MEDICINE INFORMATION

# Avelumab + axitinib

Information for patients and caregivers about avelumab + axitinib: treatment, monitoring, side effects and everyday care.

## Avelumab and axitinib at a glance

Avelumab is also called Bavencio. It is an immune-checkpoint inhibitor given into a vein, usually every two weeks. Axitinib is also called Inlyta. It is a targeted treatment taken by mouth twice daily, including days without an infusion, unless your team tells you to pause it.

The combination is used in selected people with advanced kidney cancer. This guide explains the two medicines together rather than listing every use of either drug alone. Treatment often continues while benefit and tolerability remain acceptable; the oncologist reviews this with you over time.

Important checks include blood pressure, liver and kidney function, thyroid function and protein in urine. The combination also carries a particular risk of serious cardiovascular problems. Tell the team about heart disease, previous stroke, diabetes, smoking and all blood-pressure medicines before treatment begins.

## How the combination works

Avelumab blocks PD-L1, a protein that can help cancer cells suppress an immune response. Removing this signal may allow immune cells to attack cancer. However, activated immunity can also inflame healthy organs. Symptoms can arise during treatment or after the last dose, and may involve more than one organ.

Axitinib blocks receptors for VEGF, a signal that helps blood vessels form. These receptors also have normal functions. Their inhibition explains effects such as high blood pressure, protein in urine and delayed wound healing. Axitinib is a tyrosine kinase inhibitor, often shortened to TKI.

Combining different approaches can improve cancer control for a suitable patient, but it does not guarantee response. Ask what the treatment aims to achieve for you and which changes in scans, symptoms and daily functioning will guide decisions. An individual sheet for either medicine remains useful, but does not replace combination-specific advice.

## How the team decides whether it is suitable

Your team reviews the diagnosis, previous treatments, general health, organ function and other medicines. Blood pressure should be controlled before axitinib starts. Existing cardiovascular disease needs careful assessment because both treatment-related inflammation and blood-vessel effects can cause problems.

Mention past heart attack or stroke, heart failure, blood clots, serious bleeding, bowel inflammation, recent surgery, unhealed wounds, liver disease and kidney problems. Also mention organ transplantation, a stem-cell transplant from a donor, autoimmune disease and previous immune-treatment toxicity. These conditions do not all lead to the same decision, but they can change risk and monitoring.

Even if your blood tests show that your kidney is working well, you may still need a urine test to look for protein. Tell the team if you have had a kidney removed.

## Approved uses by country

FDA (United States), EMA (European Union) and CDSCO (India).

Each treatment use is listed once. Eligibility can differ by country.

### Approved by FDA, EMA and CDSCO

- **Advanced renal cell carcinoma (kidney cancer).** First treatment with avelumab and axitinib.

## Before treatment starts

Baseline assessment generally includes blood counts, kidney and liver tests, thyroid tests, glucose, blood pressure and urine protein. The current avelumab label advises considering heart-pumping assessment before and periodically during this combination. The team may arrange an echocardiogram or other cardiac tests according to your history, symptoms and local practice. Provide details of any recent chest pain or unexplained breathlessness even if it has resolved.

Bring an up-to-date medication list, including herbal or Ayurvedic products, vitamins and medicines bought without a prescription. Axitinib has clinically important interactions. Ask the pharmacy to check every new medicine before you start it, including short courses prescribed by another doctor.

Agree how to monitor blood pressure at home if requested. Ask for written thresholds for contacting the team, and instructions about what to do if a reading is unexpectedly high. Your personal target may differ from someone else's. Do not increase your blood-pressure tablets or omit axitinib based on an internet rule.

Ask for a treatment alert card and save the hospital's urgent contact numbers. Record your normal bowel pattern, appetite and energy so changes can be described clearly. Discuss contraception, pregnancy testing and fertility before starting. Tell the team about dental extractions or surgery being planned.

## How treatment is given

### Avelumab appointments

The usual adult avelumab dose is 800 mg into a vein over about an hour every two weeks. Before the first four infusions, an antihistamine and a fever-reducing medicine are given to reduce infusion reactions. Later premedication depends on previous reactions and the clinician's judgement.

Tell the nurse immediately about chills, flushing, itching, dizziness, wheezing, chest or back discomfort or swelling. The team can interrupt or slow the infusion and provide treatment. A serious reaction can require permanent discontinuation. New breathing difficulty or throat swelling after you leave requires emergency assessment.

Allow time for blood tests, assessment, preparation and observation as well as the drip. Premedicines can cause drowsiness; check whether you should arrange someone to take you home, especially for early appointments.

