Polatuzumab Veddoti-piq (Polivy™)

**Pronounced:** POL-a-TOOZ-ue-mab ve-DOE-tin - piiq

**Classification:** Antibody Drug Conjugate

**About Polatuzumab Veddoti-piq (Polivy™)**

Polatuzumab vedotin-piq is an antibody conjugate (an antibody with a cell-killing medication attached to it) directed against a protein called CD79b, found on the surface of some cancer cells. Antibodies, which are normally found in the body, are developed by the immune system to destroy foreign material (such as a germ). Polatuzumab vedotin-piq is a manmade antibody that causes the immune system to attack cancer cells that have the CD79b protein on them.

Polatuzumab vedotin-piq is often given with two other medications that help to kill cancer cells. The first, rituximab, is a monoclonal antibody that works with your immune system to attack and destroy cancer cells. The second, bendamustine hydrochloride, is a chemotherapy that damages the DNA of cancer cells. The combination of these three medications is thought to attack cancer from different angles.

**How to Take Polatuzumab Veddoti-piq**

Polatuzumab vedotin-piq is given by IV (into a vein) infusion. The dose is based on a combination of your height and weight and how often you receive the medication will be decided by your care team. Your provider will give you an antihistamine (diphenhydramine, loratadine) and an antipyretic (acetaminophen), to prevent or lessen the chance of an allergic reaction.

**Possible Side Effects of Polatuzumab Veddoti-piq**

There are a number of things you can do to manage the side effects of polatuzumab vedotin-piq. Talk to your care team about these recommendations. They can help you decide what will work best for you. These are some of the most common or important side effects:

**Peripheral Neuropathy (Numbness or Tingling in the Hands and/or Feet)**

Peripheral neuropathy is a toxicity that affects the nerves. It causes numbness or a tingling feeling in the hands and/or feet, often in the pattern of a stocking or glove. This can get progressively worse with additional doses of the medication. In some people, the symptoms slowly resolve after the medication is stopped, but for some it never goes away completely. You should let oncology care team know if you experience numbness or tingling in the hands and/or feet, as they may need to adjust the doses of your medication.

**Infection and Low White Blood Cell Count (Leukopenia or Neutropenia)**

This medication can cause life threatening infections, with or without a decrease in white blood cell counts.

White blood cells (WBC) are important for fighting infection. While receiving treatment, your WBC count can drop, putting you at a higher risk of getting an infection. You should let your doctor or nurse know right away if you have a fever (temperature greater than 100.4°F or 38°C), sore throat or cold, shortness of breath, cough, burning with urination, or a sore that doesn’t heal.

**Tips to preventing infection:**

- **Washing hands**, both yours and your visitors, is the best way to prevent the spread of infection.
- Avoid large crowds and people who are sick (i.e.: those who have a cold, fever or cough or live with someone with these
symptoms).
- When working in your yard, wear protective clothing including long pants and gloves.
- Do not handle pet waste.
- Keep all cuts or scratches clean.
- Shower or bath daily and perform frequent mouth care.
- Do not cut cuticles or ingrown nails. You may wear nail polish, but not fake nails.
- Ask your oncology care team before scheduling dental appointments or procedures.
- Ask your oncology care team before you, or someone you live with, has any vaccinations.

**Low Platelet Count (Thrombocytopenia)**
Platelets help your blood clot, so when the count is low you are at a higher risk of bleeding. Let your oncology care team know if you have any excess bruising or bleeding, including nose bleeds, bleeding gums or blood in your urine or stool. If the platelet count becomes too low, you may receive a transfusion of platelets.

- Do not use a razor (an electric razor is fine).
- Avoid contact sports and activities that can result in injury or bleeding.
- Do not take aspirin (salicylic acid), non-steroidal, anti-inflammatory medications (NSAIDs) such as Motrin/Advil (ibuprofen), Aleve (naproxen), Celebrex (celecoxib) etc. as these can all increase the risk of bleeding. Please consult with your healthcare team regarding use of these agents and all over the counter medications/supplements while on therapy.
- Do not floss or use toothpicks and use a soft-bristle toothbrush to brush your teeth.

