

NCRI Head and Neck Clinical Studies Group

Introduction

The Head and Neck Clinical Studies Group is responsible for developing clinical trials of surgery, radiotherapy and chemotherapy for Head and Neck cancer patients. The Group also has a strong interest in quality of life outcomes as well as research into novel and innovative therapies.

Currently 12 trials are open to recruitment and one trial has completed recruitment and closed this year. 428 patients were included in the trial portfolio in the past 12 months, an increase on last year of 246 patients.

The Group had its second three year Progress Review in June 2009. A summary of the Group's strengths and issues the Group need to address identified at the review can be found in Appendix 1.

Membership and structure

Last year we re-structured the CSG to include 4 subgroups, Thyroid Cancer Subgroup, Surgery and Localised Therapies Subgroup, Systematic Therapy and Radiotherapy Subgroup, and Survivorship Subgroup and I am grateful to the subgroup chairs for having developed research protocols in their respective areas over the last year. Mrs Christine Allmark, Dr Terry Jones, Professor Simon Rogers have joined the Group and Professor Jayne Franklyn and Mr Kenneth MacKenzie have left the Group since the last report.

Portfolio and accrual

This year has seen the closure of the PARSPORT trial after the recruitment of nearly 100 patients randomized between conventional radiotherapy and IMRT. The primary end-point of this study, which is patient reported xerostomia, should be available for analysis in January 2009. A second IMRT trial, COSTAR (Principal Investigator Dr Chris Nutting), will open in 2008 and will evaluate the potential of IMRT to reduce radiation-induced hearing loss.

Three surgical trials continue to recruit patients. PET-neck (Principal Investigator Mr Hisham Mahanna) opened this year and is designed to evaluate the role of PET CT scanning in evaluation of lymph node metastases following chemoradiation. In the experimental arm, PET-CT is used to guide selection for neck dissection.

The SEND study (Principal Investigator Mr Ian Hutchison) is designed to analyze the role of selective neck dissection in patients with early stage oral cavity cancer – this study is now open and recruiting patients.

The EaSTER trial (Principal Investigator Professor Martin Burchill) continues to explore the feasibility of randomizing patients between radiotherapy and laser cordotomy for early stage glottic cancer.

Three industry sponsored trials have been adopted by the portfolio – two studies are designed to evaluate the role of Lapatinib firstly in the post-operative adjuvant chemoradiation situation and secondly in radical chemoradiation setting. The third study is a palliative chemotherapy study of Zalutumimab in non-curable patients with squamous cell carcinoma of the head and neck.

PSQ:HN (Principal Investigator Mrs Sheila Fisher) has recruited patients on behalf of the Survivorship Subgroup and further studies are planned in this area.

HiLO (Principal Investigator Professor Jane Franklyn) continues to recruit patients with thyroid cancer who are randomized between high and low dose radioiodine for ablation of thyroid remnant.

428 patients were recruited to Head and Neck Clinical studies Group in 2008/09, representing 5.7% of total of incident cases. 374 (5.0%) were to RCTs and 54 (0.7%) were to non-RCTs.

A list of the studies in the Head and Neck Portfolio are given in Table 1 below.

Table 1: Head and Neck CSG Portfolio

Acronym	Title	PI(s)	Status
CHARTWEL	A randomised controlled trial of CHARTWEL (a continuous hyperfractionated accelerated radiotherapy schedule) versus conventional radiotherapy in post-operative head and neck cancer patients.	Professor S Dische	Closed
DORA	A phase I and randomised phase II study of docetaxel and RAD001 (Everolimus) in advanced/recurrent or metastatic squamous cell carcinoma of the head and neck	Professor Chris Boshoff	in Set-up
EaStER Feasibility Study	Early Stage glottic cancer: Endoscopic excision or Radiotherapy - Feasibility study	Professor Martin Birchall	Open
HiLo	Multicentre randomised trial of high dose versus low dose radioiodine, with or without recombinant human thyroid stimulating hormone, for remnant ablation following surgery for differentiated thyroid cancer	Dr Ujjal Mallick	Open
INFUSE	A randomised trial of cisplatin and either 96 hour or continuous infusion 5-fu in advanced squamous carcinomas of the head and neck	Dr Christopher Nutting	Open
NCRN007 - Industry study (Zalute)	NCRN007 - Industry Study (zalute)	Dr Christopher Nutting	Open
PARSPORT	A multicentre randomised study of parotid sparing intensity-modulated radiotherapy in patients with head and neck cancer	Dr Christopher Nutting	Open
PET-NECK study	A multicentre randomised phase III trial comparing PET-CT guided watch and	Mr Hisham Mehanna	Open

	wait policy versus planned neck dissection for the management of locally advanced (N2/N3) nodal metastases in patients with head and neck squamous cancer		
PSQ;H&N	Quality of Life Assessment in Individual Head & Neck Cancer Patients	Mrs Sheila Fisher	Open
RECaD Larynx	Raman spectroscopy for cancer and pre-cancer detection in the larynx	Dr Nicholas Stone	Closed
SEND	The role of selective neck dissection in patients with early oral squamous cell carcinoma (1-3cm primary size) and no clinical evidence of lymph node metastases in the neck (N0)	Mr Ian Hutchinson	Open

