



Provincial Health Services Authority

## **For the Patient: HNLAALTPRT**

Other Names: Treatment for Advanced Head and Neck Cancer using Cisplatin During Radiation Therapy

**HN = Head and Neck** (tumour group)

**LA = Locally Advanced**

**ALT = ALTernate**

**P= Platinum (CisPlatin)**

**RT= Radiation Therapy**

### **ABOUT THIS MEDICATION**

#### **What is this drug used for?**

Cisplatin is an intravenous chemotherapy medication used for many types of cancer. In this protocol, cisplatin is given before radiation or along with radiation to control the disease and increase your survival.

#### **How does this drug work?**

Cisplatin interferes with cancer cells and prevents their growth. Cisplatin works with radiation to destroy tumour cells.

### **INTENDED BENEFITS**

- This treatment is being given to destroy or slow the growth of cancer cells in your body
- It may take more than one treatment before your doctor can tell whether or not this treatment is helping.
- This treatment is intended to improve your current symptoms and delay or prevent the onset of new symptoms related to your disease and extend your survival.

### **HNLAALTPRT TREATMENT SUMMARY**

#### **How is this drug given?**

- Cisplatin is given intravenously (via the vein) daily for 4 days every 3 or 4 weeks.
- Cisplatin is given on the SAME day as radiation treatment.
- Radiation is given daily Monday to Friday with weekends and holidays off.

#### **What will happen when I get my drugs?**

- A blood test is done within one month prior to starting treatment.
- A blood test is done prior to each cycle. You will be given a lab requisition for these tests.
- The dose and timing of your chemotherapy may be changed based on your blood counts and/or other side effects.

## TREATMENT PROTOCOL

DATE (dd/mm/yr)	CYCLE		TREATMENT
	1	D 1-4	Cisplatin infusion + Radiation therapy
	2	D 1-4	Cisplatin infusion + Radiation therapy
	3	D 1-4	Cisplatin infusion + Radiation therapy

Each cycle is repeated every 3-4 weeks for at least 1 cycle.

Radiation treatment will follow the chemotherapy treatment.

Chemotherapy may continue after radiation therapy depending on your tolerance.

## CHEMOTHERAPY SIDE EFFECTS AND MANAGEMENT

### Are there any risks?

- Unexpected and unlikely side effects can occur with any drug treatment. The ones listed in the following tables are particularly important for you to be aware of.

SERIOUS SIDE EFFECTS	MANAGEMENT
When your white blood cells are low, you are at greater <b>risk of having an infection</b> . White blood cells protect your body by fighting bacteria (germs) that cause infection.	To help prevent infection: <ul style="list-style-type: none"> <li>• Wash your hands often and always after using the bathroom</li> <li>• Take care of your skin and mouth</li> <li>• Avoid crowds and people who are sick</li> </ul> Call your doctor <b>immediately</b> at the first sign of infection such as fever (over 38°C or 100°F by an oral thermometer), chills, cough or burning when you pass urine.
Normal platelets help your blood to clot normally after an injury (e.g. cut). <b>When the platelet count is low, you may be more likely to bruise or bleed.</b>	To help prevent bleeding problems: <ul style="list-style-type: none"> <li>• Try not to bruise, cut or burn yourself.</li> <li>• Clean your nose by blowing gently. Do not pick your nose.</li> <li>• Avoid constipation.</li> <li>• Brush your teeth gently with a soft toothbrush as your gums may bleed more easily. Maintain good oral hygiene.</li> </ul> Some medications such as ASA (e.g. Aspirin®) or ibuprofen (e.g. Advil®) may increase your risk of bleeding. <ul style="list-style-type: none"> <li>• Do not stop taking any medication prescribed by your doctor.</li> </ul> For minor pain, try acetaminophen (Tylenol®) first, but occasional use of ibuprofen is acceptable.
<b>Changes in hearing</b> may occur	Contact your doctor if you have any concerns in your hearing.

