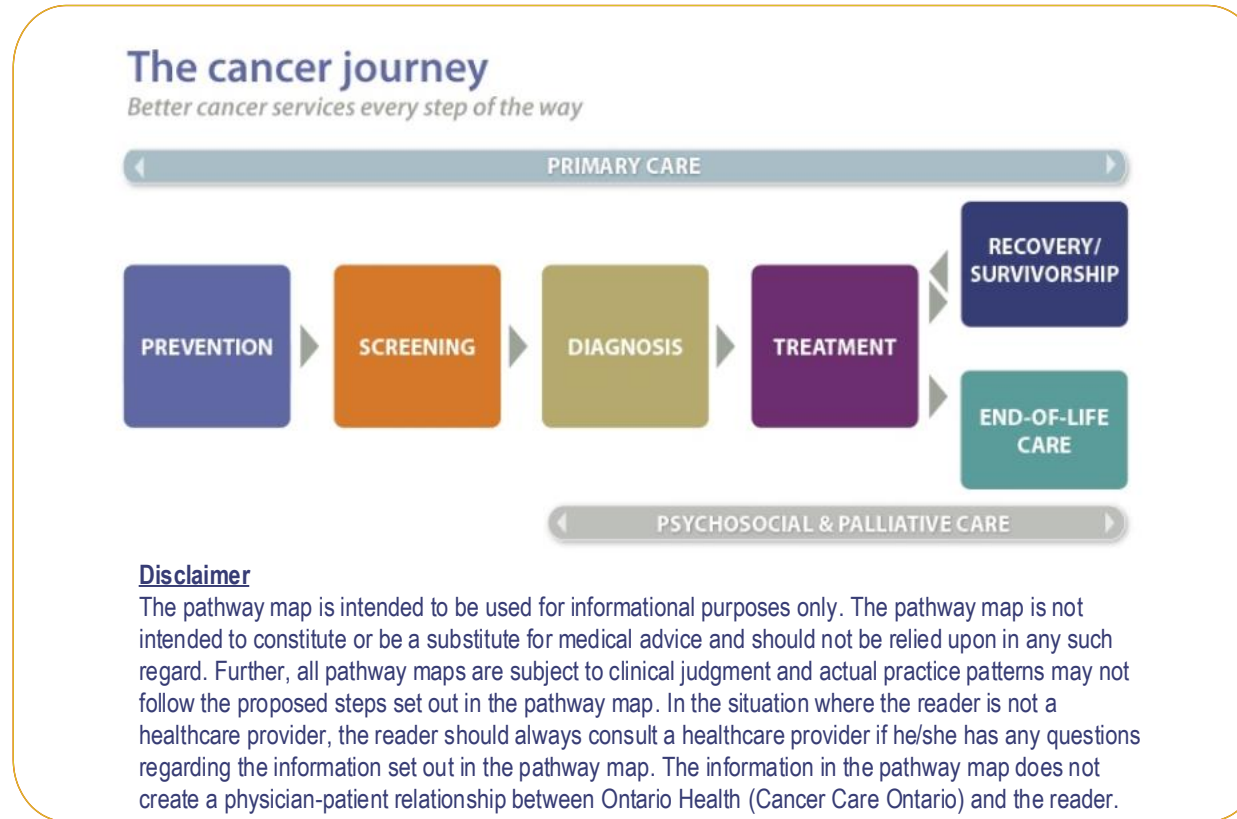


Oropharyngeal Squamous Cell Cancer Diagnosis Pathway Map

Version 2020.01



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 Ontario Health (Cancer Care Ontario) 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](#)










* **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 Legend


Colour Guide

	Primary Care
	Palliative Care
	Pathology
	Surgery
	Radiation Oncology
	Medical Oncology
	Radiology
	Multidisciplinary Cancer Conference (MCC)
	Psychosocial Oncology (PSO)

Shape Guide

	Intervention
	Decision or assessment point
	Patient (disease) characteristics
	Consultation with specialist
	Exit pathway map
	Off-page reference
	Patient/Provider Interaction
	Referral
	Wait time indicator time point

Line Guide

	Required
	Possible

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.

