



London Health Sciences Centre
London Regional Cancer Program

Head and Neck Cancer

Practice Guideline

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This guideline is a statement of consensus of the Sarcoma and Head & Neck Disease Site Team regarding their views of currently accepted approaches to treatment. It is not intended to replace the independent medical judgement of the physician in the context of individual clinical circumstances to determine any patient's care or treatment.

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Head and Neck Cancer

Practice Guideline

Background

All patients with the diagnosis of Head & Neck Carcinoma are seen in multidisciplinary team within 1 week of referral.

Investigations

1. site of primary
2. fine needle aspiration biopsy of neck nodes or biopsy of the primary site
3. CT scan of the head and neck region
4. X-ray of chest
5. fiberoptic scope

Staging

Staging is variable depending on the region.

Treatment

1. Early tumors T1, node negative are treated by means of surgery or irradiation
2. Intermediate tumors, T2, T3 or node positive are treated by means of chemoradiation over 7 weeks.
3. T4 lesions are treated by means of radical surgery followed by postoperative irradiation and consideration of chemotherapy depending on the site, spread and age.

Head and Neck Regions:

1. nasopharynx
2. oral cavity
3. oropharynx
4. hypopharynx
5. supraglottic larynx
6. larynx
7. thyroid

Protocols

A protocol as agreed to through Cancer Care Ontario is followed and developed using high-level evidence. (<http://www.cancercare.on.ca>)

Research: Extensive research is undertaken through the following groups:

1. National Cancer Institute of Canada
2. Radiation Therapy Oncology Group
3. Ontario Clinical Oncology Group
4. Princess Margaret Hospital Consortium

CT PET: This is investigational and if being assessed through OCOG, Ministry of Health Study

Follow-up

All patients are followed weekly as a minimum during irradiation with a team of experienced radiation nurses, dietitian, social work and dentistry.

When treatments are completed patients are followed:

1. year 1 – six weekly
2. year 2 – 8 weekly
3. year 3 – 12 weekly
4. year 4 – 16 weekly
5. year 5 – 6 monthly

It is important that experienced team follow the patients as failure of chemoradiation or surgery may be salvaged with another modality.

Reference

<http://www.cancercare.on.ca>

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