Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group

One Wales Medicines Assessment Group Recommendation
Panitumumab (Vectibix®) concentrate for solution for infusion (OW29)

Date of advice: June 2025
AWTTC reference number: OW29

Using the agreed starting and stopping criteria panitumumab (Vectibix®) can be made available within NHS Wales for the treatment of stage IV metastatic left-sided colorectal cancer with RAS wildtype confirmed by circulating tumour DNA following successful first line treatment with an epidermal growth factor inhibitor and at least one other treatment.

The risks and benefits of the off-label use of panitumumab (Vectibix®) for this indication should be clearly stated and discussed with the patient to allow informed consent.

Providers should consult the relevant guidelines on prescribing unlicensed medicines before any off-label medicines are prescribed.

There is a simple discount patient access scheme (PAS) for panitumumab.

This recommendation has been endorsed by the All Wales Medicines Strategy Group (AWMSG) and ratified by Welsh Government.

This recommendation will be reviewed after 12 months or earlier if new evidence becomes available.

Clinician responsibility
Clinicians will be obliged to collect and monitor patient outcomes. Evidence of clinical outcomes will be taken into consideration when reviewing the One Wales Medicines Assessment decision.

Health board responsibility
Health boards will take responsibility for implementing One Wales Medicines Assessment Group decisions and ensuring that a process is in place for monitoring clinical outcomes

The NHS Wales Joint Commissioning Committee commissions genomic testing in line with the criteria identified in commissioning policy PP184. Implementation of these tests is provided by the All Wales Medical Genomics Service (AWMGS).

Companion circulating tumour DNA (ctDNA) RAS testing for this indication is not included on the National Genomic Test Directory or covered by commissioning policy PP184, and is therefore not routinely commissioned in Wales.

When providing panitumumab for this indication health boards will need to take into account the cost of the ctDNA test in accordance with this One Wales advice.

One Wales advice assists consistency of access across NHS Wales and will be disseminated to the service following ratification by Welsh Government.

AWTTC
All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

Starting and stopping criteria

Developed in collaboration with oncologists in Wales.

Starting criteria:
Patients must satisfy all of the following criteria. Treatment may be considered in patients who:

- Have RAS wild-type stage IV, left-sided metastatic colorectal cancer confirmed by circulating tumour DNA (ctDNA) testing. CtDNA should be measured after progression on two or more lines of treatment. Tests are provided by the All Wales Medical Genomics Service (AWMGS);
- Achieved previous successful treatment with an epidermal growth factor inhibitor (EGFRi), defined as a reduction in carcinoembryonic antigen (CEA) and/or radiological response;
- Received at least one other treatment after the EGRFi and are intolerant of or have progressed on this treatment
- Are not pregnant. Patients of childbearing potential must be willing to use an adequate method of contraception.

A full list of precautions is listed in the Summary of Product Characteristics (SmPC)[1].
Panitumumab should be initiated by an experienced colorectal oncologist following appropriate discussion.
Patients who satisfy the eligibility criteria will be prescribed panitumumab following consultation with the patient and/or carer after consideration of potential adverse effects, cautions, contraindications and an explanation of alternative treatment options. This consultation should be recorded in the patient's notes.
The recommended dose of panitumumab is 6 mg/kg administered by IV infusion every two weeks.Treatment is continued until treatment progression or the development of intolerable side effects.

Monitoring:

- Full blood count
- Urea and electrolytes
- Liver function tests
- Magnesium levels
- Clinical evaluation of side effects, including infusion-related events and hypersensitivity, refer to SmPC[1]

The above tests should be done at baseline and before each cycle of treatment.
Refer also to local protocols on scheduling tests.
Whilst on treatment the following investigations are required:

- Magnetic resonance imaging (MRI) or computed tomography (CT) scan every 8-12 weeks;
- Serum carcinoembryonic antigen (CEA) levels every 4-6 weeks[2].

Dosing delay or discontinuation may be required based on individual safety and tolerability. Skin reactions are very common, in cases of severe (≥ grade 3) dermatological reactions dose modification or discontinuation may be necessary. Recommended modifications to manage skin reactions are provided in the SmPC[1].
Patients experiencing rash/dermatological toxicities should wear sunscreen and hats and limit sun exposure[1].
Patients presenting with signs and symptoms suggestive of keratitis should be referred promptly to an ophthalmology specialist. Symptoms suggestive of interstitial lung disease should be promptly investigated and treatment permanently discontinued[1].

Stopping criteria:

- evidence of disease progression or recurrence
- toxicity; dosing delay may be considered, follow the guidance in the SmPC[1]
- patient request.

Other considerations:

- AWTTC patient information leaflets on understanding unlicensed medicines in English and Welsh and an easy read format, these can be accessed here.
- It is important that outcomes are collected for this patient cohort and the outcomes will be reviewed by the One Wales Medicines Assessment Group after 12 months.
- Clinicians may wish to use one of the Cancer Research UK consent forms for SACT (Systemic Anti-Cancer Therapy) to help ensure your patient is fully informed when consenting to SACT.
- The Strategic Clinical Network for Cancer standard is that all patients receiving SACT should be given the All Wales Cancer Treatment Alert Card with the treating team being responsible for ensuring that the details of which treatment type and name is clearly indicated on the card and the patient is given supporting information and explanations. Further information can be found here: Systemic Anti-Cancer Therapies (SACT) - NHS Wales Executive

References

1. Amgen Ltd. Vectibix 20 mg/mL concentrate for solution for infusion. Summary of Product Characteristics. July 2023. Available at: https://www.medicines.org.uk/emc/product/6178/smpc#gref. Accessed March 2025.
2. Cervantes A, Adam R, Roselló S et al. Metastatic colorectal cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. *Annals of Oncology.* 2023;34(1):10-32.