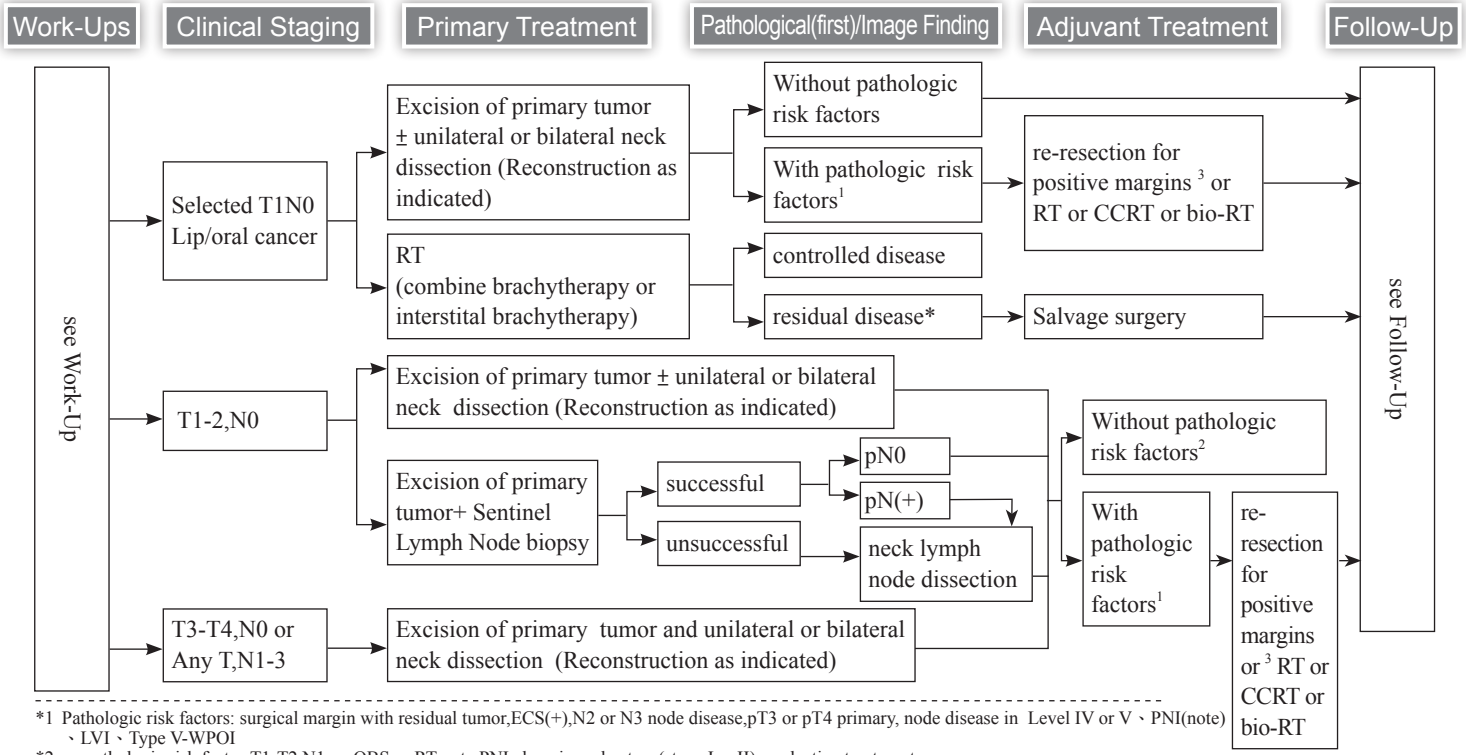
Head and Neck Cancers

《 Cancer of the oral cavity-1 》



*1 Pathologic risk factors: surgical margin with residual tumor,ECS(+),N2 or N3 node disease,pT3 or pT4 primary, node disease in Level IV or V、PNI(note)、LVI、Type V-WPOI

*2 no pathologic risk factor:T1-T2,N1 → OBS or RT note:PNI alone in early stage(stage I 、II) selective treatment

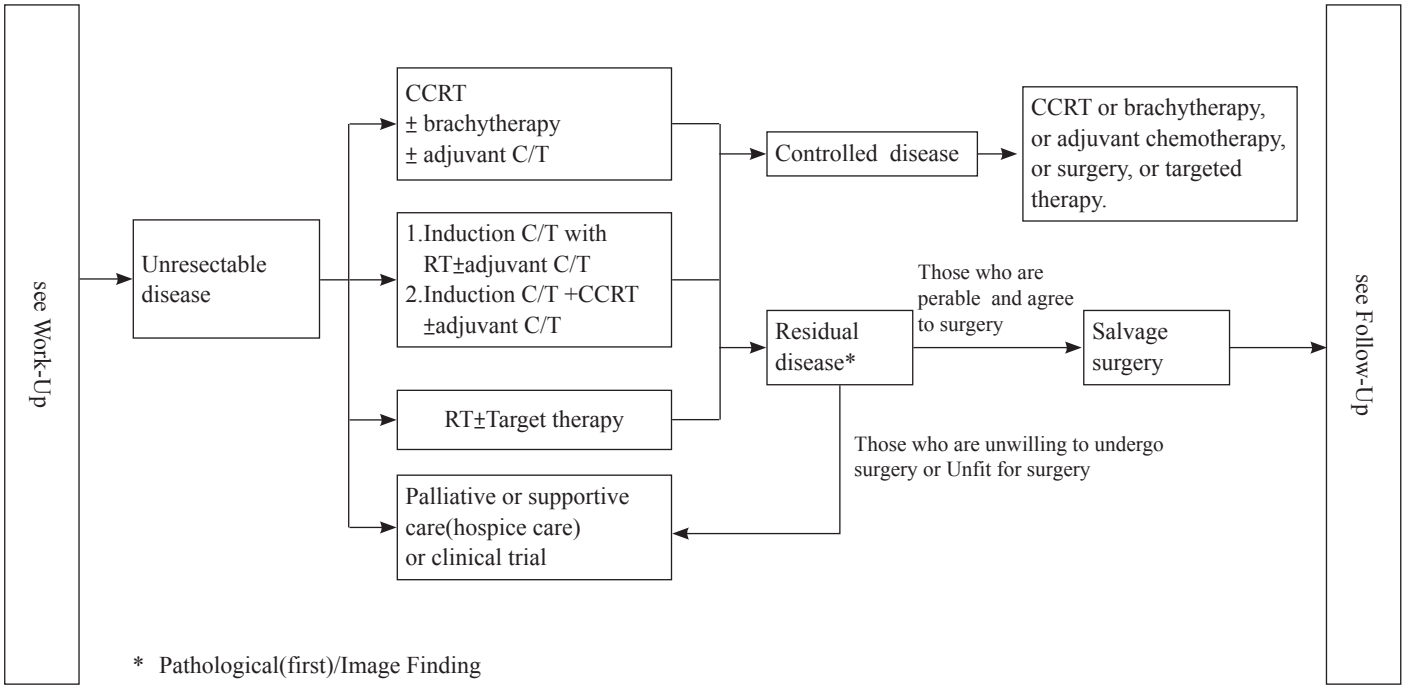
*3 consider re-resection to achieve negative margins for positive resection margins if feasible

