



# Your Immunotherapy Diary

**For patients being treated with  
KEYTRUDA® (pembrolizumab) as monotherapy  
cancer treatment  
For Patients Living in NI Only**

**Your healthcare team should have provided you with materials  
to help you identify any side effects you may experience on  
your treatment. Ensure you carry your Patient Card with you  
at all times.**



Merck Sharp & Dohme (UK) Limited  
Registered Office: 120 Moorgate, London  
EC2M 6UR, United Kingdom  
Registered in England No. 233687

If you get any side effects, talk to your healthcare professional. This includes any possible side effects not listed in the Patient Information Leaflet (PIL). By reporting side effects you can help provide more information on the safety of this medicine. You can also report side effects directly via the Yellow Card Scheme at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to MSD UK (Tel: 0208 1548000).

This material has been developed by MSD UK. Date of preparation: January 2024. GB-PDO-03026.

# What you need to remember



Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. Tell your healthcare professional **IMMEDIATELY** about any changes to how you are feeling.

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

Reporting side effects early may stop them from becoming more serious and can make them easier to treat. They may be managed without having to permanently come off treatment and your healthcare professional is there to support you every step of the way.

Keep the Patient Card with you at all times and show it to any healthcare professional who treats you.

Ensure you read the Patient Information Leaflet (PIL). Use the diary in this book to keep track of how you are feeling and to record any questions you have for your healthcare professional.

# Your contact details



## YOU

Name: .....

Tel no: .....

Mobile no: .....

## YOUR GP

Name: .....

Name of surgery: .....

Surgery tel no: .....

## YOUR HOSPITAL

Name of hospital: .....

Consultant: .....

Specialist nurse: .....

Hospital tel no: .....

*Alternatively, you can place a sticker with your hospital's details over this section.*

# Contents

1

**What you should know**  
Immunotherapy

2

**What to look out for**  
Possible side effects

3

**Keeping track**  
Your Immunotherapy Diary  
Healthcare professional documentation  
of your treatment plan

4

**FAQs**

1

## What you should know

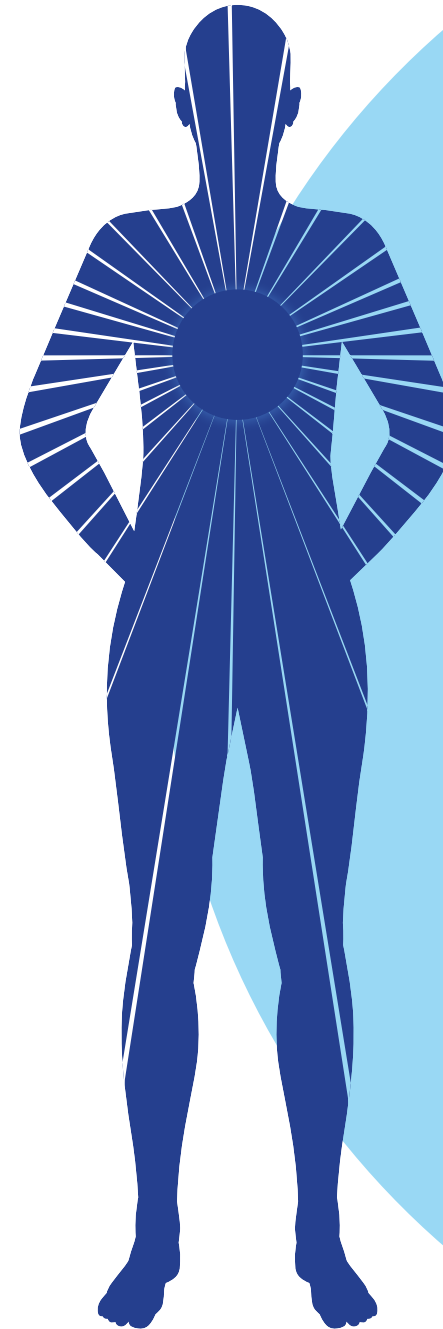
Your healthcare professional has prescribed KEYTRUDA<sup>®</sup>, also known as pembrolizumab, as part of your treatment plan. KEYTRUDA<sup>®</sup> belongs to a type of cancer treatment called immunotherapy.

