אפריל 2019

Opdivo (nivolumab)
10 MG/ML
Concentrate for solution for infusion

רופא/ה ,רוקח/ת יקר/ה,

ברצוננו להודיעך על עדכון בעלון לרופא ובעלון לצרכן של התכשיר **אופדיבו** (ניבולומב) בישראל.

התוויות התכשיר כפי שאושרו ע"י משה"ב:

Opdivo (nivolumab) is indicated for the treatment of advanced (unresectable or metastatic) melanoma in adults.

Opdivo, in combination with ipilimumab, is indicated for the treatment of patients with advanced (unresectable or metastatic) melanoma.

Opdivo (nivolumab) is indicated for the treatment of patients with metastatic non-small cell lung cancer (NSCLC) with progression on or after platinum-based chemotherapy.

Opdivo (nivolumab) is indicated for the treatment of patients with advanced renal cell carcinoma (RCC) who have received prior anti-angiogenic therapy.

Opdivo (nivolumab) is indicated for the treatment of patients with classical Hodgkin lymphoma (cHL) that has relapsed or progressed after autologous hematopoietic stem cell transplantation (HSCT) and post transplantation brentuximab vedotin.

OPDIVO is indicated for the treatment of patients with recurrent or metastatic squamous cell carcinoma of the head and neck (SCCHN) with disease progression on or after platinum-based therapy.

Opdivo is indicated for the treatment of adult and pediatric patients 12 years and older with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer (CRC) that has progressed following treatment with a fluoropyrimidine,oxaliplatin, and irinotecan.

Opdivo (nivolumab) is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who:
• have disease progression during or following platinum-containing chemotherapy

• have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

Opdivo is indicated for the treatment of patients with hepatocellular carcinoma Child-Pugh A after sorafenib therapy.

בפירוט שלהלן כלולים העדכונים המהותיים בלבד (טקסט שנוסף מסומן בצבע אדום ובקו תחתון,טקסט שהוסר מסומן בצבע אדום ~~ובקו אמצעי~~ וטקסט שזז מקום מסומן בצבע ירוק ובקו תחתון).
למידע מלא על התרופה יש לעיין בעלון לרופא ובעלון לצרכן כפי שאושרו על ידי משרד הבריאות.

העלון לרופא והעלון לצרכן נשלחו לפרסום במאגר התרופות שבאתר משרד הבריאות וניתן לקבלם מודפס על ידי פנייה לבעל הרישום בריסטול- מאיירס סקוויב (ישראל) בע"מ.

בכבוד רב,
מיכל ניר ורדימון
מנהלת רגולציה

עדכונים מהותיים בעלון לרופא:

4 CONTRAINDICATIONS

~~None~~ Hypersensitivity to Nivolumab or to any of the excipients listed in section 11 (Description)

5 WARNINGS AND PRECAUTIONS

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5.8 Other Immune-Mediated Adverse Reactions

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Across clinical trials of OPDIVO administered as a single agent or in combination with ipilimumab, the following clinically significant immune-mediated adverse reactions, some with fatal outcome, occurred in less than 1.0% of patients receiving OPDIVO: myocarditis, rhabdomyolysis, myositis, uveitis, iritis, pancreatitis, facial and abducens nerve paresis, demyelination, polymyalgia rheumatica, autoimmune neuropathy, Guillain-Barré syndrome, hypopituitarism, systemic inflammatory response syndrome, gastritis, duodenitis, sarcoidosis, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), motor dysfunction, vasculitis, aplastic anemia, pericarditis and myasthenic syndrome.

