

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Circular HSC (SQSD) (NICE) 03/09 TA 145

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin
an Fowk Siccar**

Chief Executives of HSS Boards – **for distribution to:**
Directors of Public Health
Directors of Nursing
Directors of Pharmaceutical Services
Directors of Primary Care – for cascade to prescribing and GP
Advisors

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Chief Executives of HSC Trusts – **for distribution to:**
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Directors of Pharmaceutical Services – for cascade to relevant
staff

Date: 19 January 2009

General Practitioners

HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

For Information

Chairs of HSS Boards
Chairs of HSC Trusts
Chief Executive, Regulation & Quality Improvement Authority
Chief Officers HSC Councils
Chief Executive/Postgraduate Dean, NIMDTA
Chief Executive, NIPPET
Chief Executive, NIPEC
Chief Executive, RMSC

Dear Colleagues

Technology Appraisal No 145 – Cetuximab for the Treatment of Head and Neck Cancer

Cetuximab in combination with radiotherapy is recommended as a possible treatment for people with locally advanced squamous cell cancer of the head and neck if:

- they have a Karnofsky performance-status score of 90% or more, and
- all forms of platinum-based chemotherapy are considered inappropriate

Healthcare professionals should not stop prescribing cetuximab in combination with radiotherapy for people who were already receiving it when the guidance was issued, but

who do not fulfil the above criteria. These patients should be able to carry on taking cetuximab until they and their healthcare professionals decide that it is the right time to stop treatment.

When assessing Karnofsky performance-status score, healthcare professionals should take into account any disabilities that might affect a person's ability to carry out daily activities.

DHSSPS advises that this guidance is valid for Northern Ireland and endorses it for implementation in HSC.

The full NICE clinical guideline is available for download at:

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=12006>

The HSC sector also should note that;

1. The Department expects HSC organisations to put plans in place within 3 months of this e-mail alert to facilitate implementation of this guidance.
2. This guidance will be reviewed by NICE in March 2010.
3. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.
4. NICE has developed tools to help organisations implement this guidance. These are available at <http://www.nice.org.uk/guidance/index.jsp?action=byID&o=12006> and include costing tools, implementation advice and audit criteria to monitor local practice.

All NICE guidance endorsed by the Department to date can be viewed on the DHSSPS website at:

<http://www.dhsspsni.gov.uk/sqsd-guidance-nice-guidance>

Circular HSS (PPMD) (NICE)01/006 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at:

http://dhsspsni.gov.uk/nice_guidance_01-06.pdf



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