Infliximab

Indication
Immunotherapy induced diarrhoea or colitis; refractory to steroids

Regimen details
Infliximab 5mg/kg

Cycle frequency
Single treatment cycle, given on days 1, 15 and 43

Number of cycles
1

Administration
Infliximab is given over 2 hours in 250ml 0.9% sodium chloride via a 1.2 micron (or smaller) in-line filter

Take temperature, BP and pulse at baseline and every 30 minutes during infusion

Observe patient for 2 hours post-infusion

Patients should be informed that they may experience headaches despite paracetamol for up to 24 hours following an infliximab infusion. They must also be aware that delayed reactions can occur up to 10 days post infusion. If this occurs they must contact their specialist nurse, consultant or GP IMMEDIATELY.

Infusion Reactions

- Mild reactions – mild fever, chills, nausea, headache, pruritis
- Moderate reactions – chest pain, shortness of breath, hypo/hypertension, palpitations, urticaria, elevated temperature
- Severe reactions – significant hypo/hypertension, significant shortness of breath, stridor, anaphylactic reaction, elevated temperature with rigors

If acute infusion reactions do occur, the infusion rate may be reduced or the infusion temporarily interrupted until symptoms subside, and then restarted at a slower rate (see table below). Emergency equipment & medications should be made available for immediate use in case of a severe infusion reaction (e.g. hydrocortisone / corticosteroids, adrenaline).
Delayed hypersensitivity reactions have been reported in a significant number of patients treated with infliximab. Patients should seek immediate medical advice if they experience any delayed adverse effect.

Mild Reaction	Slow Infusion rate to 10ml/hour and give paracetamol and/or an antihistamine; increase rate as tolerated after 20 minutes to:- 20ml/hour for 15 minutes then 40ml/hour for 15 minutes then 80ml/hour to continue Observations should be carried out every 10 minutes until they are within normal limits
Moderate Reaction	Stop infusion for 20 minutes and give paracetamol and/or an antihistamine; Restart infusion at 10ml per hour and increase as tolerated as for mild reactions
Severe Reaction	STOP infusion Airways management/oxygen therapy Give hydrocortisone, chlorphenamine and adrenaline as prescribed Contact medical team

	Resuscitation as indicated

Pre-medication

Pre-medication is not routinely given, ensure chlorphenamine and hydrocortisone are prescribed for use if necessary

Emetogenicity

Minimal (no antiemetics required)

Additional supportive medication

See under "Pre-medication"

Extravasation

Neutral

Investigations – pre first dose

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

Consider referral to gastroenterology prior to first dose
Exclude active infection
Quantiferon Gold test prior to infusion, can go ahead without result if treatment required urgently

Investigations –pre subsequent doses (within 72 hours)

FBC, U+E (including creatinine), LFT (including AST)
Clinical review to ensure subsequent doses required

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	< 5 x ULN

Dose modifications

Do not amend the dose of infliximab

Adverse effects –

for full details consult product literature/ reference texts

Headache, nausea, infusion reactions

Significant drug interactions

– for full details consult product literature/ reference texts

None expected

Additional comments

Patients should be informed that they may experience headaches despite paracetamol for up to 24 hours following an infliximab infusion. They must also be aware that delayed reactions can occur up to 10 days post infusion. If this occurs they must contact their specialist nurse, consultant or GP IMMEDIATELY.

References

Remicade SPC: https://www.medicines.org.uk/emc/product/7265/smpc

THIS PROTOCOL HAS BEEN DIRECTED BY DR BOARD, CONSULTANT MEDICAL ONCOLOGIST

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

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VERSION: