



BRITISH ASSOCIATION *of* HEAD & NECK ONCOLOGISTS

Newsletter – Autumn 2011

Letter from the President Ian C Martin

Having faced at the beginning of the year the prospect of what promised to be the most radical reform of health care in the UK for decades, we now find ourselves “paused” in a chilling period of uncertainty, but with an expectation that there is more austerity to come. At the coal face however, to all intents and purposes, it seems to be business as usual for most of us.

Mike Richards, the Cancer Tsar, has confirmed that cancer networks will continue. The Cancer Reform Strategy shifts emphasis toward quality and outcomes and away from performance targets. It is to be hoped that we can now start to move away from the over-burdensome bureaucracy of collecting vast amounts of process performance data, in a vain attempt to satisfy the insatiable appetite of our many regulatory bodies.

We have more recruitment to clinical trials in head and neck cancer (including some surgical trials) than ever before. Our national audit database DAHNO is beginning to produce useful information about the variation of care across most of the UK (Scotland excepted), and has dipped its toe in the water of outcomes with some crude survival data.

Collaboration over data collection can be a very powerful tool in identifying best and worst treatment and driving improvements without resorting to expensive and lengthy controlled clinical trials. This has been well demonstrated by the National Bariatric Surgery Registry, and the National Hip Registry, to name but two, which have in short order, demonstrated the immense outcome benefits in terms of managing chronic disease, and rapidly identifying a failing prosthesis respectively. We are a small multi-disciplinary specialty, but we must give a much higher priority to the collection and analysis of our collective clinical data, rather than working in small independent silos publishing the results of relatively small mainly observational studies, which rarely carry any statistical significance, and may at worst be misleading.

One of the most striking things to me which comes out of the DAHNO report is the massive variation in

treatment protocols for some of our oropharyngeal cancers. These are not subtle; in some units almost all patients receive chemo-radiation as first line therapy, whereas in others almost all receive surgery, with almost every combination in between these extremes. Informed patient choice is of course vital, and may explain some variation, but common sense suggests that it cannot account for the magnitude of observed variation in treatment regimes.

We must all work harder to identify the relative merits of treatment regimes, and concentrate more on risk stratification and quality outcomes rather than relying solely on simplistic short term survival rates. Rightly, the public and politicians are demanding to know more and more about the benefits and risks of our treatments based upon sound evidence.

So my challenge to all of you is to make the accurate collection of clinical data and its submission to our national audit your first priority in your next personal development plans, and to fight hard in this period of uncertainty and austerity to ensure that we do not squander those rich seams of our clinical information, which, if analysed collectively at national level, truly has the potential to be used to improve the care we offer patients.

Council

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Mr Gary Ross

Dr Max Robinson

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Ms Jennifer Wylie

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Mrs Sarah Patt

BAHNO Annual Scientific Meeting Mike Fardy

2011 was a year to remember - the Royal Wedding clashed with our Annual scientific meeting which was nearly cancelled! With eternal thanks to the RCP we were able to bring it forward one day so that people were able to attend both prestigious events.

The theme of the meeting was **Controversies in the Management of Potentially Malignant Lesions in the Head and Neck**. For the two free paper sessions 59 papers were submitted of which 16 were accepted for presentation. The quality of the papers were very high and fitted in with the theme of the meeting. For all their hard work we are extremely grateful to the research committee chaired by Hisham Mehanna.

The Blair Hesketh Lecturer for 2011 was given by Dr Jay Boyle from the Memorial Sloan Kettering Hospital in New York USA. His talk was entitled:- **Controversies in the Head and Neck**. This was an outstanding presentation from a unit which is at the forefront of Head and Neck Oncology management and who continue to question themselves as well as promoting new techniques.

For the debate, the Council invited four eminent Consultants: Dr Phil Sloan (Oral Pathologist), Dr Jay Boyle (Otolaryngology), Prof Peter Thompson – (Maxillofacial Surgery) and we were privileged to have our past President Dr Francis Calman to represent Oncology. The case based panel discussion was chaired by Dr Chris Nutting. The cases were selected by Dr Nutting, presented by his registrars and covered a wide range of problems which could be encountered in the management of Head and Neck malignancy. The discussions were forthright and comprehensive with active participation from the audience. This once again proved a valuable addition to our meeting.

The day closed with the debate which continues to be to be an enormous success. This year the proposition was: **This house believes that the standard of care for severe dysplasia is laser excision**

For the motion: - Cyrus Kerawala;
Mererid Evans

Against: - Vindh Paleri
Saman Warnakulasuriya

As usual the debate was thoroughly entertaining, and very informative. It, again, appeared to be a worthwhile addition and appreciated by the delegates. - there were few empty seats remaining in the auditorium late on a Friday afternoon!. The council would like to take this opportunity to publicly thank all debaters as well as all the participants of the day. The venue, quality of the food and the high standard of presentations resulted in an outstanding

day which was brought to a close by our President Mr Ian Martin.

