

# Your Guide to Treatment & Treatment Diary

Starting and staying on course  
with KISQALI® (ribociclib) + fulvestrant



## Guidance and support for your treatment journey

This booklet is not a substitute for the Patient Information Leaflets (PILs), which are provided with your medicines – for further information on symptoms/side effects, please speak with your cancer care team or refer to the PILs, which are included in the KISQALI® and fulvestrant packs. This booklet is intended for postmenopausal patients with HR+/HER2 – advanced breast cancer who have been prescribed KISQALI® + fulvestrant.

**REPORTING SIDE EFFECTS:** If you get side effects with any medication you are taking, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the information leaflet that comes in the pack. You can report side effects via the Yellow Card Scheme at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard).

By reporting side effects, you can help provide more information on the safety of your medication. More details about how to report side effects can be found on page 43 of this booklet.

This booklet has been created and funded by Novartis Pharmaceuticals UK Ltd in conjunction with nursing professionals and has been reviewed by patients and a mix of different healthcare professionals (i.e. nurses, pharmacists, and doctors). If you require further clarification or have any questions regarding any aspect of this document, please consult your Healthcare Professional. Where this document is available in any other languages than English, the English version shall prevail.

## About this booklet

This booklet is intended for use by postmenopausal patients who have been prescribed Kisqali (kis-KAH-lee) in combination with **fulvestrant**.

Kisqali is sometimes called by its generic name: ribociclib. Your doctor, nurse or pharmacist may have used the name ribociclib when talking to you. Kisqali and ribociclib are different names for the same medicine.

This booklet will help inform you about starting Kisqali and keeping your treatment on course. It was created with help from healthcare professionals and has been reviewed by patients and a mix of different healthcare professionals (i.e. nurses, pharmacists, and doctors).

If you have any questions after reading this booklet, please ask a member of your care team. Be open with them about any concerns you have about your treatment or your health.

Communicating with your care team can help you to better understand your treatment.

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Not sure what something means? The glossary can help. It has definitions for many of the terms used in this booklet.

On the following pages, glossary words are **in bold** the first time they appear.



## Who is this treatment for?

### You have been prescribed Kisqali because:

- You have gone through menopause (this may have been artificially induced or have taken place naturally)
- You have **locally advanced or advanced breast cancer**
- Your breast cancer is a type called **hormone receptor-positive/human epidermal growth receptor 2-negative (HR+/HER2-)**

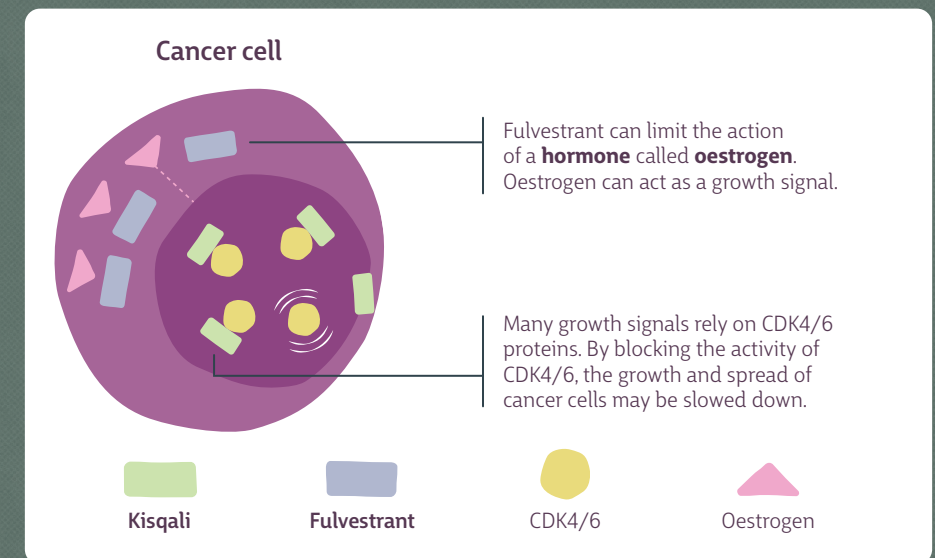


## How does this treatment work?

It's normal for many kinds of cells in the body to divide or split. To do this, they rely on the body's own growth signals. Sometimes these signals tell cells to divide too quickly, which can lead to cancer.

One goal of treatment is to slow down how quickly cancer cells divide. Kisqali is one of the targeted treatments known as cyclin-dependent kinase 4 and 6 (CDK4/6) inhibitors that helps slow down the growth of cancer cells. It does this by blocking the activity of **proteins** called CDK4 and CDK6. Kisqali is taken in combination with fulvestrant. Fulvestrant is a type of treatment called **hormone therapy** or **endocrine therapy**.

