

Supplemental online content for:

Efficacy of Oral Cryotherapy During Oxaliplatin Infusion in Preventing Oral Thermal Hyperalgesia: A Randomized Trial

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eTable 1: Patient Attrition by Treatment Cycle and Arm

eTable 2: Baseline Versus Cycle 2 Differences in Individual Symptoms Between Arms

eAppendix 1: Pretreatment Survey

eAppendix 2: Treatment Survey

eTable 1. Patient Attrition by Treatment Cycle and Arm

Cycle	Intervention Arm	Control Arm
1	25	25
2	25	25
3	18	23
4	14	18
5	7	13
6	7	11
7	6	9
8	5	7
9	1	4
10	1	4
11	1	2
12	0	1

eTable 2. Baseline Versus Cycle 2 Differences in Individual Symptoms Between Arms

Individual Question	Arm	Cycle 2 Visit Minus Baseline (%)								P Value ^a
		Better			No Change	Worse				
		-3	-2	-1	0	1	2	3	4	
Oral 1	Int	0	0	0	68	24	4	4	0	.127
	Ctrl	0	0	0	48	32	12	4	4	
Oral 2	Int	0	0	0	76	20	4	0	0	.001
	Ctrl	0	0	0	32	36	20	4	8	
Oral 3	Int	0	0	0	92	4	8	0	0	<.001
	Ctrl	0	0	0	40	36	0	8	8	
Oral 4	Int	0	0	0	96	4	0	0	0	.001
	Ctrl	0	0	0	56	44	0	0	0	
Oral 5	Int	0	0	0	100	0	0	0	0	<.001
	Ctrl	0	0	0	60	40	0	0	0	
Oral 6	Int	0	0	0	76	24	0	0	0	.006
	Ctrl	0	0	0	40	44	12	0	4	
PN 1	Int	0	4	12	64	8	12	0	0	.006
	Ctrl	0	0	0	44	32	20	0	4	
PN 2	Int	0	4	8	80	4	4	0	0	.008
	Ctrl	0	0	0	64	32	4	0	0	
PN 3	Int	0	4	8	84	4	0	0	0	.006
	Ctrl	0	0	0	72	20	8	0	0	
PN 4	Int	0	0	0	96	4	0	0	0	.044
	Ctrl	0	0	0	76	24	0	0	0	
PN 5	Int	8	4	0	68	20	0	0	0	.001
	Ctrl	0	0	0	40	48	8	0	4	
PN 6	Int	0	0	4	76	20	0	0	0	.012
	Ctrl	0	0	0	48	44	8	0	0	

Abbreviations: Ctrl, control; Int, intervention; PN, peripheral neuropathy.
^aWilcoxon rank-sum test.

eAppendix 1. Pretreatment SurveyTo be completed by the patient on the first day of oxaliplatin treatment (first cycle only).

Subject ID Number: _____

Date: _____

ORAL SYMPTOMS QUESTIONNAIRE: Think about any cold sensitivity you may have experienced in your mouth in the past 2 weeks.*Please circle the most accurate response to each item:*

I have had sensations of prickling, burning, tingling, or pins and needles in my mouth	Not at all	I've had this rarely	I've had this occasionally	I've had this frequently	I've have this constantly
Drinking or eating cold things causes strange sensations in my mouth, such as prickling, burning, or pins and needles	Not at all	I've had this rarely	I've had this occasionally	I've had this frequently	I've have this constantly
These symptoms have made it difficult for me to eat or drink cold foods and/or beverages	Not at all	My symptoms rarely limit me	My symptoms occasionally limit me	My symptoms frequently limit me	My symptoms constantly limit me
The sensations in my mouth have made it difficult for me to eat or drink <i>anything</i>	Not at all	My symptoms rarely limit me	My symptoms occasionally limit me	My symptoms frequently limit me	My symptoms constantly limit me
My quality of life is lower because of the sensations in my mouth	Not at all	My quality of life is mildly lower	My quality of life is moderately lower	My quality of life is severely lower	My quality of life is ruined
I would characterize my symptoms as:	Nonexistent	Mild	Moderate	Severe	Intolerable

PERIPHERAL NEUROPATHY QUESTIONNAIRE: Think about any neuropathy you may have experienced in your hands and/or feet in the past 2 weeks.*Please circle the most accurate response to each item:*

