

RADIATION

POTENTIAL IMPACT TO EAR (cont)

Sec #	Therapeutic Agent(s)	Potential Late Effects	Risk Factors	Highest Risk Factors	Periodic Evaluation	Health Counseling/ Further Considerations
67	<p>≥ 30 Gy to: Cranial Ear/Infratemporal Nasopharyngeal Waldeyer's Ring TBI*</p> <p>*TBI is included for dose calculation purposes only; this section is not applicable to patients who received TBI alone.</p>	<p>Ototoxicity Sensorineural hearing loss Tinnitus</p>	<p>Host Factors Younger age at treatment CNS tumor</p> <p>Treatment Factors Higher radiation dose Conventional (non-conformal) radiation</p> <p>Medical Conditions CSF shunting</p>	<p>Treatment Factors Radiation administered prior to platinum chemotherapy Combined with other ototoxic agents such as: - Cisplatin - Carboplatin in myeloablative doses - Aminoglycosides</p>	<p>HISTORY Hearing difficulties (with/without background noise) Tinnitus Vertigo Yearly</p> <p>PHYSICAL Otoscopic exam Yearly</p> <p>SCREENING Complete audiological evaluation Yearly after completion of therapy for 5 years [for patients <10 years old, continue yearly until age 10], then every 5 years If hearing loss is detected, test at least yearly or as recommended by audiologist If clinical suspicion of hearing loss at any time, test as clinically indicated If audiogram is inconclusive or unevaluable, refer to audiologist for consideration of electrophysiologic testing e.g., otoacoustic emissions [OAEs]</p> <p>Info Link • A “complete audiological evaluation” includes pure tone air and bone conduction, speech audiometry, and tympanometry for both ears. • Frequency-specific auditory brainstem response (ABR) can be performed if the above is inconclusive.</p>	<p>Health Links Hearing Loss Educational Issues</p> <p>Considerations for Further Testing and Intervention Audiology consultation for patients with hearing loss. Otolaryngology consultation for patients with chronic infection, cerumen impaction, or other anatomical problems exacerbating or contributing to hearing loss. Speech and language therapy for children with hearing loss. Refer patients with auditory deficits to school liaison in community or cancer center (psychologist, social worker, school counselor) to facilitate provision of educational resources. Consider specialized evaluation for specific needs and/or preferential classroom seating, FM amplification system, and other educational assistance as indicated.</p> <p style="text-align: center;">SYSTEM = Auditory SCORE = 1</p>

SECTION 67 REFERENCES

Freilich RJ, Kraus DH, Budnick AS, Bayer LA, Finlay JL. Hearing loss in children with brain tumors treated with cisplatin and carboplatin-based high-dose chemotherapy with autologous bone marrow rescue. *Med Pediatr Oncol.* Feb 1996;26(2):95-100.

Hua C, Bass JK, Khan R et al. Hearing loss after radiotherapy for pediatric brain tumors: effect of cochlear dose. *Int J Biol Phys.* 2008;Nov 1 72(3):892-899.

Huang E, Teh BS, Strother DR, et al. Intensity-modulated radiation therapy for pediatric medulloblastoma: early report on the reduction of ototoxicity. *Int J Radiat Oncol Biol Phys.* Mar 1 2002;52(3):599-605.

Kortmann RD, Kuhl J, Timmermann B, et al. Postoperative neoadjuvant chemotherapy before radiotherapy as compared to immediate radiotherapy followed by maintenance chemotherapy in the treatment of medulloblastoma in childhood: results of the German prospective randomized trial HIT '91. *Int J Radiat Oncol Biol Phys.* Jan 15 2000;46(2):269-279.

Merchant et al. Proton versus photon radiotherapy for common pediatric brain tumors: comparison of models of dose characteristics and their relationship to cognitive function. *Pediatr Blood Cancer.* 2008;51: 110-117.

Paulino AC, Simon JH, Zhen W, Wen BC. Long-term effects in children treated with radiotherapy for head and neck rhabdomyosarcoma. *Int J Radiat Oncol Biol Phys.* Dec 12000;48(5):1489-1495.

Schell MJ, McHaney VA, Green AA, et al. Hearing loss in children and young adults receiving cisplatin with or without prior cranial irradiation. *J Clin Oncol.* Jun 19897(6):754-760.