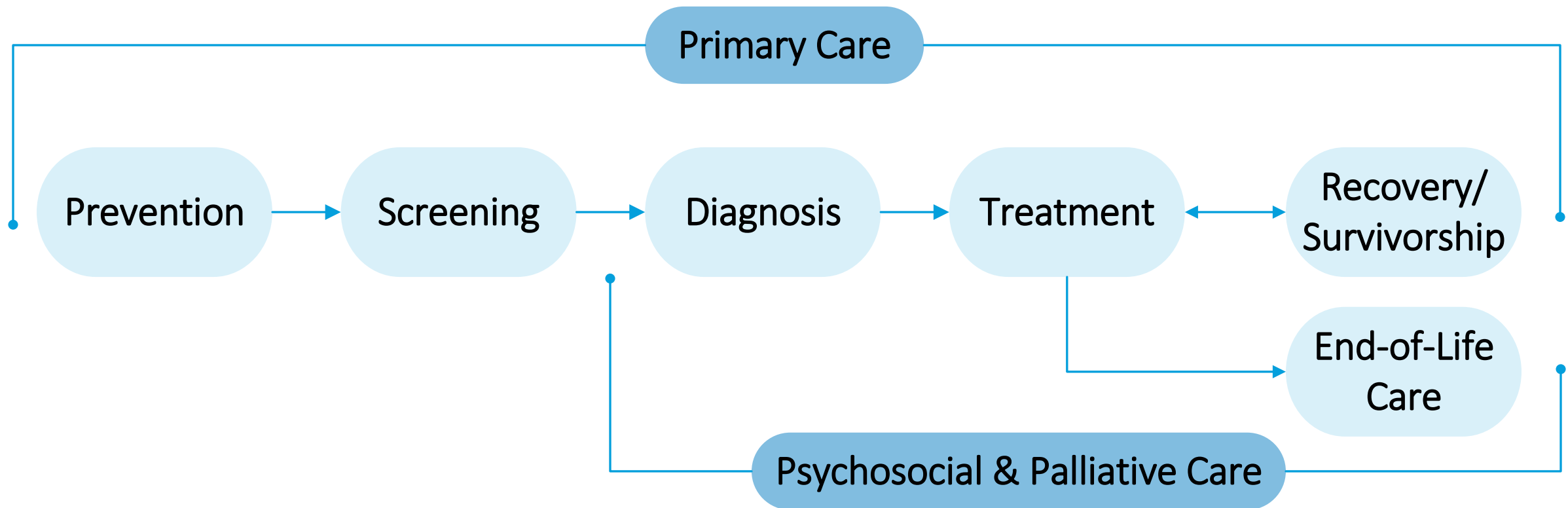


# Cervical Lymphadenopathy in Adults Cancer Diagnosis Pathway Map

## Version 2024.03



**Disclaimer:** The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a healthcare provider if they have any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.



**Ontario Health**  
Cancer Care Ontario

## **Overview and Purpose**

Adult patients presenting with cervical lymphadenopathy is a commonly encountered situation in clinical practice. The incidence of pathologic lymph nodes in adults has increased significantly in recent times due to the emergence of HPV-positive oropharyngeal carcinoma, which often presents as a neck mass. However, there are many other benign conditions or malignancies that manifest as one or more pathologically enlarged cervical lymph nodes. This can lead to significant confusion at multiple levels of care about how to best investigate these patients, and to whom they should be referred. The result of this confusion is inefficient and costly use of valuable health care resources, which in turn can adversely affect patient outcomes due to delays in investigation, referral, and treatment.

The purpose of this pathway is to provide care providers across the continuum with an evidence-based, expert endorsed strategy to effectively and efficiently work up patients with pathologic lymph nodes in the neck. This pathway provides a framework to maximize the amount of information provided by easily accessible and cost effective methods of investigation in an effort to identify those patients requiring expedited referral in addition to improving the likelihood that said referrals are to the appropriate service(s).






















## Target Population

- Adult patients who present with signs or symptoms suspicious of cervical lymphadenopathy cancer.

## Pathway Map Considerations

- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health811](#) is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).\*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term 'health care provider', used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit [MCC Tools](#).
- For more information on wait time prioritization, visit [Surgery](#).
- Clinical trials should be considered for all phases of the pathway map.
- Sexual health should be considered throughout the care continuum. Healthcare providers should discuss sexual health with patients before, during and after treatment as part of informed decision-making and symptom management. See [Psychosocial Oncology Guidelines Resources](#)
- Before initiating gonadotoxic therapy (e.g. surgery, systemic, radiation), healthcare providers should discuss potential effects on fertility with patients and arrange referral to a fertility specialist if appropriate. See [Ontario Fertility Program](#).
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3](#).\*

