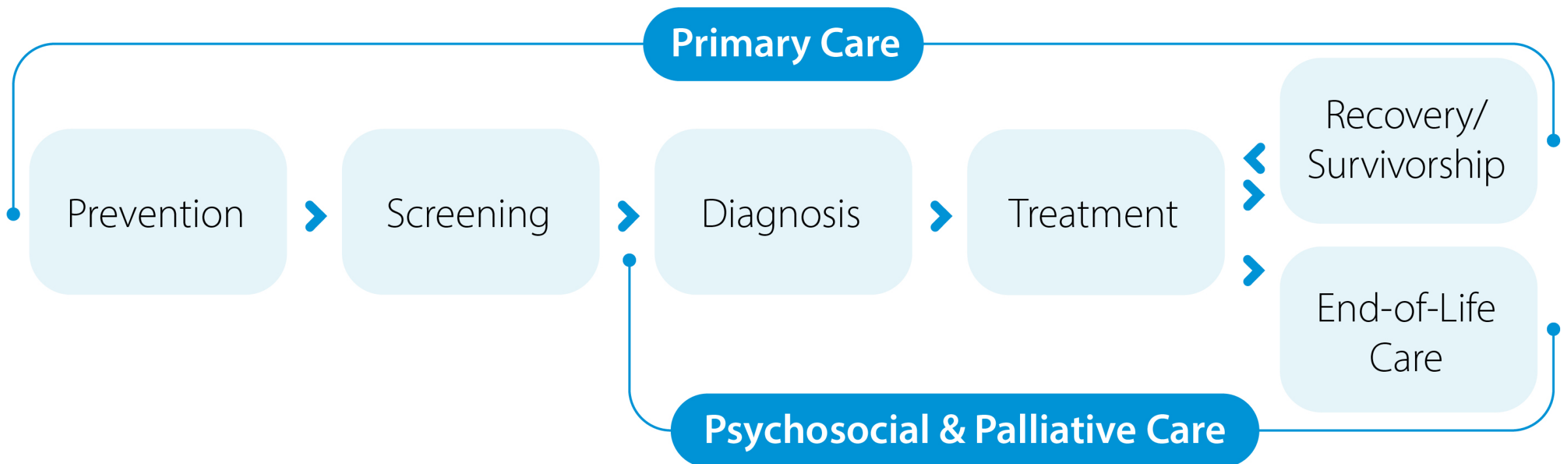


# HPV-Negative Oropharyngeal Squamous Cell Carcinoma Treatment Pathway Map

Version 2023.02



**Disclaimer:** The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.



**Ontario Health**  
Cancer Care Ontario

Target Population

- Patients with a confirmed HPV-negative oropharyngeal squamous cell carcinoma diagnosis who have undergone the recommended diagnostic and staging procedures outlined in the **Oropharyngeal Squamous Cell Cancer Diagnosis Pathway**.

Pathway Map Considerations

- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health811](#) is a government resource that helps patients find a doctor or nurse practitioner.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).\*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources and guidance documents.
- The term ‘health care provider’, used throughout the pathway, includes primary care providers and specialists, nurse practitioners, otolaryngologists, speech language pathologists, registered dietitians, and emergency physicians.
- Multidisciplinary Cancer Conferences (MCCs) may be considered for all phases of the pathway map. For more information on Multidisciplinary Cancer Conferences, visit [MCC Tools](#).
- For more information on wait time prioritization, visit [Surgery](#).
- Clinical trials should be considered for all phases of the pathway map.
- Sexual health should be considered throughout the care continuum. Healthcare providers should discuss sexual health with patients before, during and after treatment as part of informed decision-making and symptom management. See [Psychosocial Oncology Guidelines Resources](#)
- Before initiating gonadotoxic therapy (e.g. surgery, systemic, radiation), healthcare providers should discuss potential effects on fertility with patients and arrange referral to a fertility specialist if appropriate. See [Ontario Fertility Program](#)
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit [EBS #19-3](#).\*
- Counseling and treatment for smoking cessation should be initiated early on in the pathway and continued by care providers throughout the pathway as necessary.
- The following should be considered when weighing the treatment options described in this pathway for patients with potentially life-limiting illness:
  - Palliative care may be of benefit at any stage of the cancer journey, and may enhance other types of care – including restorative or rehabilitative care - or may become the total focus of care.
  - Ongoing discussions regarding goals of care is central to palliative care, and is an important part of the decision-making process. Goals of care discussions include the type, extent and goal of a treatment or care plan, where care will be provided, which health care providers will provide the care, and the patient’s overall approach to care.
- Organizational Guidance for the Care of Patients with Head and Neck Cancer in Ontario recommendations apply across this pathway and establish the minimum requirements to maintain a head and neck disease site program. For more information visit: [GL 5-3ORG](#).

\* **Note.** [EBS #19-2](#) and [EBS #19-3](#) are older than 3 years and are currently listed as ‘For Education and Information Purposes’. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

Pathway Map Legend

Colour Guide	Shape Guide	Line Guide
Primary Care	Intervention	Required
Palliative Care	Decision or assessment point	Possible
Pathology	Patient (disease) characteristics	
Organized Diagnostic Assessment	Consultation with specialist	
Surgery	Exit pathway	
Radiation Oncology	Off page reference	
Medical Oncology	Referral	
Radiology		
Multidisciplinary Cancer Conference (MCC)		
Genetics		
Psychosocial Oncology (PSO)		

Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

While care has been taken in the preparation of the information contained in the pathway map, such information is provided on an “as-is” basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information’s quality, accuracy, currency, completeness, or reliability.

