



Patient portrayal



Information booklet

for adult patients with metastatic
or locally advanced cutaneous
squamous cell carcinoma (CSCC)
who have been prescribed LIBTAYO



What is in this booklet

This booklet contains useful information about advanced cutaneous squamous cell carcinoma (CSCC) 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.



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Cutaneous squamous cell carcinoma (CSCC)

This section describes the risk factors for CSCC and how CSCC develops.

Cutaneous squamous cell carcinoma

Most skin cancers are of the type known as non-melanoma skin cancer (NMSC). The two most common types of NMSC are basal cell carcinoma (BCC) and cutaneous squamous cell carcinoma (CSCC) which together are also referred to as keratinocyte cancer.



Early stage CSCC is a common cancer in Australia and is easily treated whereas advanced stage CSCC is far less common and may need additional treatment methods.

Risk factors for CSCC

There are a number of factors that increase the likelihood of developing CSCC, including:



Cumulative exposure to ultraviolet (UV) radiation from sunlight and from artificial UV radiation from tanning lamps and tanning beds



Age 65 years or older



Having fair or light skin tone, light coloured eyes and hair



Having an immune system that is weakened



Smoking and alcohol consumption



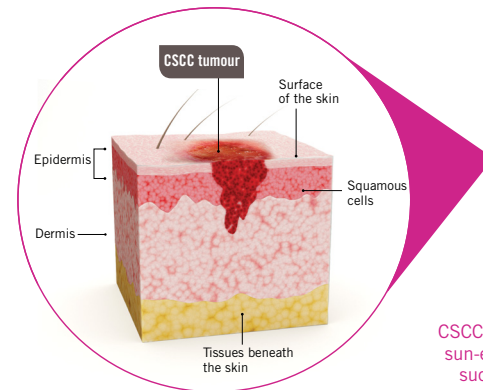
Male gender

How does CSCC develop?

CSCC starts in the squamous cells, a type of flat, thin cell in the top layer of the skin (the epidermis).

CSCC occurs when squamous cells develop changes (called mutations) in their DNA that cause them to grow in an uncontrolled way. Some of these cancerous squamous cells may also have DNA mutations that allow them to evade the immune system, which normally identifies and destroys abnormal cells. Most of the DNA mutations in these squamous skin cells are caused by environmental factors such as cumulative exposure to ultraviolet radiation.

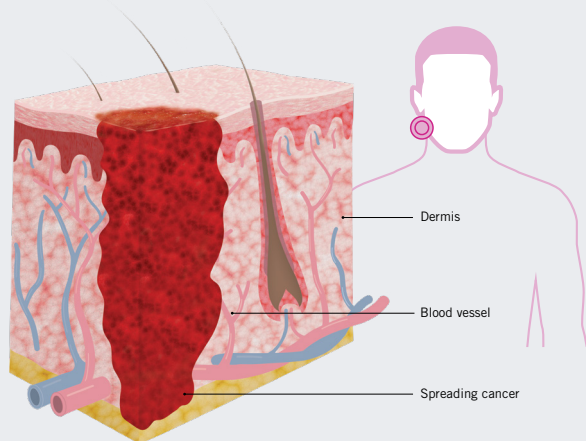
CSCC can appear as scaly red patches, rough or thickened skin, or open sores. The appearance of CSCC can vary from person to person.



CSCC most commonly occurs on sun-exposed areas of the body, such as the face and arms.

What is advanced CSCC?

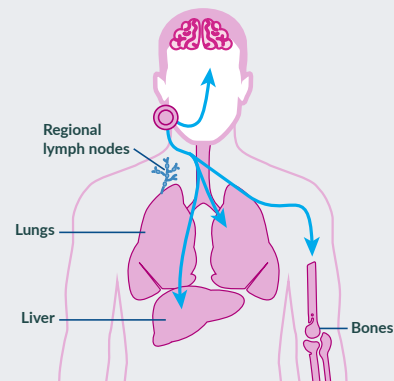
Locally advanced



When CSCC has spread locally to nearby healthy tissues, nerves or muscles it is referred to as **locally advanced CSCC**. These lesions can become swollen, painful and disfiguring.



Metastatic



Metastatic CSCC occurs when cancerous cells spread via the bloodstream or the lymphatic system to other parts of the body where they form new tumours in tissues (such as regional lymph nodes) or organs (such as the lung and liver and, less commonly, the brain and bones).

