HEAD AND NECK CANCER INTERNATIONAL GROUP NEWSLETTER

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Special Issue:

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HNCIG 2025 Annual Meeting – Meeting Overview

The HNCIG 2025 Annual Meeting was held on 12–13 November 2025 at the University of Algarve (Penha Campus), Faro, bringing together committee chairs and representatives from across the international HNCIG network. The meeting provided an important forum to reflect on HNCIG's achievements to date and to engage in constructive discussions on its future scientific direction.

The meeting opened with a warm welcome by Prof. Ana Varges-Gomes, followed by the General Assembly, during which committee chairs presented their annual reports. Under the strong leadership of Prof. Hisham Mehanna and Prof. Amanda Psyrri, these updates highlighted the continued growth, productivity, and increasing impact of HNCIG activities across multiple domains of head and neck cancer research.

Over the two days, participants reviewed recently completed projects, discussed ongoing and proposed studies, and explored emerging themes shaping the field. Key sessions included presentations on carcinoma of unknown primary, oligometastatic disease, perioperative immunotherapy, survivorship, and the integration of artificial intelligence into clinical trials. A special "Spotlight on Member Organization" session showcased the activities of the Japan Clinical Oncology Group (JCOG), sharing insights into the current landscape of head and neck cancer research in Japan and underscoring the truly global nature of HNCIG collaboration.

The second day featured a keynote lecture by Prof. Philipp Harter, Clinical Chair-Elect of the European Network of Gynecological Oncology Trials (ENGOT), who shared practical lessons from ENGOT's experience in building a sustainable multinational clinical trials platform. The meeting concluded with an interactive brainstorming session focused on defining priority clinical questions for head and neck cancer trials of the 2030s.

In this newsletter, we highlight selected sessions and discussions that best capture the scientific depth, collaborative spirit, and forward-looking vision of the HNCIG 2025 Annual Meeting.

HNCIG 2025 Annual Meeting – Ongoing HNCIG Project

Highlights at a glance

This session highlighted HNCIG's strength in advancing large-scale, internationally collaborative research through two major ongoing projects. Updates on carcinoma of unknown primary and oligometastatic disease demonstrated how global surveys, shared data infrastructure, and structured consensus-building can address clinically challenging areas where evidence is limited. Together, these initiatives showcase HNCIG's capacity to harmonize practice across regions, generate robust real-world evidence, and lay the groundwork for future outcome-driven studies through sustained multinational cooperation.

1. Carcinoma of Unknow Primary

Dr. Paul Nankivell reported the results of an international survey on current practices for HNSCCUP, conducted by HNCIG and IFNOS and published in Head and Neck. The survey found general agreement on early diagnostic procedures, including US-guided FNA, CT/PET-CT, and Examination Under Anesthesia (EUA). However, differences emerged in the later stages, with MRI used less frequently than expected, continued reliance on untargeted biopsies, and international variability in the use of advanced surgical techniques such as tonsillectomy, tongue base mucosectomy, and TORS/LASER.

Dr. Nankivell also provided an update on the ongoing multi-center, multinational retrospective study on HNSCCUP. Thanks to rapid international collaboration, more than 1,600 cases have already been registered in the REDCap database from 21 countries. The top three contributing countries are the U.K. (318 cases), Japan (314 cases), and Germany (259 cases). These real-world data will be instrumental in defining the global incidence of HNSCCUP, evaluating how diagnostic pathways influence detection rates and outcomes, and assessing the impact of different treatment strategies on mortality and recurrence, with subgroup analyses by p16 status, HPV status, and geographic region. We look forward to the insights that will emerge from this ambitious project.

HNCIG 2025 Annual Meeting – Ongoing HNCIG Project

2. Oligometastasis Survey and Delphi Consensus

The Oligometastatic Disease Working Group, led by the Young Investigator Committee, was introduced in an engaging and inspiring presentation by Dr. Petr Szturz.

The project's first milestone was the Global Oligometastatic Disease Survey initiated in 2021. Its primary goals were to better understand oligometastatic head and neck cancer from an international perspective, focusing on prevalence, common perceptions, decision-making factors, and general treatment patterns. Importantly, the survey distinguished between de-novo oligometastatic disease and oligorecurrent disease.

The findings were recently published in Oral Oncology, offering timely insights into how clinicians worldwide define de-novo oligometastatic disease, which clinical factors—such as performance status and extent of disease—most strongly influence decision-making, and how treatment strategies vary, particularly in choosing between local therapy alone and the combination of local and systemic therapy. These results now serve as a foundational element in shaping the emerging consensus statement on oligometastatic disease.

