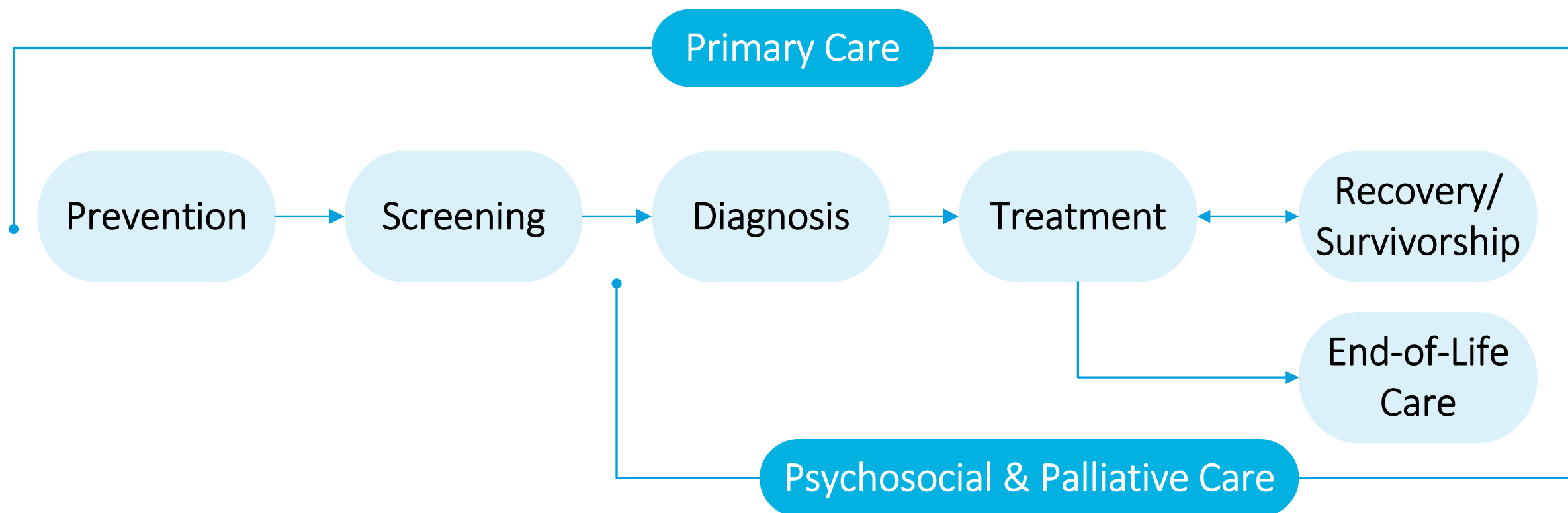


HPV-Positive Oropharyngeal Squamous Cell Cancer

Treatment Pathway Map

Version 2025.05



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Ontario Health
Cancer Care Ontario

Target Population





















- Patients with a confirmed HPV-positive oropharyngeal squamous cell carcinoma diagnosis who have undergone the recommended diagnostic and staging procedures outlined in the **Oropharyngeal Squamous Cell Cancer Diagnosis Pathway**.

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, includes primary care providers and specialists, nurse practitioners, otolaryngologists, speech language pathologists, registered dietitians, 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](#).*
- Counseling and treatment for smoking cessation should be initiated early on in the pathway and continued by care providers throughout the pathway as necessary.
- The following should be considered when weighing the treatment options described in this pathway for patients with potentially life-limiting illness:
 - Palliative care may be of benefit at any stage of the cancer journey, and may enhance other types of care – including restorative or rehabilitative care - or may become the total focus of care.
 - Ongoing discussions regarding goals of care is central to palliative care, and is an important part of the decision-making process. Goals of care discussions include the type, extent and goal of a treatment or care plan, where care will be provided, which health care providers will provide the care, and the patient’s overall approach to care.
- Organizational Guidance for the Care of Patients with Head and Neck Cancer in Ontario recommendations apply across this pathway and establish the minimum requirements to maintain a head and neck disease site program. For more information visit: [GL 5-3 ORG](#).

