Infigratinib (Truseltiq™)

**Pronounced:** IN-fig-RA-ti-nib

**Classification:** Kinase Inhibitor

**About Infigratinib (Truseltiq™)**

A kinase is an enzyme that promotes cell growth. There are many types of kinases, which control different phases of cell growth. By blocking a particular enzyme from working, this medication can slow the growth of cancer cells. This medication blocks the enzyme fibroblast growth factor receptor 2 (FGFR2). Your tumor will be tested for this enzyme prior to treatment.

**How to Take Infigratinib**

This medication comes in a capsule form to be taken by mouth. The capsule should be swallowed whole with a glass of water. It should not be crushed, chewed, or dissolved. Talk to your provider if you have trouble swallowing the capsule. It should be taken 1 hour before eating or 2 hours after eating. If you miss your dose and it has been more than four hours or if you vomit after taking your dose, take your next dose as scheduled. Do not take an extra dose.

It is important to make sure you are taking the correct amount of medication every time and that you are following the schedule given to you by your provider. Before every dose, check that what you are taking matches what you have been prescribed.

The blood levels of this medication can be affected by certain foods and medications, so they should be avoided. These include: grapefruit, grapefruit juice, carbamazepine, diltiazem, fluconazole, verapamil, ketoconazole, rifampin, phenytoin, fosphenytoin, phenobarbital, St. John’s wort, modafanil, estradiol, and norethindrone, voriconazole, itraconazole and certain classes of anti-retroviral medications among others. Be sure to tell your healthcare provider about all medications and supplements you take.

You should not take this medication at the same time as “heartburn” medications, as these may affect how your cancer medication is absorbed. These include proton pump inhibitors such as Prilosec (omeprazole), Nexium (pantoprazole), Protonix (pantoprazole); H2 blockers, such as Pepcid (famotidine); and antacids, such as Tums (calcium-carbonate) and Rolaid (Calcium Carbonate and Magnesium Hydroxide). You should not take proton pump inhibitors. H2 blockers can be taken 2 hours before or 10 hours after your daily dose of infigratinib. Antacids should be taken 2 hours before or 2 hours after your dose of infigratinib.

**Storage and Handling**

Store your medication in the original, labeled container at room temperature and in a dry location (unless otherwise directed by your healthcare provider or pharmacist). This medication should not be stored in a pillbox. Keep containers out of reach of children and pets. If a caregiver prepares your dose for you, they should consider wearing gloves or pour the pills directly from their container into the cap, a small cup, or directly into your hand. They should avoid touching the pills. They should always wash their hands before and after giving you the medication. Pregnant or nursing women should not prepare the dose for you. Ask your oncology team where to return any unused medication for disposal. Do not flush down the toilet or throw in the trash.

**Where do I get this medication?**

Certain cancer medications are only available through specialty pharmacies. If you need to get this medication through a specialty pharmacy, your provider will help you start this process. Where you can fill your prescriptions may also be influenced by your prescription drug coverage. Ask your health care provider or pharmacist for assistance in identifying where you can get it.
this medication.

**Insurance Information**

This medication may be covered under your prescription drug plan. Patient assistance may be available to qualifying individuals depending upon prescription drug coverage. Co-pay cards, which reduce the patient co-pay responsibility for eligible commercially (non-government sponsored) insured patients, may also be available. Your care team can help you find these resources, if they are available.

**Possible Side Effects**

There are a number of things you can do to manage the side effects of infigratinib. 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:

**Nail Changes**

This medication can cause changes to your nails including your nails separating from the nail bed or poor formation of the nail. It is important to keep your nails clean and dry and to protect them from further damage. Contact your provider with any changes to your nails.

**Mouth Sores (Mucositis/Stomatitis)**

Certain cancer treatments can cause sores or soreness in your mouth and/or throat. Notify your doctor or nurse if your mouth, tongue, inside of your cheek or throat becomes white, ulcerated or painful. Performing regular mouth care can help prevent or manage mouth sores. If mouth sores become painful, your doctor or nurse can recommend a pain reliever.

- Brush with a soft-bristle toothbrush or cotton swab twice a day.
- Avoid mouthwashes that contain alcohol. A baking soda and/or salt warm water mouth rinse (2 level teaspoons of baking soda or 1 level teaspoon salt in an eight ounce glass of warm water) is recommended 4 times daily.
- If your mouth becomes dry, eat moist foods, drink plenty of fluids (6-8 glasses), and suck on sugarless hard candy.
- Avoid smoking and chewing tobacco, drinking alcoholic beverages and citrus juices.