* Pathological(first)/Image Finding

Note: If CPS ≥ 1: Preoperative pembrolizumab/Postoperative adjuvant therapy recommendation: RT + pembrolizumab (e.g., ENE or positive margin combined with cisplatin), followed by adjuvant pembrolizumab after completion.

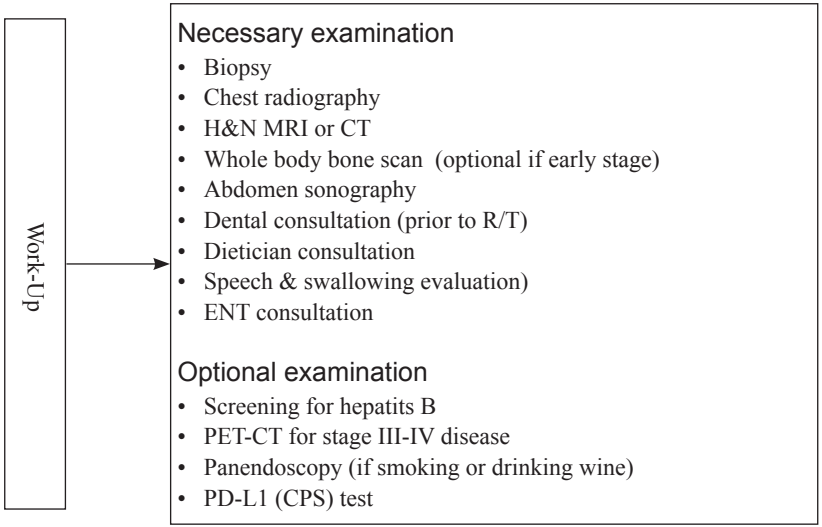
《 Cancer of the oral cavity-2 》

Work-Ups | Clinical Staging | Primary Treatment | Pathological(first)/Image Finding | Adjuvant Treatment | Follow-Up

