

## Cetuximab plus radiotherapy to the head and neck

This leaflet is offered as a guide to you and your family. The aim of this treatment is to eradicate the cancer and to stop it coming back. Your treatment will be fully explained to you by your doctor nurse, who will be happy to answer any questions.

### Your treatment

Your doctor has prescribed for you a course of radiotherapy with weekly infusions (drip) of cetuximab. The treatment consists of the following:

Your radiotherapy will start on \_\_\_\_/\_\_\_\_/\_\_\_\_. After that you will have radiotherapy every week day for 30 treatments.

**Week 1:** (the week **before** your radiotherapy starts). Cetuximab by drip over 2 hours. You can expect to be at the hospital for several hours on this day.

**Weeks 2-7:** (during radiotherapy). Cetuximab by drip over 1 hours. You will need to stay for up to an hour after each dose for observation.

Normally, you will be seen in clinic and have a blood test on a Monday or Wednesday morning. Your cetuximab will then be given the following day (Tuesday or Thursday).

Please make sure your radiographers know about these appointments especially if you travel by hospital transport.

You will receive times for these appointments through the post. If you have any queries please contact Kathleen Mais on **0161 446 3428 or 07539 527 907**. In her absence please the schedulers on **0161 446 7605**.

### What is cetuximab?

Cetuximab is a type of anti-cancer treatment known as a monoclonal antibody. Monoclonal antibodies are designed to target cancer cells while causing minimal damage to normal cells. Cancer cells are also affected by EGF. Many head and neck cancers have large numbers of molecules which can be blocked by cetuximab.

### Does cetuximab have any side effects?

Like any other drug cetuximab does have some side effects. However, most of these are usually mild and the drug is usually well-tolerated. Radiotherapy to the head and neck also has side effects and these are detailed in the Christie booklet 'Radiotherapy to the head and neck – a guide for patients and carers'.



## **Allergic Reaction**

Occasionally patients can have an allergic reaction to the drug. This most commonly happens during or just after the first or second infusion. We will give you a premedication of drugs (an antihistamine and a steroid) to try and prevent an allergic reaction before every infusion of cetuximab. It is unlikely that you will experience this reaction. However, if you have any of the following symptoms or feel unwell in any way you must tell the nurses straight away:

- a feeling of tightness in your chest
- difficulty in breathing
- an itchy rash or swelling of the skin
- feeling faint (a sign your blood pressure might be low)

If you experience any of these symptoms after you leave the hospital you must seek medical help immediately. Contact the Christie Hotline on **0161 446 3658**.

Milder symptoms that you may experience include chills, fever, shivering and headache.

## **Common side effects (more than 1 in 10)**

### **• Skin rash**

Many patients develop a skin rash after a few doses of cetuximab. This is temporary and will settle within a few weeks of completing treatment. The rash occurs mainly on the centre of the face, the scalp and the upper chest and back. However, it can occasionally occur elsewhere on the body. It may be itchy or even painful. The rash can look like acne. You may need to take a course of antibiotics. Your doctor or nurse clinician can prescribe these for you if necessary. We may give you antibiotics from the start of your cetuximab course to try and prevent the rash. You should use creams such as E45 to keep the skin moist.

Cetuximab can also make the expected radiotherapy skin reaction worse. Your doctors, nurses and radiographers will monitor the radiotherapy skin reaction closely. If the skin reaction is severe your consultant may stop the cetuximab treatment. This will be discussed with you.

Avoid extremes of heat and cold and exposure to the sun during your treatment with cetuximab, especially if you are also taking antibiotics for a skin rash. Please ask your Christie doctor or nurse for further advice on how to manage the skin reaction.

### **• Constipation**

Although constipation is not usually associated with cetuximab, it is a common side effect for patients having cancer treatment. It can be an unpleasant and even a serious problem so please ask your doctor or nurse for advice and laxatives. Please note that even if you are not eating much, you should still be having regular bowel actions.

### **• Alterations in liver function**

The levels of some of the enzymes in the liver may increase slightly. Your weekly blood tests will show whether this is happening. No treatment is needed for this and the levels usually return to normal once you have completed the cetuximab treatment.

- **Lethargy**

You may feel tired and lacking in energy. It can be frustrating when you feel unable to cope with routine tasks. If you do feel tired, make sure you rest and get help with household chores. If necessary, take time off work. Gentle exercise such as walking can be beneficial.

### **Uncommon Side Effects (less than 1 in 10)**

- **Alteration of blood biochemistry**

Cetuximab can occasionally cause the levels of certain substances in your blood, such as magnesium and potassium, to become low. You will have blood tests weekly to check that the levels are satisfactory. Occasionally you may need medication to correct any abnormality.