Finally and most importantly I would like to express the enormous debt of gratitude I have for the work done by two individuals: Geoff rice for all his work on the web site and specifically Jill McFarland who has transformed the secretariat into an organisation fit for the 21st century. With her help the role of the conference secretary is now minimal.

BAHNO Annual Scientific Meeting 2012 Mike Fardy and Max Robinson Joint Scientific Meeting with the British Society for Oral & Maxillofacial Pathology

The BSOMP meeting is on the 26th April 2012 to which we are all cordially invited and the BAHNO meeting, as usual, on Friday 27th April. The theme of the meeting will be: **Biomarkers in head and neck oncology**

The annual Blair Hesketh lecture will be given by Dr David Sidransky, Director of Head and Neck Cancer Research at the John Hopkins University School of Medicine. Dr Sidransky started his career in Bert Vogelstein's laboratories in Baltimore, going on to gain international recognition for his work in the early detection of cancer. A cursory search on Pubmed lists over 400 papers, many of which relate to biomarkers in head and neck cancer. He has filed numerous biomarker patents and developed several spin out biotech companies. This is an opportunity to hear Dr Sidransky's perspective on **'Predictive and Prognostic Biomarkers in Head and Neck Cancer'**. It is also the first joint meeting with the British Society for Oral and Maxillofacial Pathology. The combined meeting provides the opportunity for you not only to meet your pathology colleagues outside the confines of a busy Head and Neck MDT, but also to hear another world class speaker. Dr John Wright from Baylor College, Texas providing an authoritative update on odontogenic tumours.

The debate will be titled: **'This house believes that the use of molecular biomarkers for p16 and HPV to deliver personalised treatment of head and neck cancer should be the standard of care within the NHS.'**

As always your input on planning is important so that we can produce a meeting which is enjoyed by all so if you have any ideas or views on the meeting please let us know. It is important to note that all presenters for abstracts and posters need to register. Full details of the meeting will shortly be available on our website www.bahno.org.uk

We encourage all Consultants and trainees to attend and would welcome all members of the multidisciplinary team to participate.

National Cancer Intelligence Network – head and neck cancer site specific clinical reference group update - Richard Wight

The National Cancer Intelligence Network (a UK wide group) promotes exploiting the use of cancer information to improve patient care. The multi-professional NCIN Head and Neck Site Specific Clinical Reference Group supported by the lead cancer registry for head and neck cancer – Oxford Cancer Intelligence unit, is continuing to evolve.

Following on to the success of a “Profile of Head and Neck Cancers in England-Incidence, Mortality and Survival” which details for the first time a comprehensive picture of head and neck cancers by subsite from 1990-2006, further publications have been released. The **Head and Neck Cancer e-Atlas** uses data from English, Scottish, Welsh and Northern Irish cancer registries and the Office for National Statistics. The latest data displayed in the Cancer Network and SHA e-Atlases for cancer incidence is 2006-2008 and 2006-2008 for mortality.

<http://www.ociu.nhs.uk/cancer-intelligence-function/information-service-1/united-kingdom-head-and-neck-cancer-e-atlas>

The Oxford Cancer Intelligence Unit (OCIU) prepared a **data briefing on oral cavity cancer** that looked at time trends in 1-year and 3-year relative survival for men and women in England diagnosed with oral cavity cancer between 1990-92 and 2005-07.

Relative survival in head and neck cancer compared the survival of patients whose data are recorded in two separate databases and looked to identify whether one cohort of patients experienced better survival than the other - DAHNO was compared to the National Cancer Data Repository (NCDR) which holds merged data from the eight English cancer registries for cancers diagnosed in the years 1990 to 2006. DAHNO entered patients appeared to have a better survival - an interesting finding.

An initial workshop facilitated by the NCIN has brought together a variety of organisations /professional bodies with an **interest in thyroid cancer**, with BAHNO being represented by John Watkinson. A programme will commence in the Autumn to progress a priority list of areas to be audited and the approach to be taken to achieve these. More to follow in a future newsletter.

For more details on the NCIN and the Head and Neck Site Specific Group and its work, visit: www.ncin.org.uk

DAHNO – Richard Wight

On May the 6th DAHNO Annual report was published with findings on over 6400 new

registrations from November 2009 to October 2010 (over 800 more than the 5th report). This brings the cumulative case collection to over 20,000. Electronic copies can be found at <http://www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/cancer/head-and-neck>.

Presentation of information has been altered with use of hyperlinks within the text to take the reader into detailed information if required, leaving the main body of the document clearer. Give it a try and let us know what you think on the format!

There was near complete cover across England and Wales (only two trusts failed to submit cases this year), and case ascertainment reached 96 per cent of incident cases. This is again a tremendous credit to all the hard work of BAHNO members and head and neck MDT's generally. For the first time three pathways of care have been looked at in detail – early larynx, tongue cancer and oropharynx. The President has highlighted the variation in treatment patterns found.

