Side effects of the treatment" on pages 3–4.

Prior to the start of treatment

Prior to treatment, your doctor will check your general state of health. You will also provide blood samples during your treatment.

Before starting the treatment, you and your doctor will check if:

- you have an autoimmune disease (a condition where the body attacks its own cells)
- you have previously been given OPDIVO or YERVOY and suffered serious side effects from these drugs
- your cancer has spread to the brain
- you have previously had inflammation of the lungs
- you are taking or have recently taken other drugs

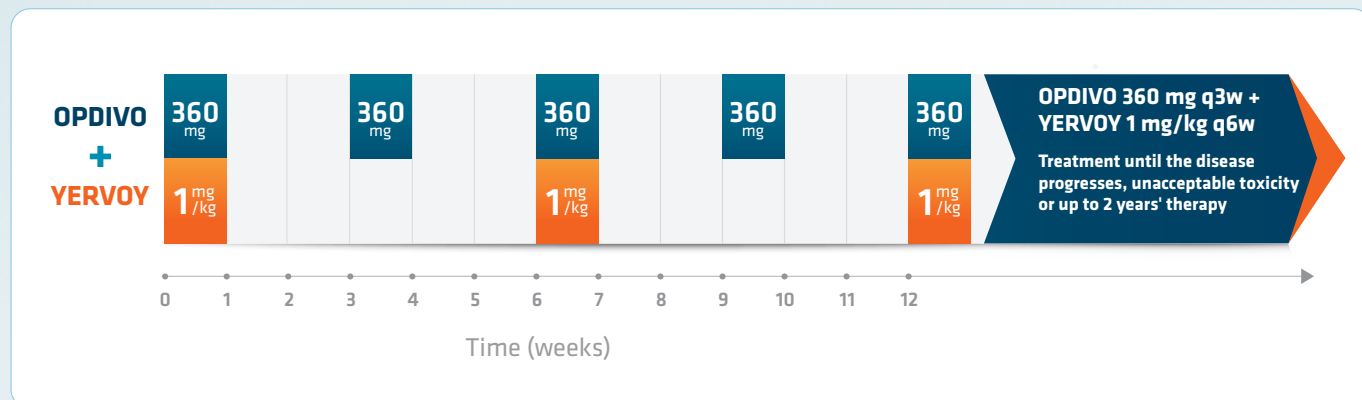
Tell your doctor if you are pregnant, planning to have children or are breastfeeding. It is important that you protect yourself against pregnancy in connection with the treatment.

How the therapy is delivered

OPDIVO combined with YERVOY

You will be administered OPDIVO and YERVOY via an infusion (drip) into the blood. Each of the infusions takes 30 minutes to administer, with at least 30 minutes rest between treatments.

The treatment consists of OPDIVO once every three weeks combined with YERVOY once every six weeks.



On the day you receive treatment, you may feel generally unwell. In which case, your attending physician and nurse can inform you about how this can be treated. The amount of YERVOY is calculated based on your body weight. Say if you gain or lose weight.

Your doctor will continue to give you your therapy for up to 2 years or until you no longer tolerate it. Your doctor is the person who assesses the treatment, for example, by X-ray.

If you miss an appointment for treatment

It is very important that you come to your appointments to receive the treatment. If you miss a treatment, your doctor will plan when you will receive your next dose.

Side effects of the therapy

Like all other drugs, these drugs can also cause side effects, but not everybody necessarily suffers from them. Your treatment affects your immune system and may cause inflammation in parts of the body. Inflammation may also cause serious bodily injury and some inflammatory conditions may be life-threatening and need treatment, or require the therapy to be stopped.

The majority of side effects related to your treatment can be counteracted. For example, your doctor can decide to give you other drugs to reduce the symptoms and prevent complications, delay the next dose or finish the therapy. Early action to counteract side effects reduces the risk that the therapy will need to be stopped. It is important that you contact your treatment clinic early on if you suspect a side effect or you do not feel well.

Side effects can occur at any time during the treatment. Pay attention, because side effects can also arise weeks or months after your last dose.

It is important that you contact your treatment clinic early on if you suspect a side effect. It is very important that side effects are detected early, because they can then be treated and, thus, deterioration of the condition prevented.

Immediately contact your doctor or nurse if you experience any of these indications or symptoms:



Liver problems: indications and symptoms could be yellow whites of the eye or yellowish skin (jaundice), pain in the right-hand side of the abdominal region or tiredness.



Diarrhoea: watery, loose or soft faeces or other symptoms of intestinal inflammation (colitis), such as abdominal pains and mucus or blood in the faeces.



Kidney problems: indications and symptoms could be a reduced quantity of urine.