* **Note.** [EBS #19-2](#) and [EBS #19-3](#) are older than 3 years and are currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

Pathway Map Legend

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

Pathway Map Disclaimer

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HPV-Positive Oropharyngeal Squamous Cell Carcinoma

Treatment Pathway Map

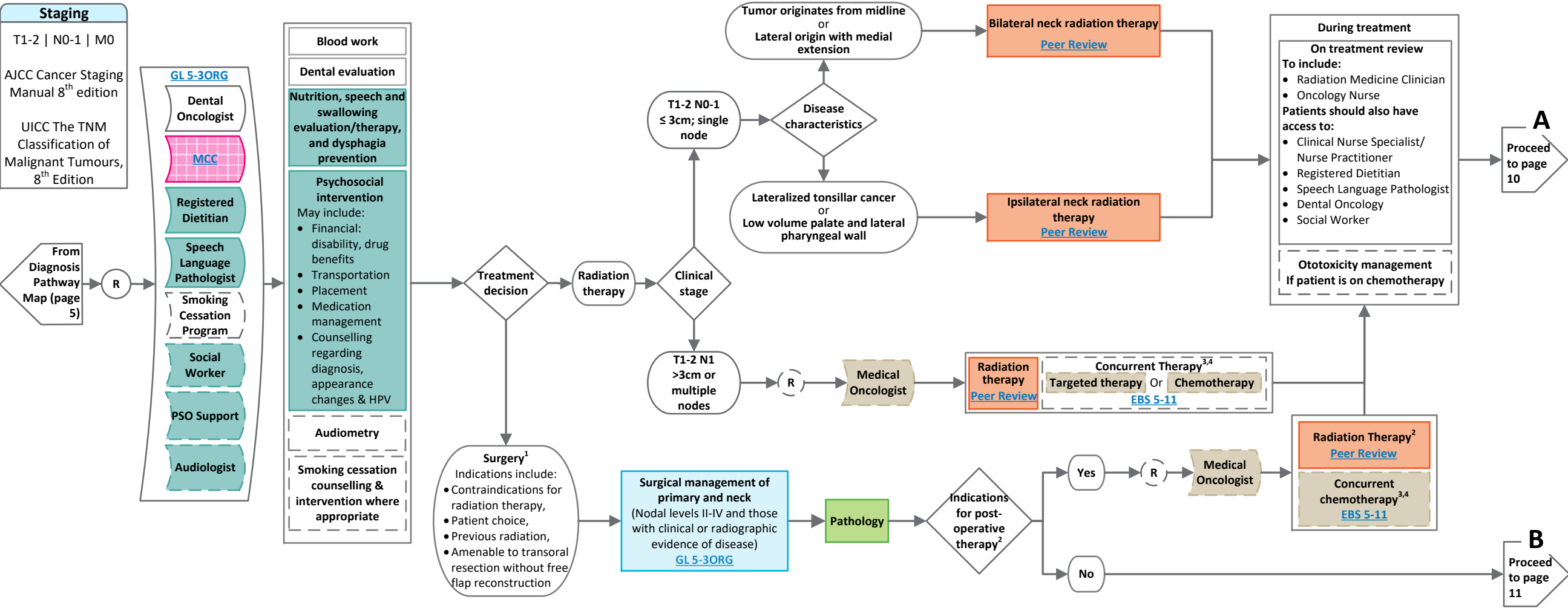
Stage I

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¹ Surgery may be an option for some patients. Patients should be included in trials investigating Transoral Robotic Surgery (TORS) where available.

² Indications for post-operative radiotherapy: Close or positive surgical margins OR one or more of the following at the primary site: peri-neural invasion, lymph-vascular invasion OR lymph node involvement (≥ 2 lymph nodes, any lymph node >3 cm (N2+), nodal level IV-V LN positive, extracapsular extension (ECE)).

³ Indications for concurrent chemotherapy: positive margins or extracapsular extension (ECE).

⁴ As per EBS 5-11 systemic treatment should not be based on age alone but should be individualized to the patient's situation.

