Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CISP+CETU Regimen

Cetuximab-Cisplatin

Disease Site	Head and Neck
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.

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B - Drug Regimen

Cycle 1:

CISplatin	75 to 100 mg /m²	IV	Day 1 ONLY

cetuximab	400 mg /m²	IV over 2 hours	Day 1 ONLY
cetuximab	250 mg /m²	IV over 1 hour	Days, 8, 15, 22

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

Cycle 2 and onwards:

CISplatin	75 to 100 mg /m²	IV	Day 1
cetuximab	250 mg /m²	IV over 1 hour	Days 1, 8, 15, 22

Note: Report as regimen code CETU when used as maintenance after chemotherapy portion is complete.

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

For up to 4 cycles of CISP+CETU until disease progression or unacceptable toxicity. Patients with unacceptable toxic effects to cisplatin may continue to receive cetuximab until disease progression. After CISP+CETU, patients with at least stable disease may continue to receive weekly maintenance cetuximab until disease progression or unacceptable toxicity.

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D - Premedication and Supportive Measures

Antiemetic Regimen: High (D1)
Minimal (D8, 15, 22)

Other Supportive Care:

An H1 antagonist (e.g. 50 mg of diphenhydramine IV) is recommended with each dose of cetuximab.

Standard regimens for Cisplatin premedication and hydration should be followed. Refer to local guidelines.

Also refer to CCO Antiemetic Recommendations.

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J - Administrative Information

Approximate Patient Visit	Cisplatin and Cetuximab: 4 hours; Cetuximab only: 2 hours
Pharmacy Workload (average time per visit)	45.937 minutes
Nursing Workload (average time per visit)	58.333 minutes

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K - References

Baselga J, Trigo JM, Bourhis J, et al. Phase II multicenter study of the antiepidermal growth factor receptor monoclonal antibody cetuximab in combination with platinum-based chemotherapy in patients with platinum-refractory metastatic and/or recurrent squamous cell carcinoma of the head and neck. J Clin Oncol. 2005 Aug 20;23(24):5568-77.

Burtness B, Goldwasser MA, et al. Phase III randomized trial of cisplatin plus placebo compared with cisplatin plus cetuximab in metastatic/recurrent head and neck cancer: an Eastern Cooperative Oncology Group study. J Clin Oncol. 2005 Dec 1;23(34):8646-54.

Herbst RS, Arquette M, Shin DM, et al. Phase II multicenter study of the epidermal growth factor receptor antibody cetuximab and cisplatin for recurrent and refractory squamous cell carcinoma of the head and neck. J Clin Oncol 2005;23(24):5578-87.

August 2019 removed archived PEBC guideline link

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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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