

# Oncology Clinical Pathways Head and Neck Cancer

August 2024 – V5.2024



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# Head and Neck Cancer – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

## Gulf War and Post 9/11 Veterans

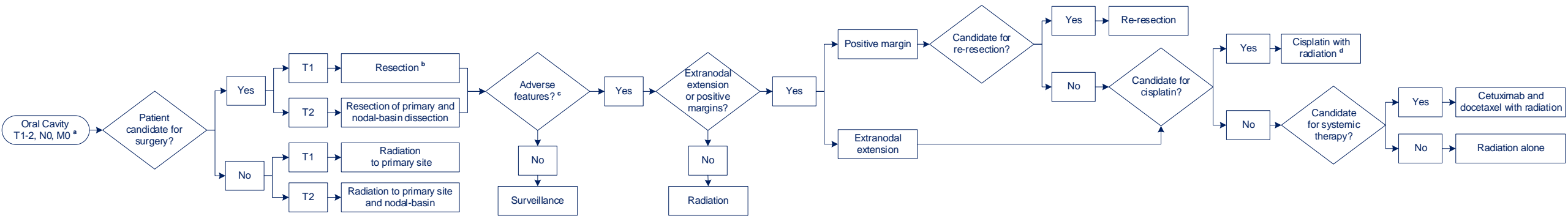
If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if the patient served in the \*Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:

- Head cancer of any type
- Neck cancer of any type

\* The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

For more information, please visit [U.S. Department of Veterans Affairs - Presumptive Disability Benefits \(va.gov\)](https://www.va.gov)

# Head and Neck Cancer – Oral Cavity T1-2, N0, M0



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

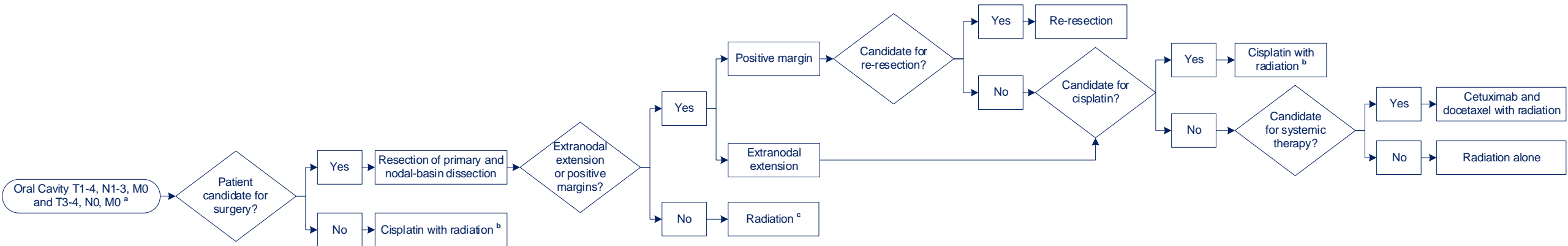
<sup>a</sup> **Evaluate Need for Support** regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

<sup>b</sup> **Resection** consider neck dissection if depth of invasion is >3mm; always consider neck dissection with perineural or perivascular/vascular invasion

<sup>c</sup> **Adverse Features Include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

<sup>d</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

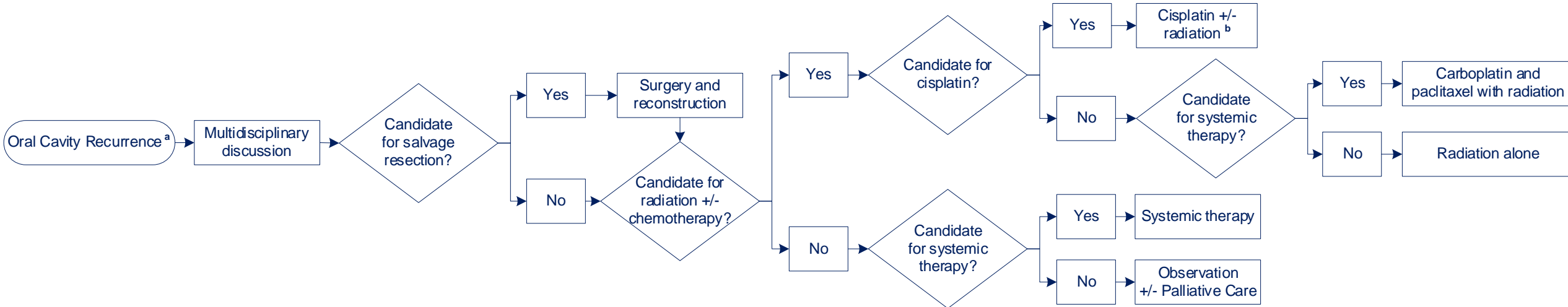
# Head and Neck Cancer – Oral Cavity T1-4, N1-3, M0 and T3-4, N0, M0



