

# XOFIGO TREATMENT DIARY

HELPING YOU AND YOUR  
DOCTOR MONITOR YOUR  
PROGRESS WITH XOFIGO.

This booklet is intended for patients  
who have been prescribed Xofigo.



For more information please refer to the Package Leaflet that can be provided by your healthcare professional.

Reporting of side-effects. ▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. 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 Yellow Card Scheme at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in Google Play or Apple App Store. By reporting side-effects you can help provide more information on the safety of this medicine.

## USEFUL CONTACT DETAILS

This diary has been designed to help support you through your course of treatment with Xofigo. You can use it to make a note of useful contact information, appointment dates and times, and to record how you are feeling before each injection. There is also some space for your specialist nurse (CNS) to jot down a few notes too.

### ONCOLOGIST

Name: .....

Phone number: .....

Email: .....

### UROLOGIST

Name: .....

Phone number: .....

Email: .....

### CANCER / CLINICAL NURSE SPECIALIST

Name: .....

Phone number: .....

Email: .....

### NUCLEAR SPECIALIST / NUCLEAR MEDICINE TEAM

Name: .....

Phone number: .....

Email: .....

### NURSE / TECHNICIAN

Name: .....

Phone number: .....

Email: .....

### OTHER CONTACT

Name: .....

Phone number: .....

Email: .....

### OTHER CONTACT

Name: .....

Phone number: .....

Email: .....

### EMERGENCY CONTACT / OUT OF HOURS NUMBER

Name: .....

Phone number: .....

## WHY HAS YOUR DOCTOR RECOMMENDED XOFIGO?

Your doctor may have told you that your prostate cancer has become metastatic. This means that some cancer cells have broken away from your cancer and spread to another part of your body. In your case, your cancer has spread to your bones. It's still classed as prostate cancer because the cancer developed there first, but you need a different treatment now to target the cancer in your bones.

Xofigo is a radioactive treatment that has been designed to specifically target the cancer in your bones. It's not a chemotherapy, so may be different to previous treatments that you have received.

## COMPLETING THE FULL COURSE OF XOFIGO

Xofigo is given as an injection. The recommended course is 6 injections with 4 weeks (about 1 month) between each injection. But this may be changed depending on your individual condition and situation.



Regardless of how often you have the injections, it's important that you:

- Keep all of your appointments, including blood tests and appointments with your healthcare team
- Don't skip a dose of Xofigo, or stop treatment early, unless advised by your healthcare team
- Let your healthcare team know as soon as possible if you won't be able to make an appointment so it can be rearranged

**If you see a healthcare professional for any other treatment or consultation, for example if you are admitted to hospital or go to A&E, please tell them you are on a course of Xofigo.**



# YOUR XOFIGO APPOINTMENTS

Write your appointment dates and times down here as soon as you get them. It's a good idea to put them in your diary or on your calendar too.

You will have a dose of Xofigo, given as an injection, every 4 weeks for up to 6 doses.

A few days before each injection, you will need to have a blood test to check that you are well enough to have Xofigo.

<b>DOSE 1</b>	<b>Date</b>	<b>Time</b>
Blood test	.....	.....
Xofigo injection	.....	.....
Appointments	.....	.....

<b>DOSE 2</b>	<b>Date</b>	<b>Time</b>
Blood test	.....	.....
Xofigo injection	.....	.....
Appointments	.....	.....

<b>DOSE 3</b>	<b>Date</b>	<b>Time</b>
Blood test	.....	.....
Xofigo injection	.....	.....
Appointments	.....	.....

<b>DOSE 4</b>	<b>Date</b>	<b>Time</b>
Blood test	.....	.....
Xofigo injection	.....	.....
Appointments	.....	.....

<b>DOSE 5</b>	<b>Date</b>	<b>Time</b>
Blood test	.....	.....
Xofigo injection	.....	.....
Appointments	.....	.....

<b>DOSE 6</b>	<b>Date</b>	<b>Time</b>
Blood test	.....	.....
Xofigo injection	.....	.....
Appointments	.....	.....

## YOUR CURRENT MEDICATIONS (OTHER THAN XOFIGO)

It's important that your healthcare team knows what other medications you are taking. Use this space to make a note of everything else you take, including medicines that have been prescribed for you and ones that haven't.

### PRESCRIBED MEDICATIONS

Start date	Drug and dose	How often you take it
.....	.....	.....
.....	.....	.....
.....	.....	.....

### NON-PRESCRIBED MEDICATIONS

Start date	Drug and dose	How often you take it
.....	.....	.....
.....	.....	.....
.....	.....	.....

## MONTHLY XOFIGO DIARY

Assessing your health and bone pain before each Xofigo injection will help you and your healthcare team monitor your treatment progress.

There is space in the following few pages for you to record your symptoms, make some notes on your general health and to jot down some questions you would like to ask your healthcare team. There is also some space for your caregiver, or someone else close to you, to make a few notes on how they think you are doing.

