

Sunitinib

Care Team Contact Information: _____

Pharmacy Contact Information: _____

Diagnosis: _____

- This treatment is used for:
 - A type of stomach, bowel, or esophagus cancer called gastrointestinal stromal tumor (GIST)
 - A type of kidney cancer called renal cell carcinoma (RCC)
 - Pancreatic neuroendocrine tumor (pNET)
- It may also be used for other reasons.

Goal of Treatment: _____

- Treatment may continue for a certain time period, 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
Sunitinib (soo-NIH-tih-nib): Sutent (SOO-tent)	Slows down or stops the growth of cancer cells by blocking specific proteins involved in tumor growth and the formation of blood vessels.	Capsule(s) taken by mouth.

Treatment Administration and Schedule

- If you take sunitinib for GIST or RCC, you will usually take sunitinib for 4 weeks (28 days) and then stop for 2 weeks (14 days). This length of time is called a “cycle.” You will repeat this cycle for as long as your care team tells you to.
- If you take sunitinib for pNET, take it 1 time each day until your care team tells you to stop.

Your sunitinib dosing instructions:

- Sunitinib comes in 4 capsule strengths: 12.5 mg, 25 mg, 37.5 mg, and 50 mg.
- Your dose is based on many factors, including your overall health and diagnosis.
- Take sunitinib 1 time each day, around the same time each day.
- Sunitinib can be taken with or without food.

Treatment Administration and Schedule (Continued)

- Swallow sunitinib capsules whole. Do not chew, crush, or open sunitinib capsules before swallowing them.
- Do not change your dose or stop taking sunitinib unless your care team tells you to.
- Your care team may tell you to change your dose, temporarily stop, or completely stop taking sunitinib if you develop certain side effects.
- If you miss a dose of sunitinib by less than 12 hours, take the missed dose right away. If you miss a dose of sunitinib by more than 12 hours, just take your next dose at your regular time. Do not make up the missed dose. Tell your care team about any missed dose.
- If you vomit after taking sunitinib, do not take another dose at that time. Wait and take your next dose at your scheduled time.
- If you take too much sunitinib, call your care team or go to the nearest hospital emergency room right away.

GIST or RCC Dosing Schedule

Treatment Name	Cycle 1								Next Cycle
	Day 1	Day 2	Day 3	Day 4	...	Day 28	Week 5	Week 6	Day 1
Sunitinib	✓	✓	✓	✓	✓	✓	Week-long break	Week-long break	✓

Storage and Handling of Sunitinib

- Store sunitinib at room temperature between 68°F and 77°F (20°C and 25°C).
- People who are or may be pregnant should wear gloves when handling sunitinib.
- Keep sunitinib and all medicines out of the reach of children and pets.
- Ask your care team how to safely throw away any unused sunitinib.

Appointments

Appointments may include regular check-ups with your care team, 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 Taken at Home
To help prevent or treat nausea and vomiting	
Other	