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

- <sup>a</sup> Evaluate Need for Support regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing
- <sup>b</sup> Candidates for Cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)
- <sup>c</sup> Radiation forgo radiation for N1 disease with a single lymph node if the only adverse pathological feature

# Head and Neck Cancer – Oral Cavity Recurrence

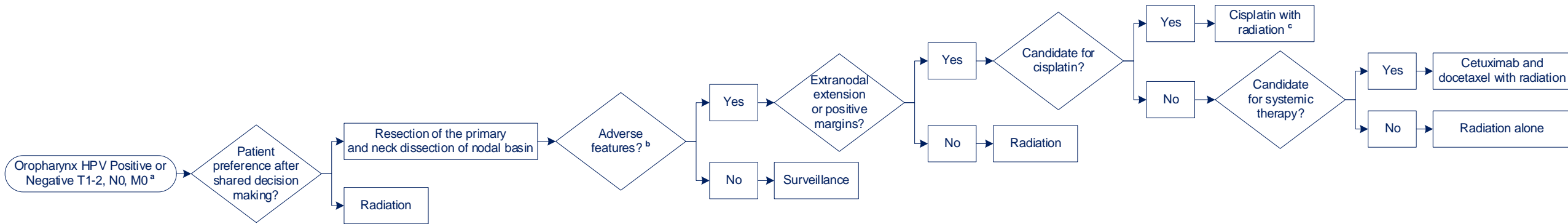


Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> Evaluate Need for Support regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

<sup>b</sup> Candidates for Cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

# Head and Neck Cancer – Oropharynx HPV Positive or Negative T1-2, N0, M0



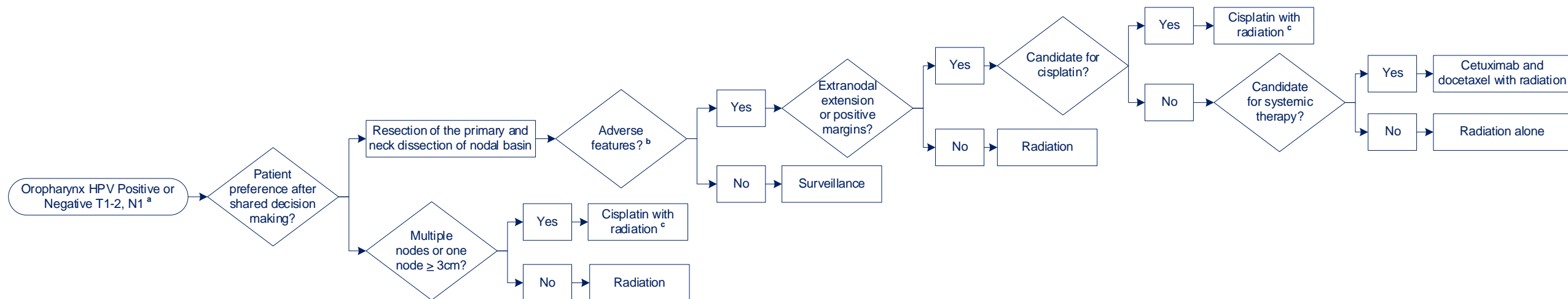
Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **Pathway Takes Into Consideration** the difference in staging between HPV negative and positive disease

<sup>b</sup> **Adverse Features Include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

<sup>c</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

# Head and Neck Cancer – Oropharynx HPV Positive or Negative T1-2, N1



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

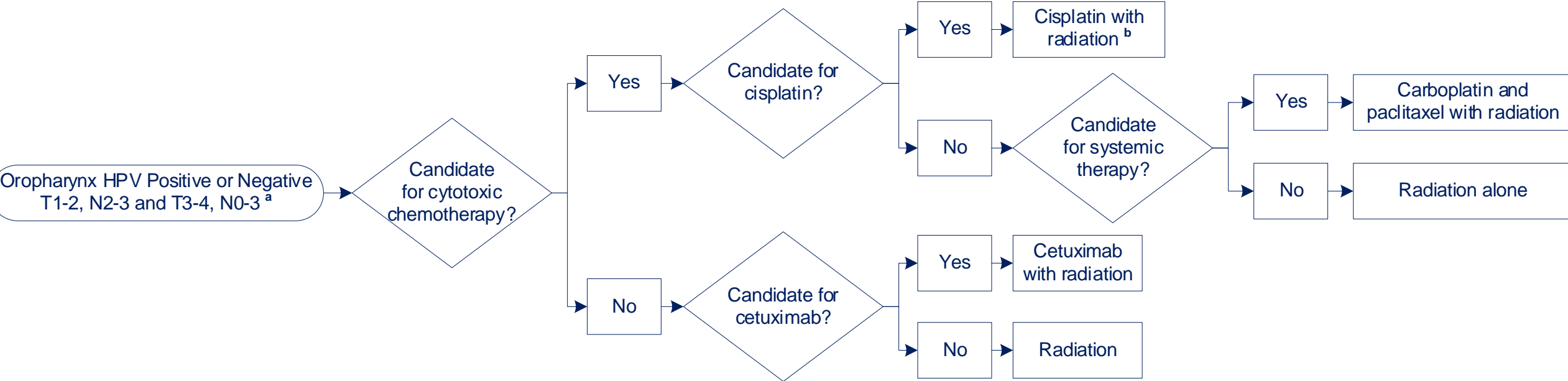
<sup>a</sup> **Pathway Takes Into Consideration** the difference in staging between HPV negative and positive disease

