Head and Neck Non-Surgical Oncology Service
Operational Structure

All new head and neck patients are discussed/assessed through three Greater Manchester Multi-disciplinary Team Meetings (2 at Christie, 1 at North Manchester) each serving a catchment population of approximately 1 million (Central/NW; South; NE). There is active discussion as to whether/how greater centralisation of head and neck surgical services (15 head and neck surgeons) should occur. At present surgery takes place in North Manchester, Wythenshawe and MRI. Non-surgical management is all initiated at the main Christie site, can be complex and necessitates excellent multidisciplinary working. This includes a network of specialist nurse, SALT (speech and swallowing experts) and dietetic support across Greater Manchester and Cheshire.

Personnel

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<tr>
<th>Consultants</th>
<th>Prof Nick Slevin</th>
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<tr>
<td></td>
<td>Dr Andrew Sykes</td>
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<td>Dr Kate Garcez</td>
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<td>Dr Lip Lee</td>
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<tr>
<td>Clinical Nurse Specialist</td>
<td>Deborah Elliott</td>
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<td>Nurse Clinician</td>
<td>Kathleen Mais</td>
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Smoking cessation

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<td>Charlotte Finchett</td>
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SALTs

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<td>Helen Rust</td>
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<td>Paul Brown</td>
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<td>Susi Loh</td>
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<td>Veronica Archer</td>
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Research team

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<td>Kim Denton</td>
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<td>John Baron</td>
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<td>Lauren Stopford</td>
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Gastrostomy Nurse Specialist

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<td>Lynne Wilbraham</td>
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Dietician

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<td>Lorna Wilson</td>
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Dentist

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<td>Nadeem Mohammed</td>
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Mould Room Staff

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<td>Tony, Nicola, Steph, Phil, Phil &amp; Julie</td>
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Patient support

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<td>Complementary therapy ‘CALMS’ team</td>
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Activity

510 new patients are referred annually with the following breakdown:

- Induction chemo + radical radiotherapy with systemic treatment: 55 (node positive stage 4)
Radical radiotherapy with synchronous Cisplat or Cetuximab: 118 (stage 3 and 4)

- Radical radiotherapy only (definitive or post op): 280
- Palliative radiotherapy: 15
- Palliative systemic treatment; 59 (new and follow up patients)
- Supportive care only: 20

**Service Development 2013/14**

All patients receiving systemic treatment outwith clinical trials are seen through a nurse-led (KLM) chemotherapy clinic which provides for continuity of care, expert assessment and results in low drug wastage. Three monthly morbidity and mortality meetings review all deaths or serious events to examine potential relationship to treatment. A business case is in progress to appoint a first ever medical oncologist for head and neck to promote early phase work, collaboration with MCRC scientists and expand the commercial trial portfolio (currently led by AJS).

Smoking during RT doubles the mortality compared to non/ex-smokers. An active smoking cessation service has been established to address this (CF-who is also responsible for screening patients for alcohol dependency, anxiety and depression).

Mucositis leads to swallowing impairment, weight loss, altered treatment plans, tube feeding and debilitation which may predispose to serious infection. A head and neck dietician has been appointed (LW) to manage this toxicity proactively working closely with the SALT team.

Almost all patients (more than 90%) receive Intensity Modulated RT as standard. We have established a 3 dose volume approach (oral presentation at international meeting ASTRO 2014) which is flexible and well tolerated. An arc technique has been implemented which is more comfortable for patients (less time on treatment couch/less likely to move). The waiting time for head and neck patients to start RT is being reduced by greater flexibility in work pattern for mould room, dosimetry and medical staff.

Two national trials are led by the Christie examining tumour hypoxia modification (to reduce radiation resistance) as well as amelioration of trismus (jaw tightening). A large portfolio of trials examining novel agents is available for patients with advanced disease.

Proton beam treatment is likely to have a key role in some head and neck subsites. A clinical lead (LWL) has been identified to plan patient pathways prior to this service opening in
2018. A research fellow has completed a proton planning project at UPenn (USA) which has been submitted for publication.

A multidisciplinary tracheostomy group has been formed to ensure best airway management practice is disseminated to all relevant staff groups. The head and neck RT DVD (previous version received BMA award) has been updated. A patient reported outcome measures approach (PROMs) has been adopted to prospectively document treatment toxicity.

A business case is in progress to appoint a RT Clinical Nurse Specialist which is essential to support the complex management of the RT patient group. The health promotion post (CF) has been transformational and needs to have sustained funding secured. A project to examine outcomes for head and neck patients with dementia is underway with expert input from our Psycho-oncology colleagues.