Lung problems such as breathing difficulties or coughing. This could be indication of inflammation in the lungs.



Inflammation in the muscles such as myocarditis (inflammation of the heart muscle), myositis (inflammation in the muscles) and rhabdomyolysis (stiffness in muscles, joints, muscle cramp). Indications and symptoms of this can be expressed as muscle pain, stiffness, weakness, chest pain or serious fatigue.



Endocrine gland problems (including thyroid gland and adrenal glands): indications and symptoms that your glands are not functioning normally can include extreme tiredness, weight change or headache or visual disorders.



Diabetes (symptoms such as excessive thirst, greatly increased quantity of urine, increased appetite with weight loss, feeling tired, drowsiness, weakness, depression, irritability and generally feeling unwell) or diabetic ketoacidosis (acid in the blood that originates from the diabetes).



Skin inflammation that may cause serious skin reaction (known as toxic epidermal necrolysis and Stevens-Johnsons syndrome). Indications and symptoms of a serious skin reaction (sometimes fatal) can be expressed as rash, itching and peeling of the skin.

Immediately seek medical attention, if you experience indications or symptoms that are mentioned in this brochure or if you have other side effects. Receiving medical treatment at an early stage can prevent the problem from becoming serious. Do not try to treat your symptoms with other drugs yourself.

For a complete list of side effects, consult the package leaflet for OPDIVO and YERVOY on www.fass.se.

Frequently Asked Questions and Answers

OPDIVO combined with YERVOY are drugs that help the body's own immune defence attack and destroy cancer cells.

How does OPDIVO combined with YERVOY work?

The immune system consists of a number of different cells, including T-cells, which are a part of the body's natural defence. The T-cells find and destroy cells that the body considers to be foreign, such as bacteria, viruses and cancer cells. However, sometimes cancer cells can find ways of avoiding the immune system's defence, which allows the cancer to grow and spread.

OPDIVO helps by stopping the cancer cells from blocking the immune system's T-cells. YERVOY acts in a different way, by increasing the activity of the T-cells, so they can attack and destroy the cancer cells. Your doctor assesses whether you will receive the combination therapy with OPDIVO and YERVOY.

Because this therapy works by activating your immune system, it can give rise to side effects that are caused because your immune system becomes very active and starts to attack healthy cells. It is important that you contact your attending physician or nurse if you experience symptoms or indications of side effects. You can also read further information about side effects related to treatment in the section "Side effects of the treatment" on pages 3–4.

How will I receive the therapy?

You will be administered OPDIVO and YERVOY via an infusion (drip) into the blood. Each of the infusions takes 30 minutes to administer, with at least 30 minutes rest between treatments.

The treatment consists of OPDIVO once every three weeks combined with YERVOY once every six weeks.

Where will I receive the therapy?

You will receive your therapy at hospital, under the supervision of your doctor.

For how long will I receive treatment?

Your doctor will continue to give you your therapy for up to 2 years or until you no longer tolerate it. Your doctor is the person who assesses the treatment, for example, by X-ray.

Must the therapy be stopped if I suffer side effects?

If you experience side effects, you should contact your doctor or nurse. The majority of side effects related to your treatment can be treated. Your doctor can decide to give you other drugs to reduce the symptoms and prevent the side effect from worsening, delay the next dose or finish the therapy. Early action to counteract side effects reduces the risk that the therapy will need to be stopped.

What should I do if I experience side effects during treatment?

It is important that you immediately contact your doctor or nurse, so they can treat the side effect as early as possible to prevent the side effect from worsening. Side effects of treatment with OPDIVO and YERVOY can usually be cured with corticosteroids.

It is important that you contact your treatment clinic early on if you suspect a side effect or you do not feel well. Do not try to treat the symptoms or side effects yourself. It is also important to be aware that side effects can occur at any time during your treatment and also several months after completed therapy.

Can I take other drugs during my therapy?

It is important that you tell your doctor about all other drugs you are taking before you start your treatment. While treatment is underway, it is also important that talk with your doctor if you start to take another drug.

What should I do if I miss an appointment for treatment?

It is very important that you come for all of your treatments. If you miss a treatment, your treatment unit will plan when you will receive your next dose.

If you have more questions about your treatment, contact your doctor or nurse.

Your Patient Card

Your doctor or nurse will give you a patient card. This contains important safety information, which you need to be aware of before, during and after your treatment with OPDIVO and YERVOY. It also contains information that all of the medical personnel need to know about your treatment. For this reason, it is important that you present your patient card to all medical personnel you come into contact with. This is also the case when you visit health centres or hospitals.

If you haven't received a patient card, or if you have lost it, ask your attending physician or nurse for a new one.

