Patient portrayal

LIBTAYO®
(cemiplimab)

ADVANCED NSCLC

Information booklet

for adult patients with metastatic or locally advanced non-small cell lung cancer (NSCLC) who have been prescribed LIBTAYO

LIBTAYO®
(cemiplimab)

What is in this booklet

This booklet contains useful information about non-small cell lung cancer (NSCLC) and your treatment with LIBTAYO (cemiplimab), as well as resources to support you during your treatment. This booklet does not replace the advice of your doctor. If you have any questions or concerns about your treatment with LIBTAYO, it is important that you speak with your doctor, nurse or pharmacist.

There are other important documents that your healthcare team will provide to you including the LIBTAYO Patient Guide, Patient Alert Card and Consumer Medicine Information leaflet. These documents describe the possible side effects of treatment with LIBTAYO. It is important that you refer to these documents during and after your treatment with LIBTAYO.

You can find the LIBTAYO Patient Guide and Alert Card in the back of this booklet.

Patient portrayal

Table of contents

Non-small cell lung cancer (NSCLC)

This section describes the types of lung cancer and the risk factors for lung cancer.

Non-small cell lung cancer

Lung cancer is cancer that originates in the lung and occurs when abnormal cells in the lungs grow and multiply in an uncontrolled way. Lung cancer can occur in one or both lungs. There are two main types of lung cancer, **non-small cell lung cancer (NSCLC)** and **small cell lung cancer (SCLC).** NSCLC is the most common form representing about 85% of all lung cancers. NSCLC and SCLC are treated differently.

NSCLC can be further classified depending on the type of lung cell that the cancer starts in:

- **adenocarcinoma** begins in mucus-producing cells usually found in the outer parts of the lungs
- **squamous cell carcinoma** begins in squamous cells – a type of flat, thin cell that lines the inside of the airways (known as bronchi)
- **large cell undifferentiated carcinoma** is the term for lung cancer that is not clearly squamous cell carcinoma or adenocarcinoma

Risk factors for lung cancer

The causes of lung cancer are not fully understood, and some people develop lung cancer who do not have any known risk factors.

Factors that are known to increase the likelihood of developing lung cancer include:

Tobacco smoking – most lung cancer cases are thought to result from tobacco smoking

Exposure to second-hand tobacco smoke (passive smoking)

Exposure to other environmental or work-related factors such as:

- radioactive gas (radon)
- air pollution (eg from gas or wood-burning cooking or heating)
- processing of some chemicals (eg arsenic, silica, cadmium, steel, nickel)
- diesel engine exhaust

History of lung disease such as lung fibrosis or emphysema

Family history of lung cancer

Older age

People who have never smoked can also get lung cancer – **around 15% of men and 30% of women diagnosed with lung cancer have never smoked.**

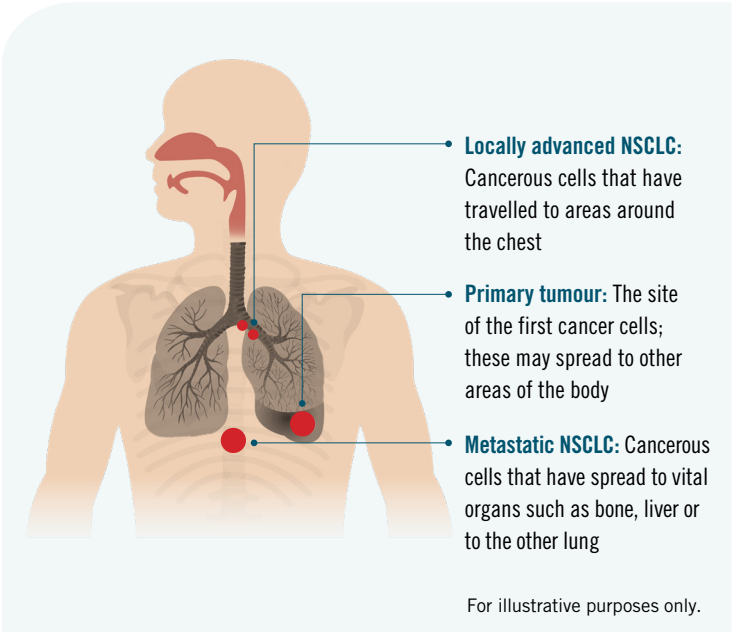
What is advanced NSCLC?