<sup>b</sup> **Adverse Features Include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

<sup>c</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)



# Head and Neck Cancer – Oropharynx HPV Positive or Negative T1-2, N2-3 and T3-4, N0-3

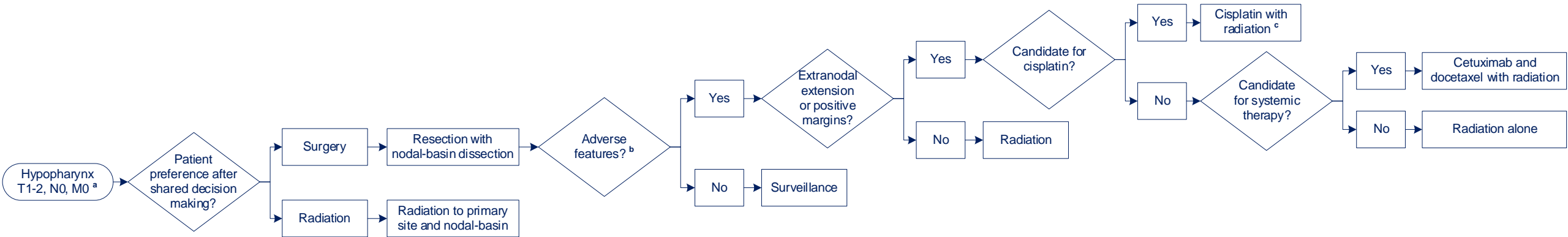


Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> Pathway Takes Into Consideration the difference in staging between HPV negative and positive disease

<sup>b</sup> Candidates for Cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

# Head and Neck Cancer – Hypopharynx T1-2, N0, M0



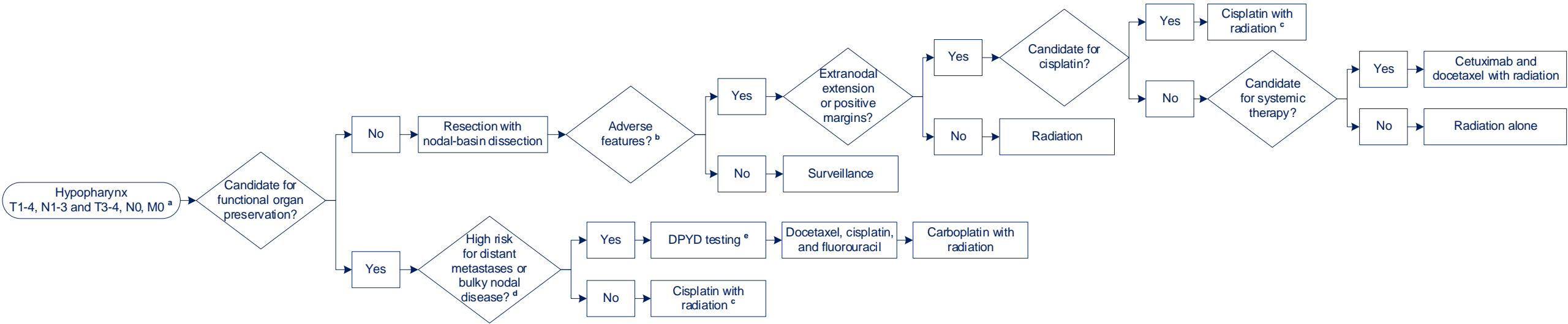
Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **Evaluate Need for Support** regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

<sup>b</sup> **Adverse Features Include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

