



Head and Neck Cancer International Group (HNCIG)

4 June 2016
08:00 – 10:00 CDT

Hilton Downtown Chicago Hotel, 720 S. Michigan Avenue, Room A4

Minutes

Present: Jan Vermorken (Advisor), Maura Gillison (NCI HNSC), Lisa Licitra (GONO), Shakun Malik (NCI/CTEP), Jean Lynn (NCI/CCCT), Robert Ferris (NCI HNSC), Stu Wong (NRG Oncology), Quynh Le (NRG Oncology), Barbara Burtness (ECOG/ACRIN), Jean Bourhis (GORTEC), Sandro Porceddu (TROG), Brian O'Sullivan (NCI HNSC), Wendy Parulekar (CCTG), John Waldron (CCTG), Danny Rischin (TROG), Martin Forster (NCRN UK), Sarbanai Ghosh Laskar (TMC), Claus Andrup Kristensen (DAHANCA), Nabil Saba (Emory University)

Phone: Amanda Psyrrri (Hellenic H&N Group), Pierre Blanchard (IGR Meta-Analysis Group), ~~xxx~~ [Soong Yoke Lim](#) (NCC Singapore)

1. Introductions: Those present and on the phone introduced themselves and their groups.
2. Review of Previous Minutes: The minutes from the previous meeting of 20 February 2016 in Scottsdale, Arizona, were reviewed and approved by acclamation.
3. Administrative Updates:
 - a. Chair election: Quynh Le was elected to the position of Chair of the HNCIG. The election took place by email since the prior face-to-face meeting, with founding groups voting. Quynh accepted the position and spoke briefly about her vision for the intergroup.
 - b. Process for Secretary Election: The process to elect the Intergroup Secretary was discussed. A proposal was made that to minimize the time required to fill the position, the position be offered to the person with the second highest number of votes in the recent Chair election, Hisham Mehanna. It was agreed that this process would be followed if none of the founding groups raised an objection. The proposal will be put before these groups by email after this meeting. If an objection is raised, the Secretariat will follow the same process used to elect the chair, i.e., nominations followed by an online vote.
 - c. Review of revised Intergroup Statutes: A revised version of the statutes was circulated electronically prior to this meeting and additional copies were on hand for review. The statutes were unanimously approved in a formal vote. The finalized version is attached.
 - d. Formation of sub-committees: The statutes describe some committees under the HNCIG and provide for creation or dismissal of committees at the discretion of the Board of Directors. Several committees were discussed; some of the general principles that arose in the discussion is that the intergroup should keep the committee structure light, particularly at the outset. Some activities can



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be performed within the executive committee and/or with the help of board members, rather than creating new structures. When there are committees or working groups, an effort should be made to assure balanced representation of geographic regions.

Harmonization Committee: There was agreement that of the various committees discussed, the most important with regard to supporting the collaborative mission of the intergroup would be the Harmonization Committee. That Committee would have wide scope and should include representation across subspecialties. The committee would consider topics including harmonization of nomenclature, pathology and radiological diagnosis and staging criteria, regularization of registry and clinical trial data elements, and harmonization of clinical trial eligibility requirements, disease monitoring, and outcomes. The Committee could also address minimal criteria required for clinical trial quality assurance, including RTQA. Either this committee or one devoted to clinical trial operations could also consider issues such as guidelines for collaborative development of clinical trials, process of clinical trial submission and review across funding bodies, data management between collaborating groups (registration, randomization, SAE reporting, etc.), and regulatory coordination between collaborating H&N cancer groups.

When the Group Secretary is selected, the Chair and Secretary will begin work to further define the priorities and structure of the Harmonization Committee.

For practical purposes, a Membership Committee needs to be constituted, ideally prior to the next face to face meeting of the HNCIG to formally bring into the HNCIG a number of groups that joined after the founding meeting in Nice. [There is an agreement that members of this committee should have balanced representation from the different geographic regions. There were volunteers from North America, Europe and Australia. There is a need for volunteer from Asia and a call for volunteer will be put forward to groups from that region.](#) -The Secretariat will continue to collect credentials from clinical trial groups for review of this committee.

Other committees discussed at the meeting included a committees for translational research, locoregional disease, recurrent/metastatic disease, and rare diseases. However, formation of these committees is deferred at present.

[There is an agreement that future meetings can be thematic with themes such as locoregional disease, recurrent/metastatic disease, rare cancers, early stage and possibly cancer prevention. During these meetings, groups can briefly present their current trial portfolio and future directions for the chosen theme and identify a common trial or goal that they can work together.](#)

4. Next Meeting: The next meeting of the HNCIG is anticipated to occur alongside ESMO 2016 in Copenhagen in October. More detail will be circulated by email as logistics are confirmed.

5. Adjournment