



How do you take a targeted therapy?

Targeted therapy drugs for non-small cell lung cancer come as a tablet, which you take by mouth, every day, at home. You should take them at the same time/s each day.

It is very important that you take the tablets according to the instructions your cancer doctor or pharmacist has given you. Taking extra doses of some medicines can be harmful. In some cases even one extra dose can cause you problems. If you take extra doses of your medicine by mistake, you must tell your cancer doctor straight away. You can keep taking a targeted therapy for as long as it keeps working for you.

Can I take the targeted therapy with other medicines or herbal remedies?

Some other medicines can be harmful to take at the same time as a targeted therapy. Tell your cancer doctor or lung cancer nurse specialist about any other medicines you take. This includes prescription medicines, over-the-counter medicines, vitamins, and herbal supplements. Your cancer doctor may change the dose or choose different medicines while you are taking a targeted therapy.

Do targeted therapies have side-effects?

All forms of cancer treatment have side-effects of one sort or another. Most people experience some side-effects from taking a targeted therapy drug. Side-effects vary from person to person and depending on which drug you are taking. You will not experience all of them and some people experience very few side-effects.

The important thing is to tell your cancer doctor or lung cancer nurse specialist if you are having problems as they will be able to help.

Targeted therapy

gefitinib
(brand name
Iressa®)

Common side-effects

(affects more than 10 in every 100 people)

Most common side-effects:

1. Rash and other skin changes which may be dry and itchy. Most often on your face, upper chest, and back. Avoid being out in the sun and moisturise your skin regularly. Your lung cancer nurse specialist will be able to give you advice about this.
2. Diarrhoea. This is most likely to start within the first week or two of taking gefitinib.



Targeted therapy

Common side-effects

(affects more than 10 in every 100 people)

gefitinib
(brand name
Iressa®)

Other very common side-effects:

- Dry, red or sore mouth.
- Feeling or being sick.
- Loss of appetite.
- Increase of a liver enzyme called alanine aminotransferase in a blood test; if too high, your cancer doctor may stop your treatment.
- Weakness.

erlotinib
(brand name
Tarceva®)

Most common side-effects:

1. Rash and other skin changes which may be dry and itchy. Most often on your face, upper chest, and back. Avoid being out in the sun and moisturise your skin regularly. Your lung cancer nurse specialist will be able to give you advice about this.
2. Diarrhoea. This is most likely to start within the first week or two of taking erlotinib.

Other very common side-effects:

- Abnormal blood tests for the liver function.
- Cough.
- Depression.
- Difficulty in breathing.
- Feeling or being sick.
- Fever.
- Hairloss.
- Headache.
- Infection.
- Loss of appetite and decreased weight.
- Rigors (sudden feeling of cold and shivery with a rise in temperature).
- Skin sensation or numbness in the extremities.
- Sore mouth.
- Stomach pain, indigestion and flatulence (wind).
- Tiredness.



Targeted therapy

Common side-effects

(affects more than 10 in every 100 people)

crizotinib
(brand name
Xalkori®)

Most common side-effects:

1. Eyesight problems. Seeing flashes of light, blurred vision, or double vision, often beginning soon after starting treatment. Tell your cancer doctor straight away if you experience this.
2. Feeling or being sick and diarrhoea.

Other very common side-effects:

- Abnormalities in liver blood tests.
- Change in sense of taste.
- Constipation.
- Dizziness.
- Leukopenia (reduction of white blood cells which are important in fighting infection).
- Neuropathy (feeling of numbness or pins and needles in the joints or muscles).
- Oedema (excess fluid in body tissue, causing swelling of the hands and feet).
- Reduced appetite.
- Tiredness.
- Oesophageal (gullet) disorders.

afatinib
(brand name
Giotrif®)

Most common side-effects:

1. Diarrhoea. This is most likely to start within the first two weeks of taking afatinib.
2. Rash and acne like skin conditions which may be dry and itchy. Avoid being out in the sun and moisturise your skin regularly. Your lung cancer nurse specialist will be able to give you advice about this.

Other very common side effects:

- Infection of the nail and surrounding area.
- Reduced appetite.
- Nosebleeds.
- Inflammation of the lining of the mouth.



The information on side-effects is taken from Summary of Product Characteristics (SPC), which is provided for each drug, as detailed in the electronic Medicines Compendium (eMC). For further information about drug side-effects please go to www.medicines.org.uk.

