

For the Patient: HNNAVPG

Other Names: Summary for Treatment of Locoregionally recurrent or Metastatic Nasopharyngeal Cancer with Platinum and Gemcitabine

HN = Head and Neck (Tumour Group)

N = Nasopharyngeal

AV = AdVanced

P = Platinum (Cisplatin or Carboplatin)

G = Gemcitabine

ABOUT THIS MEDICATION

What are these drugs used for?

- Cisplatin or Carboplatin are intravenous anticancer medications used for many types of cancer.
- Gemcitabine is an intravenous anticancer medication used for some types of cancer.

How do these drugs work?

Cisplatin, Carboplatin, and Gemcitabine interfere with the genetic material (DNA and RNA) of cancer cells to prevent their growth. The result is the cancer cell dies.

INTENDED BENEFITS

- This therapy is being given to destroy and/or prevent 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 control the disease and allow you to live longer after receiving chemotherapy treatment.

HNNAVPG TREATMENT SUMMARY

How are these drugs given?

- Gemcitabine is given intravenously on day 1, day 8, and day 15 every four weeks for 4 to 6 cycles.
- Cisplatin is given intravenously on day 1 and day 8 every four weeks for 4 to 6 cycles.
- Carboplatin is given in place of Cisplatin if your kidneys are not working as well. It is given intravenously on day 1 **ONLY** every four weeks for 4 to 6 cycles.
- Each cycle is 28 days.

What will happen when I get my drugs?

- A blood test is done within one month prior to starting your first treatment.
- A blood test is done before day 1, day 8, and day 15 of each cycle. You will be given lab requisitions for these tests.
- You will be given hydration fluid intravenously prior to receiving your Cisplatin.

- You will be 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 directions closely.
- To prevent nausea, be well-hydrated and eat small meals frequently. Refer to the pamphlet on “Food Choices to Help Control Nausea”.

TREATMENT PROTOCOL

DATE (dd/mm/yr)	CYCLE	TREATMENT		ALTERNATE TREATMENT	
	1	D 1	Cisplatin + Gemcitabine	D1	Carboplatin Gemcitabine
		D 8	Cisplatin + Gemcitabine	D8	Gemcitabine
		D 15	Gemcitabine	D15	Gemcitabine
	2	D 1	Cisplatin + Gemcitabine	D1	Carboplatin Gemcitabine
		D 8	Cisplatin + Gemcitabine	D8	Gemcitabine
		D 15	Gemcitabine	D15	Gemcitabine
	3	D 1	Cisplatin + Gemcitabine	D1	Carboplatin Gemcitabine
		D 8	Cisplatin + Gemcitabine	D8	Gemcitabine
		D 15	Gemcitabine	D15	Gemcitabine
	4	D 1	Cisplatin + Gemcitabine	D1	Carboplatin Gemcitabine
		D 8	Cisplatin + Gemcitabine	D8	Gemcitabine
		D 15	Gemcitabine	D15	Gemcitabine
	5	D 1	Cisplatin + Gemcitabine	D1	Carboplatin Gemcitabine
		D 8	Cisplatin + Gemcitabine	D8	Gemcitabine
		D 15	Gemcitabine	D15	Gemcitabine
	6	D 1	Cisplatin + Gemcitabine	D1	Carboplatin Gemcitabine
		D 8	Cisplatin + Gemcitabine	D8	Gemcitabine
		D 15	Gemcitabine	D15	Gemcitabine

DATE (dd/mm/yr)	CYCLE	TREATMENT		ALTERNATE TREATMENT	

What other drugs can interact with Cisplatin, Carboplatin, or gemcitabine?

- Drugs that can cause a decrease in kidney function or are eliminated by the kidneys (eg, gentamicin, tobramycin, vancomycin, amphotericin B, furosemide) can interact with these anticancer medications.
- Cisplatin may decrease Phenytoin's (DILANTIN®) effectiveness. Inform your Family Doctor to check your phenytoin (Dilantin®) blood levels.
- Pyridoxine (vitamin B6) may cause a decrease in Cisplatin's effectiveness, so avoid its use.
- Gemcitabine may increase the blood-thinning effect of warfarin. Inform your Family Doctor to check your INR during your treatment, and for 1 to 2 months after your treatment is finished. Adjust your warfarin dose as directed by your Doctor.
- Check with your doctor or pharmacist before you start taking any new prescriptions or non-prescription products.