I have had sensations of prickling, burning, tingling, or pins and needles in my hands and/or feet	Not at all	I've had this rarely	I've had this occasionally	I've had this frequently	I've have this constantly
My hands and/or feet are abnormally sensitive to touch	Not at all	I've had this rarely	I've had this occasionally	I've had this frequently	I've have this constantly
The sensations in my hands and/or feet are limiting my ability to do the things that are important to me, such as work or engage in recreational activities	Not at all	My symptoms rarely limit me	My symptoms occasionally limit me	My symptoms frequently limit me	My symptoms constantly limit me
My quality of life is lower because of the sensations in my hands and/or feet	Not at all	My quality of life is mildly lower	My quality of life is moderately lower	My quality of life is severely lower	My quality of life is ruined
How long have the altered sensations in your hands and/or feet lasted?	0 days or not applicable	2–5 days	6–10 days	11–13 days	The entirety of the past 2 weeks
I would characterize my symptoms as:	Nonexistent	Mild	Moderate	Severe	Intolerable

eAppendix 2. Treatment Survey

To be completed by the patient on each day of oxaliplatin treatment (starting with second cycle).

Subject ID Number: _____

Date: _____

Cycle Number: _____

Please circle all appropriate answers regarding the symptoms you've experienced in the past 2 weeks:

Have you need to skip or delay any doses of oxaliplatin since your last treatment?	YES NO
<i>If yes to above</i> , please provide the reason that the medication was skipped (circle all that apply)	Numbness or tingling in my fingers or toes Numbness or tingling in my mouth Problems with my laboratory tests Other reasons/Don't know
Has your dose of oxaliplatin been reduced since your last treatment?	YES NO
<i>If yes to above</i> , please provide the reason for the decrease in dose (circle all that apply)	Numbness or tingling in my fingers or toes Numbness or tingling in my mouth Problems with my laboratory tests Other reasons/Don't know

ORAL SYMPTOMS QUESTIONNAIRE (complete prior to infusion): Think about how the cold sensitivity in your mouth has felt in the past 2 weeks.

Please circle the most accurate response to each item:

I have had sensations of prickling, burning, tingling, or pins and needles in my mouth	Not at all	I've had this rarely	I've had this occasionally	I've had this frequently	I've have this constantly
Drinking or eating cold things causes strange sensations in my mouth, such as prickling, burning, or pins and needles	Not at all	I've had this rarely	I've had this occasionally	I've had this frequently	I've have this constantly
These symptoms have made it difficult for me to eat or drink cold foods and/or beverages	Not at all	My symptoms rarely limit me	My symptoms occasionally limit me	My symptoms frequently limit me	My symptoms constantly limit me
The sensations in my mouth have made it difficult for me to eat or drink <i>anything</i>	Not at all	My symptoms rarely limit me	My symptoms occasionally limit me	My symptoms frequently limit me	My symptoms constantly limit me
My quality of life is lower because of the sensations in my mouth	Not at all	My quality of life is mildly lower	My quality of life is moderately lower	My quality of life is severely lower	My quality of life is ruined
How long have the altered sensations in your mouth lasted?	0 days or not applicable	2-5 days	6-10 days	11-13 days	The entirety of the past 2 weeks
I would characterize my symptoms as:	Nonexistent	Mild	Moderate	Severe	Intolerable

PERIPHERAL NEUROPATHY QUESTIONNAIRE: Think about how the neuropathy in your hands and/or feet has felt in the past 2 weeks.

Please circle the most accurate response to each item:

I have had sensations of prickling, burning, tingling, or pins and needles in my hands and/or feet	Not at all	I've had this rarely	I've had this occasionally	I've had this frequently	I have this constantly
My hands and/or feet are abnormally sensitive to touch	Not at all	I've had this rarely	I've had this occasionally	I've had this frequently	I have this constantly
The sensations in my hands and/or feet are limiting my ability to do the things that are important to me, such as work or engage in recreational activities	Not at all	My symptoms rarely limit me	My symptoms occasionally limit me	My symptoms frequently limit me	My symptoms constantly limit me
My quality of life is lower because of the sensations in my hands and/or feet	Not at all	My quality of life is mildly lower	My quality of life is moderately lower	My quality of life is severely lower	My quality of life is ruined
How long have the altered sensations in your hands and/or feet lasted?	0 days or not applicable	2–5 days	6–10 days	11–13 days	The entirety of the past 2 weeks
I would characterize my symptoms as:	Nonexistent	Mild	Moderate	Severe	Intolerable