### What is immunotherapy?

Immunotherapy works with your body's immune system by increasing its ability to recognise and attack cancer cells.

Your treatment will be given to you in a hospital or clinic under the supervision of an experienced healthcare professional. Your healthcare professional will give you your treatment through an IV infusion into a vein. The infusion will last for approximately 30 minutes. You will receive an infusion every 3 weeks or every 6 weeks. Your healthcare professional will decide how many treatments you need and how often they should be given.

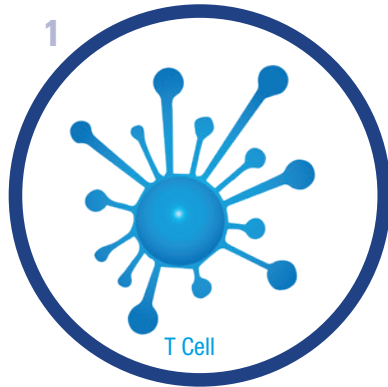
It is important that you visit your healthcare professional for your scheduled appointments so that they can check your progress and administer your treatment. If you are unable to keep an appointment, call your healthcare professional right away to reschedule.



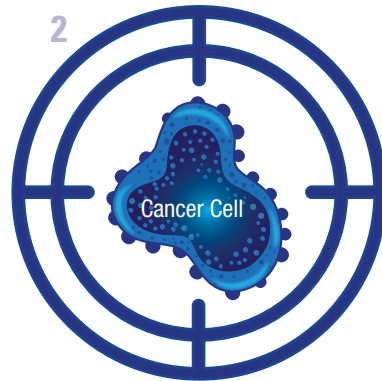
1

# What you should know

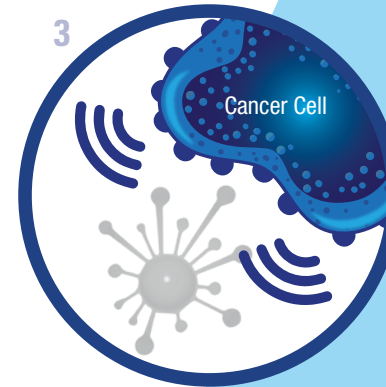
## How does your treatment work?



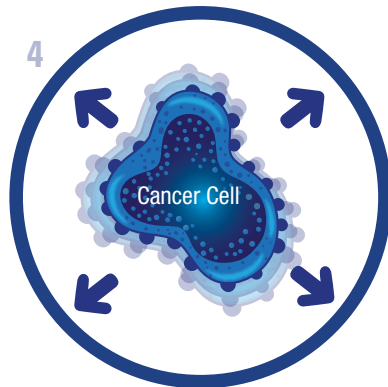
KEYTRUDA® works with a part of the immune system called T cells



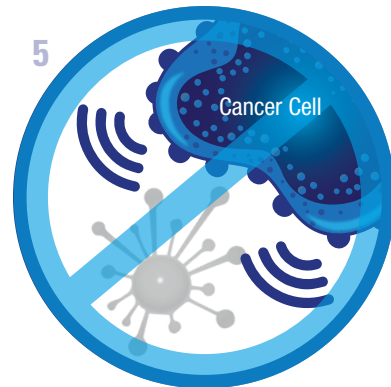
Normally, T cells identify and attack cancer cells



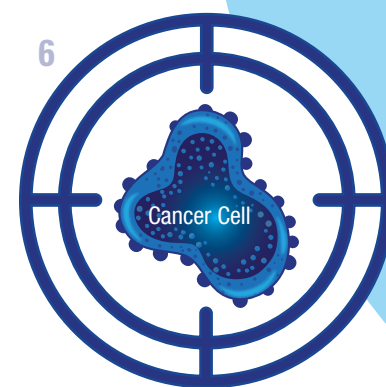
But some cancers send out signals that shut down T cells



This 'hides' the cancer cells and allows them to grow unchecked



Your treatment helps to stop these signals



So T cells can once again identify and attack the cancer cells

2

## What to look out for

Like all medicines, KEYTRUDA® can cause side effects. Although not everybody gets them, it is important to look out for any signs and/or symptoms.

