Necitumumab (Portrazza™)

**Pronounced:** ne-si-TOOM-oo-mab

**Classification:** monoclonal antibody

**About Necitumumab (Portrazza™)**

Necitumumab is a monoclonal antibody. Monoclonal antibodies are created in a lab to attach to the targets found on specific types of cancer cells. The antibody “calls” the immune system to attack the cell it is attached to, resulting in the immune system killing the cell. These antibodies can work in different ways, including stimulating the immune system to kill the cell, blocking cell growth or other functions necessary for cell growth. Necitumumab binds specifically to the epidermal growth factor receptor (EGFR).

**How to Take Necitumumab**

Necitumumab is given intravenously (IV, or directly into a vein). Patients may experience an infusion reaction including fever, chills or breathing problems. If you notice any changes in how you feel during the infusion, let your nurse know right away.

Patients who have had infusion-related reactions with prior infusions will be given medications to prevent a reaction with future doses. These may include diphenhydramine (Benadryl), acetaminophen (Tylenol), and dexamethasone. The infusion may be given slower if you are having an infusion reaction.

**Possible Side Effects of Necitumumab**

There are a number of things you can do to manage the side effects of necitumumab. Talk to your care team about these recommendations. They can help you decide what will work best for you. These are some of the most common or important side effects:

**Blood Clots, Heart Attack and Stroke**

This medication can increase the risk of blood clots, stroke and heart attack. Symptoms can include: swelling, redness or pain in an extremity, chest pain or pressure, pain in your arm, back, neck or jaw, shortness of breath, numbness or weakness on one side of the body, trouble talking, confusion or mental status changes. If you experience any of these symptoms, you should contact your oncology care team immediately or go to an emergency room.

**Changes in Electrolytes**

Electrolytes are minerals in your body that have many functions including regulating the amount of water in your body, the acidity of your blood and controlling muscle function. Necitumumab can interfere with the levels of electrolytes in your body. The most common change is a decrease in the amount of magnesium (hypomagnesemia) in your body. Hypomagnesemia occurs starting around 6 weeks after starting treatment. Patients may also experience low calcium (hypocalcemia) and low potassium (hypokalemia). These changes can cause serious heart problems, including cardiac arrest (heart stopping).

Prior to each dose of necitumumab, and for at least 8 weeks following the end of treatment, your labs will be drawn to check your electrolyte levels. You may receive electrolytes either orally (by mouth) or intravenously (directly into your vein) to regulate these levels. It is important to take these medications as directed.

**Nail and Skin Changes**

Necitumumab has some unique nail and skin side effects that you may experience. Patients can develop a rash. While this
rash may look like acne, it is not, and should **not** be treated with acne medications. The rash may appear red, swollen, crusty, dry and feel sore. You may also develop very dry skin, which may crack, be itchy or become flaky or scaly. The rash typically starts in the first week of treatment, but can occur at any time during treatment. Tips for managing your skin include:

- Use a thick, alcohol-free emollient lotion or cream on your skin at least twice a day, including right after bathing.
- Avoid sun exposure, as it can worsen the rash or cause a severe burn. Use a sunscreen with an SPF of 30 or higher and wear a hat and sunglasses to protect your head and face from the sun.
- Bathe/shower in cool or lukewarm (not hot) water and pat your skin dry.
- Use soaps, lotions and laundry detergents without alcohol, perfumes or dyes.
- Wear gloves to wash dishes or do housework or gardening.
- Drink plenty of water and try not to scratch or rub your skin.
- Notify your healthcare team if you develop a rash, as they can provide suggestions to manage the rash and/or prescribe a topical medication to apply to the rash or an oral medication.
- If you develop peeling or blistering of the skin, notify your healthcare team right away.

While receiving necitumumab you may develop an inflammation of the skin around the nail bed/cuticle areas of toes or fingers, which is called paronychia. It can appear red, swollen or pus filled. Nails may develop "ridges" in them or fall off. You may also develop cuts or cracks that look like small paper cuts in the skin on your toes, fingers or knuckles. These side effects may appear several months after starting treatment, but can last for many months after treatment stops.

- Follow the same recommendations for your skin (above).
- Don't bite your nails or cuticles or cut the cuticles.
- Keep your fingernails and toenails clean and dry.
- You may use nail polish, but do not wear fake nails (gels, acrylics, overlay).
- Notify your healthcare provider if any nails fall off or you develop any of these side effects or other skin abnormalities.

**Reproductive Concerns**

Exposure of an unborn child to this medication could cause birth defects, so you should not become pregnant or father a child while on this medication. Effective birth control is necessary during treatment and for at least 3 months after your last dose. Even if your menstrual cycle stops or you believe you are not producing sperm, you could still be fertile and conceive. You should not breastfeed while taking this medication and for at least 3 months after your last dose.