nerlynx®
(neratinib)

PATIENT TREATMENT JOURNAL

Name: _____

This journal is one of the Nerlynx® Patient Educational Materials.

It is provided for you to complete on a daily basis, as soon as treatment has been initiated, to assist with the management of any diarrhoea you may experience.

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the 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. Adverse events should also be reported to Pierre Fabre on **0800 0855292** or **UKdrug.safety@pierre-fabre.com.** By reporting side effects, you can help provide more information on the safety of this medicine.

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This guide should only be issued by a healthcare professional to adult patients starting treatment with Nerlynx®.

Pierre Fabre



PATIENT ALERT CARD

HOW TO USE THIS JOURNAL

Before starting treatment

- **Before starting your treatment with Nerlynx®, please record:**
  - Your weight
  - The number of bowel movements each day, and stool consistency as shown below

Hard	Normal / Soft	Loose / Watery

- **Add up your total daily number of bowel movements and divide by the number of reported days to work out your "baseline daily bowel movements"**
- **This will help you and your doctor know whether your treatment is affecting your bowel movements, and if you need to consider taking anti-diarrhoeal medicine alongside your Nerlynx® treatment or adjust your daily dose**

Once you start your Nerlynx® treatment

1. At the beginning of the week, make a note of the date and your weight.
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 their consistency: hard, normal / soft or loose / watery.
5. Add up the total bowel movements each day and write that down too.

Your healthcare team is made up of your doctor, nurse and pharmacist. You should speak to your healthcare team about any side effects you have, including any side effects not listed in the package leaflet.

EXAMPLE:

Before starting treatment (baseline of bowel movements)

Week commencing date: *31/10/2024* Weight: *68kg*

Note the average number of stools you had per day in the week before you start Nerlynx®, according to your memory, as precisely as possible.

	Number of bowel movements and stool consistency			Total number of bowel movements/day
	Hard	**Normal/Soft**	**Loose/Watery**	
Day 1		*xx*		*2*
Day 2		*x*		*1*
Day 3				*0*
Day 4		*x*		*1*
Day 5	*x*			*1*
Day 6	*x*	*x*		*2*
Day 7		*x*		*1*
Average daily bowel movements before treatment initiation (Add each day's total number of bowel movements and divide by number of days reported) **= Baseline daily bowel movements**				*1.14 (=8/7)*

Before starting treatment (baseline of bowel movements)

Week commencing date: _____ Weight: _____

Note the average number of stools you had per day in the week before you start Nerlynx®, according to your memory, as precisely as possible.

	Number of bowel movements and stool consistency			Total number of bowel movements/day
	Hard	**Normal/Soft**	**Loose/Watery**	
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Average daily bowel movements before treatment initiation (Add each day's total number of bowel movements and divide by number of days reported) **= Baseline daily bowel movements**				

EXAMPLE:
Week 1

Week commencing date: *07/11/2024* Weight: *68kg*

Anti-diarrhoeal medicine:

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1	*240 mg*	*12 mg*		*x*		*1*
Day 2	*240 mg*	*12 mg*			*xxx*	*3*
Day 3	*240 mg*	*12 mg*			*xxx*	*3*
Day 4	*240 mg*	*12 mg*			*xxxx*	*4*
Day 5	*240 mg*	*12 mg*			*xxx*	*3*
Day 6	*240 mg*	*12 mg*			*xxxx*	*4*
Day 7	*240 mg*	*12 mg*			*xxx*	*3*
					Average number of daily bowel movements this week	*3 (=21/7)*

Week 1

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 2

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 3

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 4

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 5

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 6

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 7

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 8

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 9

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 10

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 11

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 12

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 13

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 14

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

Week 15

Week commencing date: _____ Weight: _____

Anti-diarrhoeal medicine: _____

	Daily dose of Nerlynx®	Daily dose of anti-diarrhoeal medicine	Number of bowel movements and stool consistency			Total number of bowel movements/day
			Hard	Normal/Soft	Loose/Watery	
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						
Average number of daily bowel movements this week						

YOUR NEXT APPOINTMENTS

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

IMPORTANT CONTACT INFORMATION

Name: _____

NHS number: _____

Hospital number: _____

Consultant: _____

Hospital: _____

Nurse specialist: _____

Treatment team contact details	**Telephone:** **Email:**
Out-of-hours	**Telephone:**

Please refer to the complete Patient Information Leaflet in your medicine packaging for further information.

It may be useful to take a photo of the above details for when you are out and about without your Patient Journal.

Further copies, if required, can be obtained via your healthcare team.

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