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5.10 Complications of Allogeneic ~~HSCT after OPDIVO~~ Hematopoietic Stem Cell Transplantation

~~Complications, including fatal events, occurred in patients who received allogeneic HSCT after OPDIVO. Outcomes were evaluated in 17 patients from the CHECKMATE-205 and CHECKMATE-039 trials who underwent allogeneic HSCT after discontinuing OPDIVO (15 with reduced-intensity conditioning, two with myeloablative conditioning). The median age at HSCT was 33 (range: 18 to 56), and a median of 9 doses of OPDIVO had been administered (range: 4 to 16). Six of 17 patients (35%) died from complications of allogeneic HSCT after OPDIVO. Five deaths occurred in the setting of severe or refractory GVHD. Grade 3 or higher acute GVHD was reported in 5/17 patients (29%). Hyperacute GVHD, defined as GVHD occurring within 14 days after stem cell infusion, was reported in 2 patients (20%). A steroid-requiring febrile syndrome, without an identified infectious cause, was reported in six patients (35%) within the first 6 weeks post-transplantation, with five patients responding to steroids. Two cases of encephalitis were reported: one case of Grade 3 lymphocytic encephalitis without an identified infectious cause, which occurred and resolved on steroids, and one case of Grade 3 suspected viral encephalitis which was resolved with antiviral treatment. Hepatic veno-occlusive disease (VOD) occurred in one patient, who received reduced-intensity conditioned allogeneic HSCT and died of GVHD and multi-organ failure.~~

~~Other cases of hepatic VOD after reduced-intensity conditioned allogeneic HSCT have also been reported in patients with lymphoma who received a PD-1 receptor blocking antibody before transplantation. Cases of fatal hyperacute GVHD have also been reported.~~

~~These complications may occur despite intervening therapy between PD-1 blockade and allogeneic HSCT.~~

~~Follow patients closely for early evidence of transplant-related complications such as hyperacute GVHD, severe (Grade 3 to 4) acute GVHD, steroid-requiring febrile syndrome, hepatic VOD, and other immune-mediated adverse reactions, and intervene promptly.~~

Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after being treated with a PD-1 receptor blocking antibody. Transplant-related complications include hyperacute graft-versus-host-disease (GVHD), acute GVHD, chronic GVHD, hepatic veno-occlusive disease (VOD) after reduced intensity conditioning, and steroid-requiring febrile syndrome (without an identified infectious cause) *[see Adverse Reactions (6.1)]*. These complications may occur despite intervening therapy between PD-1 blockade and allogeneic HSCT.

Follow patients closely for evidence of transplant-related complications and intervene promptly.

Consider the benefit versus risks of treatment with a PD-1 receptor blocking antibody prior to or after an allogeneic HSCT.

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5.12 Increased Mortality in Patients with Multiple Myeloma when OPDIVO is dded to a Thalidomide Analogue and Dexamethasone

In randomized clinical trials in patients with multiple myeloma, the addition of a PD-1 blocking antibody, including OPDIVO, to a thalidomide analogue plus dexamethasone, a use for which no PD-1 or PD-L1 blocking antibody is indicated, resulted in increased mortality. Treatment of patients with multiple myeloma with a PD-1 or PD-L1 blocking antibody in combination with a thalidomide analogue plus dexamethasone is not recommended outside of controlled clinical trials.

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6 ADVERSE REACTIONS

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6.1 Clinical Trials Experience

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Unresectable or Metastatic Melanoma

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CHECKMATE-067

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The median duration of exposure to OPDIVO was 2.8 months (range: 1 day to 18.8 months) for the OPDIVO plus ipilimumab arm and 6.6 months (range: 1 day to 17.3 months) for the OPDIVO arm. In the OPDIVO plus ipilimumab arm, 39% were exposed to OPDIVO for ≥6 months and 24% exposed for >1 year. In the OPDIVO arm, 53% were exposed for ≥6 months and 32% for >1 year.

CHECKMATE-067 excluded patients with autoimmune disease, a medical condition requiring systemic treatment with corticosteroids (more than 10 mg daily prednisone equivalent) or other immunosuppressive medication within 14 days of the start of study therapy, a positive test result for hepatitis B or C, or a history of HIV.