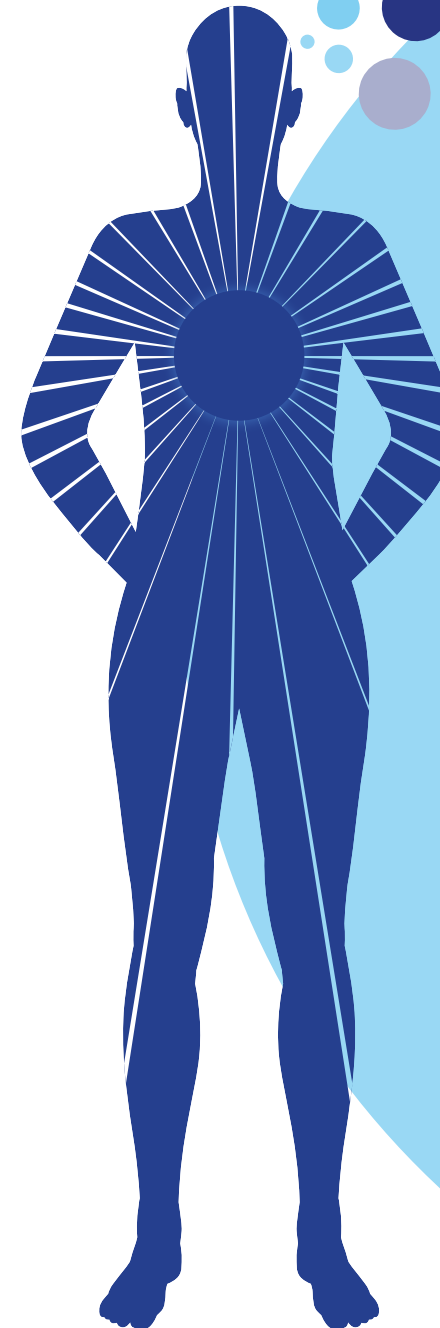
If you notice any symptoms while receiving your treatment, you should speak to your healthcare professional right away – do not wait for your next appointment. Reporting side effects early can make them easier to treat. You may experience more than one side effect at the same time. Whilst side effects may occur soon after starting treatment, be aware that some may occur long after receiving the final dose of your treatment. Carry your Patient Card with you at all times and let any healthcare professional involved in your care know that you are being treated with KEYTRUDA®.

**Do not attempt to diagnose or treat side effects yourself.**

### Be aware of possible side effects

Overleaf is a diagram of the major symptoms you should look out for. If you get any side effects, talk to your healthcare professional immediately. This includes any side effects not included in the Patient Information Leaflet (PIL) or the diagram included in this diary.

Your side effects may be managed without having to permanently come off treatment and your healthcare professional is there to support you every step of the way.



You may use the Immunotherapy Diary pages to record any possible side effects. Tell your healthcare professional **IMMEDIATELY** if these occur or if you have any concerns.

## 2 Possible side effects

Ensure you carry your Patient Card with you at all times.



### EYES

- My eyesight has changed
- I have loss of vision
- My eyes hurt or feel uncomfortable
- I have noticed a yellowing of my eyes



### MOUTH AND HEAD

- I am more thirsty than usual
- I have a dry mouth
- My sense of taste has changed
- I have a sweet or metallic taste in my mouth
- I have a sweet smell to my breath
- I feel faint or dizzy
- I have headaches that will not go away or are unusual for me



