

# Regimen Reference Order – H&N – cetuximab (maintenance)

ARIA: H&N – [cetuximab (maintenance)]

Planned Course: Weekly until disease progression or unacceptable toxicity (1 cycle = 28 days)

Indication for Use: Squamous Cell Cancer of Head and Neck; Advanced/Recurrent

CVAD: At Provider’s Discretion

**Proceed with treatment if:**

**Day 1 ONLY**

**ANC equal to or greater than  $1.5 \times 10^9/L$  AND Platelets equal to or greater than  $100 \times 10^9/L$**

❖ **Contact Physician if parameters not met**

## SEQUENCE OF MEDICATION ADMINISTRATION

### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

### Treatment Regimen – H&N – cetuximab (maintenance)

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
<b>Days 1, 8, 15 and 22</b>		
cetirizine	10 mg	Orally 30 minutes prior to cetuximab
dexamethasone	8 mg	IV in normal saline 50 mL over 15 minutes
<b>Wait 30 minutes after completion of IV pre-medications before starting cetuximab</b>		
cetuximab	250 mg/m <sup>2</sup>	IV over 1 hour (administered undiluted) Doses greater than 600 mg must be infused over 2 hours Use non-DEHP bags and non-DEHP administration sets with 0.2 or 0.22 micron filter <i>*Alert: Pharmacy to ensure final volume on label</i> <i>*Nursing Alert: IV tubing is primed with cetuximab</i>

All doses will be automatically rounded that fall within the DSG Approved Dose Bands. See H&N DSG – Dose Banding document for more information

In the event of an infusion-related hypersensitivity reaction, refer to the ‘Hypersensitivity Reaction Standing Order’

## REQUIRED MONITORING

All Doses

- Clinical assessment of cetuximab-related skin toxicity

## All Cycles

## Day 1

- CBC, biochemistry, serum creatinine, urea, liver enzymes, magnesium, calcium and albumin as per Physician Orders

## Days 8, 15 and 22

- No blood work required

## cetuximab monitoring

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation) at baseline and as clinically indicated
- For patients with no prior reactions to cetuximab, no observation period is required after cetuximab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not
- For patients who have had a previous reaction to cetuximab, observe patient for one hour after cetuximab infusion. Full vital signs prior to discharge

### Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
Sunscreen	Minimum SPF 15 (PABA free, zinc oxide or titanium dioxide preferred)	Apply topically a broad-spectrum sunscreen liberally 30 minutes before going outdoors. Reapply every 2 hours and after swimming
Moisturizing lotion	Fragrance-free	Apply topically to face, hands, feet, neck, back and chest daily in the morning on rising and <b><i>as needed</i></b>
<b><i>In the event of a cetuximab-induced skin rash:</i></b>		
doxycycline	100 mg	Orally twice daily as directed by clinic
hydrocortisone cream	1%	Apply topically daily at bedtime to face, hands, feet, neck, back and chest as directed by clinic

## DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Warn patients of the possibility of a late onset reaction to cetuximab as reactions may occur several hours after infusion or with subsequent infusions
- Instruct patient to use Recommended Support Medications

## ADDITIONAL INFORMATION

- cetuximab can cause hypomagnesemia
- cetuximab causes dermatological and nail changes
- cetuximab can cause interstitial lung disease, pneumonitis and exacerbation of pre-existing fibrotic lung disease
- **Note: H&N – [cetuximab (maintenance)] regimen starts 7 days after completing Cycle 6, Day 15 of either H&N – [cetuximab + fluorouracil + CARBO] or H&N – [cetux+5-FU+CISplatin]**