Currently, a multidisciplinary narrative review paper is currently being drafted by the members of the Oligometastasis working group within the Young Investigators' Committee of the HNCIG, including medical oncologists, radiation oncologists, head and neck surgeons, and interventional radiologists. In parallel, a consensus statement on definition, diagnosis, treatment, and follow-up for non-nasopharyngeal head and neck cancer is under development using a modified Delphi process, involving group members and 46 experts nominated by HNCIG member organizations, while an international retrospective study is planned to assess outcomes of different treatment modalities (local and systemic) and their combinations, with the project's kickoff meeting held in just September 2025. This initiative is expected to further advance efforts in the field of oligometastatic disease.

HNCIG 2025 Annual Meeting – Experience from ENGOT

Highlights at a glance

This session highlighted how ENGOT has successfully built a sustainable, multinational clinical trials platform through clear governance, standardized trial models, and strong academic–industry collaboration. With extensive experience coordinating large-scale international studies, ENGOT offers practical and transferable lessons for cooperative groups aiming to expand global trial activity. The insights shared are particularly relevant as HNCIG continues to strengthen its international research infrastructure and long-term collaborative strategy.

3. Building a Sustainable International Clinical Trials Platform

Dr. Philipp Harter, the Clinical Chair-Elect of the European Network of Gynecological Oncology Trials (ENGOT), provided an overview of the organization and shared practical lessons for building a durable, multi-national clinical research platform. ENGOT's experience offers insights that are particularly informative for cooperative groups aiming to expand their global trial capacity.
Founded after its first meeting in 2007, ENGOT is a federation of national and regional cooperative groups that jointly coordinate clinical trials across Europe. Its mission is to ensure that every patient, in every European country, has access to high-quality clinical research. ENGOT operates under a democratic structure in which the chair rotates every two years among member groups, reflecting its emphasis on equity, transparency, and shared scientific responsibility.
As of October 2025, ENGOT has coordinated 170 clinical trials, including ovarian (103), endometrial (36), cervical (23), vulvar (2), and gynecologic basket studies (6). Currently, 58 trials are active across different collaboration models.
Within ENGOT's framework, Model A trials are academically sponsored by the lead ENGOT group, which also owns and hosts the study database. Model C trials are industry-sponsored, with the database held by the sponsor or CRO; importantly, after study completion, a full data copy is transferred to the ENGOT lead group for academic analyses. (Model B, a former academic–CRO hybrid model, is no longer used, while Model D accommodates studies with different sponsors per arm.)

HNCIG 2025 Annual Meeting – Experience from ENGOT

ENGOT provides comprehensive trial support, including regulatory navigation, feasibility coordination, quality control, accrual management, and access to experienced sites across Europe. The lead ENGOT group plays a central role in site identification, protocol development, operational oversight, and dissemination of results.

Beyond trial operations, ENGOT invests in long-term capacity building through initiatives such as the Future Lead Investigators program, rare tumor working groups, translational research networks, and the Gynecological Cancer Academy. Strong internal communication—including newsletters and social media outreach—helps maintain visibility and collaboration across groups.

Dr. Harter emphasized that ENGOT's success rests on standardized processes, strong partnerships with both academia and industry, and a shared commitment to bringing the best science to patients. The insights shared from ENGOT's evolution are informative, and its approach presents one possible model for groups such as HNCIG seeking to strengthen international clinical trial capabilities.

HNCIG 2025 Annual Meeting – Brainstorming Session

Highlights at a glance

This interactive brainstorming session translated HNCIG's strategic vision into concrete priorities for multinational head and neck cancer trials of the 2030s. Through focused group discussions, participants examined key clinical questions spanning ctDNA-guided de-escalation, treatment selection for older adults, and optimization of postoperative immunotherapy. By identifying shared scientific challenges and practical barriers to global trial implementation, the session underscored HNCIG's role in shaping future study designs that are both biologically informed and internationally feasible.

4. Head and Neck Cancer Clinical Trials of 2030s

During the brainstorming session, participants were divided into three groups to discuss key topics selected from the ten clinical questions that HNCIG has prioritized as critical challenges for future multinational head and neck cancer trials. These ten questions represent issues that the consortium believes must be addressed to design effective global clinical studies in the 2030s. Each breakout group examined one of the selected topics and explored the scientific and practical barriers that may shape the next generation of international trials.

