

Medical Oncology Head & Neck Cancer Automated Triage:

- If requirements met patients should be booked into next available medical oncology consultation slot without medical oncologist triage required.
- If outstanding items missing note sent back to referring physician to complete.
- If uncertain review referral request with triaging oncologist.

If all criteria present then book in next available consult slot, otherwise return to referring physician to complete indicated investigations/documentation.

H&N SCC (Primary chemoradiation or post-operative chemoradiation) Curative Intent:

- For consideration of primary chemo-radiation scheduling must follow MDT visit.
 - May be considered following surgery.
- Pathology report with confirmation of malignancy (resected specimen or biopsy).
 - Oropharyngeal Cancer must have P16 status.
 - Nasopharyngeal Cancer must have EBV status.
- Imaging.
 - CT neck/chest.
 - If unknown primary then PET-CT.
 - Nasopharyngeal Cancer must include MR head.
- Audiology assessment complete or pending.
- Dentistry assessment complete or pending.

Metastatic H&N Malignancies:

- Patient is within appropriate catchment area or has been referred for access to trial. (if patient is from Kitchener/Waterloo, Cambridge, Windsor, Owen Sound and Sarnia referring physician should be directed to closest cancer center).
- All skin-based malignancies should be triaged by the Skin Med Onc pathway.
- Pathology report with confirmation of malignancy (resected specimen or biopsy).
 - If squamous cell cancer: PDL1 / CPS completed or pending OK.
- Staging CT Neck/Chest/Abdomen/Pelvis (or PET CT) completed within past 3 months.

Differentiated Thyroid Malignancies (including medullary):

- Pathology report with confirmation of malignancy (resected specimen or biopsy).

- Staging CT Neck/Chest/Abdomen/Pelvis (or PET CT) completed within past 3 months.

Anaplastic Thyroid Malignancy:

- Pathology report with confirmation of malignancy (resected specimen or biopsy).
 - BRAF status (initial IHC OK)
- PET scan preferred (CT chest/abdo/pelvis + bone scan acceptable)
- MR brain preferred (CT head acceptable)

Metastatic Salivary Gland:

- Pathology report with confirmation of malignancy (resected specimen or biopsy).
- Staging CT Neck/Chest/Abdomen/Pelvis (or PET CT) completed within past 3 months.