<sup>c</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

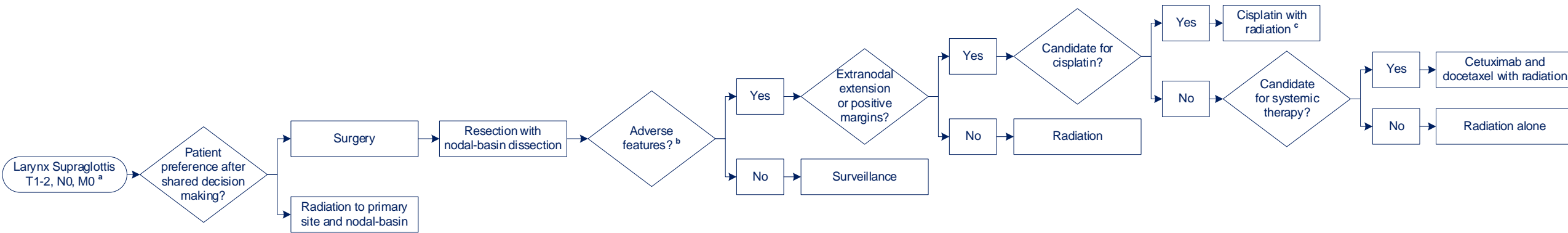
# Head and Neck Cancer – Hypopharynx T1-4, N1-3 and T3-4, N0, M0



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

- <sup>a</sup> **Evaluate Need for Support** regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing
- <sup>b</sup> **Adverse Features Include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion
- <sup>c</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)
- <sup>d</sup> **Bulky Nodal Disease** includes N2, N3
- <sup>e</sup> **Perform DPYD Testing If Not Already Performed** if DPYD PGx results return predicted phenotypes of either intermediate or poor metabolizer, please consult your local PGx pharmacist or submit an IFC Pharmacogenomics e-consult for assistance with therapeutic recommendation; a clinician may proceed without DPYD results if withholding chemotherapy for 2-3 weeks may gravely endanger patient's life; for example, if the disease burden is very high and it involves a large portion of vital organs such as liver, etc.

# Head and Neck Cancer – Larynx Supraglottis T1-2, N0, M0



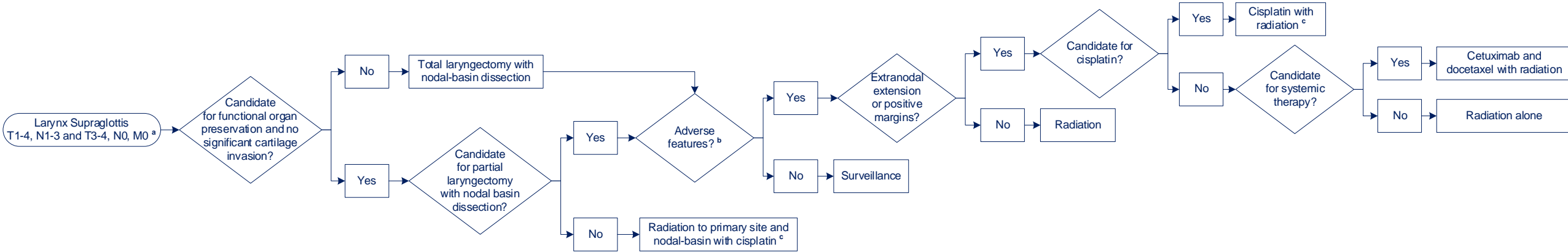
Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **Evaluate Need for Support** regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

<sup>b</sup> **Adverse Features Include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

<sup>c</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

# Head and Neck Cancer – Larynx Supraglottis T1-4, N1-3 and T3-4, N0, M0



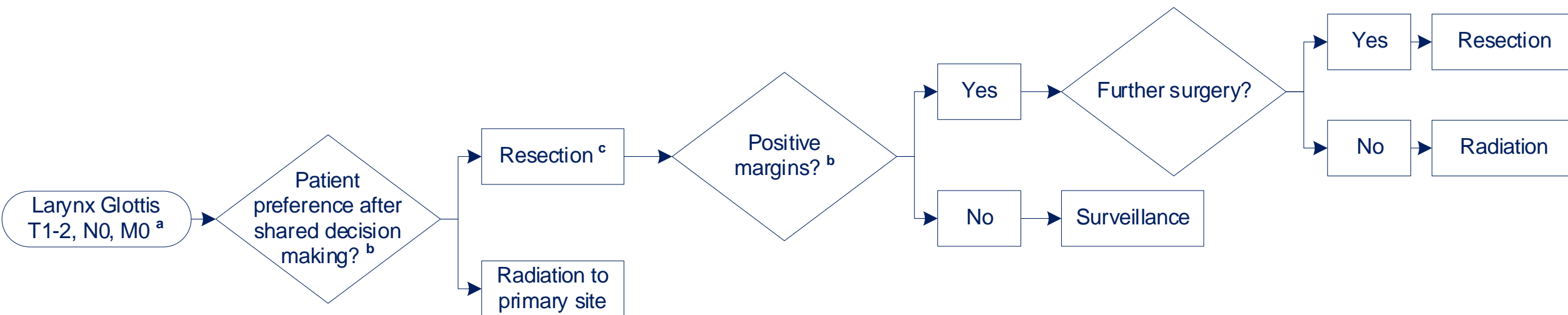
Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **Evaluate Need for Support** regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

