HEAD AND NECK CANCER INTERNATIONAL GROUP NEWSLETTER

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Spotlight on TROG: Leading Radiotherapy Quality Assurance Through International Collaboration

Highlights at a glance

As HNCIG prepares for its 2026 Annual Meeting in Brisbane, this issue spotlights TROG Cancer Research, one of Australia and New Zealand's leading cooperative clinical trials groups. Over more than three decades, TROG has played a pioneering role in radiotherapy quality assurance and has led practice-changing clinical trials in head and neck cancer. With a long-standing commitment to international collaboration, TROG continues to work with global partners to advance radiation oncology research and improve patient outcomes. We are pleased to highlight TROG as one of the key collaborative clinical trials groups within the HNCIG network.

Contributed by Lachlan J McDowell, on behalf of TROG Cancer Research

The Trans Tasman Radiology Oncology Group (TROG Cancer Research) is one of Australia and New Zealand's major collaborative clinical trials groups, with a particular focus on radiation medicine. Established in 1989 by clinicians from seven radiation therapy centres across Australia and New Zealand, TROG has grown into an internationally recognised network supporting investigator-led, practice-changing cancer trials. Across tumour streams, TROG has facilitated more than 130 clinical trials involving over 15,750 participants, with a mission to improve cancer outcomes and quality of life through high-quality radiation therapy research. A defining strength of TROG has been its pioneering role and ongoing leadership in radiotherapy quality assurance, which has helped shape standards for protocol-compliant, high-quality radiotherapy delivery in multicentre trials.

Head and neck cancer has been a longstanding area of strength for TROG. Early studies such as TROG 91.01 examined accelerated radiotherapy for locally advanced head and neck cancer. The tirapazamine program, including TROG 98.02 and the international EFC 4690/TROG 02.02 HeadSTART study, the latter of which clearly demonstrated the critical importance of radiotherapy protocol compliance and RT quality assurance in head and neck cancer trials.

Member Organization Spotlight: TROG

Spotlight on TROG:

TROG 05.01 POST was one of the first phase III, randomised studies in high-risk cutaneous squamous cell carcinoma of the head and neck, demonstrating excellent outcomes with surgery and postoperative radiotherapy, but no additional benefit from concurrent weekly carboplatin. This trial laid the foundations for the recent practice-changing, international, industry-sponsored C-POST study (R2810-ONC-1788/TROG 17.11) evaluating adjuvant cemiplimab after surgery and radiotherapy in patients with high-risk cutaneous squamous cell carcinoma. More than 40% of the trial participants were from Australia or New Zealand.

TROG has a strong history of international collaboration, including studies with groups such as EORTC, and continues to work with global partners to improve outcomes for patients with head and neck cancer. Current examples include NRG-HN014 (TROG 24.02), an international phase III study of neoadjuvant cemiplimab with response-adapted treatment versus standard care for resectable stage III/IV cutaneous squamous cell carcinoma. This collaborative spirit remains central to TROG's contribution to head and neck cancer research, and to its role within the broader international clinical trials community.

Learn more about TROG Cancer Research: https://trog.com.au/

TROG CANCER RESEARCH

Hyperlinking→

HNCIG 2026 Annual Meeting – August 26-27, Brisbane, Australia

Highlights at a glance

The HNCIG 2026 Annual Meeting will bring together investigators from around the world to present recently completed projects, discuss ongoing collaborations, introduce new research proposals, and identify future priorities for international clinical trials in head and neck cancer. Held immediately before the 8th World Congress of IFHNOS at the same venue, the meeting provides an outstanding opportunity for scientific exchange and international collaboration. The first HNCIG–IFHNOS joint session will take place on 27 August.

Wed 26 August 2026:

0830 – 0900: Registration/Welcome/Coffee
0900 – 1000: General Assembly
Moderator: James Bates

- Welcome to Brisbane | Sandro Porceddu
- Chair's Update | Hisham Mehanna
- Financial Update | Andreas Dietz
- Updates from Committee Chairs

1000 – 1045: Recently Completed HNCIG Projects

- HNCIG Consensus Guidelines for Delivery of Postoperative Radiation Therapy in Cutaneous Squamous Cell Carcinoma of the Head and Neck | Christopher Daniels
- Oligometastatic Delphi Consensus | Alexander Ruhle
- Artificial Intelligence Survey | Sujith Baliga
- PORTHES-OC | Christina Henson
- Carcinoma of Unknown Primary Project | Paul Nankivell