Try to make sure you complete this before every Xofigo injection and to take it with you to your appointments. You could consider filling it in at the same time each month, for example on the day of your blood test.

Please be aware that you may not feel an improvement straight away, but that doesn't mean the treatment isn't working.



# BEFORE YOUR 1<sup>ST</sup> XOFIGO INJECTION

## HEALTH STATUS

### A. Overall health

That you can remember, how would you rate your health overall? (mark on the line)

**WORST EVER**



**BEST EVER**

### B. Symptoms

What symptoms have you experienced recently?  
Where would you rate them between mild and severe?  
(write your symptom and mark on the line)

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



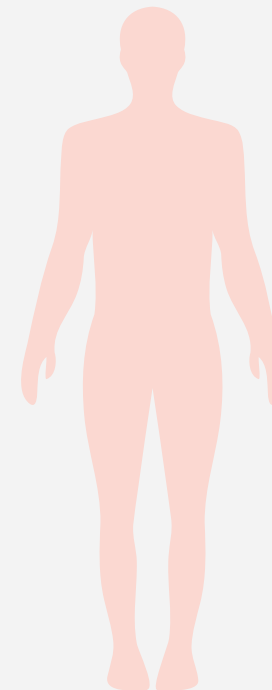
**MILD**

# BEFORE YOUR 1<sup>ST</sup> XOFIGO INJECTION

## MONTHLY BONE PAIN

### C. Location of pain

Draw a circle on the pictures to indicate where you have bone pain



### D. Level of pain

That you can remember, how would you rate your bone pain? (mark on the line)

**WORST EVER**



**BEST EVER**

# BEFORE YOUR 1<sup>ST</sup> XOFIGO INJECTION

## E. Current pain medications and treatments

Start date	Drug and dose	How often you take it
.....	.....	.....
.....	.....	.....
.....	.....	.....

## ADDITIONAL COMMENTS

Use this space to make a note of anything else you would like to tell your healthcare team about your health. It's also useful to ask your caregiver or a loved one to add a few notes about how they think you are feeling overall – they may have some additional insights.

.....

.....

.....

.....

.....

# BEFORE YOUR 1<sup>ST</sup> XOFIGO INJECTION

## QUESTIONS TO ASK YOUR HEALTHCARE TEAM

Use this space to write down some questions that you would like to ask your healthcare team.

.....

.....

.....

.....

.....

## CNS NOTES

This space is reserved for your cancer / clinical nurse specialist (CNS) to make some useful notes for you.

.....

.....

.....

.....

.....

# BEFORE YOUR 2<sup>ND</sup> XOFIGO INJECTION

## HEALTH STATUS

### A. Overall health

That you can remember, how would you rate your health overall? (mark on the line)

**WORST EVER**



**BEST EVER**

### B. Symptoms

What symptoms have you experienced recently?  
Where would you rate them between mild and severe?  
(write your symptom and mark on the line)

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



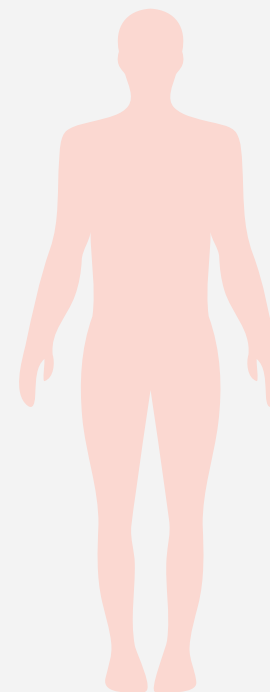
**MILD**

# BEFORE YOUR 2<sup>ND</sup> XOFIGO INJECTION

## MONTHLY BONE PAIN

### C. Location of pain

Draw a circle on the pictures to indicate where you have bone pain



### D. Level of pain

How would you rate your bone pain? (mark on the line)

**WORST EVER**



**BEST EVER**







# BEFORE YOUR 3<sup>RD</sup> XOFIGO INJECTION

## HEALTH STATUS

### A. Overall health

That you can remember, how would you rate your health overall? (mark on the line)

**WORST EVER**



**BEST EVER**

### B. Symptoms

What symptoms have you experienced recently?  
Where would you rate them between mild and severe?  
(write your symptom and mark on the line)

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



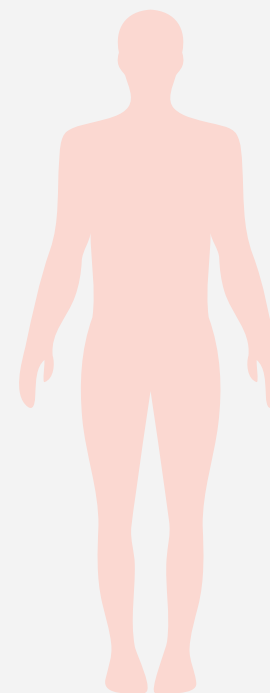
**MILD**

# BEFORE YOUR 3<sup>RD</sup> XOFIGO INJECTION

## MONTHLY BONE PAIN

### C. Location of pain

Draw a circle on the pictures to indicate where you have bone pain



### D. Level of pain

How would you rate your bone pain? (mark on the line)

