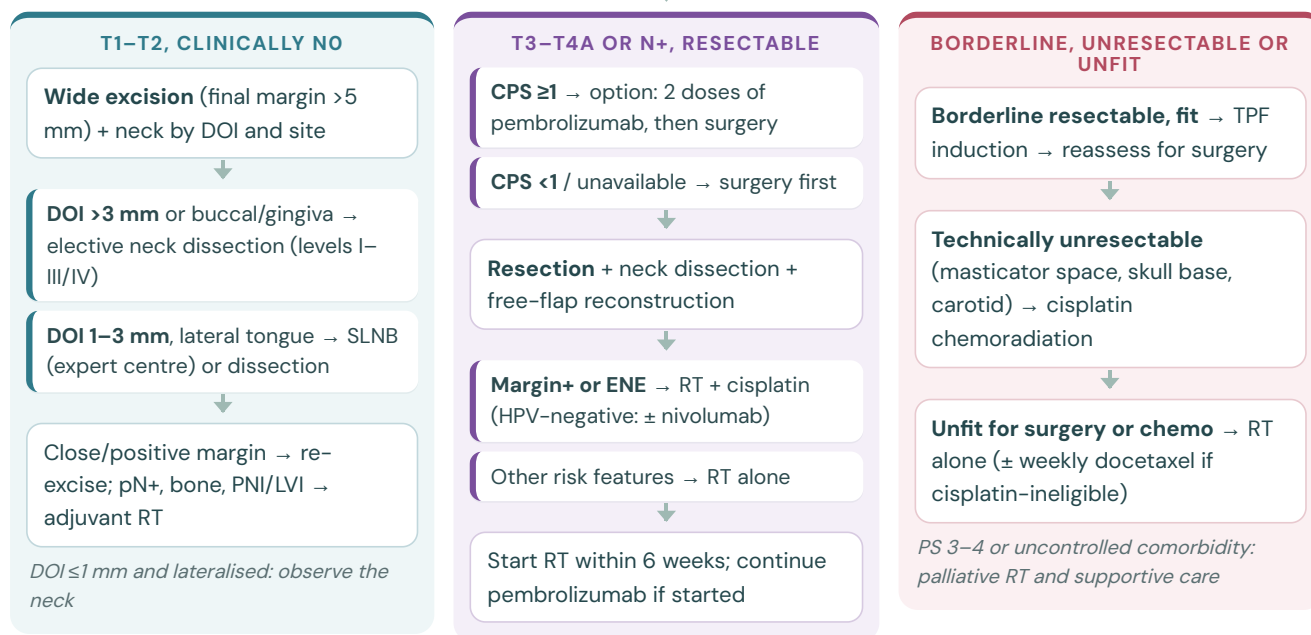


Head & Neck Cancer: Oral cavity cancer algorithm

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Biopsy-proven oral SCC: CT or MRI of the primary and neck · CT chest (PET-CT if stage III–IV) · DOI estimate · dental OPG · nutrition · tobacco cessation · PD-L1 CPS if stage III–IVA · tumour board