- **Sore mouth**

You may experience a mild sore mouth from the cetuximab. The radiotherapy will also cause a sore mouth and throat. You will receive an information sheet on mouth care at the start of your radiotherapy course. It is important that you follow this advice and keep your mouth extremely clean using the salt and sodium bicarbonate solutions. If you need painkillers for your sore mouth, you can ask your doctor or nurse for Difflam mouthwash and other painkillers such as paracetamol.

- **Sickness and diarrhoea**

Occasionally cetuximab can cause nausea (feeling sick), vomiting (being sick) or diarrhoea. Tell your doctor or nurse about this and they can give you medication to help.

- **Nail changes**

The area where the nail meets the surrounding finger can become very sore and may become infected. You may need antibiotics. Please contact your doctor or nurse for advice.

- **Eye problems**

The skin around your eyes may become sore and inflamed. You may need eye drops or ointment. This symptom will clear up once your cetuximab treatment is completed. Rarely, the eyelashes grow very long.

- **Headache**

Some people may experience a moderate to severe headache after their first dose of this drug. It will pass but you can take painkillers such as paracetamol. Make sure you also drink plenty of non-alcoholic drinks.

### **Rare side effects (less than 1 in 100)**

- **Lung problems**

You may rarely experience some breathlessness with cetuximab. If you already have problems with your chest such as bronchitis, emphysema or pulmonary fibrosis, the cetuximab may cause this to become worse. Please tell your doctor or nurse if you are experiencing any problems such as increased breathlessness.

- **Reduced blood cells**

Rarely, cetuximab can cause some of the cells in your blood to become low. Your weekly blood tests will show if this becomes a problem.

**Anaemia** is when the red cells are low. This can cause tiredness, breathlessness and dizziness).

**Neutropenia** is when the white cells are low. This can reduce your resistance to infection.

**Thrombocytopenia** is when the platelets are low. These cells help the blood to clot and so you may be prone to bruising and bleeding

- **Heart problems**

Rarely patients can experience heart problems, some of which can be serious such as angina (chest pain or tightness) or a myocardial infarction (heart attack). If you have any symptoms such as chest pain or palpitations, you must seek medical help immediately.



- **Blood clots**

There is an increased risk of blood clots in patients receiving cetuximab. This can cause a variety of symptoms depending on which blood vessel the clot is affecting. Therefore, it is very important that if you have any swelling, tenderness or pain around the calf muscle in your lower leg that you phone The Christie Hotline on **0161 446 3658** for advice. If you get sudden onset chest pain or shortness of breath then you should dial **999** immediately. If you do develop a blood clot you will need to have treatment to thin your blood and dissolve the clot.

- **Pregnancy and lactation**

It is not known what effects cetuximab has on the foetus or whether it is passed on through breast milk. However, as a precaution, all patients should use adequate contraception, such as condoms, during and for 6 months after treatment with cetuximab. Women should avoid breast feeding during and for 2 months after treatment with cetuximab.

- **Ulceration of the eye**

Very rarely, there can be serious problems with ulceration of the cornea of the eye. Signs and symptoms of this include a sore or bloodshot eye, blurred or hazy vision or a white patch on the eye. If you have any of these symptoms you should contact The Christie Hotline immediately.

### **Serious and potentially life threatening side effects**

In a small proportion of patients chemotherapy can result in very severe side effects which may rarely result in death. The team caring for you will discuss the risk of these side effects with you.

### **Late effects**

Some side effects may become evident only after a number of years. However, your doctor can take action to avoid these for most patients, so the potential benefit you receive from treatment should outweigh the risks of serious long term side effects to the heart, lungs, kidneys and bone marrow. With some drugs there is also a small but definite risk of an increased chance of developing another cancer. If any of these problems specifically applies to you, the doctor will discuss these with you and note this on your consent form.

### **Contacts**

If you have any general questions or concerns about your treatment, please ring:

Key worker (Kathleen Mais)	Tel	<b>0161 446 3428</b>
	Mobile	<b>07539 527 907</b>

Your consultant is: .....Tel: .....

Chemotherapy scheduler	Tel	<b>0161 918 2026</b>
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Your hospital number is: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**The Chemotherapy Hotline number is 0161 446 3658**

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most **up-to-date** scientific evidence. If you would like to have details about the sources used please contact [patient.information@christie.nhs.uk](mailto:patient.information@christie.nhs.uk)

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For information about The Christie and our services, please visit **[www.christie.nhs.uk](http://www.christie.nhs.uk)** or visit the cancer information centres at Withington, Oldham or Salford.

Contact The Christie Hotline for urgent support and specialist advice

**The Christie Hotline:**  
**0161 446 3658**

Open 24 hours a day, 7 days a week

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Wilmslow Road  
Withington  
Manchester M20 4BX  
Tel: 0161 446 3000  
[www.christie.nhs.uk](http://www.christie.nhs.uk)

The Christie Patient Information Service  
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