NSCLC is referred to as locally advanced (Stage 3) if it has spread to the lymph nodes in the centre of the chest between the heart and lungs (the mediastinum) or has grown into the chest wall or the outer lining that surrounds the heart (the pericardium). Blood vessels in this area may also be affected.

It is also referred to as locally advanced if the cancer is found in the lymph nodes on the opposite side of the chest from where the tumour first developed or has spread to the lower neck.

NSCLC is referred to as metastatic (Stage 4) when cancerous cells spread via the bloodstream or the lymphatic system to the fluid around the heart or lung, or to other parts of the body where they form new tumours in tissues (such as distant lymph nodes) or organs (such as the brain, bone, liver, adrenal glands, or the other lung).

Together, locally advanced NSCLC and metastatic NSCLC are referred to as **advanced NSCLC.** Cancer that has spread extensively or, in some cases, has not responded to multiple treatments and has returned repeatedly is also considered to be advanced NSCLC.



Treatments for cancer

This section provides an overview of the cancer multidisciplinary healthcare team and some of the treatments used.

What are the types of cancer treatments?

There are a variety of types of cancer treatments that may be used alone or in combination to suit each individual.

The choice of treatment or treatments depends on factors that include the lung cancer type, location and size, and how far it has spread, as well as an individual's overall health, breathing capacity and preferences. Some treatments are used only if certain cancer cell markers are present.

The most common ways of treating advanced NSCLC are:

- Surgery
- Radiation therapy
- Systemic therapy

Your doctor will review your treatment options with you and a multidisciplinary team of healthcare professionals to **develop a treatment plan that is specific to you.**

Surgery

Surgery for NSCLC involves the removal of the cancerous tumour and affected surrounding tissue. It may involve removal of all or part of the lung. Surgery for NSCLC is typically performed by a thoracic surgeon. It is most commonly used in early-stage NSCLC.

Radiation therapy

Radiation therapy (also called radiotherapy) may be used in the management of NSCLC. It uses a precisely targeted beam of intense energy, most often X-rays, to kill cancer cells and shrink tumours. It may be used alone or in combination with surgery or chemotherapy.

Radiation therapy is given by a radiation oncologist with a team comprised of a radiation therapist, medical physicist, and radiation oncology nurses. It is usually administered regularly over several weeks.

Systemic therapy

Systemic therapy refers to medicines that travel through the bloodstream and work throughout the whole body. For cancer, they are commonly administered directly into a vein (intravenous infusion or IV infusion). These treatments are prescribed and managed by medical oncologists and intravenous infusions are administered by oncology nurses, often in an oncology clinic.

Targeted therapy, immunotherapy and chemotherapy are types of systemic therapies commonly used to treat cancer.

Targeted therapy

Targeted therapy medicines target specific mutations in cancer cells. These mutations are referred to as 'driver' mutations because they are responsible for driving the growth of the cancer. Tumour cells from a biopsy are tested to determine which specific 'driver' mutation is present, if any, to guide selection of the appropriate treatment.

The most common mutations targeted in treatments are EGFR (epidermal growth factor receptor), ALK (anaplastic lymphoma kinase), or ROS1 (c-ROS proto-oncogene 1).

Targeted therapies may be prescribed for advanced or recurrent NSCLC. They are often taken by mouth as tablets or capsules.

Immunotherapy

Immunotherapy is a therapy that helps your immune system fight cancer. Your immune system normally identifies and kills abnormal cells; however, it might not attack your cancer because the cancer cells have developed ways to evade the immune system.

Immunotherapy may also cause your immune system to attack healthy organs and tissues in your body. This can result in side effects such as skin problems, diarrhoea, tiredness, pain in the joints and other immune system reactions.

Immunotherapy may be used in advanced NSCLC when the cancer has spread to other parts of the body or when surgery or chemoradiation is not feasible. It may be used alone or in combination with chemotherapy.

Immunotherapy is usually given as an intravenous infusion in regular treatment cycles (a period of treatment followed by a break) over a period of several months.

Chemotherapy

Chemotherapy kills rapidly growing cells, such as cancer cells, or stops them from growing.