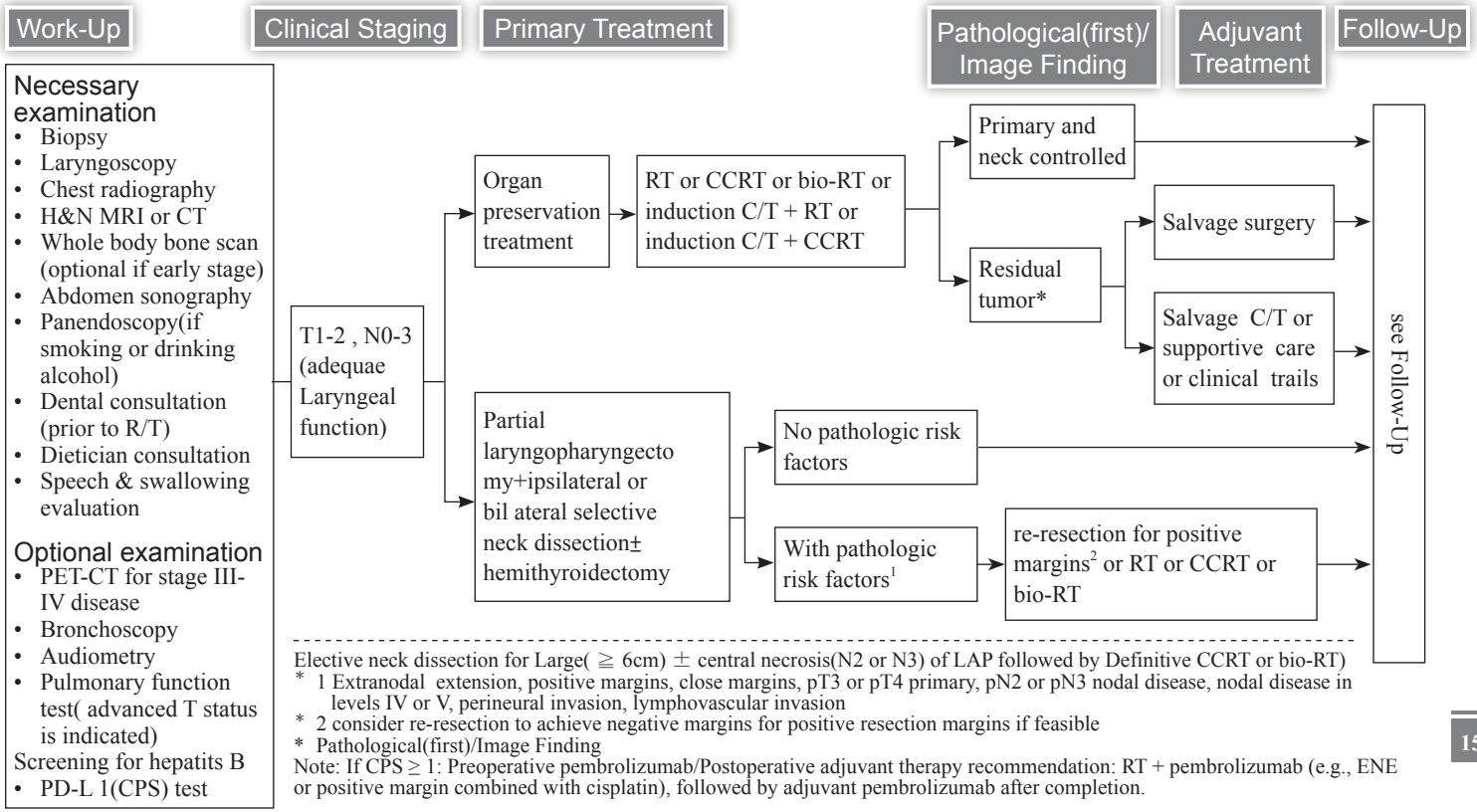


* Pathological(first)/Image Finding

《 Oral cavity 》


Work-Up
Necessary examination
• Biopsy
• Chest radiography
• H&N MRI or CT
• Whole body bone scan (optional if early stage)
• Abdomen sonography
• Dental consultation (prior to R/T)
• Dietician consultation
• Speech & swallowing evaluation)
• ENT consultation
Optional examination
• Screening for hepatits B
• PET-CT for stage III-IV disease
• Panendoscopy (if smoking or drinking wine)
• PD-L1 (CPS) test

《 Cancer of the Hypopharynx -1 》



Elective neck dissection for Large(≧ 6cm) ± central necrosis(N2 or N3) of LAP followed by Definitive CCRT or bio-RT)

* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion

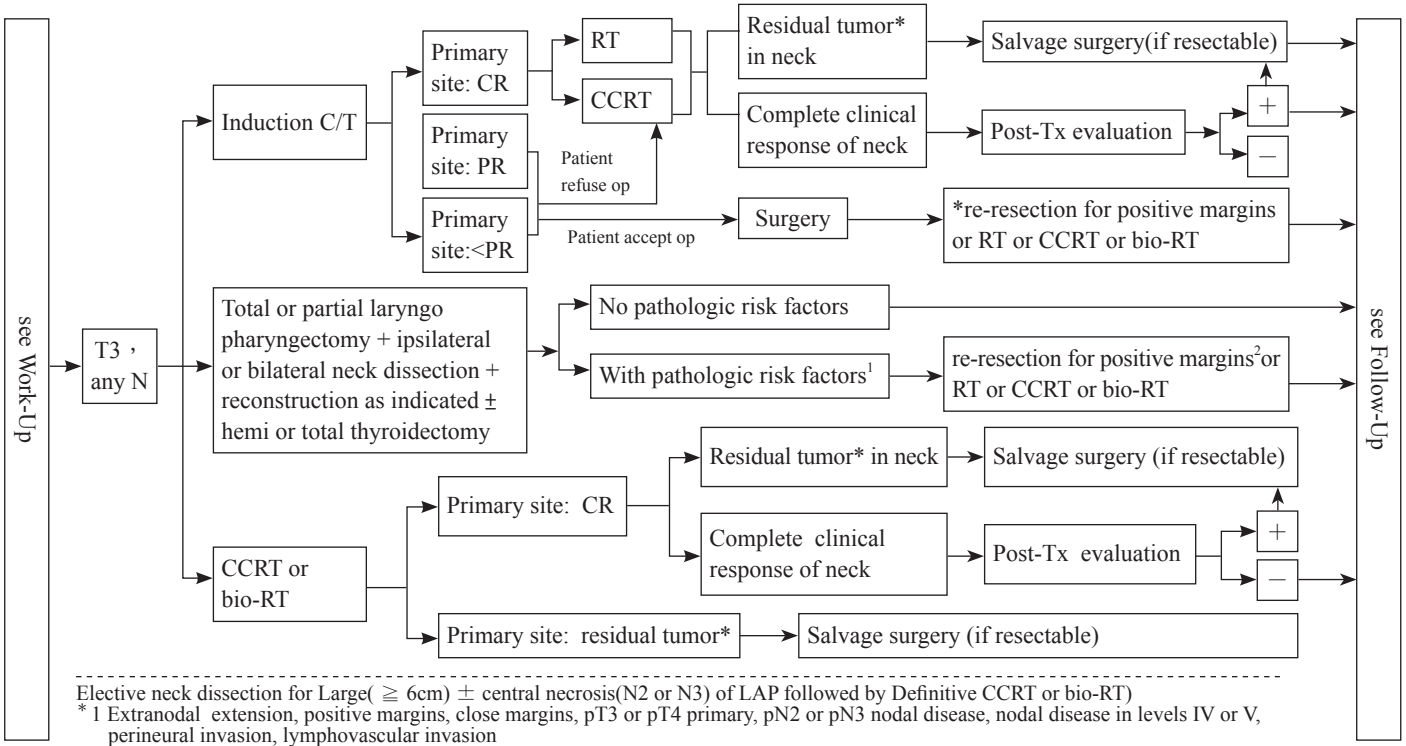
* 2 consider re-resection to achieve negative margins for positive resection margins if feasible

* Pathological(first)/Image Finding

Note: If CPS ≥ 1: Preoperative pembrolizumab/Postoperative adjuvant therapy recommendation: RT + pembrolizumab (e.g., ENE or positive margin combined with cisplatin), followed by adjuvant pembrolizumab after completion.