The Ten Priority Clinical Questions Identified by HNCIG

1. In patients who have received neoadjuvant therapy (including immunotherapy), does subsequent surgery need to return to the original margins?
2. To what extent does extranodal extension warrant escalation of adjuvant treatment (e.g., chemoradiotherapy instead of radiotherapy alone) in HPV-positive and HPV-negative head and neck cancers?
3. What is the optimal combination of radiotherapy including elective nodal irradiation (timing, target volume, dose, dose fractionation, omission of ENI) and immunotherapy in the definitive management of head and neck squamous cell carcinoma?

HNCIG 2025 Annual Meeting – Brainstorming Session

4. In HPV-associated oropharyngeal cancer, how does de-escalated treatment (e.g., reduced-dose radiation, chemotherapy, or surgery) compare with standard treatment in terms of survival and toxicity?
5. For patients with locally advanced head and neck squamous cell carcinoma (LA-HNSCC), what is the relative contribution of neoadjuvant and adjuvant components in combined treatment regimens such as KN-689?
6. What is the role of circulating human papillomavirus (HPV) DNA–response–adapted (baseline and interim) radiation dose de-escalation (including elective nodal dose and volume) and follow-up in HPV-positive oropharyngeal squamous cell carcinoma treated with definitive (chemo)radiotherapy?
7. Does circulating tumor DNA (ctDNA) provide superior surveillance compared to imaging for HPV-related oropharyngeal squamous cell carcinoma (OPSCC)?
8. Can comprehensive geriatric assessment (CGA) and frailty assessment effectively identify older head and neck cancer patients most likely to benefit from curative-intent chemoradiotherapy (CRT) compared with standard radiotherapy alone?
9. In patients with locally advanced oropharyngeal cancer, which primary approach, surgical or non-surgical, offers better outcomes?
10. What is the role of biologically guided, response-adapted radiotherapy (using baseline and interim ^{18}F-FDG PET) for radiation dose de-escalation in HPV-positive oropharyngeal squamous cell carcinoma treated with definitive (chemo)radiotherapy?

Breakout Group Discussions

1. ctDNA-Guided Treatment De-escalation

One group focused on emerging strategies for ctDNA-guided treatment de-escalation in low-risk HPV-positive oropharyngeal cancer. The discussion centered on a proposed phase III concept that uses early declines in circulating tumor HPV DNA during chemoradiotherapy to determine eligibility for reduced radiation doses. Although ctDNA kinetics are promising, participants emphasized that global standardization of assays and timely processing remain major barriers to implementation in multinational trials.

HNCIG 2025 Annual Meeting – Brainstorming Session

2. Optimizing Treatment Eligibility for Older Adults

Another group examined how to optimize treatment selection for older adults using tools such as the G8 geriatric screening questionnaire. The group highlighted the lack of a unified global age cutoff—varying from 65 to 75 years depending on region—and major differences in how institutions determine eligibility for concomitant chemoradiation. Because geriatric assessment availability varies widely across countries, participants stressed the need for an internationally applicable framework for defining treatment eligibility in future global studies.

3. Adjuvant Immunotherapy in the Postoperative Setting

The third group discussed how many cycles of adjuvant immune checkpoint inhibitor therapy are truly necessary after surgery. Building on regimens used in recent studies, the group reviewed a proposal to evaluate shorter adjuvant schedules. Participants also noted growing interest in the use of postoperative ctDNA to monitor minimal residual disease and to characterize ctDNA dynamics during adjuvant therapy. The discussion highlighted the importance of establishing reliable MRD-based markers to support individualized adjuvant immunotherapy duration in future trials.

HNCIG 2026 Annual Meeting Announcement

Following the highly successful HNCIG 2025 Annual Meeting, we are pleased to announce that the HNCIG 2026 Annual Meeting will be held in Brisbane, Australia, on 26 August 2026.

The meeting will take place in Brisbane on the day preceding the 8th World Congress of IFHNOS 2026, offering an excellent opportunity for the HNCIG community to convene, exchange ideas, and engage in high-level scientific discussion ahead of the global congress.

We look forward to welcoming colleagues from across the international HNCIG network and to continuing our collaborative efforts to advance head and neck cancer research and care. We very much look forward to seeing you in Brisbane.

Establishment of the HNCIG Communications Group Leadership

The HNCIG is pleased to announce the appointment of the leadership team for the newly established Communications Group, following an open call for applications.
We are delighted to welcome:

Co-Chairs:
Pierluigi Bonomo
Ana Varges Gomez

Deputy Chairs:
Karthik Rao
Ryan Brisson

The Communications Group brings together the Newsletter, Website, and Social Media activities under a unified structure, with the aim of strengthening HNCIG's internal and external communications and enhancing its global visibility and impact.

We thank all applicants for their strong interest and enthusiasm, and we look forward to the Communications Group playing a key role in supporting HNCIG's mission.