The trial population characteristics were: 65% male, median age 61 years, 97% White, baseline ECOG performance status 0 (73%) or 1 (27%), 93% with AJCC Stage IV disease, 58% with M1c stage disease; 36% with elevated LDH at baseline, 4% with a history of brain metastasis, and 22% had received adjuvant therapy.

In CHECKMATE-067, serious adverse reactions (73% and 37%), adverse reactions leading to permanent discontinuation (43% and 14%) or to dosing delays (55% and 28%), and Grade 3 or 4 adverse reactions (72% and 44%) all occurred more frequently in the OPDIVO plus ipilimumab arm relative to the OPDIVO arm.

The most frequent (≥10%) serious adverse reactions in the OPDIVO plus ipilimumab arm and the OPDIVO arm, respectively, were diarrhea (13% and 2.6%), colitis (10% and 1.6%), and pyrexia (10% and 0.6%). The most frequent adverse reactions leading to discontinuation of both drugs in the OPDIVO plus ipilimumab arm and of OPDIVO in the OPDIVO arm, respectively, were diarrhea (8% and 1.9%), colitis (8% and 0.6%), increased ALT (4.8% and 1.3%), increased AST (4.5% and 0.6%), and pneumonitis (1.9% and 0.3%). The most common (≥20%) adverse reactions in the OPDIVO plus ipilimumab arm were fatigue, rash, diarrhea, nausea, pyrexia, vomiting, and dyspnea. The most common (≥20%) adverse reactions in the OPDIVO arm were fatigue, rash, diarrhea, and nausea. Table 6 summarizes the incidence of adverse reactions occurring in at least 10% of patients in either OPDIVO-containing arm in CHECKMATE-067.

Table 6: Adverse Reactions Occurring in ≥10% of Patients on the OPDIVO plus Ipilimumab Arm or the OPDIVO Arm and at a Higher Incidence than in the Ipilimumab Arm (Between Arm Difference of ≥5% [All Grades] or ≥2% [Grades 3-4]) (CHECKMATE-067)

Adverse Reaction	Percentage (%) of Patients					
	OPDIVO plus Ipilimumab (n=313)		OPDIVO (n=313)		Ipilimumab (n=311)	
	All Grades	Grades 3-4	All Grades	Grades 3-4	All Grades	Grades 3-4
General Disorders and Administration Site Conditions						
Fatigue[a]	59	6	53	1.9	50	3.9

Table 6: Adverse Reactions Occurring in ≥10% of Patients on the OPDIVO plus Ipilimumab Arm or the OPDIVO Arm and at a Higher Incidence than in the Ipilimumab Arm (Between Arm Difference of ≥5% [All Grades] or ≥2% [Grades 3-4]) (CHECKMATE-067)

Adverse Reaction	Percentage (%) of Patients					
	OPDIVO plus Ipilimumab (n=313)		OPDIVO (n=313)		Ipilimumab (n=311)	
	All Grades	Grades 3-4	All Grades	Grades 3-4	All Grades	Grades 3-4
Pyrexia	37	1.6	14	0	17	0.6
Skin and Subcutaneous Tissue Disorders						
Rash[b]	53	5	40	1.6	42	3.9
Gastrointestinal Disorders						
Diarrhea	52	11	31	3.8	46	8
Nausea	40	3.5	28	0.6	29	1.9
Vomiting	28	3.5	17	1.0	16	1.6
Respiratory, Thoracic and Mediastinal Disorders						
Dyspnea	20	2.2	12	1.3	13	0.6

Toxicity was graded per NCI CTCAE v4.

[a] Fatigue is a composite term which includes asthenia and fatigue.

[b] Rash is a composite term which includes pustular rash, dermatitis, acneiform dermatitis, allergic dermatitis, atopic dermatitis, bullous dermatitis, exfoliative dermatitis, psoriasiform dermatitis, drug eruption, erythema, exfoliative rash, erythematous rash, generalized rash, macular rash, maculopapular rash, morbilliform rash, papular rash, papulosquamous rash, pruritic rash, and seborrheic dermatitis.

