MERCK SERONO

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Date 3rd March 2008
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Your letter
our ref. GS/gmt/06

Dear Dr Longson

Response to the Appraisal Consultation Document for Cetuximab in the treatment of locally advanced squamous cell carcinoma of the head and neck

Merck Serono appreciates the opportunity to comment on the evidence base used to inform NICE's preliminary decision regarding cetuximab for the treatment of locally advanced squamous cell carcinoma of the head and neck (LA SCCHN). We would like to comment on/ request clarification with regards to two items under point 1 of the general headings requested:

i) Do you consider that all of the relevant evidence has been taken into account?

1. Request for clarity as to the evidence to justify the inclusion of carboplatin as a comparative treatment for patients with LA SCCHN.

In section 4.9 of the ACD, the Appraisal Committee considers the use of platinum based chemoradiotherapy and discusses the use of carboplatin for this group of patients:

> *"The Committee was aware that although carboplatin does not have a UK marketing authorisation for the treatment of locally advanced squamous cell cancer of the head and neck, carboplatin-based regimens have been studied in this condition and are used to treat this condition in UK clinical practice"*

It is clear from clinical opinion attained from commentators to this appraisal that carboplatin can be used, albeit rarely for patients who are contraindicated for cisplatin based treatment. Carboplatin may be considered to be "used", but not, "routinely".

The literature review submitted as part of Merck Serono's response to questions provided on the 15th October 2007, identified that carboplatin had also been, "studied". However this literature review failed to identify any robust evidence to support the use of carboplatin in the treatment of LA SCCHN. The most robust source identified was from Jeremic *et al* where the 53 patients treated with carboplatin in combination with radiotherapy reported a median overall survival benefit of 30 months. Indeed clinical opinion from commentators to this appraisal also failed to identify a robust source to prove the efficacy of carboplatin based chemoradiotherapy.

Greater clarity would be appreciated as to the source of information utilized by the Appraisal Committee to include carboplatin as a comparator. This clarity will guide future appraisals in this area as to the accepted efficacy and tolerability of carboplatin and increase clarity of NICE guidance to patients who will question why it is appropriate to be prescribed an unproven, yet studied, medication rather than a proven, licensed alternative such as cetuximab.

2. Update of information on available cetuximab vial sizes presented in section 2.3

Section 2.3 of the ACD presents information on the acquisition cost and available vial sizes of cetuximab from the BNF edition 54. Since this publication Merck Serono has launched an alternative formulation of cetuximab and information is presented below as in the January 2008 edition of Mims:

Cetuximab

5mg/ml soln in vial,

20ml = £136.50: 100ml = £682.50

The 2mg/ml formulation is no longer marketed. It would be greatly appreciated if this information could be updated.

I do hope that you find our comments to be of value and do please contact me if you require clarification on any point.

Yours sincerely

[redacted]

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