<sup>b</sup> **Adverse Features Include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

<sup>c</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

# Head and Neck Cancer – Larynx Glottis T1-2, N0, M0



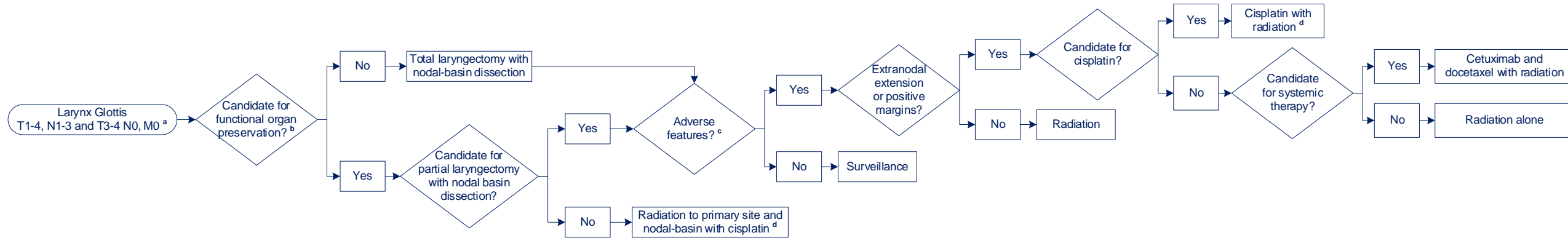
Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **Evaluate Need for Support** regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

<sup>b</sup> **Consider** voice quality, swallowing function, and ability to adhere to radiation protocols

<sup>c</sup> **Surgical Options Include** cold steel versus laser

# Head and Neck Cancer – Larynx Glottis T1-4, N1-3 and T3-4, N0, M0



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

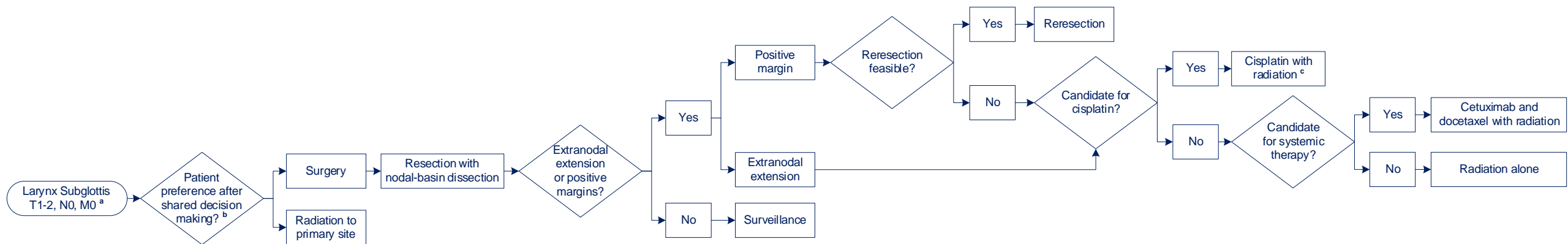
<sup>a</sup> Evaluate Need for Support regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

<sup>b</sup> If Patient T4 with obvious cartilage invasion, laryngectomy with nodal basis dissection is preferred

<sup>c</sup> Adverse Features Include extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion

<sup>d</sup> Candidates for Cisplatin should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

# Head and Neck Cancer – Larynx Subglottis T1-2, N0, M0



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

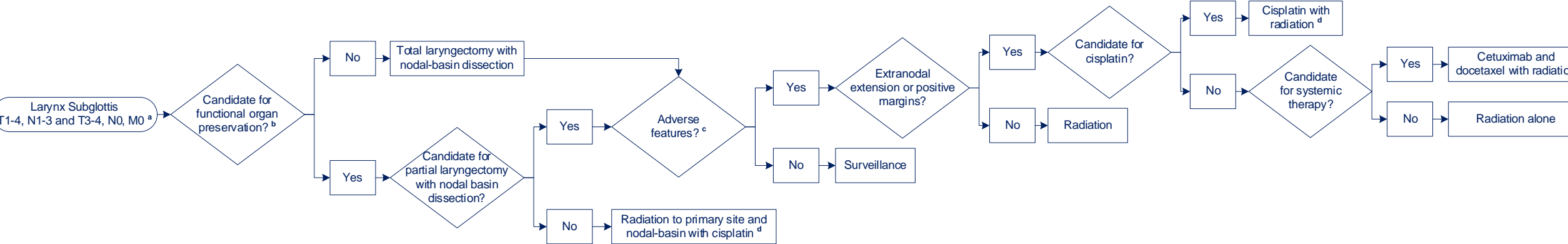
<sup>a</sup> **Evaluate Need for Support** tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