Some healthy cells are also fast-growing including cells lining your intestines, those that make your hair grow, red blood cells and immune cells. When these healthy cells are damaged by chemotherapy it can cause side effects such as nausea, hair loss, anaemia and increase the risk of infections.

Chemotherapy is usually given in regular cycles, often as an intravenous infusion. Treatment cycles can be given for several months.

Chemoradiation therapy is a combination of chemotherapy and radiation therapy.

Your immune system and cancer

Your immune system defends your body against disease and attacks abnormal cells, including cancer cells. Sometimes cancer cells can evade your immune system leading to tumour formation.

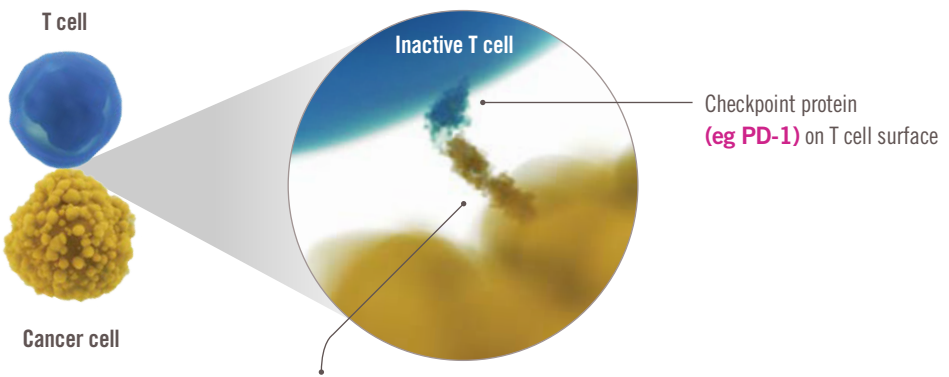
Your immune system and cancer

Your immune system comprises a variety of cell types, tissues and organs which act together to protect the body from infection, toxins and abnormal cells, including cancer cells.

White blood cells (also called leukocytes) are an important part of your immune system. **T cells** are a specific subset of white blood cells that recognise and kill foreign or abnormal cells.

The immune system is carefully regulated so that it doesn't recognise and destroy healthy cells. One way the immune system is regulated is through **checkpoints** which are proteins on the surface of T cells that can help to control the activity of T cells. One such protein is known as **PD-1** (or programmed cell death receptor-1).

Some cancers develop the ability to use checkpoints to evade the immune system. Proteins on the surface of these cancer cells can bind to checkpoint proteins on T cells to inactivate the T cells and prevent them from killing cancer cells. One such protein is known as **PD-L1** (or programmed cell death ligand-1).



A type of immunotherapy, called a **checkpoint inhibitor,** interferes with the ability of cancer cells to bind to checkpoint proteins on T cells. As a result, T cells remain active and can recognise and kill cancer cells.

LIBTAYO (cemiplimab) is a type of checkpoint inhibitor therapy.

Treatment with LIBTAYO (cemiplimab)

This section provides information on LIBTAYO, who it is used for, how it is given and the possible side effects of treatment.

About LIBTAYO

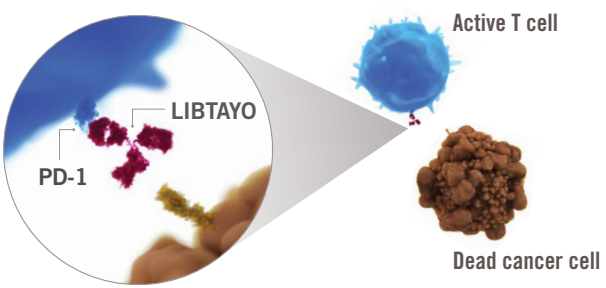
What is LIBTAYO?

LIBTAYO is an anti-cancer medicine that contains the active substance cemiplimab.

How does LIBTAYO work?

Normally, your immune system uses T cells to recognise and kill abnormal cells. Some cancer cells can evade the immune system by overriding checkpoints, such as PD-1, that control the activity of T cells.

LIBTAYO is a type of checkpoint inhibitor immunotherapy known as a **PD-1 inhibitor**. It works by binding to PD-1 on the T cell surface to block cancer cell proteins (eg PD-L1) from binding to it. As a result, T cells remain active and can kill cancer cells.



