



Global Task Force calls for consistent standard of care guidelines for treating adults with cochlear implants

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The formation of a new global Task Force was announced this week, marking the next step in the creation of 'Living Guidelines' to set the standard of care for adult cochlear implantation (CI).

The Task Force aims to create a consistent global standard of care for adults with severe to profound hearing loss, to access referral pathways and treatment with cochlear implants. Currently only 5% of those who may benefit from a cochlear implant receive one, often due to lack of clear guidelines amongst medical professionals.¹

This independent Task Force consists of cochlear implant users and key hearing experts from surgical and audiology backgrounds, representing more than 22 countries. The Task Force will engage with the Cochlear Implant International Community of Action (CIICA), representing cochlear implant users, other consumer organisations and professional societies to ensure the perspectives of adults with hearing loss are included in the process.

The project goal is to create global living practice guidelines and guidance that can be **adapted** and **adopted** in country, to optimise the standard of care for adults eligible for CI. As 'living' guidelines, they can be updated continuously as new evidence becomes available, as a real-time repository of guidelines under the governance of the Task Force.

In 2021 The **WHO World Report on Hearing** called for an overall 20% increase in the effective coverage of adults with hearing loss that use hearing aids and cochlear implants.² These living guidelines, and the work of the Task Force, will build on existing evidence including the systematic literature search conducted for the International Consensus Paper¹ on the use of cochlear implants as the minimum standard of care for adults with bilateral severe, profound, or moderate sloping to profound hearing loss, published in *JAMA Otolaryngology–Head & Neck Surgery* in 2020.

Leo De Raeve, Task Force Co-Chair, made the following comment: *'This initiative to create living practice guidelines for CI is significant because it involves key stakeholders from subject matter experts to CI Users across the globe. They will contribute to and support the effective development and dissemination of a set of accurate, consistent guidelines. These practice guidelines can be adapted and adopted in any country, to optimise the care for adults eligible for CI.'*

The process is supported by Health Technology Analysts, an independent healthcare consultancy, who will coordinate the Task Force and provide technical expertise to facilitate the development of the guidance and guidelines.

To view more information on the Living Guidelines Project, including methodology and objectives, click [here](#).

About the Task Force and CIICA

Cochlear Implant International Community of Action (CIICA) is an exciting new global community of cochlear implant user and family advocacy groups and individuals who support a shared vision of closing the global access gap in cochlear implant provision and ensuring lifelong support for all who could benefit. The community of organisations and individuals value the opportunity for a new way of working for cochlear implant advocacy groups and the opportunity to make a difference. Working together, the aim is to make CIICA a shared and trusted space for collaboration to strengthen users, including children and young people, in advocacy work. CIICA currently has 75 organisations and over 350 individuals from 48 countries. <https://ciicanet.org/>

The **Task Force** is guided by three **Co-Chairs**:

Meredith A. Holcomb, AuD, CCC-A

Director, Hearing Implant Program, Associate Professor
Department of Otolaryngology, University of Miami, Miller
School of Medicine, Ear Institute.



Leo De Raeve, PhD

Acting Chair of CIICA (Cochlear Implant International
Community of Action), Scientific Advisor EURO-CIU,
Director of ONICI.



Ángel Ramos Macías, MD

Professor, University of Las Palmas. School of Medicine,
Department of Otolaryngology – Head and Neck Surgery
and Maxillofacial.



The Chairs are supported by **Task Force Members** comprised of an additional 45 experts in the field of cochlear implant use, including audiologists and ear, nose and throat specialists from 22 countries.

Shakeel Saeed¹, Timo Stöver², Åsa Skagerstrand³, Domenico Cuda⁴, Bernard Fraysse⁵, Michal Luntz⁶, Laura Turton⁷, Ulrich Hoppe⁸, Darja Pajk⁹, Stefano Berrettini¹⁰, Lise Hamlin¹¹, Natalie Morog¹², Oliver Adunka¹³, Sarah Sydlowski¹⁴, Matthew Carlson¹⁵, Regina Presley¹⁶, Craig Buchman¹⁷, Maura Cosetti¹⁸, Paul Mick¹⁹, Alicia Spoor²⁰, Richard Gurgel²¹, Erin Miller²², Alejandra Ullauri²³, Jennifer Maw²⁴, Esther Ximena Vivas²⁵, Alejandro Rivas Campo²⁶, Tatsuya Yamasoba²⁷, Hao-WU²⁸, Catherine McMahon²⁹, Holly Teagle³⁰, Cathy Birman³¹, Claire Iseli³², Katie Neal³³, Peter Wolnizer³⁴, Hen Wai Yuen³⁵, Seung Ha OH³⁶, Bamini Gopinath³⁷, Nina Quinn³⁸, Jenny Loo³⁹, Neelam Vaid⁴⁰, Mohan Kameswaran⁴¹, Pádraig Kitterick⁴², Frederico Alberto Di Lella⁴³, Ricardo Bento⁴⁴, Hamid Benghalem⁴⁵