The main findings of the 6th Annual Report are:-

- An improvement in cases/teams providing assurance of multi-professional care across England, though submission remains partial. The contributions of Clinical Nurse Specialists, Dieticians and Speech and Language colleagues are key to improving patient experience and the audit will continue to focus on this important area.
- Seventy-nine per cent of patients in the audit had T and N pre-treatment staging category recorded, which is a healthy rise from preceding reports. Staging is the cornerstone of future risk adjustment and we encourage MDT's to push this aspect of collection further.
- Improvements are seen in the length of times patients are waiting for key aspects of care though access to radiotherapy services remains a challenge.
- For the second time the audit has published crude survival in head and neck cancer by network. The variations found must be interpreted with caution due to relatively small numbers but also as this data has not been casemix adjusted. All are encouraged to support improved submission of casemix related factors to ensure that true comparisons can be made.

A series of recommendations are made and colleagues and MDT's are encouraged to study these and respond to them locally. Data from the audit supports five National **Clinical Lines of Enquiry** which are introducing outcomes into the peer review process. More details and links are to be found in appendix four of the report.

The current collection year for the seventh annual report is in progress and wishes to capture cases with a date of diagnosis from 1st November 2010 to 31st October 2011. **All data submissions for**

inclusion in analysis must be received by November 18th 2011.

As highlighted in the President's report BAHNO remains committed to audit, and would welcome any suggestions for clinical pathways or areas of interest that future audit/reporting should consider.

BAHNO Research Update

Hisham Mehanna

There are several new studies that are about to open, or have recently opened. These studies are part of the NCRI head and neck portfolio and are eligible for support by the local comprehensive research network. Therefore you would be able to request research nurse support to help you run and recruit to these studies.

The new studies on the research portfolio include:
Head and Neck 5000 (Chief Investigator: Andy Ness, Bristol) – an observational cohort study of 5000 new head and neck patients over the next two years.

LiHNCS (CI: Jim McCaul, Bradford) – an RCT examining the use of Lugol's iodine in identifying dysplasia around tumour margins to aid resection.
DeESCALaTE HPV (CI: Hisham Mehanna, Coventry) – an RCT comparing the toxicity of cetuximab compared to cisplatin for patients with HPV positive oropharyngeal cancer receiving chemo-radiotherapy.

ArtDeco (CI: Chris Nutting, Marsden) – An RCT examining dose escalation using IMRT for patients with laryngeal and hypopharyngeal cancer.

HOPON (CI: Richard Shaw, Liverpool) – An RCT comparing hyperbaric oxygen to current management in the prevention of osteoradionecrosis.

HPV Prevalence study (CI: Terry Jones, Liverpool) – A tissue study examining the prevalence of HPV in oropharyngeal cancer over the last ten years.

PredicTr-OPC (CI: Hisham Mehanna, Coventry) – A tissue study examining biomarkers for prognosis and treatment selection in oropharyngeal cancer.

Oromouth HPV (CI: Hisham Mehanna, Coventry) – A cross sectional cohort study examining the prevalence of HPV infection in the general population.

Further information can be obtained regarding these studies from the NCRI website on <http://public.ukcrn.org.uk/Search/Portfolio.aspx?Level1=1&Level2=7>

BAHNO Research Grants

The Research Committee reviews and allocates research bursaries. One or more grants of between £1000 - £2000 (and in exceptional circumstances up to £4000) are allocated each year. Multi-disciplinary projects are particularly welcome. We have introduced a new scoring system to ensure consistency and transparency between reviewers. We also aim to provide applicants with reviewers' comments. The application form for the bursaries has also recently been updated and is available on the website. The deadline for applications is the 1st December each year. Successful applicants will be announced at the AGM.

Don't forget the Travelling Scholarship!

For many years BAHNO has offered one or more generous travel grants of the order of £1000 to help trainees visit a leading head and neck unit at home or abroad. The application procedure has recently been updated - details are available on the website. Applications must be received by 1st December and the successful applicant(s) will be announced at the AGM.

For your diary – BAHNO ANNUAL MEETING & AGM

Joint Scientific Meeting with the British Society for Oral & Maxillofacial Pathology

Date: 26-27th April 2012

Venue: Royal College of Physicians London

Conference website: www.bahno.org.uk

IFHNOS and EHNS

BAHNO is a fully paid up member of the International Federation of Head and Neck Oncologic Societies (IFHNOS) and the European Head and Neck Society (EHNS).
<http://www.ifhnos.org/home.asp>

Any questions?

Please contact the Secretariat: Jill McFarland at: secretariat@bahno.org.uk

Please let Jill have your e-mail address and any change in contact details if you have not already done so, otherwise you may miss out on important news and information such as the ACCEA process!

...and finally!

Remember that full details of all membership categories, how to join BAHNO, application forms for research grants and the travelling fellowship, full programme for the Annual Scientific Conference, abstract submission etc. and much more can be found on our website at: -

www.bahno.org.uk