LIBTAYO binds to PD-1 on the T cell surface to block cancer cells from binding to it. As a result, the T cell remains active and can kill cancer cells


Patient portrayal

Who can use LIBTAYO?

LIBTAYO is used to treat advanced non-small cell lung cancer (NSCLC) in adult patients who have either:

locally advanced NSCLC, and who are not candidates for surgical resection or definitive chemoradiation

OR

metastatic NSCLC (NSCLC which has spread to other parts of the body)

It can be used alone (as a monotherapy) or in combination with chemotherapy.

In addition, to be eligible for LIBTAYO a patient's cancer cells must be tested to confirm that they:

- **do not** have identifiable 'driver' mutations that can be targets for targeted systemic therapies (ie EGFR, ALK, ROS1 mutations)
- **do** express a high level of **PD-L1** (or programmed cell death ligand-1) protein (if LIBTAYO is to be used alone)

Why you have been prescribed LIBTAYO

You have been prescribed LIBTAYO to treat your metastatic or locally advanced NSCLC. All medicines have risks and benefits and your doctor has weighed the risks of you taking LIBTAYO against the expected benefits. If you have any concerns about taking this medicine, please speak with your doctor, nurse or pharmacist.

LIBTAYO acts on your immune system and may cause inflammation in parts of your body. This inflammation may cause serious damage and may need treatment or require you to stop treatment with LIBTAYO. These problems may happen anytime during treatment or even after your treatment has ended. They can sometimes become severe or life-threatening.

Before you are given LIBTAYO

These are some things you need to be aware of before starting treatment with LIBTAYO. If any of them apply to you, or you are not sure, talk to your doctor or nurse before you are given LIBTAYO.

When you must not be given LIBTAYO

You should not be given LIBTAYO if you are allergic to the active ingredient, cemiplimab, or any of the other ingredients of this medicine. Please check the Consumer Medicine Information leaflet for the complete list of ingredients.

If you think you may be allergic, or you are not sure, talk to your doctor before you are given LIBTAYO.

Some of the symptoms of an allergic reaction may include:

- shortness of breath, wheezing or difficulty breathing
- swelling of the face, lips, tongue, or other parts of the body
- rash, itching or hives on the skin

Talk to your doctor or nurse before you are given LIBTAYO if:

you have an autoimmune disease
(a condition where the body attacks its own cells)

you have had an organ transplant, or you have received or plan to receive a bone marrow transplant using bone marrow from another person (allogeneic hematopoietic stem cell transplant)

you have lung or breathing problems

you have liver problems

you have kidney problems

you have diabetes

you have any other medical conditions

Other medicines and LIBTAYO

Tell your doctor, pharmacist or nurse if you are taking, have recently taken or might take any other medicines. In particular, tell your doctor, pharmacist or nurse if you are taking or have ever taken any of the following medicines:

- a cancer medicine called idelalisib, used to treat some rare kinds of blood cancer
- medicines that weaken your immune system (for example, corticosteroids, such as prednisone)

These medicines may interfere with the effect of LIBTAYO. However, once you start treatment with LIBTAYO, your doctor may give you corticosteroids to reduce the side effects that you may have.

Pregnancy

If you are pregnant, think you may be pregnant or are planning to have a baby, ask your doctor for advice before you start treatment. LIBTAYO can harm your unborn baby.

Tell your doctor immediately if you become pregnant while you are being treated with LIBTAYO.

If you are able to become pregnant, you must use an effective method of contraception to avoid becoming pregnant:

- while you are being treated with LIBTAYO and
- for at least 4 months after the last dose

Talk to your doctor about the contraception methods that you must use during this time.

Breastfeeding

If you are breastfeeding or plan to breast-feed, ask your doctor for advice before you are given this medicine. Do not breast-feed while you are being treated with LIBTAYO and for at least 4 months after the last dose.

It is not known if LIBTAYO passes into your breast milk.

Driving and using machines

LIBTAYO has no or minor influence on your ability to drive and use machines. If you feel tired, do not drive or use machines until you feel better.

How LIBTAYO is given

LIBTAYO will be given to you in a hospital or oncology clinic, supervised by a doctor experienced in cancer treatment.