### Kisqali works in combination with hormone therapies, such as fulvestrant



Adapted from Tripathy D, et al. *Clin Cancer Res* 2017;23(13):3251–3262

# About hormone therapy

**Hormone therapy**, also called **endocrine therapy**, is a type of treatment used to help slow the growth of breast cancer after surgery for hormone sensitive or hormone receptor positive (HR+) breast cancer. You will be prescribed a hormone therapy treatment alongside KISQALI, either as a tablet or injection.

## There are different types of hormone therapy, including:

- **Aromatase inhibitors (AIs)** – these block oestrogen production outside of the ovaries
- **Fulvestrant** – this blocks oestrogen receptors and reduces the number of receptors the cancer cells can use

## The type of hormone treatment you will be given depends on different factors, including:

- Whether or not you've gone through the **menopause**
- How your body responds to other hormone therapies

While hormone therapy can be used on its own, adding Kisqali can help slow the growth of cancer cells.

Like many treatments, hormone therapy can cause side effects. Common ones include:

- Menopausal symptoms, such as hot flushes, night sweats, and joint pain
- Vaginal dryness and discomfort, which can sometimes lead to urinary symptoms or urinary tract infections (UTIs)

These symptoms may be more noticeable at the start of your treatment and may improve over time. It can be challenging, but it's important to continue taking your medication.

**If you're struggling with any side effects, be sure to speak with your treatment team. They are here to help and there are ways they can help to make things easier, such as:**

- Cognitive behavioural therapy (CBT) to help with hot flushes, anxiety, and sleep problems
- Non-hormonal vaginal moisturisers to help with dryness and discomfort
- Dietary supplements, such as calcium and vitamin D, to support bone health
- Switching to a different hormone therapy, if your treatment team thinks this is right for you



Your treatment team are there to help, so do not be afraid or embarrassed to speak to them about any symptoms you may be experiencing. It's important not to suffer in silence and remember that they have most likely heard similar (or worse!) symptoms from others.

**Dr Rebecca Bowen,**  
Consultant Medical Oncologist

**Getting regular exercise, eating a balanced diet, and avoiding alcohol and caffeine late at night can also help you manage your symptoms and improve sleep quality.**

# Before you start your Kisqali treatment

## Things you should know

- Kisqali is an oral tablet. It can be taken with a type of endocrine therapy called fulvestrant. This might be the first endocrine-based therapy that you have tried for the treatment of your breast cancer, or you may have had another endocrine therapy in the past. Fulvestrant is given in the form of an intramuscular injection
- You may have concerns about **side effects**, these are discussed further from page 16
- You will have some medical tests to check if you are ready to start treatment

## Do not take Kisqali:

- If you are allergic to ribociclib, peanut, soya or any of the other ingredients of this medicine

**If you think you might be allergic, ask someone on your care team for advice.**

## Before taking Kisqali, tell a member of your care team if you:

- Have a fever, sore throat, or mouth ulcers due to infections (signs of a low level of **white blood cells**)
- Have or have had heart disorders or heart rhythm disorders, such as an irregular heartbeat. This includes **QT interval prolongation**, where the heart takes longer than normal to recharge its electrical system between heart beats. This can cause abnormal heart rhythm
- Have any problems with your liver or kidneys, or have previously had any type of liver disease or kidney disorder
- Have or have had low levels of potassium, magnesium, calcium, or phosphorus in your blood

**Please see the Patient Information Leaflet (PIL) for information on which medicines may influence the effect of Kisqali.**

## If you experience any of the symptoms below, tell your healthcare professional right away:

- Rash, red skin, blistering of the lips, eyes or mouth, skin peeling, high fever, flu-like symptoms and enlarged lymph nodes (signs of a severe skin reaction; frequency not known). In case of a severe skin reaction, your doctor will ask you to immediately stop treatment with Kisqali
- Trouble breathing, cough and shortness of breath (may be signs of lung or breathing problems). If necessary, your doctor may interrupt or reduce your dose of Kisqali or decide to stop treatment with Kisqali permanently.

## Pregnancy and breastfeeding

If you are breastfeeding or think you may be pregnant, ask your doctor for advice before taking this medicine. Your doctor will discuss with you the potential risks of taking Kisqali during pregnancy.

- You should not breastfeed while taking Kisqali and for at least 21 days after the last dose

**This is not an exhaustive list of precautions for before you start your treatment. Please refer to the PIL for the full guidance.**

## Driving and using machines

Treatment with Kisqali may lead to tiredness, dizziness or spinning sensation. You should therefore be cautious when driving or using machines during your treatment with Kisqali.



