INITIAL EVALUATION

- Confirm outside pathology
- History:
  - Chief complaint
  - History of present illness and previous treatment
- Past medical history (including but not limited to):
  - 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 with thin cuts and contrast and bone windows
  - Chest imaging, as clinically indicated (if smoking history of greater than 30 pack-year, consider CT chest)
  - Consider PET scan for stage III or IV

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)
- Nutrition
- Smoking cessation for active smokers only (refer to Tobacco Cessation Algorithm – Adult)
- Pre-operative Internal Medicine consult
- Audiogram, if receiving chemotherapy

PRE-TREATMENT EVALUATION

Patient information presented at multidisciplinary planning conference

Primary tumor T1-T2, N0

Primary tumor T1-2, N1-3

Primary tumor T3-4a, N0-1

Primary tumor T4b, any N

AJCC = American Joint Committee on Cancer
IMPAC = Internal Medicine Perioperative Assessment Center

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

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

**CLINICAL EVALUATION**

**PRIMARY TREATMENT**

Primary tumor T1-T2, N0

- Excision of primary tumor or sentinel node biopsy with selective neck dissection if clinically indicated

Primary tumor T1-2, N1-3

- Excision of primary tumor with neck dissection

Primary tumor T3-4a, N0-1

- Excision of primary tumor with neck dissection

Primary tumor T4b, any N

- Primary tumor resectable?

**ADJUVANT TREATMENT**

Presence of pathological risk features?

- Yes
  - Radiation therapy
  - Consider chemoradiation

- No

Initial stage greater than N1?

- No

- Yes

Node positive?

- No

- Yes

**SURVEILLANCE**

Surveillance (see Page 4): medical oncology (optional) for chemoprevention trials

- Observation

- Neck dissection

- Stage N3?

- Yes
  - Neck dissection

- No
  - Yes
  - Complete response at primary site?

- No
  - Salvage surgery with neck dissection, as clinically indicated

- Yes
  - Chemotherapy / radiation therapy
  - Consider clinical trial

**ADJUVANT TREATMENT**

- Yes
  - Consider radiation

- No

- Yes
  - Radiation therapy
  - Consider chemoradiation

**SURVEILLANCE**

- Observation

- Neck dissection

- Stage N3?

- Yes
  - Neck dissection

- No
  - Observation

1 Depth of invasion greater than or equal to 4 mm depth invasion

2 Pathological risk features include:
- Primary pathology
  - Any T1 or T2 with positive or close (less than 1 mm) margins, perineural invasion, or lymphovascular invasion (re-excision to clear margins is preferred)
- Any T3 or T4
- 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.

Department of Clinical Effectiveness V6
Approved by the Executive Committee of the Medical Staff on 07/25/2017

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CLINICAL PRESENTATION

Recurrent disease

Restage:
- CT head and neck
- CT chest or 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

Previous radiation therapy?

Yes
- Salvage surgery, as clinically indicated
  - Consider post-operative radiation therapy, as clinically indicated

No

Previous radiation therapy?

Yes
- Consider re-irradiation, if clinically indicated
  - Palliative care

No

Consider chemotherapy and radiation therapy

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

1 Pathological risk factors should be taken into consideration when making concurrent treatment decisions.
Oral Cavity Cancer

Oral Cavity Cancer Surveillance

<table>
<thead>
<tr>
<th>Total years for surveillance</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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<td>12</td>
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<td>Baseline CT</td>
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<td>Consider surveillance CT, if clinically indicated</td>
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<td>Thyroid function, if radiation therapy</td>
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<tr>
<td>Chest x-ray yearly (CT chest if smoker)</td>
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<td>x</td>
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</tbody>
</table>

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SUGGESTED READINGS


DEVELOPMENT CREDITS

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