LIBTAYO is administered by an intravenous (IV) infusion. This means it is administered through a vein. The infusion will last about 30 minutes and it is usually given every 3 weeks. Your doctor will decide how many treatments you will need.

Your doctor will also test your blood to check for certain side effects during your treatment.

If you miss an appointment

Call your doctor as soon as possible to make another appointment. It is very important that you do not miss a dose of this medicine.

If you stop receiving LIBTAYO

It is important to continue treatment as prescribed by your doctor. Do not stop treatment with LIBTAYO unless you have discussed this with your doctor. Stopping your treatment may stop the effect of the medicine.

What are the possible side effects caused by LIBTAYO?

Look out for side effects

All medicines can have side effects. Sometimes they are serious, although most of the time they are not. You may need medical attention for some side effects so tell your doctor or nurse as soon as possible if you do not feel well while you are being given LIBTAYO.

Your doctor and nurse will watch for side effects during your treatment with LIBTAYO. You may also need periodic blood tests or other tests to check that your liver and kidneys are functioning as normal.

If you experience side effects, your doctor may give you other medicines to stop more severe reactions and reduce your symptoms. Your doctor also may decide to pause or stop your treatment with LIBTAYO.

The listed side effects have been observed in clinical trials of patients treated with LIBTAYO alone and patients treated with LIBTAYO in combination with chemotherapy.

LIBTAYO can cause some serious side effects that you need to tell your doctor about immediately. These side effects may occur anytime during treatment or even after your treatment has ended. You may have more than one side effect at the same time.

Do not be alarmed by the following lists of possible side effects. You may not experience any of them. Talk to your doctor or nurse if you have questions about any of these side effects.

These serious side effects include:

- Skin problems
- Lung problems (pneumonitis)
- Gut problems (colitis)
- Liver problems (hepatitis)
- Hormone gland problems – especially thyroid, pituitary, adrenal glands and the pancreas
- Blood sugar problems (type 1 diabetes)
- Kidney problems (nephritis and kidney failure)
- Central nervous system problems (such as meningitis)
- Muscle problems (inflammation of the muscles called myositis)
- Infusion-related reactions
- Problems in other parts of the body

There is more information on these side effects on the following pages.

During the infusion

Infusion reactions may happen while you are receiving the drug infusion or shortly after. Tell your doctor or nurse as soon as possible if you notice any of the following:


shortness of breath or wheezing


chills, shaking or fever


itching or rash


flushing or swollen face


dizziness


nausea, vomiting or abdominal pain

After the infusion

If you notice any of the following after you have been given LIBTAYO tell your doctor immediately. If you cannot reach your doctor you must seek immediate medical attention:

Skin problems
- Widespread rash or itching
- Skin blistering
- Ulcers in the mouth or other mucous membranes

Lung problems (pneumonitis)
- New or worsening cough
- Shortness of breath or chest pain

Gut (intestines or stomach) problems
- Frequent diarrhoea or more bowel movements than usual
- Stools that are black or tarry or have blood and mucous
- Severe stomach (abdomen) pain or tenderness
- Coeliac disease (characterised by symptoms such as stomach pain, diarrhoea and bloating after consuming gluten-containing foods)
- Lack or reduction of digestive enzymes made by the pancreas (pancreatic exocrine insufficiency)

Kidney problems (nephritis and kidney failure)
- Change in the amount or colour of your urine
- Blood in your urine
- Swollen ankles
- Feeling less hungry than normal

Hormone gland problems

- Headaches that will not go away or unusual headaches
- Fast heartbeat or increased sweating
- Feeling more cold or hot than usual
- Severe tiredness, dizziness or fainting
- Weight gain or weight loss
- Feeling more hungry or thirsty than usual
- Hair loss or constipation
- Your voice becomes deeper
- Very low blood pressure
- Urinating more often than usual
- Nausea, vomiting or abdominal pain
- Changes in mood or behaviour such as decreased sex drive, being irritable or forgetful

Blood problems

- Fever or chills
- Fast heartbeat or chest pain
- Pale skin, or yellowing of the skin and whites of the eyes
- Weakness and fatigue
- Shortness of breath or fainting
- Dark urine or a feeling of abdominal fullness