Ontario Health (Cancer Care Ontario) and the pathway map’s content providers (including the physicians who contributed to the information in the pathway map) shall have no liability, whether direct, indirect, consequential, contingent, special, or incidental, related to or arising from the information in the pathway map or its use thereof, whether based on breach of contract or tort (including negligence), and even if advised of the possibility thereof. Anyone using the information in the pathway map does so at his or her own risk, and by using such information, agrees to indemnify Ontario Health (Cancer Care Ontario) and its content providers from any and all liability, loss, damages, costs and expenses (including legal fees and expenses) arising from such person’s use of the information in the pathway map.

This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

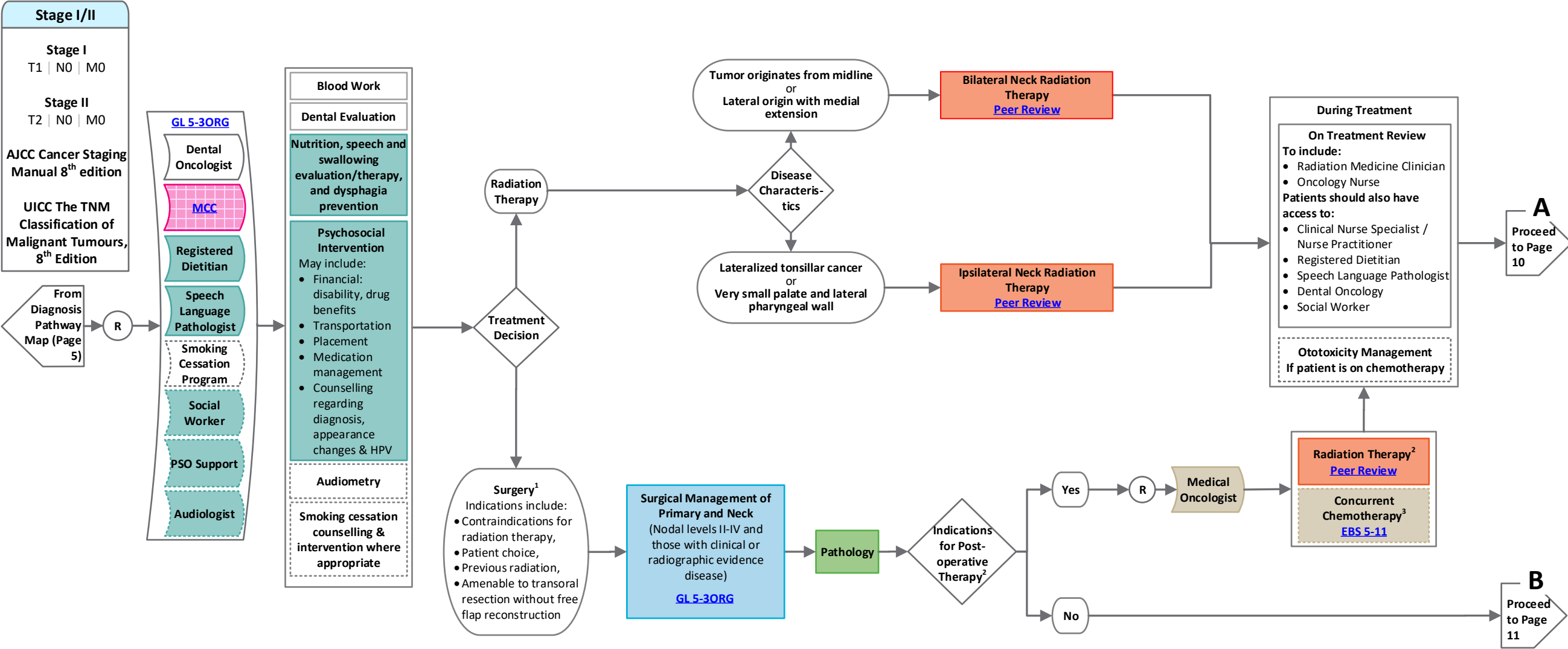
Stage I/II

Version 2023.02 Page 3 of 13

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



<sup>1</sup> Surgery may be an option for some patients. Patients should be included in trials investigating Transoral Robotic Surgery (TORS) where available.

<sup>2</sup> Indications for post-operative radiotherapy: Close surgical margins OR one or more of the following at the primary site: peri-neural invasion, lymph-vascular invasion OR lymph node involvement (≥ 2 lymph nodes, any lymph node >3 cm (N2+), nodal level IV-V LN positive, extracapsular extension (ECE)).

<sup>3</sup> Indications for concurrent chemotherapy: positive margins or extracapsular extension (ECE).

# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

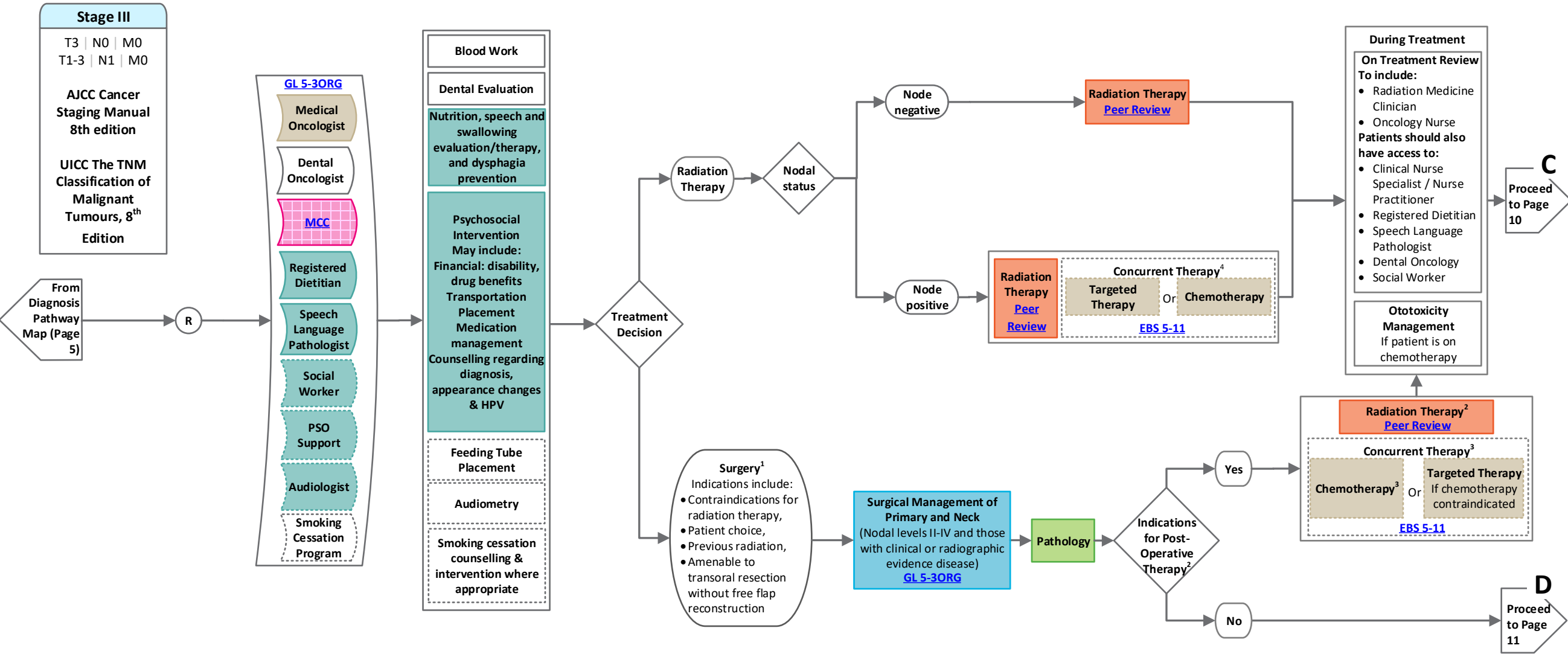
Stage III

Version 2023.02 Page 4 of 13

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



<sup>1</sup> Surgery may be an option for some patients. Patients should be included in trials investigating Transoral Robotic Surgery (TORS) where available.

<sup>2</sup> Indications for post-operative radiotherapy: Close surgical margins OR one or more of the following at the primary site: peri-neural invasion, lymph-vascular invasion OR lymph node involvement ( $\geq 2$  lymph nodes, any lymph node  $>3$  cm (N2+), nodal level IV-V LN positive, extracapsular extension (ECE)).

<sup>3</sup> Indications for concurrent chemotherapy: positive margins or extracapsular extension (ECE).

<sup>4</sup> As per EBS 5-11 systemic treatment should not be based on age alone but should be individualized to the patient's situation.

# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

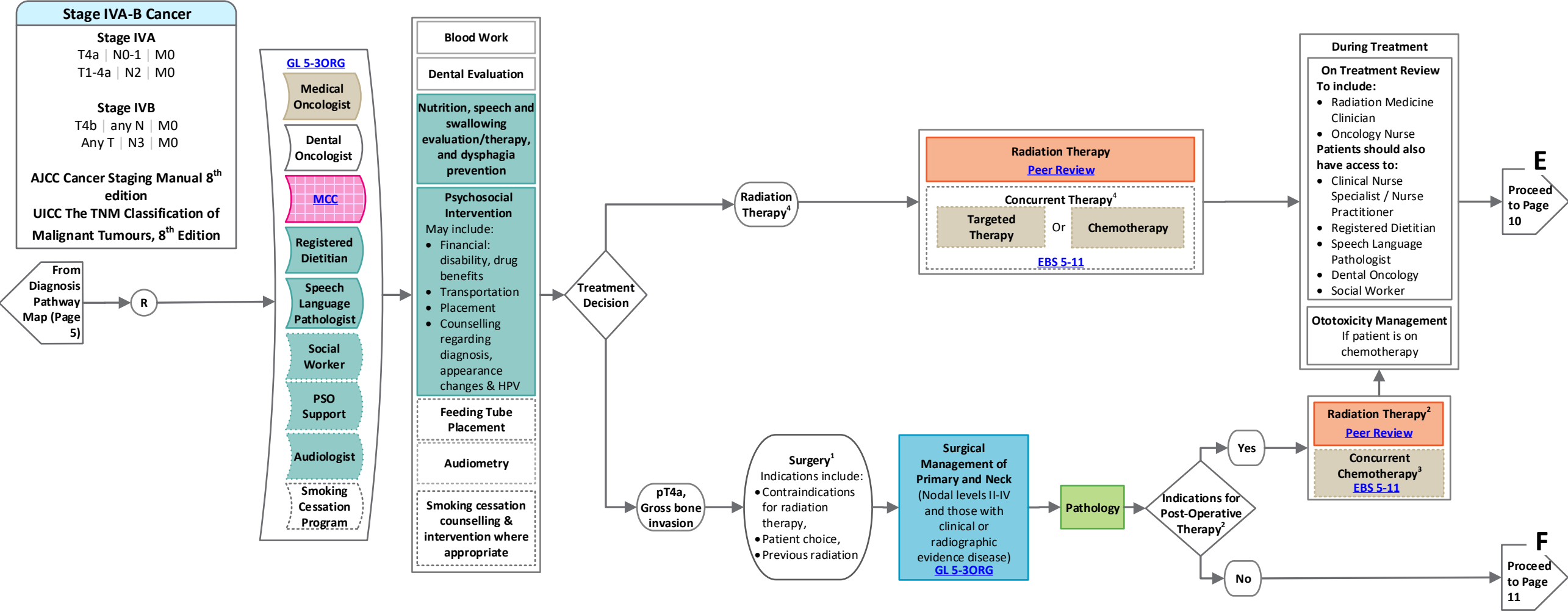
Stage IV A-B

Version 2023.02 Page 5 of 13

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



<sup>1</sup> Surgery may be an option for some patients. Patients should be included in trials investigating Transoral Robotic Surgery (TORS) where available.

