Indication	For the treatment of squamous cell head and neck cancer with PS score >/= 90% and where cisplatin is contraindicated.
Treatment Intent	Radical (with radiotherapy)
Frequency and number of cycles	Repeat every 7 days for a maximum of 9 weeks. Cetuximab therapy should be started **one** week before radiation therapy and be continued until the end of the radiation period.
Monitoring Parameters pre-treatment	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • Monitor U+Es prior to treatment and every week thereafter in particular $Mg2^{+}$, K^{+} and $Ca2^{+}$ • **Hepatic and renal impairment:** no data available in patients with impaired function. • **Cetuximab infusion rate and infusion related reactions (IRRs):** • Cetuximab can cause severe infusion related reactions, pre-meds must be given 1 hour before 1st administration and then 30-60mins prior to subsequent administrations and patients must be monitored every 30 minutes during the infusion and for a 1-hour period after. If the patient experiences a mild or moderate infusion-related reaction, the infusion rate may be decreased. It is recommended to maintain this lower infusion rate in all subsequent infusions. For severe reactions discontinue treatment. • **Skin reactions:** Skin reactions are very common with cetuximab and treatment interruption or discontinuation may be required. For full guidance on cetuximab induced rashes see KMCC document "Guidelines for Cetuximab or Panitumumab Induced Rashes" https://www.kmcc.nhs.uk/medicines-and-prescribing-incorporating-sact-pathways/guidelines-for-the-management-of-sact-induced-adverse-reactions/ • **Interstitial lung disease (ILD):** Patients should report any new or worsening respiratory symptoms. Cetuximab should be permanently discontinued in patients with confirmed ILD. • **Ocular toxicities:** Cetuximab should be used with caution in patients with a history of keratitis ulcerative keratitis or severe dry eye. If a diagnosis of ulcerative keratitis is confirmed, treatment with cetuximab should be interrupted or discontinued. If keratitis is diagnosed, the benefits and risks of continuing treatment should be carefully considered.
References	KMCC proforma HNT-017 V4

NB For funding information, refer to CDF and NICE Drugs Funding List

Week One only: loading dose

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Chlorphenamine	10mg	IV	stat	To be administered 60 minutes prior to cetuximab
	Dexamethasone	8mg	PO		
	CETUXIMAB	**400mg/m^2**	IV	2hrs	To be given undiluted or diluted in 0.9% sodium chloride to a total volume of 250ml or 500ml. To be given at a max rate of 10mg/min. Flush line with sodium chloride 0.9% IV post cetuximab infusion.
TTO	Drug	Dose	Route	Directions	
	If required prescribe doxycycline 100mg OD at onset of rash.				

Week 2-9: maintenance dose

Day	Drug	Dose	Route	Infusion Duration	Administration
1	Chlorphenamine	10mg	IV	stat	To be administered 30-60 minutes prior to cetuximab
	Dexamethasone	8mg	PO		
	CETUXIMAB	**250mg/m^2**	IV	1hr	To be given undiluted or diluted in 0.9% sodium chloride to a total volume of 250ml or 500ml. To be given at a max rate of 10mg/min. Flush line with sodium chloride 0.9% IV post cetuximab infusion.
TTO	Drug	Dose	Route	Directions	
	If required prescribe doxycycline 100mg OD at onset of rash.				