## Pathway Map Legend

Colour Guide	Shape Guide	Line Guide
 Primary Care	 Intervention	 Required
 Palliative Care	 Decision or assessment point	 Possible
 Pathology	 Patient (disease) characteristics	
 Endocrinology	 Consultation with specialist	
 Surgery	 Exit pathway	
 Radiation Oncology	 or  Off page reference	
 Medical Oncology	 Referral	
 Radiology		
 Multidisciplinary Cancer Conference (MCC)		
 Genetics		
 Psychosocial Oncology (PSO)		

## Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

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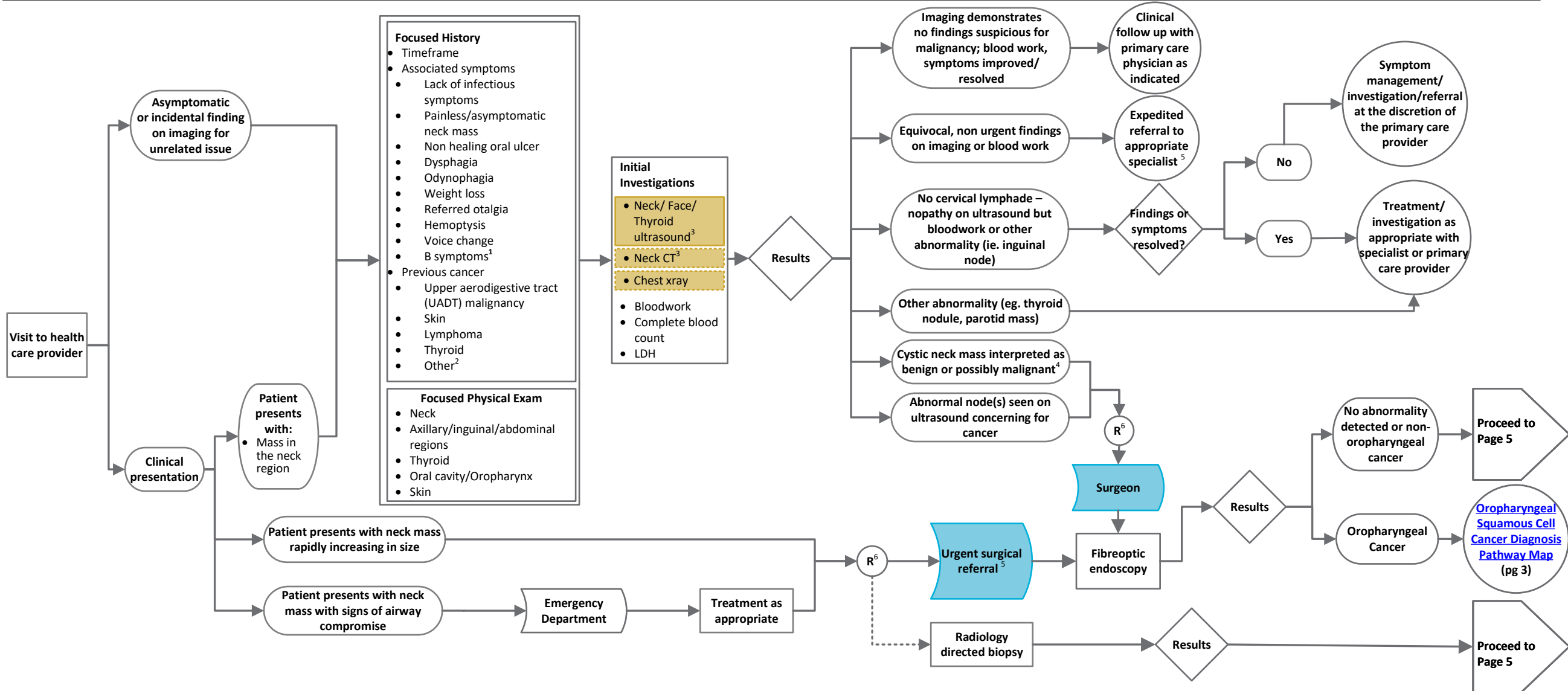
This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

# Cervical Lymphadenopathy in Adults Cancer Diagnosis Pathway Map

## Initial Presentation and Imaging

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if they have any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)



<sup>1</sup> B symptoms include weight loss of greater than 10% of body mass, drenching night sweats, and/or fevers not explained by infection. The lack of B symptoms does not rule out cancer, including lymphoma.

<sup>2</sup> Breast, lung, ovarian and other select cancers can present as a neck mass.

<sup>3</sup> Ultrasonography is heavily favoured over CT scan as the initial imaging modality of choice.

<sup>4</sup> Benign cyst of the neck should undergo further evaluation due to the risk of a cystic metastasis.

<sup>5</sup> Urgent referrals should be seen within 14 days. Expedited referrals should be seen within 4-6 weeks.