OTHER SIDE EFFECTS	MANAGEMENT
<p><b>Nausea and vomiting</b> may occur after your treatment and may last for up to 24 hours. Nausea may last longer for some patients (ie. Delayed nausea and vomiting)</p>	<p>You will be given a prescription for anti-nausea drug(s) to take before your chemotherapy treatment and/or at home. <b>It is easier to prevent nausea than treat it once it has occurred</b>, so follow directions closely.</p> <ul style="list-style-type: none"> <li>• Drink plenty of fluids</li> <li>• Eat and drink often in small amounts</li> <li>• Try the ideas in <a href="#">Food Choices to Help Control Nausea</a></li> </ul>
<p><b>Diarrhea</b> may occur after your treatment. Diarrhea can lead to dehydration.</p>	<p>To help manage diarrhea:</p> <ul style="list-style-type: none"> <li>• Drink plenty of fluids</li> <li>• Eat and drink often in small amounts</li> </ul> <p>Avoid high fibre foods as outlined in <a href="#">Chemo Induced Diarrhea</a> and <a href="#">Food ideas to help with diarrhea</a></p>
<p><b>Sore mouth</b> may occur a few days after treatment. Mouth sores can occur on the tongue, the sides of the mouth or in the throat. <b>Mouth sores or bleeding gums can lead to an infection.</b></p>	<ul style="list-style-type: none"> <li>• Brush your teeth gently after eating and at bedtime with a very soft toothbrush. If your gums bleed, use gauze instead of a brush. Use baking soda instead of toothpaste.</li> <li>• Make a mouthwash with ½ teaspoonful baking soda or salt in 1 cup warm water and rinse several times a day.</li> <li>• Try soft bland foods like puddings, milkshakes and cream soups.</li> <li>• Avoid spicy, crunchy or acidic food and very hot or cold foods.</li> <li>• Try the ideas in <a href="#">Help with Sore Mouth during Chemotherapy</a></li> </ul>
<p><b>Hair loss</b> is rare with cisplatin. If you lose hair, it will grow back once you stop treatment with cisplatin. Colour and texture may change.</p>	<p>If hair loss is a problem, refer to <a href="#">Hair Loss due to Chemotherapy</a> .</p>
<p><b>Numbness or tingling of the fingers or toes</b> may sometimes occur. This will slowly return to normal once your treatments are over. This may take several months.</p>	<ul style="list-style-type: none"> <li>• Be careful when handling items that are sharp, hot or cold.</li> <li>• Tell your doctor at your next visit, especially if you have trouble with buttons, writing or picking up small objects.</li> </ul>

## RADIATION SIDE EFFECTS AND MANAGEMENT:

Are there any risks?

- Radiation can only cause side effects in the part of the body where it is delivered.
- Smoking is not advisable because it can make your side effects worse and can make the treatment less effective. Ask your doctor, radiation therapist, or nurse for more information; or visit [www.quitnow.ca](http://www.quitnow.ca)
- Unexpected and unlikely side effects can occur with any radiation treatment. The ones listed in the following table are particularly important for you to be aware of.

RADIATION SIDE EFFECTS	MANAGEMENT
<p><b>Skin irritation</b> may occur while receiving radiation therapy, since all radiation must pass through your skin. The side effects will vary depending on amount of radiation given, the area of the body treated, the size of the treatment area, and whether chemotherapy has been previously administered. Skin may feel warm and sensitive and colour may change.</p>	<ul style="list-style-type: none"><li>• Bathe using lukewarm water and mild, unscented soap. Pat skin dry with a soft towel.</li><li>• Wear loose, comfortable clothing.</li><li>• Protect skin from direct sunlight and wind. <b>Avoid extremes of hot or cold (heating pads, icepacks, hot tubs, saunas, etc.).</b></li><li>• You may swim if skin is intact.</li><li>• <b>Avoid perfume, alcohol, astringents and adhesives to the treated areas during treatment.</b></li><li>• Be careful not to remove the skin markings placed by the Radiation Therapists.</li><li>• The Radiation Therapists will give you information about skin care.</li><li>• If your skin begins to peel or blister, call the nursing line.</li></ul>