"I was advised there may be some side-effects with the targeted therapy I am taking. I have had a rash but have managed to cope with it by using creams my doctor has given me"

Margaret

Practical tips for managing common side-effects

Breathing difficulties/Infection

If you have breathing difficulties, a cough or high temperature (37.5C or higher), you need to contact your cancer doctor or lung cancer specialist nurse for urgent advice.

Diarrhoea

- There are anti-diarrhoea medications, which can help to reduce diarrhoea in most people.
- Take small sips of liquids (such as sports drinks without sugar) often throughout the day.
- Eat mild food, such as toast and crackers.
- Limit spicy foods.

Feeling or being sick

- There are very powerful anti-sickness drugs, which can help reduce sickness in most people.
- The type of food that you eat or smell may make you feel worse.
- If the sickness continues, speak to your cancer doctor or lung cancer nurse specialist.

Rash and other skin problems

- Moisturise your skin regularly. Your lung cancer nurse specialist will advise which creams are best for you.
- Avoid being out in hot sun.
- Use a sunscreen of SPF 15 or higher, preferably containing zinc oxide or titanium dioxide.
- Wear a hat in the sun.
- Avoid over-the-counter spot-related treatments, including products with benzoyl peroxide.
- Remove any dermatologist-approved makeup with a gentle liquid cleanser.



Tiredness/Breathlessness

- If you feel breathless, your legs ache or you are concerned that you feel too tired, ask your cancer doctor or lung cancer nurse specialist for advice.
- A small amount of regular exercise will also help reduce your tiredness.
- Make time for activities that help you relax.
- If you are feeling breathless, planning ahead will help to reduce the energy you spend on everyday activities.

You will be given a contact phone number to phone if you experience difficulties with side-effects. This number should be used at times when it may be difficult to contact your lung cancer nurse specialist or cancer doctor, such as during the night or at the weekend.

How do the doctors know if the targeted therapy is working?

It can be difficult to measure exactly how well it is working, although usually an assessment will be made at some point during your treatment. Usually this will be done by chest x-ray and/or CT scan.

If your symptoms have improved this may also suggest that the treatment is working, for example, less cough or breathlessness. If there is evidence that your cancer is responding to the targeted therapy then treatment will continue, as long as you are not having side-effects which you can't cope with. If symptoms become too much for you to cope with, your doctor may consider reducing the dose. If there is evidence that your cancer is not responding then it is important to know this, so that a decision on an alternative treatment can be made. Sometimes there will be no change in the state of your tumour when the x-ray or scan has been done. This may seem disappointing but is a worthwhile response, especially if you feel better. Even if the targeted therapy has not changed the size of the tumour, it may well have delayed the growth.

“Taking a targeted therapy for me is an easy way to a kind of normality, considering that I am still battling lung cancer. Is a painless easy way to a normal life.”

Franca



Questions to ask your doctor or lung cancer nurse specialist

Before choosing a targeted therapy as a treatment option, you should understand the expected benefits, side effects, and risks. Ask your cancer doctor or lung cancer nurse specialist these questions on your next visit. Learn as much as you can about your treatment, and get an idea of the expected outcome.

1. What type of targeted therapy will I be getting?
2. What is the aim of the targeted therapy?
3. Are there other types of treatment that could be suitable for me instead of a targeted therapy?
4. What are the risks and side-effects of the targeted therapy I will be taking? How do these side-effects compare with side-effects of other treatments?
5. How long will I have to wait before starting treatment?
6. How will I know if the targeted therapy is working?
7. What can I do to prepare for treatment and reduce the chance of side-effects?
8. Will I need to change my lifestyle in any way?
9. If this targeted therapy doesn't work, are there other treatments I can get?
10. Are there any clinical trials I would benefit from?

Lung cancer nurse specialist

Name:

Phone number:

Other contact phone number:

GIVING HELP AND HOPE

The charity has two aims:

Supporting people living with lung cancer - Working closely with lung cancer nurses, we provide information, run lung cancer support groups and offer telephone and online support. Our patient grants offer some financial help to people affected by lung cancer.

Saving lives - We fund lung cancer research, campaign for better treatment and care for people who have lung cancer, and raise awareness of the importance of early diagnosis. Our lung cancer prevention work helps people to quit smoking and encourages young people not to start smoking.

Call us on 0333 323 7200 (option 2)

This information has been taken from the following sources:

Lung cancer—answering your questions: Targeted therapies for lung cancer 2014