**WORST EVER**



**BEST EVER**





# BEFORE YOUR 4<sup>TH</sup> XOFIGO INJECTION

## HEALTH STATUS

### A. Overall health

That you can remember, how would you rate your health overall? (mark on the line)

**WORST EVER**



**BEST EVER**

### B. Symptoms

What symptoms have you experienced recently?  
Where would you rate them between mild and severe?  
(write your symptom and mark on the line)

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



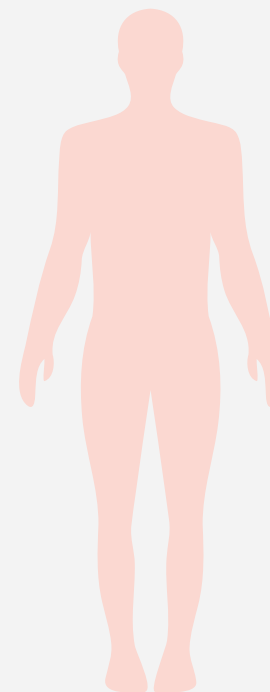
**MILD**

# BEFORE YOUR 4<sup>TH</sup> XOFIGO INJECTION

## MONTHLY BONE PAIN

### C. Location of pain

Draw a circle on the pictures to indicate where you have bone pain



### D. Level of pain

How would you rate your bone pain? (mark on the line)

**WORST EVER**



**BEST EVER**







# BEFORE YOUR 5<sup>TH</sup> XOFIGO INJECTION

## HEALTH STATUS

### A. Overall health

That you can remember, how would you rate your health overall? (mark on the line)

**WORST EVER**



**BEST EVER**

### B. Symptoms

What symptoms have you experienced recently?  
Where would you rate them between mild and severe?  
(write your symptom and mark on the line)

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



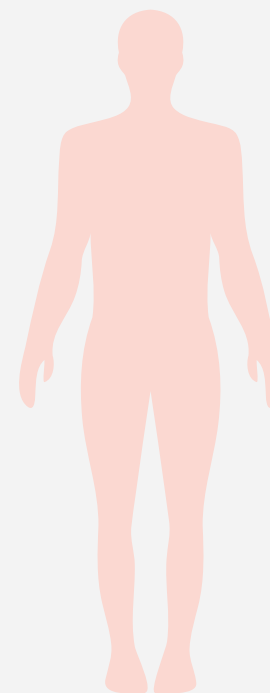
**MILD**

# BEFORE YOUR 5<sup>TH</sup> XOFIGO INJECTION

## MONTHLY BONE PAIN

### C. Location of pain

Draw a circle on the pictures to indicate where you have bone pain



### D. Level of pain

How would you rate your bone pain? (mark on the line)

**WORST EVER**



**BEST EVER**





# BEFORE YOUR 6<sup>TH</sup> XOFIGO INJECTION

## HEALTH STATUS

### A. Overall health

That you can remember, how would you rate your health overall? (mark on the line)

**WORST EVER**



**BEST EVER**

### B. Symptoms

What symptoms have you experienced recently?  
Where would you rate them between mild and severe?  
(write your symptom and mark on the line)

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



**MILD**

Symptom: .....

**SEVERE**



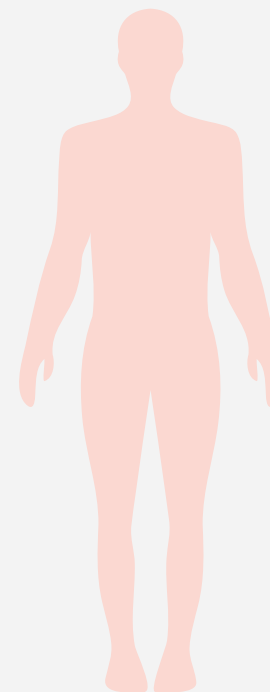
**MILD**

# BEFORE YOUR 6<sup>TH</sup> XOFIGO INJECTION

## MONTHLY BONE PAIN

### C. Location of pain

Draw a circle on the pictures to indicate where you have bone pain



### D. Level of pain

How would you rate your bone pain? (mark on the line)

**WORST EVER**



**BEST EVER**







For further information about Xofigo please contact Bayer at: Bayer plc, 400 South Oak Way, Reading, Berkshire, RG2 6AD, United Kingdom. Tel: 0118 206 3000. For any medical information requests, please contact: [medical.information@bayer.co.uk](mailto:medical.information@bayer.co.uk)  
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