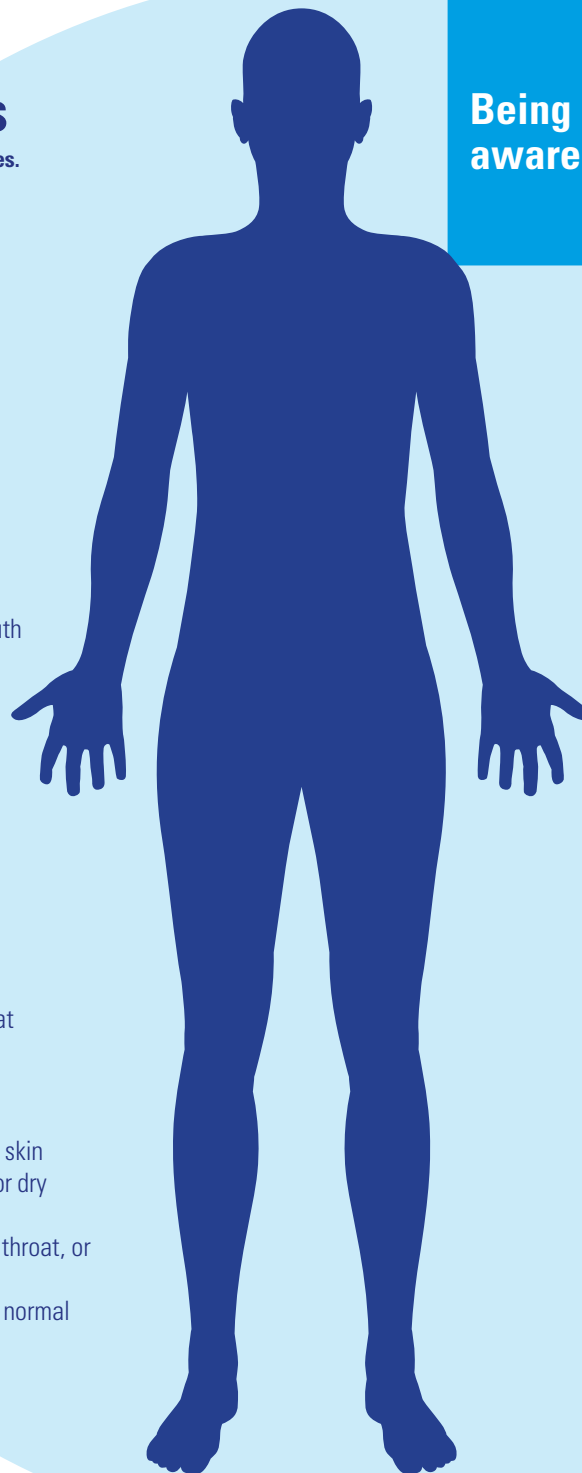
### THROAT AND CHEST

- I have developed a new or worse cough
- My voice is getting deeper
- I feel more short of breath
- My breathing is faster and deeper
- I have chest pain
- I have noticed a rapid or irregular heartbeat



### SKIN AND HAIR

- I have noticed changes to my skin or hair
- I have noticed changes in the colour of my skin
- I have developed a rash or my skin is itchy or dry
- I have skin blistering, peeling or sores
- I have ulcers in mouth or in lining of nose, throat, or genital area
- I am bleeding or bruising more easily than normal
- I am sweating more than normal
- My sweat has a different odour
- My hair is falling out



## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**



### STOMACH AND BOWELS

- I feel less or more hungry than usual
- I have been nauseous or vomiting
- I am constipated
- I have diarrhoea or more bowel movements than usual
- My stools are black, tarry, sticky or have blood or mucus
- My stomach area feels sore or tender
- I have pain or pressure in my lower abdomen



### URINE

- The amount, odour or colour of my urine has changed
- I need to urinate more often
- I have urinary incontinence or difficulty urinating
- It is painful when I urinate
- I have blood in my urine



### MUSCLES, NERVES, JOINTS AND LIMBS

- I have a stiff neck
- There is swelling or pain in my legs or arms
- I have muscle cramps, spasms, pain or weakness
- I have joint pains
- I feel numbness, burning, tingling and/or paralysis in my arms or legs



### GENERAL

- I feel more tired or confused
- I have memory problems
- I have seizures
- I have trouble sleeping
- I feel unusually sleepy
- I feel colder than normal
- I have chills or flu-like illness
- I have a fever or have hot flushes
- I have lost or gained weight
- I feel sick or generally unwell

# 3

## Keeping track

### Using your Immunotherapy Diary

It is important to tell your healthcare professional immediately about any side effects. You can use this diary when you call or visit your healthcare professional, but do not wait for your next appointment to discuss new symptoms. It will also help you keep track of what happens and how you feel over the course of your treatment. Note down at the front of the diary the contact details for your healthcare professional.

