

Head & Neck Tumour Site Specific Group meeting
Wednesday 3rd September 2025
Microsoft Teams
13:30-16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Nic Goodger (Chair)	NG	Consultant Oral and Maxillofacial Surgeon	EKHUFT
Lakshmi Rasaratnam	LR	Consultant in Restorative Dentistry	EKHUFT
Sue Honour	SHo	Macmillan Lead Head & Neck and Thyroid CNS	EKHUFT
Amy Organ	AO	Head & Neck MDM Coordinator	EKHUFT
Gordon Ellul	GE	Consultant Nuclear Physician	EKHUFT
Vikram Dhar	VD	Consultant ENT and Head & Neck Surgeon	EKHUFT
Ali Al-Lami	AAL	Consultant ENT / Head & Neck Surgeon	EKHUFT
Chris Theokli	CT	Consultant ENT / Head & Neck Surgeon	EKHUFT
Alistair Balfour	AB	Consultant ENT, Head & Neck and Thyroid Surgeon	EKHUFT
Raghuram Boyapati	RB	Consultant Oral, Maxillofacial and Head & Neck Surgeon	EKHUFT
Eranga Nissanka-Jayasuriya	ENJ	Consultant Head and Neck Histopathologist	EKHUFT
Anna Lamb	AL	Cancer Performance Manager	EKHUFT
Robert Hone	RHon	Head & Neck Otolaryngology Consultant	EKHUFT
Lara Ulrich	LU	Country Clinical - Associate Director	BioNTech
Tamsin Sharp	TS	Macmillan Highly Specialist Speech & Language Therapist	DGT
Elizabeth Diamond	ED	Highly Specialist Oncology Dietitian	KCHFT
Jonathan Bryant	JB	Primary Care Cancer Clinical Lead	KMCA
Marie Sodhi	MS	Project Support Officer - Cancer Alliance	KMCA
Colin Chamberlain (Notes)	CC	Administration & Support Officer	KMCC
Karen Glass	KG	Business Support Manager & PA	KMCC
Samantha Williams	SW	Administration & Support Officer	KMCC

Evan Graboyes	EG	Associate Professor in the Departments of Otolaryngology-Head & Neck Surgery and Public Health Sciences	Medical University of South Carolina
Debbie Hannant	DH	Macmillan Lead Head & Neck CNS	MFT
Deborah Owen	DO	Macmillan Lead Head & Neck CNS	MFT
Claire Newbury	CN	Faster Diagnosis Head & Neck CNS	MFT
Suzanne Bodkin	SBo	Cancer Service Manager	MFT
Monika Wasilak	MW	Thyroid CNS	MFT
Nadine Caton	NCa	ENT Consultant	MTW
Kannon Nathan	KN	Consultant Clinical Oncologist	MTW
Bindu George	BG	Head & Neck CNS	MTW
Pooja Sreeram	PS	Speech and Language Therapist	MTW
Sarah Eastwood	SE	Macmillan Personalised Care Project Manager	MTW
Jennifer Dormer	JDo	Consultant Clinical Oncologist	MTW
Kate Hulley	KH	Consultant Radiologist	MTW
Rachael Hopson	RHop	Macmillan Head & Neck Specialist Radiographer	MTW
Anthi Zeniou	AZ	Consultant Clinical Oncologist	MTW
Sally Fouda	SF	Consultant Clinical Oncologist	MTW
Molly Obadiah	MO	Programme Manager - NHSE National Cancer Program	NHSE
Liz Moore	LM	Senior Clinical Dietitian	QVH
Adam Gaunt	AGa	Consultant Otolaryngologist & Head & Neck Surgeon	QVH
Aakshay Gulati	AGu	Consultant Oral & Maxillofacial Surgeon	QVH
Brian Bisase	BB	Consultant Maxillofacial Surgeon	QVH
Bincey Joseph	BJ	Macmillan Head & Neck CNS	QVH
Navdeep Upile	NU	Consultant Otolaryngologist Head & Neck Surgeon	QVH
Samantha Briggs	SBr	Principal Speech and Language Therapist/Speech and Language Therapy Team Lead	QVH
Paul Norris	PN	Consultant Maxillofacial Surgeon	QVH
Joann Ong	JO	Medical Doctor	QVH
Nicola Starling	NS	Head & Neck CNS	QVH
Stergios Doulas	SD	Consultant Maxillofacial/Head & Neck Surgeon	QVH