HPV-Positive Oropharyngeal Squamous Cell Carcinoma

Treatment Pathway Map

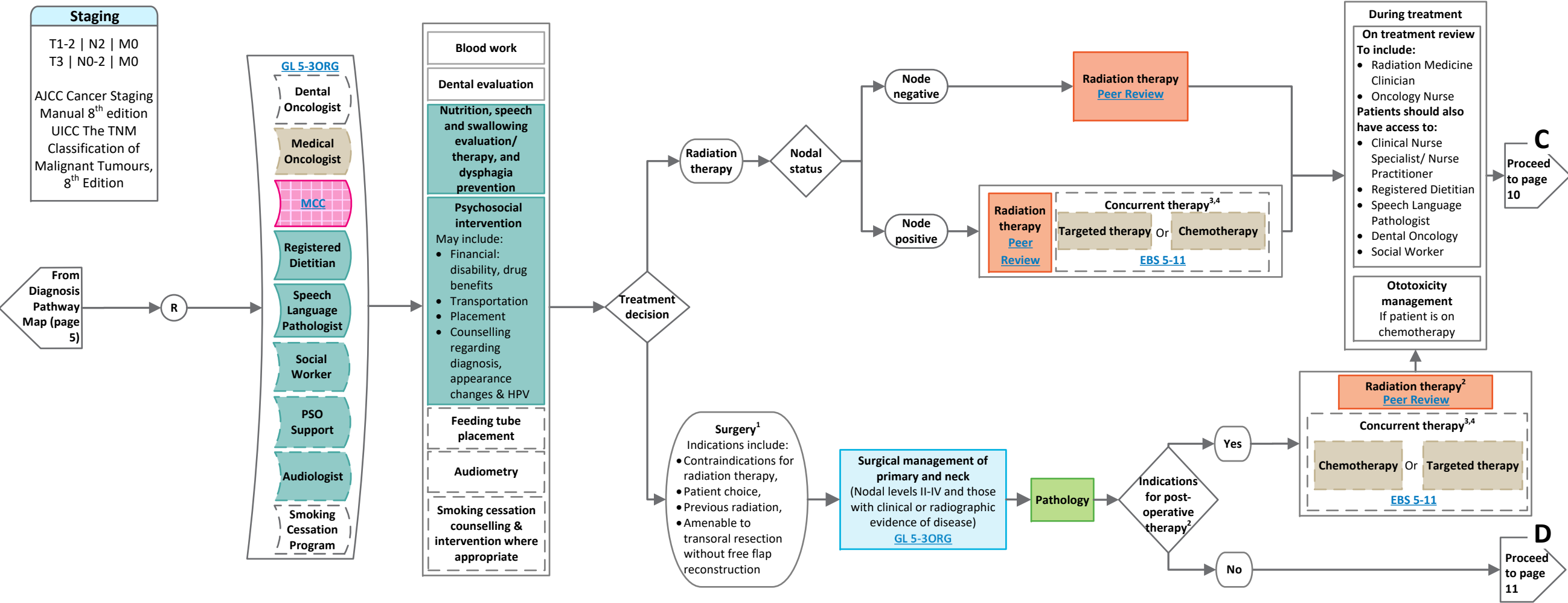
Stage II

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Treatment Pathway Map

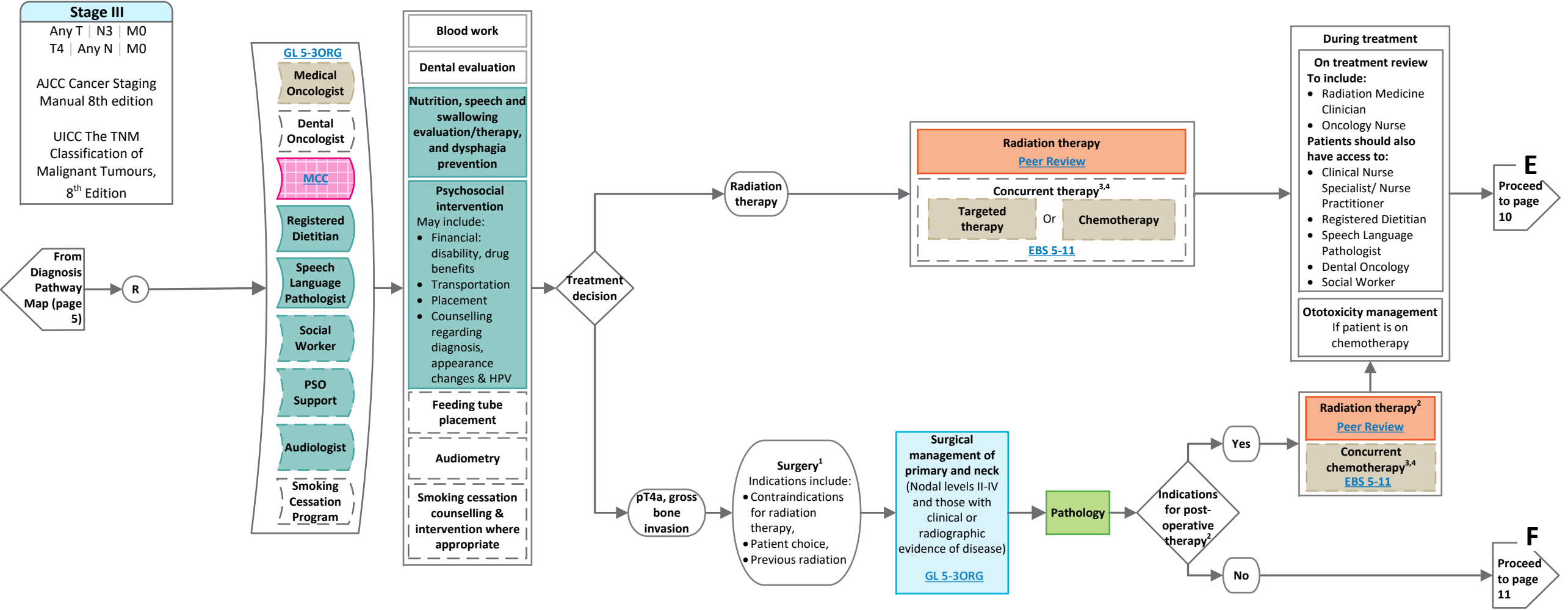
Stage III