### Axitinib at home

A common starting prescription is 5 mg twice daily, about 12 hours apart, with or without food. Swallow tablets whole with water. Your dose may be changed according to tolerability and other clinical factors. Different tablet strengths can look different; check the label and number of tablets after every prescription change.

Do not crush or chew tablets. Ask the pharmacist if swallowing is difficult. Do not take grapefruit or grapefruit juice because it can raise axitinib exposure. Keep tablets in their labelled packaging, away from children and excessive heat or moisture. Return unwanted tablets to the pharmacy.

If you miss an axitinib dose or vomit after taking it, do not take an extra tablet or double the next dose. Take the next scheduled dose at the usual time. If vomiting continues or you cannot keep fluids down, contact the team. Avelumab appointments need rescheduling through the unit if missed.

### Pauses must be clear

If the team asks you to pause treatment, clarify whether this means axitinib, avelumab or both, and write down the restart instructions. Holding tablets while a symptom is investigated may help the clinician assess its cause, but this should be their decision. Do not restart leftover tablets simply because you feel better.

## Monitoring and checking response

Liver tests deserve particular attention. Avelumab with axitinib can cause more severe liver-enzyme rises than either component might lead you to expect. The team may check liver tests more frequently and hold both drugs if significant injury develops. Steroids may be needed when immune inflammation is suspected.

Blood pressure can rise early after axitinib starts. Urine protein, kidney function, thyroid function and glucose also need review. You may feel well despite an abnormal result, so attend scheduled blood and urine tests. Ask how you will receive instructions if results require a change between appointments.

Scans assess cancer control at intervals chosen by the oncologist. Symptoms, examination and your ability to manage everyday activities also matter. Bring a simple record of doses, missed tablets, blood-pressure readings and side effects; an accurate account is more helpful than trying to appear to have tolerated treatment perfectly.

## Common side effects and practical care

### Diarrhoea, appetite and mouth soreness

Loose stools are common with this combination, but immune colitis is also possible. Report new diarrhoea promptly and follow the agreed plan. Record frequency compared with your usual pattern, nighttime stools, pain and any blood. Do not rely on anti-diarrhoea medicine alone when symptoms persist or worsen.

For nausea or reduced appetite, use prescribed anti-sickness treatment and try smaller meals. A sore mouth may make drinking difficult. Use a soft toothbrush and ask for a suitable mouth rinse; avoid irritating foods if they sting. Report mouth ulcers, weight loss or difficulty swallowing before dehydration develops.

### Hands, feet and skin

Axitinib can cause sore, tender or peeling palms and soles, often called hand-foot syndrome. Reduce friction, wear comfortable footwear and moisturise as advised. Report pain that changes how you walk or use your hands. Early treatment may prevent small cracks becoming disabling.

Rash and itching may also occur. Use gentle skin products and show the team new changes. A spreading rash, blisters, peeling skin or sores affecting the eyes or mouth needs urgent assessment. An ordinary-looking rash can need different treatment depending on its cause.

### Fatigue, voice and aches

Tiredness, aching muscles or joints and a hoarse voice can occur. Pace demanding activities and plan rest, while keeping gently active when able. Report a sudden loss of stamina, marked weakness, dizziness or worsening pain. These may indicate a treatable problem rather than unavoidable fatigue.

## Important side effects to recognise

### Heart and circulation

This combination can cause serious cardiovascular events, including heart attack and heart failure. Do not dismiss chest pressure, new breathlessness, palpitations, fainting or rapidly increasing ankle swelling. Chest pain or severe breathing difficulty needs emergency care; a new milder symptom still needs urgent advice.

A painful swollen leg may be a clot. Sudden speech difficulty, facial droop or one-sided weakness may be a stroke. High blood pressure may cause no symptoms, but severe headache, confusion, seizures or changes in vision can indicate a dangerous complication requiring immediate assessment.

### Immune side effects

Avelumab can inflame the lungs, bowel, liver, kidneys, skin, nerves or hormone-producing glands. Report new cough, diarrhoea, jaundice, reduced urine, unusual muscle weakness, persistent headache or a major change in energy. Increased thirst and frequent urination can signal high blood sugar or immune-related diabetes.

Severe weakness with vomiting, dizziness or fainting can reflect a hormone emergency. New muscle weakness, drooping eyelids, double vision or difficulty swallowing can be signs of rare neurological or muscle inflammation. These symptoms should not be saved for a routine appointment.

### Liver, bleeding and bowel injury

Both medicines may affect the liver. Contact the team for yellow eyes or skin, dark urine, unusual bruising, right-sided upper abdominal pain or persistent nausea. Blood-test changes may occur first, which is why monitoring continues even without symptoms.

