**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.
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, visit EBS #19-3.

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 Person-Centered Care Guideline.

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.


Pathway Map Considerations

Pathway Map Legend

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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At all times, the reader should exercise caution not to apply the information set out in the pathway map to any 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.

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Oropharyngeal Squamous Cell Carcinoma Diagnosis Pathway Map

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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

1 Urgent referrals should be seen within 2 weeks of referral
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]

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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 tumor cells.
Oropharyngeal Squamous Cell Carcinoma Diagnosis Pathway Map

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Stage I:
- T0-2 N0-1 M0

Stage II:
- T0-2 N2 M0
- T3 N0-2 M0

Stage III:
- Any T N3 M0
- T4 Any N M0

Stage IV:
- Any T Any N M1

Stage I:
- T1 N0 M0

Stage II:
- T2 N0 M0

Stage III:
- T3 N0 M0
- T1-3 N1 M0

Stage IVA:
- T4a N0-1 M0
- T4b N0-1 M0

Stage V:
- T4b Any N M0
- Any T N3 M0

Stage IVC:
- Any T Any N M1

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