

For the Patient: HNLACAFRT

Summary for Combined Chemotherapy (Carboplatin and Fluorouracil) and Radiation Treatment for Locally Advanced Squamous Cell Cancer of the Head and Neck

HN=Head and Neck (Tumour group)

LA=Locally Advanced

CA=Carboplatin

F = Fluorouracil

RT=Radiation Therapy

ABOUT THIS MEDICATION

What are these drugs used for?

Carboplatin is a drug that is used to treat many types of cancer.

5-Fluorouracil is also a drug that is used to treat many types of cancer. It is not active until it is converted to the active metabolite in the tissues.

How do these drugs work?

Both Carboplatin and 5-Fluorouracil interfere with the genetic material of replicating cells and prevents an increase in the number of cancer cells. When combined with radiation, the drugs work in synergy with radiation to eradicate tumour 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 delay or prevent the onset of new symptoms.
- This treatment is meant to improve your disease-free survival.

HNLACAFRT TREATMENT SUMMARY

How are these drugs given?

- Carboplatin is given intravenously (via the vein) once a day for four days. This is repeated every 21 days for three cycles.
- You will receive **fluorouracil** at the clinic by the chemotherapy nurse on **day 1 and day 3** of your treatment. The fluorouracil is given using TWO disposable infusion devices called an INFUSOR® or “baby bottle”. Each infusion device delivers the fluorouracil slowly and continuously to your body **over 48 hours or 2 days**. Please see a copy of “*Your INFUSOR® - A Guide for Patients*”, available through your chemotherapy nurse.
- The chemotherapy nurse will connect the infusion device to your IV site at the clinic, and then you can go about your normal pattern of living, while your **FIRST**

fluorouracil infusor device delivers treatment over the 48 hours or 2 days. You will return to clinic on day 3. The **SECOND** infusion device will be connected to your IV site by the chemotherapy nurse. You can go home while your fluorouracil treatment is delivered over the next 48 hours. Total time period of IV fluorouracil infusion is 96 hours or 4 days. You may return to the clinic after 4 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.

This is repeated every 21 days for three cycles.

- Radiation is given daily Monday to Friday, with weekends and holidays off, for the duration of the treatment.
- Chemotherapy is only to be administered if concurrent with radiation.

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.
- You will have been given a prescription for anti-nausea medication (filled at your regular pharmacy) that you bring in each time for your 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 follow the suggestions below.

TREATMENT PROTOCOL

DATE (dd/mm/yr)	CYCLE	DAY	TREATMENT
	1	1 – 4	Carboplatin infusion + Radiation therapy
		1 – 4	5-Fluorouracil Continuous Infusion + Radiation therapy
			Radiation therapy continued Monday to Friday
	2	1 – 4	Carboplatin infusion + Radiation therapy
		1 – 4	5-Fluorouracil Continuous Infusion + Radiation therapy
			Radiation therapy continued Monday to Friday
	3	1 – 4	Carboplatin infusion + Radiation therapy
		1 – 4	5-Fluorouracil Continuous Infusion + Radiation therapy
			Radiation therapy continued Monday to Friday

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 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
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.
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.	Common	To help prevent bleeding problems: <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. Some medications like ASA (e.g. ASPIRIN®) or ibuprofen (e.g. ADVIL®) may increase your risk of bleeding. <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.
Chest Pain or changes in heart rhythm may rarely occur.	Very <u>un</u> common	Go to your nearest emergency department if you should experience any chest pain or rhythm changes.

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>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
<p>Tiredness and lack of energy may occur.</p>	<p>Common</p>	<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 Fatigue/Tiredness – Patient Handout.

OTHER SIDE EFFECTS	HOW COMMON IS IT?	MANAGEMENT
<p>Hair loss sometimes occurs with 5-Fluorouracil. Your hair will grow back once you stop treatment. Colour and texture may change.</p>	<p>Less Common</p>	<ul style="list-style-type: none"> • Use a gentle shampoo and soft brush. • Care should be taken with hair spray, bleaches, dyes and perms.