## Other medicines and Kisqali:

**Before you take Kisqali, tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines including prescription and non-prescription medicines, herbal medicines or supplements, because these may influence the effect of Kisqali.**

Always tell your doctor if you are prescribed a new medicine after you have started treatment with Kisqali.

### This includes:

- Tamoxifen, another medicine for the treatment of breast cancer
- Some medicines used to treat fungal infections, such as ketoconazole, itraconazole, voriconazole or posaconazole
- Some medicines used to treat HIV/AIDS such as ritonavir, saquinavir, indinavir, lopinavir, nelfinavir, telaprevir and efavirenz
- Some medicines used to treat seizures or fits (anti-epileptics) such as carbamazepine and phenytoin
- St. John's Wort (also known as *Hypericum perforatum*) – a herbal product used to treat depression and other conditions
- Some medicines used to treat heart rhythm problems or high blood pressure such as amiodarone, disopyramide, procainamide, quinidine, sotalol and verapamil
- Antimalarials such as chloroquine
- Antibiotics such as clarithromycin, telithromycin, moxifloxacin, rifampicin, ciprofloxacin, levofloxacin and azithromycin
- Some medicines used for sedation or anaesthesia such as midazolam
- Some medicines used as antipsychotics such as haloperidol
- Medicines used to treat angina such as bepridil
- Methadone, used to treat pain or addiction to opioids
- Medicines like intravenous ondansetron, used to prevent nausea and vomiting caused by chemotherapy (treatment with cancer medicines)

## Kisqali may increase or decrease the levels of some other medicines in your blood:

### This includes:

- Medicines used to treat symptoms of benign prostatic hyperplasia such as alfuzosin
- Tamoxifen, another medicine used for the treatment of breast cancer
- Antiarrhythmics such as amiodarone or quinidine
- Antipsychotics such as pimozide or quetiapine
- Medicines used to improve blood fat levels such as simvastatin or lovastatin, pitavastatin, pravastatin or rosuvastatin
- Medicines used to treat high blood sugar levels (e.g. diabetes) such as metformin
- Medicines used to treat cardiac disorders such as digoxin
- Medicines used to treat pulmonary arterial hypertension and erectile dysfunction such as sildenafil
- Medicines used to treat low blood pressure or migraine such as ergotamine or dihydroergotamine
- Some medicines used to treat epileptic fits or that are used for sedation or anaesthesia such as midazolam
- Medicines used to treat sleep disorders such as triazolam
- Analgesics such as alfentanil and fentanyl
- Medicines used for the treatment of gastrointestinal disorders such as cisapride
- Medicines used to prevent the rejection of an organ transplant such as tacrolimus, sirolimus and ciclosporin (also used to treat inflammation in rheumatoid arthritis and psoriasis)
- Everolimus, used for several types of cancer and tuberous sclerosis (also used to prevent the rejection of an organ transplant)











**Ask your doctor or pharmacist if you are not sure if your medicine is one of the medicines listed above.**



# How to take your treatment

Kisqali and fulvestrant are taken in a 28-day cycle. Kisqali is a tablet that is taken orally, once a day for 21 days, followed by a break of 7 days when you do not take these tablets. Fulvestrant is given as a slow injection into your buttocks once monthly, with an additional dose given 2 weeks after the first injection. These are treatments you will take until your healthcare professional advises you to stop

## Recommended 4-week dosing schedule (28-day cycle)

(28-DAY CYCLE)	DAYS 1-7	DAYS 8-14	DAYS 15-21	DAYS 22-28	SUBSEQUENT CYCLES
<b>Kisqali</b> 600 mg (3 tablets of 200 mg) once daily for the first 21 consecutive days					 Repeat 28-day cycle
<b>Fulvestrant</b> On days 1, 15, 29, and once monthly thereafter	 Day 1 injection		 Day 15 injection (cycle 1 only)		 Once monthly (day 1)

- If you take Kisqali + fulvestrant, you will need to make regular appointments with your care team to receive the fulvestrant injections
- You will need to go to 2 appointments in the first 4 weeks of your treatment to receive your injections
- After the first 4 weeks, you will visit your care team on day 1 of every 28-day cycle to receive your fulvestrant injection

## Track your treatment on the Kisqali package

- Use the dosing calendar on the tablet box to keep track of your treatment each day

Kisqali + fulvestrant is taken in a 28-day cycle. Take Kisqali on days 1 to 21 of the 28-day cycle. Fulvestrant injections will be given to you by a member of your care team on or around day 1 and day 15 of the first cycle, and day 1 of every subsequent cycle.



