
My Cancer Treatment Diary

For patients receiving immunotherapy
in combination with chemotherapy
or chemoradiotherapy

For patients who have been prescribed
KEYTRUDA® (pembrolizumab)
Please find full information on how to report a side
effect on the back cover.
This material has been developed by MSD UK.



Date of preparation: June 2025
GB-PD0-03262

Emergency contact numbers

Healthcare professional
(HCP)

Contact no.

Main treatment
hospital

Consultant

Specialist nurse

Contact no.

Acute oncology service (AOS) no.

Your GP

Surgery

Contact no.

Out of hours helpline

Treatment information

Name

Diagnosis & date:

Treatment plan:

Planned start date:

Length of treatment:

Treatment intent:

Chemotherapy regimen name:

Concurrent radiotherapy:

Oncologist/Haematologist:

Clinical Nurse Specialist:

Pharmacist:

Medication allergies:

Past medical history:

Refer to **HCP Notes** for treatment regimen and notes

Useful information



Your healthcare professional has prescribed pembrolizumab and chemotherapy or chemoradiotherapy as part of your treatment plan.

Pembrolizumab belongs to a type of cancer treatment called **immunotherapy**.

Your treatment will be given to you in a hospital or clinic under the supervision of an experienced healthcare professional. Your healthcare professional will give you your treatment through an intravenous (IV) infusion into a vein.

You will receive an infusion of pembrolizumab every **3 weeks** or every **6 weeks** and your healthcare professional will let you know how often you will receive your chemotherapy or chemoradiotherapy treatment. They will also decide how many treatments you will need.

It is important that you visit your healthcare professional for your scheduled appointments so that they can check your progress and administer your treatment.



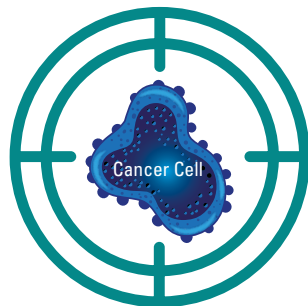
If you are unable to keep an appointment, call your healthcare professional right away to reschedule.

Please refer to the first page for your healthcare professional's contact details.

Pembrolizumab and chemotherapy

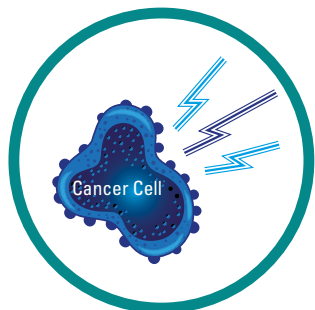
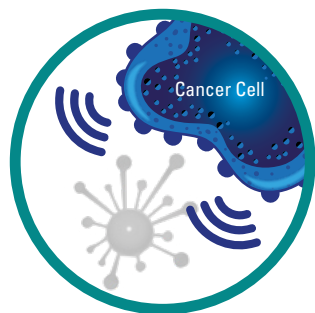
How do they work together?

Chemotherapy kills cancer cells by interfering with their growth and preventing them from spreading around the body.



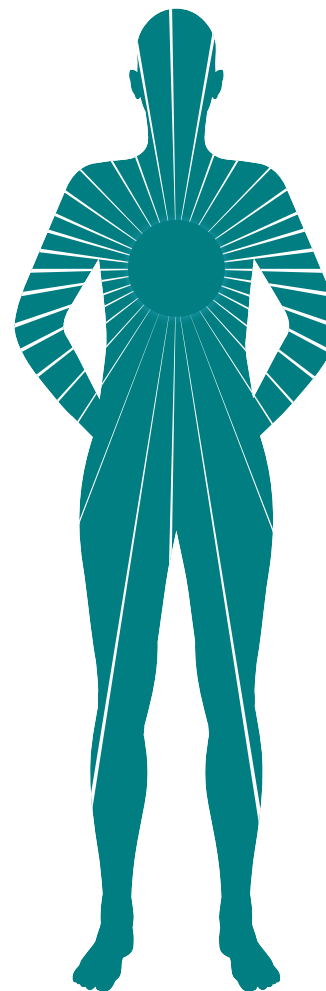
The cancer cell death can also activate your body's immune system.