Common Side Effects

Side Effect	Important Information
Liver Problems (Boxed Warning)	Description: Treatment can cause liver injury. Your care team may check your liver with blood tests before and during treatment. Talk to your care team if you have: • Yellowing of your skin or the white part of your eyes (jaundice) • Severe nausea or vomiting • Pain on the right side of your stomach area (abdomen) • Dark, tea-colored urine • Bleeding or bruising more easily than normal
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. Recommendations: • Wash your hands often and bathe regularly. • Avoid crowded places and close contact with people who are sick. • Follow food safety and wound care advice from your care team. • Your care team may prescribe medicine to help your WBCs recover. Talk to your care team if you have: • Fever of 100.4°F (38°C) or higher • Chills • New or worsening cough or sore throat • Painful urination or signs of a urinary infection • Feeling much more tired than usual • Red, swollen, warm, or painful areas on the skin (possible skin infection)
Low Platelet Count (Thrombocytopenia)	Description: Platelets help your blood clot and wounds heal. A low platelet count increases your risk of bruising and bleeding. Recommendations: • Blow your nose gently and avoid picking it. • Brush your teeth gently with a soft toothbrush and keep good oral hygiene. • Use an electric razor for shaving and a nail file instead of nail clippers. • Avoid over-the-counter medicines that can increase bleeding risk (for example, nonsteroidal anti-inflammatory drugs (NSAIDs) like ibuprofen). • Talk with your care team or dentist before medical or dental procedures — you may need to pause treatment. Talk to your care team if you have: • A nosebleed lasting more than 5 minutes despite pressure • A cut that continues to bleed • Heavy gum bleeding when brushing or flossing • Sudden or severe headache • Blood in your urine or stool • 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. Recommendations: • Aim for 7 to 8 hours of sleep each night. • Do not drive, operate heavy machinery, or do other dangerous activities if you are very tired. • Balance activity and rest — stay as active as you can, but rest when needed. • Eat a balanced diet and follow any nutrition or supplement advice from your care team. Talk to your care team if you have: • Shortness of breath • Dizziness or fainting • Fast or irregular heartbeats • Sudden or severe headache
Fatigue	Description: Fatigue is a constant and sometimes strong feeling of tiredness. Recommendations: • Routine exercise can help reduce fatigue. Talk with your care team to find the right type and amount of activity for you. • Ask family and friends for help with daily tasks and for emotional support. • Try healthy ways to feel better, such as meditation, journaling, yoga, or guided imagery, to reduce anxiety and improve well-being. • Aim for 7 to 8 hours of sleep each night. Limit daytime naps to help you sleep better at night. • Do not drive, operate heavy machinery, or do other potentially dangerous activities if you are very tired. Talk to your care team if you have: • Tiredness that affects your daily life or prevents you from doing normal activities • Tiredness that does not get better with rest • Dizziness or weakness along with severe tiredness
High Blood Pressure (Hypertension)	Description: High blood pressure means the force of blood against your artery walls is too high. Treatment can raise your blood pressure or make it harder to control. Recommendations: • Exercise regularly, maintain a healthy weight, and limit alcohol and salt (sodium). • Take blood pressure medicines as prescribed. Your care team may change your medicines if needed. • Your care team may ask you to check and record your blood pressure at home. Bring readings to appointments. • Follow diet and lifestyle advice from your care team. Talk to your care team if you have: • Severe or new headaches • Dizziness or lightheadedness • Blurred vision • Trouble breathing • Nosebleeds that do not stop • A pounding sensation in your chest, neck, or ears • Irregular or fast heartbeats • Chest pain or pressure

Taste Changes	Description: Your sense of taste may change. Foods you used to like may not taste good. Some foods may taste strange or like metal. Recommendations: • Choose foods that look and smell good to you. • If food tastes like metal, try using plastic forks and spoons. • Use herbs, spices, or a little juice to add flavor. • Suck on mints or chew gum to freshen your mouth. • Brush your teeth with a soft toothbrush before and after eating. • Do not smoke. Talk to your care team if you have: • Trouble eating • Weight loss
Mouth Problems	Description: Mouth problems can include changes in sense of taste, dry mouth, trouble swallowing, and mouth sores. Recommendations: • Rinse your mouth after meals and at bedtime; rinse more often if sores develop. • Brush your teeth gently with a soft toothbrush or use a cotton swab after meals. • Use a mild, non-alcohol mouth rinse at least 4 times daily (after meals and at bedtime). Example: 1/8 teaspoon salt + 1/4 teaspoon baking soda in 8 oz warm water. • Avoid acidic, hot, spicy, rough, or crunchy foods and drinks that can irritate your mouth. • Avoid tobacco, alcohol, and alcohol-based mouthwash. • Your care team may prescribe medicines or mouth treatments to help with pain and healing. Talk to your care team if you have: • Painful mouth sores or throat pain • Trouble eating or significant weight loss

