



Head and Neck Cancer International Group (HNCIG)

The HNCIG Harmonization Committee will focus on the key areas as detailed below.

Protocol and Endpoints

1. Template protocols for phase I, II, and III interventional trials in HNC.
2. Recommendations for consensus primary-endpoints and outcome measures for each type of trial. In addition to survival endpoints, other endpoints such as quality of life, organ function, toxicity assessments, cost effectiveness should be considered. Also define what is considered clinically relevant for each endpoint.
3. Definitions of commonly used terms.
4. A Minimum core data dictionary for HNC studies, especially for Phase I and Phase III studies, so that the datasets from different trials can be either combined for future analysis or compared/contrast.

Radiotherapy

1. Radiotherapy outlining and planning quality assurance (QA) guidelines and a Minimum Core Dataset for the settings below. For each site, the committee will specify the clinical target volumes of the primary site and the relevant nodal regions.
 - (a) Oropharyngeal cancer primary and post-operative;
 - (b) Laryngeal cancer primary and post-operative;
 - (c) Hypopharyngeal cancer primary and post-operative;
 - (d) Nasopharynx cancer;
 - (e) Oral cancer post-operative;
 - (f) Other rare cancers such as saliva gland or paranasal sinus cancer as needed based in future protocols.
2. A consensus Minimum Core Methodology and Dataset for evaluation of radiotherapy compliance and documentation of radiotherapy toxicity.
3. A consensus Minimum Core Dataset for proton therapy in HNC.

Surgical Committee

1. Principles for credentialing criteria for new surgical procedures, including transoral surgery.
2. Guidelines for labelling specimens intra-operatively – including resection margins.
3. Definitions, evaluation methodology, and a Minimum Core Dataset for:
 - (a) Neck dissection complications;
 - (b) Surgical complications.

Leadership

The committee will elect a chair and deputy chair. The committee chair is responsible for the organisation, co-ordination and delivery of the activities and deliverables of their committee.

The Committee Chair will:

- (a) work with the deputy chair to appoint members to thematic working groups;



Head and Neck Cancer International Group (HNCIG)

- (b) organize meetings and teleconferences, at least every 3 months, to ensure progress of the work packages;
- (c) with the deputy chair, monitor the progress of the work streams under development by their committee;
- (d) update the executive committee about committee progress on a quarterly basis;
- (e) update the HNCIG board regarding progress of committee work streams;
- (f) assist the HNCIG executive committee in their functions.