

Nerlynx[®] ▼ (neratinib)

PATIENT TREATMENT JOURNAL

This journal is one of the Nerlynx Patient Educational Materials.
It is provided for you to complete on a daily basis to assist
with the management of any diarrhoea you may experience.

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. If you get any side effects, talk to your doctor or pharmacist. You can also report side effects directly via MHRA Yellow Card Scheme at www.mhra.gov.uk/yellowcard or by searching for MHRA Yellow Card in the Google Play or Apple App store and/or to the Pharmacovigilance Department of Pierre Fabre Limited on 0800 0855292 or via ukdrug.safety@pierre-fabre.com.

Version Number 1.1

July 2020 Job code: UK/NER/0180



Pierre Fabre

Your next appointments

Date	Time	Things I would like to discuss with my oncology team (such as if you have been feeling unwell, or any side effects you have been experiencing)

Your Nerlynx Treatment Journal

How to use this journal

- In the week before you start Nerlynx, note the total number of bowel movements you have per day. This is your baseline.
- When you start taking Nerlynx, record your number of bowel movements each day, and your body weight, to review with your oncologist or nurse.

1. At the beginning of the week, make a note of the date and your weight in the spaces provided
2. Write your dose of Nerlynx in the second column of the table, stating the number of 40 mg tablets you have taken each day
3. If you have been prescribed an anti-diarrhoeal medicine, make a note of the dose that you are taking each day
4. Write down the number of bowel movements you have each day, and when they occur, morning, afternoon and evening
5. Add up the total of times you have a bowel movement in the day and write that down too
6. Copy the average number of bowel movements per day from the week before treatment, so you can compare with your current weekly average bowel movements

Your oncology team may include your oncologist, nurse and pharmacist. You should speak to your oncology team about any side effects you have, including any side effects not listed in the package leaflet.

1 week before starting treatment - baseline

Week commencing date:		Weight:
	Number/nature of bowel movements	Total number of bowel movements/day
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Average number of daily bowel movements before treatment (baseline) <small>(add each day's total bowel movements and divide by number of days)</small>		

Week 1

Week commencing date:		Weight:		
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements <small>(add each day's total bowel movements and divide by number of days)</small>				
Baseline number of daily bowel movements <small>(write the number that you recorded the week before treatment)</small>				

Week 2

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

Week 3

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

Week 4

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

Week 5

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

Week 6

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

Week 7

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

Week 8

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

Week 9

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

Week _____

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

Week _____

Week commencing date:			Weight:	
	Dose of Nerlynx (number of 40 mg tablets per day)	Dose of anti-diarrhoeal medicine	Number/nature of bowel movements	Total number of bowel movements/day
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Average number of daily bowel movements				
Baseline number of daily bowel movements				