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
- 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>Skin irritation 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, sweating may decrease and hair loss may occur in treated area.</p>	<ul style="list-style-type: none">• Bathe using lukewarm water and mild, unscented soap. Pat skin dry with a soft towel.• Wear loose, comfortable clothing.• Protect skin from direct sunlight and wind. Avoid extremes of hot or cold (heating pads, icepacks, hot tubs, saunas, etc.).• You may swim if skin is intact.• Avoid perfume, alcohol, astringents and adhesives to the treated areas during treatment.• Gently apply non-scented, water-based cream or lotion with your hands. Be careful not to remove the skin markings placed by the Radiation Therapists.• Ask your nurse for more information.• If your skin begins to peel or blister, call the nursing line.

RADIATION SIDE EFFECTS	MANAGEMENT
Decreased salivary flow	<ul style="list-style-type: none"> • A decrease in salivary flow can lead to long term problem with dry mouth. A clean, well-hydrated mouth may prevent complications from cancer treatment. • 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. • Avoid alcohol and caffeinated beverages which may cause dryness. Avoid carbonated beverages with sugar. Avoid diet drinks with phosphoric and citric acids. • To stimulate salivary flow, try the following suggestions: sugarless gum/candy with xylitol as a sweetener. • Water, alone or with ¼ teaspoon glycerin, is commonly used as a mouth-wetting agent. • Refer to <u>Coping with Dry Mouth</u>.
Mouth Sores	<ul style="list-style-type: none"> • 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. • Refer to <u>Help with Sore Mouth during Chemotherapy</u>
Loss of Taste	<ul style="list-style-type: none"> • Tumours involving the 5th, 7th, 9th and 10th cranial nerves, radiation to the head and neck areas, and chemotherapy can all contribute to loss of taste sensation. Refer to <u>Food Ideas to Cope with Taste and Smell Changes</u> or <u>Coping with taste changes</u>

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 38°C or 100°F by oral thermometer), shaking chills, severe sore throat, productive cough (coughing up thick or green sputum), pain or burning when you pass urine.
- 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 **bleeding problems** such as black, tarry stools, blood in urine, pinpoint red spots on skin, extensive bruising.
- Signs of an **allergic reaction** (rare) soon after a treatment including dizziness, fast heartbeat, face swelling or breathing problems.
- Signs of **heart or lung problems** such as fast or uneven heartbeat, chest pain, chest pressure, shortness of breath, difficulty breathing, swelling of ankles or fainting.

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

- **Uncontrolled nausea, vomiting or diarrhea**
- Painful **hand-foot skin reaction** such as painful redness, peeling, tingling, numbness, swelling or blistering of the palms of your hands and/or the bottoms of your feet.
- Signs of **anemia** such as unusual tiredness or weakness.
- Signs of **liver problems** such as yellow eyes or skin, white or clay-coloured stools.
- Signs of **kidney problems** such as lower back pain or side pain, swelling of feet or lower legs, numbness or tingling in feet or hands.
- Ringing in ears or **hearing problems**.
- **Changes in eyesight**.
- **Stomach pain** not controlled by antacids or acetaminophen.

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 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.
- Loss of appetite may occur and may persist for some time after chemotherapy has completed. Try the ideas in *Food Ideas to help with Decreased Appetite*.

INSTRUCTIONS FOR THE PATIENT:

What other drugs can interact with CARBOPLATIN and 5-FLUOROURACIL?

- Other drugs that can affect your hearing or affect your kidneys, such as IV aminoglycosides usually given in the hospital.
- Phenytoin prescribed for seizure control may require dose adjustments.

- Warfarin prescribed to prevent clots may require dose adjustments.
- Cimetidine prescribed for stomach ulcers may interact with the 5-Fluorouracil.

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: _____