1045 – 1100: Break

1100 – 1200: Industry Session

1200 – 1300: Lunch

HNCIG 2026 Annual Meeting – August 26-27, Brisbane, Australia

Wed 26 August 2026:

1300 – 1400: Industry Session

1400 – 1445: Updates on Ongoing Projects and Proposals

- International Consensus Guideline on Radical Treatment for Metastatic Nasopharyngeal Carcinoma | Anne W.M. Lee
- Delphi Consensus Process for Guidelines for Treatment Selection, Delivery, and Monitoring of Patients Receiving Neoadjuvant Immunotherapy before Surgery for Head and Neck Cancer | Rahul Ladwa
- Guidelines on Recurrent/Metastatic Head and Neck cancer not responding to Immunotherapy | Sue Yom
- Head and Neck Cancer Survivorship Care Assessment and Protocols (HNCS-CAP) | Zsusie Iyiboza
- Common Baseline Dataset for Head and Neck Squamous Cell Carcinoma Neoadjuvant Immunotherapy Registries | Markus Blaurock

1445 – 1515: Break

1515 – 1545: Spotlight on Member Organization – Trans-Tasman Radiation Oncology Group

1545 – 1630: Developing the HNCIG Platform for International Trials
Moderator: Melvin L.K. Chua

- Data | Sujith Baliga
- Governance | Puma Sundaresan
- Protocol Development | Petr Szturz
- The Research Priority Areas of HNCIG

1630 – 1730: New Project Proposals

- Stereotactic boost and SHOrt-course Radiation Therapy for HPV-associated OroPharynx Cancer (S2HORT-OPC) Trial: A Randomized Multicentric Phase II-III Trial | Houda Bahig

HNCIG 2026 Annual Meeting – August 26-27, Brisbane, Australia

Thu 27 August 2026:

1100 – 1230: Concurrent Session 1C: HNCIG
Multi-Disciplinary Lessons for Designing and Running Large Clinical Studies
Moderator: James Bates

1100 – 1120:
- Radiation Oncology Perspective | Melvin L.K. Chua

1120 – 1140:
- Surgical Oncology Perspective | Hisham Mehanna

1140 – 1200:
- Clinical Oncology Perspective | Brigette Ma

1200 – 1230:
- Panel Discussion

We look forward to welcoming HNCIG members and colleagues from around the world to Brisbane.



Register here→

Understanding the HNCIG Proposal Review System

Highlights at a glance

HNCIG has established a transparent and structured proposal review system to support the development of high-quality international collaborative research. New proposals undergo scientific review through dedicated committees with clear milestones and defined timelines, ensuring timely feedback while maintaining rigorous scientific standards. Figure 1 summarizes the review process for collaborative clinical study proposals, from submission to HNCIG endorsement.

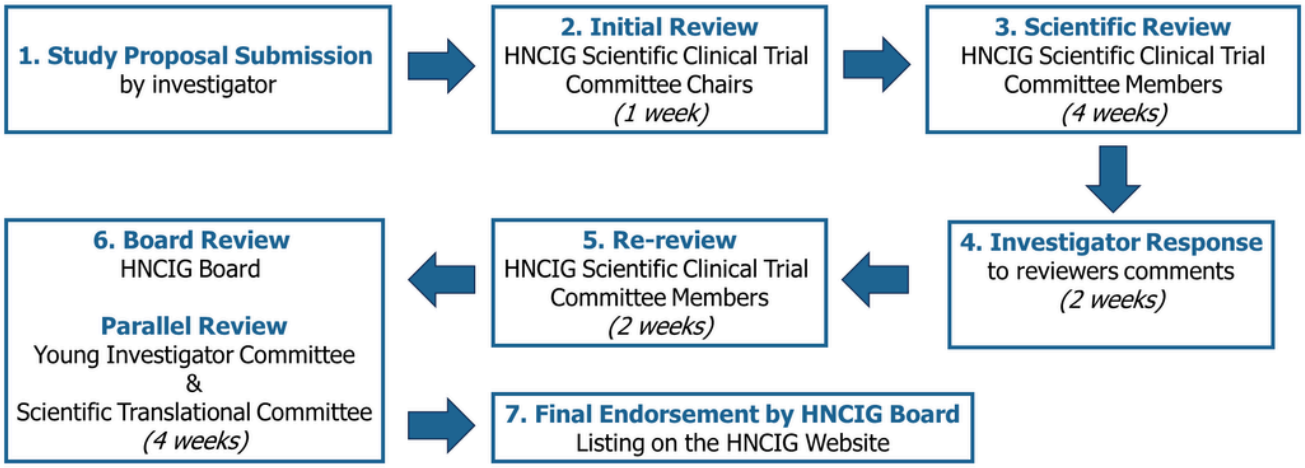
The HNCIG Proposal Pathway

All new HNCIG proposals are first reviewed by the New Proposals Review Group (NPRG), which meets monthly to evaluate newly submitted projects. Following discussion and scoring, proposals may be provisionally adopted, provisionally adopted with revisions, returned for revision and resubmission, or declined. Proposals receiving provisional approval are assigned to the most appropriate HNCIG committee for further scientific development.