RADIATION SIDE EFFECTS	MANAGEMENT
<b>Decreased salivary flow</b>	<ul style="list-style-type: none"> <li>• A decrease in salivary flow can lead to long term xerostomia. A clean, well-hydrated mouth may prevent complications from cancer treatment.</li> <li>• To aid in swallowing, foods may be softened with liquids such as skim milk, broth or water. Foods with some bulk may be easier to swallow than liquids.</li> <li>• Avoid alcohol and caffeinated beverages which may cause dryness. Avoid carbonated beverages with sugar. Avoid diet drinks with phosphoric and citric acids.</li> <li>• To stimulate salivary flow, try the following suggestions: sugarless gum/candy with xylitol as a sweetener.</li> <li>• Water, alone or with ¼ teaspoon glycerin, is commonly used as a mouth-wetting agent.</li> </ul>
<b>Mouth Sores</b>	<ul style="list-style-type: none"> <li>• Early detection and treatment of oral infections will diminish the severity of mouth sores and pain associated with it. Avoid commercial mouthwashes because they have a high alcohol content and can dry and irritate the oral tissues.</li> </ul> <p>Refer to <a href="#">Coping with Dry Mouth</a>.</p>
<b>Loss of Taste</b>	<ul style="list-style-type: none"> <li>• Tumours involving the 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> cranial nerves, radiation to the head and neck areas, and chemotherapy can all contribute to loss of taste sensation. Refer to <a href="#">Food Ideas to Cope with Taste and Smell Changes</a> or <a href="#">Coping with Taste Changes</a></li> </ul>

**THE FOLLOWING INFORMATION IS VERY IMPORTANT**

**SEE YOUR DOCTOR OR GET EMERGENCY HELP IMMEDIATELY IF YOU HAVE:**

- Signs of a **stroke** such as sudden onset of severe headache, eyesight changes, slurred speech, loss of coordination, weakness or numbness in arm or leg.
- Signs of an **infection** such as fever (over 38°C or 100°F by oral thermometer), shaking chills, severe sore throat, productive cough (coughing up thick or green sputum), cloudy or foul smelling urine, painful, tender or swollen red skin wounds or sores.

- Signs of **bleeding problems** such as black, tarry stools, blood in urine, pinpoint red spots on skin, extensive bruising.
- Signs of a **blood clot** such as tenderness or hardness over a vein, calf swelling and tenderness, sudden onset of cough, chest pain or shortness of breath.
- Signs of an **allergic reaction** (rare) soon after a treatment including dizziness, fast heartbeat, face swelling or breathing problems.
- Signs of **heart problems** such as fast or uneven heartbeat.
- **Seizures or loss of consciousness**

**SEE YOUR DOCTOR AS SOON AS POSSIBLE (DURING OFFICE HOURS) IF YOU HAVE:**

- Uncontrolled nausea, vomiting or diarrhea
- Signs of **kidney problems** such as lower back or side pain, swelling of feet or lower legs.
- **Numbness or tingling** in feet or hands.
- Ringing in your ears or **hearing problems**.
- Signs of **bladder problems** such as changes in urination, painful burning sensation, presence of blood or abdominal pain.
- Increased **sore throat or mouth** that makes it difficult to swallow comfortably.

**CHECK WITH YOUR DOCTOR IF ANY OF THE FOLLOWING CONTINUE OR BOTHER YOU:**

- Easy bruising or bleeding
- Redness, swelling, pain or sores where the needle was placed
- Redness, swelling, pain or sores on your lips, tongue, mouth or throat
- Signs of anemia such as unusual tiredness or weakness
- Skin rash or itching
- Numbness or tingling in feet or hands or painful leg cramps

**What other drugs can interact with CISPLATIN?**

- Drugs that can cause a decrease in kidney function or are eliminated by the kidneys (e.g. Gentamicin, tobramycin, vancomycin, amphotericin B, furosemide (LASIX®),
- Phenytoin (DILANTIN®); cisplatin can cause a decrease in phenytoin blood levels
- Pyridoxine (vitamin B6) may cause a decrease in cisplatin's effectiveness

**If you experience symptoms or changes in your body that have not been described above but worry you, or in any symptoms are severe, contact:**

\_\_\_\_\_ at telephone  
number: \_\_\_\_\_