

West of Scotland Cancer Network



**Head and Neck Cancer
Managed Clinical Network**

Head and Neck Cancer Regional Follow-up Guideline

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Approved by	Head & Neck Cancer MCN Advisory Board; Regional Cancer Clinical Leads Group
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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 symptoms and complications;
- Detect and treat recurrent disease;
- Modify other life style 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.

A review of evidence and guidance on the management of follow-up after treatment for head and neck cancer has been undertaken and the follow-up guideline updated to reflect current practice. Key changes include:

1. Oncology follow-up at the Beatson West of Scotland Cancer Centre 12 weeks post treatment removed.
2. Risk stratification into high/low/normal risk groups removed. Whilst risk stratified follow-up is recognised in thyroid cancer, this is not the case in squamous cell carcinomas (SCC) of the head and neck¹. Comment added that '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'.
3. Follow-up clinic intervals during years 1 and 2 decreased from 3 monthly to 2 monthly, in line with UK National Multidisciplinary Guidelines¹.
4. Recommendation that 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.
5. Recommendation that all patients receiving treatment for head and neck cancers should undergo a holistic needs assessment (HNA) by a suitably trained individual at defined time points during follow-up care.
6. Recommendation that 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.
7. Addition of specific PET-CT recommendations for patients with node positive head and neck SCC.
8. Additional comment that patients in clinical trials will be followed-up as per trial protocol requirements.

The regional guideline is recommended by the Head and Neck Cancer MCN whose members also recognise that specific needs of individual patients may require to be met by an alternative approach and that this will be provided where necessary and documented in the patient notes.

¹Follow-up after treatment for head and neck cancer: United Kingdom National Multidisciplinary Guidelines. The Journal of Laryngology & Otology 2016; 130 (Suppl. S2), S208-S211.

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/Oncologist, 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 ± fiberoptic 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)

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.

ONCOLOGY FOLLOW UP

Toxicity & Late Effects Monitoring

Year 1

6 monthly attendance

Years 2 – 5

Annual attendance

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) 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