The left-hand side of the diary pages are for recording specific symptoms (see example below). Tick the relevant box if you have a symptom in that group or in several groups at the same time, record the date when it occurred and the specific details in the 'notes' section, and contact your healthcare professional immediately.

The right-hand side of the diary pages are to record how you feel in general, to track your progress week by week and to share with your healthcare professional any information which you think could be helpful (see example to the right of this page).

Once you have filled your diary, you can ask your healthcare professional for a new one.

### EXAMPLE Weekly Treatment Diary

05/09/2022  
Week beginning.....

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	NOTES (Always fill in details)
	5	6	7	8	9	10	11	Thought my eyes looked a bit yellow so I rang my healthcare professional.

### Being aware

It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional as soon as you notice any symptoms may stop them from becoming more serious.

**Do not attempt to diagnose or treat side effects yourself.**

#### NOTES (Always fill in details)

#### HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?

1  2 3 4 5

#### DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?

BETTER  WORSE

#### NOTES

*This week was very busy. Jane and co. visited and I was determined to cook them one of my famous roasts. Daniel helped out but it left me pretty tired and I had trouble getting out of bed the next day. I told the cancer team about this over the phone.*



# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER**

**WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

[Empty text box for notes]

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER**

**WORSE**

**NOTES**

[Empty text box for notes]

# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER**

**WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER**

**WORSE**

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 3 Weekly Treatment Diary

Ensure you carry your Patient Card with you at all times.

Week beginning...../...../.....

YOUR SYMPTOMS	Mon	Tue	Wed	Thu	Fri	Sat	Sun
NO SYMPTOMS							

DATE	OTHER SYMPTOMS OR QUESTIONS

## Being aware

Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

**Do NOT wait for your next appointment.**

**DO NOT ATTEMPT TO DIAGNOSE OR TREAT SIDE EFFECTS YOURSELF.**

**NOTES**  
(Always fill in details)

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]

**HOW DID YOU FEEL THIS WEEK ON A SCALE OF 1 (VERY GOOD) TO 5 (VERY POOR)?**

1 2 3 4 5

**DO YOU FEEL BETTER OR WORSE THAN LAST WEEK?**

**BETTER** **WORSE**

**NOTES**

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]

[Empty text box for notes]





3

## Healthcare professional documentation of your treatment plan

This space is for your healthcare professional to document any measurements or information they feel appropriate as part of your treatment plan.

Date:

Appointment details:

What do you wish to capture?

Date:

Appointment details:

What do you wish to capture?

Date:

Appointment details:

What do you wish to capture?

Date:

Appointment details:

What do you wish to capture?

Date:

Appointment details:

What do you wish to capture?

## Frequently asked questions

This section answers some of the questions you might have about your treatment. It is a good idea to jot down any other questions you have in your Immunotherapy Diary, so that you can ask your healthcare professional at your next appointment.

### **What effect will KEYTRUDA® have on my other medicines?**

Your treatment may interact with other medicines. It is important to tell your healthcare professional about any medicines you are currently taking or are planning to take.

### **Can I take antibiotics?**

It is important to ensure that any medications are compatible with your KEYTRUDA® treatment. Ensure your healthcare professional is aware of any treatments you are currently taking or planning to take.

### **Can I take vitamins & herbal supplements?**

You should tell your healthcare professional about all the medicines you take, including vitamins and herbal supplements. Your healthcare professional can help you to decide if they are suitable to take or not.

### **Can I have vaccinations?**

Consult your healthcare professional before receiving any vaccinations, including the flu vaccination.

