Best practice examples

Head & Neck cancers

Lisa Licitra
lisa.licitra@istitutotumori.mi.it
ESMO Clinical Practice Guidelines

The ESMO Clinical Practice Guidelines (CPG) are intended to provide the user with a set of recommendations for the best standards of cancer care, based on the findings of evidence-based medicine. Each CPG includes information on the incidence of the malignancy, diagnostic criteria, staging of disease and risk assessment, treatment plans and follow-up.

ESMO is pleased to release the latest enhanced and revised set of guidelines designed to help oncologists deliver an appropriate quality of care to their patients.

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Welcome to ESTRO

ESTRO exists to advance all aspects of radiation oncology through a range of activities for its members and the wider healthcare and patient communities. ESTRO promotes excellence through education, professional development, promotion of research and dissemination of outcomes, courses and conferences. ESTRO is focused on improving all aspects of patient care and supports the role of radiation oncology in the multimodality treatment of cancer.

The ESTRO Radiotherapy Information Centre is an open access resource with sections for patients, healthcare professionals, journalists and researchers as well as data on cancer and its treatment across Europe.

www.estro.org
Squamous cell carcinoma of the head and neck: EHNS–ESMO–ESTRO Clinical Practice Guidelines for diagnosis, treatment and follow-up

V. Grégoire¹, J.-L. Lefebvre², L. Licitra³ & E. Felip⁴

On behalf of the EHNS–ESMO–ESTRO Guidelines Working Group

¹Department of Radiation Oncology, St-Luc University Hospital, Brussels, Belgium; ²Department of Head and Neck Surgery, Centre Oscar Lambret, Lille, France; ³Medical Oncology Head and Neck Unit, Istituto Nazionale dei Tumori, Milan, Italy; ⁴Medical Oncology Service, Vall d’Hebron University Hospital, Barcelona, Spain

Nasopharyngeal cancer: EHNS–ESMO–ESTRO Clinical Practice Guidelines for diagnosis, treatment and follow-up

A. T. C. Chan¹, V. Grégoire², J.-L. Lefebvre³, L. Licitra⁴ & E. Felip⁵

On behalf of the EHNS–ESMO–ESTRO Guidelines Working Group

¹Department of Clinical Oncology, Prince of Wales Hospital, Chinese University, Hong Kong; ²Department of Radiation Oncology, St-Luc University Hospital, Brussels, Belgium; ³Department of Head and Neck Surgery, Centre Oscar Lambret, Lille, France; ⁴Medical Oncology Head and Neck Unit, Istituto Nazionale dei Tumori, Milan, Italy; ⁵Medical Oncology Service, Vall d’Hebron University Hospital, Barcelona, Spain
diagnosis

Pathological diagnosis should be made according to the World Health Organization classification from a surgical biopsy sample.

Routine staging includes physical examination, chest X-ray, head and neck endoscopy, and head and neck computed tomography (CT) scan or magnetic resonance imaging (MRI). MRI is the preferable staging procedure for every tumour subsite except laryngeal and hypopharyngeal cancers. A thoracic CT scan may be performed to rule out metastatic disease and or second lung primaries. The role of 2-[^18]F]fluoro-
The role of induction chemotherapy (ICT) has been reconsidered since the introduction of taxane–platinum-based (TPF) combinations that have proved to be superior to platinum–fluorouracil PF schedule in loco-regionally advanced disease [I, A]. However, at present, induction chemotherapy is not considered standard treatment in advanced disease. ICT followed by RT-CT (so-called sequential CT-RT) is still under evaluation. The overall toxicity of this approach can be substantial thus compromising the final result.
reseetable patients [I, A]. Radiotherapy given concomitantly with cetuximab has demonstrated a higher response rate, longer disease-free progression and longer overall survival versus radiotherapy alone [II, B]. There is no formal comparison between the combination of radiotherapy with cisplatin or cetuximab. In this context the therapeutic decision is difficult to take. However, it should be considered that results of concomitant chemoradiation are based on thousands of patients, that this combination is associated with significant toxicity and that its efficacy in the elderly population is questioned. On the other hand results of cetuximab + radiation are based on 200 patients, the magnitude in effect was similar or even better than that achieved by concomitant chemoradiation, it proved to be less toxic and the benefit in the elderly subgroup is also questioned.
American Society of Clinical Oncology Clinical Practice Guideline for the Use of Larynx-Preservation Strategies in the Treatment of Laryngeal Cancer

The “grey zone” of evidence-based medicine
international evidence-based consensus

willingness to pay
Bayesian approaches to summarizing evidence?

\[ P[A|B] = P[A] \times \frac{P[B|A]}{P[B]} \]

Mr. Bayes & Mr. Price. Phil Trans 1763;53:370
European Action Against Rare Cancers

Lisa Licitra
lisa.licitra@istitutotumori.mi.it