

INITIAL WORK-UP

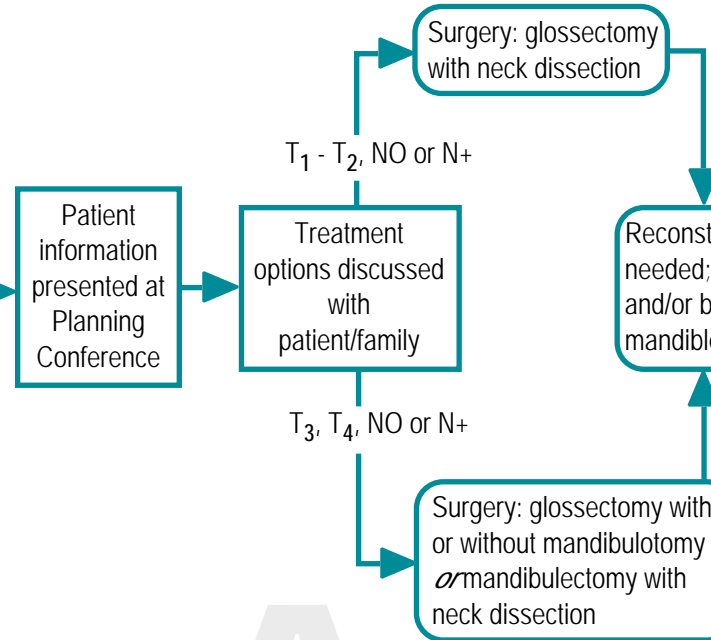
Outside pathology material reviewed
 History:
 Chief Complaint
 History of present illness & previous treatment
 Past Medical History:
 - Medical Illnesses
 - Surgeries
 - Medication allergies
 - Family history
 - Social history (including tobacco and alcohol use)
 - Medications
 - Review of systems
 Physical Examination:
 Full head & neck exam
 General medical examination
 Stage T N (AJCC)
 Imaging studies:
 T₁T₂ optional CT or US neck
 T₃T₄ CT or MRI H & N
 Panorex mandible - optional
 CXR
 Pre-op: Liver function tests

CONSULTATIONS

Dental Oncology for dentulous patients if XRT may be used
 Radiation Oncology if patient not eligible for surgery or as an alternative therapy or adjuvant post-operative treatment
 Speech Pathology for patients whose treatment may impact swallowing and/or speech
 Plastic Surgery for patients who will require major reconstruction
 Pre-operative Internal Medicine consult (see conditions in note below)
 Nutrition
 Consider smoking cessation program
 Quality of life questionnaire (optional)

Conditions for Pre-Op Internal Medicine Consult:
 Hypertension
 1. Uncontrolled or newly diagnosed
 2. Poorly compliant patient
 3. Multi-drug regimen for control
 Cardiac Disease
 1. History of MI or angina
 2. History of cardiac or vascular surgery
 3. Cardiac murmur or valvular heart disease
 4. CHF

INITIAL TREATMENT



Pulmonary Disease
 1. >=20 pack year smoking history
 2. Moderate to severe COPD <2 flight exercise tolerance
 3. Reactive airways disease
 4. Previous lung resection
 5. Multiple history of pneumonias
 6. History of TB

ADJUVANT THERAPY

Indications for adjuvant post-op XRT based on path report:
 - Close (<5mm) and/or microscopic positive margins
 - perineural involvement
 - tumor in lymphatic vessels
 - positive lymph nodes with extracapsular extension
 - tumor in connective tissue
 - >2 positive lymph nodes

Medical Oncology:
 Chemoprevention trials optional

Cerebrovascular Disease
 1. Previous CVA
 2. History of TIA
 3. Carotid bruit or known stenosis
 Hepatic Disease
 1. History of cirrhosis
 2. Laboratory of hepatic dysfunction

FOLLOW-UP

H & N history and physical exam every 3mo for 1yr., then every 4 mo for 1 yr., then every 6 mo for 3 yr., then annually
 CXR annually
 Barium swallow (optional) annually
 TSH annually if radiated
 Liver function tests annually (optional)
 Quality of life questionnaire (optional)

Diabetes
 1. Type I
 2. Type II

Patients with advanced stage disease (T3, T4, N2 or N3) should be considered for clinical trials on neo-adjuvant or adjuvant therapy.

Oral Tongue Cancer

Physicians and nurses at The M. D. Anderson Cancer Center created this practice guideline.
The core development team included:

Dr. David L. Callender
Dr. Abraham S. Delpassand
Dr. Robert F. Gagel
Dr. Helmuth Goepfert
Dr. Jeffrey E. Lee
Ellen Limitone, RN
Dr. Steven Sherman

MDACC