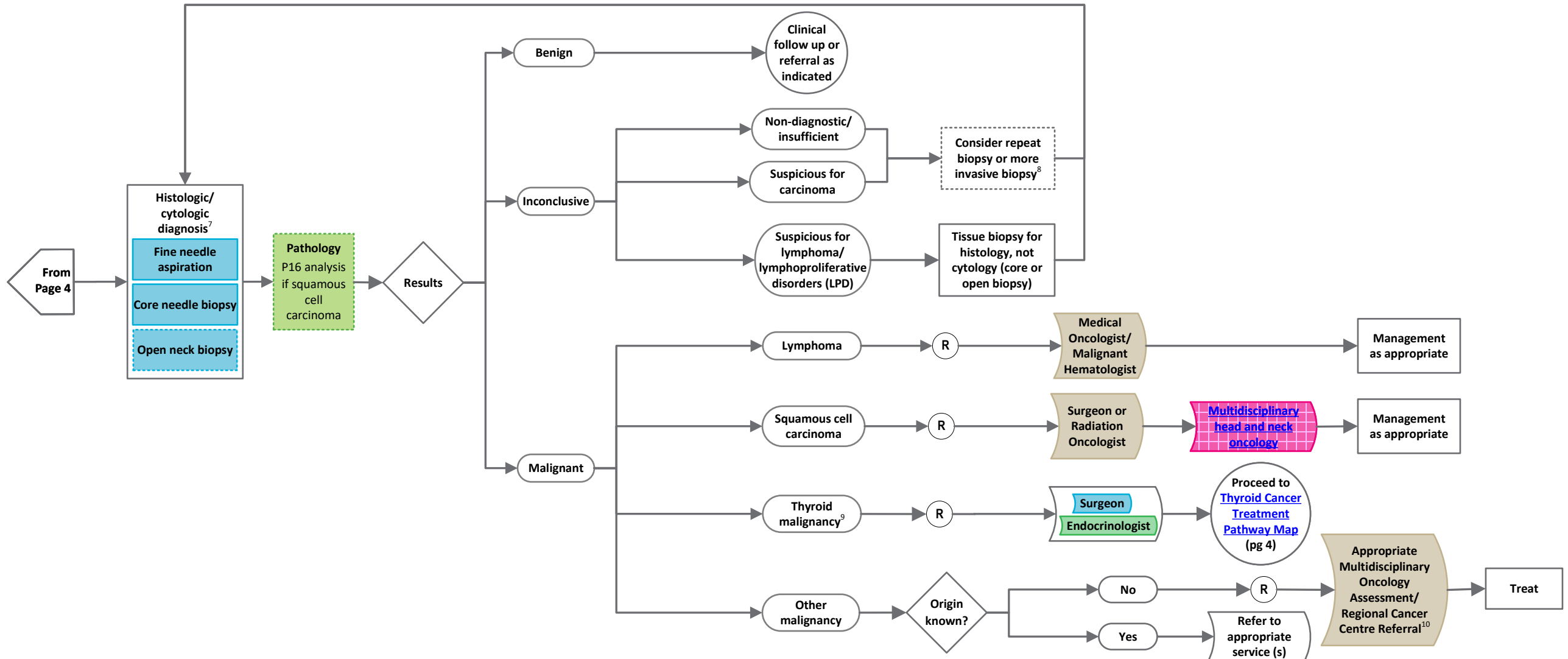
<sup>6</sup> Referral should be to a surgeon (otolaryngology or general surgery) with expertise in surgery of the soft tissues of the neck. If a surgeon with appropriate expertise is not offered, refer to radiology for ultrasound guided FNA/core biopsy.

# Cervical Lymphadenopathy in Adults Cancer Diagnosis Pathway Map

## Diagnosis

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<sup>7</sup> If lymphoma is strongly suspected, consider either a core needle biopsy or open biopsy. Consider adding request for flow cytometry to biopsy requisition.  
<sup>8</sup> If initial biopsy was fine needle aspiration (FNA), repeat FNA is appropriate but consideration should be given to escalating to core needle biopsy (CNB) or open biopsy.  
<sup>9</sup> Well differentiated or medullary thyroid cancer.  
<sup>10</sup> Some Regional Cancer Centres have designated unknown primary intake services; in the absence of this, consider referral to a head and neck oncology group.

**Disclaimer:** If you need this document in accessible format, please contact 1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca and OH-CCO\_CIDAPInfo@ontariohealth.ca. Available in English only due to its technical nature and limited target audience. A French version can be made available upon request. For questions, please email info@ontariohealth.ca. Disponible en anglais seulement en raison de sa nature technique et de son public cible limité. Une version en français peut être fournie sur demande. Pour toute question, veuillez envoyer un courriel à info@ontariohealth.ca