

Dear Christopher

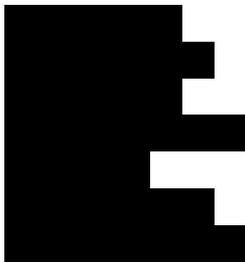
Thank you for asking BAHNO to reply to the single technology appraisal on Cetuximab. I have been nominated to do so on their behalf.

I note that the ERG have reviewed the academic data which mostly consists of the Bonner study and have extracted a subgroup analysis supporting the use of Cetuximab plus radiotherapy in patients with KP greater than 90 but not in the poorer performance group. The company submission had however been for use in that poorer group of patients. Also the ERG states clearly that the current gold standard is chemoradiotherapy and Cetuximab should therefore be used in patients unable to have either Carboplatin or Cisplatin but for medical reasons unlikely to compromise their performance status.

I am unaware of any other mature data and feel that the ERG reliance on one source ie the Bonner trial is appropriate. The reasoning behind the decisions and the cost benefit analysis seem clear and whilst not unambiguous the pros and cons appear to have been worked through thoroughly and transparently.

The UK oncology community acknowledges that there is diversity in practice nationally. There is a natural desire to employ an effective drug without increasing the radiotherapy toxicity and this appears to be a reasonable compromise. Many reasonably fit patients are older and the risks of chemoradiotherapy may outweigh the benefits. The possibility of an active combination treatment is attractive and overall I welcome the group's reasonable decision.

With best wishes

A large black rectangular redaction box covering the signature area.