

ESMO Checklist: HNSCC Patient Related Treatment Workflow*

Tick the box and insert the date as you have dealt with every task listed below, as appropriate. In case you use the template, you can also insert and save data directly on the PDF file.

| PATIENT'S PERSONAL DATA | | |
|--|---|---|
| Last Name: | First Name: | |
| Date of birth: __/__/__ | Gender: | |
| DATE OF REFERRAL/1ST CONSULTATION: __/__/__ | | |
| __/__/__ | MEDICAL HISTORY AND RISK FACTORS | |
| Past personal medical history and vascular risk factors: | | |
| Past surgical history: | | |
| Concurrent medication: | | |
| Allergies: | | |
| Smoking history: __pack/y from age__ to age__ | | |
| Alcohol consumption: | | |
| Normal weight: | Height: | BMI: |
| __/__/__ | PRESENT MEDICAL CONDITIONS | |
| Main symptoms: | | |
| Nutritional status: | | |
| Speech and swallow function: | | |
| Dental status: | | |
| Psycho-social evaluation: | | |
| Geriatric assessment (if indicated) | | |
| Other relevant clinical conditions (autoimmune disease, renal impairment, etc.): | | |
| __/__/__ | DIAGNOSIS AND CLINICAL STAGING | |
| __/__/__ Physical examination (including H&N areas) | | |
| __/__/__ H&N endoscopy | | |
| __/__/__ H&N CE-CT and/or MRI | | |
| __/__/__ FDG-PET-CT scan | | |
| __/__/__ TNM stage and grade: | | |
| Location: | | |
| Oral cavity | Oropharynx | Hypopharynx Larynx Unknown |
| Disease extension | | |
| Local disease | Locoregional disease | Metastatic disease |
| __/__/__ | HISTOLOGICAL ANALYSIS | |
| Core biopsy of primary tumor | | |
| Squamous cell carcinoma | Other histology | |
| Surgical specimen | | |
| Tumor size (mm) | Growth pattern | Depth of invasion /DOI (mm) (oral cavity) |
| Lymphatic infiltration (y/n) | Perineural infiltration (y/n) | |
| Surgical margins (positive/negative) | | |
| Lymph node evaluation | | |
| N° removed | N° affected and location | Extracapsular extension (y/n) |
| Biomarker analysis | | |
| HPV status (oropharynx) | PDL1- CPS (R/M disease) | EBV status (if unknown primary) |
| Tissue material available/stored for future molecular analyses | YES | NO |

| | | | |
|---|---|------------------------|------------------------------------|
| ___/___/___ | LAB TESTS | | |
| | FBC | Coagulation parameters | Liver function |
| | Renal Function | Thyroid function | Albumin |
| Timeline for further work-up has been checked and it is tight enough | | | |
| ___/___/___ | MDT discussion and decision (primary malignancy centered) | | |
| | Surgery Adjuvant radiotherapy Adjuvant Chemoradiotherapy Definitive radiotherapy (early-stage disease) Definitive Chemoradiotherapy Definitive Bioradiotherapy (cetuximab) Induction chemotherapy followed by Chemo/bioradiotherapy Systemic therapy for advanced disease Supportive and palliative care Enrolment in a clinical trial | | |
| | MDT discussion and decision (treatment support centered) | | |
| | Need of upper-airway support | | Need of nutritional support |
| | Need of dental support | | Need of speech and swallow support |
| | Need of psycho-social support | | |
| ___/___/___ | Treatment options have been discussed with the patient and strategy accepted | | |
| COMPILER INFORMATION | | | |
| Name: | | Date: ___/___/___ | |
| Comments: | | | |

* This checklist excludes nasopharyngeal carcinoma evaluation