



ALASKA NATIVE MEDICAL CENTER



OTOLARYNGOLOGY/HNS DEPARTMENT CLINICAL PRACTICE FOR HEAD & NECK CANCER FOLLOW-UP GUIDELINES

Approved by ANMC Performance Improvement Committee on 06/13/02

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THESE GUIDELINES ARE DESIGNED TO ASSIST CLINICIANS AND ARE NOT INTENDED TO SUPPLANT GOOD CLINICAL JUDGEMENT OR TO ESTABLISH A PROTOCOL FOR ALL PATIENTS WITH THIS CONDITION.

ALASKA NATIVE MEDICAL CENTER
OTOLARYNGOLOGY/HNS DEPARTMENT CLINICAL PRACTICE
FOR HEAD & NECK CANCER FOLLOW-UP GUIDELINES

FOLLOW-UP APPOINTMENTS are scheduled on an individual basis determined by the risk of recurrence and

- Survey for the development of second primary tumors
- Deal with morbidity from treatment (i.e. speech and swallowing problems as well as wound care)
- Provide social and psychological support
- Deal with comorbidity not directly related to the cancer itself.

MALIGNANT TUMORS OF THE UPPER AERODIGESTIVE TRACT, EAR/TEMPORAL BONE, AND MAJOR SALIVARY GLANDS

- An otolaryngologist should follow these patients and perform these exams.
- Includes the following sites: oral cavity, oropharynx, larynx, hypopharynx, nasopharynx, nasal cavity and sinuses, neck metastases with unknown primary, parotid gland, submandibular gland and sublingual gland.
- The following schedule is a minimum requirement, irrespective of symptoms and/or signs. *RELATED PATIENT SYMPTOMS CLEARLY WARRANT DIRECT OTOLARYNGOLOGY EVALUATION AS THEY DEVELOP.*

1 st year post treatment	at least every 3 months
2 nd year post treatment	at least every 4 months
3 rd year post treatment	at least every 6 months
4 th and 5 th years post treatment	at least every 6 months
After 5 years	every 12 months

- Chest x-ray, yearly.
- Thyroid function tests, yearly, for patients that received radiation to the lower neck.

DIFFERENTIATED THYROID CARCINOMA (PAPILLARY AND FOLLICULAR)

- Their primary care providers can typically follow patients.
- Follow-up is specific to clinical course and patient risk factors. In general, it is as below.

First 3 months	every month
3 months to 2 years	at least every 6 months
After 2 years	every 12 months

- Chest x-ray, yearly.
- Serum thyroglobulin level at least twice a year for 2 years, then annually, for patients who have undergone total thyroidectomy.
- TSH level as clinically indicated.