Always carry the patient card with you and present it if you should need to visit another doctor, e.g. if you are on holiday. It contains important information about symptoms that may need to be treated in consultation with you attending physician.






































Your treatment diary

The purpose of this diary is to make it easier for you, your doctor and your nurse to detect early on symptoms of side effects that may arise during your treatment with OPDIVO and YERVOY. If the symptoms are detected early, they can frequently be treated and prevent the side effects from worsening.

Take time to fill in the diary and take it with you to every appointment with you attending physician or nurse.

TREATMENT WEEK 1

Date for treatment day on /

| day on...../..... | day on...../..... | day on...../..... | day on...../..... | day on...../..... | day on...../..... | day on...../..... |
|---|---|---|---|---|---|---|
| How are you feeling? | | | | | | |
|    |    |    |    |    |    |    |
| Are you still able to perform your normal activities? | | | | | | |
|    |    |    |    |    |    |    |
| Are you nauseous and/or vomiting? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you lost your appetite or do you feel less hungry than usually? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| How many defecations do you have each day? | | | | | | |
| | | | | | | |
| Are your defecations more numerous than normally? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are your stools thin or watery? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you seen blood or mucus in your stools? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are your defecations painful? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you got a new cough or deteriorated cough? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have breathing problems? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you had itching, skin rash, blisters, ulcers or peeling of the skin? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have a constant or unusual headache? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you felt extremely tired? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you had changes of your mood or your behaviour such as decreased sex drive, irritability or forgetfulness? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you had numbness, pain or weakness in your muscles or difficulties walking? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you have pain or numbness/swelling in joints or muscles? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you had pain or redness in your eye, visual problems or blurred vision? | | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Immediately contact the outpatient clinic if you feel ill during the treatment so that they can help you.

**For complete information, please see
the package leaflet for OPDIVO and YERVOY
on www.fass.se**

**You can find more information about
OPDIVO and YERVOY by visiting the website
www.opdivopatient.se**

OPDIVO® is an immune therapy that is used to treated adults with:

- advanced non-small cell lung cancer (a type of lung cancer)
- pleural cancer (malignant pleural mesothelioma, a type of cancer that affects the tissues lining the lungs)

The active substance in Opdivo is called nivolumab.

Opdivo can be administered as monotherapy or combined with Yervoy® and chemotherapy in advanced non-small cell lung cancer.

Opdivo can be given in combination with Yervoy for pleural cancer.

It is important that you also read the package leaflet that you are given along with Opdivo. Ask your doctor, if you have any questions about these drugs.

Do not use Opdivo if you are allergic to nivolumab or another ingredient in this drug.

You must not treat side effects that are related to Opdivo yourself, instead, you must always contact your doctor. Please note that side effects can occur

at any time during the treatment and, sometimes, weeks or months after your last dose.

Strength and packaging: Opdivo is a concentrate for infusion fluid with the strength 10 mg/ml. The packaging's size is either 1 injection vial containing 4 ml or 1 injection vial containing 10 ml or 1 injection vial containing 24 ml.

Further information: For complete information about Opdivo, carefully read the package leaflet enclosed with the package (it is also available on www.fass.se).

Bristol Myers Squibb
Tel: +46 (0) 8-7047100
www.bms.com/se
Version 10

YERVOY® is an immune therapy that is used to treat advanced melanoma (a type of skin cancer) in adults and adolescents 12 years and older. Yervoy can be given in combination with Opdivo® for advanced melanoma, advanced renal cell carcinoma or pleural cancer (malignant pleural mesothelioma, a type of cancer that affects the tissues lining the lungs), advanced colorectal cancer (colon cancer or rectal cancer) in adults Yervoy can be given in combination

with Opdivo and chemotherapy for advanced non-small cell lung cancer in adults. It is important that you also read the package leaflet for Opdivo. Ask your doctor if you have any questions about Opdivo.

The active substance in Yervoy is called ipilimumab.

Do not use Yervoy if you are allergic to ipilimumab or another ingredient in this drug.

You must not treat side effects that are related to Yervoy yourself, instead, you must always contact your doctor. Please note that side effects can occur at any time during the treatment and, sometimes, weeks or months after your last dose.

Strength and packaging: Yervoy is a concentrate for infusion fluid with the strength 5 mg/ml. The packaging's size is either 1 injection vial containing 10 ml or 1 injection vial containing 40 ml.

Further information: For complete information about Yervoy, carefully read the package leaflet enclosed with the package (it is also available on www.fass.se).

Bristol Myers Squibb
Tel: +46 (0) 8-7047100
www.bms.com/se
Version 4