Immunotherapy works with your body's immune system by increasing its ability to recognise and attack cancer cells.



Radiotherapy uses high-energy radiation rays to destroy cancer cells by damaging their DNA. The combination of chemotherapy and radiotherapy is called chemoradiotherapy.

Possible side effects



Reporting side effects early can make them easier to treat

Pembrolizumab acts on your immune system. It may cause inflammation in parts of your body. Your risk of these side effects may be higher if you already have an autoimmune disease (a condition where the body attacks its own cells). You may also experience frequent flares of your autoimmune disease, which in the majority of cases are mild.

If you are being treated with a combination of pembrolizumab and chemotherapy or chemoradiotherapy your chances of having side effects may be increased.

You may experience more than one side effect at the same time.

Whilst side effects may occur soon after starting treatment, they can also occur at any time during your treatment.

Your side effects may be managed without having to permanently come off treatment, and it is always best to report your side effects as soon as possible to a healthcare professional.

When you take pembrolizumab, you can have some serious side effects. These side effects can sometimes become life-threatening and can lead to death. These side effects may happen anytime during treatment or even after your treatment has ended. You may experience more than one side effect at the same time.



Overleaf is a diagram of the major symptoms you should look out for. If you get any side effects, talk to your healthcare professional immediately.

Possible side effects

Ensure you carry your Patient Card with you at all times



GENERAL

- I feel more tired or confused
- I have memory problems
- I have seizures
- I have trouble sleeping
- I feel unusually sleepy
- I feel colder than normal
- I have chills or flu-like illness
- I have a fever or have hot flushes
- I have lost or gained weight
- I feel sick or generally unwell



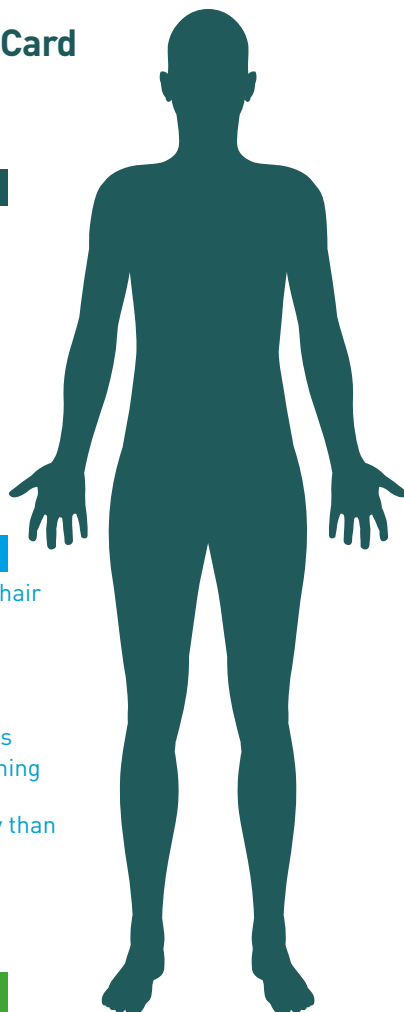
SKIN AND HAIR

- I have noticed changes to my skin or hair
- I have noticed changes in the colour of my skin
- I have developed a rash or my skin is itchy or dry
- I have skin blistering, peeling or sores
- I have ulcers in my mouth or in the lining of my nose, throat, or genital area
- I am bleeding or bruising more easily than normal
- I am sweating more than normal
- My sweat has a different odour
- My hair is falling out



MUSCLES, NERVES, JOINTS AND LIMBS

- I have muscle cramps, spasms, pain or weakness
- I have a stiff neck
- I have joint pains
- There is swelling or pain in my legs or arms
- I feel numbness, burning, tingling and/or paralysis in my arms or legs



EYES



- My eyesight has changed
- I have loss of vision
- My eyes hurt or feel uncomfortable
- I have noticed a yellowing of my eyes
- I have noticed uncomfortable sensitivity to light or seeing spots

