# Mosunetuzumab

Patient Education Sheets
Understanding Your Cancer Treatment

**Care Team Contact Information:** _____

**Pharmacy Contact Information:** _____

**Diagnosis:** _____

- This treatment is used for follicular lymphoma (FL).
- It may also be used for other reasons.

**Goal of Treatment:** _____

- Treatment may continue for a certain time, until it no longer works, or until side effects are no longer controlled.

**Treatment Regimen**

| Treatment Name | How the Treatment Works | How the Treatment is Given |
|---|---|---|
| Mosunetuzumab (moh-SUN-eh-TOO-zoo-mab):<br>Lunsumio (lun-SUM-ee-oh),<br>Lunsumio Velo (lun-SUM-ee-oh VEL-oh) | Binds immune cells (T-cells) to cancer cells so T-cells can more effectively attack and destroy them. | Lunsumio: Infusion into a vein (intravenous (IV) infusion).<br><br>Lunsumio Velo: Injection under the skin (subcutaneous injection) into the stomach area (abdomen) or thigh. |

**Treatment Administration and Schedule**
Treatment is typically repeated every 3 weeks. This length of time is called a “cycle.”

Due to the risk of cytokine release syndrome (CRS), you will receive mosunetuzumab on a **"step-up dosing schedule."**

- The step-up dosing schedule is when you receive smaller "step-up" doses of mosunetuzumab in your first cycle of treatment.
- For mosunetuzumab given by IV infusion, you will receive your first full dose of mosunetuzumab a week after your last step-up dose (this will be Day 15 Cycle 1).
- For mosunetuzumab given by subcutaneous injection, you will receive your first full dose of mosunetuzumab a week after you last step-up dose (this will be Day 8 Cycle 1).
- If your dose of mosunetuzumab is delayed for any reason, you may need to repeat the "step-up dosing schedule.”



Brought to you by: ACCC Association of Cancer Care Centers, HOPA Hematology/Oncology Pharmacy Association, NCODA Network for Collaborative Oncology Development & Advancement, ONS Oncology Nursing Society

**Treatment Administration and Schedule (Continued)**

☐ **Option #1: Mosunetuzumab Given by IV Infusion**

- Cycle 1: Mosunetuzumab is given on Days 1, 8, and 15.
- Cycles 2 and Beyond: Mosunetuzumab is given on Day 1.

| Cycle Number | Day 1 | … | Day 8 | … | Day 15 | … | Day 21 |
|---|---|---|---|---|---|---|---|
| Cycle 1 | ✓ (Step-Up Dose 1) | | ✓ (Step-Up Dose 2) | | ✓ (First Full Dose) | | |
| Cycles 2 and Beyond | ✓ | | | | | | |

☐ **Option #1: Mosunetuzumab Given by Subcutaneous Injection**

- Cycle 1: Mosunetuzumab is given on Days 1, 8, and 15.
- Cycles 2 and Beyond: Mosunetuzumab is given on Day 1.

| Cycle Number | Day 1 | … | Day 8 | … | Day 15 | … | Day 21 |
|---|---|---|---|---|---|---|---|
| Cycle 1 | ✓ (Step-Up Dose 1) | | ✓ (First Full Dose) | | ✓ | | |
| Cycles 2 and Beyond | ✓ | | | | | | |

**Appointments**

Appointments may include regular check-ups with your care team, treatment appointments, lab visits, and imaging tests. It's important to keep your appointments whenever you can. If you miss an appointment, call your care team as soon as possible to reschedule it.

**Supportive Care to Prevent and Treat Side Effects**

| Description | Supportive Care Given at the Clinic or Hospital | Supportive Care Taken at Home |
|---|---|---|
| To help lower the risk of Cytokine Release Syndrome (CRS) | | |
| To help lower the risk of infections | | |
| Other | | |

