Immunotherapy for Head and Neck Cancer: A Resource for Patients and Their Caregivers

Care provider:

Contact information:

BACKGROUND

Head and neck squamous cell carcinoma (HNSCC) is generally associated with tobacco use or some viral infections (eg, human papillomavirus). A better understanding of HNSCC has shown that the immune system plays a vital role in HNSCC. HNSCC, like some other cancers, has a way of "hiding" from your immune system allowing the tumor cells to grow and divide rather than being found and destroyed by your immune system. Immunotherapy aims to enhance your immune system's ability to find and destroy tumor cells. One type of immunotherapy, called immune checkpoint inhibitors, take away the tumor's "disguise," allowing the immune system to again recognize and destroy tumor cells. The immune checkpoint inhibitors nivolumab and pembrolizumab have been approved by the FDA as effective therapies for HNSCC (see Table).

Table. FDA-Approved Immune Checkpoint Inhibitors for HNSCC

Drug	Dosing Guidelines	Approved Indications in HNSCC
Nivolumab[1]	240 mg every 2 weeks IV or 480 mg every 4 weeks IV	• As a single drug (monotherapy) in recurrent/metastatic HNSCC with disease progression on or after platinum-based chemotherapy
Pembrolizumab[2]	IV 200 mg every 3 weeks	• As monotherapy in recurrent/metastatic HNSCC with a combined positive score greater than 1 for PD-L1 detected on the tumor or in combination with platinum-based chemotherapy including fluorouracil in recurrent/metastatic HNSCC, regardless of PD-L1 detection on the tumor • As monotherapy in recurrent/metastatic HNSCC with disease progression on or after platinum-based chemotherapy

WHAT TO EXPECT WHILE RECEIVING AN IMMUNE CHECKPOINT INHIBITOR

Patient Monitoring During Treatment

- With each new treatment cycle, you will need to check in at the clinic:
  - Clinic visit with oncology care team
  - Lab tests: comprehensive metabolic panel, complete blood count, thyroid-stimulating hormone, other tests based on your symptoms
  - Disease-directed imaging (eg, CT or PET scans) of the chest and possibly the abdomen/pelvis

Immune-Related Side Effects and Their Management

- Ask your healthcare team for detailed information on potential side effects of immune checkpoint inhibitors. Most are manageable when recognized and treated promptly (see checklist on back)
- Management is generally based on the severity of symptoms
  - **Mild (grade 1):** supportive care administered and drug withheld (optional)
  - **Moderate (grade 2):** drug withheld, restarting can be considered if toxicity resolves to grade less than 1; low-dose corticosteroids typically administered
  - **Severe (grade 3/4):** drug withheld or discontinued; high-dose corticosteroids administered with taper for more than 1 month once toxicity resolves to grade less than 1

References

1. Nivolumab [package insert]. 2. Pembrolizumab [package insert].

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Patient Checklist:

When to Call Your Doctor?

Call your healthcare provider as soon as possible if you are experiencing any of the following symptoms:

Lung inflammation (pneumonitis)

- ❑ New or worsening cough
- ❑ Chest pain
- ❑ Shortness of breath

Intestinal inflammation (colitis)

- ❑ Diarrhea or excessive number of bowel movements
- ❑ Blood or mucus in your stools or dark, tarry, sticky stools
- ❑ Abdominal pain or tenderness

Liver problems (hepatitis)

- ❑ Yellowing of skin or whites of your eyes
- ❑ Dark urine (tea colored)
- ❑ Nausea or vomiting
- ❑ Pain on the right side of your abdomen
- ❑ Bleeding or bruising more easily than normal

Skin reactions

- ❑ Skin rash, with or without itching
- ❑ Sores in your mouth
- ❑ Blistered or peeling skin
- ❑ Itching

Nerve problems

- ❑ Unusual weakness of legs, arms, or face
- ❑ Numbness or tingling in hands or feet

Eye inflammation

- ❑ Blurry vision, double vision, or other vision problem
- ❑ Eye pain or redness

Kidney inflammation or failure

- ❑ Decrease in volume of urine
- ❑ Blood in urine
- ❑ Swollen ankles
- ❑ Loss of appetite

Pituitary gland inflammation (hypophysitis)

- ❑ Persistent or unusual headache
- ❑ Extreme weakness
- ❑ Dizziness
- ❑ Fainting
- ❑ Vision changes
- ❑ Nausea
- ❑ Vomiting
- ❑ Severe fatigue

Thyroid problems

- ❑ Hyperthyroidism (fatigue, hand tremors, mood swings, rapid heartbeat)
- ❑ Hypothyroidism (changes in menstrual cycle, constipation, depression, dry hair/hair loss, fatigue)

Other problems

- ❑ Severe or persistent muscle or joint pains
- ❑ Severe muscle weakness

LEARN MORE ABOUT HNSCC

For reliable information about HNSCC treatment and care visit the following websites.

- **American Cancer Society**
  https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer.html
- **American Head and Neck Society**
  https://www.ahns.info/resources/education/patient_education
- **Cancer.Net**
  https://www.cancer.net/cancer-types/head-and-neck-cancer
- **Head and Neck Cancer Alliance**
  https://www.headandneck.org
- **National Cancer Institute**
  https://www.cancer.gov/types/head-and-neck/head-neck-fact-sheet
- **National Comprehensive Cancer Network**
  https://www.nccn.org/patients/guidelines/content/PDF/hn-oral-patient.pdf

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