Arutha Kulasinghe	AK	Associate Professor & Clinical-oMx Group Leader	University of Queensland
Clara Lawler	CL	Postdoctoral Research Fellow	University of Queensland
Apologies			
Danielle Mackenzie	DM	Macmillan Lead Nurse for Personalised Care	EKHUFT
Khari Lewis	KL	Consultant Oral & Maxillofacial Surgeon	EKHUFT
Nicola Chaston	NCh	Consultant Cellular Pathologist and Associate Medical Director for Diagnostics	EKHUFT
Pippa Enticknap	PE	Deputy General Manager - CCHH Care Group	EKHUFT
Sarah Hale	SHa	Speech & Language Therapist	EKHUFT
Ann Courtness	AC	Macmillan Primary Care Nurse Facilitator	KMCA
Ritchie Chalmers	RC	Medical Director	KMCA
Suzie Chate	SC	InfoFlex Development Manager	KMCC
Jeremy Davis	JDa	Consultant ENT Surgeon	MFT
Ann Fleming	AF	Consultant Histopathologist	MTW
Flora Elwes	FE	SpR	MTW
Phoebe Brown	PB	Assistant General Manager – Cancer Performance	MTW

Item		Discussion	Action
1.	TSSG Meeting	<p><u>Apologies</u></p> <ul style="list-style-type: none"> The apologies are listed above. <p><u>Introductions</u></p> <ul style="list-style-type: none"> NG welcomed the members to the meeting. <p><u>Action log review</u></p> <ul style="list-style-type: none"> The action log was reviewed, discussed and will be circulated to the members along with the final minutes from today's meeting. There was significant discussion about portable suction machines not being available in East or West Kent due to different issues. Jonathan Bryant agreed to bring this up at ICB level. <p><u>Review previous minutes</u></p> <ul style="list-style-type: none"> The final minutes from the previous meeting were reviewed and agreed as a true and accurate record. 	JB

2.	Guest Speaker	<p><u>Deciphering immunotherapy responses to head and neck cancer using high dimensional tissue imaging – presentation provided by Arutha Kulasinghe</u></p> <ul style="list-style-type: none"> • AK provided a presentation on spatial biology, advanced tissue profiling, and biomarker discovery in head and neck cancer. • AK described the use of spatial biology techniques to map genes and proteins directly on tissue sections, enabling high-resolution analysis of tumour microenvironments and retrospective studies using archival FFPE samples. • The presentation detailed how spatial profiling can identify protein and RNA markers associated with clinical outcomes, such as survival and response to immunotherapy, and demonstrated the ability to distinguish tumour subregions with differing biological behaviours. • NU raised questions about correlating tumour subtypes with metastatic potential. In response to this, AK highlighted the ongoing efforts to match primary and metastatic sites and the importance of blood-based biomarkers for monitoring the evolution of disease. • ENJ discussed plans for research on sequential oral pre-cancer samples and sought advice on technology selection. In response to this, AK recommended the COSMIC platform. • AGu inquired about the potential for spatial profiling to inform risk stratification and treatment planning. In response to this, AK described the ongoing AI-driven efforts to identify high-risk tissue regions and the need for multi-omic integration to develop robust predictive signatures. 	
3.	Guest Speaker	<p><u>Improving the delivery of timely adjuvant therapy for patients with head and neck cancer – presentation provided by Evan Graboyes</u></p> <ul style="list-style-type: none"> • EG presented research on improving the delivery of timely adjuvant therapy for head and neck cancer patients, focusing on the impact of treatment delays, barriers to timely care, and the effectiveness of navigation-based interventions. • EG summarised evidence showing that delays in starting post-operative radiotherapy are common and significantly worsen survival outcomes, with delays disproportionately affecting medically underserved populations. 	

