Panitumumab 6mg/kg Therapy

INDICATIONS FOR USE:

<table>
<thead>
<tr>
<th>INDICATION</th>
<th>ICD10</th>
<th>Regimen Code</th>
<th>*Reimbursement Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of adult patients with wild-type RAS metastatic colorectal cancer (mCRC) As monotherapy after failure of fluoropyridine, oxaliplatin, and irinotecan containing chemotherapy regimens.</td>
<td>C18</td>
<td>00225c</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

*If the reimbursement status is not defined, the indication has yet to be assessed through the formal HSE reimbursement process.

TREATMENT:
The starting dose of the drugs detailed below may be adjusted downward by the prescribing clinician, using their independent medical judgement, to consider each patient's individual clinical circumstances.

Panitumumab is administered every once every 14 days until disease progression or unacceptable toxicity occurs.

Availability of resuscitation equipment **MUST** be ensured while administering treatment.

<table>
<thead>
<tr>
<th>Day</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Diluent &amp; Rate</th>
<th>Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Panitumumab</td>
<td>6mg/kg</td>
<td>IV infusion</td>
<td>^100ml 0.9% sodium chloride over 60min^b using a 0.22 micron in-line filter</td>
<td>Repeat every 14 days</td>
</tr>
</tbody>
</table>

^aIn 150ml over 90min if dose > 1000mg
^bFinal concentration should not exceed 10mg/ml

Panitumumab is incompatible with glucose solutions,
Ensure IV administration sets are flushed with sodium chloride 0.9% pre and post administration.

ELIGIBILITY:
- Indications as above
- Wild type RAS tumours verified by a validated test method.
- ECOG 0-2.
- Adequate marrow reserve.
- Adequate renal and liver function.

EXCLUSIONS:
- Patients with mutant RAS mCRC or unknown RAS mCRC status.
- Patients with interstitial pneumonitis or pulmonary fibrosis.
- Renal impairment.
- Hepatic impairment.
- Hypersensitivity to panitumumab or to any of the excipients.
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PRESCRIPTIVE AUTHORITY:
The treatment plan must be initiated by a Consultant Medical Oncologist

TESTS:
Baseline tests:
- FBC, liver and renal profile

Regular tests:
- FBC, liver and renal profile prior to each treatment.
- Post treatment: monthly electrolytes, magnesium, calcium for 2 months after last panitumumab treatment.

Disease monitoring:
Disease monitoring should be in line with the patient’s treatment plan and any other test/s as directed by the supervising Consultant.

DOSE MODIFICATIONS:
Any dose modification should be discussed with a Consultant.

Renal and Hepatic Impairment;
Table 1: Dose modification of panitumumab in renal and hepatic impairment

<table>
<thead>
<tr>
<th>Renal Impairment</th>
<th>Hepatic Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety and efficacy of panitumumab has not been studied in patients with renal impairment</td>
<td>Safety and efficacy of panitumumab has not been studied in patients with hepatic impairment</td>
</tr>
</tbody>
</table>

Management of adverse events:
Table 2: Dose modification schedule based on skin reactions.
Local skin care policy for the prevention and treatment of EGFR-inhibitor adverse skin reactions should be instigated as appropriate.

<table>
<thead>
<tr>
<th>Occurrence of skin symptom(s): ≥ grade 3</th>
<th>Administration of panitumumab</th>
<th>Outcome</th>
<th>Dose regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial occurrence</td>
<td>Hold 1 or 2 doses</td>
<td>Improved (&lt; grade 3)</td>
<td>Continue infusion at 100% original dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not recovered</td>
<td>Discontinue</td>
</tr>
<tr>
<td>2nd occurrence</td>
<td>Hold 1 or 2 doses</td>
<td>Improved (&lt; grade 3)</td>
<td>Continue infusion at 80% of original dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not recovered</td>
<td>Discontinue</td>
</tr>
<tr>
<td>3rd occurrence</td>
<td>Hold 1 or 2 doses</td>
<td>Improved (&lt; grade 3)</td>
<td>Continue infusion at 60% of original dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not recovered</td>
<td>Discontinue</td>
</tr>
<tr>
<td>4th occurrence</td>
<td>Discontinue</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Table 3: Dose Modification of Panitumumab for Adverse Events