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Treatment Pathway Map

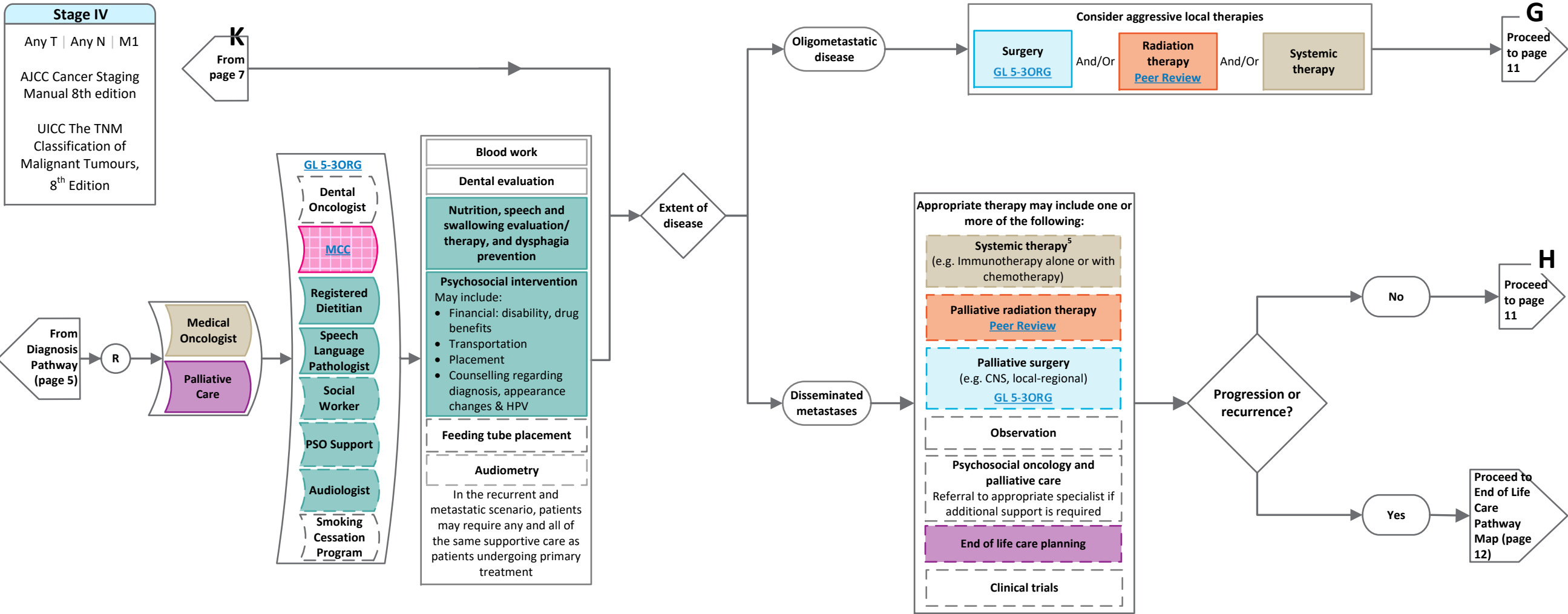
Stage IV Metastatic Disease

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⁵Immunotherapy alone or in combination with chemotherapy depending on biomarker status and timing of recurrence.