<sup>b</sup> **Patient Preference and Positive Margins:** consider voice quality, swallowing function, ability to adhere to radiation protocols, and patient preference

<sup>c</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)



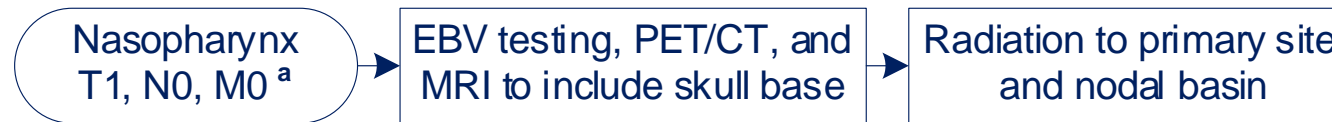
# Head and Neck Cancer – Larynx Subglottis T1-4, N1-3 and T3-4, N0, M0



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

- <sup>a</sup> **Evaluate Need for Support** regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing
- <sup>b</sup> **Consider Consultation** with thoracic surgery
- <sup>c</sup> **Adverse Features Include** extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, perivascular/vascular invasion, or lymphatic invasion
- <sup>d</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

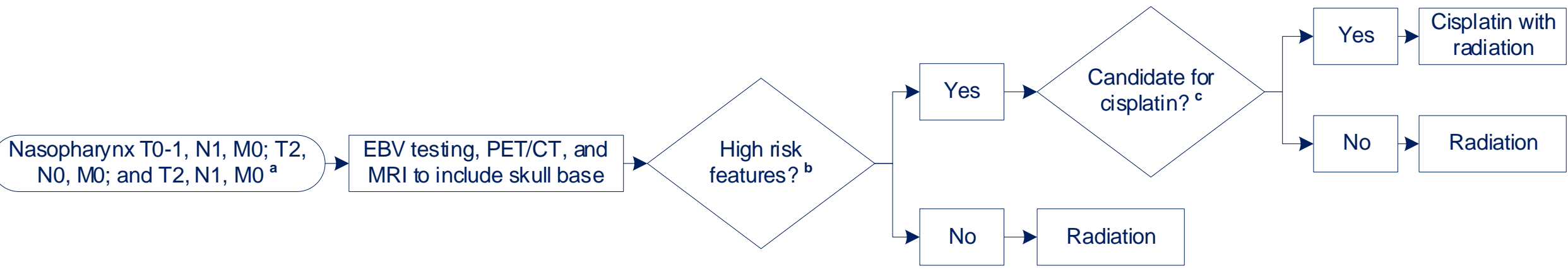
# Head and Neck Cancer – Nasopharynx T1, N0, M0



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **Evaluate Need for Support** regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

# Head and Neck Cancer – Nasopharynx T0-1, N1, M0; T2, N0, M0; and T2, N1, M0



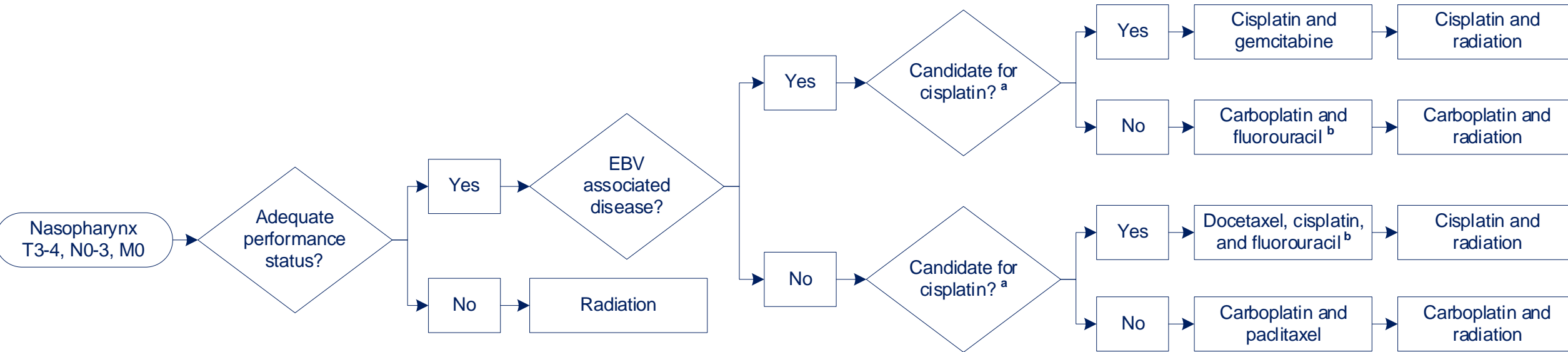
Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **Evaluate Need for Support** regarding tobacco use/smoking cessation, dental health, nutrition, audiology, speech/swallowing

