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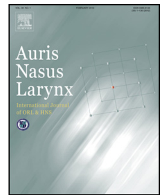

Japanese Clinical Practice Guideline for Head and Neck Cancer

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ABSTRACT

Objective: The first revision of "Japanese Clinical Practice Guideline for Head and Neck Cancer" was made in 2013 by the clinical practice guideline committee of Japan Society for Head and Neck Cancer, in response to the revision of the TNM classification.
Methods: 34 CQs (Clinical Questions) were newly adopted to describe the diagnosis and treatment methods currently considered most appropriate, and offered recommendation grade made by the consensus of the committee. A comprehensive literature search was performed for studies published between 2001 and 2012 using PubMed. Qualified studies were analyzed and the results were evaluated, consolidated and codified by all the committee members.
Results: Elective neck dissection (ND) does contribute to improvement in survival and should be performed for patients with high-risk tongue cancer. At present, no research has clearly demonstrated the utility of superselective arterial infusion chemotherapy. However, depending on the site and stage of the cancer, combination with radiotherapy may be useful for preserving organ function or improving survival rate. Concurrent CDDP chemotherapy and adjuvant radiotherapy contributes to improvement of survival rate as an adjuvant therapy for advanced squamous cell carcinoma of the head and neck in patients at high risk of recurrence. The anti-EGFR antibody cetuximab (Cmab) has an additive effect with radiotherapy. However, the indication must be carefully considered since this treatment has not been compared with the standard treatment of chemoradiotherapy. Cmab has been shown to have an additive effect with chemotherapy (CDDP/5-FU) in patients with unresectable metastatic or recurrent cancer. Preoperative and postoperative oral care may reduce the risk of postoperative complications such as surgical wound infection and pneumonia in head and neck cancers. Rehabilitation soon after ND for cervical lymph node metastasis is recommended for maintaining and restoring shoulder function.
Conclusions: In this article, we described most relevant guidelines and CQs for the diagnosis and treatment of head and neck cancer in Japan. These guidelines are not intended to govern therapies that are not shown here, but rather aim to be used as a guide in searching for the most appropriate treatment for individual patient.

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1. Introduction

Since critical organs for communication, swallowing and respiratory functions are located in head and neck, to balance "cure" with "quality of life" is required in the treatment of head and neck cancers. To address this issue, multimodal strategies consisting of surgery, radiotherapy and chemotherapy have been advocated from individual institutes since early 1970s. However, treatment policies varied among institutes and there was no nation wide consensus in the treatment of head and neck cancer until recently. To standardize the treatment of the Japanese patients with head and neck cancer, the first edition of "Japanese Clinical Practice Guideline for Head and Neck Cancer" was published in 2009 by the clinical practice guideline committee of Japan Society for Head and Neck Cancer.

In response to the revision of the TNM classification of malignant tumors, the first revision was made in 2013. To catch up with the recent remarkable advances in functional surgery, chemotherapy, targeted therapy, radiotherapy and supportive care during these four years, 34 CQs (Clinical Questions) were newly adopted to describe the diagnosis and treatment methods currently considered most appropriate, and offered recommendation grade made by the consensus of the committee. Due to the limitation of provided pages, in this article, we describe the revised guideline on oral, maxillary, pharyngeal and laryngeal cancers and presented six most relevant CQs. Other topics can be seen in "Clinical Practice Guideline for Head and Neck Cancer 2013" [1] or at the official website of Japan Society of Clinical Oncology [2] in Japanese.

2. Criteria for determining recommendation grades

Thirty-four CQs were newly raised to describe the diagnosis and treatment methods currently considered most appropriate. A comprehensive literature search was performed for studies published between 2001 and 2012. Databases used were PubMed. Free-hand searches were also performed as indicated. The searches were executed primarily between January 2012 and December 2012. Primary index words used for each CQ were shown at the end of respective CQ. Qualified studies were analyzed and the results were evaluated, consolidated and codified by all the committee members.

Levels of evidence I–V were determined as follows: I: Systematic review/RCT meta-analysis, II: randomized controlled trials, III: Prospective comparative Study, IV: Case control study/Retrospective comparative study, V: Case report/Case series and VI: Expert opinion. "NCCN clinical Practice Guideline in Oncology: Head and Neck Cancers Version I. 2012" was also used as reference.

Recommendation grades were classified to six grades as follows: Grade A: Strongly recommended for use in clinical

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