		<ul style="list-style-type: none"> • The presentation outlined multi-level barriers to timely adjuvant therapy, including patient knowledge gaps, post-surgical complications, care fragmentation, and geospatial constraints, and emphasised the cumulative effect of multiple barriers on treatment delays. • EG described the NDURE intervention, which uses patient navigators to support care transitions, standardise expectations, and actively manage referrals, resulting in a substantial reduction in treatment delays and improved equity in a randomised clinical trial. • JDo and KN reported on local audits in East Kent, identifying pathology turnaround times and logistical factors as key contributors to delays, and discussed ongoing efforts to streamline pathways and share audit data for continuous improvement. • AZ asked about pre-operative screening tools for assessing patient suitability for timely radiotherapy, with EG noting the use of ECOG performance status and the importance of reconstructive surgeons recognising their role in facilitating timely oncologic therapy. 	
4.	Neoadjuvant Immunotherapy for Head & Neck Cancer	<p><u>Presentation provided by Sally Fouda</u></p> <ul style="list-style-type: none"> • SF presented new data from the KEYNOTE-689 trial on neoadjuvant and adjuvant pembrolizumab in locally advanced resectable head and neck cancer, discussing survival benefits, logistical challenges, and the anticipated impact on clinical practice. • SF summarised the KEYNOTE-689 trial, which randomised patients to standard care or neoadjuvant and adjuvant pembrolizumab, reporting significant improvements in event-free survival and major pathological response, particularly in patients with high PD-L1 expression. • The trial found comparable rates of severe adverse events between arms, with higher immune-related toxicity in the pembrolizumab group, and noted limitations such as small subgroup sizes and imbalances in treatment discontinuation reasons. • NU and KN raised concerns about the logistical complexity of coordinating immunotherapy, surgery, and adjuvant treatment, emphasising the need for cross-disciplinary coordinators and robust operational planning to avoid delays and ensure patient safety. • SF and SHo described potential solutions, including dedicated CNS and support worker teams to manage scheduling and patient tracking, drawing on experience from similar pathways in lung cancer, while NG highlighted the need for careful planning in more fragmented regions. 	

		<ul style="list-style-type: none"> RHon inquired about follow-up duration and the risk of disease progression during neoadjuvant therapy, with SF confirming a median follow-up of 38 months and acknowledging the need for ongoing monitoring and adaptation as real-world data emerges. 	
5.	Guest Speaker	<p><u>National Cancer Vaccine Launchpad – Head & Neck Vaccine Trial – presentation provided by Molly Obadiah & Dr. Lara Ulrich</u></p> <ul style="list-style-type: none"> MO and LU presented the NHS Cancer Vaccine Launchpad (CVLP) and the BNT113 mRNA vaccine trial for HPV16 positive, PD-L1 positive head and neck cancer, outlining the platform's aims, referral pathways, trial design, and strategies for early patient identification and pre-screening. MO explained that the CVLP is a national NHS-led platform designed to improve patient access to cancer vaccine and immunotherapy trials by supporting referrals, tissue access, and reducing geographical variation, with a growing network of 57 sites across England. LU described the BNT113 trial as a phase II/III randomised study of an mRNA vaccine targeting HPV16 E6/E7 proteins in combination with pembrolizumab, aiming to enhance T cell responses in relapsed/metastatic head and neck cancer, with early safety and efficacy data showing promising response rates. The trial allows pre-screening of high-risk or equivocal patients using archival tissue for central HPV16 and PD-L1 testing, with remote consent options being developed to facilitate early identification and referral before disease progression necessitates urgent standard care. KN clarified that patients with prior pembrolizumab for advanced disease are not eligible, and MO confirmed that Maidstone, as a CVLP site, can directly facilitate referrals, with the process designed to be accessible for both local and peripheral hospitals. 	
6.	CRG Update	<ul style="list-style-type: none"> The Head & Neck CRG was set up at Ritchie Chalmers' suggestion. The CRG membership comprises of: <ul style="list-style-type: none"> - Debbie Hannant representing nursing. - Tamsin Sharp representing speech and language therapy. - Elizabeth (Lil) Diamond representing dietetics. - Lakshmi Rasaratnam representing restorative dentistry. - Ali Al-Lami representing surgery. 	