Other important things to know:

- Cisplatin and Carboplatin can cause changes in kidney function; it is important to be well-hydrated before and after your treatment. This will prevent kidney problems.

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	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.	Very 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 are at greater risk of bruising or bleeding more easily than usual .	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 such as ASA (e.g. Aspirin®) or ibuprofen (e.g. ADVIL®) may increase your risk of bleeding. • Many natural health products may increase your risk of bleeding. • Do not stop taking any medication prescribed by your doctor. • For minor pain, try acetaminophen (TYLENOL®) first, but occasional use of ibuprofen is acceptable.
Chest pain or signs of a stroke may rarely occur	Rare	Go to your nearest emergency department if you should experience any chest pain or signs of a stroke.
Changes in hearing may occur	Uncommon	Contact your doctor if you have any change in your hearing or experience “ringing in the ears”.

OTHER SIDE EFFECTS	HOW COMMON IS IT?	MANAGEMENT
<p>Nausea and vomiting 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>Very common</p>	<p>You will 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"> • Drink plenty of fluids • Eat and drink often in small amounts • Try the ideas in Food Choices to Help Control Nausea <p>Your doctor may manage delayed nausea and vomiting differently. Be sure to let your doctor know if you experience this.</p>
<p>Diarrhea may occur after your treatment. Diarrhea can lead to dehydration.</p>	<p>Uncommon</p>	<p>To help manage diarrhea:</p> <ul style="list-style-type: none"> • Drink plenty of fluids • Eat and drink often in small amounts • Avoid high fibre foods as outlined in 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. Mouth sores or bleeding gums can lead to an infection.</p>	<p>Less 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 brush. Use baking soda instead of toothpaste. • Make a mouthwash with ½ teaspoonful baking soda or salt in 1 cup warm water and rinse several times a day. • Try soft bland foods like puddings, milkshakes and cream soups. • Avoid spicy, crunchy or acidic food and very hot or cold foods. • Try the ideas in Food Ideas to Help with Sore Mouth
<p>Flu-like illness may occur shortly after your treatment. You may experience fever, chills, headache, muscle aches and joint aches within 48 hours of receiving treatment.</p>	<p>Common</p>	<ul style="list-style-type: none"> • Take acetaminophen (i.e., TYLENOL®) every 4 hours if needed • Fever and chills which occur more than 48 hours after treatment may be signs of an infection. They should be reported to the Doctor immediately.

OTHER SIDE EFFECTS	HOW COMMON IS IT?	MANAGEMENT
Hair loss sometimes occurs with this regimen. If there is hair loss your hair will grow back once you stop treatment. Colour and texture may change.	Uncommon	<ul style="list-style-type: none"> • Use a gentle shampoo and soft brush • Care should be taken with use of hair spray, bleaches, dyes and perms.
Skin rash may occur after treatment with Gemcitabine. It is usually mild and is found on the arms, legs, chest, back, or stomach. It may or may not be itchy.	Common	<ul style="list-style-type: none"> • Apply hydrocortisone cream 0.5% sparingly 3 to 4 times daily.

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 an **allergic reaction** (rare) soon after a treatment including dizziness, fast heartbeat, face swelling or breathing problems.
- 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 a **stroke** such as sudden onset of severe headache, eyesight changes, slurred speech, loss of coordination, weakness or numbness in arm or leg.
- Redness, swelling, pain or sores where the needle was placed

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

- 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, blood in urine, or cloudy urine.
- Signs of liver problems such as yellow eyes or skin, white or clay-coloured stools.
- Uncontrolled nausea, vomiting or diarrhea

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

- Easy bruising or bleeding
- Redness, swelling, pain or sores on your lips, tongue, mouth or throat
- Ringing in your ears or hearing problems
- Signs of anemia such as unusual tiredness or weakness
- Skin rash or itching
- Numbness or tingling in feet or hands or painful leg cramps

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: _____