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 Ontario Health (Cancer Care Ontario) and the reader.

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Oropharyngeal Squamous Cell Carcinoma Diagnosis Pathway Map

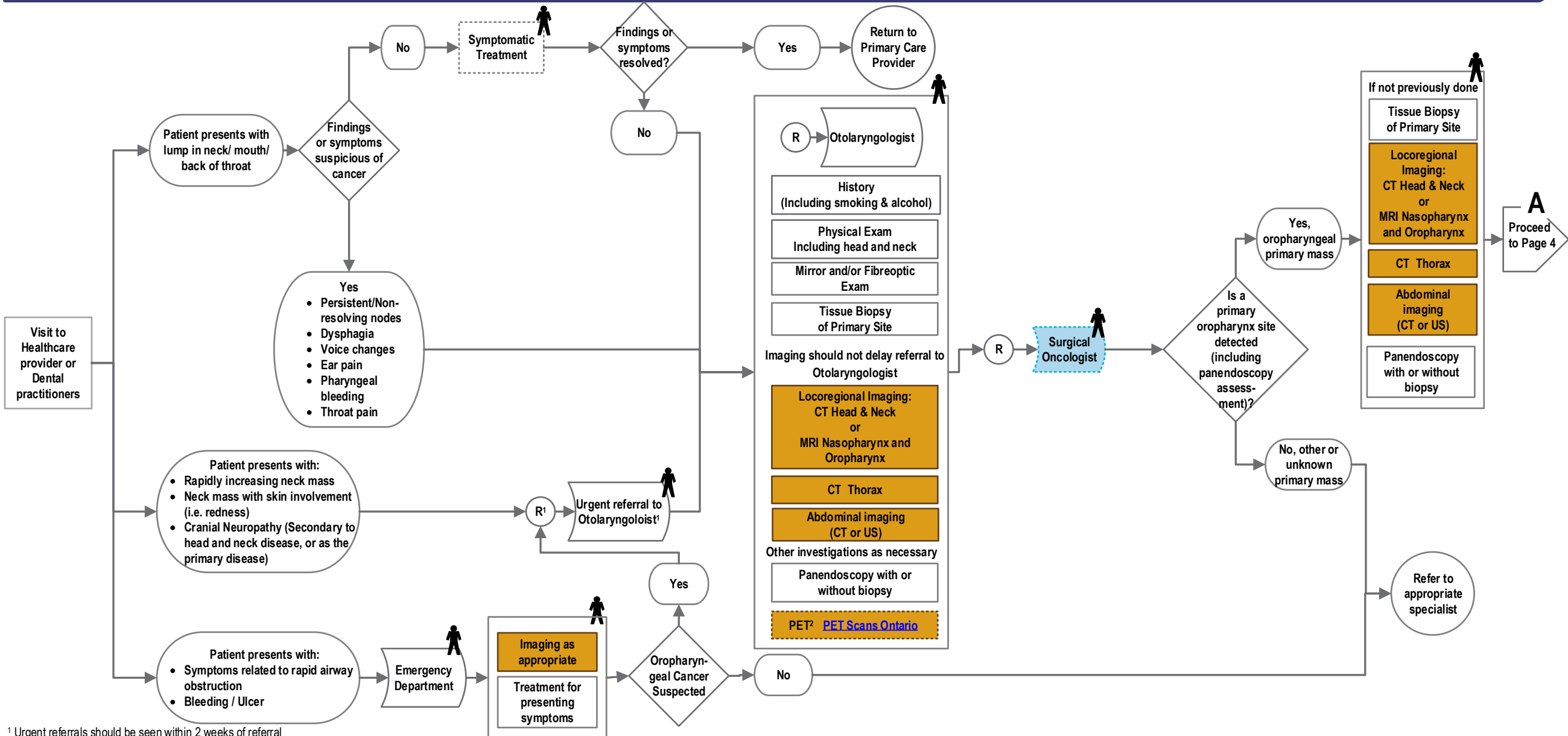
Initial Presentation

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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