HPV-Positive Oropharyngeal Squamous Cell Carcinoma

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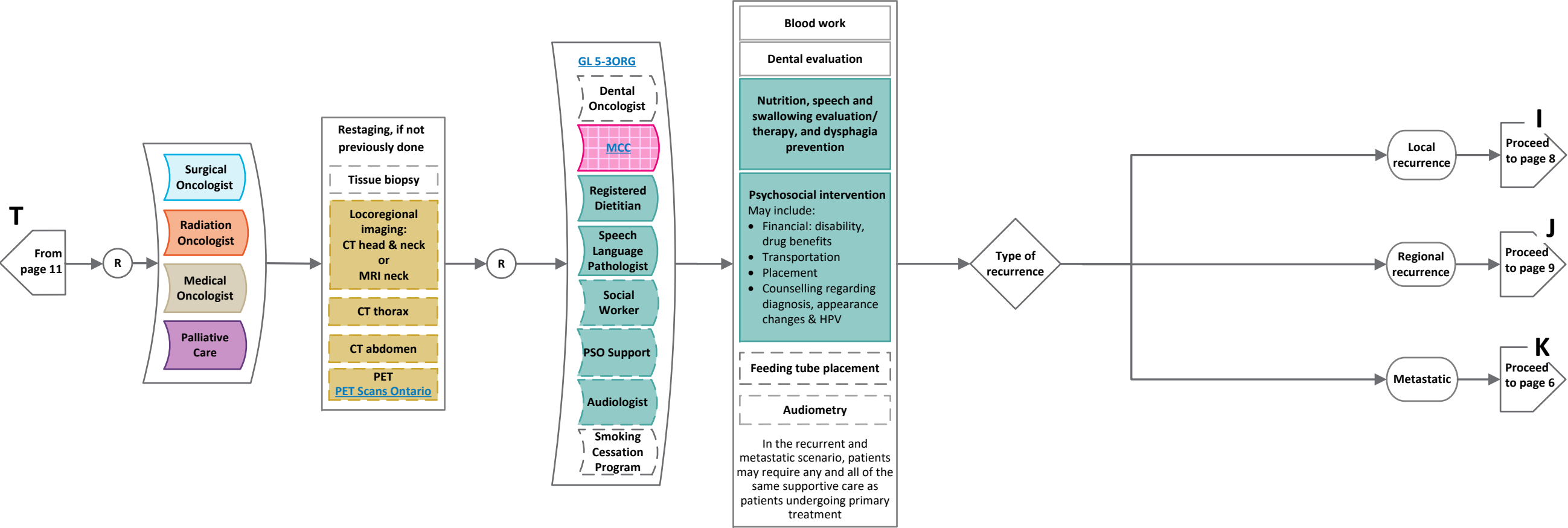
Recurrence

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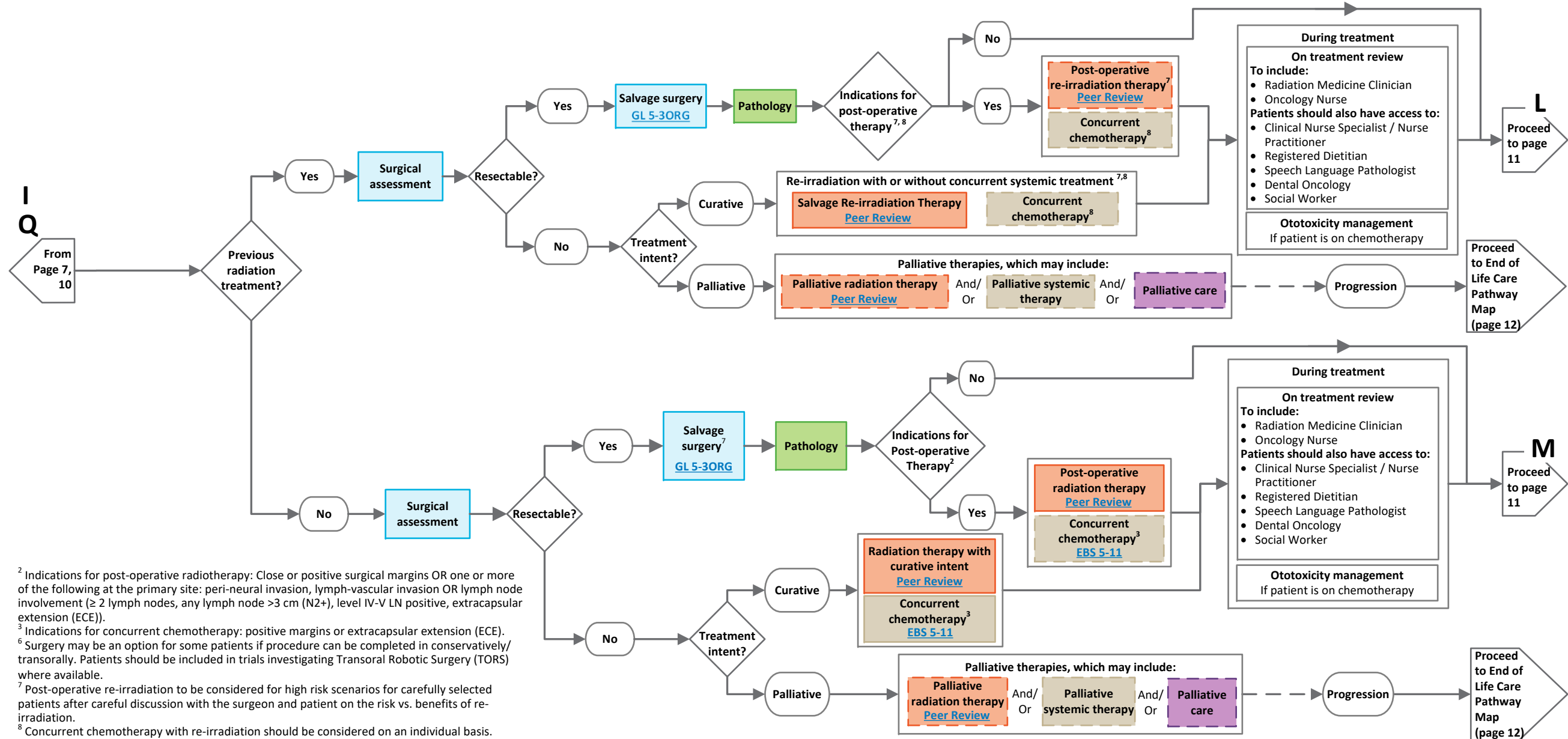