Take your Kisqali tablets at the same time each day, preferably in the morning. You can take your treatment with or without food



Kisqali tablets should be swallowed whole (tablets should not be chewed, crushed, or split prior to swallowing). Do not take any tablet that is broken, cracked, or otherwise not intact; please contact a member of your care team for advice if this happens



Do not eat grapefruits or foods that contain grapefruit or drink juices that contain grapefruit during your treatment with Kisqali, as these foods may change how it is processed in your body and how much is in the bloodstream



If you vomit after taking a dose of Kisqali or forget a dose:

- Skip the missed dose that day
- Take the next dose at your usual time
- Do not take a double dose to make up for a forgotten dose



If you accidentally take too many tablets please contact a healthcare professional, acute oncology department, or any emergency phone number for advice straight away. Show the Kisqali packet. Medical treatment may be necessary

# What tests will you have?

Your care team will do all they can to help you with your experience on this treatment. One way they do this is by using medical tests to monitor your health.

## Tests to help you get the most out of treatment

You will have had certain tests before starting treatment. You will continue to have these tests during treatment to help your care team check for side effects.

### These will include:



Blood tests, to check your liver function and to measure certain blood cells and **electrolytes** (e.g. potassium, magnesium, calcium, or phosphorus) in your blood



**Electrocardiograms (ECGs)**, to check the electrical activity of your heart

If necessary, additional tests to evaluate your kidney function will be performed during treatment with Kisqali.

Monitoring can help identify possible side effects and keep your treatment on course.

Please see the Patient Information Leaflet (PIL) for information on monitoring during your treatment.



## Appointment dates

The recommended test schedule during your first 6 cycles of treatment is below.

BEFORE TREATMENT	BLOOD TEST	ECG
You will receive these tests before starting treatment		
CYCLE 1	BLOOD TEST	ECG
Around day 14 of the 1st 28-day cycle		
CYCLE 2	BLOOD TEST	ECG
Around day 1 of the 2nd 28-day cycle		If care team requires
Around day 14 of the 2nd 28-day cycle		If care team requires
CYCLES 3-6	BLOOD TEST	ECG
Around day 1 of the 3rd-6th 28-day cycle		If care team requires

If your care team thinks it's needed, you may have more frequent testing or you may continue to have blood tests and ECGs throughout treatment.

# What side effects might you experience?

Like for all medicines, you could experience some side effects, although not everybody gets them. If you do experience side effects, it's important to not suffer in silence. Your care team are there to help you and there are steps they can take to make your experience easier, so make sure you speak to them if you get any side effects.

Your doctor may decide to lower your dose of Kisqali to try and ease your symptoms. This is not a bad thing and it won't negatively affect your treatment. It may take some time for side effects to get better, but be sure to talk to your care team if you are struggling.

**If you are experiencing side effects that are affecting your day-to-day life, contact your care team as soon as you can as they may be able to help you manage them.**

## Some side effects seen with Kisqali may be serious

The medical tests you will have can help your healthcare professional check for these side effects. Based on the results of these tests, your healthcare professional may interrupt or reduce your dose of Kisqali. This can allow your body to recover. If the side effect doesn't go away after interrupting or reducing the dose, your healthcare professional may also decide to stop treatment with Kisqali permanently.

*Some serious side effects also have symptoms you can watch for. Tell your doctor immediately if you get any of the following symptoms during treatment with Kisqali:*

## Very common side effects (may affect more than 1 in 10 people)

- Fever, sweating or chills, cough, flu-like symptoms, weight loss, shortness of breath, blood in your phlegm, sores on your body, warm or painful areas on your body, diarrhoea or stomach pain, or feeling very tired (signs or symptoms of infections)
- Abnormal results of blood tests that give information about the health of the liver (abnormal liver function tests)

## Common side effects (may affect up to 1 in 10 people)

- Spontaneous bleeding or bruising (signs of a low level of blood platelets)
- Fever, chills, weakness and frequent infections with symptoms such as sore throat or mouth ulcers (signs of a low level of leukocytes or lymphocytes, which are types of white blood cells)
- Tiredness, itchy yellow skin or yellowing of the whites of your eyes, nausea or vomiting, loss of appetite, pain in the upper right side of the belly (abdomen), dark or brown urine, bleeding or bruising more easily than normal (these may be signs of a liver problem)
- Reduced level of potassium in the blood, which could lead to disturbances in heart rhythm
- Chest pain or discomfort, changes in heartbeat (fast or slow), palpitations, lightheadedness, fainting, dizziness, lips turning blue colour, shortness of breath, swelling (oedema) of your lower limbs or skin (these may be signs of heart problems)
- Inflammation of the lungs, which can cause dry cough, chest pain, fever, shortness of breath and breathing difficulty (these may be signs of interstitial lung disease/pneumonitis which, if severe, may be life-threatening)

