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

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

1 Consider dental extraction based on results of dental evaluation prior to initiation of primary treatment

2 Conditions for pre-operative internal medicine 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
  - Pulmonary disease
    - 20 or more pack per year smoking history
    - Moderate to severe chronic obstructive pulmonary disease (COPD) with less than 2 flight exercise tolerance
    - Reactive airway disease
    - Previous lung resection
    - Multiple history of pneumonias
    - History of tuberculosis
  - Cerebrovascular disease
    - Previous cerebrovascular accident
    - History of transient ischemic attack
    - Carotid bruit or known stenosis
  - Hepatic disease
    - History of cirrhosis
    - Laboratory of hepatic dysfunction
  - Diabetes
    - Type
    - Type II
  - Anticoagulation

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

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

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

### CLINICAL EVALUATION

**Primary tumor**

- **T1-T2, N0**
  - Excision of primary tumor or sentinel node biopsy with selective neck dissection if clinically indicated

- **T1-2, N1-3**
  - Excision of primary tumor with neck dissection

- **T3-4a, N0-1**
  - Excision of primary tumor with neck dissection

- **T4b, any N**
  - Primary tumor resectable?
    - Yes
      - **Surgery (preferred for bone invasion)**
        - Consider Clinical Trials as treatment options for eligible patients.
    - No
      - **Chemotherapy/radiation therapy**
        - Consider clinical trial

### PRIMARY TREATMENT

- **Excision of primary tumor or sentinel node biopsy with selective neck dissection**

### ADJUVANT TREATMENT

- **Presence of pathological risk features?**
  - Yes
    - Radiation therapy
    - Consider chemoradiation
  - No
    - **Initial stage greater than N1?**
      - Yes
        - **Node positive?**
          - Yes
            - Consider radiation
          - No
            - Yes
              - Radiation therapy
              - Consider chemoradiation
      - No

### SURVEILLANCE

- **Complete response at primary site?**
  - Yes
    - Neck dissection
  - No
    - **Residual nodal disease?**
      - Yes
        - **Stage N3?**
          - Yes
            - Neck dissection
          - No
            - Observe
      - No
        - Salvage surgery with neck dissection, as clinically indicated

**Pathological risk factors for addition of chemotherapy include:**

- Positive margins (re-excision to clear margins is preferred)
- Extracapsular extension

**Pathological risk factors for addition of chemoradiation include:**

- Positive margins (re-excision to clear margins is preferred)
- Extracapsular extension

- **Bilateral neck dissection for N2c neck disease. Consider bilateral neck dissection for midline lesion.**
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 → Surveillance (see Page 4)

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

Note: Consider Clinical Trials as treatment options for eligible patients.
## 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>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of surveillance by month</td>
<td>2-3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>16</td>
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<tr>
<td>Head and neck history and physical exam</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Baseline CT</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider surveillance CT, if clinically indicated</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Thyroid function, if radiation therapy</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Chest x-ray yearly (CT chest if smoker)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

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SUGGESTED READINGS


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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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