
Cetuximab for bowel cancer

GI Unit

Patient Information



Introduction

Your doctors have suggested that you are likely to benefit from a type of drug treatment called a monoclonal antibody. They are recommending a drug called cetuximab. They have weighed the expected benefits in terms of controlling the cancer and its symptoms, against the possibility of side effects. Your doctor will have discussed these with you.

The treatment you have been offered is called palliative treatment. The aim of palliative treatment is to control the growth of your cancer and to relieve or improve any symptoms. Although this treatment may result in your cancer shrinking and/or prolonging of your life, it is unlikely to get rid of your cancer entirely. However, the benefits you may receive from treatment may last for some time. It is not possible to predict, before you start treatment, how your cancer will respond or for how long treatment will be beneficial. If you are still unsure about the benefits then please ask. This leaflet explains what you can expect from the drug you will receive.

Monoclonal antibodies

Cetuximab (sometimes called Erbitux®) is an antibody used to try to destroy some types of cancer cells without causing harm to normal cells. The antibody recognises a certain protein called the epidermal growth factor receptor (EGFR). The protein is found on the surface of particular cancer cells. The antibody 'locks on' to the protein (like a key in a lock) and blocks signals to the cells to grow and divide.

Treatment plan

Cetuximab may be given on its own or together with chemotherapy, and is given into a vein in your arm. You will be given it fortnightly throughout treatment. If you are due to be given other chemotherapy drugs through a vein when you have cetuximab, you will usually be given the cetuximab first.

We will monitor you for any allergic reaction or side effects. The first cetuximab infusion is given over two hours. This may be reduced to one hour if you do not have any problems.

Side effects

All drugs can have some side effects and this includes cetuximab. These vary and for some people they may not occur.

The more common side effects are:

- **Skin rashes** – a mild skin rash is very common. Some people may develop a severe acne-like skin rash. The rash usually develops within the first three weeks of treatment and will get better when treatment finishes. Antibiotics and creams to moisturise the skin may need to be given for itchy, sore skin.
- **Allergic reaction** – this can be associated with skin rash, itching and fever, shivering, headache or dizziness. We will monitor you during the infusion. If any of these symptoms occur, we will treat you with appropriate medication.
- **Breathlessness** – you may feel short of breath. This is more likely if you already have lung problems. Tell your doctor if you become breathless.
- **Nausea** – chemotherapy sometimes causes this. It can usually be managed with anti-sickness (anti-emetic) drugs.
- **Changes in liver function** – there may be changes in the way your liver works. This is a temporary effect and is unlikely to cause you any symptoms.
- **Decrease in blood levels of magnesium** - this may cause tiredness, cramps and drowsiness. Blood levels will be checked before each treatment and oral or intravenous (drip) preparations of magnesium will be given as appropriate. This effect is reversible on stopping cetuximab.

The less common side effects are:

- **Eye irritation (conjunctivitis)** – we can prescribe eye drops to soothe your eyes and decrease the irritation.
- **Tiredness or lethargy** – during your chemotherapy, you may become very tired a few days following treatment. Pace yourself and rest as necessary. Tiredness may also be caused by low blood magnesium levels. If this shows up in your routine blood tests, it can be corrected by tablets or a drip.
- **Nail changes** – you may develop inflammation around the tissue surrounding the nail.
- **Diarrhoea** – this can usually be controlled with medication. It is important to drink plenty of fluids. Tell the doctor or nurse if this happens more than four times in 24 hours.

Fertility, pregnancy and breastfeeding

We do not know what effect cetuximab has on fertility or a developing baby. Therefore we recommend the following advice given for chemotherapy drugs.

- **Fertility** – this treatment can damage the testis or ovary. This may affect your ability to conceive (or father a child). Infertility can be temporary or permanent. Sometimes, in women, chemotherapy can lead to premature menopause. If relevant to you, you may wish to discuss the issue of fertility with your doctor before treatment is started.
- **Pregnancy** – during chemotherapy and for up to a year afterwards, if sperm or eggs are produced they may be abnormal. Treatment can also harm an unborn child. We recommend that you or your partner use a barrier method of contraception (such as condoms) during treatment and for one year afterwards. If you know you are pregnant before starting treatment or become pregnant during treatment, you must tell your doctor immediately.

- **Breastfeeding** – there is a risk of harm to a child who is being breastfed since the drug may be concentrated in the milk. It is very important that women do not breastfeed while receiving chemotherapy.

We have listed the most common side effects of this chemotherapy. You may experience some or several of these side effects listed above and they may be mild, moderate or severe. Some can occasionally be life-threatening or lead to death and occurs in 0.5-5% of cases (less than one in 100 people). All side effects will be discussed with you, however please raise any questions that you may have with your medical team or Clinical Nurse Specialist (CNS).

As with all drugs, there may be other side effects not mentioned here that you may experience. Because of the risk of side effects, it is important that you:

- **Always** tell your doctor if you suffer from any of these side effects, or if you have experienced any new symptoms since your last visit. Your doctor can help you by giving you medication or advice, to reduce or stop these side effects from occurring in the future.
- **Always** tell your doctor about any other medicine you are taking or planning to take, including herbal and complementary therapies.
- **Always** consult your doctor before having any other procedure, for example, dental work or vaccinations.

Blood clots

Some cancers increase the risk of developing blood clots. Chemotherapy drugs can also cause an increase in the risk of patients developing blood clots whilst they are on treatment. The commonest place for blood clots to form is in the calf. This is called a deep vein thrombosis (DVT) and causes the leg to swell. If a part of the clot breaks free, it may travel to the lungs, causing shortness of breath or chest pain. This is called a pulmonary embolus (PE).

Blood clots can be life threatening and treatment with blood-thinning drugs (anti-coagulants) is usually given to help 'dissolve' the clot and prevent further problems. Please inform your doctor immediately if you are worried you may have a blood clot.

Airline travel is also associated with an increased risk of blood clots. It is important that you inform your hospital team of any travel plans whilst you are on treatment.

Contact details

Please contact us if you have any concerns or queries:

Sutton

Medical Day Unit	020 8661 3174 (NHS patients)
Kennaway Ward	020 8661 3128 (NHS patients)
Robert Tiffany Ward	020 8661 3944 (Private patients)
Clinical Nurse Specialist/Key worker	

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Tel:

Chelsea

Burdett Coutts Ward	020 7808 2370 (NHS patients)
Private Patient Day Unit	020 7808 8092 (Private patients)
Granard House 1	020 7808 2973 (Private patients)
Granard House 2	020 7808 2362 (Private patients)
Clinical Nurse Specialist	

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Tel:

Pharmacy Medicines Helpline: 020 8770 3821
(Monday to Friday, 9am – 5pm):

or

Email: medicines.information@rmh.nhs.uk giving full details of your enquiry and a contact telephone number.

Alternatively, please call:

The Royal Marsden Macmillan Hotline: 020 8915 6899
(available 24 hours a day, 7 days a week)

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet

Revised January 2018 Planned review January 2021
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