



For the Patient: UHNLADCF

Treatment of locally advanced squamous cell carcinoma of the head and neck with Docetaxel, Cisplatin and Infusional Fluorouracil

U = Undesignated

HN = Head and Neck (tumour group)

LA = Locally Advanced

DCF = Docetaxel, Cisplatin, Fluorouracil

ABOUT THIS MEDICATION

What are these drugs used for?

- Docetaxel, cisplatin and fluorouracil (5FU) are drugs used to treat locally advanced cancers of the mouth, larynx or pharynx or of unknown origin.

How do these drugs work?

- Docetaxel, cisplatin and fluorouracil work by interfering with the genetic material of actively dividing cells and preventing an increase in the number of cancer cells.

INTENDED BENEFITS

- This therapy is being given to destroy and/or limit the growth of cancer cells in your body.
- This treatment may improve your current symptoms, and/or delay the onset of new symptoms.
- It may take a few treatments before your doctor can tell whether or not this treatment is helping you.

TREATMENT SUMMARY

How are these drugs given?

- Docetaxel, cisplatin and fluorouracil are given intravenously (via the vein) on the first day of each cycle. This is repeated every 21 days for three cycles.
- 5-Fluorouracil is given intravenously (via the vein) over five days. The medication is given by continuous infusion using a Baxter INFUSOR™. (Refer to [Your INFUSOR™ - A Guide for Patients](#))
- The infusion device is connected to your veins by either a peripherally inserted central catheter (**PICC**) or a **PORT-A-CATH**®.
 - If we use a **PICC**, this is inserted in your upper arm.

- If we use a **PORT-A-CATH®**, this is inserted under the skin of the upper chest using local freezing.
- The insertion of either of these devices would be done before your treatment starts and would be removed once the treatment program is finished. The chemotherapy nurse will connect the infusion device to your IV site at the clinic and then you can go home while your treatment is infusing over the 5 days. You may return to the clinic after 5 days for the nurse to disconnect the infusion device, or you will be instructed how to disconnect yourself at home. Some people may be instructed to go to their local hospital to be disconnected, or may have a home care nurse provide this service, if available. You will then have a 16 day rest period.
- Each treatment will take **about 3 hours**. This includes a dressing change if you have a PICC line. (If you have a PORT-A-CATH®, a dressing change is not needed, so your treatment will take less time). Your first treatment will probably take longer, as the nurse will review information on the chemotherapy drugs and infusion device with you.

The calendar below shows how the medications are given each 3 week cycle.

DATE (dd/mm/yr)	CYCLE	DAY	TREATMENT
	1	1	Docetaxel infusion + Cisplatin infusion
		1 – 5	5-Fluorouracil Continuous Infusion via Infusor device
	2	1	Docetaxel infusion + Cisplatin infusion
		1 – 5	5-Fluorouracil Continuous Infusion via Infusor device
	3	1	Docetaxel infusion + Cisplatin infusion
		1 – 5	5-Fluorouracil Continuous Infusion via Infusor device

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 lab requisitions for these tests
- The dose and timing of your chemotherapy may be changed based on your blood counts and/or other side effects.

- Your doctor may give you a prescription for injections to support your white blood cells to reduce the risk of infection (filgrastim [NEUPOGEN®], also known as G-CSF or granulocyte colony stimulating factor)
- It is important for you to **drink plenty of water** on the day of your treatment and for a few days following your treatment. This will prevent kidney problems.
- You will have been given prescriptions to prevent nausea; please have these filled at your regular pharmacy and bring them in with you each time for treatment. Your nurse will tell you when to take the anti-nausea medication. It is easier to prevent nausea than to treat it once it has occurred, so please follow the suggestions below.
- One anti-nausea prescription is for **dexamethasone** (DECADRON®). Dexamethasone helps prevent nausea, fluid retention and allergic reactions associated with docetaxel. It is important to take the dexamethasone exactly as directed or you may not be able to have your treatment. You must take the dexamethasone with food the morning and evening on the **day before** your treatment begins, then a third dose the **morning** of the **day of** your treatment. You must take **three doses of dexamethasone before your docetaxel treatment**.
- You will be given prescriptions for **ondansetron** and **aprepitant**. The nurse will instruct you on how to take those.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

- 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 as they are directly related to the drugs in your treatment plan.
- Refer to individual drug information sheets for the specific side effects of each drug

