

"Data on infusion reactions and infusion rates for all monoclonal antibodies that are licensed in the European Union for treatment of solid tumors or hematological malignancies, found by a literature search, were included in this review" Rombouts et al (2020).



Abstract:

BACKGROUND: Patients with cancer who are treated with monoclonal antibodies are at risk for developing infusion reactions. However, for some monoclonal antibodies, the incidence of infusion reactions is low or can be lowered by the use of adequate premedication schedules. It is often feasible to increase the infusion rate/lower the post-administration observation time. This review gives an overview of infusion reactions and the possibility of accelerating infusion rates. **MATERIALS AND METHODS:** Data on infusion reactions and infusion rates for all monoclonal antibodies that are licensed in the European Union for treatment of solid tumors or hematological malignancies, found by a literature search, were included in this review. **RESULTS:** For 11 out of the 21 monoclonal antibodies data exceeding the registration text were found and described. Faster infusion schedules are possible for bevacizumab, ipilimumab, nivolumab, panitimumab, and rituximab. **CONCLUSION:** We propose optimal infusion schedules for each drug. [Full Text](#)

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Reference:

Rombouts, M.D., Swart, E.L., VAN DEN Eertwegh, A.J.M. and Crul, M. (2020) Systematic Review on Infusion Reactions to and Infusion Rate of Monoclonal Antibodies Used in Cancer Treatment. *Anticancer Research*. 40(3), p.1201-1218. doi: 10.21873/anticancerres.14062.

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