Cetuximab with concurrent radiotherapy for head and neck cancer

Indication

Locally advanced (Stage 3 or 4) head and neck cancer unfit for platinum-based chemoradiotherapy
Performance status 0 or 1

Regimen details

1st cycle (to be given 1 week before radiotherapy):
Cetuximab 400mg/m^2 IV in 500ml 0.9% sodium chloride over 2 hours

2nd and subsequent cycles:
Cetuximab 250mg/m^2 IV in 500ml 0.9% sodium chloride over 1 hour

Cycle frequency

Treatment given weekly

Number of cycles

7 weeks in total

Administration

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SHO OR REGISTRAR TO BE IN THE VICINITY WHEN FIRST TREATMENT OF CETUXIMAB IS ADMINISTERED

Warn patients of possible delayed onset infusion reaction
Dyspnoea can be early or delayed
Observe patient for 1 hour after 1st infusion

Pre-medication

Chlorphenamine 10mg IV, dexamethasone 8mg IV given 30 minutes before cetuximab

Emetogenicity

Minimally emetogenic

Cautions

Advanced age, poor performance status and underlying cardiac and pulmonary disorders may predispose to dyspnoea

Investigations – pre first cycle

Investigation	Validity period
FBC	14 days
U+E (including creatinine)	14 days
LFT (including AST)	14 days

Investigations –pre subsequent cycles

FBC, U+E (including creatinine), LFT (including AST)

Standard limits for administration to go ahead

If blood results not within range, authorisation to administer **must** be given by prescriber/ consultant.

Investigation	Limit
Neutrophil count	≥ 1.0 x 10^9/L
Platelet count	≥ 100 x 10^9/L
Creatinine clearance	≥ 60 mL/min
Bilirubin	≤ 1.5 x ULN
AST	< 1.5 x ULN

Dose modifications

Interrupt treatment if grade 3 or more skin reaction and only restart when reaction grade 2 or less
With second or third severe reaction restart at lower dose of 200mg/m^2 and then 150mg/m^2
If fourth occurrence of grade 3 or failure to resolve grade 2 then stop altogether

Allergic reaction
Grade 1 allergic reaction with Cetuximab infusion: reduce infusion rate by 50% and monitor closely.
Grade 2 allergic reaction with Cetuximab infusion: administer bronchodilators, oxygen etc as medically indicated and resume infusion at 50% of previous rate once allergic/hypersensitivity has resolved
Grade 3 or Grade 4: stop Cetuximab infusion immediately; administer epinephrine, bronchodilators, antihistamines, glucocorticoids, intravenous fluids, vasopressor agents, oxygen etc as medically indicated.

Adverse effects –

for full details consult product literature/ reference texts

Very common: dyspnoea; skin reactions; mild to moderate increase in liver enzymes; mild or moderate infusion related reactions (fever, chills, nausea, vomiting, headaches, dizziness, dyspnoea), mucositis
Common: severe infusion reaction (airways obstruction, hypotension, loss of consciousness), conjunctivitis
Other: hypomagnesaemia, skin infections of lesions

Additional comments

References

Bonner et al. Radiotherapy plus Cetuximab for Squamous-Cell Carcinoma of the Head and Neck. N Engl J Med 2006; 354:567-578

THIS PROTOCOL HAS BEEN DIRECTED BY DR MIRZA, CLINICIAN FOR HEAD AND NECK CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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