Nausea and Vomiting	Description: Nausea is an uncomfortable feeling in your stomach or the need to throw up. You may or may not vomit. Recommendations: • Eat smaller, more frequent meals. • Avoid fatty, fried, spicy, or highly sweet foods. • Eat bland foods at room temperature and drink clear liquids. • If you vomit, start with small sips of water, broth, or other clear liquids. If these stay down, try soft foods (such as gelatin, plain cornstarch pudding, yogurt, strained soup, or strained cooked cereal) and gradually return to solid foods. • Your care team may prescribe medicine for these symptoms. Talk to your care team if you have: • Vomiting for more than 24 hours • Nonstop vomiting • Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine) • Blood in your vomit or vomit that looks like coffee grounds • Severe stomach pain that does not go away after vomiting
Low Appetite and Weight Loss	Description: Loss of appetite can lead to weight loss and low energy. Small changes in when and what you eat can help maintain strength and nutrition. Recommendations: • Be as active as you can. Do light physical activity before a meal (check with your care team before starting an exercise program). • Note times of day when your appetite is best and eat your largest meal then. • Eat 5 or 6 small meals or snacks each day. • Choose high-protein foods (beans, chicken, fish, meat, yogurt, tofu, eggs). Eat protein first during meals. • Choose higher-calorie foods (avoid “low-fat”, “fat-free”, or “diet” options when trying to gain/maintain weight). • If you feel full quickly, avoid drinking 30 minutes before a meal and drink liquids between meals; choose calorie-containing drinks rather than diet drinks. • Have a bedtime snack that’s easy to digest (for example, peanut butter and crackers). If you have reflux, wait at least 1 hour before lying down. • Try nutritious beverages (high-protein shakes or smoothies) if solid food is unappealing. • Ask your care team about liquid nutrition supplements and ways to add protein or calories (protein powder, yogurt, ice cream). Talk to your care team if you have: • Unintentional weight loss • Little or no appetite for several days • Excessive tiredness or low energy

Stomach-Area (Abdominal) Pain	Description: Abdominal pain is when you feel discomfort or pain in the belly area. Talk to your care team if you have: Severe abdominal pain
Diarrhea	Description: Diarrhea is loose, watery stools or more frequent bowel movements than usual. It can cause dehydration and weakness. Recommendations: - Keep track of how often you go to the bathroom each day. - Drink 8 to 10 glasses of water or other fluids daily, unless your care team tells you otherwise. - Eat small meals of mild, low-fiber foods (such as bananas, applesauce, potatoes, chicken, rice, and toast). - If you have diarrhea, avoid high-fiber foods (such as raw vegetables, fruits, and whole grains), gas-producing foods (such as broccoli and beans), dairy (such as milk and yogurt), and spicy, fried, or greasy foods. - Your care team may recommend an antidiarrheal medicine such as loperamide (Imodium). Talk to your care team if you have: 4 or more bowel movements above your usual number in 24 hours - Dizziness or lightheadedness while having diarrhea - Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine) - Bloody diarrhea
Protein in Your Urine and Kidney Problems	Description: Treatment can cause kidney problems, including damage to the kidneys and decreased kidney function. Your care team will monitor your kidney function and may check your urine for protein before and during treatment. They may adjust or stop your treatment if protein is found. Recommendations: - Drink 8 to 10 glasses of water or other fluids each day, unless your care team tells you otherwise. - Your care team may give you fluids and electrolytes with your treatment. Talk to your care team if you have: - Decrease in your amount of urine - Blood in your urine - Swelling of your ankles - Loss of appetite