MOUTH AND HEAD



- I am more thirsty than usual
- I have a dry mouth
- My sense of taste has changed
- I have a sweet or metallic taste in my mouth
- I have a sweet smell to my breath
- I feel faint or dizzy
- I have headaches that will not go away or are unusual for me

THROAT AND CHEST



- I have developed a new or worse cough
- My voice is getting deeper
- I feel more short of breath
- My breathing is faster and deeper
- I have chest pain
- I have noticed a rapid or irregular heart beat

STOMACH AND BOWELS



- I feel less or more hungry than usual
- I have been nauseous or vomiting
- I am constipated
- I have diarrhoea or more bowel movements than usual
- My stools are black, tarry, sticky, or have blood or mucus
- My stomach area feels sore or tender
- I have pain or pressure in my lower abdomen

URINE



- The amount, odour or colour of my urine has changed
- I need to urinate more often
- I have urinary incontinence or difficulty urinating
- It is painful when I urinate
- I have blood in my urine



Your healthcare team should have provided you with materials to help you identify any side effects you may experience on your treatment. It is important to be aware of side effects. You may experience more than one side effect at the same time. Telling your healthcare professional IMMEDIATELY once you notice any symptoms may stop them from becoming more serious.

Do NOT wait for your next appointment.

Do NOT attempt to diagnose or treat side effects yourself.

Using your treatment diary

It is important to record any symptoms you experience

Make a note of anything that you did or how you felt each day

Week commencing: Monday 4th / August / 2025

Symptoms	General	Eyes	Mouth and head	Throat and chest	Skin and hair	Stomach and bowels	Urine	Bones and joints
Mon 4	☐	☐	☒	☐	☐	☐	☐	☐
Tue 5	☐	☐	☐	☐	☐	☐	☐	☐
Wed 6	☐	☐	☒	☐	☐	☐	☐	☐
Thu 7	☐	☐	☐	☐	☐	☐	☐	☐
Fri 8	☐	☐	☐	☐	☐	☐	☐	☐
Sat 9	☐	☐	☐	☐	☐	☐	☐	☒
Sun 10	☐	☐	☐	☐	☐	☐	☐	☐

How did you feel this week, on a scale of 1-5?

1	2	☒	4	5
Very good	Good	Fair	Poor	Very poor

Do you feel better or worse than last week?

☒ Better	☐ Worse
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Use these boxes to record how you feel in general, and to track your progress week by week



Speak to your healthcare professional IMMEDIATELY if you notice any of these symptoms.

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Daily notes

Woke up with very dry throat – called nurse

No appetite today

Woke up with very dry throat again – called nurse

Had some soup and went for short walk

Very hot today – stayed inside

Back pain – called nurse

Much better today – back is much improved

Weekly summary

Weather was good so sat in garden a lot – read my new book.

Grandchildren came over at weekend and we had tea and cake.

Margaret called in on Thursday with hanging baskets.

Record any specific details of what happened or how you felt this week

Weekly Diary

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Daily notes

Weekly summary

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Frequently asked questions

What effect will pembrolizumab and chemotherapy or chemoradiotherapy have on my other medicines?

Your treatment may interact with other medicines. It is important to tell your healthcare professional about any medicines you are currently taking or planning to take.

Can I take antibiotics?

It is important to ensure that any medications are compatible with your pembrolizumab and chemotherapy or chemoradiotherapy treatment. Ensure your healthcare professional is aware of any other treatments you are currently taking.

Can I take vitamins & herbal supplements?

You should tell your healthcare professional about all the medicines you take, including vitamins and herbal supplements.

Can I have vaccinations?

Consult your healthcare professional before receiving any vaccinations, including the flu vaccination.

Can I go on holiday?

Discuss your holiday plans with your healthcare professional before you book your holiday. Some extra preparation may be necessary.

Should I change my diet?

Cancer and cancer treatment can be affected by your diet, so healthy eating is important.

Can I drink alcohol?

Alcohol consumption should be kept to a minimum during treatment.

Can I exercise?

Exercise is encouraged as it can help reduce constipation and the feeling of tiredness. Please discuss this with your healthcare professional before starting any exercise.

