CETUXIMAB (Erbitux) with concurrent RT

INDICATION (ICD10) C49

1. Radical and adjuvant treatment of head and neck squamous cell carcinoma with radiotherapy. Cetuximab in combination with radiotherapy is recommended as a possible treatment for people with locally advanced squamous cell cancer of the head and neck if they have a Karnofsky performance-status score of 90% or more, and all forms of platinum-based chemotherapy are considered inappropriate (TA145)

REGIMEN

Day -7 Premedication 60 minutes prior to infusion:
Chlorphenamine 10mg IV bolus
Dexamethasone 8mg IV bolus
CETUXIMAB 400mg/m^2 in 500ml sodium chloride 0.9% IV infusion

Days 1, 8, 15, 22, 29, 36 of radiotherapy: Maintenance doses (weekly during radiotherapy)
Premedication 60 minutes prior to infusion:
Chlorphenamine 10mg IV bolus
Dexamethasone 8mg IV bolus
CETUXIMAB 250mg/m^2 in 500ml sodium chloride 0.9% IV infusion

NB Cetuximab first dose give over 120 minutes. 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

One cycle

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

INVESTIGATIONS

Blood results required before SACT administration
FBC, U&E and LFTs every dose
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

1. Bonner, J et al; NEJM 2006; 354 (6):567–578
2. Segaert, S et al; Ann Oncol 2005; 16:1425-1433