

Cisplatin, 5-Fluorouracil and Cetuximab for Head and Neck Cancer

Indication	Palliative treatment for squamous cell cancers of the head and neck in selected patients who have not received previous treatment with cetuximab. This group may include younger patients with WHO PS 0-1 with well or moderately differentiated primary tumours. To be prescribed in line with commissioning criteria.
Treatment Intent	Palliative
Frequency and number of cycles	Cycles 1-6: repeat every 21 days Cycle 7 onwards: repeat every 28 days Up to 6 cycles of cisplatin & fluorouracil & cetuximab Cetuximab then continues until disease progression
Monitoring parameters and management of adverse events & dose reductions	<ul style="list-style-type: none"> • C+G should be used to measure renal function. Must be ≥ 40ml/min. If CrCl 40-60ml/min consider dose reduction of cisplatin. • If CrCl is ≤ 30ml/min, discontinue platinum agent • Monitor LFTs and FBC at each cycle. • Monitor U+Es prior to treatment and every week thereafter during cycles 1-6 in particular Mg^{2+}, K^+ and Ca^{2+}. From cycle 7 monitor every 2 weeks. • If neut ≤ 1.5 and/or PLT ≤ 100 d/w consultant • Consider 25% dose reduction of cisplatin and 5FU if borderline performance status • Consider dose reduction if grade 3 or 4 non-haematological toxicity OR repeat appearance of grade 2 (except N&V and alopecia) OR tinnitus • See Guidance on Treatment of Acne- like Skin Rash and the interruption and re-introduction of cetuximab in response to skin toxicity http://www.kentmedwaycancerguide.nhs.uk/medicines-and-prescribing-incorporating-sact-pathways/sact-pathways-guidelines-for-the-management-of-sact-induced-adverse-reactions-and-nursing/ • Do not administer chemotherapy until at least 1 hour after the end of the cetuximab infusion • If the patient experiences a mild or moderate infusion-related reaction, the infusion rate of cetuximab may be decreased. Maintain this lower infusion rate in all subsequent infusions
Reference(s)	HNT-011 Cisplatin and 5Fluorouracil without radiotherapy v5 and HNT-017 Cetuximab weekly v3 KMCC proformas. Aria regimen HNT-026 v1.0 NCDF list v1.47 accessed online 25.10.17

NB For funding information, refer to the SACT funding spreadsheet

Protocol No	HNT-026	Kent and Medway SACT Protocol Disclaimer: No responsibility will be accepted for the accuracy of this information when used elsewhere.	
Version	1.0 Final	Written by	C Waters
Supersedes version	HNT-011v5 and HNT-017 v3 KMCC proformas Aria regimen HNT-026 v1.0	Checked by	B Willis
Date	18/04/18	Authorising consultant (usually NOG Chair)	K Nathan

Cycles 1-6 Repeat every 21 days

Day	Drug	Dose	Route	Infusion Duration	Administration Details	
Day 1	Dexamethasone	8mg	po		Administer pre-medication one hour prior to cetuximab infusion.	
	Chlorphenamine	10mg	IV	bolus		
	CETUXIMAB	400mg/m² loading dose - Day 1, Cycle 1 only 250mg/m² maintenance dose – Day 1, cycle 2-6	IV	1st dose, Cycle 1 only- 2hrs Cycle 2 onwards over 1 hr	To be given undiluted at a max rate of 10mg/min. Flush line with sodium chloride 0.9% IV post cetuximab infusion START AT THE SAME TIME AS 1000ML SODIUM CHLORIDE 0.9% BELOW	
	Sodium Chloride 0.9%	1000ml	IV	over 2 hrs	TO BE STARTED AT THE SAME TIME AS CETUXUMAB AND RUN CONCURRENTLY	
	Do not administer chemotherapy until at least 1 hour after the end of the cetuximab infusion					
	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg ²⁺⁺	
	Aprepitant	125mg	po		Take one 125mg capsule one hour prior to chemo on Day 1	
	Mannitol 10%	200mls	IV	15 min		
	Ondansetron	<75yrs 16mg ≥75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml	
	CISPLATIN	100mg/m²	IV	2 hrs	In 1000ml Sodium Chloride 0.9%	
	Furosemide	40mg	IV/po		If urine output <100ml/hr or weight gain >2kg	
	Sodium Chloride 0.9%	1000ml	IV	2 hrs	+ 20mmol KCL + 10mmol Mg ²⁺⁺	
	*(Furosemide)	40mg	IV/po	* ONLY IF REQ'D	If patient remains in a 2L positive balance	
Days 1-4	5-FLUOROURACIL	1000mg/m²/day (for 4 days)	IV	96 hour pump	By continuous infusion pump	
Day 8	Dexamethasone	8mg	po		Administer pre-medication one hour prior to cetuximab infusion.	
	Chlorphenamine	10mg	IV	bolus		
	CETUXIMAB	250mg/m² maintenance dose	IV	1 hour	To be given undiluted at a max rate of 10mg/min. Flush line with sodium chloride 0.9% IV post cetuximab infusion	
Day 15	Dexamethasone	8mg	po		Administer pre-medication one hour prior to cetuximab infusion.	
	Chlorphenamine	10mg	IV	bolus		
	CETUXIMAB	250mg/m² maintenance dose	IV	1 hour	To be given undiluted at a max rate of 10mg/min. Flush line with sodium chloride 0.9% IV post cetuximab infusion	