Should I use contraception?

Yes. It is possible that your treatment could harm or cause death to your unborn baby. If you are female and able to become pregnant you should use an effective method of contraception during treatment. Talk to your healthcare professional about birth control methods that you can use during this time.

Can I breastfeed?

Since it is not known if pembrolizumab or chemotherapy or chemoradiotherapy pass into breast milk, you should not breastfeed during your treatment. Tell your healthcare professional if you are, or plan to, breastfeed before starting treatment.

Can I drive and/or operate machinery?

You may feel dizzy, tired or weak while taking pembrolizumab and chemotherapy or chemoradiotherapy, which can affect your ability to drive or use tools or machines. If this happens, please avoid these activities.

Healthcare Professional Notes

These pages are for your healthcare professional to document any measurements or information they feel appropriate as part of your treatment plan.

Treatment regimen

Name of regimen:

Consisting of the following medications:

on day

on day

on day

on day

on day

Frequency of treatments:

Number of treatments:

☐ The proposed chemotherapy or chemoradiotherapy regimen has changed on:

Refer to individual treatment records.

Date Appointment type

Notes

Date Appointment type

Notes

Date Appointment type

Notes

Healthcare Professional Notes

Date		Appointment type	
Notes			

Date		Appointment type	
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Date		Appointment type	
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Notes			

Appointment details

Date	Time	Type/purpose

Date	Time	Type/purpose

Glossary

Adjuvant therapy

A treatment that you have after your initial treatment for cancer. For example, chemotherapy after surgery. The aim of adjuvant therapy is to reduce the chance of the cancer from coming back. Adjuvant therapies include chemotherapy, radiotherapy, hormone therapy and immunotherapy. See also 'neoadjuvant therapy' below.

Advanced cancer

A cancer that has spread from where it started to another part of your body. Locally advanced cancer means that the cancer has grown into nearby body tissues or lymph glands. See also 'Stage'.

Benign

Benign tumours are not cancerous (not malignant). They usually grow slowly, do not spread, and only cause problems if they grow very large, press on other organs in your body, or release hormones.

Biological therapy

Treatments that are (or are developed from) natural body chemicals. They may act on cancer cells directly to kill them or stop them growing, or they may help the immune system to kill cancer cells. Types of biological therapies include monoclonal antibodies, cancer growth inhibitors and immunotherapy. They work in lots of different ways; for example, changing how cancer cells send growth signals to each other, or stopping cancers from growing new blood vessels.

Biopsy

A small sample of tissue taken from your tumour, either in surgery or using a needle. A histopathologist (a doctor who specialises in examining samples of tissue to help diagnose diseases) will examine the sample under a microscope to see if it contains any cancer cells and if so, what type.

Carcinogen

Something that is known to cause cancer, for example tobacco smoke. Not everybody exposed to a carcinogen gets cancer so there are other factors that play a part, such as age, diet and genetics.

Carcinoma

Most cancers are carcinomas. They are cancers that start in cells of tissues that cover and line the body cavities and organs (epithelial cells).

Carcinoma *in situ*

A very early stage of cancer, where the cancer cells are only found in the place where they started growing in the body. Sometimes called stage 0 cancer.

Chemotherapy

A drug treatment that kills cancer cells. Cancer cells divide more often than normal cells and chemotherapy works by killing cells that are dividing into two.

Chemoradiotherapy

Treatment for cancer combining both chemotherapy and radiotherapy at the same time.

Chest X-ray

A test that can help diagnose lung cancer. X-rays show up changes in the lungs by taking a picture of the inside of your body using high energy rays.

CT scan

Doctors use a CT scan to look for cancer. A CT scan uses X-rays and a computer to take pictures from different angles and build a three-dimensional (3D) image of the inside of your body.

Glossary

Grade

Describes how cancer cells look under a microscope. The more abnormal they are, the higher the grade. Low grade cancers tend to grow more slowly and are less likely to spread. Cancers are most often graded from 1–4.

Immunotherapy

A type of biological therapy that uses the immune system to fight cancer. See also 'Biological therapy'.