Other clinically important adverse reactions in less than 10% of patients treated with either OPDIVO with ipilimumab or single-agent OPDIVO in CHECKMATE-067 were:

Gastrointestinal Disorders: stomatitis, intestinal perforation

Skin and Subcutaneous Tissue Disorders: vitiligo

Musculoskeletal and Connective Tissue Disorders: myopathy, Sjogren's syndrome, spondyloarthropathy

Nervous System Disorders: neuritis, peroneal nerve palsy

Table 7: Laboratory Abnormalities Worsening from Baseline Occurring in ≥20% of Patients Treated with OPDIVO with Ipilimumab or Single-Agent OPDIVO and at a Higher Incidence than in the Ipilimumab Arm (Between-Arm Difference of ≥5% [All Grades] or ≥2% [Grades 3-4]) (CHECKMATE-067)

Laboratory Abnormality	Percentage (%) of Patients[a]					
	OPDIVO plus Ipilimumab		OPDIVO		Ipilimumab	
	Any Grade	Grade 3-4	Any Grade	Grade 3-4	Any Grade	Grade 3-4
Chemistry						
Increased ALT	53	15	23	3.0	28	2.7
Increased AST	47	13	27	3.7	27	1.7
Hyponatremia	42	9	20	3.3	25	7
Increased lipase	41	20	29	9	23	7
Increased alkaline phosphatase	40	6	24	2.0	22	2.0
Hypocalcemia	29	1.1	13	0.7	21	0.7
Increased amylase	25	9.1	15	1.9	14	1.6
Increased creatinine	23	2.7	16	0.3	16	1.3
Hematology						
Anemia	50	2.7	39	2.6	40	6
Lymphopenia	35	4.8	39	4.3	27	3.4

[a] Each test incidence is based on the number of patients who had both baseline and at least one on-study laboratory measurement available: OPDIVO plus ipilimumab (range: 241 to 297); OPDIVO (range: 260 to 306); ipilimumab (range: 253 to 304).

The median duration of exposure to OPDIVO was 2.8 months (range: 1 day to 36.4 months) for the OPDIVO plus ipilimumab arm and 6.6 months (range: 1 day to 36.0 months) for the OPDIVO arm. In the OPDIVO plus ipilimumab arm, 39% were exposed to OPDIVO for ≥6 months and 30% exposed for >1 year. In the OPDIVO arm, 53% were exposed for ≥6 months and 40% for >1 year.

CHECKMATE-067 excluded patients with autoimmune disease, a medical condition requiring systemic treatment with corticosteroids (more than 10 mg daily prednisone equivalent) or other immunosuppressive medication within 14 days of the start of study therapy, a positive test result for hepatitis B or C, or a history of HIV.

The trial population characteristics were: 65% male, median age 61 years, 97% White, baseline ECOG performance status 0 (73%) or 1 (27%), 93% with AJCC Stage IV disease, 58% with M1c stage disease; 36% with elevated LDH at baseline, 4% with a history of brain metastasis, and 22% had received adjuvant therapy.

In CHECKMATE-067, serious adverse reactions (74% and 44%), adverse reactions leading to permanent discontinuation (47% and 18%) or to dosing delays (58% and 36%), and Grade 3 or 4

adverse reactions (72% and 51%) all occurred more frequently in the OPDIVO plus ipilimumab arm relative to the OPDIVO arm.