《 Cancer of the Hypopharynx -2 》

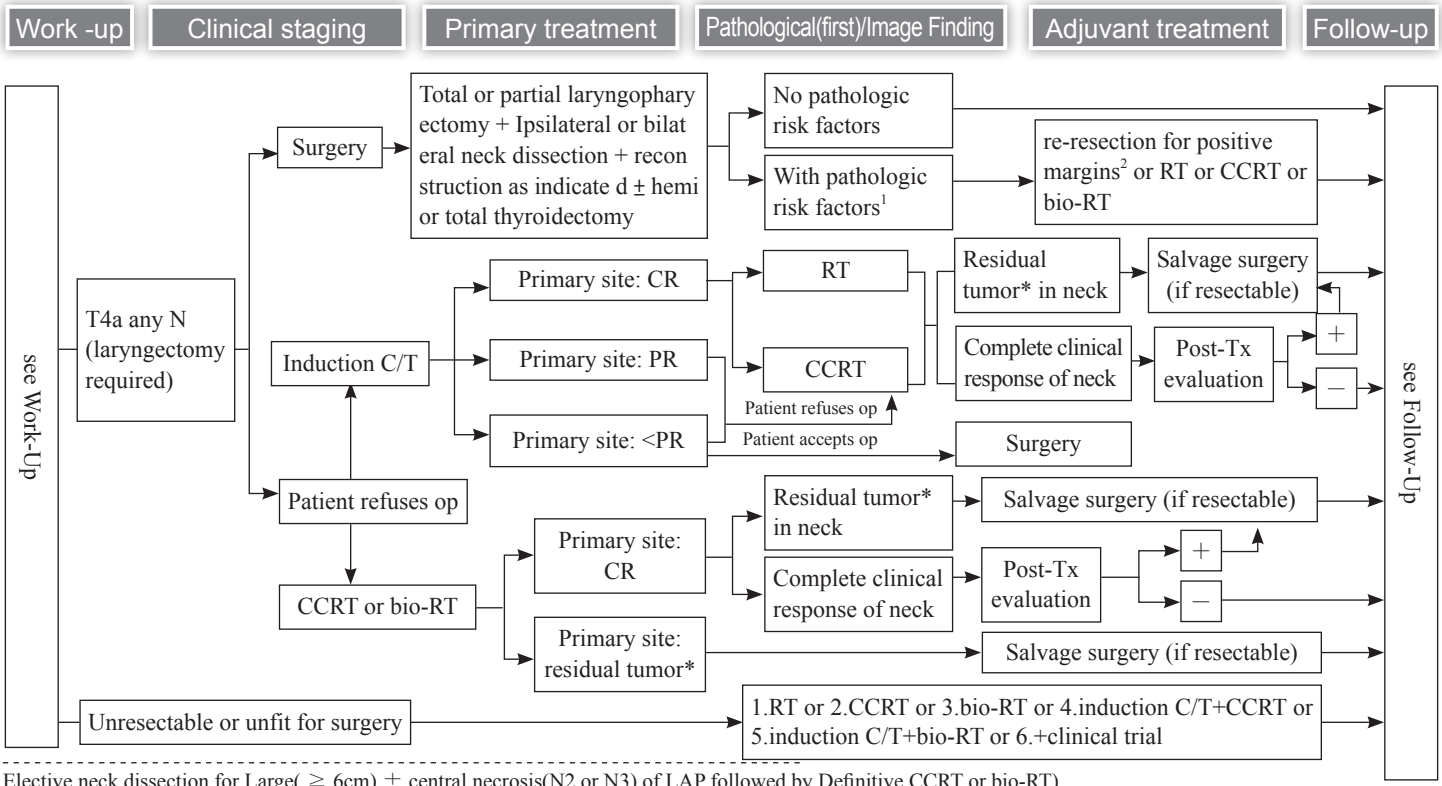
Work-ups | Clinical staging | Primary treatment | Pathological(first)/Image Finding | Adjuvant treatment | Follow-Up



Elective neck dissection for Large(≧ 6cm) ± central necrosis(N2 or N3) of LAP followed by Definitive CCRT or bio-RT)

* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion
* 2 consider re-resection to achieve negative margins for positive resection margins if feasible
* Pathological(first)/Image Finding

《 Cancer of the Hypopharynx -3 》



Elective neck dissection for Large(≧ 6cm) ± central necrosis(N2 or N3) of LAP followed by Definitive CCRT or bio-RT)