Axitinib can cause bleeding and, rarely, a hole or abnormal connection in the bowel. Vomiting blood, black tar-like stools, heavy bleeding or severe persistent abdominal pain requires emergency assessment. Wounds may heal slowly, so planned surgery needs coordination with the oncologist.

## When to get urgent medical help

Use emergency services or attend emergency care for chest pain, collapse, severe breathing difficulty, stroke symptoms, seizures, heavy bleeding, a blistering rash or severe abdominal pain. If possible, bring your medicine list and alert card; do not delay urgent care to collect them.

Call the cancer team's urgent number the same day for new diarrhoea, fever, worsening cough, jaundice, reduced urine, marked weakness or a painful swollen leg. Follow the temperature threshold supplied by your hospital. If none is available, 37.5°C (99.5°F) or above warrants urgent contact, and sudden illness matters even without fever.

Explain that you take axitinib twice daily and receive avelumab. Give the last tablet and infusion times, symptoms and any blood-pressure readings. If you cannot reach the team and symptoms are worsening, seek emergency assessment. Do not wait for the next infusion.

## Other medicines and vaccinations

Some antibiotics, antifungals, antiviral medicines, seizure medicines and herbal products can alter axitinib levels. Strong CYP3A4/5 inhibitors can increase exposure; enzyme-inducing medicines can reduce it. Your pharmacist should check the actual medicine and dose rather than treating every drug in a broad class as interchangeable. Avoid St John's wort unless the oncology pharmacist specifically advises otherwise.

Check painkillers, blood thinners and blood-pressure treatments with the team. Steroids may be required for an immune side effect; take them exactly as prescribed and follow the taper rather than stopping abruptly. Do not stop an existing immune-suppressing medicine without its prescriber.

Discuss vaccinations with the cancer team. The choice and timing depend on your immune status, treatment and any steroids. Tell other clinicians and pharmacists about both cancer medicines, including when treatment has been paused.

## Everyday life during treatment

A written dosing routine or phone reminder can help with twice-daily tablets. If a relative helps, agree who records each dose so it is not accidentally repeated. Keep tablets in their original labelled packaging rather than sharing them with someone who takes a similar medicine.

Plan work, travel and exercise around your energy, appointments and access to medical care. Comfortable shoes can help if your soles are sore. Do not push through chest symptoms, dizziness or unusual breathlessness. Avoid driving if you feel faint or drowsy, including after sedating premedication.

Tell dentists and surgeons that axitinib can impair healing. US information specifies holding it for at least two days before elective surgery and not giving it for at least two weeks after major surgery and until adequate healing. Your team decides the interval for your procedure and when it is safe to restart.

## Fertility, pregnancy and breastfeeding

These medicines can harm a developing baby. Pregnancy should be excluded where relevant before treatment, and reliable contraception discussed. US avelumab information requires contraception during treatment and for at least one month afterwards. Axitinib requires contraception during treatment and for one week afterwards for patients who can become pregnant and for male patients with partners who can become pregnant. Follow the longer applicable interval and local advice.

Do not breastfeed during treatment. The US post-treatment intervals are one month for avelumab and two weeks for axitinib, so the longer period applies to this combination. Ask the team to calculate the date from the actual last doses. Axitinib may affect fertility; discuss preservation before treatment if future parenthood matters to you.

## After a pause or the end of treatment

Continue blood tests, blood-pressure monitoring and any treatment for toxicity as directed. Avelumab-related inflammation can appear after the final infusion. Keep the alert card and tell other clinicians about previous immunotherapy if new symptoms develop.

Avelumab is usually withheld or stopped rather than dose-reduced. Axitinib may be paused or adjusted. Different restart rules apply to different toxicities, and severe liver or cardiovascular problems may prevent the combination restarting. A restart plan should clearly name the medicine, dose and date.

## Frequently asked questions

### 1. Is this all immunotherapy?

No. Avelumab is immunotherapy; axitinib is a targeted tablet treatment. Knowing both names helps other clinicians consider immune inflammation as well as blood-pressure, bleeding and drug-interaction risks.

### 2. Do I take axitinib on days without an infusion?

Usually yes. It is prescribed twice daily continuously unless the team changes the plan. A two-week interval between avelumab doses is not automatically a break from axitinib.

### 3. Must I take tablets with food?

Axitinib can be taken with or without food. Keep doses about 12 hours apart and swallow them whole with water. Follow the pharmacy label if your dose or number of tablets changes.

### 4. What if I forget a tablet?

Skip the missed dose and take the next scheduled dose at the usual time. Do not double it. Record what happened and mention repeated difficulties so the team can help simplify your routine.