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. Recommendations: • Eat a well-balanced diet. • Limit sugary drinks and foods. • Eat smaller, more frequent meals. • Be physically active for at least 30 minutes most days. • 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. Talk to your care team if you have: • Frequent urination • Drowsiness • Increased thirst • Loss of appetite • Blurred vision • Fruity smell on your breath • Confusion • Nausea, vomiting, or stomach pain • It becomes harder to control your blood sugar
Muscle, Bone, or Joint Pain	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. Bone pain is a deep, aching or sharp pain in or around a bone that may worsen with movement or pressure. Recommendations: • Keep a pain diary: note pain levels, locations, and activities that make it better or worse. • Do gentle exercise (walking, stretching, yoga) to maintain mobility and strength. Check with your care team before starting a new activity. • Use a warm compress for stiff muscles or a cold pack to reduce swelling and numb pain—use what helps the area. • Your care team may recommend or prescribe medicines, including over-the-counter pain relievers. Talk to your care team if you have: • Pain you cannot control with usual measures • Swelling, redness, or warmth in a joint • New weakness • Trouble walking or moving

Hand-Foot Skin Reaction (HFSR)	Description: HFSR causes dryness, thickening, calluses, blisters, or cracking of the skin on the palms of your hands and soles of your feet. HFSR can lead to a loss of fingerprints, which could impact your identification. Recommendations: • Keep hands and feet moisturized with a non-scented moisturizing cream. • Applying urea 10% or 20% cream twice daily to the affected area may be helpful. • Avoid exposure to hot water on the hands and feet in showers or baths, or when doing dishes, as this may dry out the skin. • Avoid tight-fitting shoes or socks. • Avoid excessive rubbing of hands and feet unless applying lotion. • Wear gloves when working with your hands. Talk to your care team if you have: • Painful blisters or calluses on your hands or feet
Skin Problems	Description: Treatment can cause a rash with itchy, dry, red, or puffy skin. It can also cause skin discoloration. Recommendations: • Bathe or shower daily with warm (not hot) water and mild, unscented soap or body wash. • Pat your skin dry with a towel instead of rubbing. • Apply unscented lotion or moisturizing cream right after bathing to prevent dryness and cracking. • Use lip balm for dry or chapped lips. • Avoid direct sun when you can. Use a broad-spectrum sunscreen with a sun protection factor (SPF) of 30 or higher and reapply every 2 hours when outdoors. • Use unscented, gentle laundry detergent to reduce skin irritation. • Your care team may recommend medicine for skin problems. Talk to your care team if you have: • Skin rash • Raised red bumps • Redness of the skin • Very dry skin that may affect the mucous membranes (such as mouth and eyes)

High Amylase and Lipase Levels in Your Blood	Description: Treatment may cause high levels of amylase and lipase in your blood. This may indicate a problem with your pancreas. Your care team will perform blood tests to check for these changes and will treat you if needed. Talk to your care team if you have: • Fever of 100.4°F (38°C) or higher • Fast heartbeat • Severe stomach-area (abdominal) pain that radiates to the back • Worsening pain after eating • Severe nausea or vomiting • Diarrhea • Yellowing of your skin or the white part of your eyes (jaundice)
Changes in Electrolytes and Other Laboratory Results	Description: Treatment may cause low levels of calcium and phosphate, and high levels of uric acid in your blood. Your care team will perform blood tests to check for these changes and will treat you if needed. Talk to your care team if you have: • Severe muscle cramps or spasms • Tingling or numbness around the mouth, hands, or feet • New weakness or trouble breathing • Fast, irregular, or pounding heartbeat • Confusion, fainting, or seizures • Sudden weight gain • Swelling of your arms, hands, legs, or ankles • New or worsening muscle weakness, cramps, or bone pain • Trouble breathing or shortness of breath • Confusion, slurred speech, or severe dizziness • Severe fatigue or inability to perform daily activities • Sudden, severe joint pain, redness, or swelling (possible gout) • Severe flank or abdominal pain, blood in the urine, or difficulty urinating (possible kidney stone) • Little or no urine output or sudden weight gain from fluid • Fever, chills, or signs of infection • New or worsening kidney test results