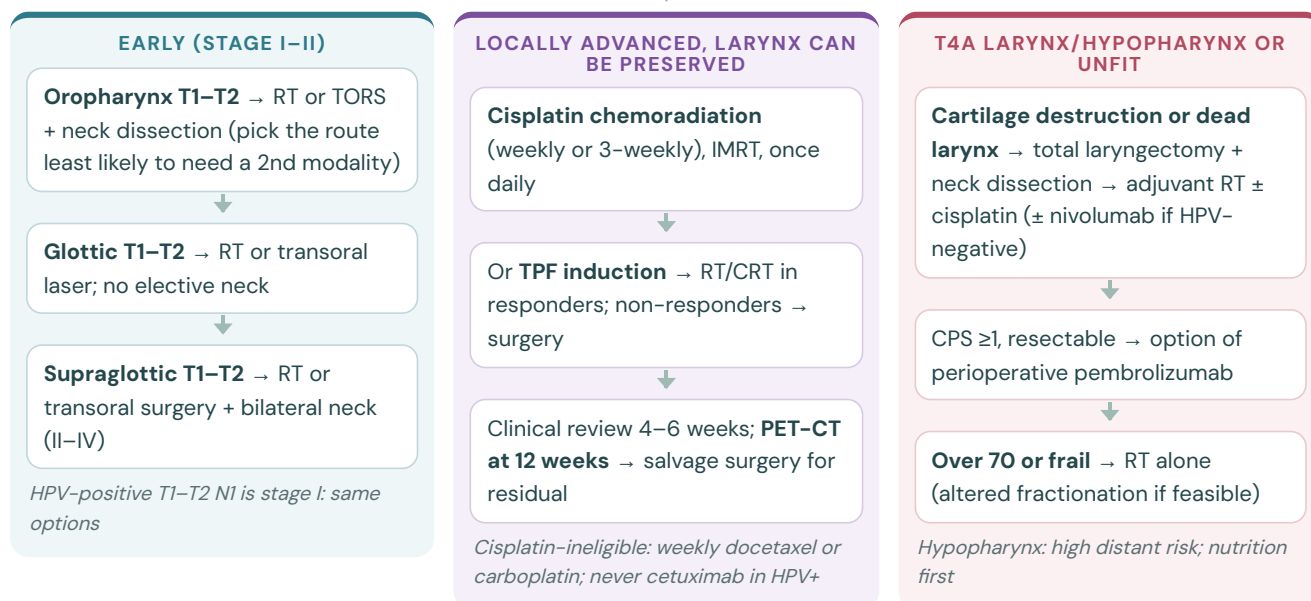


All patients: dental clearance before RT · swallow and jaw exercises · weight weekly · PET-CT at 12 weeks only after definitive (chemo)RT · TSH every 6–12 months after neck RT · stop tobacco and areca nut for life.

Head & Neck Cancer: Oropharynx, larynx and hypopharynx algorithm

Dr. Haritha Chiramana
MD, DM · Senior Medical Oncologist
& Hemato-Oncologist

Biopsy-proven SCC: p16 (oropharynx) · CT/MRI neck + CT chest or PET-CT · laryngoscopy (cord mobility) · audiogram, creatinine clearance · dental · nutrition · swallow baseline · tumour board



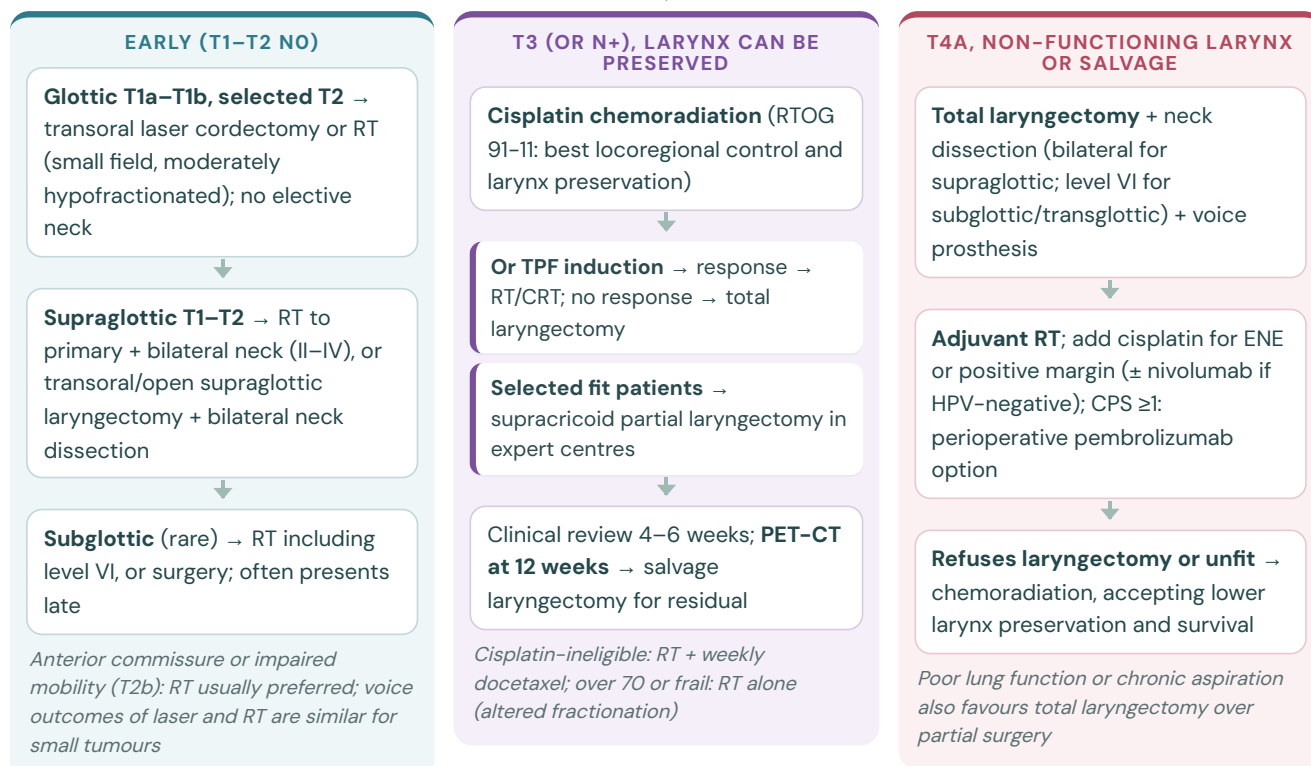
All patients: stop smoking (quitline 1800-11-2356) · avoid treatment gaps · swallow exercises before RT · voice rehabilitation after laryngectomy · TSH 6–12-monthly · yearly low-dose chest CT if ≥20 pack-years.