Liver problems (hepatitis)

- Yellowing of your skin or the whites of your eyes
- Severe nausea or vomiting
- Pain on the right side of your abdomen
- Feeling sleepy
- Dark urine (the colour of tea)
- Bleeding or bruising more easily than normal
- Feeling less hungry than usual

Blood sugar problems (type 1 diabetes)

- Feeling more hungry or thirsty than usual
- Needing to urinate more often
- Weight loss, feeling tired or sick
- Stomach pain
- Fast and deep breathing
- Confusion or unusual sleepiness
- A sweet smell to your breath, a sweet or metallic taste in your mouth, or a different odour to your urine or sweat

After the infusion (continued)

Problems in other parts of the body such as:

Nervous system problems

- Headache or stiff neck
- Fever, chills or vomiting
- Feeling tired or weak
- Confusion, memory problems or feeling sleepy
- Fits (seizures)
- Seeing or hearing things that are not really there (hallucinations)
- Severe muscle weakness, tingling or numbness
- Weakness or burning pain in arms or legs
- Paralysis in the extremities (hands or feet)

Muscle and joint problems

- Joint pain or swelling
- Muscle pain, or weakness which could be associated with a rash or stiffness
- Feeling weak or stiff

Eye problems

- Changes in eyesight
- Eye pain or redness
- Sensitivity to light
- Inflammation of the eye

Heart and circulatory problems

- Changes in heartbeat, for example your heart beating fast, seeming to skip a beat or a pounding sensation
- Shortness of breath or chest pain

Other

- Dryness in many parts of the body from mouth to eyes, nose, throat and the top layers of skin
- Bruises on the skin or bleeding, enlarged liver and/or spleen, lymph node enlargement

The above list includes serious side effects that may require urgent medical attention or hospitalisation. Other side effects not listed above may also occur with LIBTAYO treatment.

It is important to tell your doctor, nurse or pharmacist if you notice anything that is making you feel unwell, even if it is not listed here.

Most common side effects in patients treated with LIBTAYO

Very common (10% or greater)

- Lung problems (eg cough, shortness of breath)
- Upper respiratory tract infection
- Blood changes (reduced level of red blood cells, white blood cells or platelets)
- Muscle and bone pain
- Decreased appetite
- Gut problems (eg diarrhoea or constipation, nausea, abdominal pain, vomiting)
- Rash & itching
- Fatigue
- Neutropenia (low level of white blood cells)
- Tingling or numbness in hands or feet
- Liver problems
- High blood sugar
- Trouble sleeping
- Hair loss

Common (1% up to 10%)

- Infusion-related reactions
- Thyroid disorders
- Inflammation of the lung
- Inflammation of the liver
- Changes to certain blood test results
- Urinary tract infection
- Headache
- Nerve damage to hands and feet
- High blood pressure
- Inflammation of the kidneys
- Other gut problems (eg inflammation and sores in the digestive tract)
- Fever
- Scaly skin
- Swelling

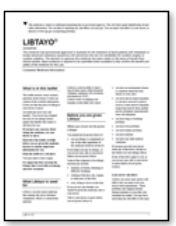
These are the most common side effects observed in patients treated with LIBTAYO alone and in combination with chemotherapy during clinical trials.

You may experience other less common side effects or side effects not listed in this booklet.

Important documents to review

Your healthcare team should provide you with these important documents to help you identify and report any symptoms of side effects from your treatment with LIBTAYO.

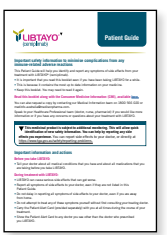
Keep these documents during your treatment with LIBTAYO and after your treatment has stopped. Side effects may occur even after your treatment has ended. If you have any questions about these side effects or about your treatment, please speak with your doctor or nurse.



LIBTAYO Consumer Medicine Information

The LIBTAYO Consumer Medicine Information (CMI) is a leaflet that answers some common questions about LIBTAYO. Much of the information in the LIBTAYO CMI is contained in this booklet and in the LIBTAYO Patient Guide and Patient Alert Card.

LIBTAYO Consumer Medicine Information website link



LIBTAYO Patient Guide

This Patient Guide contains important LIBTAYO safety and side effect information as well as a section to record your doctors' contact details.