<sup>2</sup> Indications for post-operative radiotherapy: Close surgical margins OR one or more of the following at the primary site: peri-neural invasion, lymph-vascular invasion OR lymph node involvement (≥ 2 lymph nodes, any lymph node >3 cm (N2+), nodal level IV-V LN positive, extracapsular extension (ECE)).

<sup>3</sup> Indications for concurrent chemotherapy: positive margins or extracapsular extension (ECE).

<sup>4</sup> As per EBS 5-11 systemic treatment should not be based on age alone but should be individualized to the patient's situation.

# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

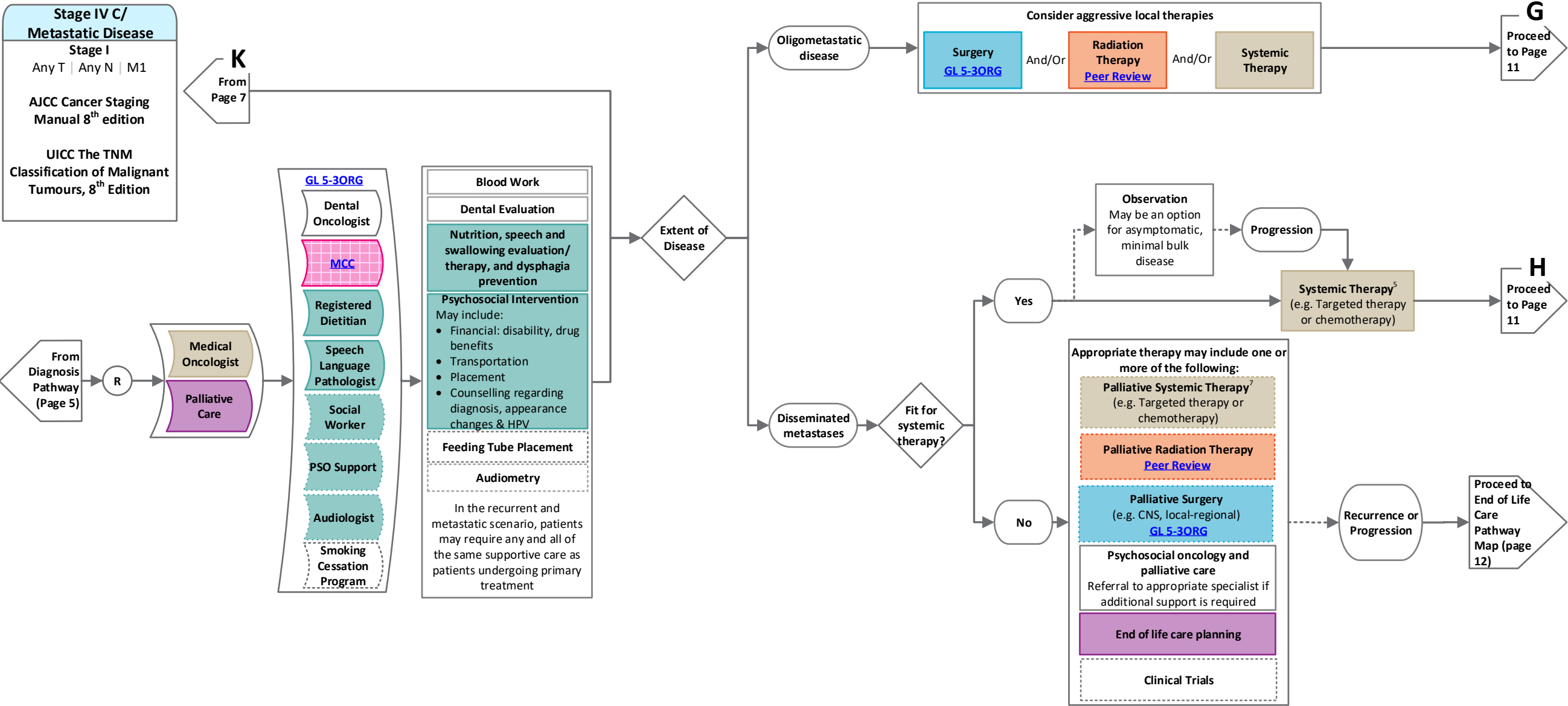
### Stage IV C Metastatic Disease

Version 2023.02 Page 6 of 13

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



<sup>5</sup> Platinum-containing agents (single or multi-agent) alone or in combination with other agents; other systemic therapy options may also exist including targeted therapies such as Nivolumab or Pembrolizumab as indicated. Consider referral to Head & Neck centre.



# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

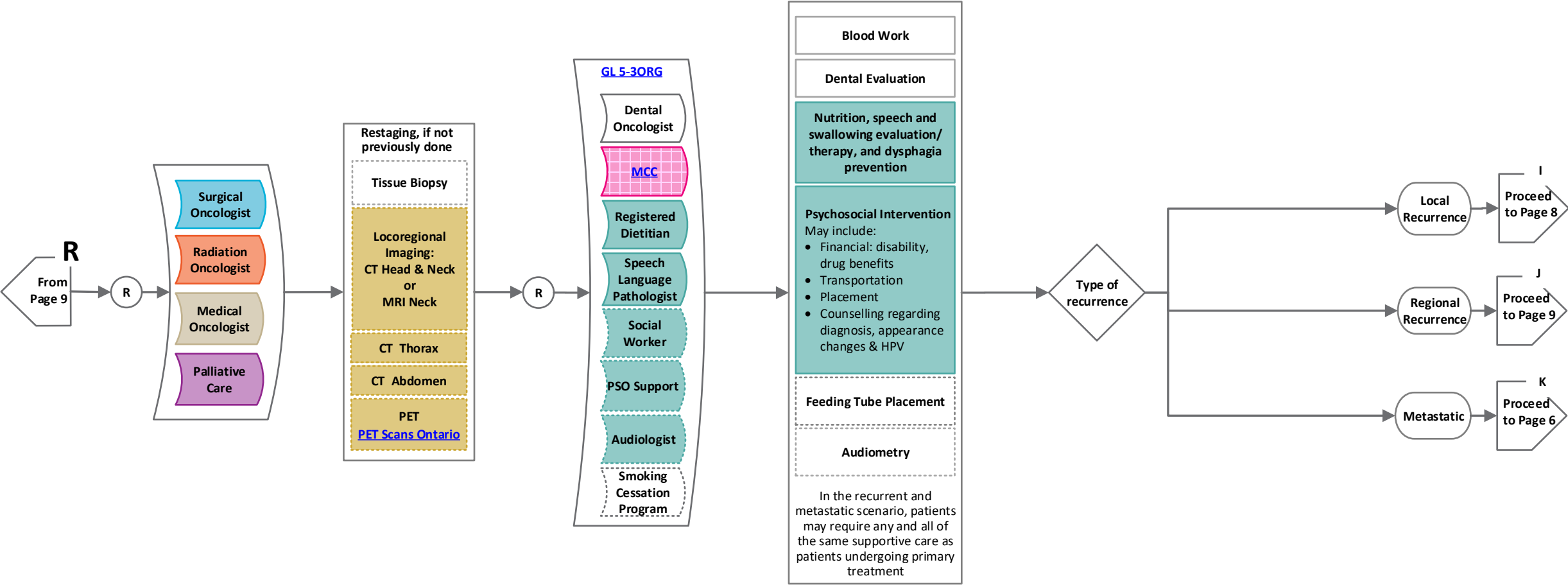
### Recurrence

Version 2023.02 Page 7 of 13

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

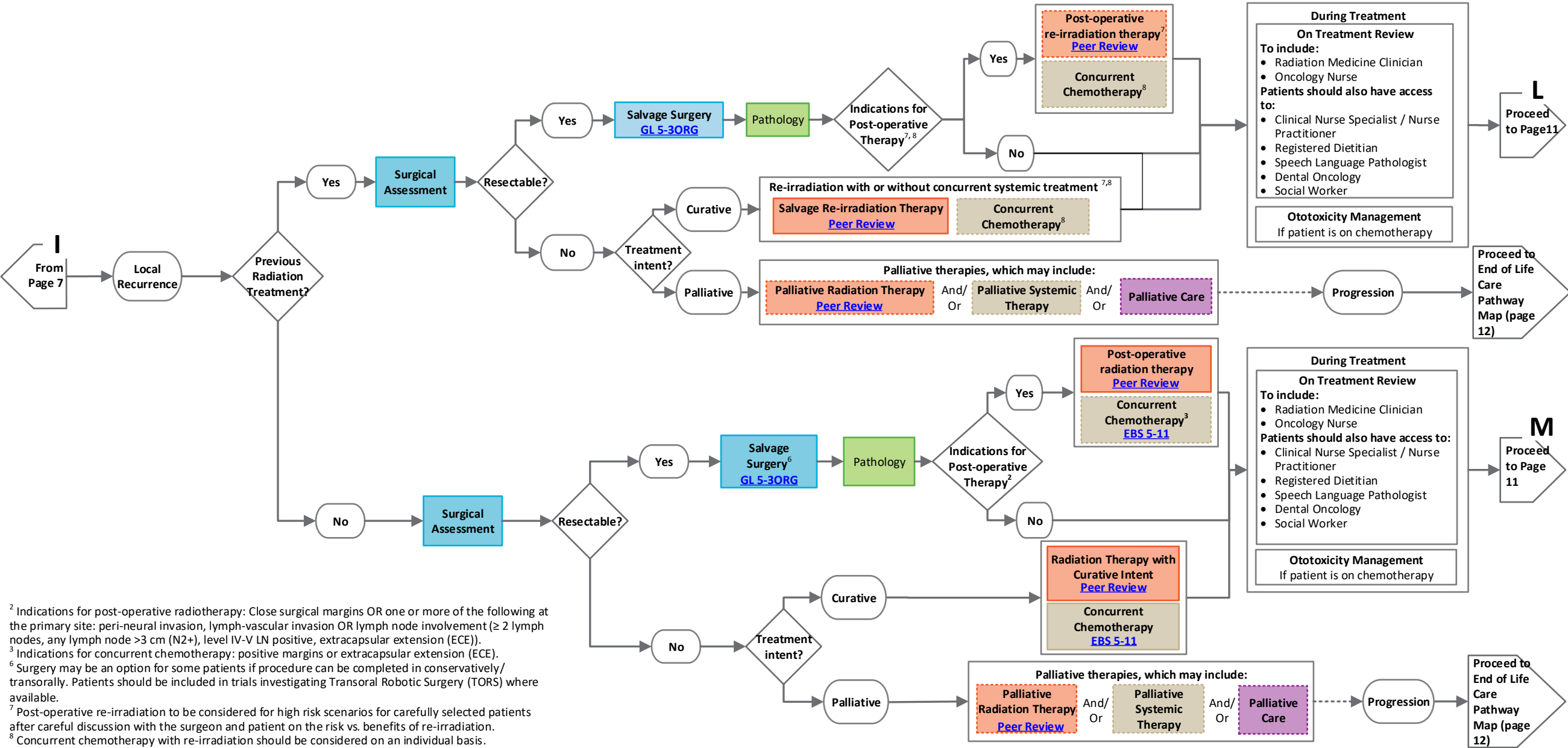
### Local Recurrence

Version 2023.02 Page 8 of 13

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)





# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

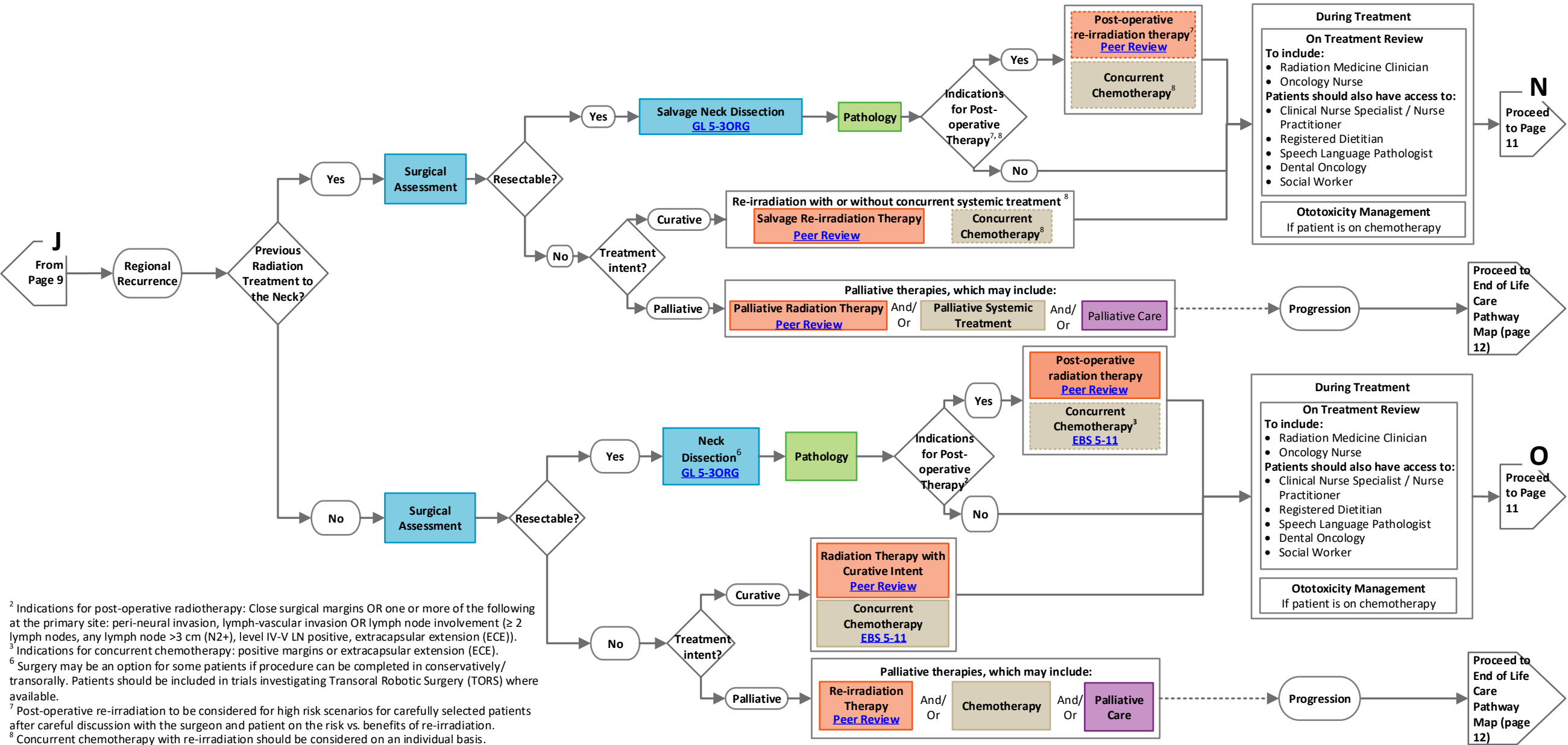
### Regional Recurrence

Version 2023.02 Page 9 of 13

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



<sup>2</sup> Indications for post-operative radiotherapy: Close surgical margins OR one or more of the following at the primary site: peri-neural invasion, lymph-vascular invasion OR lymph node involvement (≥ 2 lymph nodes, any lymph node >3 cm (N2+), level IV-V LN positive, extracapsular extension (ECE)).

<sup>3</sup> Indications for concurrent chemotherapy: positive margins or extracapsular extension (ECE).

<sup>6</sup> Surgery may be an option for some patients if procedure can be completed in conservatively/ transorally. Patients should be included in trials investigating Transoral Robotic Surgery (TORS) where available.

<sup>7</sup> Post-operative re-irradiation to be considered for high risk scenarios for carefully selected patients after careful discussion with the surgeon and patient on the risk vs. benefits of re-irradiation.