Head & Neck Cancer: Laryngeal cancer algorithm

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Biopsy-proven laryngeal SCC: laryngoscopy (stroboscopy for early glottic) · cord mobility · CT neck for cartilage and pre-epiglottic/paraglottic spread · CT chest (PET-CT if stage III–IV) · lung function, voice and swallow baseline · dental · tumour board with a surgeon who offers partial and total laryngectomy



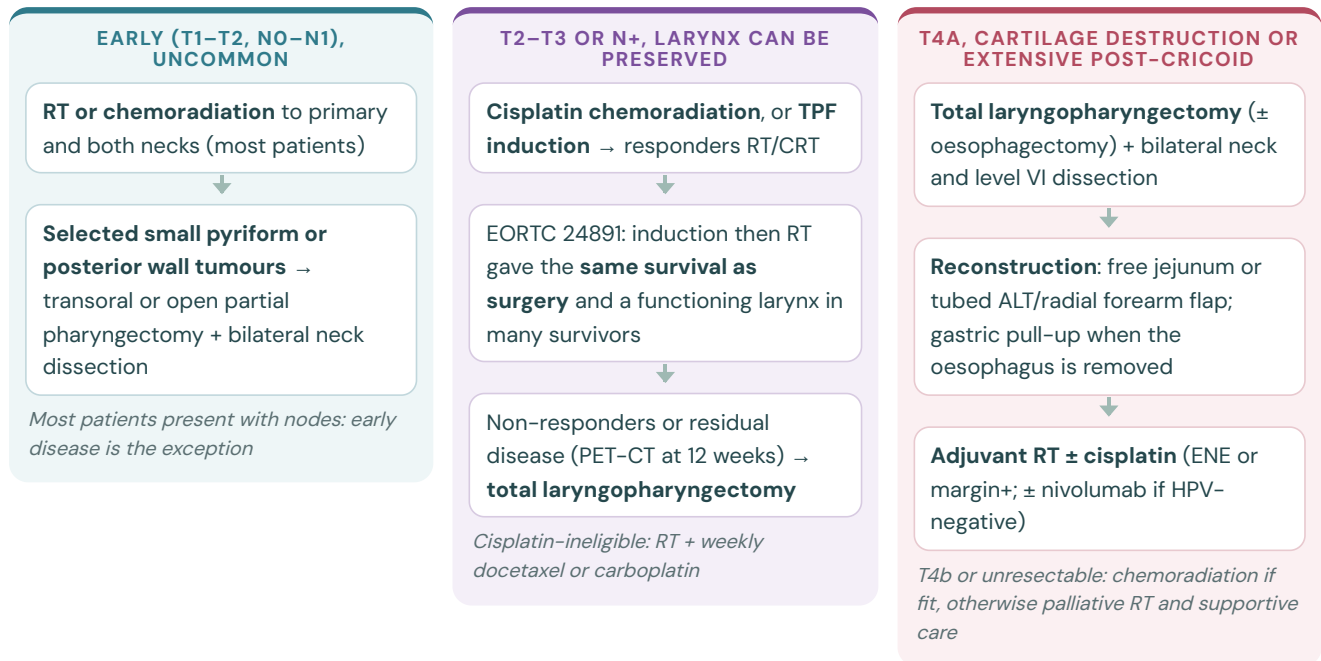
All patients: stop smoking (quitline 1800–11–2356) · speech and swallow therapy before and after treatment · stoma care and humidification after laryngectomy · TSH 6–12-monthly after neck RT · yearly low-dose chest CT if ≥20 pack-years.