Keep it in an accessible location at home for quick reference.

LIBTAYO Patient Alert Card

The information in the LIBTAYO Patient Guide can also be found in the LIBTAYO Patient Alert Card.

It is important that you carry the LIBTAYO Patient Alert Card with you at all times when you are out of your home and that you show it to any healthcare professional you see other than the doctor who prescribed you LIBTAYO.

If you misplace or lose it, ask your treating doctor or oncology clinic for a replacement.

You can find the LIBTAYO Patient Guide and Alert Card in the back of this booklet.

Your wellbeing

It is important to look after your mental and emotional wellbeing during treatment. This section provides some suggestions to help you during this time.

Managing your emotions

It is normal to experience a range of emotions

Going through treatment can take its toll on your mental and emotional wellbeing. It's normal to feel a range of different emotions such as sadness, fear, disappointment or anger. You may notice that your emotions vary quite a lot from day to day.

Emotions are a lot like the weather. Some days it's sunny and warm outside. Other days it's grey, rainy and cold. But the weather never stays the same. On those rainy, cold days (when you might be struggling or feeling down) it can be helpful to remind yourself that this is temporary and a warm, sunny day (or at least a not-so-rainy day) will be along soon.

Another trick is to identify a couple of things that help to get you through those rainy, cold days. Think of it like popping up an umbrella or putting on a raincoat to shield you from the weather. We don't stop going out just because of the rain – we find a way to shield ourselves from the weather and go about our day. We can apply the same idea to our emotions.

These are some things that other people find helpful during difficult times:

- Connecting with friends or family
- Engaging in hobbies
- Getting outside or amongst nature
- Going for a walk or doing some form of activity
- Setting a small goal to work towards
- Eating a healthy, balanced diet
- Practicing relaxation or mindfulness
- Giving yourself a treat
- Making sure you get enough rest and sleep

Your oncology healthcare team

This section covers the role of your healthcare team. Please remember to continue to talk to your healthcare team during your treatment.

Your healthcare team

The role of your healthcare team is to administer your treatment as well as provide guidance and support throughout your treatment.

Your healthcare team will be made up of doctors (such as medical oncologists, radiation oncologists), nurses and oncology pharmacists who specialise in this type of cancer and its treatment. They can answer questions you have about your diagnosis, treatment and anything else relating to this.

Appointments with your healthcare team are an opportunity to ask questions and share any concerns you may have. It can be helpful to keep a note of these so you don't forget to ask about them at your next appointment.

You can also reach out to your healthcare team between appointments.

Questions to ask your healthcare team

Starting a new treatment, like LIBTAYO, can be overwhelming and there is a lot of information to take in. It is normal to have a lot of questions regarding your condition and your treatment. Some of these may be answered in this booklet, but if you have other questions or find some things difficult to understand, you can also ask your healthcare team.

Here are some questions that you might want to ask:

Understanding advanced NSCLC

- How is non-small cell lung cancer (NSCLC) different from other types of lung cancer?
- Is my NSCLC locally advanced or metastatic? Has it spread? If so, where to?

About my treatment with LIBTAYO

- How do you know this treatment is right for me?
- How is it given to me?
- Who can I contact if I have a question or concern?
- Where will I go to receive the treatment?
- Do I need to have any blood tests? Where do I need to go for these?
- How often do I need blood tests?
- How often do I need to see you?
- What do I need to bring to my appointment?
- How long does it take for LIBTAYO to work?

Side effects from LIBTAYO

- How long will the side effects last for?
- Is there anything I can do to reduce side effects or help manage them?

Wellbeing

- Who can I talk to about my mental wellbeing?
- My partner/children are worried, is there anyone you can recommend they talk to?

Support

- Is there any financial assistance I can access?
- Is there a transport service I can access?

Healthcare diary

Use this space to record your appointments, notes and questions for your doctor or nurse, or notes for yourself.

Date & time	Appointment type	Location	Notes/things to remember

Healthcare team

Use this space to write down your key healthcare professional contacts, such as your treating doctors, nurses, pharmacy, clinic etc.

Name	Role	Phone number	Location

Additional resources

Further information and support

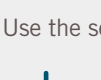
Below are some resources that you may find useful. There may be others, so ask your healthcare team to recommend additional suitable sources of information or support.