Select Rare Side Effects

Side Effect	Talk to Your Care Team if You Have Any of These Signs or Symptoms	
Heart Problems	- Swelling of your stomach area (abdomen), legs, hands, feet, or ankles - Shortness of breath - Nausea or vomiting - New or worsening chest discomfort, including pain or pressure	- Weight gain - Pain or discomfort in your arms, back, neck, or jaw - Protruding neck veins - Breaking out in a cold sweat - Feeling lightheaded or dizzy
Changes in the Electrical Activity of Your Heart Called QT Prolongation	QT prolongation can cause irregular heartbeats that can be life-threatening. - Feel faint, lightheaded, dizzy - Fast or irregular heartbeat	
Severe Bleeding (Hemorrhage)	- Vomiting blood or if your vomit looks like coffee grounds - Pink or brown urine - Red or black (looks like tar) stools - Coughing up blood or blood clots	- Menstrual bleeding that is heavier than normal - Unusual vaginal bleeding - Nosebleeds that happen often - Bruising - Lightheadedness
A Tear in Your Stomach or Intestinal Wall (Perforation) or an Abnormal Connection Between 2 Parts of Your Body (Fistula)	- Severe pain or tenderness in your stomach area (abdomen) - Swelling of the abdomen - Fever of 100.4°F (38°C) or higher - Chills	- Nausea - Vomiting - Signs of dehydration (very thirsty, dry mouth, dizziness, or dark urine)
Thrombotic Microangiopathy (TMA)	TMA is a condition involving blood clots and injury to small blood vessels that may cause harm to your kidneys, brain, and other organs. Get medical help right away if you get any of the following signs or symptoms during treatment: - Confusion - Weakness - Swelling of arms and legs - Yellowing of your skin or the whites of your eyes (jaundice) - Stomach-area (abdominal) or back pain - Nausea or vomiting - Feeling sick - Decreased urination	

Posterior Reversible Encephalopathy Syndrome (PRES)	A neurologic condition called PRES can happen during treatment with sunitinib. • Severe headache • Confusion • Weakness • Seizures • Blindness or change in vision	
Thyroid Gland Problems	• Extreme tiredness • Feeling hot or cold • Your voice gets deeper	• Weight gain or loss • Hair loss
Low Blood Sugar (Hypoglycemia)	• Dizziness • Confusion or difficulty concentrating	• Feeling sweaty, shaky, or hungry • Tiredness
Severe Jawbone Problems (Osteonecrosis of the Jaw)	Osteonecrosis of the jaw (ONJ) is a rare but serious condition in which jawbone cells die, sometimes causing the bone to become exposed through the gums and leading to further bone loss because blood cannot reach the exposed area. Your care team may ask you to see your dentist before starting and during treatment. • Jaw swelling or pain • Loose teeth • Mouth sores • Pus-like discharge in your gums and mouth	

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, Fertility, 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 affect your **ability to have children**. It may damage your reproductive organs or stop them from working. If you are worried about fertility, talk to your care team before starting treatment.
- 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 weeks after your last dose of sunitinib.
 - 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 and for 7 weeks after your last dose of sunitinib.
- **Do not breastfeed** during treatment and for 4 weeks after your last dose of sunitinib.

- **Tell your care team about all the medicines you take.**

- **Wound healing problems.** Wound healing problems have happened in some people who take sunitinib. Tell your care team if you plan to have any surgery before or during treatment with sunitinib.

- You should stop taking sunitinib at least 3 weeks before planned surgery.
- Your care team should tell you when you may start taking sunitinib again after surgery.

- **This Patient Education Sheet may not describe all possible side effects.**

Notes

pg. 14 of 15

Brought to you by:



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.

Permission:

Patient Education Sheets are provided as a free educational resource for patients with cancer and their caregivers in need of concise, easy-to-understand information about cancer therapy. Healthcare providers may copy and distribute the sheets to patients and direct them to the Patient Education Sheets website. However, commercial reproduction or reuse, as well as rebranding or reposting of any type, are strictly prohibited without permission of the copyright holders. Permission requests, including direct linking from Electronic Health Records, and licensing inquiries should be emailed to patienteducationsheets@ncoda.org.

Copyright © 2026 by Network for Collaborative Oncology Development & Advancement, Inc. All rights reserved.

PES-***