Together, locally advanced CSCC and metastatic CSCC are referred to as **advanced CSCC**. 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 CSCC.

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 location and size of the cancer, and how far it has spread, as well as an individual's overall health and preferences.

The most common ways of treating advanced CSCC are:

- Surgery
- Radiation therapy
- Systemic therapy

Surgery



Surgery for CSCC involves the removal of the cancerous tumour and affected surrounding tissue. When the tumour is large, skin from another part of the body may be used to repair the wound (a skin graft). Some people with advanced CSCC may have multiple surgeries as part of their treatment to remove tumours from different parts of the body.

Depending on the size and location of the tumour, some patients may also need reconstructive surgery to repair areas of the skin or other structures of the body affected by the tumour, such as the nose or ear.

Surgery for advanced CSCC is typically performed by head and neck surgeons, surgical oncologists or general surgeons. Reconstructive surgery may be performed by plastic/reconstructive surgeons.

Radiation therapy



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

Radiation therapy may be used instead of surgery in early-stage CSCC or for tumours in hard-to-treat locations (such as the eyelid), or after surgery to reduce the risk of cancer returning or spreading.

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.



Not every patient may be suitable for curative surgery or radiation therapy.

Systemic therapy



Systemic therapy refers to medicines that travel through the bloodstream and work throughout the whole body. Some systemic therapies may be taken by mouth, but 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.

Immunotherapy and chemotherapy are two types of systemic therapies commonly used to treat cancer.

Immunotherapy

Immunotherapy is a newer form of systemic 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 helps the immune system recognise and kill cancer cells. 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 CSCC when the cancer has spread to other parts of the body or when curative surgery or curative radiotherapy is not feasible.

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 is a type of systemic therapy that 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 and 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.



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.**

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

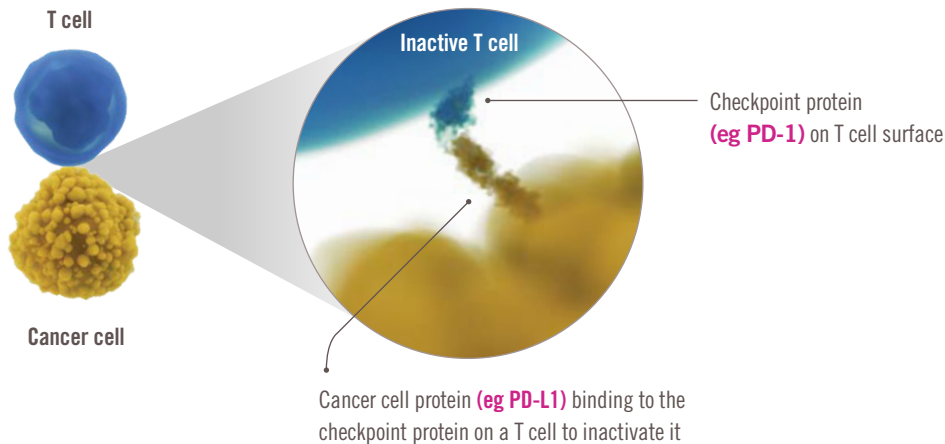
Your immune system comprises a variety of cell types, tissues and organs which act together to protect the body from infection, toxins and abnormal cells, including cancer cells.

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

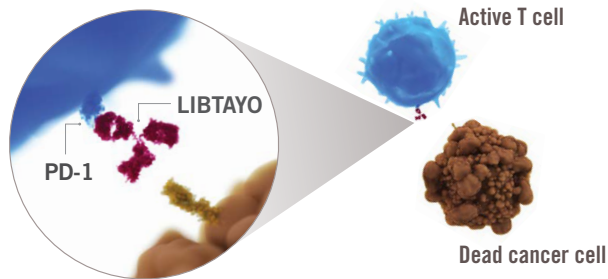
What is LIBTAYO?

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 cutaneous squamous cell carcinoma (CSCC) in adult patients who have either:



locally advanced CSCC, and who are not candidates for curative surgery or curative radiation

OR



metastatic CSCC (CSCC which has spread to other parts of the body), and who are not candidates for curative surgery or curative radiation

Why you have been prescribed LIBTAYO

You have been prescribed LIBTAYO to treat your metastatic or locally advanced CSCC. 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 or nurse.