**Eye Problems**

This medication can cause eye issues such as dry or inflamed eyes, inflamed cornea, increased tars, and disorders of the retina. You will likely need an eye exam before taking this medication, at 1 month, at 3 months, and then every 3 months during treatment. Dry eye may be treated with over the counter drops but you should call your provider right away if you have any changes in your vision.

**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.

**Kidney Problems**

This medication can cause kidney problems, including an increased creatinine and urate levels, which your oncology care team may monitor for using blood tests. Notify your healthcare provider if you notice decreased urine output, blood in the urine, swelling in the ankles, or loss of appetite.

**Phosphate Level Changes**

This medication can cause high levels of phosphate in your blood and buildup of minerals in the tissues in your body. You will have your phosphate level checked often while taking this medication and you may be given medication to lower the phosphate level in your blood. In some cases this medication can also cause low levels of phosphate. Call your provider right away if you have any muscle cramps, numbness, or tingling around your mouth as these can be signs of a seriously high phosphate level.
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.

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.

Electrolyte Abnormalities
This medication can affect the normal levels of electrolytes in your body such as calcium, sodium, and potassium. Your levels will be monitored using blood tests. If your levels become too low, your care team may prescribe specific electrolytes to be given by IV or taken by mouth. Do not take any supplements without first consulting with your care team.

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

Increased Lipase Level
This medication can cause an increase in the enzyme lipase which helps your body to digest fats. Your lipase levels will be monitored using blood tests.

Loss or Thinning of Scalp and Body Hair (Alopecia)
Your hair may become thin, brittle, or may fall out. This typically begins two to three weeks after treatment starts. This hair loss can be all body hair, including pubic, underarm, legs/arms, eyelashes, and nose hairs. The use of scarves, wigs, hats and hairpieces may help. Hair generally starts to regrow soon after treatment is completed. Remember your hair helps keep you warm in cold weather, so a hat is particularly important in cold weather or to protect you from the sun.

Increase in Cholesterol and Triglycerides
Patients may develop increased cholesterol and triglyceride levels in the blood. Your provider will monitor for this. Some people may require a lipid lowering medication to treat this increase.

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 the 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.

**Hand Foot Syndrome**

Hand foot syndrome (HFS) is a skin reaction that appears on the palms of the hands and/or the soles of the feet, as a result of certain chemotherapy agents being absorbed by the skin cells. HFS can begin as a mild tingling, numbness, pins-and-needles feeling, redness or pain or swelling of the hands and/or feet. This can then progress to painful swelling, blistering or peeling skin that can interfere with your ability to do normal activities. Be sure to let your oncology team know right away if you notice these symptoms, as they may need to adjust the chemotherapy dose or take a break to allow the skin to heal. Some tips to help prevent HFS include:

• Keep hands and feet clean and dry.
• Avoid tight shoes or socks.
• Avoid activities that put pressure on the palms or soles for 1 week after treatment.
• Apply an alcohol-free moisturizer liberally and often. (Avoid moisturizers with perfumes or scents)
• Avoid very hot water for baths and showers.

**Muscle or Joint Pain/Aches**

Your healthcare provider can recommend medications and other strategies to help relieve pain.

**Constipation**

There are several things you can do to prevent or relieve constipation. Include fiber in your diet (fruits and vegetables), drink 8-10 glasses of non-alcoholic fluids a day, and keep active. A stool softener once or twice a day may prevent constipation. If you do not have a bowel movement for 2-3 days, you should contact your healthcare team for suggestions to relieve the constipation.

**Dry Mouth**

This medication can cause dry mouth. You can take frequent, small sips of water to help manage this side effects. Sugar-free hard candies, ice chips, and staying hydrated can also help manage this side effect.

**Eyelash Changes**

This medication can cause changes to your eyelashes including changing their color and their growth.

**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 on non-alcoholic, un-caffeinated fluid a day to prevent dehydration.

**Dry Skin**

This medication can cause dry skin. Moisturize your skin often with a fragrance and dye free lotion. Avoid taking hot showers, rather warm or cool which will help your skin retain moisture.

**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.

Nausea and/or Vomiting

Talk to your oncology care team so they can prescribe medications to help you manage nausea and vomiting. In addition, dietary changes may help. Avoid things that may worsen the symptoms, such as heavy or greasy/fatty, spicy or acidic foods (lemons, tomatoes, oranges). Try saltines, or ginger ale to lessen symptoms.

Call your oncology care team if you are unable to keep fluids down for more than 12 hours or if you feel lightheaded or dizzy at any time.

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 1 month 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 taking this medication or for one month after your last dose.

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