North West Coast
Strategic Clinical Networks

Chemotherapy protocol

Drug regimen
Panitumumab

Indication for use
RAS wild-type metastatic colorectal cancer (in combination with Oxaliplatin MdG or irinotecan Mdg chemotherapy)

Regimen

Drug	Dose	Route	Fluid	Time
Panitumumab	6mg/kg	IV	100ml 0.9% NaCl	1 hour
Administer via a 0.2 micron filter **Subsequent infusions can be given over 30-60 minutes if first infusion tolerated** **Doses higher than 1000mg should be infused over 90 minutes**				

Panitumumab is followed by chemotherapy.
See appropriate chemotherapy protocol for details

Treatment is given fortnightly until disease progression

Panitumumab can be given with fluoropyrimidine alone if excessive toxicity with oxaliplatin/irinotecan

Investigation prior to initiating treatment
RAS mutation status
FBC
U&E
LFT
Calcium
Magnesium

Investigations and consultations prior to each cycle
U&Es, FBC, LFTs, Magnesium
(Bloods are normally checked only on day 1 of chemotherapy if given with chemotherapy. Otherwise check bloods every 4 weeks unless clinically indicated)

Side Effects
Very common: dyspnoea, cough, skin reactions, diarrhoea, nausea, vomiting, constipation, mucositis, conjunctivitis, fatigue, hypokalaemia, hypomagnesaemia
Common: hypersensitivity, anorexia, dry/irritated eyes, venous thromboembolism, low/high blood pressure, headache, dizziness
Other: hypocalcaemia, skin infections of lesions, eye/eyelid infections, anaphylaxis, infusion related reaction

If infusion related symptoms are observed the infusion should be slowed down or interrupted and the necessary supportive medication should be administered.
For severe infusion related- reaction symptoms discontinue the infusion immediately and follow the local anaphylaxis policy.

Acceptable levels for treatment to proceed (if outside these levels defer one week or contact consultant)
Delay 1 week if neutrophils $<1.5 \times 10^9$/l or platelets $<100 \times 10^9$/l. Treat only when neutrophils and platelets above these limits

Discuss altered LFTs with consultant

Dose Modification Criteria

For Panitumumab related skin reaction:

Grade 1 or 2	Continue treatment
Grade 3 (first time)	Hold 1 or 2 doses
Grade 3 (second time)	Hold 1 or 2 doses and then dose reduce to 80%
Grade 3 (third time)	Hold 1 or 2 doses and then dose reduce to 60%
	Discontinue if more than 2 consecutive infusions are withheld or grade 3 skin toxicity occurs for a fourth time despite dose reduction

Only resume treatment once skin toxicity has recovered to ≤ grade 2

Treatment of skin reaction should be based on severity and may include moisturiser (E45), sun-screen, topical steroid cream and/or oral antibiotics (doxycycline 100mg bd- can be considered as prophylaxis).
Patients should be advised to wear sunscreen, a hat and limit sun exposure.

Allergic reaction:

If a severe or life-threatening reaction occurs during an infusion or any time post-infusion panitumumab should be permanently discontinued.

Respiratory disorders

Individual cases of interstitial lung disorders of unknown causal relationship to panitumumab have been reported. If interstitial lung disease is diagnosed, panitumumab must be discontinued and the patient treated appropriately

Hepatic/Renal dysfunction

No data available in patients with hepatic/renal impairment. Dose modification for OxMdG and IrMdG see protocol.
Deteriorating organ function should be discussed with the consultant as this may be a sign of progression.

Acute renal failure has been seen in patients with severe diarrhoea and dehydration.

THIS PROTOCOL HAS BEEN DIRECTED BY DR WILLIAMSON CLINICIAN FOR COLORECTAL CANCER

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

DATE May 2017
REVIEW May 2019
VERSON 2