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.



Patient portrayal

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.

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

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

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.

1

IV infusion



2

For 30 minutes



3

Every 3 weeks



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.

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, weakness 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 or nurse 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
- Anaemia (low level of red blood cells)
- Muscle and bone pain
- Decreased appetite
- Gut problems (eg diarrhoea or constipation, nausea, abdominal pain)
- Rash & itching
- Fatigue

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 vomiting, inflammation and sores inside the mouth, inflammation and sores in the digestive tract)
- Scaly skin
- Fever
- Swelling

These are the most common side effects observed in patients treated with LIBTAYO in 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 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.



LIBTAYO Consumer Medicine
Information website link



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

Skin care

This section covers the importance of protecting your skin from UV radiation & taking care of any wounds you may have.

Skin protection from UV radiation

It is important to protect your skin against ultraviolet (UV) radiation from the sun. Continue to practice sun safe methods such as keeping out of the sun during peak UV periods. If you need to be outdoors, cover up exposed areas with sun-protective clothing, a hat and sunglasses.



Apply sunscreen with an SPF of 50+ or higher to exposed skin and reapply regularly as recommended on the packaging.



UV rays can penetrate the skin even on cloudy days, so ensure you continue to practice sun safe methods even on these days.



If you are on the water or in snowy environments, the UV index (the strength of UV radiation) can be very high. It is important to protect your skin in these conditions also.

Wound care

It's important to take care of any wounds while you are on treatment. It may take some time for any wounds you may have (from surgery for example) to properly heal.

Talk to your oncology nurse about how to care for any wounds you have.

Some things you can do to help the healing process:



Wash your hands before and after touching your wound or changing the dressing



Keep a clean dressing on the wound – never reuse a dressing



Clean the skin around your wound using a saline solution (salt dissolved in water) by slightly dabbing or wiping the skin. Make sure not to use skin cleansers, alcohol, or soap with antibacterial chemicals



Eat a healthy variety of food such as meat, fruit and vegetables, grains and dairy. Your body needs good food for the healing process



Regular exercise increases blood flow and can speed wound healing. Check with your doctor about exercise that is appropriate for you



Do not smoke. Smoking can slow wound healing

Signs of a non-healing wound

Sometimes your wound may look or feel worse, before it gets better. However, there are also some signs to look out for that may suggest the wound is infected or not healing properly:



Red, hot or swollen



Painful



Excess, thick or discoloured fluid



Not getting smaller in size



Bleeding regularly or a lot



Changes in colour – black or yellow



You feel unwell or develop a temperature

If you notice any of these signs, contact your doctor for advice.

A reminder on good handwashing practice



Take off all jewellery



Wet your hands under running water



Apply soap and lather well.



Rub your hands together for at least 20 seconds
Be sure to clean under the fingernails too.



Rinse well, making sure you remove all the soap



Dry your hands thoroughly with a clean towel



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.

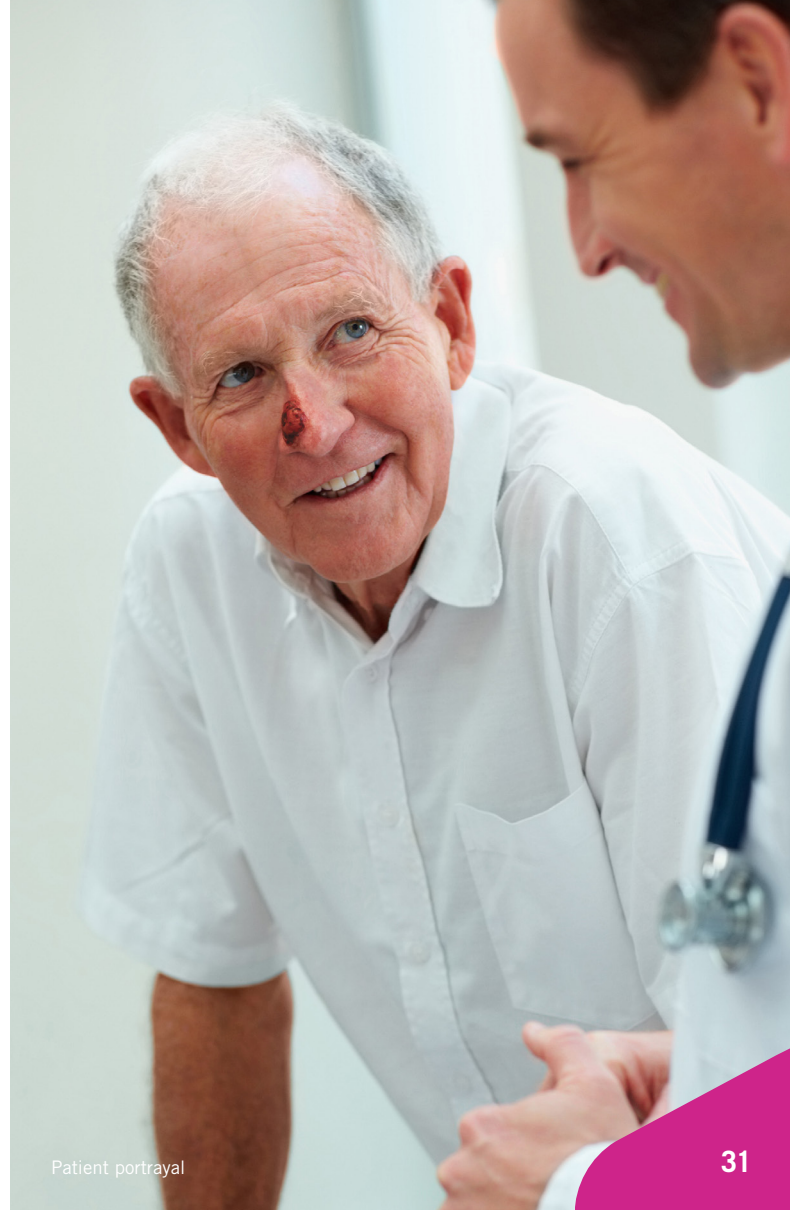
Your healthcare team

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 and surgeons), 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.



Healthcare diary

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

Date & time	Appointment type	Location	Notes/things to remember

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

Contains a range of information on skin cancer as well as treatments and side effects.

Use the search bar on the website to search for:



Skin cancer information

- Non-melanoma skin cancer
- Your guides to best cancer care (then select 'Basal and squamous cell carcinoma' 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

Melanoma and Skin Cancer Advocacy Network

mscan.org.au

Information for patients and activities regarding skin cancer and non-melanoma skin cancer.

Use the search bar on the website to search for:



Skin cancer information

- Skin cancer
- Non-melanoma skin cancer

Melanoma and Skin Cancer Trials Ltd

masc.org.au

A key group that is involved in clinical trials in skin cancer.

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.

BCC: Basal cell carcinoma, a type of skin cancer that starts in the basal cells in the skin.

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

CSCC: Cutaneous squamous cell carcinoma, a type of skin cancer that starts in the squamous cells in the skin.

Dermis: The dermis is the second layer of skin between the epidermis and subcutaneous tissue (the third layer of the skin).

Epidermis: The epidermis is the outer layer of the skin that covers your body.

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.

Keratinocyte cancer: BCC and CSCC are the two most common types of NMSC and together are also referred to as keratinocyte cancer.

Locally advanced: Cancer that has spread locally to nearby healthy tissues, nerves or muscles 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.

Melanoma: A type of skin cancer that starts in the melanocyte cells in the skin.

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.

NMSC: Non-melanoma skin cancer, comprises CSCC, BCC and other rarer skin cancers.

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.

Solar keratosis (also known as actinic keratosis): A common skin condition which is caused by damage from sun exposure. These lesions appear as rough, scaly patches on the skin. They often occur on sun exposed areas.

Squamous cells: A type of flat, thin cell in the top layer of the skin (the epidermis). Also found in the lining of the respiratory and digestive tracts.

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.

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

Ultraviolet (UV) index: An international measure of the strength of UV radiation.

Ultraviolet (UV) radiation: A form of radiation emitted by the sun and some artificial sources, for example tanning beds. Overexposure to UV radiation can cause sunburn and skin damage, and is a major risk factor for skin cancer.



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.



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AUS-RGN-P-240058. Ward7 MDL134689M. Date of preparation: December 2024.