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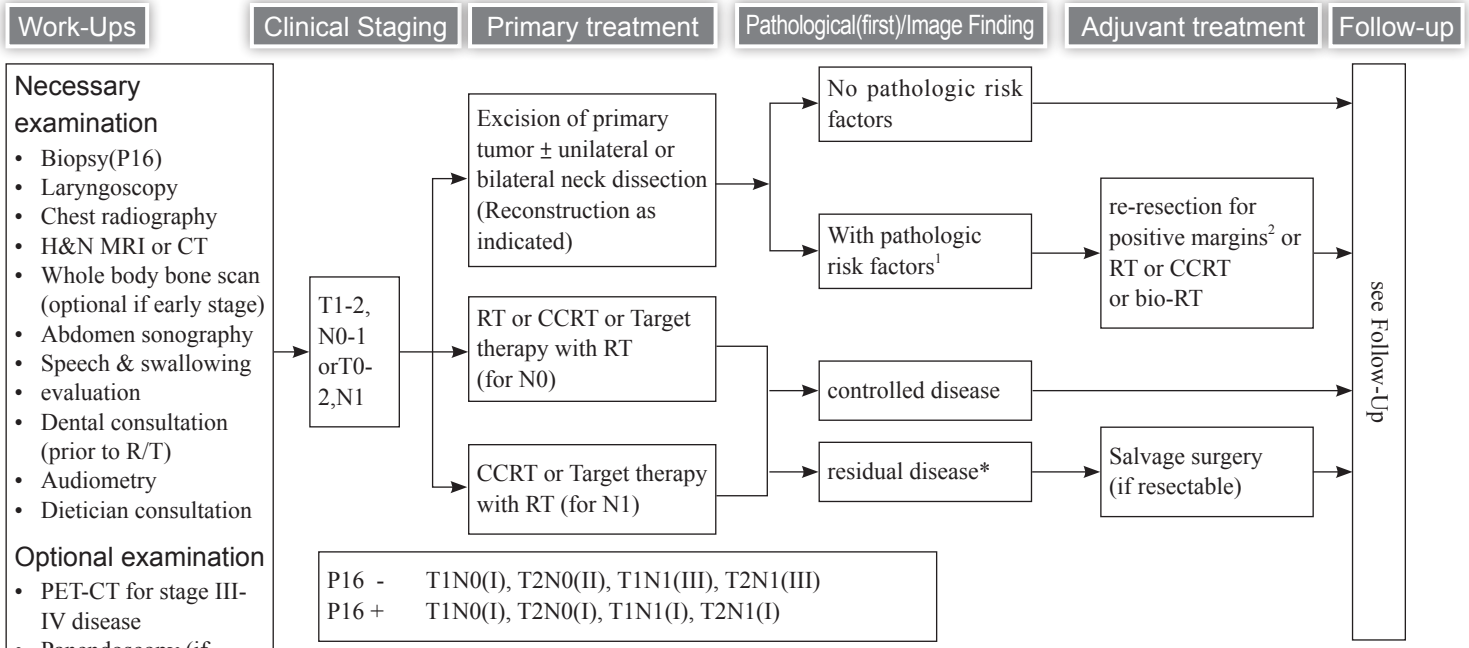
* 2 consider re-resection to achieve negative margins for positive resection margins if feasible

* Pathological(first)/Image Finding

《 Cancer of the Oropharynx -1 》



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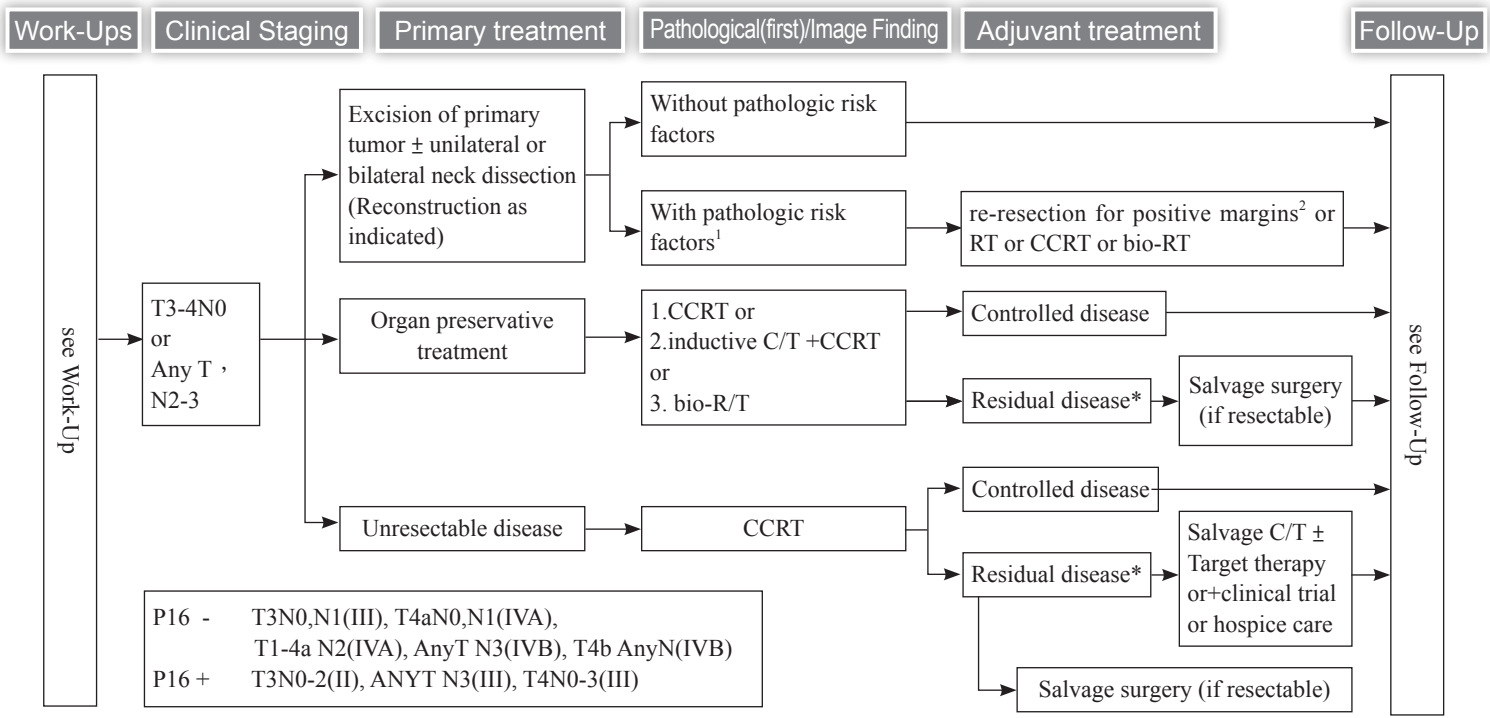
* Pathological(first)/Image Finding.

Note: If CPS ≥ 1: Preoperative pembrolizumab/Postoperative adjuvant therapy recommendation: RT + pembrolizumab (e.g., ENE or positive margin combined with cisplatin), followed by adjuvant pembrolizumab after completion.