HPV-Positive Oropharyngeal Squamous Cell Carcinoma Treatment Pathway Map

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³ Indications for concurrent chemotherapy: positive margins or extracapsular extension (ECE).

⁶ Surgery may be an option for some patients if procedure can be completed in conservatively/ transorally. Patients should be included in trials investigating Transoral Robotic Surgery (TORS) where available.

⁷ Post-operative re-irradiation to be considered for high risk scenarios for carefully selected patients after careful discussion with the surgeon and patient on the risk vs. benefits of re-irradiation.

⁸ Concurrent chemotherapy with re-irradiation should be considered on an individual basis.

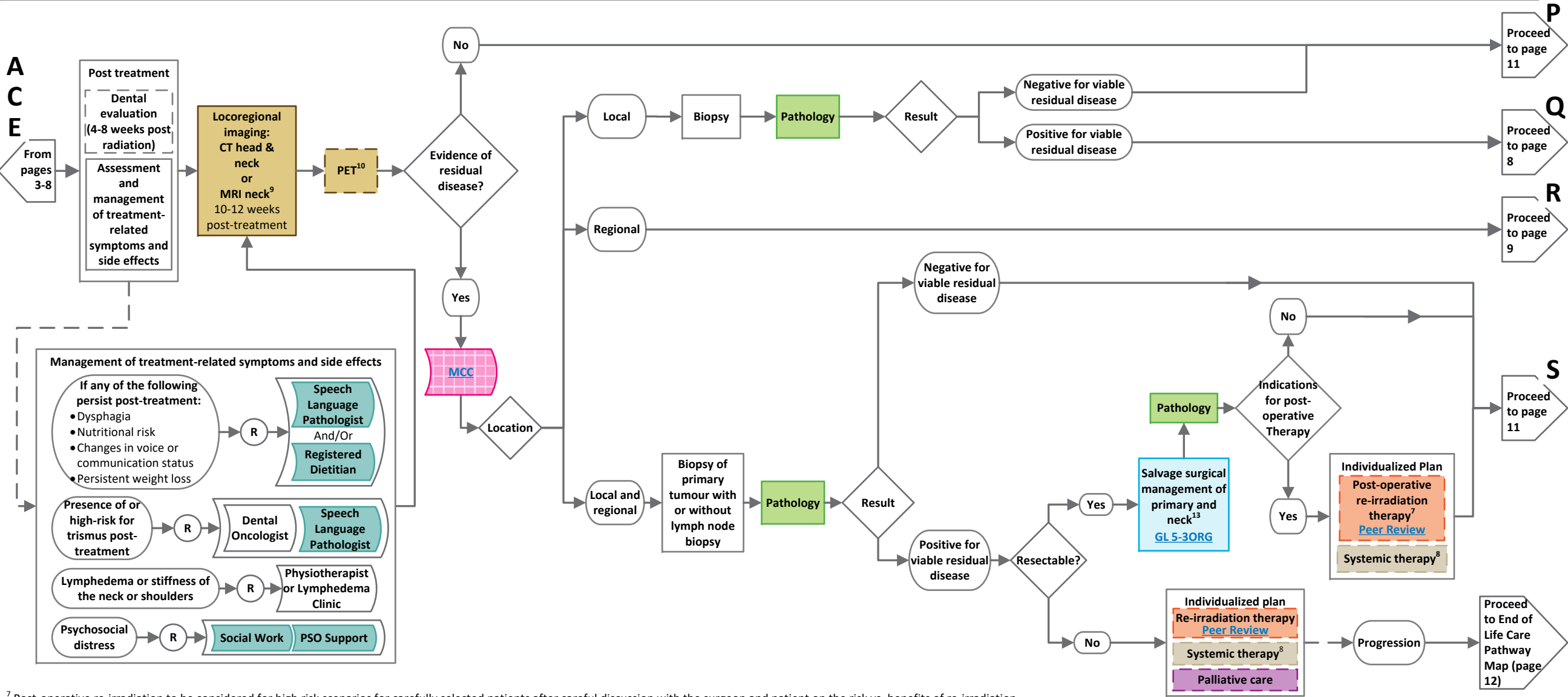
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⁷ Post-operative re-irradiation to be considered for high risk scenarios for carefully selected patients after careful discussion with the surgeon and patient on the risk vs. benefits of re-irradiation.

