Dear Christopher

I have been asked to respond on behalf of BAHNO but in this instance can only give my personal experience. Within the Yorkshire Cancer network we use Carboplatin concurrently and or Carboplatin and 5Fu neoadjuvantly in selected patients who are fit enough for chemotherapy and radiotherapy for advanced head and neck cancer but who have a contraindication for Cisplatin. While the majority of published work supports the use of Cisplatin as does the Pignon meta analysis there is little published date that specifically compares Cisplatin with Carboplatin. The evidence that exists slightly favours Cisplatin. Many European centres and some American routinely choose concurrent Carboplatin either in weekly or in three weekly format.
A proportion of patients are unable to tolerate the nephrotoxicity/ ototoxicity and fluid overload from Cisplatin and in this group Carboplatin is preferred. There is undoubtedly more haematological supression. In our own practice of three clinical oncologists covering nearly three million population and 450 head and neck cancers annually we have a relatively small numbers of patients on Carboplatin ie less around 10 per year but I know that other centres favour it's use.
The role of cetuximab plus or minus chemoradiotherapy is still being examined in the RTOG trial. As one of the first new drugs in head and neck cancer for 40 years we are all keen to exploit the potential for Cetuximab in head and neck cancer in general. As the Bonner trial did not specifically look at patients with poor renal/ cardiac function but as those toxicities are not expected to increase there is a potential role for Cetuximab in this group. However careful audit nationally is required. Currently there are a proportion of patients who are being offered radiotherapy along ie without chemotherapy who may benefit from the addition of cetuximab as they would not be considered fit enough for chemoradiotherapy. This is quite a signficant number of patients as it pretty much includes anyone over 70 years of age. The Pignon data also suggested that cvhemoradiotherapy had lesser effect in older age groups , but there is some data raising the same concerns in Cetuximab. The cost benefit analysis of the " value " of treating patients with significant comorbdity and advanced cancers is way way beyond my abilities.
This class of drug is very exciting and several other trials are being considered both in the UK and abroad.

I hope this in of some use in the evaluation.
Best wishes

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