Cancer Council Australia

cancer.org.au

Information and resources on lung cancer and its treatment, as well as managing symptoms.

Use the search bar on the website to search for:



Lung cancer information

- 'Lung cancer'
- 'Your guides to best cancer care' (then select 'Lung cancer' once you have clicked on the page)

Information on treatments

- Immunotherapy

Additional support and resources

- 'Get support'

Help line: 13 11 20

A free, confidential telephone information and support service is provided in each state and territory. Speak to the specially trained staff if you have questions about:

- Cancer
- Your treatment
- Support for accommodation, transport, home help or financial assistance

Lung Foundation Australia

lungcancernetwork.com.au

Information and resources on lung cancer and its treatment, as well access to a variety of support services for lung cancer patients and carers.

Lung Cancer Support Nurse: 1800 654 301

A telephone-based service for patients, their families and carers at any stage of the lung cancer journey.

Thoracic Oncology Group of Australasia (TOGA)

thoraciconcology.org.au

The leading lung cancer and mesothelioma clinical trials group in Australia and New Zealand. Visit their website for information about lung cancer trials and participation.

Glossary

Medical terminology can be difficult to understand. This list contains some common terms that you might hear when you talk with your healthcare team.

Cancer medicine: Medicine used in the treatment of cancer.

Clinical trials: Experiments or observations done to evaluate the effect of treatments. They generate data regarding safety and efficacy of treatments.

Driver mutation: A cancer cell mutation that is responsible for driving the growth of the cancer. Driver mutations can be targets for targeted therapies.

Immune system: A network of biological processes and organs that protects the body from disease.

Immunosuppression: When a person's immune system is compromised, due to diseases or aggressive treatments that act on the immune system.

Immunotherapy: A systemic treatment that helps the immune system to fight cancer.

Inflammation: Part of the immune response within the body that helps to fight infection, injuries and toxins.

Intravenous infusion: A type of treatment where medication is delivered directly into the vein through an intravenous line or needle.

Lobe: Each lung consists of several parts called lobes.

Locally advanced: Cancer that has spread locally to nearby healthy tissues, blood vessels or lymph nodes but has not yet spread to other parts of the body.

Lymph nodes: Tissues within the body that contain white blood cells. They are part of the body's immune system and also filter lymph fluid which contains waste products.

Mediastinum: The space between the lungs which contains the heart, trachea (airway connecting the mouth to the lungs), oesophagus (connecting the mouth to the stomach) and several lymph nodes.

Metastatic: Cancer that has spread, via the bloodstream or the lymphatic system, to other tissues or organs of the body to form new tumours.

Mindfulness: A mental state of being fully aware in the present moment with a non-judgmental attitude. Mindfulness practises can be used to help achieve this, such as mindfulness meditation.

Non-small cell lung cancer (NSCLC): The most common form of lung cancer. Can be classified as **adenocarcinoma, squamous cell carcinoma** or **large cell undifferentiated carcinoma,** depending on the type of lung cell that the cancer starts in.

PD-1 (programmed cell death receptor-1): A protein that sits on the surface of T cells that helps to down-regulate the immune response.

Pleura: The two layers of tissue covering the lungs. **The pleural cavity** refers to the space between the pleura.

Stage: A term used to describe the degree of development of a cancer.

Systemic therapy: Refers to medicines that travel through the bloodstream and work throughout the whole body.

T cells: A specific type of white blood cell.

Targeted therapy: Refers to medicines that target specific mutations in cancer cells.

White blood cells (also called leukocytes): The cells of the immune system that detect and deal with foreign or abnormal cells.

Notes

Notes

Notes

Notes

LIBTAYO® (cemiplimab)

Additional important documents

Patient Guide: This Patient Guide contains important safety and side effect information about LIBTAYO as well as a section to record your doctors' contact details.

Patient Alert Card: This Alert Card contains important information about LIBTAYO and possible side effects to be aware of. Keep it with you at all times during your treatment with LIBTAYO. Show it to any healthcare professional you see other than the doctor who prescribed you LIBTAYO, including your GP, pharmacist or dentist.

MEDISON

AUS-RGN-P-240057. Ward7 MDLI34688M. Date of preparation: December 2024.