<sup>b</sup> **High Risk Features** include bulky disease and elevated EBV titers

<sup>c</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

# Head and Neck Cancer – Nasopharynx T3-4, N0-3, M0



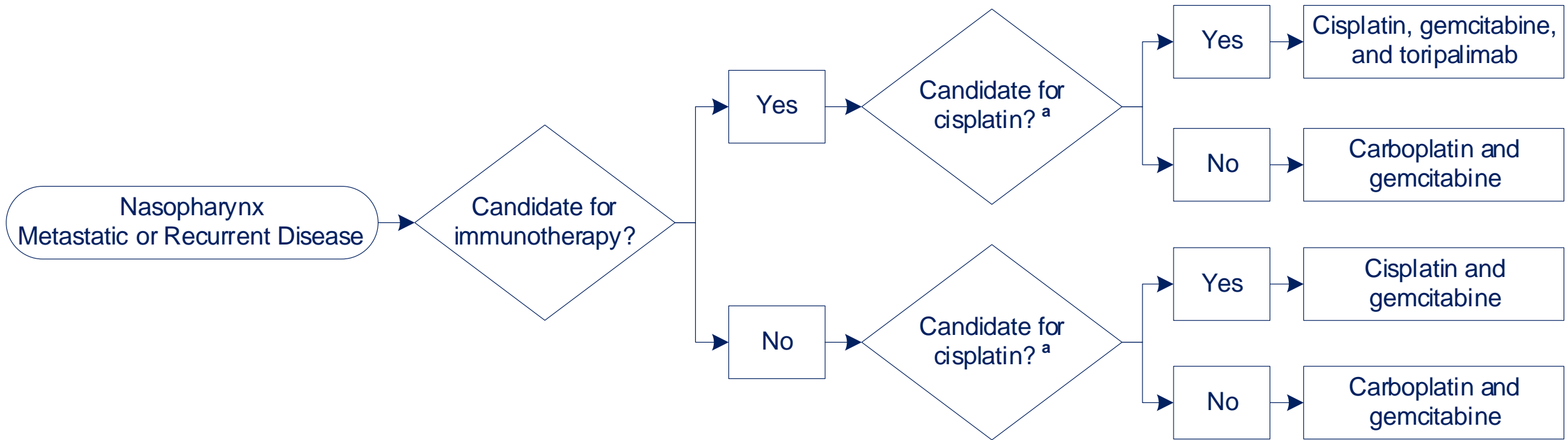
Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

<sup>b</sup> **Perform DPYD Testing If Not Already Performed** if DPYD PGx results return predicted phenotypes of either intermediate or poor metabolizer, please consult your local PGx pharmacist or submit an IFC Pharmacogenomics e-consult for assistance with therapeutic recommendation; a clinician may proceed without DPYD results if withholding chemotherapy for 2-3 weeks may gravely endanger patient's life; for example, if the disease burden is very high and it involves a large portion of vital organs such as liver, etc.

**EBV** Epstein-Barr Virus

# Head and Neck Cancer – Nasopharynx Metastatic or Recurrent Disease



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

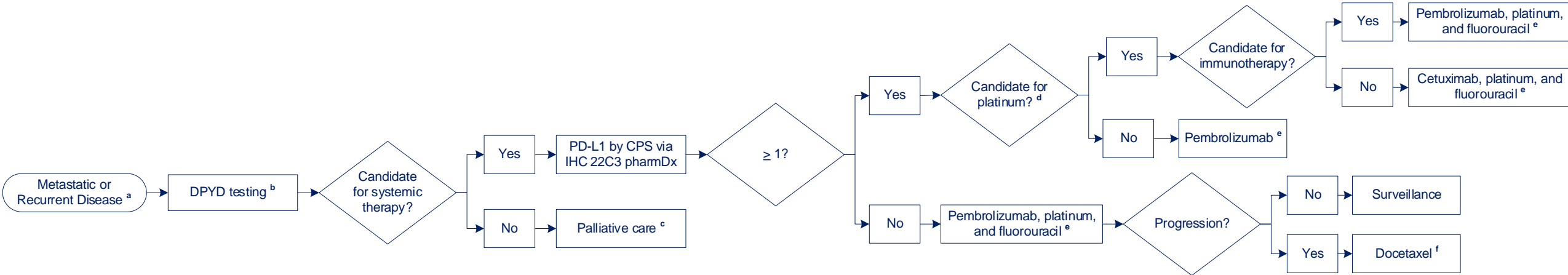
<sup>a</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)