### **Can I go on holiday?**

Discuss your holiday plans with your healthcare professional before you book your holiday. Some extra preparation may be necessary, and you should always carry your Patient Card with you.

### **Should I change my diet?**

A healthy diet is important. You can discuss any changes to your diet with your healthcare professional.

### **Can I drink alcohol?**

Alcohol consumption should be kept to a minimum when taking KEYTRUDA®. You can discuss this with your healthcare professional.

### **Can I exercise?**

Gentle exercise, such as short walks, may help as it can help reduce constipation and the feeling of tiredness. Please discuss with your healthcare professional before starting any exercise.

## Frequently asked questions

### Should I use contraception?

Yes. It is possible that your treatment could harm or cause death to your unborn baby. If you are female and able to become pregnant you should use an effective method of contraception during and for at least 4 months after the last dose of KEYTRUDA®. Talk to your healthcare professional about birth control methods that you can use during this time, and tell your healthcare professional right away if you become pregnant during treatment.

### Can I breastfeed?

It is not known if KEYTRUDA® passes into your breast milk. Since it is known that antibodies can be secreted in human milk, a risk to the newborns/infants cannot be excluded. Please speak to your healthcare professional for further guidance if you are breastfeeding or plan to breastfeed before starting treatment.

### Can I drive and/or operate machinery?

You may feel dizzy, tired or weak while taking KEYTRUDA®, which can affect your ability to drive or use tools or machines. Do not drive or use machines unless you are sure you are feeling well.

**Having cancer treatment can be a very emotional time. Do not forget to reach out to your nurse or other support if you are concerned or worried. They are there to help no matter what.**

**You can visit these websites for extra support:**

Learn more about cancer and immunotherapy:  
[www.cancerresearchuk.org](http://www.cancerresearchuk.org)

Learn more about Macmillan's support:  
[www.macmillan.org.uk](http://www.macmillan.org.uk)

**Please note: these are third party websites and MSD has not influenced their content.**

MSD makes no warranties or representations of any kind as to their accuracy or completeness and shall have no liability for any loss or damage of any kind that may arise from your use of such content or information. Inclusion of any third party link does not imply an endorsement or recommendation by MSD.

**References:**

1. KEYTRUDA® Summary of Product Characteristics (GB).
2. KEYTRUDA® Summary of Product Characteristics (NI).
3. KEYTRUDA® Patient Information Leaflet (PIL GB and NI).
4. Cancer Research UK. Why diet is important. Available at: <https://www.cancerresearchuk.org/about-cancer/coping/physically/diet-problems/about/why-diet-is-important>. Accessed June 2023.
5. The Leeds Teaching Hospitals NHS Trust. Coming for immunotherapy. Available at: <http://flipbooks.leedsth.nhs.uk/LN004552.pdf>. Accessed June 2023.
6. Cancer Research UK. Exercise guidelines for cancer patients. Available at: <https://www.cancerresearchuk.org/about-cancer/coping/physically/exercise-guidelines>. Accessed June 2023.
7. Cancer Research UK. Diarrhoea, constipation and cancer drugs. Available at: <https://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/cancer-drugs/side-effects/diarrhoea-constipation>. Accessed June 2023.

## Non-Promotional Material Certificate

**Version:** 1 . 0

**Document Number:** GB-PDO-03026

**Document Name:** KEYTRUDA Monotherapy Patient Diary Jan 2024 (NI Version) [Digital]

**Country:** United Kingdom

**Product:** GB KEYTRUDA Pan Tumour

**Type:** Material

**Sub Type:** Healthcare Professional Resource

### Non-Promotional Material Statement - Signatory

I (the undersigned) certify that I have examined the final form of this material and that in my belief it is in accordance with the requirements of the ABPI Code of Practice.

### Digital Assets

I have examined the final functional form of this digital asset on MSD devices (laptop and mobile phone) including the active links provided within and have verified that it is compliant with ABPI Code Standards.

Role	Signature
Domenico Curinga - Medical Signatory Certification (domenico.curinga@merck.com)	Capacity: Medical Signatory Date: 31-Jan-2024 13:38:08 GMT+0000