**INITIAL EVALUATION**

- Confirm outside pathology
- History
  - Chief complaint
  - History of present illness and previous treatment
- Past medical history
  - Social history (including tobacco and alcohol use)
- Physical examination
  - Full head and neck exam
  - General medical examination
- Stage T and N (AJCC)
- Imaging studies
  - High resolution CT neck with contrast and bone windows
  - CT chest, as clinically indicated (if smoking history of > 30 pack-year, consider CT chest)
  - Consider PET/CT scan for stage III or IV
- Lifestyle risk assessment

**CONSULTATIONS**

- Dental oncology
- Radiation oncology
- Medical oncology for patients with stage III or IV
- Speech pathology for patients whose treatment may impact swallowing and/or speech
- Plastic surgery for patients who will require major reconstruction (pharyngeal or bony reconstruction)
- Nutritional assessment
- Smoking cessation for active smokers only
- Conditions for pre-operative Internal Medicine
- Audiogram, if receiving chemotherapy

**PRE-TREATMENT EVALUATION**

- Primary tumor T1-T2, N0
- Primary tumor T1-2, N1-3
- Primary tumor T3-4a, N0-1
- Primary tumor T4b, any N

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**Note:** Consider Clinical Trials as treatment options for eligible patients.

AJCC = American Joint Committee on Cancer

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1. See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice.
2. Consider dental extraction based on results of dental evaluation prior to initiation of primary treatment.
3. Conditions for pre-operative Internal Medicine Perioperative Assessment Center (IMPAC) consult:
   - Hypertension
     - Uncontrolled or newly diagnosed
     - Poorly compliant patient
     - Multi-drug regimen for control
   - Cardiac disease
     - History of myocardial infarction or angina
     - History of cardiac or vascular surgery
     - Cardiac murmur or valvular heart disease
     - Congestive heart failure
     - Anticoagulation
   - Pulmonary disease
     - 20 or more pack-year smoking history
     - Moderate to severe chronic obstructive pulmonary disease (COPD) with < 2 flight exercise tolerance
     - Reactive airway disease
     - Previous lung resection
     - Multiple history of pneumonias
     - History of tuberculosis
     - Diabetes
       - Type
       - Type II
   - Cerebrovascular disease
     - Previous cerebrovascular accident
     - History of transient ischemic attack
     - Carotid bruit or known stenosis
   - Hepatic disease
     - History of cirrhosis
     - Laboratory of hepatic dysfunction
Oral Cavity Cancer

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Note: Consider Clinical Trials as treatment options for eligible patients.

CLINICAL EVALUATION

PRIMARY TREATMENT

ADJUVANT TREATMENT

SURVEILLANCE

Primary tumor T1-T2, N0
- Excision of primary tumor or sentinel node biopsy with selective neck dissection if clinically indicated
- Presence of pathological risk features²?
  - Yes
  - Radiation therapy
  - Consider chemoradiation
  - No
  - Consider radiation

Primary tumor T1-2, N1-3
- Excision of primary tumor with neck dissection
- Initial stage greater than N1?
  - Yes
  - Radiation therapy
  - Consider chemoradiation
  - No
  - Consider radiation

Primary tumor T3-4a, N0-1
- Excision of primary tumor with neck dissection
- Surgery (preferred for bone invasion)³

Primary tumor T4b, any N
- Primary tumor resectable?
  - Yes
  - Chemotherapy/radiation therapy
  - Consider clinical trial
  - Complete response at primary site?
    - Yes
    - Neck dissection
    - No
    - Observe
  - No
  - Salvage surgery with neck dissection, as clinically indicated

- Regional pathology
  - Multiple lymph nodes (any N2, N3)
  - Lymph node(s) with extracapsular extension
  - Lymph node(s) in level IV or V

³ Pathological risk factors for addition of chemotherapy include:
  - Positive margins (re-excision to clear margins is preferred)
  - Extracapsular extension

4 Bilateral neck dissection for N2c neck disease. Consider bilateral neck dissection for midline lesion.
CLINICAL PRESENTATION

- Restage
  - CT head and neck
  - CT chest with or without PET to evaluate for metastatic disease

- Presence of distant metastatic disease?
  - Yes
    - Consider systemic therapy/phase I clinical trial
    - Palliative care, as clinically indicated
  - No
    - Is recurrence resectable?
      - Yes
        - Consider salvage surgery, as clinically indicated
        - Palliative care, as clinically indicated
      - No
        - Consider chemotherapy and radiation therapy

- Previous radiation therapy?
  - Yes
    - Salvage surgery, as clinically indicated
    - Consider post-operative radiation therapy, as clinically indicated
  - No
    - Consider re-irradiation, if clinically indicated
    - Palliative care

Note: Consider Clinical Trials as treatment options for eligible patients.

Pathological risk factors should be taken into consideration when making concurrent treatment decisions.

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Department of Clinical Effectiveness V7
Approved by the Executive Committee of the Medical Staff on 09/17/2019
Oral Cavity Cancer Surveillance

<table>
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<tr>
<th>Total years for surveillance</th>
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<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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<td>Consider surveillance CT neck with contrast, if clinically indicated</td>
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<td>Chest x-ray yearly (CT chest if smoker)</td>
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</table>

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SUGGESTED READINGS


This practice algorithm is based on majority expert opinion of the Head and Neck Center Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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