The assigned committee conducts a detailed scientific review and works directly with the proposer to refine the study. Once approved, a dedicated Working Group is established, project milestones and timelines are defined, and regular progress updates are provided to the HNCIG Board throughout project development.

Clinical guideline proposals follow an additional review pathway through the Guideline Proposal Committee (GPC) before final endorsement by the HNCIG Board, ensuring both scientific quality and consistency with HNCIG standards. Figure 1 provides an overview of the proposal review timeline for collaborative study proposals submitted to HNCIG.

Figure 1 HNCIG Study Proposal Review Process and Timeline



Featuring HNCIG Members' Participation at International Meetings

Highlights at a glance

HNCIG members continue to contribute to major international scientific meetings through invited lectures, multidisciplinary educational sessions, and presentations of collaborative research. At ESTRO 2026 in Stockholm, members highlighted HNCIG initiatives on extranodal extension guidelines while also presenting new evidence on combining novel systemic therapies with stereotactic radiotherapy and on the management of oligometastatic disease.

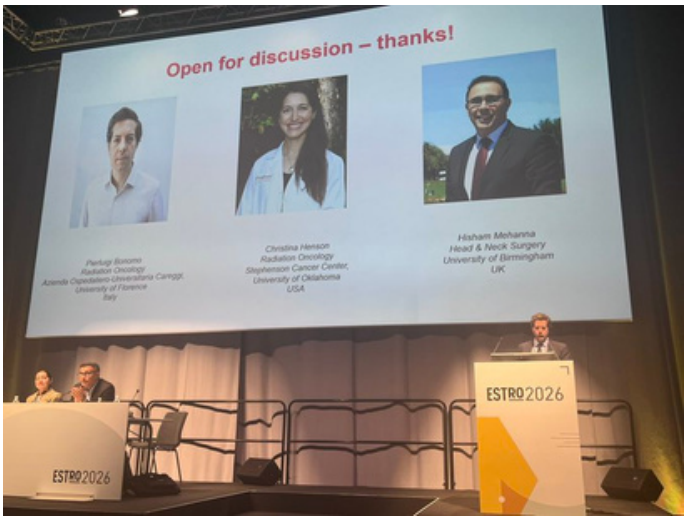
HNCIG at ESTRO 2026

Implementing Extranodal Extension Assessment in Clinical Practice

At the ESTRO 2026 Annual Meeting in Stockholm, HNCIG presented a multidisciplinary tumour board entitled:

"Implementing the Assessment of Extranodal Extension for Optimal Risk Stratification in Head and Neck Cancer."

Dr. Hisham Mehanna, Dr. Pierluigi Bonomo, and Dr. Christina Henson led a case-based discussion focusing on HNCIG's radiographic and pathological extranodal extension (ENE) guidelines. The session also explored future research directions and provided practical recommendations for implementing the guidelines in routine clinical practice.



(Photo: Multidisciplinary Tumour Board at ESTRO 2026)

Featuring HNCIG Members' Participation at International Meetings

HNCIG at ESTRO 2026

Beyond Consensus Definitions Towards Prospective Evidence Generation

During the joint ESTRO–ESMO session "Joint Recommendation on Combined Systemic Therapy and Radiation Therapy," Esmée Lauren Looman presented "Beyond Consensus Definitions and Towards Prospective Evidence Generation."

She highlighted the rapid emergence of novel systemic therapies and the limited prospective evidence regarding their combination with stereotactic body radiotherapy (SBRT). Results from the prospective TOASTT registry demonstrated low rates of both acute and late adverse events following combined treatment. She also introduced LINACS, a living systematic review platform designed to continuously synthesize evidence in this rapidly evolving field, which will soon become publicly available as both a website and mobile application.

In addition, interim results from the EORTC OligoCare study demonstrated encouraging efficacy and safety of SBRT for oligometastatic disease in atypical anatomical locations, with excellent three-year local control and low rates of severe toxicity.



(Photo: Esmée Lauren Looman presenting at ESTRO 2026)