

Adverse event management tips

General guidelines for treating selected AEs that you may commonly see in your patients with advanced renal cell carcinoma or other cancers

These tips are derived from published guidelines for management of these AEs in all patients.

Adverse event	Description	General guidelines
<p>Diarrhea</p>	<p>Diarrhea is an abnormal increase in stool liquidity and frequency (4 to 6 stools or more per day over baseline) with or without nocturnal bowel movements and/or moderate abdominal cramping. Diarrhea is a common side effect of many cancer regimens. It can cause depletion of fluids and electrolytes, malnutrition, dehydration, and hospitalization and therefore can interfere with cancer treatment, causing dosing delays or reductions.¹</p>	<p>Patient education strategies</p> <ul style="list-style-type: none"> • Emphasize the importance of maximizing oral hydration strategies to avoid dehydration and electrolyte imbalances² • Educate patients about the likelihood that diarrhea will develop^{3,5} <p>Management tips for patients</p> <ul style="list-style-type: none"> • Diarrhea may be managed through diet as well as pharmacologic treatment when necessary, based on the clinical judgment of the treating healthcare provider (HCP).^{1,3,4} The first step in treatment is dietary management^{3,5,6}: <ul style="list-style-type: none"> –Yogurt containing probiotics –Soluble fiber –Small but frequent meals –Fluids, such as water, diluted cranberry juice, broth, decaffeinated tea or coffee • Over-the-counter and Rx agents may also be used, according to labeling^{1,3,4}
<p>Hypertension</p>	<p>Hypertension is the term used to describe high blood pressure (BP). In general, hypertension is repeated BP elevation exceeding 140 mm Hg systolic blood pressure (SBP) and 90 mm Hg diastolic blood pressure (DBP).⁷ Hypertension is a commonly reported AE in cancer patients receiving antivasculature endothelial growth factor (VEGF) drugs.⁸</p>	<p>Patient education strategies</p> <ul style="list-style-type: none"> • Take antihypertensive medications as prescribed⁴ • Recognize signs of potentially dangerous high BP (eg, severe headache, shortness of breath, nosebleeds)⁹ • Follow healthy lifestyle choices: regular exercise, weight control, moderate alcohol consumption, sodium restriction⁴

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<p>Fatigue/asthenia</p>	<p>Fatigue/asthenia is a distressing persistent, subjective sense of physical, emotional, and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning.¹⁰</p>	<p>Patient education strategies^{10,11}</p> <ul style="list-style-type: none"> • Take short naps and breaks instead of long ones • Eat well and drink plenty of fluids • Take short walks and/or do light exercise • Do relaxing activities as a distraction (eg, listening to music or reading) <p>Management tips for patients</p> <ul style="list-style-type: none"> • Stay as active as possible⁴ • Maintain normal work and social schedules⁴ • Take breaks as needed⁴ • Report all medications to your HCP, including over-the-counter, herbal, and vitamin supplements^{10,12}
<p>Nausea/vomiting</p>	<p>Nausea is an unpleasant feeling in the stomach and the back of the throat that may or may not result in vomiting.¹³</p> <p>Vomiting is a forceful contraction of the abdominal (stomach) muscles that causes the stomach contents to come up through the mouth.¹³</p>	<p>Patient education strategies¹¹</p> <ul style="list-style-type: none"> • Avoid fatty, fried, spicy, or highly sweet foods • Eat bland foods and drink clear liquids • Eat smaller, more frequent meals • Reduce food aromas and other stimuli with strong odors, and eat food at room temperature to lessen the odor • Eat food that you like • Distract oneself with soft music, a favorite television program, or the company of others <p>Management tips for patients¹⁴</p> <ul style="list-style-type: none"> • Cover the period of anticipated nausea and vomiting with appropriate antiemetics • Oral and IV antiemetics have equivalent efficacy when used at appropriate doses • Consider patient factors, including prior patient experiences with antiemetics • Lifestyle measures may help alleviate nausea and vomiting

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<p>Dysphonia</p>	<p>Dysphonia is an impairment of the ability to produce voice sounds using the vocal organs. This can manifest as a hoarse or weak voice, or as an excessively breathy, rough, or harsh voice, but generally some type of phonation is possible.¹⁵</p>	<p>Patient education strategies</p> <ul style="list-style-type: none"> • Drink plenty of water and avoid irritants (eg, dust, smoke, alcohol, industrial chemicals)^{15,16} • Avoid voice strain through shouting or whispering. Suggest communication in writing as an alternative¹⁶ <p>Management tips for patients</p> <ul style="list-style-type: none"> • No pharmacologic interventions are recommended beyond education and emotional support for the patient and family¹⁵ • Consider possible specialist referral for more severe cases (grades 3 and 4)
<p>Hand-foot syndrome</p>	<p>Hand-foot syndrome is defined as bilateral palmary and plantar exanthema together with pain and dysesthesia.^{17,18}</p>	<p>Patient education strategies¹⁹</p> <ul style="list-style-type: none"> • Wear loose cotton clothes • Use sunscreen • Clean hands and feet with lukewarm water and gently pat dry • Apply creams containing lanolin or urea to the hands and feet liberally and often • Avoid tight-fitting shoes and jewelry or rubbing pressure on the hands and feet • Do not shave off blisters
<p>Proteinuria</p>	<p>Proteinuria is abnormally high protein excretion in the urine.²⁰</p>	<p>Patient education strategies²¹</p> <ul style="list-style-type: none"> • Lifestyle changes may be recommended –Low-sodium diet or salt restrictions may be advised

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