HEAD AND NECK CANCER INTERNATIONAL GROUP NEWSLETTER

HNCIG
HEAD & NECK CANCER INTERNATIONAL GROUP

THIS ISSUE

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HNCIG newsletter editors:
Dr Lachlan McDowell and
Dr Christina Henson

HNCIG NEWS

Lancet Oncology to publish four-part head and neck series by HNCIG

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HNCIG 2024 Annual Meeting

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HNCIG
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From the HNCIG Chair

Dr Hisham Mehanna, Chair



The committees at HNCIG have been busy in these last two quarters. As a result, there has been a slew of manuscripts that have been submitted and accepted.

Most notably, Lancet Oncology is going to publish a four-part series of articles produced by the HNCIG committees: Two are recommendations for extranodal extension on Pathology and extranodal extension on Radiology. The other two are on the consensus endpoints for clinical trials on locally advanced and recurrent metastatic head and neck cancer.

This is the first ever series on head and neck cancer that Lancet Oncology has published, and personally I am very proud of all the people and teams who have worked so hard to firstly design and then deliver the great work that has gone into the manuscripts.

I would encourage you all to participate in the work of the committees - the more collaboration we have, the more outputs we can produce for the benefit of our patients and community.



Database

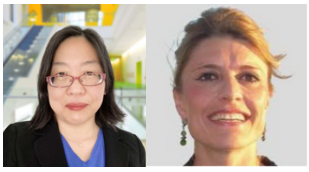
Dr Pablo Parente and Dr Sujith Baliga

The database committee completed the Delphi consensus project on essential data variables to be included for a minimum dataset for head and neck cancer trials and clinical research. The consensus paper was recently published in the European Journal of Cancer and the paper is available as an open access article at the link below.

https://linkinghub.elsevier.com/retrieve/pii/S0959-8049(24)00694-4

After this publication, our team has worked closely with the Birmingham team (Mohamed Ahmed and Ahmad Abou-Foul) in order to integrate these data variables into an online Redcap database that could be used as a research backbone for future HNCIG trials. This Redcap database has now been completed and we are currently evaluating its usability before future implementation in HNCIG. We aim to make this Redcap database public access in the future.

Guidelines & Protocols



Dr Sue Yom and
Dr Juliette Thariat

The HNCIG G&P subcommittee is pleased to announce that its project to harmonise clinical trials endpoints in head and neck cancer clinical trials has resulted in two papers, both of which have been accepted for publication. The subcommittee is currently working on a number of other consensus projects, including an RTQA consensus project and a consensus project for the management of Merkel cell carcinoma. Additionally, the G&P subcommittee has been working on developing standardized processes for new projects. What a productive year! The HNCIG would like to commend the members' hard work.



Young Investigators

Dr Christina Henson and
Dr Lachlan McDowell

The HNCIG YI subcommittee is in full swing - we have welcomed several new members from the global head and neck cancer community including Dr Sharon Poh and Dr Natascha Putri from Singapore, Dr Pedro De Marchi from LACOG, Dr Francesca Caparotti and Dr Pierluigi Bonomo from the EORTC YI group, Dr Anna Lee and Dr Trisha Wise-Draper from USA/NRG, Dr Camilla Kjær Lønkvist from DAHANCA and Dr Sweet Ping Ng and Dr Rahul Ladwa from Australia.

The YI subcommittee has developed a survey on patterns of care in oligometastatic disease, led by Dr Monali Swain and Dr Petr Szturz in collaboration with Dr Sarbani Ghosh-Laskar from Tata Memorial Centre. This survey will hopefully be circulated early next year.

The YI is also working hard to improve the visibility of the HNCIG through Twitter - and have appointed Social Media Ambassadors to assist at international and national meetings. We are also working towards HNCIG in-person events at IFHNOS and other international meetings next year!

A big thank you to all those who have contributed this edition of the newsletter!

Stay tuned!

HNCIG Project

Consensus guidelines for extranodal extension

Dr Christina Henson

Radiographic ENE (iENE)

The first set of guidelines comprises consensus recommendations for imaging-detected extranodal extension (iENE) in head and neck cancer, with the aim of harmonizing and clinical practice and standardizing research.