# Head and Neck Cancer – Local or Regional Recurrent Disease



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

# Head and Neck Cancer – Metastatic or Recurrent Disease



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **Patient Ineligible** for localized therapies

<sup>b</sup> **Perform DPYD Testing If Not Already Performed** if DPYD PGx results return predicted phenotypes of either intermediate or poor metabolizer, please consult your local PGx pharmacist or submit an IFC Pharmacogenomics e-consult for assistance with therapeutic recommendation; a clinician may proceed without DPYD results if withholding chemotherapy for 2-3 weeks may gravely endanger patient's life; for example, if the disease burden is very high and it involves a large portion of vital organs such as liver, etc.

<sup>c</sup> **Palliative Care** consider palliative radiation

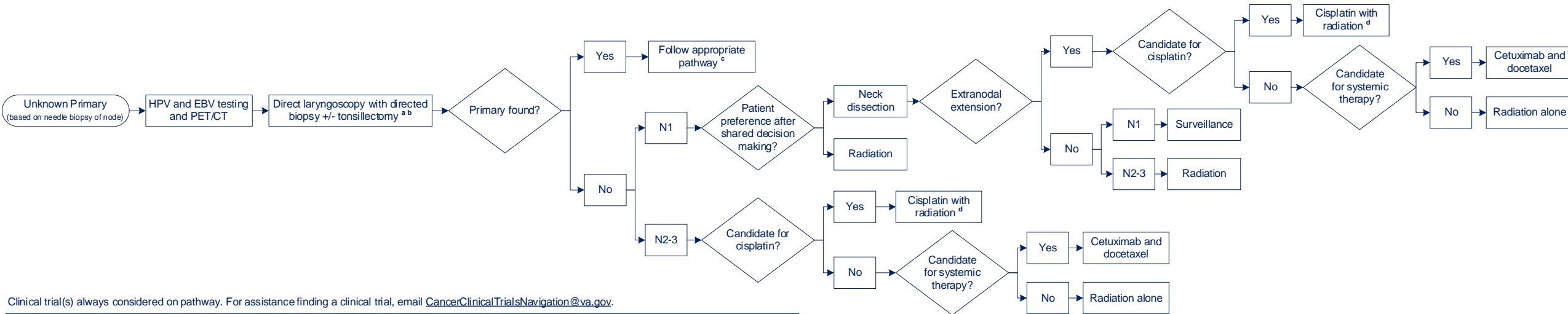
<sup>d</sup> **Candidacy** based on platinum toxicities such as adequate cell counts, severe neuropathy, hearing loss/tinnitus, renal failure toxicity, and/or need for rapid cytoreduction

<sup>e</sup> **Pembrolizumab**, duration maximum of two years

<sup>f</sup> **If Docetaxel Ineligible**, prescribe cetuximab

CPS Combined Positive Score

# Head and Neck Cancer – Unknown Primary



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

- <sup>a</sup> **Directed Biopsy** of bilateral base of tongue, lingual tonsils, palatine tonsils; if Level 5 node positive, include nasopharynx
- <sup>b</sup> **Tonsillectomy** should be considered unless patient has very small, soft palatine tonsils
- <sup>c</sup> **Appropriate Pathway** if HPV positive follow oropharynx pathway; if EBV positive follow the nasopharynx pathway
- <sup>d</sup> **Candidates for Cisplatin** should be ECOG PS 0-1 with minimal comorbidities, as toxicities may be anticipated (i.e. nephrotoxicity, neutropenia, nausea/vomiting, etc.)



# Head and Neck Cancer – Molecular Testing Table

Eligibility	Test Category	Test Type	Recommended Vendors	NPOP Coverage	Specimen Type
Oropharyngeal, Localized	IHC	P16 IHC (for HPV status)	Local VA or locally contracted vendor	No	Tumor Tissue
Nasopharyngeal Carcinoma, Localized	In-situ hybridization (ISH)	ISH for EBV-encoded RNA (EBER)	Local VA or locally contracted vendor	No	Tumor Tissue
	IHC	IHC for LMP1	Local VA or locally contracted vendor	No	Tumor Tissue
Unknown Primary, Localized	In-situ hybridization (ISH)	ISH for EBV-encoded RNA (EBER)	Local VA or locally contracted vendor	No	Tumor Tissue
	IHC	IHC for LMP1	Local VA or locally contracted vendor	No	Tumor Tissue
	IHC	P16 IHC (for HPV status)	Local VA or locally contracted vendor	No	Tumor Tissue
Any Metastatic or Recurrent	IHC	PD-L1 clone 22C3 with CPS	Local VA or locally contracted vendor	No	Tumor Tissue