## Uncommon side effects (may affect up to 1 in 100 people)

- Serious infection with increased heart rate, shortness of breath or rapid breathing, fever and chills (these may be signs of sepsis which is an infection in the blood system which may be life-threatening)
- Sore throat or mouth ulcers with a single episode of fever of at least 38.3°C or fever above 38°C for more than one hour and/or with infection (febrile neutropenia)

Other side effects include those listed on the following page. If these side effects become severe, tell your doctor, pharmacist or nurse.

#### Very common side effects:

- Tiredness, pale skin (potential sign of a low level of red blood cells, anaemia)
- Sore throat, runny nose, fever (signs of a respiratory tract infection)
- Painful and frequent urination (signs of a urinary tract infection)
- Reduced appetite
- Headache
- Dizziness or light headedness
- Shortness of breath, difficulty breathing
- Cough
- Nausea
- Diarrhoea
- Vomiting
- Constipation
- Abdominal (belly) pain
- Mouth sores with gum inflammation
- Upset stomach, indigestion, heartburn
- Hair loss or hair thinning (alopecia)
- Rash
- Itching
- Back pain
- Tiredness
- Swollen hands, ankles or feet
- Fever
- Weakness

#### Common side effects:

- Abdominal pain, nausea, vomiting and diarrhoea (signs of gastroenteritis, which is an infection of the gastrointestinal tract)
- Reduced level of calcium in the blood, which may sometimes lead to cramps
- Reduced level of phosphate in the blood
- Spinning sensation (vertigo)
- Watery eyes
- Dry eyes
- Reduced level of potassium in the blood, which could lead to disturbance in heart rhythm
- Strange taste in the mouth
- Dry skin
- Skin reddening
- Loss of skin colour in patches (vitiligo)
- Sore throat
- Dry mouth
- Abnormal kidney blood test result (high level of creatinine in the blood)

For more information on side effects, please see the PIL provided in your box of tablets. For side effects associated with fulvestrant, please see the fulvestrant PIL.

Please ensure that you check the storage conditions for this medicine. These can be found on the packaging itself or within the PIL.



# Tips to help you manage side effects

## Tips to help if you have nausea and vomiting

- Eat frequent, small meals
- Drink clear fluids (preferably served cold) to prevent dehydration
- Avoid certain foods that may make nausea worse, such as fatty foods
- Food or drink containing ginger or peppermint can help reduce nausea; try ginger tea, ginger biscuits or peppermint tea
- Slowly sipping a fizzy drink is a popular remedy for feeling sick, try mineral water, ginger ale or lemonade

## Tips to help if you have diarrhoea

- Eat frequent, small meals:
  - Made from light foods such as dairy produce, white fish, mashed potatoes, white bread, plain biscuits, low fibre cereals, white pasta or rice
- Eat less fibre (cereals, raw fruits and vegetables) until the diarrhoea improves
- Avoid greasy, fatty foods such as chips and beef burgers, and spicy foods like chilli peppers
- Drink up to two litres of clear fluids a day to prevent dehydration



## Tips to help if you have fatigue

- Get lots of rest and regular exercise
  - If you feel like trying, ask your doctor how long you could exercise to get your heart rate up to a good level for you
  - Any exercise you do doesn't need to be high intensity, doing a little bit on a regular basis is better than nothing at all
  - Pace yourself in the best way that suits you
- Get plenty of sleep each night, and if you feel the need, take short naps during the day
- Make sure you continue eating a healthy diet
- If you have children, explain that you're feeling tired. Plan activities where you can sit down while spending time with them

Fatigue should not be life-limiting. If you're really struggling with fatigue and it's starting to affect your mental health, speak to your care team so they can take steps to help you.