Localised therapy

A treatment that only affects a specific site in your body, for example surgery. See also 'Systemic therapy'

Lymph glands (nodes)

Glands found throughout the body that are part of the immune system. Cancer can start in the lymph glands (lymphoma). More commonly, it spreads to the lymph nodes from a cancer that started somewhere else in the body.

Malignant

Another word for cancerous and the opposite of benign. A malignant tumour (cancer) grows more quickly than a benign tumour and can spread to other parts of your body.

Metastatic cancer

Cancer that has spread from one part of the body to another. Also called secondary cancer.

Neoadjuvant therapy

Treatment you have before main treatment (usually surgery). The aim of the treatment is usually to try and shrink the cancer to make it easier to remove and to help reduce the risk of the cancer coming back in future. Neoadjuvant therapies include chemotherapy, immunotherapy, radiotherapy and hormone therapy.

Neoplasm

Another name for an abnormal lump of cells (a tumour). A neoplasm can be non-cancerous (benign) or cancerous (malignant).

Palliative care

Palliative care is a specialised form of medical care focused on improving the quality of life for individuals facing serious or life-limiting illnesses. It aims to provide relief from symptoms such as pain, fatigue, nausea, anxiety, and loss of appetite, regardless of the patient's age or stage of illness. Unlike curative treatments that target the disease itself, palliative care centres on comfort and holistic support – physically, emotionally, and spiritually.

Personalised medicine

Treatment that is tailored to the biology of your specific cancer. For example, your cancer cells may have too many of a particular growth receptor, so your doctor may give you a medicine that blocks that receptor. Many biological therapies can be used as part of personalised medicine. See also 'Biological therapy'.

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PET-CT scan

Combines a CT scan and a PET scan. The PET scan uses a mildly radioactive drug to show up areas of your body where cells are more active than normal. A PET-CT scan can help to show exactly where the cancer is and whether it has spread elsewhere in the body. See also 'CT scan'.

Primary cancer

The place where your cancer originally started in the body. If a cancer has spread, this is a secondary cancer. For example, cancer that started in the lungs and has spread to your liver is primary lung cancer with secondary cancer in your liver. See also 'Secondary cancer'.

Prognosis

The likely outcome of your cancer. It could refer to your chance of recovery, the likelihood of your cancer coming back or, if your chance of survival is low, how long you might expect to live for.

Radiotherapy

Treatment using high energy radiation to kill cancer cells; for example, X-rays, gamma rays or protons. You most often have radiotherapy treatment from a machine outside the body, but it can also be delivered internally from implants (called brachytherapy) or radioactive injections or drugs.

Remission

When a cancer is in remission, there is no sign of it in examinations or tests. Doctors tend to talk about remission instead of cure because cancers can sometimes come back. In a partial remission, some, but not all, signs and symptoms have gone.

Secondary cancer

A cancer that has spread from where it started. Some of the most common places for secondary cancers are bone, liver and lung. Where a cancer is most likely to spread depends on what type of primary cancer it is. See also 'Primary cancer'.

Stage

A system that doctors use to describe the size of your cancer, how far it has grown and whether it has spread. This helps your doctor to choose the best treatment for you. There are usually four stages. Stage 1 means that the cancer is small and very localised. Stage 4 means the cancer has spread.

Systemic therapy

A treatment that travels through the bloodstream and reaches your whole body. All drug treatments that are injected or that you take by mouth are systemic, including chemotherapy, biological therapy and hormone therapy. See also 'Localised treatment'.

Targeted therapy

A type of treatment that directly targets cancer cells to stop them from growing and spreading. Targeted treatments are a type of biological therapy. See also 'Biological therapy'.

Tumour

A lump of cells that may or may not be cancerous (malignant or benign, respectively). A tumour is also known as a neoplasm.

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If you get any side effects, talk to your healthcare professional. This includes any possible side effects not listed in the Patient Information Leaflet (PIL). By reporting side effects you can help provide more information on the safety of this medicine. You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk/> or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to MSD UK (Tel: 0208 1548000).

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