《 Cancer of the Oropharynx -2 》



Elective neck dissection for Large(≧ 6cm) ± central necrosis(N2 or N3) of LAP followed by Definitive CCRT or bio-RT)

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* Pathological(first)/Image Finding

《 Cancer of the Glottic Larynx-1 》

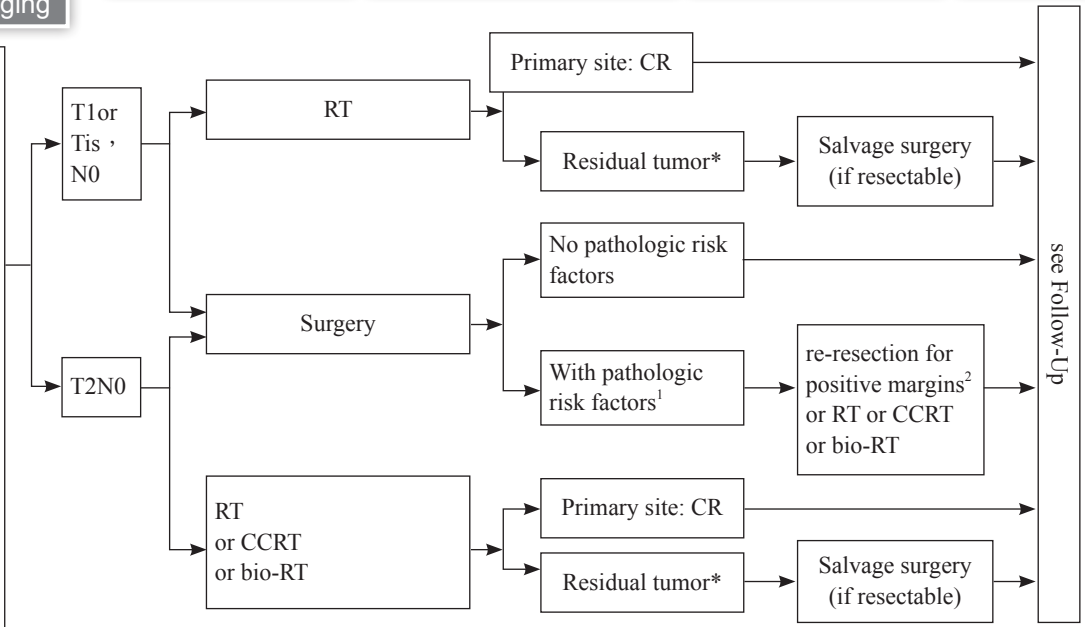
Work-Up | Clinical Staging | Primary treatment | Pathological(first)/Image Finding | Adjuvant Treatment | Follow-Up

Necessary examination

- Biopsy
- Laryngoscopy
- Chest radiography
- H&N MRI or CT
- Whole body bone scan (optional if early stage)
- Abdomen sonography
- Panendoscopy(if smoking or drinking wine)
- Dental consultation (prior to R/T, except for patients with cT1-T2,N0))
- Dietician consultation
- Speech & swallowing evaluation

Optional examination

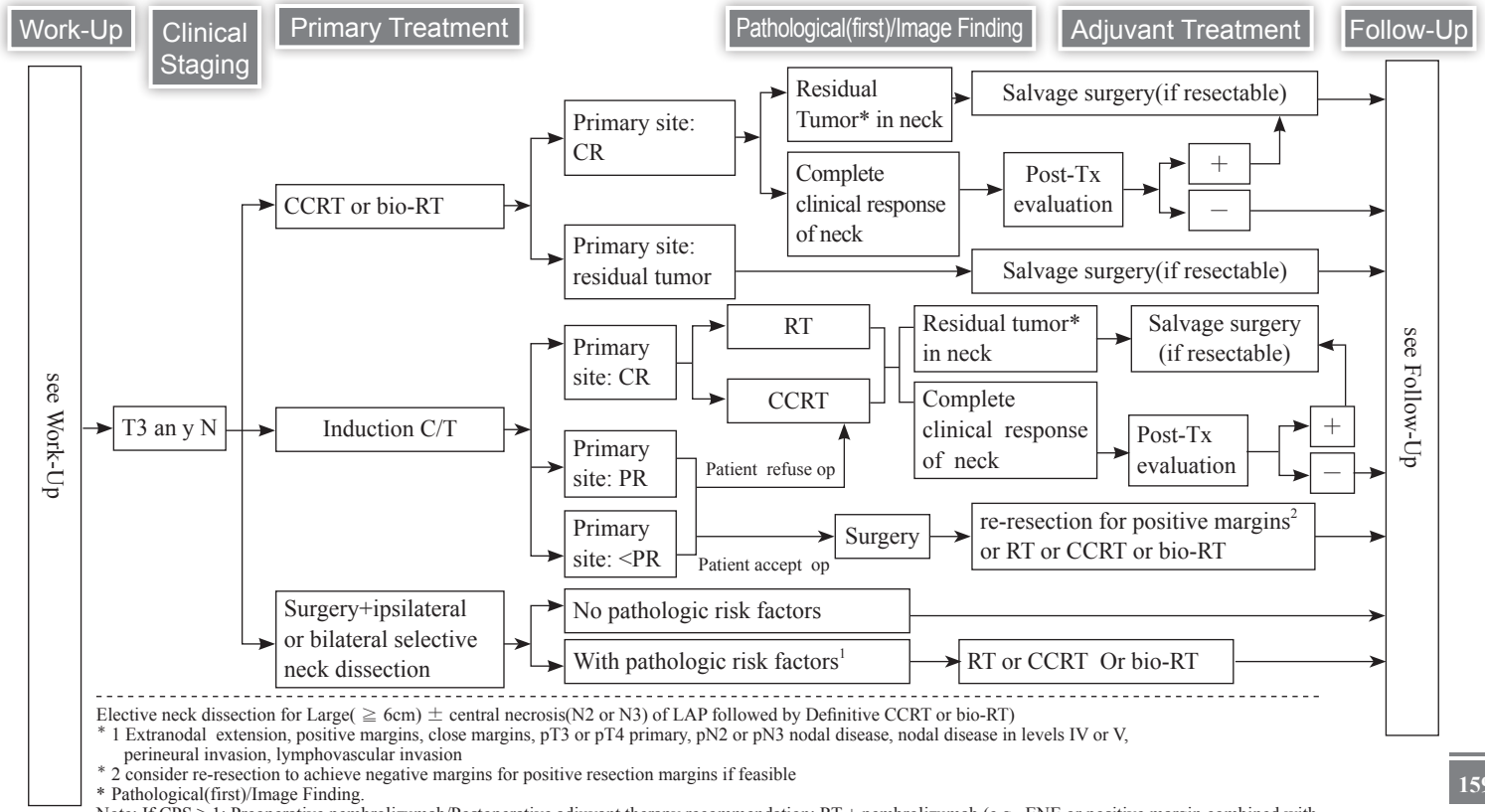
- PET-CT for stage III-IV disease
- Bronchoscopy
- Panendoscopy(if smoking or drinking wine)
- Audiometry
- Pulmonary function test(advanced T status is indicated)
- Screening for hepatits B
- PD-L1(CPS) test