## Tips to help if you have hair thinning or loss

- Be gentle when brushing and washing your hair
- You may wish to wear a hat to protect your scalp from the sun
- Use gentle hair products and avoid colouring, perming or relaxing
- Avoid using hairdryers, straighteners or hot rollers

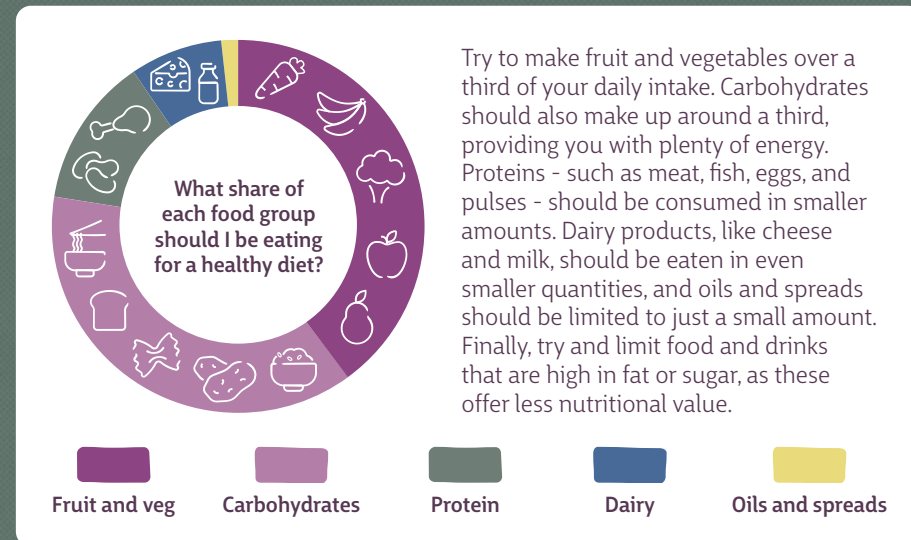
**If you have side effects of any kind, it is important to tell a member of your care team right away, so they can help you manage them and get the most out of your treatment.**

# Tips for maintaining your health and wellbeing

After a cancer diagnosis, you may find that following a healthy lifestyle and looking after your mental wellbeing can help you maintain a sense of control. Here are some tips for eating a balanced diet, staying active, and looking after your mental health.

## Healthy eating

A healthy, balanced diet contains a variety of foods, in the right amounts, to give you enough energy, protein, vitamins and minerals to stay healthy.



**You don't need to get the balance right with every meal but try to get it right over a few days.**

## Staying active

There are lots of benefits to staying active when you're living with cancer. Not only is it great for your physical health, and can reduce fatigue, it may also help improve your mental wellbeing by raising your self-esteem and providing you with a sense of achievement when you set and reach your goals.

There is not a single activity that is best for everyone. The important thing is to choose something that fits in with your lifestyle and doesn't overexert you

If you feel unfit or your treatment is making you feel very tired, then you could start gently, by trying to:

- Reduce the amount of time you spend sitting or lying down
- Do some light housework or gardening
- Go for a walk

**Being active during cancer treatment is generally safe, but before starting any physical activity plan, it is important to talk to a healthcare professional.**

## Maintaining resilience

- Pay attention to your needs in the present moment:
  - Some people call this 'mindfulness', and it can help you to understand yourself better and enjoy life more
  - Mindfulness can positively change the way you feel about life and how you approach challenges
- Be kind to yourself
  - Understand that there will be days when motivation wanes due to the demands of life and the way your body is responding to treatment
  - Ask yourself what you would say to a friend in your circumstances and apply it to yourself
  - Make time for self-care. Include regular physical activity at a level and pace that is safe for you
- Keep talking
  - Bring up mental health during appointments with your healthcare team. They are trained for these discussions and can signpost you to support
  - If you have an existing mental health problem, discuss it early on with your cancer team. Tell them what you may need to feel supported
  - Talk about your mental health with someone you trust. They will be able to support you better if they understand how you feel

## Dose interruptions and modifications

As with other cancer treatments, your prescribing healthcare professional may adjust your Kisqali dose during treatment. This is to help find a balance between the effectiveness of your treatment and any side effects you may experience. A change in dose most often happens during the first few months of treatment. It's really important to tell your team about side effects as soon as they occur, as they can be harder to manage over time. You can be completely honest with your healthcare team, who will be able to help you manage them. With any changes to your Kisqali dosage, you will continue to be prescribed your hormone treatment (such as an aromatase inhibitor), unless directed by your care team.

### Dose modifications are typically done in one of two ways

Do not adjust your dose or stop taking your medication unless directed by your care team.

A dose interruption:

- This is when a member of your care team asks you to stop taking Kisqali for a period of time. You will still take your aromatase inhibitor each day unless your team asks you not to

A dose reduction:

- This is when a member of your care team asks you to take fewer tablets of Kisqali each day

Before you restart Kisqali after an interruption, ask your care team:

- When you should start taking Kisqali again
- Whether you should finish your current pack or start a new one
- How many Kisqali tablets you should take each day

### Kisqali tablets come in one strength

This means that your care team can adjust your dose simply by changing the number of tablets you take each day. If your prescribing healthcare professional lowers your dose, you will be able to continue treatment using the same pack you already have, rather than waiting for a new prescription.