**Low Red Blood Cell Count (Anemia)**
Your red blood cells are responsible for carrying oxygen to the tissues in your body. When the red cell count is low, you may feel tired or weak. You should let your oncology care team know if you experience any shortness of breath, difficulty breathing or pain in your chest. If the count gets too low, you may receive a blood transfusion.

**Fatigue**
Fatigue is very common during cancer treatment and is an overwhelming feeling of exhaustion that is not usually relieved by rest. While on cancer treatment, and for a period after, you may need to adjust your schedule to manage fatigue. Plan times to rest during the day and conserve energy for more important activities. Exercise can help combat fatigue; a simple daily walk with a friend can help. Talk to your healthcare team for helpful tips on dealing with this side effect.

**Diarrhea**
Your oncology care team can recommend medications to relieve diarrhea. Also, try eating low-fiber, bland foods, such as white rice and boiled or baked chicken. Avoid raw fruits, vegetables, whole grain breads, cereals and seeds. Soluble fiber is found in some foods and absorbs fluid, which can help relieve diarrhea. Foods high in soluble fiber include: applesauce, bananas (ripe), canned fruit, orange sections, boiled potatoes, white rice, products made with white flour, oatmeal, cream of rice, cream of wheat, and farina. Drink 8-10 glasses of non-alcoholic, un-caffeinated fluid a day to prevent dehydration.

**Decrease in Appetite or Taste Changes**
Nutrition is an important part of your care. Cancer treatment can affect your appetite and, in some cases, the side effects of treatment can make eating difficult. Ask your oncology care team about nutritional counseling services at your treatment center to help with food choices.

- Try to eat five or six small meals or snacks throughout the day, instead of 3 larger meals.
- If you are not eating enough, nutritional supplements may help.
- You may experience a metallic taste or find that food has no taste at all. You may dislike foods or beverages that you liked before receiving cancer treatment. These symptoms can last for several months or longer after treatment ends.
- Avoid any food that you think smells or tastes bad. If red meat is a problem, eat chicken, turkey, eggs, dairy products and fish without a strong smell. Sometimes cold food has less of an odor.
- Add extra flavor to meat or fish by marinating it in sweet juices, sweet and sour sauce or dressings. Use seasonings like...
basil, oregano or rosemary to add flavor. Bacon, ham and onion can add flavor to vegetables.

**Less common, but important side effects can include:**

- **Infusion-Related Side Effects:** The infusion can cause a reaction that may lead to chills, fever, low blood pressure, nausea and vomiting. You will receive Tylenol and diphenhydramine prior to the infusion to help prevent these reactions. Some patients will also receive a steroid before the infusion to prevent a reaction. Reactions are most common during the first week of therapy, including the evening after the infusion. Your oncology care team will tell you what to do if this happens.

- **Tumor Lysis Syndrome:** If there are a large amount of tumor cells in your body prior to treatment, you are at risk for tumor lysis syndrome. This happens when the tumor cells die too quickly and their waste overwhelms the body. You may be given a medication (allopurinol) and IV fluids to help prevent this. If you experience nausea, vomiting, diarrhea or become lethargic (drowsy, sluggish), notify your oncology team right away. TLS can affect your kidney function. Your provider will monitor your kidney function with blood work. Notify your provider if you have little or no urine output.

- **Liver Toxicity:** This medication can cause liver toxicity, which your oncology care team may monitor for using blood tests called liver function tests. Notify your healthcare provider if you notice yellowing of the skin or eyes, your urine appears dark or brown, or you have pain in your abdomen, as these can be signs of liver toxicity.

- **Progressive Multifocal Leukoencephalopathy (PML):** Progressive Multifocal Leukoencephalopathy (PML) is a rare but very serious brain infection that has been reported with this medication. The signs of PML may develop over several weeks or months. They may include changes in mood or usual behavior, confusion, thinking problems, loss of memory, changes in vision, speech, or walking, and decreased strength or weakness on one side of the body. If you develop any of these signs, notify your oncology care team immediately.

**Reproductive Concerns**

Exposure of an unborn child to this medication could cause birth defects, so you should not become pregnant or father a child while on this medication. Effective birth control is necessary during treatment and for at least 3 months after treatment. Even if your menstrual cycle stops or you believe you are not producing sperm, you could still be fertile and conceive. You should not breastfeed while receiving this medication or for 2 months after your last dose.