SERIOUS SIDE EFFECTS	HOW COMMON IS IT?	MANAGEMENT
Allergic reactions often occur with docetaxel and rarely with cisplatin. Signs of an allergic reaction are flushing, rash, itching, dizziness, swelling or breathing problems. This reaction may occur immediately, as often seen with docetaxel. It may occur several hours after receiving cisplatin or even after many doses of cisplatin.	Common	<ul style="list-style-type: none"> • Take your dexamethasone tablets as directed by your doctor, pharmacist or nurse. This is usually taken twice a day with food (breakfast and supper) starting the day before your treatment. • Your nurse will check your heart rate (pulse) and blood pressure, if needed. Tell your nurse or doctor immediately if you have any sign of an allergic reaction.
Fever may occur shortly after treatment with docetaxel. Fever should last no longer than 24 hours.	Common	<ul style="list-style-type: none"> • Take acetaminophen (e.g. TYLENOL®) every 3 – 4 hours. Fever which occurs more than 48 hours after treatment may be the sign of an infection. See details below under “white blood cells”.
When your white blood cells are low, you are at greater risk of having an infection . White blood cells protect your body by fighting bacteria (germs) that cause infection.	Common	To help prevent infection: <ul style="list-style-type: none"> • Wash your hands often and always after using the bathroom • Take care of your skin and mouth • Avoid crowds and people who are sick • Call your doctor immediately 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.

SERIOUS SIDE EFFECTS	HOW COMMON IS IT?	MANAGEMENT
<p>When your platelets are low, you may bruise or bleed more easily than usual. Platelets help to make your blood clot when you hurt yourself. Your platelets may decrease 7-14 days after your treatment. They usually return to normal a month after your last treatment.</p>	<p>Common</p>	<p>To help prevent bleeding problems:</p> <ul style="list-style-type: none"> • Try not to bruise, cut or burn yourself. • Clean your nose by blowing gently. Do not pick your nose. • Avoid constipation. • Brush your teeth gently with a soft toothbrush as your gums may bleed more easily. Maintain good oral hygiene. <p>Some medications like ASA (e.g. ASPIRIN®) or ibuprofen (e.g. ADVIL®) may increase your risk of bleeding.</p> <ul style="list-style-type: none"> • Do not stop taking any medication that has been prescribed by your doctor (e.g. ASA for your heart). • For minor pain, try acetaminophen (TYLENOL®) first, but occasional use of ibuprofen may be acceptable.
<p>Chest Pain or changes in heart rhythm may rarely occur.</p>	<p>Very <u>un</u>common</p>	<p>Go to your nearest emergency department if you should experience any chest pain or rhythm changes.</p>

OTHER SIDE EFFECTS	HOW COMMON IS IT?	MANAGEMENT
<p>Nausea and vomiting may occur after your treatment and may last for 24 hours.</p>	<p>Common</p>	<p>You may be given a prescription for anti-nausea drug(s) to take before your chemotherapy treatment and/or at home. It is easier to prevent nausea than treat it once it has occurred, so follow directions closely.</p> <ul style="list-style-type: none"> • Eat and drink often in small amounts. • Try the ideas in Food Choices to Help Control Nausea
<p>Loss of appetite may occur and may persist long after discontinuation of treatment</p>	<p>Common</p>	<p>Try the food ideas in Food Ideas to Help with Poor Appetite</p>
<p>Diarrhea may occur after your treatment . Diarrhea can lead to dehydration.</p>	<p>Common</p>	<p>To help manage diarrhea:</p> <ul style="list-style-type: none"> • Drink plenty of fluids, slowly • Eat and drink often in small amounts <p>Refer to the following documents:</p> <ul style="list-style-type: none"> • Chemo Induced Diarrhea • Food ideas to help with diarrhea
<p>Sore mouth may occur a few days after treatment. Mouth sores can occur on the tongue, the sides of the mouth or in the throat. <i>Mouth sores can lead to an infection.</i></p>	<p>Common</p>	<ul style="list-style-type: none"> • Brush your teeth gently after eating and at bedtime with a very soft toothbrush. If your gums bleed, use gauze instead of a toothbrush. Use baking soda instead of toothpaste. • Make a mouthwash with ½ teaspoon baking soda or salt in 1 cup warm water and rinse several times a day. • Try the ideas in Help with Sore Mouth during Chemotherapy