The most frequent (≥10%) serious adverse reactions in the OPDIVO plus ipilimumab arm and the OPDIVO arm, respectively, were diarrhea (13% and 2.2%), colitis (10% and 1.9%), and pyrexia (10% and 1.0%). The most frequent adverse reactions leading to discontinuation of both drugs in the OPDIVO plus ipilimumab arm and of OPDIVO in the OPDIVO arm, respectively, were colitis (10% and 0.6%), diarrhea (8% and 2.2%), increased ALT (4.8% and 1.0%), increased AST (4.5% and 0.6%), and pneumonitis (1.9% and 0.3%). The most common (≥20%) adverse reactions in the OPDIVO plus ipilimumab arm were fatigue, diarrhea, rash, nausea, pyrexia, pruritus, musculoskeletal pain, vomiting, decreased appetite, cough, headache, dyspnea, upper respiratory tract infection, arthralgia, and increased transaminases. The most common (≥20%) adverse reactions in the OPDIVO arm were fatigue, rash, musculoskeletal pain, diarrhea, nausea, cough, pruritus, upper respiratory tract infection, decreased appetite, headache, constipation, arthralgia, and vomiting. Table 6 summarizes the incidence of adverse reactions occurring in at least 10% of patients in either OPDIVO-containing arm in CHECKMATE-067.

Table 6: Adverse Reactions Occurring in ≥10% of Patients on the OPDIVO plus Ipilimumab Arm or the OPDIVO Arm and at a Higher Incidence than in the Ipilimumab Arm (Between Arm Difference of ≥5% [All Grades] or ≥2% [Grades 3-4]) (CHECKMATE-067)

Adverse Reaction	Percentage (%) of Patients					
	OPDIVO plus Ipilimumab (n=313)		OPDIVO (n=313)		Ipilimumab (n=311)	
	All Grades	Grades 3-4	All Grades	Grades 3-4	All Grades	Grades 3-4
General Disorders and Administration Site Conditions						
Fatigue[a]	62	7	59	1.6	51	4.2
Pyrexia	40	1.6	16	0	18	0.6
Skin and Subcutaneous Tissue Disorders						
Rash[b]	53	6	40	1.9	42	3.5
Vitiligo	9	0	10	0.3	5	0
Gastrointestinal Disorders						
Diarrhea	54	11	36	5	47	7
Nausea	44	3.8	30	0.6	31	1.9
Vomiting	31	3.8	20	1.0	17	1.6

Table 6: Adverse Reactions Occurring in ≥10% of Patients on the OPDIVO plus Ipilimumab Arm or the OPDIVO Arm and at a Higher Incidence than in the Ipilimumab Arm (Between Arm Difference of ≥5% [All Grades] or ≥2% [Grades 3-4]) (CHECKMATE-067)

Adverse Reaction	Percentage (%) of Patients					
	OPDIVO plus Ipilimumab (n=313)		OPDIVO (n=313)		Ipilimumab (n=311)	
	All Grades	Grades 3-4	All Grades	Grades 3-4	All Grades	Grades 3-4
Respiratory, Thoracic, and Mediastinal Disorders						
Cough/productive cough	27	0.3	28	0.6	22	0
Dyspnea/exertional dyspnea	24	2.9	18	1.3	17	0.6
Musculoskeletal and Connective Tissue Disorders						
Musculoskeletal pain[c]	32	2.6	42	3.8	36	1.9
Arthralgia	21	0.3	21	1.0	16	0.3
Infections and Infestations						
Upper respiratory tract infection[d]	23	0	22	0.3	17	0
Metabolism and Nutrition Disorders						
Decreased appetite	29	1.9	22	0	24	1.3
Investigations						
Decreased weight	12	0	7	0	7	0.3
Vascular Disorders						
Hypertension[e]	7	2.2	11	5	9	2.3
Endocrine Disorders						
Hypothyroidism	19	0.6	11	0	5	0
Hyperthyroidism	11	1.3	6	0	1	0

Toxicity was graded per NCI CTCAE v4.

[a] Includes asthenia and fatigue.

[b] Includes pustular rash, dermatitis, acneiform dermatitis, allergic dermatitis, atopic dermatitis, bullous dermatitis, exfoliative dermatitis, psoriasiform dermatitis, drug eruption, , exfoliative rash, erythematous rash, generalized rash, macular rash, maculopapular rash, morbilliform rash, papular rash, papulosquamous rash, and pruritic rash.