**Common Side Effects**

| Side Effect | Important Information |
|---|---|
| **Cytokine Release Syndrome (CRS) (Boxed Warning)** | Description: CRS happens when your immune system becomes very active after treatment. Most CRS events are mild, get better with treatment, and happen during the first few doses. However, some CRS events can be serious and life-threatening. Symptoms can include fever, chills, fatigue, headache, dizziness or feeling lightheaded, or difficulty breathing.<br><br>Recommendations:<br>• Keep a symptom diary to record any new or worsening symptoms such as fever, chills, fatigue, or difficulty breathing.<br>• Your care team may ask you to monitor your temperature, blood pressure, heart rate, or oxygen level.<br>• Stay hydrated by drinking plenty of fluids to help manage symptoms and support overall health.<br>• If you develop CRS, do not drive or operate dangerous machinery until your care team says it is safe.<br>• Your care team may prescribe medications for CRS.<br><br>Talk to your care team if you have:<br>• Fever of 100.4°F (38°C) or higher<br>• Trouble breathing<br>• Chills<br>• Dizziness or light-headedness<br>• Fast heartbeat<br>• Headache<br><br>Note: Your care team may have specific numbers for blood pressure, heart rate, and blood oxygen levels. If your numbers go beyond those limits, call your care team or get emergency help. |
| Low White Blood Cell (WBC) Count (Neutropenia) and Increased Risk of Infection | Description: WBCs help protect your body from infections. A low WBC count increases your risk of infection.<br><br>Recommendations:<br>• Wash your hands often and bathe regularly.<br>• Avoid crowded places and close contact with people who are sick.<br>• Follow food safety and wound care advice from your care team.<br>• Your care team may prescribe medicine to help your WBCs recover.<br><br>Talk to your care team if you have:<br>• Fever of 100.4°F (38°C) or higher<br>• Chills<br>• New or worsening cough or sore throat<br>• Painful urination or signs of a urinary infection<br>• Feeling much more tired than usual<br>• Red, swollen, warm, or painful areas on the skin (possible skin infection) |

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|---|---|
| Low Platelet Count (Thrombocytopenia) | Description: Platelets help your blood clot and wounds heal. A low platelet count increases your risk of bruising and bleeding.<br>Recommendations:<br>• Blow your nose gently and avoid picking it.<br>• Brush your teeth gently with a soft toothbrush and keep good oral hygiene.<br>• Use an electric razor for shaving and a nail file instead of nail clippers.<br>• Avoid over-the-counter medicines that can increase bleeding risk (for example, nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen).<br>• Talk with your care team or dentist before medical or dental procedures — you may need to pause treatment.<br>Talk to your care team if you have:<br>• A nosebleed lasting more than 5 minutes despite pressure<br>• A cut that continues to bleed<br>• Heavy gum bleeding when brushing or flossing<br>• Sudden or severe headache<br>• Blood in your urine or stool<br>• Blood in your spit after coughing |
| Low Red Blood Cell (RBC) Count and Hemoglobin (Hgb) (Anemia) | Description: RBCs and Hgb carry oxygen to your body's tissues and remove carbon dioxide. Low RBC or Hgb (anemia) can make you feel weak or very tired, or may make you look pale.<br>Recommendations:<br>• Aim for 7 to 8 hours of sleep each night.<br>• Do not drive, operate heavy machinery, or do other dangerous activities if you are very tired.<br>• Balance activity and rest — stay as active as you can, but rest when needed.<br>• Eat a balanced diet and follow any nutrition or supplement advice from your care team.<br>Talk to your care team if you have:<br>• Shortness of breath<br>• Dizziness or fainting<br>• Fast or irregular heartbeats<br>• Sudden or severe headache |

