West of Scotland Cancer Network

Head and Neck Cancer
Managed Clinical Network

Head and Neck Cancer

Regional Follow-up Guideline

Prepared by	J Montgomery & H Wotherspoon*
Approved by	Head & Neck Cancer MCN Advisory Board and RCAG Board Cancer Leads
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Review date	July 2027
Version	4.0 (replaces v3.0, May 2020)

*WoS Head & Neck Consultants were given the opportunity to comment on this guideline.
A meeting was convened to finalise the updated guidance, with representatives from ENT (J Montgomery, L Langstaff, T Milner), OMFS (J McCaul, O Mitchell), Oncology (C Lamb) and Nursing (M Smith).

Head and Neck Cancer Regional Follow-up Guideline Review

The purpose of the Head and Neck Cancer Regional Follow-up Guideline is to ensure consistency of practice across the West of Scotland and the principles of any revision to the follow-up guideline will continue to ensure that management of patients after initial treatment for head and neck cancer are:

- Patient-centred;
- Aligned to recognised current best practice;
- Equitable across the region;
- Clinically safe and effective; and
- Efficiently delivered.

The guideline continues to be developed on the basis that the key aims underpinning the purpose of follow-up are to:

- Manage and treat early and late symptoms and complications;
- Detect and treat recurrent disease;
- Surveil for second primary tumours;
- Modify risk factors;
- Provide information to support person-centred care, best delivered in the form of a holistic needs assessment and care plan, and a treatment summary.

Follow-up practice has to be patient-centred and, ideally, supported by empirical evidence of improved outcomes and survival. In the absence of good quality evidence, care should be tailored to the needs and preference of patients. The construction of appropriate follow-up guidance requires balancing perceived patient needs with effective utilisation of resources.

This guideline reflects the most recently available data (April 2024, UK National Multidisciplinary Guidelines)[1]. Current studies are ongoing which may impact upon follow-up regimens. Results of future studies may require revisions to the recommendations in this guideline; examples include trials investigating the safety of patient-initiated follow-up, combined with imaging (PETNECK 2); another area of investigation is circulating fragments of HPV DNA (liquid biopsy). Output from the Scottish Cancer Network Head and Neck Cancer Clinical Management Pathway process may further inform head and neck cancer follow-up rationale. Patient reported outcome measures may also be used in future iterations of follow-up to aid with identification of patients who may require additional support.

The follow-up schedule recommended in the previously published version remains extant and continues to align to national guidance. However, these may require to be flexed initially to take account of individual patient need and local service provision, particularly in years 1 and 2.

The regional guideline is recommended by the Head and Neck Cancer MCN whose members also recognise that specific needs of individual patients and the variability in symptom burden may require different levels of intensity of follow-up. Any deviation in follow-up schedules should be documented and patients clearly informed.

[1] The Journal of Laryngology & Otology, Volume 138, Supplement S1: Head and Neck Cancer: United Kingdom National Multidisciplinary Guidelines, Sixth Edition , April 2024 , pp. S1 - S224.

Details of the follow up schedule appropriate to the patient's treatment, as below, will be discussed with the patient.
Patients in clinical trials will be followed-up according to trial protocol requirements.

ALL PATIENTS

1-6 Weeks Post Treatment
Assessment by Surgeon

Contact(1) with local Clinical Nurse Specialist & referral to AHPs(2) as appropriate

ALL PATIENTS

Local Head & Neck Cancer Team Follow-up
Clinical assessment and examination of the head and neck ± fibreoptic nasendoscopy as indicated.

Radiological investigations should be performed as clinically indicated during follow-up.
Any patient with node positive head & neck SCC should undergo PET-CT surveillance post radical radiotherapy or chemoradiotherapy. Timing of PET-CT:

- at 12 weeks for HPV negative oropharyngeal SCC/unknown primary and all sub-sites other than oropharynx
- at 16 weeks for HPV positive disease (oropharyngeal SCC and head & neck SCC unknown primary)

Follow-up Schedule (3)

Years 1 & 2	At least 2 monthly review
Years 3 - 5	3 to 6 monthly review
Year 5	Discharge at end of Year 5

Patients considered high risk by treating team may vary from the above follow-up schedule, at the discretion of the consultant in charge of care and guided by MDT discussion.

Rapid referral route for repeat MDT discussion and active treatment as appropriate

All patients receiving treatment for head and neck cancers should undergo a holistic needs assessment (HNA) and /or PROMS by a suitably trained individual at defined time points during follow up care.

All patients should receive a treatment summary at defined time points during follow-up care, providing information on possible treatment toxicities, late effects, alert symptoms and on issues relating to lifestyle and support needs to facilitate supported self-management

Referral to Specialist Palliative Care as appropriate at any time

Rarer head and neck entities e.g. adenoid cystic carcinoma of salivary gland, may be followed up longer than 5 years, at the discretion of treating team.

(1) Options for contact are attendance at clinic by patients or telephone call
(2) AHPs – Speech & Language Therapy /Dietetics
(3) Follow up, surveillance and recurrent disease: Head and Neck Cancer: United Kingdom National Multidisciplinary Guidelines, Sixth Edition, April 2024. The Journal of Laryngology & Otology 2024; 138 (Suppl. S1); S29-S34.