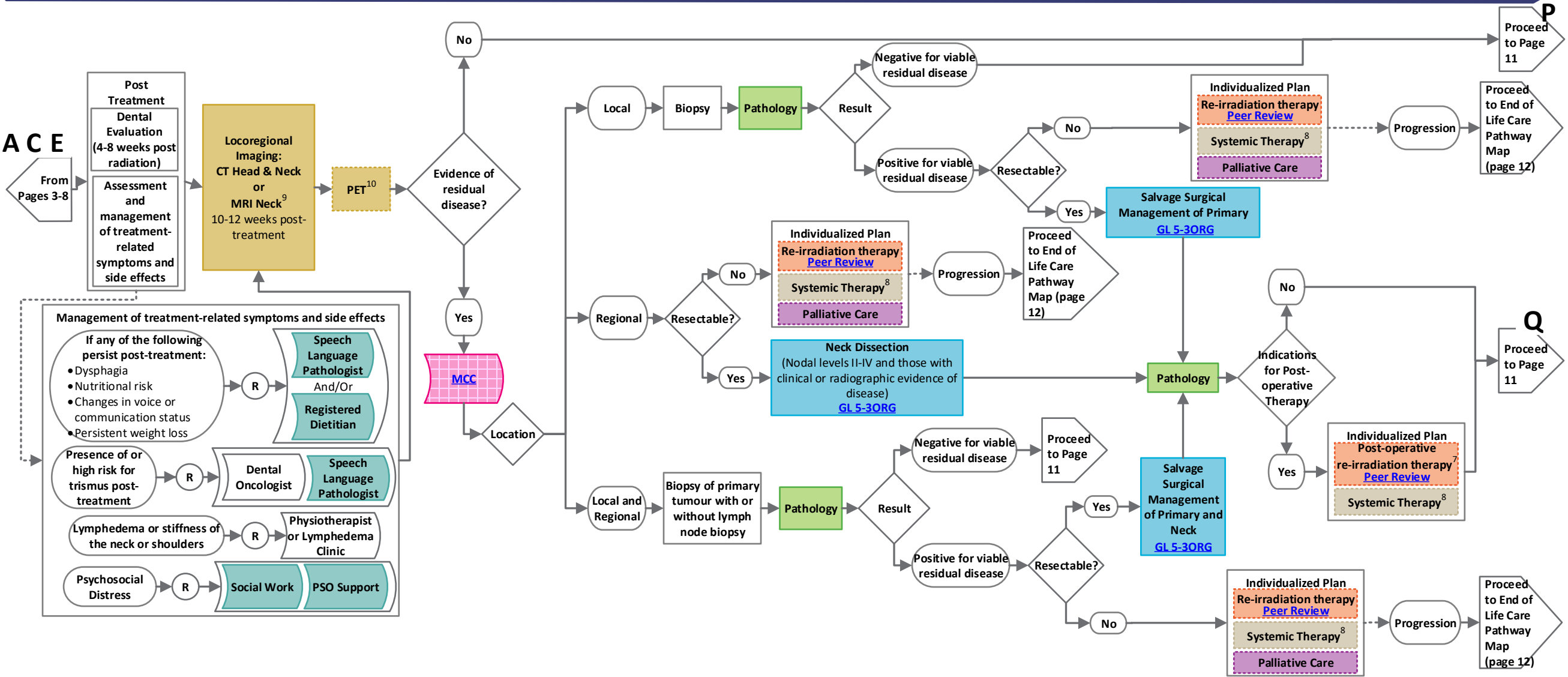
<sup>8</sup> Concurrent chemotherapy with re-irradiation should be considered on an individual basis.

# HPV-Negative Oropharyngeal Squamous Cell Carcinoma Treatment Pathway Map

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



<sup>7</sup> Post-operative re-irradiation to be considered for high risk scenarios for carefully selected patients after careful discussion with the surgeon and patient on the risk vs. benefits of re-irradiation.  
<sup>8</sup> Concurrent chemotherapy with re-irradiation should be considered on an individual basis.  
<sup>9</sup> Same modality should be used as baseline imaging  
<sup>10</sup> Restaging after chemoradiotherapy treatment to assess patients with N1-N3 squamous-cell carcinoma of the H&N, if patients have residual neck nodes  $\geq 1.5\text{cm}$  on re-staging CT performed 10-12 weeks post therapy for HPV positive disease.

# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

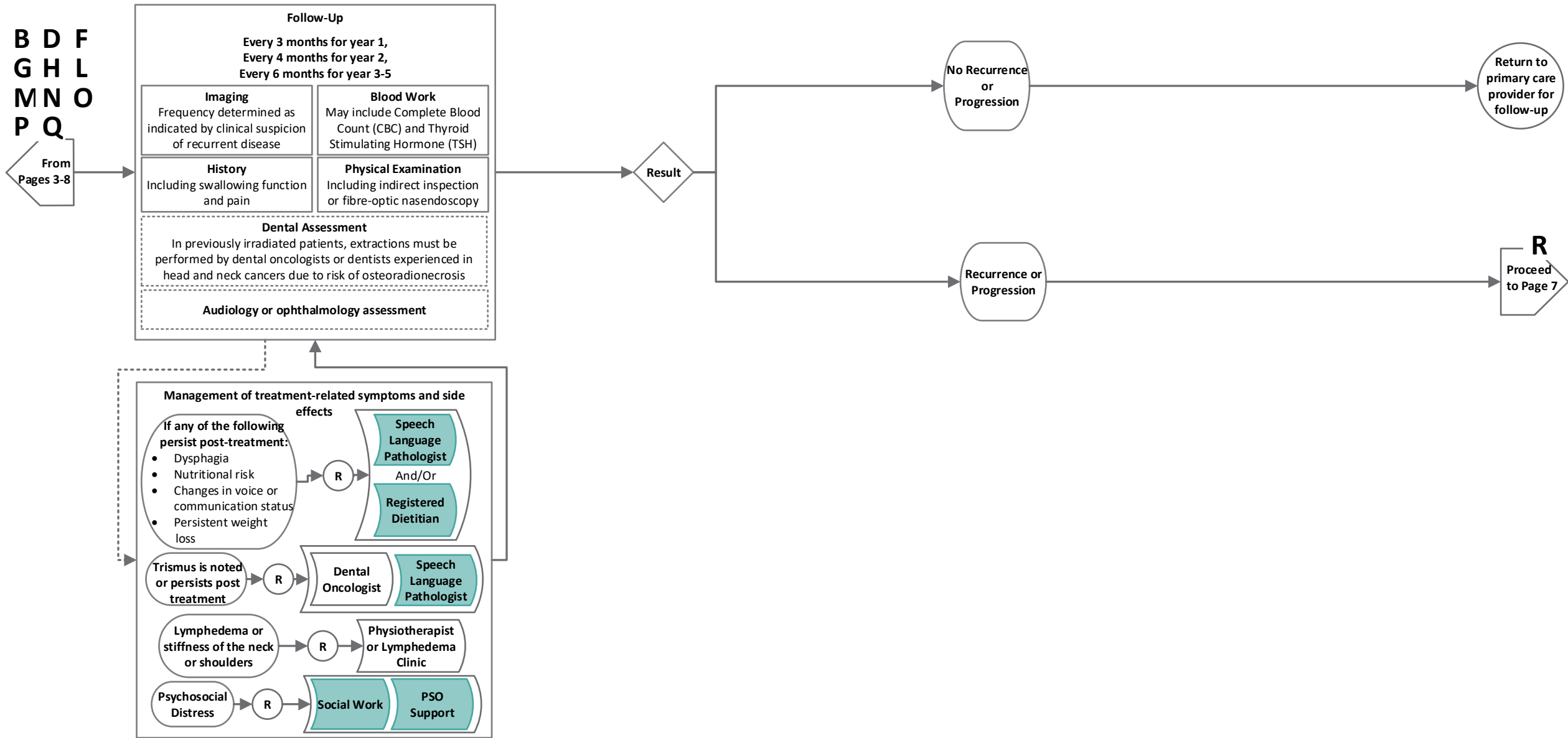
### Follow-Up

Version 2023.02 Page 11 of 13

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey [Click here for more information about palliative care](#)



# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

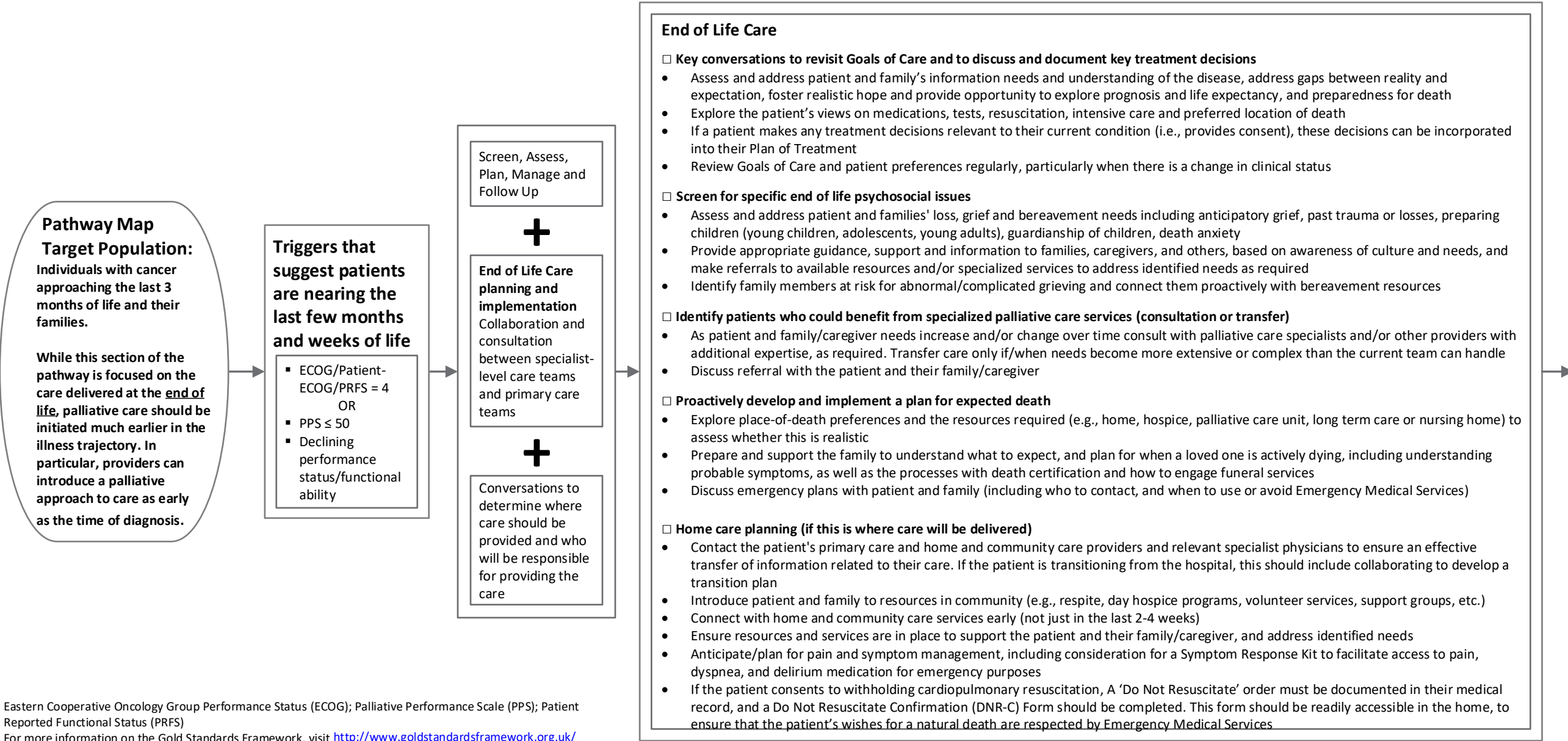
### End of Life Care

Version 2023.02 Page 12 of 13

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey. [Click here for more information about palliative care](#)



# HPV-Negative Oropharyngeal Squamous Cell Carcinoma

## Treatment Pathway Map

The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a health care provider if he/she has any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.

Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)

Consider the introduction of palliative care, early and across the cancer journey. [Click here for more information about palliative care](#)

