



Head and Neck Cancer International Group (HNCIG)

20 February 2016

Scottsdale, Arizona

Minutes

Present: Bob Ferris (ECOG-ACRIN), Jorgen Johansen (DAHANCA), Hans Kaanders (NWHIT), Quynh Le (NRG), Jean Lynn (US NCI-CCCT), Brian O'Sullivan (US NCI-Head and Neck Steering Committee), Amanda Psyrrri (Hellenic H&N Group), Jan Vermorken (advisor), and Jack Welch (US NCI-Center for Global Health).

Present by teleconference: Hisham Mehanna (NCRI, UK), Sandro Porceddu (TROG), and John Waldron (CCTG).

1. Introductions: Those present and on the phone introduced themselves and their groups. John Waldron advised that the group formerly known as the NCIC-CTG is now the Canadian Cancer Trials Group.
2. Minutes: The minutes from the previous meeting of 25 September 2015 in Vienna, Austria, were reviewed. Several minor errors were identified. A corrected in a final version (appended) was approved by acclamation.
3. Administrative Updates
 - a. The membership agreed that the current method of sending general HNCIG emails with addresses in blind copy is preferable to reduce excess mail volume due to replies "to all". If any members would like a copy of the membership roster and email distribution list, please send a request to the Secretariat (jack.welch@nih.gov)
 - b. Some groups have supplied information requested by the Secretariat about group credentials and appointments to HNCIG. It was suggested that a subsequent email to the group request missing information and show what had been submitted by group in a columnar format.
4. HNCIG name, logo, website
 - a. At the September 2015 meeting it had been decided that the official name of the group would be the Head and Neck International Group, abbreviated HNCIG.
 - b. No logo ideas were submitted since the last meeting, so the Secretariat has, somewhat arbitrarily, adopted the image at the top of this page. This an image that is in the public domain by virtue of early publication date, a cleaned up version of the image archived at [https://commons.wikimedia.org/wiki/File:H. Gray, Surgical Anatomy of the Arteries. Wellcome L0021983.jpg](https://commons.wikimedia.org/wiki/File:H._Gray,_Surgical_Anatomy_of_the_Arteries._Wellcome_L0021983.jpg).



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- c. The Secretariat has set up a demonstration website for the group, based on a specification outlined previously by the HNCIG and similar in structure to the GCIG website. The site is built on a wiki platform (TikiWiki) with the intent of allowing distributed editing. Groups may designate one or more of their members to have password-protected access to the wiki to update content on the site. The benefit of this approach is to avoid delays related to having a central editor, to allow groups to have maximum and direct control of content, and to lower the burden of making updates to the site so it is more likely that it will remain up to date. While it is possible to make errors in editing the site, the wiki software implements version control, meaning that any change can be rolled back to a previous state. While under development, the site is temporarily located at <http://hncig.templaro.com>, but since the site is modular, it can be moved with a minimum of work to a permanent host and dedicated domain at a later point. Not all parts of the site have been fully implemented and this prototype site still lacks some content. Presently, the site is set up to avoid indexing by internet search engines.

Comments are requested on the format and content of the site. If anyone would like an account on the site to experiment, please let the Secretariat know. As needed, the Secretariat can render assistance to any group that requires it.

5. Status of Statutes

Several items in the current version of the Statutes were flagged for discussion; a new version based on consensus at this meeting has been drafted and is appended to these minutes. Some key items were:

- a. As written, group members had certain advantages that site members do not, most importantly a vote. It was decided to put group and site members on an equal footing with respect to general and board representation and vote.
- b. The role of organizations performing meta-analysis was clarified. Such organizations are welcome in an advisory capacity to the intergroup, but are non-voting. It is presumed that individuals in such organizations would also participate in a member organization that performs clinical trials.
- c. There is some ambiguity in the statutes about the definition of “group” chair; this relates to different structures within member organizations. The intent was to identify the person in each group or site that is leader of the H&N section of each organization, and who would appoint members to the HNCIG. So, for example, when the intergroup talks with EORTC, the relevant chair would be Vincent Grégoire rather than Denis Lacombe, the Director General. Similarly, for NRG Oncology, we would correspond with Quyne Le rather than NRG Oncology Chair Wally Curren.
- d. Regarding election of the HNCIG Chair, additional language was added to require that the position rotate regionally. It was agreed that currently HNCIG draws from three regions: North America, Europe, and Asia/Oceania. If other regions are added due to expansion of members, e.g., to Latin America or if any of these regions need to be sub-divided, it would then require modification of the statutes. More on election of HNCIG chair immediately below.