<table>
<thead>
<tr>
<th>Adverse reactions</th>
<th>Recommended dose modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infusion reaction</td>
<td>Decrease infusion rate and maintain lower rate for subsequent infusions</td>
</tr>
<tr>
<td>Severe infusion reaction</td>
<td>Discontinue</td>
</tr>
<tr>
<td>Interstitial lung disease</td>
<td>Discontinue</td>
</tr>
<tr>
<td>Ulcerative keratitis</td>
<td>Discontinue</td>
</tr>
</tbody>
</table>

**SUPPORTIVE CARE:**

**EMETOGENIC POTENTIAL:** Low (Refer to local policy).

**PREMEDICATIONS:**
Not usually required

**OTHER SUPPORTIVE CARE:**
See local skin care policy for the prevention and treatment of EGFR-inhibitor adverse skin reactions

**ADVERSE EFFECTS / REGIMEN SPECIFIC COMPLICATIONS**

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

- **Infusion-related reactions:**
  - In cases of mild or moderate infusion-related reaction, the infusion rate may be decreased and maintained at the lower rate in all subsequent infusions.
  - Occurrence of a severe infusion-related reaction requires immediate and permanent discontinuation of panitumumab therapy and may necessitate emergency treatment.
  - Hypersensitivity reactions occurring more than 24 hours after infusion have been reported. Patients should be warned of the possibility of such a late onset and instructed to contact their physician if symptoms occur.

- **Respiratory disorders:** Interstitial lung disease (ILD) has been observed with EGFR inhibitors. Treatment should be withheld in the event of onset or worsening respiratory symptoms. If ILD is confirmed, treatment should be discontinued.

- **Acute renal failure:** This has been observed in patients who develop severe diarrhoea and dehydration.

- **Skin reactions:** This is the main adverse reaction of panitumumab. Refer to local policy for skin care regime and to Table 1 under Dose Modifications for management of treatment if patient experiences skin reactions.

- **Electrolyte disturbances:** Hypomagnesaemia, hypokalaemia or hypocalcaemia may occur. Electrolyte repletion is recommended, as appropriate.

- **Ocular toxicities:** Patients presenting with signs and symptoms suggestive of keratitis such as acute or worsening: eye inflammation, lacrimation, light sensitivity, blurred vision, eye pain and/or red eye should be referred promptly to an ophthalmology specialist. If a diagnosis of ulcerative keratitis is confirmed, treatment should be interrupted or discontinued. If keratitis is diagnosed, the benefits and risks of continuing treatment should be carefully considered.

**DRUG INTERACTIONS:**

- No formal drug-drug interaction studies have been conducted with panitumumab.

- Panitumumab should not be administered in combination with IFL chemotherapy or with bevacizumab-containing chemotherapy.
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- The combination of panitumumab with oxaliplatin-containing chemotherapy is contraindicated for patients with mutant RAS mCRC or for whom RAS mCRC status is unknown.
- Current drug interaction databases should be consulted for more information.

ATC CODE:
Panitumumab - L01XC08

COMPANY SUPPORT RESOURCES/Useful Links:
Please note that this is for information only and does not constitute endorsement by the NCCP

REFERENCES:

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Amendment</th>
<th>Approved By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>05/04/2014</td>
<td>Change of title to Panitumumab 6mg/kg Therapy</td>
<td>Prof Maccon Keane</td>
</tr>
<tr>
<td></td>
<td>30/05/2015</td>
<td>Addition of new indications, drug interactions and references</td>
<td>Prof Maccon Keane</td>
</tr>
<tr>
<td>3</td>
<td>11/11/2016</td>
<td>Amendment of indications to allow combination with FOLFIRI in first line as per SmPC</td>
<td>Prof Maccon Keane</td>
</tr>
<tr>
<td>4</td>
<td>26/11/2018</td>
<td>Updated to new NCCP template Removal of combination therapy indications- separate NCCP regimens available for these</td>
<td>Prof Maccon Keane</td>
</tr>
</tbody>
</table>

Comments and feedback welcome at oncologydrugs@cancercontrol.ie.

NCCP Regimen: Panitumumab 6mg/kg Therapy  
Published: 30/05/2015  
Version number: 4

Tumour Group: Gastrointestinal  
NCCP Regimen Code: 00225  
ISM0 Contributor: Prof Maccon Keane  
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NCCP Chemotherapy Regimen

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Review: 26/11/2020
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1 ODMS – Oncology Drug Management System
CDS – Community Drug Schemes (CDS) including the High Tech arrangements of the PCRS community drug schemes
Further details on the Cancer Drug Management Programme is available at;
http://www.hse.ie/eng/services/list/5/cancer/profinfo/medonc/cdmp/