		<ul style="list-style-type: none"> - Sally Fouda representing clinical oncology. - Eranga Nissanka-Jayasuriya representing histopathology. • NG informed the members that there is currently no radiology and primary care representation. • Seven CRG meetings have taken place so far. • The CRG have reviewed and updated the Pathway of Care and HOP documents. • The group have looked at the cancer dashboard, produced by David Osborne, and are in the process of deciding what additional clinical indicators should be included on the system. • There have been requests to discuss MDT streamlining. • Action: RC has asked for the group to look at the RCP document on specimens of low clinical value/low diagnostic value and this has generated a lot of discussion. In view of this, NG would like this matter to be discussed at a future face-to-face TSSG meeting. He would also like fine needle aspiration biopsies to be discussed as part of this. • NG highlighted that neck lump clinics have also been discussed at CRG meetings. 	<p>KMCA/KMCC team</p>
7.	CNS Update	<p><u>EKHUFT – update provided by Sue Honour</u></p> <ul style="list-style-type: none"> • SHo highlighted that patient engagement meetings have identified the need for patients to be supported much earlier in the pathway. In view of this, EKHUFT have refocused some of their CSW time in to providing early pathway support. • The team are focusing on looking at clinician review letters and trying to identify any patients who may have other comorbidities or struggle to travel to appointments. The team are proactively contacting these patients ensuring they know that the CSW is their initial point of contact/support. • EKHUFT will be hosting a head and neck study day on 14.11.2025. SHo will share the flyer with CC for him to circulate to the group. <p><u>MFT – update provided by Debbie Hannant</u></p>	

		<ul style="list-style-type: none"> DH highlighted that the thyroid and head and neck team are trying to move away from supplying patients with physical information packs, instead opting to utilise something known as a Padlet. A Padlet is a digital tool that functions like an online bulletin board/pinboard, allowing users to collaboratively collect and share various types of content, such as text, images, videos, links, and documents. DH mentioned that those who are not technologically-confident will still be able to have written information provided. SHo added that EKHUFT are also exploring how a Padlet could be of benefit to them and their patients. <p><u>QVH – update provided by Nicola Starling</u></p> <ul style="list-style-type: none"> A new CNS will be joining the team next week. BJ recently passed her independent prescriber course and continues to run her nurse-led clinics. 	
8.	AHPs	<ul style="list-style-type: none"> Action: NG stated that it would be worth considering having a breakout session at the next TSSG meeting for AHPs and CNSs. SBr mentioned that QVH have a two-day study programme running in October 2025 and adverts for this will be circulated in due course. NU suggested that it would be helpful to allocate some time at the next meeting to discuss the results of having a STT Nurse (CN) in place at MFT for head and neck. SBr highlighted that she has concerns around speech therapy in West Kent moving forward. TS will be leaving DGT shortly and SBr was made aware yesterday that the lone Swale speech therapist will be leaving the post (which will also affect a number of Medway patients). NG asked SBr to express her concerns to him in the form of an email which he can then discuss further with KMCA and the ICB. 	KMCA/KMCC team
9.	AOB	<ul style="list-style-type: none"> AAL stated that the PET-NECK 2 trial is still running at EKHUFT and they are still keen on recruiting. In view of this, AAL encouraged members to send suitable patients to this trial (providing they are 11+ months post-treatment). 	

		<ul style="list-style-type: none"> • NG encouraged the members to email him with their views on TSSG meetings being virtual which can then be shared with KMCA colleagues. • NG thanked SD for his service as Research Lead for the Head & Neck TSSG (which he has now stepped down from) and for arranging guest speakers. Action: EOIs for the Research Lead position to be sent out. 	CC/NG
	Next Meeting	<ul style="list-style-type: none"> • Thursday 26th March 2026 (13:30-16:30) – Lecture Theatre, William Harvey Hospital 	