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6. Election of HNCIG chair and secretary

There was strong agreement that HNCIG needs a Chair as soon as possible. Initially, there was discussion about appointing a Provisional Chair until the statutes could be formally approved and then a round of voting under the statutes. This seemed unnecessarily complicated and it was decided that the first chair of the HNCIG would be elected by soliciting nominations and credentials from all current member groups and sites. Each could nominate one individual willing to serve in that capacity. Each individual would be asked to provide a brief background and statement of interest to help inform the decision. Voting would then take place by email; if there are more than two candidates, a two-round (i.e., run-off) mechanism would be used to pick the candidate with the majority of votes.

To hold this election, it is necessary to first identify the person that will vote on behalf of each member group or site. Consequently, the Secretariat will circulate a request to groups to identify their voting representative with a one month deadline for reply. Groups that do not reply by the deadline will not be able to vote. Chairs of each member group or site will be asked to nominate an individual as HNCIG chair. The Secretariat will confirm the candidates are willing to serve and will ask for a statement of interest and background. These materials will be circulated for a two week period, followed by an online vote coordinated by the Secretariat.

The initial chair will serve a three-year term.

7. Subcommittees

Constitution of subcommittees was deferred until an HNCIG Chair is in place.

8. Trial Updates

- a. Squamous cutaneous cell cancer – Quyne Le provided an update that a concept proposal to evaluate afatinib for SCC cancer had been rejected by the NCI H&N Scientific Steering Committee, but that a revised concept involving necitumumab (Lilly Oncology, tradename Portrazza), a recombinant IgG1 monoclonal antibody against EGFR. This antibody is similar to cetuximab with regard to ADCC, but is supposed to not provoke hypersensitive reactions.

9. Matters Arising

- a. Update on Euro-HNS: Hisham Mehanna provided an update about his application for EU funding to support H&N cancer harmonization meetings to involve both EU and non-EU participants. The proposals was not funded on the first pass, but useful feedback was provided and the proposal will be resubmitted by mid-April 2016. The requested funding level is capped at 500,000 Euro/year. Topics for harmonization could include, for example, RTQA guidelines, recommendations for support, pathology, treatment particulars, and administrative processes.
- b. Nasopharyngeal Cancer: The US cooperative groups are interested to hold a planning meeting to discuss trial ideas for nasopharyngeal carcinoma; Dimitri Kovelos has been the main contact for this



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effort. The meeting request was turned down by US NCI because the groups already have an NPC trial in progress, which is recruiting below projection. Despite this, there is continued interest in putting together a meeting with global partners aimed at clinical trial planning. Jack mentioned that in recent discussions with IAEA last September, Eduardo Rosenblatt in the Human Health Division had mentioned similar interest in developing a clinical trial planning meeting for NPC (with an emphasis on RT issues). Jack will work with Quyne and IAEA to see if there is possibility for partnership on such a meeting.

10. Next Meeting

Since the last meeting, members of the HNCIG were asked to provide comments to the Secretariat about potential meeting locations, including sites outside the US and EU. There was agreement in replies, including responses from groups in Asia and Oceania, that while there are smaller regional meetings, the larger meetings in US and Europe are preferred. It was decided that future meetings would alternate between the US and Europe. US meetings would alternate between the main ASCO meeting and the Multidisciplinary Head and Neck Symposium (Phoenix), while European meetings would alternate between ICHNO and the main ESMO meeting. The next two meetings will be the ASCO meeting this June in Chicago and the ESMO meeting this September in Copenhagen.

11. Adjournment