

Your Doctor Discussion Guide

Share what's important to you

It's important to tell your doctor what's important to you during your treatment. This will help ensure you get the most appropriate treatment and care.

To help you remember everything you'd like to talk to your doctor about, use this form and take it with you to your next appointment.

You don't have to do this by yourself. You can ask a friend or family member to complete this for you and can bring them with you to your consultation.

IBRANCE[®]
palbociclib



Discussion guide for you and your doctor. Print and complete for your next appointment.

Name:

.....

What's important to you during your treatment?

(Please use this space to write down any questions or anything you would like to tell your doctor about.)

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01. Are you working? Yes / No (circle one only)

What type of work do you do?

.....

Is your job physically demanding? If so, please explain how.

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02. How important is it to you to maintain your normal working life?
(Please mark your answer on the line below between not important and very important)

Not important	_____	Very important
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If you can, please explain why.

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03. Do you have any hobbies? Yes / No (circle one only)

What are they?

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How important are these hobbies to you?

Not important	Very important
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If you can, please explain why.

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Are there new hobbies you would like to take up? What are they?

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Do you exercise regularly? Yes / No (circle one only)

What type of exercise do you do?

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04. How far do you have to travel to your hospital?

Is this journey easy for you to take?

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.....



05. Which of the following are important to you?
(Tick the ones that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> My appearance | <input type="checkbox"/> Being active | <input type="checkbox"/> Socialising |
| <input type="checkbox"/> Eating and drinking | <input type="checkbox"/> Being independent | <input type="checkbox"/> Sport/fitness |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Being outdoors | |

Please use this space to provide any more information.

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06. What experience did you have on treatments you have already received?

Treatment:

.....

Was this treatment for primary or secondary breast cancer?

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What side effects did you have?

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How did you feel overall?

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07. Are you a parent, caregiver, or guardian? Yes / No (circle one only)

If yes, please give more details below:

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.....
.....

How do you like to spend your time with friends and family?

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.....
.....

Thank you. Feel free to take this completed form to your next appointment.

IBRANCE® (palbociclib 75 mg, 100 mg and 125 mg) Capsules

IBRANCE (palbociclib) is a funded prescription medicine used to treat HR+, HER2- advanced breast cancer taken in combination with an aromatase inhibitor or fulvestrant. IBRANCE has risks and benefits. Do not take IBRANCE if you are allergic to palbociclib or any of the other ingredients in IBRANCE capsules. Caution is needed if you are premenopausal or perimenopausal, have or have had abnormal blood test results, respiratory infections or problems with your lungs, problems with your liver or kidneys, are lactose intolerant, are pregnant or planning to become pregnant or are breastfeeding. Tell your doctor if you are taking any other medicines. Common side effects include infection, abnormal blood test results, tiredness, feeling sick or vomiting, diarrhoea, sore mouth, lips or tongue, hair loss, loss of appetite, nose bleed, skin rash, change in sense of taste, blurred vision, increased tearing or dry eyes, shortness of breath, bleeding or bruising more easily than usual. If symptoms continue or you have side effects, see your doctor, pharmacist or healthcare professional. Ask your doctor if IBRANCE is right for you. Use strictly as directed. Contains 75 mg, 100 mg or 125 mg of palbociclib. IBRANCE is funded. A pharmacy charge and normal doctor's fees apply for all prescriptions.

Further information on IBRANCE is available from Medsafe www.medsafe.govt.nz or Pfizer New Zealand Limited, Auckland, www.pfizer.co.nz Ph. 0800 736 363.

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Notes