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Piacenza and President of the Italian Society of Otolaryngology, Italy,⁵ President of the World ENT Society(IFOS), France, ⁶Professor of Otology, Director of Ear and Hearing Center, Tel Aviv, Israel, ⁷Adult Audiology Rehabilitation Team Leader at NHS, Tayside, U.K. ⁸ Professor of Audiology, Department of Otorhinolaryngology, University Hospital Erlangen, Germany, ⁹Occupational Therapist, VDC Toncka Hocevar, Slovenia,¹⁰Head of ENT, Audiology and Phoniatics unit of the University Hospital of Pisa, Italy,¹¹Director of Public Policy at Hearing Loss Association of America (HLAA), ¹²Department of Surgery University of Saskatchewan Saskatoon SK Canada, ¹³Director Otology, Neurotology and Cranial Base Surgery Department of Otolaryngology - Head and Neck Surgery, Professor at Ohio State University, Nationwide Children's Hospital, USA, ¹⁴ Associate Chief Improvement Officer and Audiology Director of the Hearing Implant Program, Cleveland Clinic, Cleveland, Ohio, USA, ¹⁵Mayo Clinic Consultant, Department of Otorhinolaryngology, Mayo Clinic, Rochester, USA,¹⁶Senior Cochlear Implant Audiologist at Greater Baltimore Medical Center, USA, ¹⁷Head, Department of Otolaryngology at Washington University, St. Louis, USA, ¹⁸Director Ear Institute and Associate Professor Otology/Neurotology, New York Eye and Ear Of Mount Sinai, New York, USA, ¹⁹Assistant Professor Pediatric Otolaryngology, Surgical Director for the Neurotology and CI Programs, Saskatchewan Health Authority, Canada, ²⁰Designer Audiology ²¹Associate Professor, Neurotology - Skull Base Surgery, University of Utah Health, USA, ²²Professor of Instruction & NOAC Coordinator, The University of Akron, USA, ²³Director Chicago Hearing Care, USA, ²⁴Otolaryngology-Head and Neck Surgery, Ear Associates and Rehabilitation Services (EARS) Inc, San Jose, USA, ²⁵Associate Professor, Neurotology, Otolaryngology, Otology, Emory University School of Medicine, Atlanta, USA, ²⁶Director of the CI. Division Chief of Otology and Neurotology at Cleveland OH, University Hospitals. USA, ²⁷Professor and Chairman, Department of Otolaryngology and Head and Neck Surgery at University of Tokyo, Japan, ²⁸Shanghai Ninth People's Hospital, Shanghai Jiaotong University School of Medicine, China, ²⁹Professor of Audiology, Head of Department, Department of Linguistics, Macquarie University, Sydney, Australia, ³⁰Associate Professor, University of Auckland, Clinical Director, The Hearing House, New Zealand, ³¹Clinical Professor, Medical Director of NextSense Cochlear Implant Program, Sydney, Australia, ³²Department Otolaryngology, Royal Children's Hospital, Royal Victorian Eye & Ear Hospital, Melbourne, Australia, ³³Principal, Research and Audiology Learning and Development, The Shepherd Centre, Sydney, Australia, ³⁴Former Dean of Economics and Business at Sydney University, Australia, ³⁵Senior Consultant, Changi General Hospital, Singapore, ³⁶Professor Otolaryngology, Seoul National University, Sth. Korea, ³⁷Cochlear Chair in Hearing and Health and Professor at Macquarie University, Sydney, Australia, ³⁸CEO Neurosensory, Australia, ³⁹Senior Principal audiologist, National University Hospital, Singapore, ⁴⁰Head of the Cochlear Implant Programme and BIG EARS, the Audiology and Speech Pathology Department at KEM, India, ⁴¹Hospital Managing Director & Senior Consultant, Madras ENT Research Foundation Ltd, India, ⁴²Head of Audiological Science, National Acoustic Laboratories, Sydney, Australia, ⁴³Head of the Department of Otorhinolaryngology, Italian Hospital of Buenos Aires, ⁴⁴Professor and Chairman, Otolaryngologic Department of Otorhinolaryngology at the Faculty of Medicine, University of São Paulo, Brazil. ⁴⁵ Executive Board member of International Federation of ORL Societies (IFOS), Morocco.

References

1. Buchman et al. Unilateral Cochlear Implants for Bilateral Severe, Profound, or Moderate Sloping to Profound Sensorineural Hearing Loss: A Systematic Review and Consensus. *JAMA Otolaryngology* 2020; www.adultheating.com
2. WHO World Report on Hearing (WRH) www.who.int/publications/i/item/world-report-on-hearing