

**2018 Site Study
Standard 4.6
Head and Neck Cancers, Stage III & IV**

Patients with advanced head and neck cancers diagnosed in 2018 were reviewed. The primary sites include any head and neck, excluding skin and thyroid, and including the larynx. Ten 2018 cases were applicable to this study. All cases were reviewed.

Four patients presented with laryngeal carcinoma. Three of those patients were Stage III and one was Stage I. The Stage I patient had a complete resection of lesion of the vocal cord. Of the three remaining patients, one underwent concurrent chemo and radiation with Drs. Abhishek and Johnson. One is scheduled to begin concurrent chemo and radiation in early October and one patient, a Stage III with node positive disease, underwent induction chemo and then refused any further treatment. Three patients met the criteria for concurrent chemotherapy and radiation and all patients were offered appropriate treatment. Treatment was initiated within 4-6 weeks of diagnosis.

Six patients with head and neck cancers were reviewed, including oropharyngeal, pharyngeal, salivary glands and tonsillar sites. Two patients presented with minimal local disease (Stage I-II) and underwent a definitive resection for cure, with one receiving radiation post operatively. One patient underwent a neck dissection with 1 positive node and was recommended to receive radiation only. Three additional patients had node positive disease, qualifying for concurrent chemotherapy and radiation. All three of these patients received concurrent chemotherapy with radiation, one with Drs. Abhishek and Johnson and two with VCI and Dr. Johnson.

All patients meeting the criteria were seen by medical and radiation oncology with only one patient declining the recommended treatment.

NCCN guideline recommendations for head and neck cancers with node positive disease are concurrent chemotherapy with radiation for unresected cancers of the head and neck. Based on national guidelines all patients from Memorial were treated or offered treatment appropriately and in a timely manner, with one patient refusing treatment. All patients were treated within a 4-6 week time frame, after complete work up, including consultations and dental recommendations.

Respectfully submitted
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