

Head and neck cancer



A resource card for general practitioners

This resource has been developed as part of the Implementing PATHways for Cancer Early Diagnosis (I-PACED) project supported by the Victorian Government. It aims to increase GP awareness about critical primary care points as outlined in the head and neck Optimal Care Pathway – a nationally endorsed resource.

This pathway covers the following: oral cancer; salivary gland cancer; pharyngeal or throat cancer, incorporating nasopharyngeal, oropharyngeal and hypopharyngeal cancers; laryngeal cancer; and nasal or paranasal sinus cancer.

Summary statistics

- In Victoria 2017, there were 676 new cases of head and neck cancer in males and 222 new cases in females
- The five-year survival for males with laryngeal cancer is 67% and 68% for females
- The five-year survival for males with pharyngeal cancer is 63% and 68% for females.

Risk factors

Most common risk factors*

- Tobacco smoking
- Alcohol

Other risk factors

- Age (over 40 years)
- Male (sex)
- Pre-existing oral lesions
- HPV exposure
- Epstein-Barr virus infection (for nasopharyngeal cancer)
- Immunosuppressed patients
- Ionising radiation exposure
- UV skin exposure (for skin cancer)
- Inherited conditions including Fanconi's anaemia, ataxia-telangiectasia syndrome, Bloom's syndrome and Li-Fraumeni cancer syndrome
- Betel nut chewing.

Prevention

- Avoid smoking
- Avoid or limit alcohol intake
- Reduce ultraviolet exposure
- Encourage the uptake of human papillomavirus (HPV) vaccination available to boys and girls 12–13 years of age
 - ▶ Administer missed doses or catch up courses up to age 19.



Screening recommendations

No formal population-based screening programs

- Opportunistic case-finding should be an integral part of care provided by medical and dental practitioners during routine patient attendance.

* Users of both tobacco and alcohol have a 50-fold (or greater) increased risk of developing head and neck cancer, particularly cigarette smoking. Betel nut and tobacco chewers are at higher risk for oral cancers.



Signs and symptoms

The following symptoms should be investigated if they persist for **more than three weeks**, especially if there is more than one symptom:

Laryngeal or pharyngeal cancer

- Persistent unexplained hoarseness
- Unexplained neck lump
- Persistent sore throat (particularly with earache)
- Altered speech
- Spitting or coughing up blood
- Unilateral blockage of the nose or ear.

Oral cancer

- Unexplained mouth ulcer or mass
- Unexplained neck lump
- Red or red and white patches in oral mucosa
- Unexplained tooth mobility.

Initial investigations include

- Ultrasound-guided fine-needle aspiration cytology (USgFNAC) of a node if there is suspicion of malignancy or a neck lump persists or grows (including thyroid, salivary gland or lymph node)
- Non-fine-needle aspiration (FNA) biopsies should not be carried out in a non-specialist setting.

Figure 1: **Risk assessment tool for laryngeal cancer**

Insomnia	Dyspnoea, second attendance	Mouth symptoms	Raised inflammatory markers	Chest infection, second attendance	Otalgia	Dysphagia	Sore throat	Sore throat, second attendance	Hoarseness	PPV = Positive predictive value (%) or probability of Ca if Sx present
0.02	0.03	0.03	0.03	0.04	0.07	0.08	0.14	0.34	2.7	PPV as a single symptom
-	-	-	-	-	-	-	-	-	5.2	Insomnia
-	-	-	0.1	-	-	-	5.2	4.1	7.9	Dyspnoea, second attendance
-	-	-	0.4	-	-	-	0.3	-	4.1	Mouth symptoms
-	-	-	0.1	-	-	-	0.2	3.0	15	Raised inflammatory markers
-	-	-	-	0.1	-	-	0.2	3.0	1.6	Chest infection, second attendance
-	-	-	-	-	0.2	0.3	0.4	3.0	1.6	Otalgia
-	-	-	-	-	-	3.0	6.3	3.0	6.3	Dysphagia
-	-	-	-	-	-	-	6.9	4.1	3.5	Sore throat
-	-	-	-	-	-	-	-	2.0	12	Sore throat, second attendance

Probability of cancer
 <1%
 1-2%
 2-5%
 >5%

Figure 1 shows the probability of **laryngeal cancer** for individual symptoms and pairs of symptoms in people over 60 years.¹

Reference: 1. Shephard, E et al. Recognising laryngeal cancer in primary care: a large case-control study using electronic records. British Journal of General Practice. 2019; 69 (679): e127-33

Oral cancer images

Early Squamous Cell Carcinoma - Tongue



Squamous Cell Carcinoma of Tongue with adjacent Dysplastic White Lesion



Squamous Cell Carcinoma - Palate under Denture



Early Squamous Cell Carcinoma - Tongue



Squamous Cell Carcinoma - Lower Lip



Oral Linchen Planus





Referral pathway

- Prior to referral, discuss the cost implications to enable patients to make an informed decision regarding their choice of specialist and health service, including out of pocket costs: for example, radiological tests and specialist appointments.
- All patients with suspected or proven head and neck cancer should be referred to a head and neck specialist linked with a multidisciplinary team (MDT) within two weeks
- For investigation of **suspected laryngeal or pharyngeal cancer**, referral should be to an ear, nose and throat (ENT)/head and neck surgeon
- For investigation of **suspected oral cancer**, referral should be to oral and maxillofacial or ENT (head and neck) surgeons
- Information should include:
 - ▶ Relevant psychosocial, medical and family history, current medications, allergies and results of clinical investigations (imaging and pathology results)
- For more information about head and neck cancer specialists, see www.anzhncs.org/mdt/

Local referral process and proformas can be found at:

Melbourne: <https://melbourne.healthpathways.org.au>

Username: connected Password: healthcare

Patient resource checklist

- ✓ For more information on the HPV vaccination program, visit www.hpvvaccine.org.au
 - ✓ Arrange referral to behavioural intervention (**Quitline 13 7848**) for smoking cessation. Visit www.quit.org.au/generalpractice.
 - ✓ For additional practical and emotional support, encourage patients to call **Cancer Council 13 11 20** to speak with an experienced oncology nurse or visit www.cancervic.org.au for more information about head and neck cancers
- For translator assistance call TIS on 13 14 50**
- ✓ Download the Guide to best cancer care - head and neck cancer at www.cancercareguides.org.au
 - ✓ **Head and Neck Cancer Australia** – for free information packs, support and resources, visit www.headandneckcancer.org.au

The Optimal Care Pathways were developed through consultation with a wide range of expert multidisciplinary teams, peak health organisations, consumers and carers. They are nationally endorsed by the National Cancer Expert Reference Group, Cancer Australia and Cancer Council Australia.

For more information on the Optimal Care Pathways please refer to www.cancervic.org.au/for-health-professionals/optimal-care-pathways

