Provincial Head & Neck Cancer Diagnosis & Referral Pathway

Initial Assessment by Primary Care Providers and Dental Care Practitioners

1. History

Assess and Document Risk Factors
The following factors have been shown to increase the risk of head and neck cancer:
- Age (over 40 years)
- Tobacco usage
- Alcohol consumption
- Sexual history [HPV exposure (orogenital)]
- Betel nut, paan, pituri
- Sex (male)
- Geography (ie. Southeast Asia)
- UV/Sunlight for mucosa (red portion) of lip
- Immunosuppression

It is possible to have a Head & Neck Cancer and NO risk factors

Assess and Document Symptoms
The following should be considered **highly suspicious:**
- New onset (with or without prior imaging)
- More than 1 symptom
- Symptoms persist for longer than 3 weeks despite management

*Level of suspicion increases with the presence of risk factor(s)

STANDARD RISK SYMPTOMS
- Dysphagia for solids
- Persistent oral bleeding with unknown source
- Unilateral epistaxis, otalgia or hearing loss
- Change in voice/acute onset hoarseness (without tobacco and alcohol risk factors)
- Persistent sore throat

HIGH RISK SYMPTOMS
- Neck lump or facial mass
- Oral and oropharyngeal lesions (mass or ulcer)
- Persistent hoarseness **WITH** history of tobacco and/or alcohol use

2. Assessment/Physical Exam (should include the following)
- Inspection of the oral cavity and oropharynx for ulceration of mucosa, swelling, and red or white patches:
  - Use of fluorescence visualization is recommended if available
  - If oral lesion is confirmed, DO NOT DELAY referral for 3 weeks; waiting for resolution, send referral immediately
- Inspection of the anterior nasal cavities and otoscopy
- Inspection of the facial and scalp skin
- Palpation of the neck for lymphadenopathy

***Treat symptoms/lesion using clinical discretion with established timeline for resolution**

Head and Neck Physical Exam Video

Oral cancer images

When to Refer
- Patient has physical exam finding(s) and/or symptom(s) that have persisted longer than 3 weeks despite management
- The patient has prior suspicious imaging – if an ultrasound has previously been performed (outside this pathway) and an incidental finding of mass or architecturally abnormal (i.e. cystic) lymph node has been found the referral should be made via this Head & Neck Cancer Diagnosis & referral Pathway

3. Refer to Specialty Care – ALL PATIENTS

ALL PATIENTS:
- ULTRASOUND AND Cone Beam Computed Tomography (CBCT) **ARE NOT** recommended
- Any required biopsies will be arranged by the surgeon

STANDARD RISK SYMTPOMS
- **If pt has more than one symptom the triaging physician will assess the risk and pt will be seen sooner as required**
- All DI will be arranged by Specialty Care

HIGH RISK SYMTPOMS:
- **ORDER CT Neck with contrast** (include the Chest if pt has enlarged neck lymph nodes)
- **DO NOT DELAY REFERAL WAITING FOR CT SCAN**

Send an urgent referral.
See referral guideline tab for details.

For all pathway related concerns → **Otolaryngology (OHNS/ENT) Head & Neck Surgery.** See referral guideline tab for details.

For oral lesions only → **Oral Maxillofacial Surgery (OMFS).**
Some services provided by OMFS may not be covered through public coverage. Refer to otolaryngology if cost concerns
See referral guideline tab for details.

Considerations

If patient presents with any of the following:
- Lymphadenopathy above AND below the clavicle
- Drenching night sweats
- Unexplained fever
- Unexplained weight loss
- <40 years of age

Refer to Lymphoma Pathway

The **mental health** and wellbeing of Head and Neck Cancer patients is a concern. See Considerations link above for details.