Lancashire & South Cumbria Cancer Network
Chemotherapy protocol

Drug regimen
Cetuximab for advanced head & neck cancer

Indication for use
Advanced head and neck cancer (in combination with platinum-based chemotherapy)

Regimen

	Drug	Dose	Route	Fluid	Time
30 min pre treatment	Dexamethasone	8mg	IV		
30 min pre treatment	Chlorphenamine	10 mg	IV		
	Cetuximab	250mg/m^2 (400mg/m^2 first dose)	IV	500ml 0.9% NaCl	1 hour (1st dose over 2 hours)
First 2 doses: wait 1 hour after Cetuximab infusion has ended then commence chemotherapy					

Treatment is given weekly with chemotherapy and then every 2 weeks at 500mg/m^2 until disease progression

Use IV Hydrocortisone in the event of allergic reaction noted at the time of cetuximab administration.

CLOSE OBSERVATION WHILST ADMINISTERING CETUXIMAB AS IT IS KNOWN TO CAUSE ANAPHYLACTIC SHOCK – KEEP RESUS TROLLEY NEARBY
SHO OR REGISTRAR TO BE IN THE VICINITY WHEN FIRST TREATMENT OF CETUXIMAB IS ADMINISTERED

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

Investigation prior to initiating treatment
FBC, U&Es, LFTs

Investigations and consultations prior to each cycle
U&Es, FBC, LFTs, Mg
(Bloods are normally checked only on day 1 of chemotherapy if given with chemotherapy. Otherwise check bloods every 2 weeks unless clinically indicated)

Side Effects
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

Acceptable levels for treatment to proceed (if outside these levels defer one week or contact consultant)
Discuss altered LFTs with consultant

Dose Modification Criteria
For Cetuximab related skin reaction – Grade 3 toxicity, delay one week. If it is resolved to grade 2 then reduce the dose to 200mg/m^2.
If grade 3 toxicity occurs on restarting Cetuximab, then delay for a week and reduce dose to 150mg/m^2.
With further grade 3 toxicity stop Cetuximab.
If toxicity is not resolved after two weeks of deferment at any stage of treatment then stop Cetuximab.

Allergic reaction
Grade 1 allergic reaction with Cetuximab infusion then 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.

Specific Information on Administration
Warn patients of possible delayed onset infusion reaction
Dyspnoea can be early or delayed
Observe patient for 1 hour after infusion
Keep resus trolley nearby

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

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

DATE May 2020
REVIEW May 2022
VERSON 1