[c] Includes back pain, bone pain, musculoskeletal chest pain, musculoskeletal discomfort, myalgia, neck pain, pain in extremity, and spinal pain.

[d] Includes upper respiratory tract infection, nasopharyngitis, pharyngitis, and rhinitis.

[e] Includes hypertension and blood pressure increased.

Other clinically important adverse reactions in less than 10% of patients treated with either OPDIVO with ipilimumab or single-agent OPDIVO in CHECKMATE-067 were:

Gastrointestinal Disorders: stomatitis, intestinal perforation

Skin and Subcutaneous Tissue Disorders: vitiligo

Musculoskeletal and Connective Tissue Disorders: myopathy, Sjogren's syndrome, spondyloarthropathy, myositis (including polymyositis)

Nervous System Disorders: neuritis, peroneal nerve palsy

Table 7: Laboratory Abnormalities Worsening from Baseline Occurring in ≥20% of Patients Treated with OPDIVO with Ipilimumab or Single-Agent OPDIVO and at a Higher Incidence than in the Ipilimumab Arm (Between Arm Difference of ≥5% [All Grades] or ≥2% [Grades 3-4]) (CHECKMATE-067)

Laboratory Abnormality	Percentage (%) of Patients[a]					
	OPDIVO plus Ipilimumab		OPDIVO		Ipilimumab	
	Any Grade	Grade 3-4	Any Grade	Grade 3-4	Any Grade	Grade 3-4
Chemistry						
Increased ALT	55	16	25	3.0	29	2.7
Hyperglycemia	53	5.3	46	7	26	0
Increased AST	52	13	29	3.7	29	1.7
Hyponatremia	45	10	22	3.3	26	7
Increased lipase	43	22	32	12	24	7
Increased alkaline phosphatase	41	6	27	2.0	23	2.0
Hypocalcemia	31	1.1	15	0.7	20	0.7
Increased amylase	27	10	19	2.7	15	1.6
Increased creatinine	26	2.7	19	0.7	17	1.3
Hematology						
Anemia	52	2.7	41	2.6	41	6
Lymphopenia	39	5	41	4.9	29	4.0

[a] Each test incidence is based on the number of patients who had both baseline and at least one on-study laboratory measurement available: OPDIVO plus ipilimumab (range: 75 to 297); OPDIVO (range: 81 to 306); ipilimumab (range: 61 to 301).

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Renal Cell Carcinoma

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The most common adverse reactions (reported in at least 20% of patients) were ~~asthenic conditions~~ fatigue cough, nausea, rash, dyspnea, diarrhea, constipation, decreased appetite, back pain, and arthralgia. Table 10 summarizes adverse reactions that occurred in greater than 15% of OPDIVO-treated patients.

Table 10: Grade 1-4 Adverse Reactions in >15% of Patients Receiving OPDIVO (CHECKMATE-025)

	OPDIVO (n=406)	Everolimus (n=397)
	Percentage (%) of Patients	

Table 10: Grade 1-4 Adverse Reactions in >15% of Patients Receiving OPDIVO (CHECKMATE-025)

	Grades 1-4	Grades 3-4	Grades 1-4	Grades 3-4
Adverse Reaction	98	56	96	62
General Disorders and Administration Site Conditions				
Fatigue[a] ~~Asthenic conditions~~[a]	56	6	57	7
Pyrexia	17	0.7	20	0.8
Respiratory, Thoracic and Mediastinal Disorders				
Cough/productive cough	34	0	38	0.5
Dyspnea/exertional dyspnea	27	3.0	31	2.0
Upper respiratory infection[b]	18	0	11	0
Gastrointestinal Disorders				
Nausea	28	0.5	29	1
Diarrhea[c]	25	2.2	32	1.8
Constipation	23	0.5	18	0.5
Vomiting	16	0.5	16	0.5
Skin and Subcutaneous Tissue Disorders				
Rash[d]	28	1.5	36	1.0
Pruritus/generalized pruritus	19	0	14	0
Metabolism and Nutrition Disorders				
Decreased appetite	23	1.2	30	1.5
Musculoskeletal and Connective Tissue Disorders				
Arthralgia	20	1.0	14	0.5
Back pain	21	3.4	16	2.8

Toxicity was graded per NCI CTCAE v4.

