Oropharyngeal Squamous Cell Cancer Diagnosis Pathway Map
Version 2019.09

The cancer journey
Better cancer services every step of the way

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 healthcare provider, the reader should always consult a healthcare provider if he/she has 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 Cancer Care Ontario (CCO) and the reader.
Pathway Map Considerations

- There is a need to assess if a patient has a family health care provider early on in their cancer journey. Health Care Connect is a government resource that helps patients without a family health care provider (family doctor or nurse practitioner) find one. For more information contact Health Care Connect at 1-800-445-1822 or using their webpage Health Care Connect.
- The primary care provider should be informed of all relevant tests and consultations. Usual ongoing care with the primary care provider is assumed to be part of the pathway.
- The term 'health care provider', used throughout the pathway, includes primary care providers and specialists, nurse practitioners, otolaryngologists, speech language pathologists, dietitians, and emergency physicians.
- Hyperlinks are used throughout the pathway to provide information about relevant CCO tools, resources and guidance documents. These hyperlinks are denoted with bolded underlined text.
- 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 see Person-Centered Care Guideline.
- Throughout the pathway, 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 Program Training & Consultation Centre – Hospital Based Resources.
- Counseling and treatment for smoking cessation should be initiated early on in the pathway and continued by care providers throughout the pathway as necessary. Program Training & Consultation Centre – Hospital Based Resources.

*Note. EBS #19-3 is older than 3 years and is 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 Preamble

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

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 healthcare provider, the reader should always consult a healthcare provider if he/she has 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 Cancer Care Ontario (CCO) and the reader.

While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability.

CCO and the pathway map’s content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his/her own risk, and by using such information, agrees to indemnify CCO and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person's use of the information in the pathway map.

This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. CCO 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.

Pathway Map Disclaimer

© CCO retains all copyright, trademark and all other rights in the pathway map, including all text and graphic images. No portion of this pathway map may be used or reproduced, other than for personal use, or distributed, transmitted or "mirrored" in any form, or by any means, without the prior written permission of CCO.
Oropharyngeal Squamous Cell Carcinoma Diagnosis Pathway Map

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 healthcare provider, the reader should always consult a healthcare provider if he/she has 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 Cancer Care Ontario (CCO) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools.

Consider the introduction of palliative care, early and across the cancer journey. Click here for more information about palliative care.

Patient presents with a lump in neck/mouth/back of throat:
- Findings or symptoms suspicious of cancer:
  - Yes: Persistent/Non-resolving nodes, Dysphagia, Voice changes, Ear pain, Pharyngeal bleeding, Throat pain
  - No: Symptomatic Treatment

Findings or symptoms resolved?
- Yes: Return to Primary Care Provider
- No: Findings or symptoms suspicious of cancer
  - Yes: Otolaryngologist
  - No: Physical Exam (Including smoking & alcohol)

History (Including smoking & alcohol):
- Physical Exam (Including head and neck)
- Mirror and/or Fibreoptic Exam
- Tissue Biopsy of Primary Site

Imaging should not delay referral to Otolaryngologist:
- CT Head & Neck or MRI Nasopharynx and Oropharynx

Locoregional Imaging:
- CT Thorax
- Abdominal Imaging (CT or US)

Is a primary oropharynx site detected (including panendoscopy assessment)?
- Yes: Oropharyngeal primary mass
  - Surgical Oncologist
  - PET Scans Ontario
  - PET/CT (Ontario)
  - Other investigations as necessary
  - Panendoscopy with or without biopsy
  - No, other or unknown primary mass: Refer to appropriate specialist

- No: Return to Primary Care Provider

Patient presents:
- Rapidly increasing neck mass
- Neck mass with skin involvement (i.e. redness)
- Cranial Neuropathy (Secondary to head and neck disease, or as the primary disease)

Emergency Department

Imaging as appropriate:
- Treatment for presenting symptoms

PET Scans Ontario

PET/CT (Ontario)

CT Thorax

Locoregional Imaging: CT Head & Neck or MRI Nasopharynx and Oropharynx

Abdominal Imaging (CT or US)

Panendoscopy with or without biopsy

Oropharyngeal Cancer Suspected

1 Urgent referrals should be seen within 2 weeks of referral
2 Unknown H&N Primary in histologically confirmed squamous cell carcinoma (neg. ENT exam, negative CT or MRI of the neck), note a panendoscopy is not required prior to PET scan. Baseline staging node positive (presumptive nodal stage N1-3) H&N Cancer where PET will impact radiation therapy.
Oropharyngeal Squamous Cell Carcinoma Diagnosis Pathway Map

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 healthcare provider, the reader should always consult a healthcare provider if he/she has 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 Cancer Care Ontario (CCO) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools.

Consider the introduction of palliative care, early and across the cancer journey. Click here for more information about palliative care.

Note: EBS #5-9 is currently in-review

---

A  From Page 3

Histopathology / Cytology

Human Papillomavirus (HPV) / p16 Testing

EBS #5-9

Results

Squamous Cell Carcinoma (SCC) or Undifferentiated Carcinoma

PET Scan

PET Scans Ontario

Other Malignancy

Refer to Appropriate Specialist

Non-cancer diagnosis

Refer to Appropriate Specialist or Primary Care Provider

Non-Diagnostic or Insufficient

Symptoms and/or physical findings resolved upon follow-up?

Yes

Return to Primary Care Provider

No

Repeat Tissue Biopsy

B Proceed to Page 5

PET Scan

Surgical Oncologist

HPV Status

HPV / p16 positive

Proceed to Page 5

HPV / p16 negative

C Proceed to Page 5

Radiation Oncologist

---

2 Unknown H&N Primary in histologically confirmed squamous cell carcinoma (neg. ENT exam, negative CT or MRI of the neck), note a panendoscopy is not required prior to PET scan. Baseline staging node positive (presumptive nodal stage N1-3) H&N Cancer where PET will impact radiation therapy.

3 The tumours of all adult patients presenting with oropharyngeal squamous cell carcinomas should be routinely tested for HPV status.

4 HPV positive status when the following criteria are met: cytoplasmic and nuclear staining, staining is moderate to strong and diffuse, staining is present in at least 50% of tumour cells (Refer to: EBS #5-9). Some centres may require staining in at least 70% of tumour cells.
Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools.

Consider the introduction of palliative care, early and across the cancer journey Click here for more information about palliative care.