Pathologic ENE (pENE) is a well-known negative prognostic factor for head and neck cancer and is an indication for adjuvant chemoradiation after definitive surgery. At present, however, imaging is not routinely used to predict for presence or absence of ENE, which represents a big missed opportunity. Multiple studies have demonstrated iENE sensitivity of 60-80% and specificity of 72-96% to predict for pENE. There is currently no consensus or standardization of the diagnostic criteria by which to diagnose iENE.

All 21 member organizations of the HNCIG were invited to nominate an expert head and neck radiologist to join in a global consensus panel. Participating groups were DAHANCA, NWHHT, ECOG-ACRIN, GORTEC, FUSCC, IAG-KHT, JCOG-HNCSG, HeCOG, HKNPCSG, LACOG, NCCS, NCRI, NRG Oncology, and TTCC. The nominated radiologists completed online questionnaires through a modified Delphi process which included questions on four main iENE topics: diagnostic criteria, interobserver agreement, the impact of core biopsy, and classification systems.

Regarding iENE features, the experts strongly agreed that indistinct nodal margin, extension into perinodal fat, extension into adjacent structures, and conglomerate/matted/coalescent nodes should all be used as criteria by which to identify iENE, while nodal necrosis and capsular thickening should not. In this publication, the HNCIG proposes a new four-tier classification system for the diagnosis of iENE, as well as a synoptic form for aiding and standardizing diagnosis. These guidelines have been endorsed by 19 organizations representing 34 countries.

The results of this project were first presented at the 2024 Multidisciplinary Head and Neck Cancers Symposium. An essential prerequisite for implementation of iENE into clinical practice is the availability of widely accepted, reliable, and consistent definitions and diagnostic criteria, which are now available for use. The Lancet Oncology publication is accompanied by an atlas full of real-life examples and detailed and specific guidance, which serves as an educational resource for grading iENE using the new HNCIG classification system. This atlas is available for access and download on the HNCIG website.

Pathologic ENE (pENE)

The second Lancet Oncology publication is a similar set of consensus guidelines pertaining to pENE. For this project, the HNCIG convened a panel of 19 expert head and neck pathologists representing 15 national clinical research groups to participate in a Delphi process evaluating topics for pENE diagnostic criteria and sample processing. Although pENE is known to worsen prognosis and serves as an indication for escalating adjuvant therapy, there are several aspects of pENE that lack consensus, resulting in significant heterogeneity in diagnosing pENE. Without a standardized approach to defining and diagnosing pENE, it can be difficult to make meaningful

comparisons across studies and to draw definitive conclusions about the prognostic significance of some types of pENE. It may also result in indications for treatment intensification being inconsistently applied in both clinical and research settings. The objective of this project was to generate consensus recommendations on the diagnosis of pENE and to standardize protocols for sample process and interpretation in order to provide a framework for decision-making and research of pENE going forward. This manuscript is also accompanied by an atlas of real-life examples and guidance, available for access and download on the HNCIG website.



Open Trials

HNCIG Portfolio Open Trials

HNCIG-1: Post-operative Adjuvant Treatment for HPV-positive Tumours (PATHOS)

HNCIG-2: EORTC 1420: Study Assessing The “Best of” Radiotherapy vs the “Best of” Surgery in Patients With Oropharyngeal Carcinoma (Best Of).

HNCIG-3: CompARE: Phase III randomised controlled trial Comparing Alternative Regimens for escalating treatment of intermediate and high-risk oropharyngeal cancer.

HNCIG-5: NRG HN001: Individualized Treatment in Treating Patients With Stage II-IVB Nasopharyngeal Cancer Based on EBV DNA.

HNCIG-7: EPIC-OPC: Individualized treatment in treating patients with stage II-IVB nasopharyngeal cancer based on EBV DNA.

HNCIG-8: HNC TACTIC: An international study of artificial intelligence applied to electronic health records

HNCIG-14: EORTC 1206: Androgen deprivation therapy in advanced salivary gland cancer

HNCIG Guidelines

HNCIG Developed Guidelines

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HNCIG Members in Steering committee/Involved in Consensus review

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HNCIG Endorsed guideline

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HNCIG acknowledged in guideline development

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