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<tr><td>Fatigue</td><td>Description: Fatigue is a constant and sometimes strong feeling of tiredness.<br>Recommendations:<ul><li>Routine exercise can help reduce fatigue. Talk with your care team to find the right type and amount of activity for you.</li><li>Ask family and friends for help with daily tasks and for emotional support.</li><li>Try healthy ways to feel better, such as meditation, journaling, yoga, or guided imagery, to reduce anxiety and improve well-being.</li><li>Aim for 7 to 8 hours of sleep each night. Limit daytime naps to help you sleep better at night.</li><li>Do not drive, operate heavy machinery, or do other potentially dangerous activities if you are very tired.</li></ul>Talk to your care team if you have:<ul><li>Tiredness that affects your daily life or prevents you from doing normal activities</li><li>Tiredness that does not get better with rest</li><li>Dizziness or weakness along with severe tiredness</li></ul></td></tr>
<tr><td>Muscle or Joint Pain or Weakness</td><td>Description: Muscle pain is soreness, aching, cramps, stiffness, tenderness, or weakness in one or more muscles. Joint pain is pain, stiffness, swelling, or reduced movement where two bones meet.<br>Recommendations:<ul><li>Keep a pain diary: note pain levels, locations, and activities that make it better or worse.</li><li>Do gentle exercise (walking, stretching, yoga) to maintain mobility and strength. Check with your care team before starting a new activity.</li><li>Use a warm compress for stiff muscles or a cold pack to reduce swelling and numb pain—use what helps the area.</li><li>Your care team may recommend or prescribe medicines, including over-the-counter pain relievers.</li></ul>Talk to your care team if you have:<ul><li>Pain you cannot control with usual measures</li><li>Swelling, redness, or warmth in a joint</li><li>New weakness</li><li>Trouble walking or moving</li></ul></td></tr>
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<td>Rash or Itchy Skin</td>
<td>Description: Rash or itchy skin can cause redness, swelling, and a variety of bumps or patches (small red spots, welts, blisters, or scaly dry areas).<br><br>Recommendations:<br>• Keep your skin moisturized with creams or lotions to reduce rash and itchiness.<br>• Wear loose-fitting clothing.<br>• Avoid perfumes and colognes, as they may worsen rash symptoms.<br>• Limit time spent in the heat to prevent worsening symptoms.<br>• Avoid sun exposure, especially between 10 AM and 4 PM, to lower the risk of sunburn.<br>• Wear long-sleeved clothing with ultraviolet (UV) protection and broad-brimmed hats.<br>• Apply broad-spectrum sunscreen (UVA/UVB) with sun protective factor (SPF) 30 or higher as directed.<br>• Use lip balm with SPF 30 or higher.<br>• Avoid tanning beds.<br>• Your care team may recommend medicines for symptoms.<br><br>Talk to your care team if you have:<br>• Rash or itching that continues to worsen</td>
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<td>Injection-Site Reactions (Lunsumio Velo Only)</td>
<td>Description: An injection-site reaction is a local skin reaction where the medicine is given under the skin (subcutaneous injection). It can cause pain, redness, swelling, itching, or a lump at the injection site.<br><br>Recommendations:<br>• Tell your nurse or care team right away if you feel burning, stinging, or pain during the injection.<br>• After the injection, you may use a cool compress on the area for 10–15 minutes to ease pain or swelling.<br>• Keep the area clean and dry. Gently wash with mild soap and water if needed.<br>• Avoid scratching, rubbing, or massaging the site.<br>• Wear loose, soft clothing over the area to reduce rubbing.<br><br>Talk to your care team if you have:<br>• Increasing redness, warmth, swelling, or pain at the injection site<br>• A lump that gets bigger or does not improve<br>• Drainage of pus or fluid, or a bad smell from the area<br>• Red streaks on the skin near the injection site<br>• Fever or chills along with injection-site redness or pain</td>
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|---|---|
| High Blood Sugar (Hyperglycemia) | Description: Treatment may cause high blood sugar levels. Your care team may perform blood tests to check for these changes and treat you if needed.<br>Recommendations:<br>• Eat a well-balanced diet.<br>• Limit sugary drinks and foods.<br>• Eat smaller, more frequent meals.<br>• Be physically active for at least 30 minutes most days.<br>• Your care team may ask you to check your blood sugar at home. If you are already doing this, they may ask you to do it more frequently.<br>Talk to your care team if you have:<br>• Frequent urination<br>• Drowsiness<br>• Increased thirst<br>• Loss of appetite<br>• Blurred vision<br>• Fruity smell on your breath<br>• Confusion<br>• Nausea, vomiting, or stomach pain<br>• It becomes harder to control your blood sugar |
| Changes in Electrolytes and Other Laboratory Results | Description: Treatment may cause low levels of phosphate, potassium, and magnesium in your blood. Your care team will perform blood tests to check for these changes and will treat you if needed.<br>Talk to your care team if you have:<br>• Extreme or worsening tiredness; trouble doing your usual daily activities<br>• New or worsening muscle weakness, spasms, twitches, tremors, cramps, or bone pain<br>• Numbness or tingling in your fingers or toes<br>• Nausea, vomiting, loss of appetite, or severe constipation or stomach-area pain<br>• Irregular, fast, or pounding heartbeat, or chest pain<br>• Trouble breathing or shortness of breath<br>• Confusion, slurred speech, severe dizziness, fainting, or lightheadedness<br>• Seizures |