OTHER SIDE EFFECTS	HOW COMMON IS IT?	MANAGEMENT
Tiredness and lack of energy may occur.	Common	<ul style="list-style-type: none"> • Do not drive or operate machinery if you are feeling tired. • Rest, eat a well balanced diet and activities to tolerance. • Try the ideas in <i>Your Bank of Energy Savings: How people with cancer can handle fatigue</i>.
Hair loss sometimes occurs with 5-Fluorouracil. Your hair will grow back once you stop treatment. Colour and texture may change.	Less Common	<ul style="list-style-type: none"> • Use a gentle shampoo and soft brush. • Care should be taken with hair spray, bleaches, dyes and perms.
Rash may occur, mainly on the feet and hands, but also on arms, face or chest. The rash will generally clear by the time of the next treatment.	Less Common	<ul style="list-style-type: none"> • Apply a moisturizer to dry skin several times a day. • If itchy, you can use calamine lotion and if very irritating, call your doctor during office hours. • Keep the area clean to avoid infections. • Otherwise make sure to mention it at your next visit.
Nail changes such as change in colour may occur. Rarely, nails will loose or fall off, or the nailbeds will be painful.	Uncommon	<ul style="list-style-type: none"> • Nail changes such as change in colour may occur. Rarely, nails will loose or fall off, or the nailbeds will be painful.

INSTRUCTIONS FOR THE PATIENT

- Tell your doctor if you have ever had an unusual or **allergic reaction** to paclitaxel (TAXOL®) or other drugs mixed with polysorbate 80, cisplatin, or fluorouracil (5 FU, ADRUCIL®) before receiving treatment.
- The **drinking of alcohol** (in small amounts) does not appear to affect the safety or usefulness of docetaxel, cisplatin, or fluorouracil.
- Your doctor may ask you to take a **hearing test** before and at various times during your treatment with cisplatin. This helps to detect hearing problems.
- Fluorouracil and cisplatin may cause **sterility** in men and **menopause** in women. If you plan to have children, discuss this with your doctor before being treated with fluorouracil and cisplatin.
- Docetaxel, cisplatin, and fluorouracil may damage sperm in males and may harm the baby if used during pregnancy. It is best to **use birth control** while being treated with these drugs, and for six months after your last treatment. Tell your doctor right away if you or your partner becomes pregnant. Do not breast feed during treatment.
- **Tell** doctors or dentists that you are being treated with docetaxel, cisplatin, and fluorouracil before you receive any dental treatment.

Medication Interactions

Other drugs may **interact** with fluorouracil, such as phenytoin (DILANTIN®) and warfarin (COUMADIN®). Other drugs may interact with cisplatin, such as furosemide (LASIX®), phenytoin (DILANTIN®), pyridoxine, and some antibiotics given by vein (e.g. tobramycin, vancomycin). Other drugs such as cyclosporin, ketoconazole and erythromycin may interact with docetaxel.

Tell your doctor if you are taking these or any other drugs as you may need extra blood tests or your dose may need to be changed. Check with your doctor or pharmacist before you start taking any new drugs.

THE FOLLOWING INFORMATION IS VERY IMPORTANT

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

- Signs of an **infection** such as fever (over 100°F or 38°C by an oral thermometer); chills; cough; pain or burning when you pass urine.
- Signs of **bleeding problems** such as black tarry stools; blood in urine; pinpoint red spots on skin.
- Signs of an **allergic reaction** (rare) soon after a treatment including dizziness, fast heart beat, face swelling or breathing problems.
- Signs of **heart or lung problems** such as fast or uneven heartbeat, chest pain, chest pressure, shortness of breath, or difficulty in breathing, swelling of ankles, or fainting.
- 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 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 **bowel perforation** such as new pain, tenderness or acute cramping and bloating in your abdomen, or any sudden **abdominal pain**.
 - **Seizures or loss of consciousness.**
- **Uncontrolled nausea, vomiting or diarrhea.**

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

- **Painful hand-foot skin reaction** such as painful redness, peeling, tingling, numbness, swelling or blistering of the palms of your hands and/or bottoms of your feet. If there is a delay in seeing your doctor, stop taking your capecitabine tablets until you are seen or have discussed with your doctor
- **Muscle weakness.**
- Signs of **kidney problems** such as lower back or side pain, swelling of feet or lower legs.
- **Signs of anemia** such as unusual tiredness or weakness.
- **Severe skin irritation, or severe skin reaction** where you have had radiation.
- Signs of **fluid retention** such as shortness of breath or difficulty breathing, bothersome swelling of feet or lower legs.
- **Trouble in walking.**

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

- Painless hand-foot skin reaction such as redness, peeling, tingling, numbness, swelling or blistering of the palms of your hands and/or bottoms of your feet.
- Easy bruising or minor bleeding.
- Redness, swelling, pain or sores where the needle was placed.
- Redness, swelling, pain or sores on your lips, tongue, mouth or throat.
- Heartburn; mild to moderate abdominal or stomach pain.
- Muscle or joint pain which is severe or bothersome.
- Ringing in your ears or hearing problems.
- Numbness or tingling in feet or hands or painful leg cramps.
- Dizziness or trouble walking.
- Eye irritation or changes in eyesight.
- Skin rash or itching

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: _____