

New Guideline Addresses Long-term Needs of Head and Neck Cancer Survivors

Fourth in series of cancer survivorship care guidelines

March 22, 2016—A new American Cancer Society guideline provides clinicians with recommendations on key areas of clinical follow-up care for survivors of head and neck cancer, a growing population numbering approximately 436,060 and accounting for 3% of all cancer survivors living in the United States.

Head and neck cancer will account for an estimated 61,760 new cancer cases in the United States in 2016, and long-term survival is increasingly common in this population. Tobacco use and alcohol consumption together account for an estimated three out of four cases of head and neck cancer. Human papillomavirus is also a risk factor, accounting for as many as seven out of ten oropharyngeal cancers.

The National Cancer Survivorship Resource Center, a collaboration between the American Cancer Society, The George Washington University Cancer Institute, and the Centers for Disease Control and Prevention, funded through a five-year cooperative agreement from the Centers for Disease Control and Prevention (CDC), convened a multidisciplinary expert workgroup to review existing guidelines and available evidence to develop guideline recommendations using the highest level of evidence. The panel included members with expertise in primary care, dentistry, surgical oncology, medical oncology, radiation oncology, clinical psychology, speech language pathology, physical medicine and rehabilitation, nursing, and a head and neck cancer survivor who provided a patient perspective.

The comprehensive guideline, published in the American Cancer Society journal, [*CA: A Cancer Journal for Clinicians*](#), includes recommendations on surveillance for head and neck cancer recurrence, screening for and early detection of second primary cancers, assessment and management of potential physical and psychosocial long-term and late effects of head and neck cancer and its treatment, health promotion strategies for nutrition, physical activity and tobacco cessation, and key elements of care coordination including survivorship care plans, communication with other providers, and inclusion of caregivers.

“The guideline was developed in response to the need for guidance on how best to care for the growing number of head and neck cancer survivors who potentially face both acute and chronic disability,” write the authors. “Head and neck cancer survivors should be provided with timely and appropriate support and referral to address physical, psychosocial, and practical effects after treatment.”

The guideline is the fourth in a series of cancer survivorship care guidelines from the American Cancer Society to provide primary care and other clinicians who care for cancer survivors with clinical follow-up care recommendations on how to provide comprehensive cancer survivorship

care to adult posttreatment cancer survivors as they transition from treatment to long-term survivorship, with a goal of improving care and health and quality of life of cancer survivors. The American Cancer Society has survivorship guidelines to address the cancer survivorship care needs of survivors of prostate, colorectal, and breast cancers, as well as nutrition and physical activity guidelines for cancer survivors. For more information, visit cancer.org/professionals. CDC works with national cancer organizations, state health agencies, and other key groups to develop, implement, and promote effective strategies for preventing and controlling cancer. For more information about CDC's cancer prevention efforts, visit www.cdc.gov/cancer.

Article: [American Cancer Society Head and Neck Cancer Survivorship Care Guideline](#) ; CA: Cancer J Clin 2016: doi: 10.3322/caac.21343

For patients: Head and Neck Cancer Survivorship Care Guideline Patient Page:
<http://onlinelibrary.wiley.com/doi/10.3322/caac.21344/epdf>

Authors: Ezra E. W. Cohen, MD; Samuel J. LaMonte, MD, FACS; Nicole L. Erb, BA ; Kerry L. Beckman, MPH, CHES; Nader Sadeghi, MD; Katherine A. Hutcheson, PhD; Michael D. Stubblefield, MD; Dennis M. Abbott, DDS; Penelope S. Fisher, MS, RN, CORLN; Kevin D. Stein, PhD; Gary H. Lyman, MD, MPH, FASCO, FACP; Mandi L. Pratt-Chapman, MA