### 5. What if I vomit after a tablet?

Do not replace it. Take the next dose at the usual scheduled time. Call the team for repeated vomiting, inability to drink, dizziness or reduced urine because dehydration may need treatment.

### 6. Why avoid grapefruit?

Grapefruit can interfere with the way the body handles axitinib and increase exposure. Ask the pharmacist about any fruit products or supplements you are unsure about rather than assuming all citrus fruits have the same effect.

### 7. Why do I receive medicines before avelumab?

An antihistamine and fever-reducing medicine reduce the risk of infusion reactions and are recommended before the first four doses. Later use depends on your reactions and the clinician's judgement.

### 8. Is diarrhoea always caused by axitinib?

No. Avelumab can cause immune colitis, and infection is another possibility. Report a change promptly. The team may need tests or a supervised treatment pause to decide the cause and safest management.

### 9. Why are liver tests more frequent?

The combination has an increased risk of significant liver-enzyme rises. Blood tests can identify injury before jaundice or pain appears. Attend checks even when you feel well.

### 10. Can I alter axitinib according to my blood pressure?

Only under the team's written instructions. A high reading may need confirmation, medication changes or a treatment hold. Severe headache, neurological symptoms or chest pain needs urgent assessment rather than home dose adjustment.

### 11. What should I do about sore feet?

Report tenderness, cracks or peeling early. Reduce friction and use recommended moisturiser and comfortable footwear. Pain that affects walking may need prescription treatment or an axitinib adjustment.

### 12. Does a hoarse voice mean treatment must stop?

Hoarseness can occur with axitinib, but should still be mentioned. New swallowing difficulty, breathing problems or marked weakness requires urgent advice, because those symptoms need a different assessment.

### 13. Can I keep taking my heart medicines?

Usually existing medicines need coordinated review, not abrupt stopping. Bring a complete list. The team may adjust blood-pressure treatment and check interactions while monitoring cardiovascular risk.

### 14. Why does the guide mention heart attack?

Serious cardiovascular events are a recognised combination risk. Explaining the warning helps you act quickly if symptoms occur; it does not mean everyone will experience them. Chest pain or severe breathlessness needs emergency assessment.

### 15. Are steroids safe with immunotherapy?

They may be essential when the immune system inflames healthy organs. Take prescribed steroids promptly and follow the taper. Do not avoid them or stop them suddenly because avelumab is intended to activate immunity.

### 16. Can treatment continue with only one medicine?

Sometimes, but this is a clinical decision depending on benefit and the reason for stopping the other drug. Confirm exactly which medicine is paused and whether remaining tablets should continue.

### 17. Is a lower axitinib dose less worthwhile?

Dose adjustment is used to balance exposure, safety and tolerability. It is not automatically evidence of failure. Ask why the change was made and what monitoring will guide the next decision.

### 18. Can I have surgery while taking it?

Axitinib requires a planned interruption because wound healing may be affected. The surgeon and oncologist should agree the timing and restart. Do not rely on a generic interval without confirming your procedure and healing.

### 19. Can immune side effects happen after stopping?

Yes. Keep the treatment alert card after the last infusion and mention prior avelumab when seeking care. New diarrhoea, breathing changes or unexplained weakness still deserves prompt assessment.

### 20. What is most useful to record at home?

Record tablet doses, missed doses, bowel changes, new symptoms and blood pressure if requested. Note when a symptom began relative to treatment. Bring the record to appointments, but report urgent symptoms immediately rather than waiting.

## Individual medicine guides

- Avelumab
- Axitinib

### Sources and review information

Sources checked: 8 October 2026. Read with your prescribed product leaflet and your hospital's treatment plan.

Macmillan Cancer Support Avelumab and axitinib

Cancer Research UK Avelumab

Cancer Research UK Axitinib

EMD Serono Bavencio US prescribing information

Pfizer Inlyta US prescribing information

### Additional sources

### Summary of Product Characteristics (SmPC)

- Bavencio (avelumab): Summary of Product Characteristics - EMA product information, Annex I (PDF)
- Inlyta (axitinib): Summary of Product Characteristics - EMA product information, Annex I (PDF)

### Regulatory references

- FDA prescribing information for Bavencio
- FDA prescribing information for Inlyta
- CDSCO import approvals, entry 20, avelumab for urothelial and renal cell cancer

### Patient information and practical support

- eviQ patient guide to avelumab and axitinib

Editorially approved by Dr (Prof) Vijay Agarwal

Professor and Lead Consultant - Medical Oncology

Review record updated: 8 October 2026 · Medical Review Policy