


Coversheet for Network Site Specific Group Agreed Documentation

Document Title	Guideline for the Referral of Head and Neck Cancer Patients for Photodynamic Therapy
Document Date	July 2010
Document Purpose	This guidance has been produced to support the following referral of patients with head and neck cancer for photodynamic therapy
Authors	Mr Keith Webster Maxillofacial Surgeon University Hospital Birmingham NHS Foundation Trust
References	N/A
Consultation Process	Head and Neck NSSG
Review Date (must be within three years)	July 2013
Approval Signatures: Network Site Specific Group Clinical Chair	
Date Approved by Network Governance Committee 26 / 07 / 2010	

Guideline for the Referral of Head and Neck Cancer Patients for Photodynamic Therapy

Version History

Version	Date	Summary of change/ process
0.1	16.03.10	NSSG document put into network format – for consultation with Keith Webster
0.2	17.05.10	With comments from KW, for circulation to the head and neck NSSG and the Radiology NSSG Chair.
0.3	04.06.10	Following consultation
1.0	12.07.10	For submission to the Clinical Governance Subgroup for Guidelines

1. Scope of the Guideline

- This guidance has been produced to support the referral of patients with relapsed head and neck cancer for Photo Dynamic Therapy (PDT).

2. Guideline Background

2.1 Head and neck cancers are usually treated by ablative and reconstructive surgery and radiotherapy. The morbidity is often high. If treatment fails or these patients develop new disease, subsequent options have traditionally been very limited with very high morbidity and often poor prognosis. PDT is an alternative treatment for specific head and neck cancer patients who have failed primary treatment.

2.2 PDT (currently using Temoporfin) can provide significant improvements for patients in terms of survival and quality of life. The aim of PDT is:

- Preservation of organ function
- Local tumour destruction
- Relief of symptoms
- Avoidance of disease related complications

2.3 PDT is a powerful treatment modality that could be considered as an alternative to other palliative treatment such as surgery, radiotherapy or chemotherapy in specific cases of head and neck cancer. It does not address the problem of metastatic disease either loco-regional (in the neck) or systemic.

- 2.4 The major advantage of PDT over conventional therapies is that it is minimally invasive, lacks systemic toxicity, avoids long term morbidity and above all is repeatable. It can and often is used in conjunction with traditional treatment, currently usually when traditional treatment can not be used again for new or recurrent disease or due to patient co-morbidity.

3 Guideline Statements

- 3.1 Patients who require palliative treatment of recurrent head and neck squamous cell cancers failing prior therapies and who are unsuitable for radiotherapy, surgery or systemic chemotherapy should be referred for consideration of PDT.
- 3.2 Referrals should be made to Head and Neck Multi Disciplinary Team at University Hospital Birmingham by fax addressed to the Head and Neck Multi Disciplinary Team Co-ordinator on:-

Fax No:- 0121 460 5820

Referral details should include:

- Site of disease, previous treatment, fitness for general anaesthetic and co-morbidity.

Monitoring of the Guideline

Implementation of the guidance will be considered as a topic for audit by the NSSG in 2013

Authors

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Approval Date of Network Site Specific Group

Date: July 2010

Approval Date of the Governance Committee

Date: July 2010

Approval Signatures

Pan Birmingham Cancer Network Governance Committee Chair

Name: Doug Wulff



Signature:

Date: July 2010

Pan Birmingham Cancer Network Manager

Name: Karen Metcalf



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Date: July 2010

Network Site Specific Group Clinical Chair

Name: Steve Colley



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Date: July 2010