

Guideline for the Clinical Management of Head and Neck Cancers

Version History

Version	Date	Summary of Change/Process
0.1	07/11/11	Document drafted
0.1	11.11.11	Taken to the Head and Neck NSSG for discussion and ratification
0.2	15.11.11	Reviewed and updated by Network Guidelines Sub Group
0.3	22.11.11	Endorsed by Guidelines Sub Group once updated by Ben Parfitt
1.0	29.12.11	Updated by Ben Parfitt

Date Approved by Network Governance	December 2011
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Date for Review	December 2014
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1. Scope of the guideline

This guideline has been produced to support the clinical management of head and neck cancer.

2. Guideline background

Patients with suspected head and neck cancer may be referred to any one of the following designated hospitals with head and neck cancer rapid access facilities:

- City Hospital (part of Sandwell and West Birmingham Hospitals NHS Trust – SWBH)
- Birmingham Dental Hospital
- Good Hope Hospital (part of Heart of England NHS Foundation Trust – HEFT)
- Heartlands Hospital (part of Heart of England NHS Foundation Trust – HEFT)
- Queen Elizabeth Hospital (part of University Hospitals Birmingham NHS Foundation Trust – UHBFT)
- Sandwell Hospital (part of Sandwell and West Birmingham Hospitals NHS Trust – SWBH)
- Solihull Hospital (part of Heart of England NHS Foundation Trust – HEFT)
- Walsall Healthcare NHS Trust

Once diagnosed with head and neck cancer, patients should be referred to a head and neck cancer multi disciplinary team (MDT) at either:

- University Hospitals Birmingham NHS Foundation Trust (joint with Sandwell and West Birmingham Hospitals NHS Trust and Heart of England NHS Foundation Trust).
- University Hospitals Coventry and Warwickshire NHS Foundation Trust (UHCW).

Guideline statements

3. Referral and diagnosis

Please see: [Guideline for the Referral to Secondary for Patients with Suspected Head and Neck Cancer](#)

For patients presenting with neck lumps, please read in conjunction with the Network agreed '*Guidelines for the Management of Neck Lumps*' – http://www.birminghamcancer.nhs.uk/uploads/document_file/document/4d2ed152358e987f56000a01/3_guideline_for_the_management_of_neck_lumps_version_1_-_june_2010.pdf

4. Imaging

- a. standard anatomical imaging, including CT and MRI should be undertaken by the diagnostic and assessment team at a designated, named hospital. The exception is Birmingham Dental Hospital. All patients referred to Birmingham Dental Hospital have their imaging undertaken at the Queen Elizabeth Hospital.
- b. if more specialist imaging is required, such as PET CT or specialist biopsies, this will be determined as part of the Multi Disciplinary Team (MDT) discussion and may not be available locally. In these instances, the MDT will agree where the imaging will take place.

5. Pathology

All neck lump clinics are attended by a core member of the Head and Neck MDT. It is therefore not necessary for neck lumps of non-thyroid origin to be discussed with either an Oncologist or Haematologist prior to biopsy.

Any patients with features highly suspicious for lymphoma or a haematological malignancy (young adult, generalised lymphadenopathy, splenomegaly, abnormal FBC, lymphocytosis, pruritis, 'B' symptoms: night sweats, weight loss, fever) – should proceed directly to open excision lymph node biopsy and be discussed with a Haematologist or Medical Oncologist. They should not undergo FNA as first investigation, as review of results for this may lead to significant delay in diagnosis.

6. Clinical management

The Scottish Inter-Collegiate Guidelines Network (SIGN) guidelines should be followed .

7. Patient information and counselling

- 7.1 All patients, and with their consent, their partners will be given access to appropriate written information during their investigation and treatment, and on diagnosis will be given the opportunity to discuss their management with a clinical nurse specialist who is a member of the relevant MDT. The patient should have a method of access to the head and neck team at all times.
- 7.2 Access to psychological support will be available if required. All patients should undergo an holistic needs assessment and onward referral as required.

8. Palliative care

Palliative care services will be made available to all patients as deemed appropriate by the MDT.

9. Clinical trials

- 9.1 Wherever possible, patients who are eligible should be offered the opportunity to participate in National Institute for Health Research portfolio clinical trials and other well designed studies.
- 9.2 Where a study is only open at one Trust in the Network, patients should be referred for trial entry. A list of studies available at each Trust is available from Pan Birmingham Cancer Research Network. Email: PBCRN@westmidlands.nhs.uk .
- 9.3 Patients who have been recruited into a clinical trial will be followed up as defined in the protocol.

Monitoring of the guideline

Adherence to the Network guidelines may from time to time be formally monitored.

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References

Scottish Inter-Collegiate Guidelines Network (SIGN) guidelines

Approval Signatures

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