Head & Neck Cancer: Hypopharyngeal cancer algorithm

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Biopsy-proven hypopharyngeal SCC: panendoscopy with oesophagoscopy (synchronous oesophageal cancer) · CT/MRI neck · PET-CT (high distant risk) · **nutrition first** (feeding tube if weight loss or aspiration) · lung function · dental · tumour board



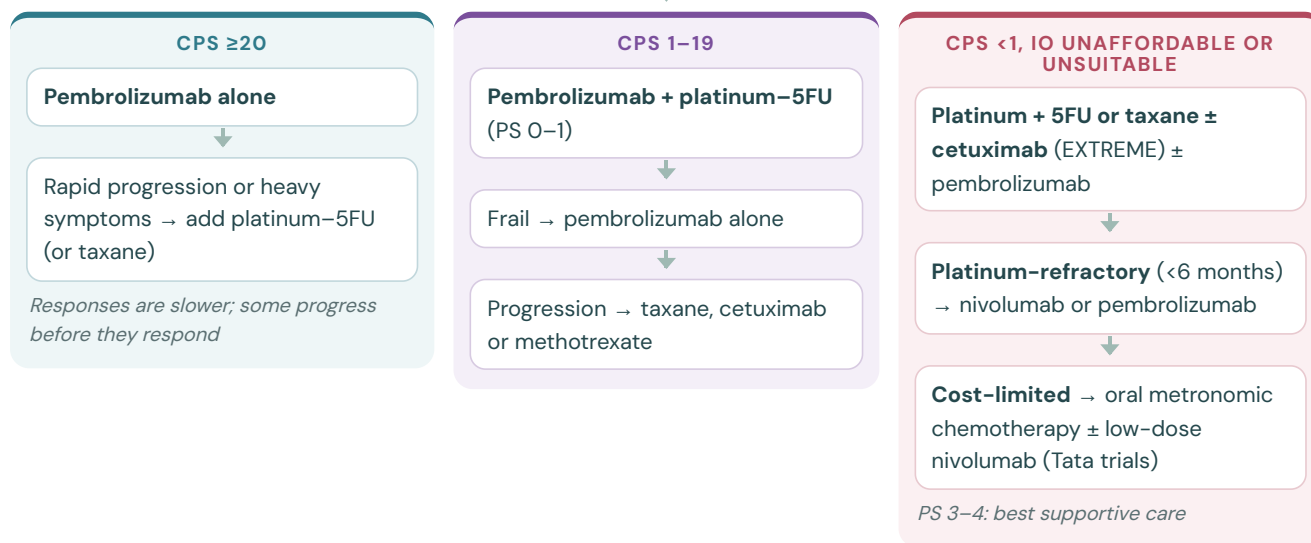
All patients: nutrition and weight weekly · speech rehabilitation (voice prosthesis) · stricture dilatation if swallowing narrows · surveillance of the oesophagus and lungs for second primaries · TSH 6–12-monthly.