**Select Rare Side Effects**

| Side Effect | Talk to Your Care Team if You Have Any of These Signs or Symptoms |
|---|---|
| Neurologic Problems | Treatment can cause serious neurologic (brain and nerve) problems that can be life-threatening and may lead to death. These problems can include a condition called Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS). Neurologic problems may occur days or weeks after treatment. Your care team may refer you to a specialist who treats neurologic problems.<br><br>If you develop neurologic side effects, do not drive or operate dangerous machinery until your care team says it is safe.<br>• Headache<br>• Agitation, trouble staying awake, confusion or disorientation, seeing or hearing things that are not real (hallucinations)<br>• Trouble speaking, writing, thinking, remembering things, paying attention, or understanding things<br>• Problems walking, muscle weakness, shaking (tremors), loss of balance, or muscle spasms<br>• Numbness and tingling (feeling like "pins and needles")<br>• Burning, throbbing, or stabbing pain<br>• Changes in your handwriting<br>• Seizures |
| Growth in Your Tumor or Worsening of Tumor-Related Problems (Tumor Flare) | • Tender or swollen lymph nodes<br>• Pain or swelling at the site of the tumor<br>• Chest pain<br>• Tender or swollen lymph nodes<br>• Pain or swelling at the site of the tumor<br>• Chest pain |
| Hemophagocytic Lymphohistiocytosis (HLH) | Mosunetuzumab may increase the risk of a type of overactivity of the immune system (hemophagocytic lymphohistiocytosis).<br>• Fever<br>• Swollen glands<br>• Bruising<br>• Skin rash |

**Before starting treatment, ask your care team when to call 9-1-1 or seek emergency help.**
**If you experience any new, worsening, or uncontrolled side effects, contact your care team immediately.**

**Intimacy, Pregnancy, and Breastfeeding**

- Treatment may **change how you feel about intimacy and your body.** However, physical closeness—such as holding hands and hugging—remains safe. It is common to have questions about intimacy. If needed, talk to your care team for guidance.
- Treatment may **harm an unborn baby**.
    - If you are able to become pregnant:
        - Your care team will verify your pregnancy status before treatment.
        - Use an effective method of birth control during treatment and for 4 months after your last dose of mosunetuzumab.
        - If you think you might be pregnant or if you become pregnant, tell your care team right away.
    - If your partner is able to become pregnant, use an effective method of birth control—such as condoms—during treatment with mosunetuzumab.
- **Do not breastfeed** during treatment and for 4 months after your last dose of mosunetuzumab.

**Additional Information**

- **Tell your care team about all the medicines you take**.
  This includes prescriptions, over-the-counter drugs, vitamins, and herbal products. Before starting any new medicine, supplement, or vaccine, ask your care team first.
- **This Patient Education Sheet may not describe all possible side effects.**
  Call your care team for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

**Notes**

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Scan the QR code below to access this education sheet.

**Important Notice:**
The Association of Cancer Care Centers (ACCC), Hematology/Oncology Pharmacy Association (HOPA), Network for Collaborative Oncology Development & Advancement, Inc. (NCODA), and Oncology Nursing Society (ONS) have collaborated to gather information and develop this patient education guide. This guide is a summary of the medication, based on information provided by the drug manufacturer and other sources.

This guide does not cover all information available on the possible uses, directions, doses, precautions, warnings, interactions, adverse effects, or risks associated with this medication. It should not be used as a substitute for the advice of a qualified healthcare professional. The provision of this guide is for informational purposes only. It does not constitute or imply endorsement, recommendation, or favoring of this medication by ACCC, HOPA, NCODA, or ONS, who assume no liability for and cannot ensure the accuracy of the information presented. All decisions regarding this medication should be made with the guidance and direction of a qualified healthcare professional.



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