A rapid access dental service is planned (NM).

Outcomes – Click Here
Peer Reviewed Publications 2013/14

Dose intensified hypofractionated intensity-modulated radiotherapy with synchronous cetuximab for intermediate stage head and neck squamous cell carcinoma
PMID: 25279959 [PubMed - as supplied by publisher]

Prognostic value of hypoxia-associated markers in advanced larynx and hypopharynx squamous cell carcinoma.
Bernstein JM, Andrews TD, Slevin NJ, West CM, Homer JJ.
PMID: 25230150 [PubMed - as supplied by publisher]

PMID: 23433435 [PubMed - indexed for MEDLINE]

NIMRAD - A Phase III Trial to Investigate the Use of Nimorazole Hypoxia Modification with Intensity-modulated Radiotherapy in Head and Neck Cancer.
Thomson D, Yang H, Baines H, Miles E, Bolton S, West C, Slevin N.
PMID: 24685344

Evaluation of an automatic segmentation algorithm for definition of head and neck organs at risk.
Carotid dosimetry for T1 glottic cancer radiotherapy
Garcez K, Lim CC, Whitehurst P, Thomson Dr, Ho KF, Lowe M, Sykes A., Lee L, Yap B, Slevin N.
PMID:246282251 (PubMed – in process)

Phase II trial of sorafenib in advanced salivary adenoid cystic carcinoma of the head and neck
PMID: 24346857(PubMed – as supplied by publisher)

The prognostic significance of the biomarker p16 in oropharyngeal squamous cell carcinoma
Oguejiofor KK, Hall JS, Mani N, Douglas C, Slevin NJ,Homer J, Hall G, West CM.
PMID:23916365(PubMed – process)

Cisplatin plus capecitabine as first-line chemotherapy for recurrent or metastatic head and neck squamous cell cancer: experience outside of a trial setting
PMID 23635527(PubMed – indexed for MEDLINE)

Value of the Hospital Anxiety and Depression Scale in the follow up of head and neck cancer patients.
PMID:23398854(PubMed – indexed for MEDLINE)

Nasopharyngeal carcinoma: a retrospective review of demographics, treatment and patient outcome in a single centre.
Colaco RJ, Betts G, Donne A, Swindell R, Yap BK, Sykes AJ,Slevin NJ, Homer JJ, Lee LW,
PMID 23337060(PubMed – indexed for MEDLINE)

Lack of prognostic effect of carbonic anhydrase-9, hypoxia inducible factor-1α and bcl-2 in 286 patients with early squamous cell carcinoma of the glottic larynx treated with radiotherapy.
Douglas CM, Bernstein JM, Ormston VE, Hall RC, Merve A, Swindel R, Galentine HR, Slevin NJ,West CM, Homer JJ
Competitive Grant Income:

- RfPB – TRISMUS trial
- CTAAC/CRUK-NIMRAD trial
- EU/FP7-ARTFORCE trial

Trials Currently Open and Clinical Audit activity.

Randomised Pilot Study of Therabite® versus Wooden spatula in the Amelioration of Trismus in Head and Neck Cancer Patients. (Trismus Trial)

Head & Neck 5000 – a study to evaluate the outcome of centralisation in Head and Neck cancer.

A randomised placebo-controlled trial of synchronous Nimorazole versus Radiotherapy alone in patients with locally advanced head and neck squamous cell carcinoma not suitable for synchronous chemotherapy or cetuximab. (Nimrad)

A Cancer Research UK Phase Ib trial to determine the safety, tolerability and immunogenicity of extended schedule vaccination with MVA-EBNA1/LMP2 in patients with Epstein Barr Virus positive nasopharyngeal carcinoma. (MVA1b)

Phase II multicentre randomized, double blind, placebo controlled study assessing the efficacy of buparlisib (BKM120) plus paclitaxel vs. placebo plus paclitaxel in patients with platinum pre-treated recurrent or metastatic head and neck squamous cell carcinoma. (Beril-1)
An Open Label, Randomized Phase 3 Clinical Trial of Nivolumab vs Therapy of Investigator's Choice in Recurrent or Metastatic Platinum-refractory Squamous Cell Carcinoma of the Head and Neck (SCCHN). (Checkmate)

A randomised, double-blind, placebo-controlled, phase III study to evaluate the efficacy and safety of afatinib (BIBW 2992) as adjuvant therapy after chemo radiotherapy in primary unresected patients with stage III, IVa, or IVb loco-regionally advanced head and neck squamous cell carcinoma. (LUX H&N 2)