CETUXIMAB (Erbitux) maintenance

INDICATION (ICD10) C49

Check the most recent Blueteq eligibility criteria before prescribing. Blueteq registration required. (www.england.nhs.uk/publication/national-cancer-drugs-fund-list/)

The first line treatment of recurrent/metastatic oral cavity cancer following platinum based chemotherapy where the following criteria are met:

2. Confirmed histological diagnosis of squamous cell carcinoma.
3. A primary tumour that originated in the oral cavity.
4. Recurrent and/or metastatic disease.
5. Not received any previous systemic chemotherapy for this oral cavity tumour unless it was part of multimodality treatment for locally advanced disease and was completed more than 6 months previously.
6. Treatment will be given with palliative intent.
7. Cetuximab is to only be used in combination with a maximum of 6 cycles of platinum-based combination chemotherapy followed by single agent cetuximab as maintenance therapy.
8. No previous treatment with cetuximab for head and neck cancer.
9. Performance status of 0-1.
10. Cetuximab is to be continued until disease progression or unacceptable toxicity or patient choice to stop treatment, whichever is the sooner.
11. No treatment breaks of more than 6 weeks beyond the expected cycle length are allowed (to allow any toxicity of current therapy to settle or intercurrent comorbidities to improve).
12. Consideration has been to be given to administration of cetuximab 500mg/m² every 2 weeks (e.g. if chemotherapy is scheduled on a 4 week cycle or during the maintenance phase of single agent cetuximab therapy).
13. Cetuximab will be otherwise used as set out in its Summary of Product Characteristics.

REGIMEN

Day 1 Premedication 60 minutes prior to infusion:
Chlorphenamine 10mg IV bolus
Dexamethasone 8mg IV bolus
CETUXIMAB 500mg/m^2 in 500ml sodium chloride 0.9% IV infusion

NB If tolerated the second dose and subsequent doses may be given at a rate that does not exceed the maximum rate of 10mg/min.
Close monitoring is required during the cetuximab infusion and for at least 1 hour after the end of the infusion

CYCLE FREQUENCY AND NUMBER OF CYCLES

Every 14 days

ANTI-EMETICS

Low emetogenic risk

CONCURRENT MEDICATION REQUIRED

Cetuximab	Ensure premedication chlorphenamine and dexamethasone (or steroid component of antiemetic regimen) given 60 minutes prior to treatment

EXTRAVASATION AND TYPE OF LINE / FILTERS

Cetuximab - neutral

Filter not required
Central or peripheral line

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every cycle
Neutrophils x 10^9/L ≥1.5 (>1.0 at Clinician's discretion)
Platelets x 10^9/L ≥100 (>80 at Clinician's discretion)
GFR assessed using EDTA result or calculated creatinine clearance at the Consultant's discretion.
Serum creatinine
Baseline weight and every cycle

MAIN TOXICITES AND ADVERSE REACTIONS

Cetuximab	Dyspnoea - as part of a hypersensitivity reaction, or after several weeks of therapy. Older, poor PS or underlying pulmonary disorders may be at increased risk. May be severe and/or long-standing. Hypersensitivity - mild or moderate reaction infusion rate may be decreased. Maintain lower infusion rate for subsequent infusions. Severe - usually during the initial infusion and up to 1 hour after the end of infusion, but may occur after several hours. Requires immediate and permanent discontinuation of cetuximab and may necessitate emergency treatment. Infusion related reactions – If during the 1st infusion, an infusion-related reaction occurs within the first 15 minutes, the infusion should be stopped, risk assessment undertaken. If an infusion-related reaction develops later during the infusion or at a subsequent infusion further management will depend on its severity: Grade 1: continue slow infusion under close supervision. Grade 2: continue slow infusion and immediately administer treatment for symptoms. Grade 3 and 4: stop infusion immediately, treat symptoms vigorously and contraindicate further use of cetuximab. Skin reactions - severe skin reaction cetuximab must be interrupted. Treatment may only be resumed, if the reaction has resolved. With the 2nd occurrence of a severe reaction, treatment may be resumed at 75% after interruption. With the 3rd occurrence of a severe reaction, treatment may be resumed at 50% after interruption. If severe skin reactions occur a 4th time or do not resolve during treatment interruption, stop treatment permanently.

INTERACTIONS WHICH MAY REQUIRE DOSE MODIFICATIONS
(not exhaustive list check SPC/BNF/Stockleys)

Cetuximab	-

DOSE MODIFICATIONS

Haematological

If neutrophils <1.5x10^9/L (or <1.0x10^9/L at Clinician's discretion) and/or the platelet count <100x10^9/L (or <80x10^9/L at Clinician's discretion) delay the second dose by one week, recheck blood count.

REFERENCES

.