## Tracking your treatment

Use your appointment tracker and treatment diary to help you to stay on course with your treatment.

**Your doctor may suggest a dose reduction or dose interruption to help with any side effects you may experience. Your care team will explain the reasons for any schedule change.**



# Your appointment tracker

Your care team may refer to your treatment in cycles, one cycle with Kisqali and fulvestrant lasts for 28 days and involves taking Kisqali for the first 21 days of each cycle. Fulvestrant injections will be given to you by your doctor or nurse on or around day 1 and day 15 of the first cycle, and day 1 of every subsequent cycle.

The chart below can help you keep track of your test appointments during the first 2 months of your treatment. Fill in the date and time of each appointment with your care team to help you remember.

BEFORE TREATMENT	BLOOD TEST	ECG
You will receive these tests before starting treatment	Date: Time:	Date: Time:

CYCLE 1	BLOOD TEST	ECG
You will have a blood test and an ECG around day 14	Date: Time:	Date: Time:

CYCLE 2	BLOOD TEST	ECG (IF REQUIRED)
You will have a blood test around day 1	Date: Time:	Date: Time:
You will also have a blood test around day 14	Date: Time:	Date: Time:

The above tests are recommended for all patients starting on Kisqali + fulvestrant. Blood tests must also be performed at the start of cycles 3, 4, 5 and 6. If your care team thinks it's needed, you may have more frequent testing, or you may continue to have blood tests and ECGs throughout treatment.

# Your treatment diary

The recommended starting dose of Kisqali is 600 mg once daily (3 tablets of 200 mg). Your healthcare professional will also administer fulvestrant via intramuscular injection.

- Take Kisqali on days 1 to 21 of a 28-day cycle
- Fulvestrant injections will be given to you by a member of your care team on or around day 1 and day 15 of the first cycle, and day 1 of every subsequent cycle

## Using your diary

- Fill in CYCLE with which 28-day cycle you are on, one Kisqali + fulvestrant cycle lasts for 28 days. Fill in your start date for each week of the cycle

## On the days when you take Kisqali:

- Tick your Kisqali box to show you have taken your Kisqali dose that day
- Circle the number which represents the number of Kisqali tablets you have taken that day

Cycle 1 ✓

Date: 4/8/25

You will receive fulvestrant by intramuscular injection from a member of your care team on day 1 of every cycle. You will also receive a second fulvestrant injection on or around day 15 on the first cycle

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
	Start date: <u>4/8/25</u>	Start date: <u>18/8/25</u>	Start date: <u>11/8/25</u>	Start date: <u>25/8/25</u>
DAY 1	KISQALI® ✓ Tablets: 1 2 <u>3</u>	KISQALI® ✓ Tablets: 1 2 <u>3</u>	KISQALI® ✓ Tablets: 1 2 <u>3</u>	No KISQALI®

Do not adjust your dose or stop taking your medication unless directed by your care team.

Cycle ..... ○

Date: .....

You will receive fulvestrant by intramuscular injection from a member of your care team on day 1 of every cycle. You will also receive a second fulvestrant injection on or around day 15 on the first cycle

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
	Start date:	Start date:	Start date:	Start date:
DAY 1	KISQALI® ○ Tablets: 1 2 3	KISQALI® ○ Tablets: 1 2 3	KISQALI® ○ Tablets: 1 2 3	No KISQALI®
DAY 2	KISQALI® ○ Tablets: 1 2 3	KISQALI® ○ Tablets: 1 2 3	KISQALI® ○ Tablets: 1 2 3	No KISQALI®
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Questions about side effects:

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Questions about tests:

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Other questions:

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**TIP:** Eating well, drinking plenty of fluids, exercising regularly and sleeping as much as you need can help maintain your immune system and improve your wellbeing and quality of life

Cycle ..... ○

Date: .....

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**TIP:** Try to find something special in each day. Stay busy and engaged with the healthy part of your life

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Other questions:

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**TIP:** Your emotional health can be as important as your physical health. Talk to your care team if you feel that you need support

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**TIP:** Only you can decide when to share information with others. Some people find chatrooms or meeting others with similar experiences useful. Your care team may be able to direct you to your local support groups. Please see the end of this booklet for information on patient support groups

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Other questions:

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**TIP:** It is important that you are confident in taking your treatment. Your care team will welcome any question, however small. As soon as you think you may have a side effect or an adverse reaction, you must tell them

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**TIP:** It is important to listen to your body; if you feel tired don't resist it, it is important to rest

# Glossary

## Advanced breast cancer

Form of breast cancer that has spread from the breast and nearby lymph nodes to other parts of the body.

