Regimen Monograph

A - Regimen Name

BINIENCO+CETU Regimen

Binimetinib-Encorafenib-Cetuximab

Disease Site

Gastrointestinal
Colorectal

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

For treatment of metastatic BRAF V600E mutated colorectal cancer in patients who have had at least one previous line of treatment.

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B - Drug Regimen

binimetinib	45 mg	PO	BID

(This drug is not currently publicly funded for this regimen and intent)

encorafenib	300 mg	PO	Daily

(This drug is not currently publicly funded for this regimen and intent)

AND

cetuximab	400 mg /m²	IV	Day 1 (Cycle 1)

(This drug is not currently publicly funded for this regimen and intent)

THEN

cetuximab	250 mg /m²	IV	Day 1

(This drug is not currently publicly funded for this regimen and intent)

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C - Cycle Frequency

Binimetinib and Encorafenib: CONTINUOUS

Cetuximab: REPEAT EVERY 7 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Minimal (Cetuximab)
Low – No routine prophylaxis; PRN recommended (Binimetinib and Encorafenib)

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Cetuximab Premedications (prophylaxis for infusion reaction):

- H1-receptor antagonist (e.g. diphenhydramine 50 mg IV) 30-60 minutes prior to the dose.
- Corticosteroid IV 30-60 minutes prior to the dose.
- Consider discontinuing pre-medications after the 2nd infusion based on clinical judgment and the presence/severity of IR.

Other Supportive Care:

- Patients should use sun protection while receiving cetuximab and for 2 months after treatment completion.
- Consider pre-emptive therapy for EGFR inhibitor-related skin toxicity; the following was shown to be of benefit with panitumumab treatment, starting the day before treatment and continued until week 6. (Lacouture et al, 2010):
  - Skin moisturizer applied to the face, hands, feet, neck, back and chest in the morning
  - Sunscreen to exposed areas (SPF ≥ 15, UVA and UVB) before going outdoors
  - Hydrocortisone 1% cream to the face, hands, feet, neck, back and chest at bedtime
  - Doxycycline (or minocycline) PO
- Refer to the Canadian recommendations for the management of skin rash during EGFR-targeted monoclonal antibody treatment for GI malignancies. (Melosky et al, 2009)

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J - Administrative Information

Approximate Patient Visit	First cycle; 2.5 hours; Subsequent cycles: 1.5 hours
Pharmacy Workload (average time per visit)	24.85 minutes
Nursing Workload (average time per visit)	55.595 minutes

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K - References

Binimetinib, cetuximab and encorafenib drug monographs, Ontario Health (Cancer Care Ontario).

Kopetz S, Grothey A, Yaeger R, et al. Encorafenib, binimetinib, and cetuximab in BRAF V600E-mutated colorectal Cancer. N Engl J Med 2019; 381:1632-1643.

Lacouture, ME, Mitchell EP, Piperdi B et al. Skin toxicity evaluation protocol with panitumumab (STEPP), a phase II, open-label, randomized trial evaluating the impact of a pre-emptive skin treatment regimen on skin toxicities and quality of life in patients with metastatic colorectal cancer. J Clin Oncol 2010; 28: 1351-7.

Melosky B, Burkes R, Rayson D, et al. Management of skin rash during EGFR-targeted monoclonal antibody treatment for gastrointestinal malignancies: Canadian recommendations. Current Oncology 2009; 16(10): 14-24.

July 2023 Updated Premedication and Supportive Measures section

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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