Proposed medicines(s) for treatment of Nasopharyngeal Carcinoma (refer to application for specific protocols):

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Currently on EML</th>
<th>Addition</th>
</tr>
</thead>
<tbody>
<tr>
<td>cisplatin</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>oxaliplatin</td>
<td>☐</td>
<td>☑</td>
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<tr>
<td>carboplatin</td>
<td>☑</td>
<td></td>
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<tr>
<td>fluorouracil (=calcium folinate, folic acid (INN))</td>
<td>☑</td>
<td>☐</td>
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<tr>
<td>paclitaxel</td>
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</tbody>
</table>

(1) Does the application adequately address the issue of the public health need for the treatment of the disease?  
Yes ☑   No ☐  
Comments:

(2) Have all important studies that you are aware of been included in the application?  
Yes ☑   No ☐  
Comments: It is very important to stress (it has been done, but perhaps it should be stressed even more) that the addition of adjuvant chemotherapy after a standard treatment of concomitant radiotherapy and cisplatin does not have any survival advantage.

(3) Does the application provide adequate evidence of efficacy/effectiveness of the proposed treatment regimen(s)?  
Yes ☑   No ☐  
Comments:
(4) Does the application provide adequate evidence of safety for the proposed treatment regimen(s)? Are there any adverse effects of concern, or that may require special monitoring?

   Yes   X   No  

Comments: It is already stressed, but it should be clearly stated that the standard drug for the concurrent radio-therapy-chemotherapy treatment is cisplatin and not carboplatin, as present in the old EML.

ADDITIONAL CONSIDERATIONS:

(5) Are there special requirements or training needed for the safe, effective and/or appropriate use of the proposed treatment(s)?

   Yes   X   No  

Comments: Concurrent chemo-radiotherapy is a complex modality, which should be limited to tertiary centres.

(6) Are there any issues regarding the registration of the proposed medicines by regulatory authorities? (e.g., recent registration, new indications, off-label use)

   Yes  No   X  

Comments:

(7) Comment briefly on issues regarding cost and affordability of treatment.

Cisplatin is much less expensive than oxaliplatin.

(8) Any additional comments on the application?

There is no clear cut on the reason why oxaliplatin should be added, since for patients not tolerating cisplatin there is already carboplatin in the EML.

(9) Please summarise the action(s) you propose the Expert Committee take.

Add cisplatin. Do not add oxaliplatin.