## Cycle

A course of treatment that is repeated on a regular schedule.

## Dose

The amount of medicine taken at one time.

## Electrocardiogram (ECG)

A test that traces the electrical activity of the heart on a line graph. One heart abnormality that an ECG can test for is QT interval prolongation.

## Electrolytes

Minerals in blood that carry an electric charge and affect a variety of body functions.

## Fulvestrant

A treatment that blocks the effect of oestrogen, which helps slow the growth of hormone receptor-positive cancer.

## Fatigue

A feeling of extreme tiredness often for an extended period of time.

## Hormone

A chemical in the body that controls the activity of cells or organs.

## Hormone receptor-positive (HR+)

Having cancer cells with hormone receptors.

## Hormone (endocrine) therapy

Treatment that lowers the level of hormones in the body or blocks their action.

## Human epidermal growth factor receptor 2-negative (HER2-)

Testing negative for a certain protein (HER2) found on the surface of cancer cells. HER2 can send signals for the cancer to grow.

## Locally advanced breast cancer

Stage of breast cancer where the tumor is large and may have spread to nearby tissues like the chest wall or lymph nodes, but it has not metastasized to distant organs.

## Luteinising hormone-releasing hormone (LHRH) agonist

A treatment that lowers the level of oestrogen in the body by reducing the amount of oestrogen that is made by the ovaries. An example of an LHRH agonist is goserelin, sometimes called Zoladex®.

## Menopause

The end of menstruation; the time of life when a woman stops having periods. This may have been artificially induced or have taken place naturally.

## Neutropenia

When the body has an abnormally low concentration of **neutrophils**, leading to an increased risk of infection.

## Neutrophil

A type of white blood cell that helps the body fight infection.

## Oestrogen

A hormone that all women normally have in their bodies that can sometimes make cancer cells grow.

## Perimenopausal

This is when you have symptoms of menopause, but your periods have not stopped. It ends when you reach menopause.

## Premenopausal

If you are premenopausal this means that you have not gone through the menopause and you still have regular menstrual periods.

## Protein

A large molecule made up of a chain of small chemical compounds, called amino acids. Proteins make up the structure of all cells and control how they work.

## QT interval prolongation

When your heart takes longer than normal to recharge its electrical system between heart beats.

## Receptor

A protein inside or on the surface of a cell to which substances can attach.

## Side effect

An unwanted symptom caused by a medical treatment.

## White blood cell

A type of blood cell that helps the body fight infection.



## Finding the support you need

Below are some breast cancer charities that may be able to help you with understanding and managing your condition.

### Find local support:



When you have breast cancer, everything changes. At Breast Cancer Now, we understand the emotions, challenges and decisions you face every day, and we know that everyone's experience is different. That's why we offer support and information and campaign for better care.

For breast cancer care, support and information, call us free on **0808 800 6000** or visit **[breastcancernow.org](https://breastcancernow.org)**



We're here to help everyone living with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you. For information, support or just someone to talk to, call **0808 808 00 00** or visit **[macmillan.org.uk](https://macmillan.org.uk)**



Coping with cancer can be difficult. There is help and support available. Find out about the emotional, physical and practical effects of cancer and how to manage them at **[www.cancerresearchuk.org](https://www.cancerresearchuk.org)**



The Centre for Building Resilience in Breast Cancer (BRIC)'s primary mission is empowering women in survivorship. We strive to create a supportive environment where women can thrive beyond their experiences, fostering resilience and well-being. For information, peer support, and empathy, visit **[briccentre.co.uk](https://briccentre.co.uk)**.

## WE ARE UNDEFEATABLE

We Are Undefeatable supports people with a range of long-term health conditions, including cancer, to be active. Their website offers information, ideas and activity videos to help everyone find something that works for them. Find out more at **[weareundefeatable.co.uk](https://weareundefeatable.co.uk)**

## Reporting of side effects

If you get side effects with any medication you are taking, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the information leaflet that comes in the pack. You can report side effects via the Yellow Card Scheme at **[www.mhra.gov.uk/yellowcard](https://www.mhra.gov.uk/yellowcard)**. By reporting side effects you can help provide more information on the safety of your medication.

### You may wish to record some useful numbers here:

#### Routine contact number

Your doctor/nurse specialist:

#### In an emergency

Emergency/acute oncology:



**This booklet is intended for advanced breast cancer patients  
in the UK who have been prescribed Kisqali + fulvestrant**