⁸ Concurrent chemotherapy with re-irradiation should be considered on an individual basis.

⁹ Same modality should be used as baseline imaging.

¹⁰ Restaging after chemoradiotherapy treatment to assess patients with N1-N3 squamous-cell carcinoma of the H&N, if patients have residual neck nodes ≥ 1.5 cm on re-staging CT performed 10-12 weeks post therapy for HPV positive disease.

HPV-Positive Oropharyngeal Squamous Cell Carcinoma

Treatment Pathway Map

Follow-Up

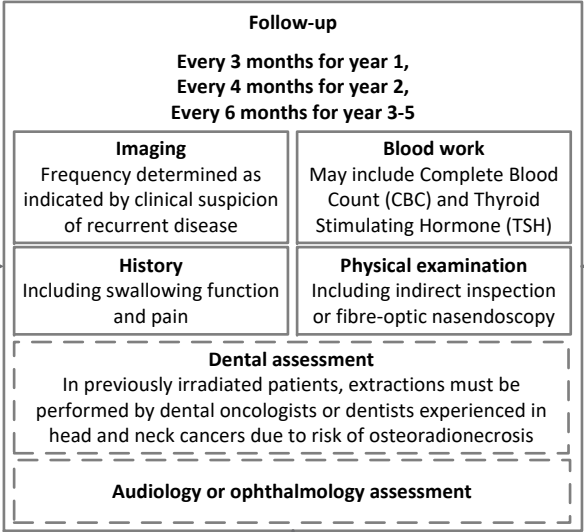
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B D F
G H L
M N O
P S

From
pages 3-
10



Result

No recurrence or progression

Return to primary care provider for follow-up

Recurrence or progression

Proceed to page 7

Management of treatment-related symptoms and side effects

If any of the following persist post-treatment:

- Dysphagia
- Nutritional risk
- Changes in voice or communication status
- Persistent weight loss