[a] ~~Asthenic conditions covering PTs~~ Includes asthenia, decreased activity, fatigue, and malaise.

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6.2 Postmarketing Experience

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Complications of OPDIVO Treatment After Allogeneic HSCT: Treatment refractory, severe acute and chronic GVHD

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עדכונים מהותיים בעלון לצרכן:

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עלון זה איננו מהווה תחליף לשיחה עם הרופא המטפל שלך לגבי מצבך הרפואי או הטיפול שלך.

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2. לפני שימוש בתרופה:

אין להשתמש בתרופה אם:

- אתה רגיש (אלרגי) לחומר הפעיל (ניבולומב) או לכל אחד מהמרכיבים הנוספים אשר מכילה התרופה (ראה סעיף 6).

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4. תופעות לוואי:

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פנה מיד לרופא אם הנך חווה את התסמינים הבאים או אם ישנה החמרה בתסמינים הבאים:

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בעיות בכבד (דלקת הכבד/צהבת). סימנים ותסמינים של דלקת הכבד יכולים לכלול:

...

- אנרגיה ירודה

...

בעיות באיברים נוספים. סימנים לכך יכולים להיות:

...

- כאב בחזה

קבלת טיפול רפואי מיידי עשויה למנוע החמרה של תופעות לוואי אלו. ~~על כן יש להיוועץ עם הרופא המטפל לצורך קבלת טיפול הולם.~~

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תופעות לוואי חמורות נוספות:
סיבוכי השתלת תאי גזע ~~לאחר טיפול באופדיבו~~ כאשר ההשתלה היא מתורם (אלוגנאית).
הסיבוכים הללו עלולים להיות חמורים ולהביא למוות. הרופא המטפל שלך יבצע מעקב לסימנים של סיבוכים במידה ותעבור השתלת תאי גזע מתורם.

תופעות הלוואי השכיחות ביותר במתן של אופדיבו לבד:

- עייפות
- פריחה
- כאב בשרירים, בעצמות ובמפרקים
- גירוד בעור
- שלשול
- בחילה
- חולשה
- שיעול
- הקאות
- קוצר נשימה
- עצירות
- ירידה בתאבון
- כאב גב
- זיהומים בדרכי הנשימה העליונות
- ~~פריחה~~
- ~~גירוד בעור~~
- ~~בחילה~~
- ~~שיעול~~
- ~~עצירות~~
- ~~כאב גב~~

- חום
- כאב ראש
- כאב בטן

תופעות הלוואי השכיחות ביותר במתן משולב של אופדיבו עם יירבוי Yervoy (Ipilimumab) הן:

- עייפות
- פריחה
- שלשול
- בחילה
- חום
- כאב בשרירים, בעצמות ובמפרקים
- זיהומים בדרכי הנשימה העליונות
- גרד
- הקאה
- שיעול
- ירידה בתאבון
- קוצר נשימה
- ~~פריחה~~
- ~~בחילה~~
- ~~הקאה~~

אלה לא כל תופעות הלוואי האפשריות של אופדיבו.
אם הופיעה תופעת לוואי, אם אחת מתופעות הלוואי מטרידה אותך, מחמירה או לא חולפת או אם הנך סובל מתופעת לוואי שלא הוזכרה בעלון, עליך להתייעץ עם הרופא.
א~~לה לא כל תופעות הלוואי האפשריות של אופדיבו.~~ ~~למידע נוסף פנה לרופא המטפל או לרוקח.~~

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