The Spanish Head & Neck Cancer Cooperative Group is an association of independent oncologists specialized in the treatment of this pathology. It was created in 2001 with the aim of becoming the specialized cooperative group of reference in the investigation and development of therapeutic protocols in this area.

Its main objectives are to boost and promote the clinic investigation of quality following the international standards for good clinical practices; and encourage and develop the continuous training of its members. The last one to be done by holding periodic conferences about current issues related to the prevention, diagnosis, treatment and post treatment of these conditions and the elaboration and diffusion of publications in this area.

The fundamental role of the TTCC is the oncologic research of head and neck cancer, including the tumors of oral cavity, paranasal sinuses, salivary glands, pharynx, larynx, thyroids and others reliant structures localized in the cranial base; developing this way studies in collaboration with different centers and specialists which usually implies the adjustment of molecular and genetic investigation techniques, as well as the use of new medicaments or new combinations.

This cooperation between hospitals and specialists constitutes the baseline to understand the efficiency and security of the treatments, and increase the quality of patient’s caring by applying the results and the clinical trial’s methodology to the daily clinical practice.

Nowadays, the TTCC counts with 111 hospitals distributed amongst the Spanish geography, and an adjacent center in Portugal.

Since it was launched, the scientific activity of the TTCC has been reflected in many ways. An example, the members of the group is people of reference in national and international forums and a great number of its clinic trials have been published and diffused in magazines and conferences worldwide.

On attach "Excell" folder we listing of late phase clinical trials that our group has either completed or that are currently underway, with study numbers and hyperlinks to references to publication of results in peer-reviewed journal.

We invite you visit our web http://www.ttccgrupo.org/Default.aspx?alias=www.ttccgrupo.org/English ; in this site we expose the activities of the group, and at the same time serve as an information and communication tool of this pathology for professionals and patients. It has been created with a dynamic spirit and the compromise of continuously update its contents in order to include the latest discoveries in this area.

Bellow we attach information about our impact in International Clinical Guidelines, journals and congress, we desire that to be helpful to evaluation of the HNCIG Membership Committee.

Thank you.
Head and Neck Cancer International Group (HNCIG)

NCCN Clinical Practice Guidelines:

Head and Neck Cancers, Version 2.2014


NCCN Guidelines Version 1.2017

Head and Neck Cancers

PRINCIPLES OF SYSTEMIC THERAPY

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Head and Neck Cancer International Group (HNCIG)


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Abstract 2802 Phase II study of first-line paclitaxel (PTX) with panitumumab (P) in patients with metastatic or recurrent head and neck cancer: TTCC-2009-03 study.

Was Oral Presentation, ESMO 2015, Vienna.
Phase II study of first-line paclitaxel (PTX) with panitumumab (P) in patients with metastatic or recurrent head and neck cancer: TTCC-2009–03 study

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Background: Cisplatin-based combinations have become a standard first-line treatment for patients (pts) with metastatic or recurrent squamous cell carcinoma of the head and neck (SCCHN). Pts not candidates to platinum based therapies have limited treatment options and a poor prognosis. Single agent treatment with PTX in locoregionally recurrent or metastatic SCCHN has been associated with response rates comparable with that of cisplatin plus 5-FU chemotherapy. The addition of P to PTX may have an additive anti-tumour effect and may be an alternative to the platinum-based therapy. This study aimed to evaluate the activity of P plus PTX in pts with metastatic or recurrent SCCHN.

Methods: This was a phase II, open-label, multicenter study, started in March 2011, which included pts ≥18 years with histologically or cytologically confirmed SCCHN, diagnosis of metastatic and/or recurrent disease determined to be incurable by surgery or radiotherapy, with prior radiotherapy (if any) completed >4 weeks before and prior chemotherapy completed >24 weeks before. All pts received PTX (80 mg/m²/week) + P (6 mg/kg every 2 weeks) until disease progression or unacceptable toxicity. The primary endpoint was the objective response rate. We present preliminary results.

Results: The study included 40 pts: median 60.8 years (range 43–83), 87.5% men, 72.5% had undergone surgery, 85% had received prior radiotherapy and 57.5% prior CT (35.0% ≥2 times; 77.3% of CT-lines platinum-based). Confirmed response was noted in 47.5% of pts (95% confidence interval [CI]: 32.0–63.0), 15.0% complete and 32.5% partial responses. Stable disease was obtained in 27.5% of pts (disease control rate: 75.0% [95% CI: 61.6–88.4]). Nonconfirmed response was 67.5% (15.0% complete, 52.5% partial). Median progression-free survival was 7.5 months (95% CI: 4.9–8.3) and median overall survival was 9.9 months (95% CI: 7.9–16.3). Incidence of grade 3/4 P- and PTX-related Adverse Events (AEs) were 65.0% and 62.5%, respectively, and in 25.0% and 32.5% of pts there were P- and/or PTX-related AEs that led to treatment discontinuation. Most frequent grade 3/4 P-related AEs (>5% of pts) were: 47.5% skin toxicity, 7.5% hypomagnesaemia, 7.5% asthenia, 7.5% dry skin. Most frequent grade 3/4 PTX-related AEs were: 17.5% asthenia, 15.0% neurotoxicity, 12.5% skin toxicity, 10.0% neutropenia, 7.5% infections and 7.5% mucosal inflammation. There were 6 (15.0%) fatal AEs (febrile neutropenia, gastrointestinal haemorrhage, pulmonary embolism (2), respiratory insufficiency, cervical haemorrhage), from which 1 (febrile neutropenia) was related to both P and PTX.

Conclusions: in pts with metastatic or recurrent SCCHN refractory to prior surgery, RT or CT, PTX combined with P had clinically significant benefit with an acceptable safety profile.

Study supported by Amgen S.A. ClinicalTrials.gov identifier: NCT01264326.

No conflict of interest
Head and Neck Cancer International Group (HNCIG)

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  More about CiteScore
  Impact Factor: 4.286
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  SCImago Journal Rank (SJR): 1.764

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