R

Speech
Language
Pathologist
And/Or
Registered
Dietitian

Presence of or high-risk for trismus post-treatment

R

Dental
Oncologist

Speech
Language
Pathologist

Lymphedema or stiffness of the neck or shoulders

R

Physiotherapist
or Lymphedema
Clinic

Psychosocial distress

R

Social Work
PSO Support

HPV-Positive Oropharyngeal Squamous Cell Carcinoma

Treatment Pathway Map

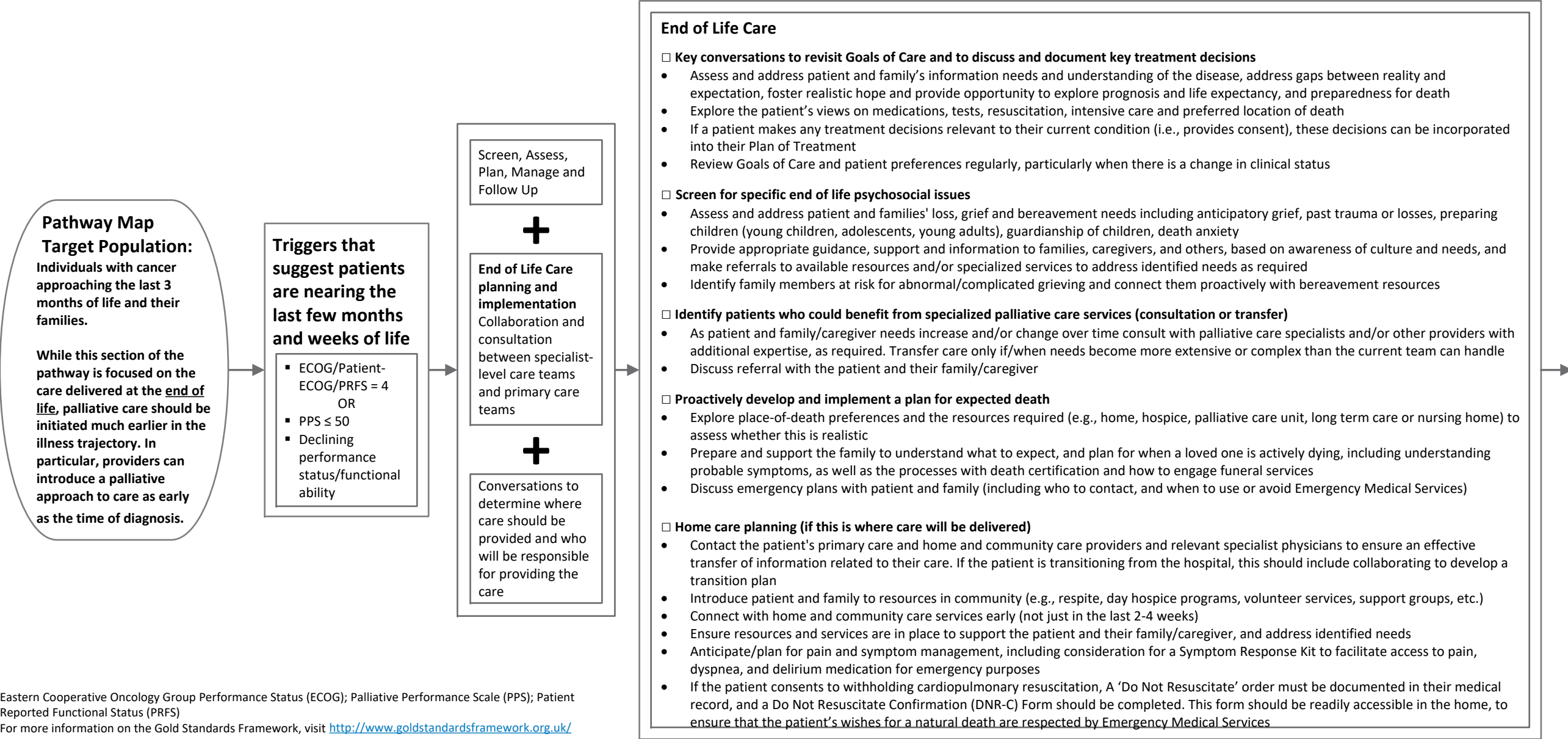
End of Life Care

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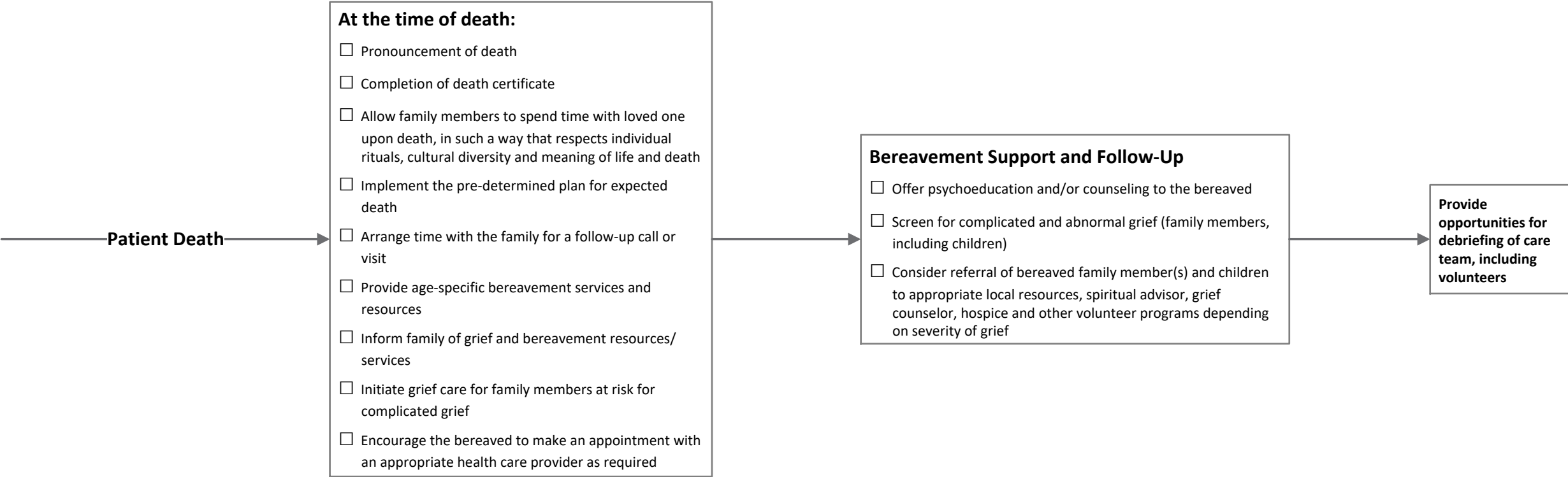
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