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Cycles 1-6 Repeat every 21 days

TTO	Drug	Dose	Route	Directions
1	Dexamethasone tablets/liquid*	6mg	po	om for 3 days starting on the day after cisplatin.
	Metoclopramide tablets/liquid*	10mg	po	up to 3 times a day for 3 days then 10mg up to 3 times a day as required. Do not take for more than 5 days continuously.
	Aprepitant	80mg	po	Take one 80mg capsule each morning on day 2 and day 3 only
	Ondansetron tablets/liquid*	8mg	po	bd for 5 days (start evening of day 1)
	Filgrastim	300 micrograms or consider dose of 480 micrograms if patient > 80kg	sc	od starting on day 2 for 5 days
	Doxycycline	100mg	po	od at the onset of rash, prescribe if required

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Cycle 7 onwards

Repeat every 28 days

Day	Drug	Dose	Route	Infusion Duration	Administration Details
Day 1	Dexamethasone	8mg	po		Administer pre-medication one hour prior to cetuximab infusion.
	Chlorphenamine	10mg	IV	bolus	
	CETUXIMAB (500mg/m ² maintenance dose)		IV	2 hours	To be given undiluted at a max rate of 10mg/min. Flush line with sodium chloride 0.9% IV post cetuximab infusion
Day 15	Dexamethasone	8mg	po		Administer pre-medication one hour prior to cetuximab infusion.
	Chlorphenamine	10mg	IV	bolus	
	CETUXIMAB (500mg/m ² maintenance dose)		IV	2 hours	To be given undiluted at a max rate of 10mg/min. Flush line with sodium chloride 0.9% IV post cetuximab infusion
TTO	Drug	Dose	Route	Directions	
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Guidance on Treatment of Acne-like Skin Rash

Do not use CTCAE grading to assess cetuximab induced rash.

The rash is classified as follows:

Moderate: requires 1st line treatment on development of rash

Severe: failed 1st line treatment

Acne-like rash Treatment Principles

Severity of rash.	Moderate: on development of rash requires 1 st line treatment	Severe: requires 2 nd line treatment
Systemic antibiotics	YES Doxycycline 100mg od or alternatively Minocycline 100mg od	YES Doxycycline 100mg od or alternatively Minocycline 100mg od
Delay Cetuximab	NO	YES Consultant referral required
General remarks	<ul style="list-style-type: none"> All patients should use an emollient whilst on cetuximab Oral tetracyclines: treat for a prolonged period to benefit from their anti-inflammatory properties. Advise patients to take appropriate precautions against prolonged sun exposure Consider oral anti histamine for symptomatic relief 	

Cetuximab treatment interruption and re-introduction in response to skin toxicity

Occurrence of grade ≥ 3 skin toxicity	Adjustment to cetuximab treatment	
	SEVERE (failed 1 st line treatment)	On resolution to MODERATE
First time	Interrupt treatment	Treatment may be resumed at previous dose
Second time	Interrupt treatment	Treatment may be resumed but at reduced dose (20% DOSE REDUCTION)
Third time	Interrupt treatment	Treatment may be resumed but at reduced dose (40% DOSE REDUCTION)
Fourth time	Discontinue treatment	

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