Trials in development

The Head and Neck CSG has structured trials in development to follow the subject areas of the 4 subgroups. Our priority at the present time is to design a chemoradiation study through the Systemic Therapies and Radiation Subgroup. This is a priority for the next twelve months. A study of modestly accelerated radiotherapy with or without Cetuximab was submitted to CTAAC for funding, but requires revision particularly the anticipated number of patients suitable for recruitment and the patient numbers in this study need review. A feasibility study on hyperbaric oxygen for the prevention of osteoradionecrosis has been funded (Principal Investigator Mr Richard Shaw) and this hopefully will open in the summer of 2008. A study of enteral feeding for patient's pre and/or post-operatively with immune enhancing feed (Principal Investigator Dr Terry Jones) was submitted to the feasibility study committee, but requires revisions before resubmitting.

Meetings

The Group has not held an annual trials meeting this year but one is planned for December 14th 2009.

3-year strategy and priorities for the next year

Head and Neck cancer research in the UK has shown an upturn in the last 2 years with more patients being entered into NCRI trials. We now are in a position where we have trials covering many of the common tumour sub-sites within the head and neck region and strategy over the next three years is to increase patient recruitment rates and to encourage more participation in the existing trials from the 33 cancer networks. At present a relatively small proportion of networks are contributing to the existing trials. At the same time we plan to increase the number of trial protocols opening through development and expansion of the subgroups. So far we have not engaged in prevention trials and I would be interested in expanding into this in the future. Finally there is significant activity in phase I and phase II trials in head and neck cancer because of the interest in targeted therapies particularly evolving around the interaction with the epidermal growth factor receptor. I am keen for these studies to be recognized within the NCRI portfolio and hopefully this would bear fruit in terms of future randomized trials.

Dr Chris Nutting, Chair

Appendix 1

Key strength and issues from the Progress Review, June 2009

- The strengths and issues identified by the Panel are:
 - Significant progress since the last review and the way the Group presented themselves at the review.
 - Number of different types of studies in the portfolio covering various stages and subtypes of head & neck cancer and QoL.
 - Increasing the number of studies from 3 to 12 in a short space of time.
 - Good pipeline of studies in development.
 - Energetic Group with strong leadership from Chair and subgroup chairs who work well together.
 - Organisational structure is effective, working well and provides opportunities for the wider research community.
 - Good cross talk between subgroups.
 - Good example of multidisciplinary collaboration.
 - Collaboration with industry and the number of industry studies in the portfolio.
 - Positive use of and good contributions made by consumer representatives.
 - Good national and international links and positive engagement with stakeholders.
- Issues the Group need to consider include:
 - How to prioritise studies in the future given that the number of patients and not trial ideas and success at funding committees will be the limiting factor.
 - International funding opportunities such as Framework 7.
 - Clarifying future arms and where the Group want to be at the time of the next review.
 - The parameters by which the Group wants to be judged at the next review.
 - Holding a national meeting.

There were no issues for the NCRN/I arising from the review.

Appendix 2

2008/09 Publications and abstracts

Prasad KRS, Jones, AS, Birchall M, Krajacevic J, Helliwell TR. Immunocytochemical analysis of malignant melanoma of the nasal cavity and sinuses using tissue microarray. *Histopathology* 2007; 50, 516-519.

Rafferty M, Jones A, Jones T, Husband D, Helliwell T. Co-expression of EGFR and Cyclin-D1 predicts radiocurability of T2N0 squamous carcinoma of the larynx. *Virchow Archiv* 2007; 451, 189.

Helliwell T. Tissue pathways and cancer datasets: an overview of the programme of the Royal College of Pathologists. *Virchow Archiv* 2007; 451, 116-117.

Rafferty M, Jones A, Husband D, Jones T, Helliwell T. Co-expression of EGFR and Cyclin-D1 Predicts Radiocurability of T2N0 Squamous Carcinoma of the Larynx. *Journal of Pathology*, 2007, 213 (S1) 44A.