Elective neck dissection for Large(≧ 6cm) ± central necrosis(N2 or N3) of LAP followed by Definitive CCRT or bio-RT)

* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion
* 2 consider re-resection to achieve negative margins for positive resection margins if feasible
* Pathological(first)/Image Finding

《 Cancer of the Glottic Larynx -2 》



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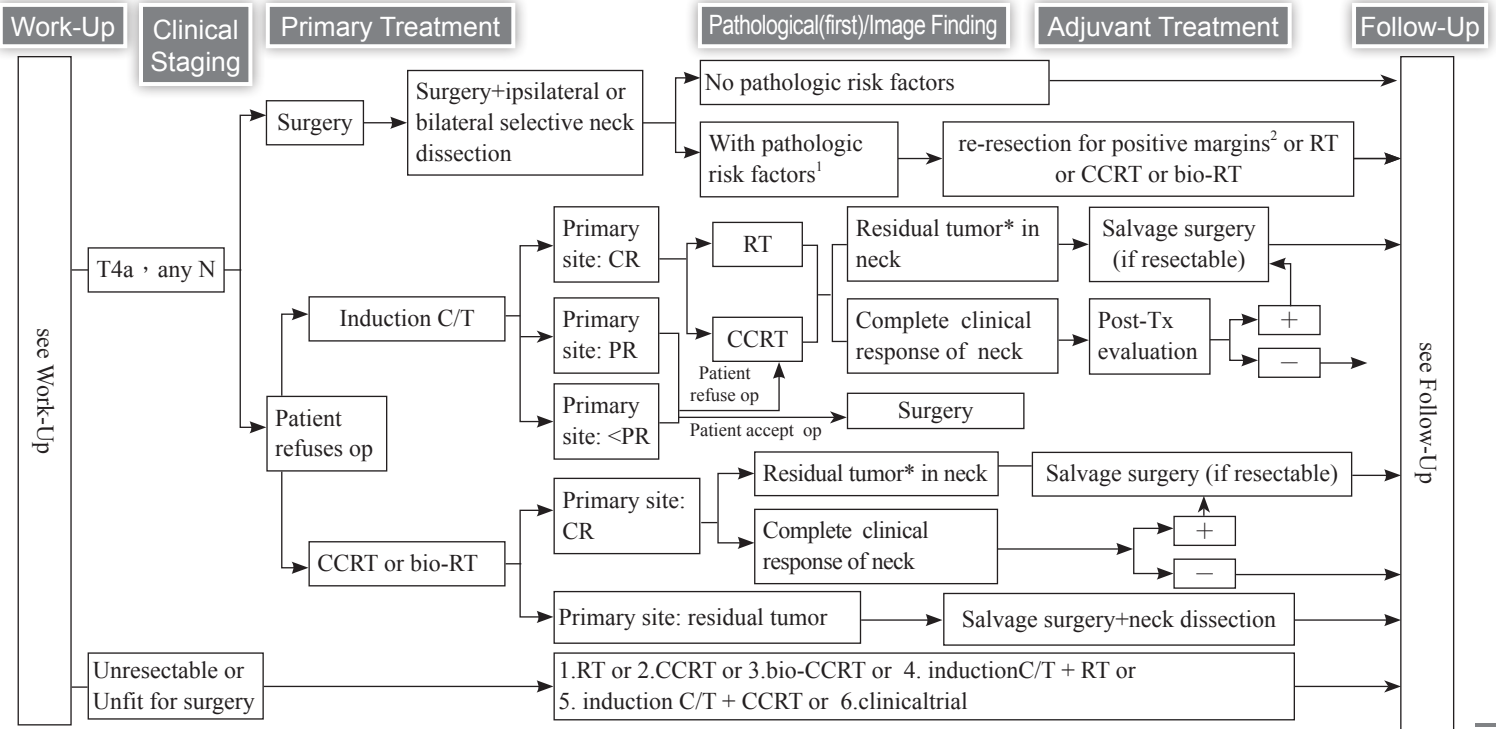
Note: If CPS ≥ 1: Preoperative pembrolizumab/Postoperative adjuvant therapy recommendation: RT + pembrolizumab (e.g., ENE or positive margin combined with cisplatin), followed by adjuvant pembrolizumab after completion.

