ESMO Asia Virtual Congress 2020 Industry Satellite Symposium

Join us for a **symposium and live Q&A** with **world-leading specialists** in squamous cell carcinoma of the head and neck (SCCHN) at the ESMO Asia Virtual Congress 2020

# GETTING AHEAD IN SCCHN:

## DYNAMIC TREATMENT OPTIONS WITH CETUXIMAB

We are excited to be hosting a virtual symposium and live Q&A on **Sunday 22 November 2020, 12:00–13:30 SGT, Channel 2** Chaired by **Dr Makoto Tahara** as part of the ESMO Asia Virtual Congress 2020

## AGENDA

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| 12:00–12:05 | **Starting from the top: Welcome and introduction**<br>Dr Makoto Tahara, *Japan* (Chair) |
| 12:05–12:20 | **Putting your heads together: Working with patients to establish tailored treatment goals in SCCHN**<br>Dr Devavrat Arya, *India*; Dr Makoto Tahara, *Japan* |
| 12:20–12:45 | **Heading the right way: Treatment options with cetuximab in SCCHN**<br>Dr Devavrat Arya, *India*; Dr Ye Guo, *China*; Dr Joel Guigay, *France* |
| 12:45–13:10 | **Right patient, right treatment, right time: Treatment sequencing in R/M SCCHN**<br>Dr Jason Chia-Hsun Hsieh, *Taiwan*; Dr Joel Guigay, *France* |
| 13:10–13:15 | **Looking ahead: Conclusions and future directions**<br>Dr Makoto Tahara, *Japan* |
| 13:15–13:30 | **Live panel discussion and Q&A**<br>Led by Dr Ye Guo, *China* |

**We very much look forward to welcoming you to this symposium.**

This is a Merck-sponsored symposium at the ESMO Asia Virtual Congress 2020. Merck has selected the speakers and had joint input into the presentation content. External speakers are presenting their own scientific opinion.

Date of preparation: November 2020 | Job code: SG-ERBSCCHN-00009



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**Erbitux® (cetuximab). Indications:** Erbitux is indicated for the treatment of patients with epidermal growth factor receptor (EGFR)-expressing, RAS wild-type metastatic colorectal cancer: in combination with irinotecan-based chemotherapy or continuous infusional 5-fluorouracil/folinic acid plus oxaliplatin; as a single agent in patients who have failed oxaliplatin- and irinotecan-based therapy and who are intolerant to irinotecan. Treatment of patients with squamous cell cancer of the head and neck: in combination with radiation therapy for locally advanced disease; in combination with platinum-based chemotherapy for recurrent and/or metastatic disease.

**Dosage:** Prior to the first infusion, patients must receive an antihistamine and a corticosteroid as premedication to administration of cetuximab. Premedication is recommended prior to all subsequent infusions. Initial dose: 400 mg/m$^2$ BSA once weekly by IV infusion for 120 mins. Subsequent doses: 250 mg/m$^2$ BSA once weekly by IV infusion for 60 mins. The infusion rate must not exceed 10 mg/min.

**Contraindications:** patients with known severe (grade 3 or 4) hypersensitivity reactions to cetuximab. The combination of Erbitux with oxaliplatin-containing chemotherapy is contraindicated for patients with mutant RAS metastatic colorectal cancer (mCRC) or for whom RAS mCRC status is unknown. Before initiation of combination treatment, contraindications for concomitantly used chemotherapeutic agents or radiation therapy must be considered.

**Special populations:** Only patients with adequate renal and hepatic function have been investigated to date (serum creatinine ≤1.5 fold, transaminases ≤5 fold and bilirubin ≤1.5 fold the upper limit of normal).

**Special warnings and precautions for use:** Severe infusion-related reactions, including anaphylactic reactions, may commonly occur, in some cases with fatal outcome. Interstitial lung disease. Severe skin reactions. Electrolyte disturbances – hypomagnesaemia. Neutropenia and related infectious complications. CV disorders. Patients with a history of keratitis, ulcerative keratitis or severe dry eye. Colorectal cancer patients with RAS mutated tumours.

**Adverse reactions:** *Very common ( ≥1/10)*: hypomagnesaemia; Increase in liver enzyme levels (ASAT, ALAT, AP); acne-like rash and/or, less frequently, as pruritus; dry skin, desquamation, hypertrichosis, or nail disorders (e.g. paronychia); mild or moderate infusion-related reactions; mucositis. *Common (≥1/100, < 1/10)*: dehydration, in particular secondary to diarrhoea or mucositis; hypocalcaemia; anorexia; conjunctivitis; diarrhoea, nausea, vomiting; severe infusion-related reactions may occur, in some cases with fatal outcome; fatigue.

Full prescribing info is available on request.

**References:** 1. Singapore prescribing information (2018).

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