Head & Neck Cancer: Recurrent or metastatic disease algorithm

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist &
Hemato-Oncologist

Recurrence suspected: biopsy · PET-CT · is it curable? (isolated local/neck → salvage surgery or re-irradiation at an experienced centre) · PD-L1 CPS · performance status · goals of care



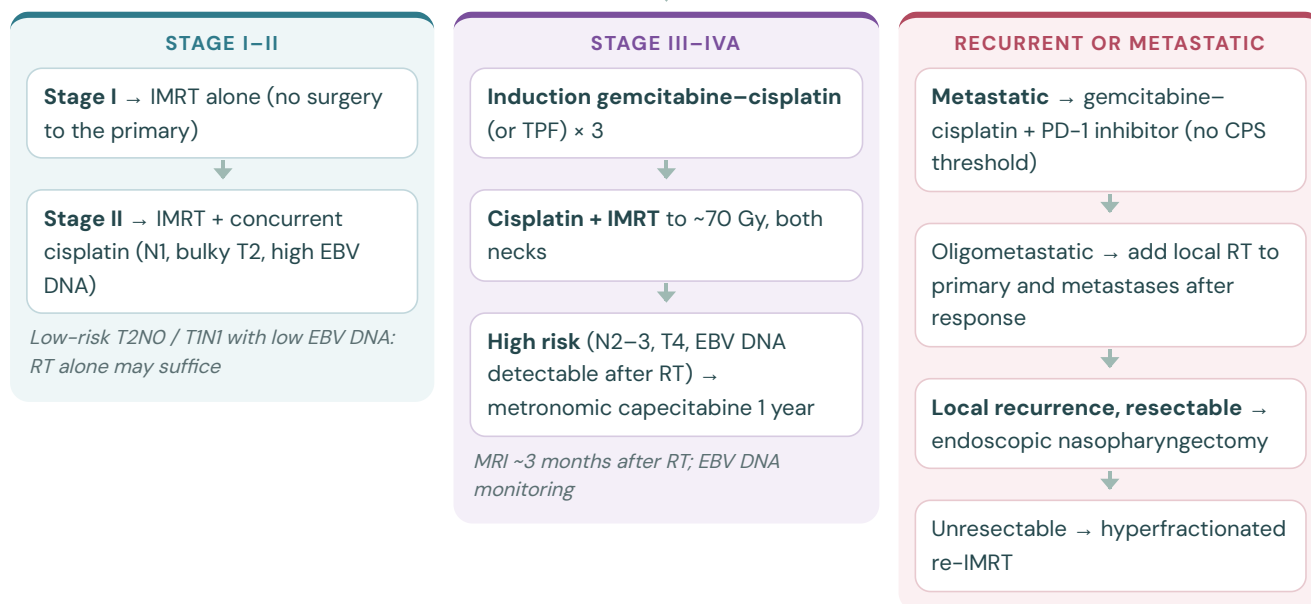
All patients: early palliative care · pain, bleeding and airway plans · nutrition and feeding route decisions with the family · trials where available · carboplatin rather than cisplatin after previous cisplatin.

Head & Neck Cancer: Nasopharyngeal carcinoma algorithm

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Biopsy-proven NPC (EBER positive): nasoendoscopy · MRI nasopharynx, skull base and neck · PET-CT if stage III–IV or bulky nodes · plasma EBV DNA · dental, audiology, endocrine and eye baselines · tumour board in an experienced centre



All patients: refer to a centre that treats NPC regularly · yearly TSH and pituitary tests, hearing checks · watch for temporal lobe necrosis, cranial neuropathy and carotid stenosis · dental care for life.

Head & Neck Cancer: Follow-up and survivorship plan

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist &
Hemato-Oncologist

A simple follow-up rhythm (NCCN, American Cancer Society survivorship guideline). Imaging is a baseline at about 12 weeks; afterwards the examination and the patient's symptoms drive tests.

Reduce recurrence and second cancers

- Stop all tobacco, gutka, khaini and areca nut for life
- Quitline 1800-11-2356; ask at every visit
- Limit or stop alcohol
- Complete treatment without gaps
- Yearly low-dose chest CT if ≥ 20 pack-years

Red flags to report

- New ulcer, patch, lump or bleeding in the mouth or throat
- New neck lump
- Hoarseness, pain or difficulty swallowing
- Exposed bone, jaw pain or swelling
- Cough, breathlessness or chest pain

Do not forget

- TSH every 6–12 months after neck RT
- Dental review 6-monthly; fluoride for life
- No extractions after RT without specialist advice
- Swallow, jaw and shoulder exercises
- Screen for depression; involve the family doctor