《 Cancer of the Glottic Larynx -3 》



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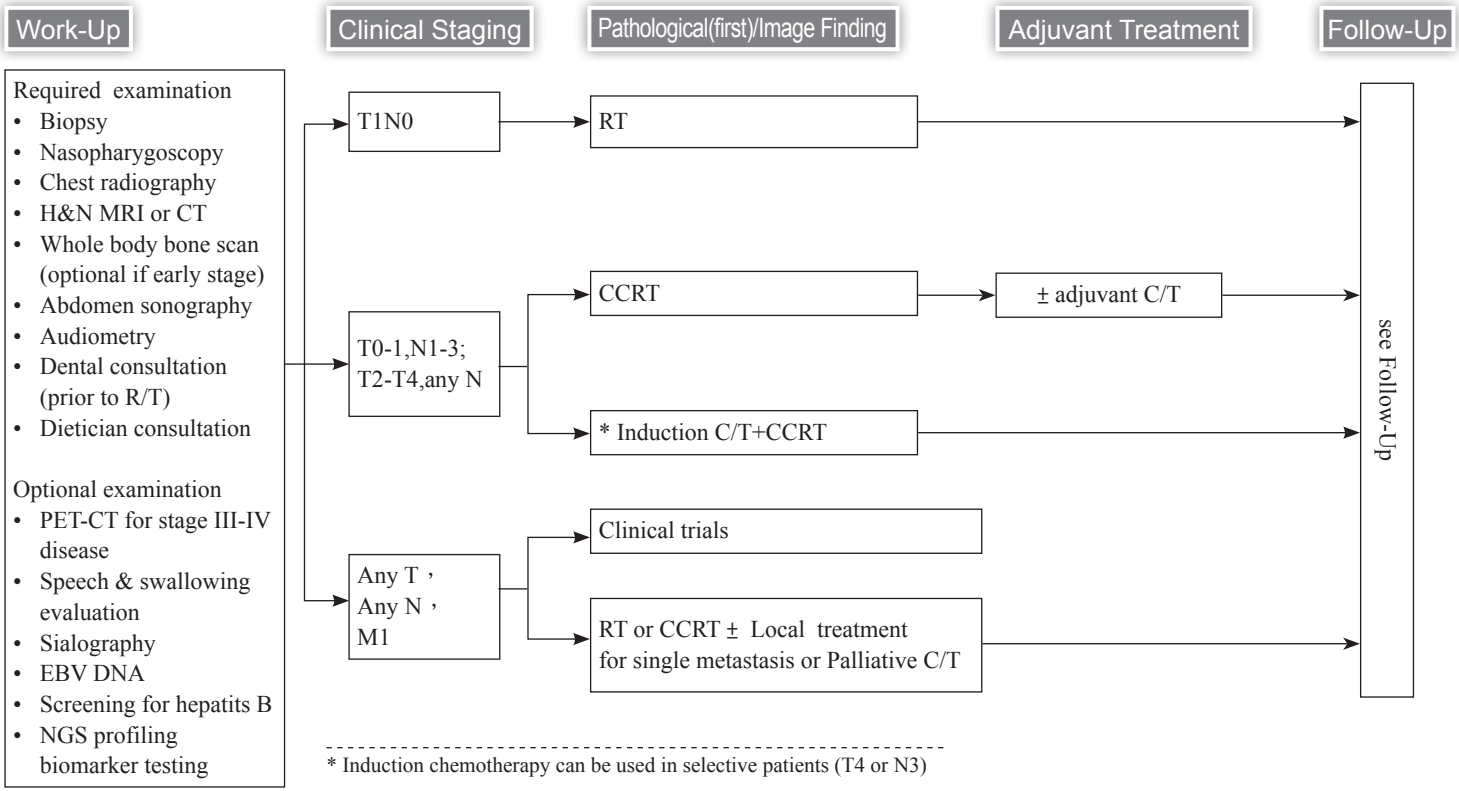
* 1 Extranodal extension, positive margins, close margins, pT3 or pT4 primary, pN2 or pN3 nodal disease, nodal disease in levels IV or V, perineural invasion, lymphovascular invasion ＊

* 2 consider re-resection to achieve negative margins for positive resection margins if feasible

*Pathological(first)/Image Finding

《 Cancer of the Nasopharynx -1 》



《 follow up recommendation 》

Follow-up frequency

- Every month in the 1st year after treatment
- Every 2-3 months in the 2nd year after treatment
- Every 3 months in the 3rd year after treatment
- Every 6 months in the 4th-5th year after treatment

H&N MRI or CT

- Every 3-6 months within the first 3 years after treatment
- Every 6-12 months beyond 3 years after treatment

Whole body bone scan

- Every 3-6 months within the first 3 years after treatment
- Every 6-12 months beyond 3 years after treatment

Abdomen sonography

- Every 3-6 months within the first 3 years after treatment
- Every 6-12 months beyond 3 years after treatment

PET and Whole body bone scan and Panendoscopy

- If indicated clinically
- nasopharyngeal carcinoma:

Follow-up after treatment completion - EBV DNA

《 Reference 》

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3. Bernier J, Domenge C, Ozsahin M et al. Postoperative irradiation with or without concomitant chemotherapy for locally advanced head and neck cancer.N Engl J Med 2004; 350:1945-1952.
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5. Chan AT, Leung SF, Ngan RK, et al. Overall survival after concurrent cisplatin-radiotherapy comparedwith radiotherapy alone in locoregionally advanced nasopharyngeal carcinoma.J Natl Cancer Inst 2005; 97: 536-539.
6. Chan ATC, Hsu M-M, Goh BC, et al. Multicenter, phase II study of cetuximab in combination with carboplatin in patients with recurrent or meta tatic nasopharyngeal carcinoma.J Clin Oncol 2005; 23: 3568-3576.
7. Cooper JS, Pajak TF, Forastiere AA et al. Postoperative concurrent radiotherapy and chemotherapy for high-risk squamous-cell carcfinoma of the head and neck.N Engl J Med 2004; 350(19) : 1937-1944.
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