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

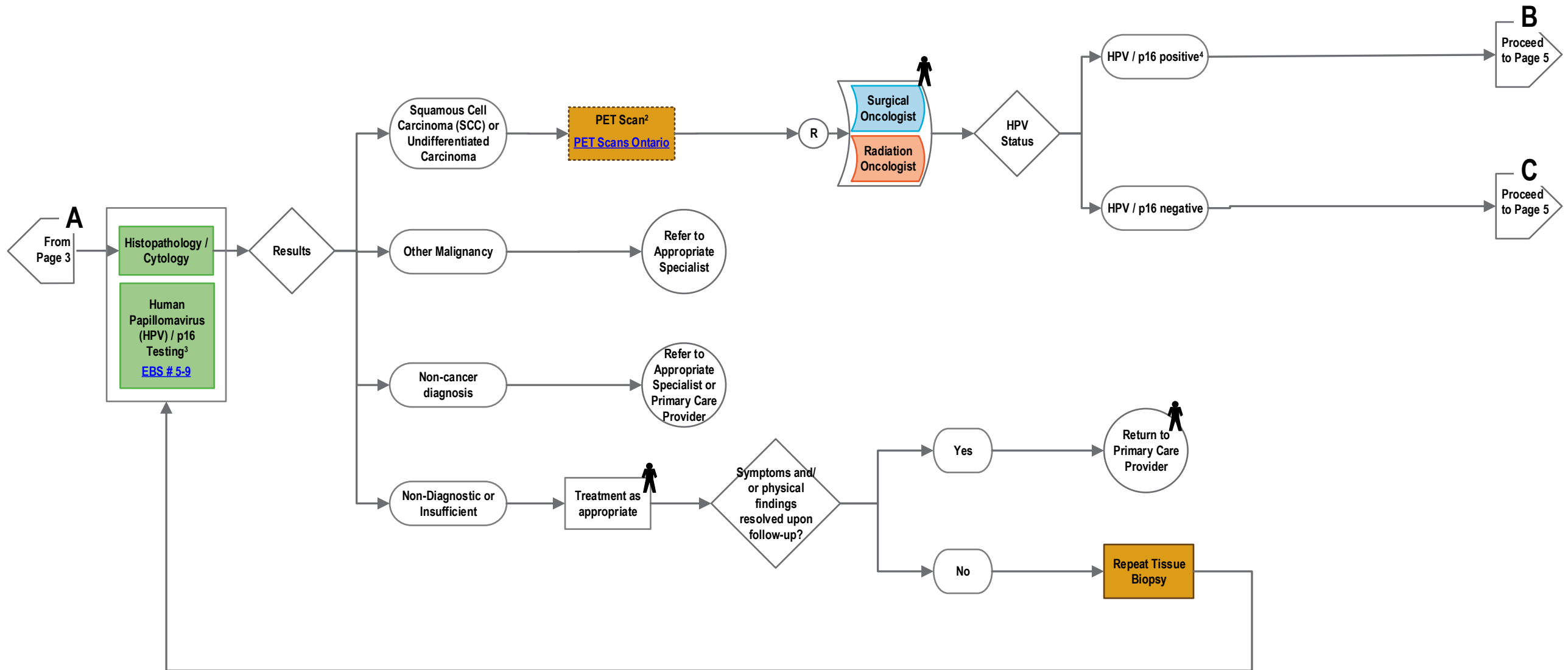
Detectable Primary Mass

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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 70% of tumour cells (Refer to: [EBS # 5-9](#)).

Oropharyngeal Squamous Cell Carcinoma

Diagnosis Pathway Map

Staging

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