

Head and Neck Cancer: Summary of important changes to original decision tree

New Decision Trees

Oropharynx /unknown primary 28%	Fit for curative therapy 99%	Primary radiotherapy 95%	Conventional fractionation 100% 66Gy 33f 34% 70Gy 35f 66% 60-66Gy/54Gy 30f 0%		
		Primary surgery 5%	Post-operative radiotherapy (PORT) 30%	Conventional fractionation 65% 60Gy 30f 8% 66Gy 33f 92%	
				Hypofractionation 35% 50Gy 20f 17% 55Gy 20f 83%	
			No PORT 70%		
	Not fit for curative therapy 1%	Palliative radiotherapy 25%		21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%	
No radiotherapy 75%					
Stage I-II 10%					
Stage III-IVB 86%	Fit for curative therapy 95%	Disease suitable for curative therapy 95%	primary radiotherapy +/- chemo [50/50 chemo split] 75%	Conventional fractionation 100% 70Gy 35f 5% 65-66Gy 30f 90% 66Gy 33f 5%	

			Primary surgery 25%	PORT 90%	Conventional fractionation 20% 60Gy 30f 50% 66Gy 33f 50% Hypofractionation 80% 55Gy 20f 50% 50Gy 20f 50%
			Disease unsuitable for curative therapy 5%	No PORT 10%	
				21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%	
				No radiotherapy 20%	
		Not fit for curative therapy 5%		Palliative radiotherapy 60%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
				No radiotherapy 40%	
Stage IVC 4%	Symptomatic 100%	Fit for palliative radiotherapy 90%		Distant palliative radiotherapy 40%	8Gy single 90% 20Gy 5f 10%
				Local palliative radiotherapy 60%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9%

			30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
		Not fit for palliative radiotherapy 10%	
	Asymptomatic	No radiotherapy 0%	

Oral cavity and lip 28% Stage I-IVB 98%	Suitable for curative surgery and radiotherapy 90%	Fit for surgery and surgical preference 50%	PORT 40%	Conventional fractionation 80% Adverse factors - 66Gy 33f [up to 70Gy 35f for macro-residual disease] 70% No adverse factors - 60Gy 30f 30% Hypofractionation 20% Adverse factors - 55Gy 20f 70% No adverse factors - 50Gy 20f 30%
			No PORT 60%	
		Fit for surgery and/or radiotherapy, radiotherapy preference 50%	Curative radiotherapy 90%	65Gy 30f 45% 55Gy 20f 45% 50Gy 15f (lip only) 10%
			Palliative radiotherapy 10%	8Gy single 10% 20Gy 5f 40% 27-30Gy 6f 10% 30Gy 10f 40%
	Unsuitable for curative surgery 5%	Fit for radiotherapy 95%	Curative radiotherapy 90%	65Gy 30f 45% 55Gy 20f 45% 50Gy 15f (lip only) 10%

			Palliative radiotherapy 15%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
		Not fit for radiotherapy 5%		
	Not suitable for either radiotherapy or surgery 5%			
Stage IVC 2%	Symptomatic 70%	Fit for palliative radiotherapy 90%	Local palliative radiotherapy 60%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
			Distant palliative radiotherapy 40%	8Gy single 90% 20Gy 5f 10%
		Not fit for palliative radiotherapy 10%		
	Asymptomatic	No radiotherapy 30%		

Nasopharyngeal cancer 2%	Fit for radiotherapy 99%	Suitable for curative radiotherapy 95%	66Gy 33f 5% 70Gy 35f 90% 65Gy 30f 5%	
		Unsuitable for curative radiotherapy 5%	Palliative radiotherapy 95%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
			No radiotherapy 5%	
			Not fit for radiotherapy 1%	
Stage I-IVB 98%				
Stage IVC 2%	Symptomatic 100%	Fit for palliative radiotherapy 90%	Local palliative radiotherapy 60%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
			Distant palliative radiotherapy 40%	8Gy single 90% 20Gy 5f 10%
			Not fit for palliative radiotherapy 10%	
			Asymptomatic	No radiotherapy 0%

Glottic larynx 19%	Fit for curative therapy 95%	Primary radiotherapy 80%	Hypofractionation 100% 55Gy 20f 80% 50Gy 16f 18% 63Gy 30f 1% 63Gy 30f 1%				
		Primary surgery 20%	No PORT 100%				
	Stage I-II or Tis 70%	Not fit for curative therapy 5%	Fit for palliative radiotherapy 20%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%			
Not fit for palliative radiotherapy 80%							
Stage III-IV	Stage III-IVB 29%	Disease suitable for laryngeal preservation 50%	Fit for curative radiotherapy +/- chemotherapy [50/50 chemo split] 90%	Conventional fractionation 100% 66Gy 33f 30% 70Gy 35f 50% 54Gy/60Gy/65Gy 30f 20%			
			Not fit for curative radiotherapy 10%	Palliative radiotherapy 60%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%		
				No radiotherapy 40%			
		Disease not suitable for laryngeal preservation 50%	Suitable for surgery 90%	Fit for surgery 95%	PORT 80%	Conventional fractionation 80% Adverse features - 66Gy 33f 55% No adverse features – 60Gy 30f 45%	
			Hypofractionation 20% Adverse features - 55Gy 20f 70% No adverse features – 50Gy 20f 30%				

			Not suitable for surgery 10%		No PORT 20%
				Not fit for surgery 5%	
				Curative radiotherapy 50%	Conventional fractionation 90% 66Gy 33f 30% 70Gy 35f 50% 54Gy/60Gy/65Gy 30f 20%
				Palliative radiotherapy 45%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
				No radiotherapy 5%	
	Stage IV C 1%	Symptomatic 80%	Fit for palliative radiotherapy 90%	Local palliative radiotherapy 60%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
				Distant palliative radiotherapy 40%	8Gy single 90% 20Gy 5f 10%
				Not fit for palliative radiotherapy 10%	
			Asymptomatic	No radiotherapy 20%	

Nasal cavity and paranasal sinuses 1% Stage I-II 20%		Fit for surgery 95%	PORT 80%	60Gy 30f 45% 66Gy 33f 50% 50Gy 20f 5%			
			No PORT 20%				
		Not fit for surgery 5%	Fit for radiotherapy 80%	Curative radiotherapy 90%	70Gy 35f 50% 55Gy 20f 5% 65-66Gy 30f 20% 66Gy 33f 25%		
				Palliative radiotherapy 10%	20Gy 5f 40% 27-30Gy 6f 40% 30Gy 10f 20%		
			Not fit for radiotherapy 20%				
Stage III-IVB 78%	T3-T4a 80%	Fit for surgery and PORT 95%	60Gy 30f 45% 66Gy 33f 50% 50Gy 20f 5%				
			Not fit for surgery 5%	Fit for radiotherapy 80%	Curative radiotherapy 70%	70Gy 35f 50% 55Gy 20f 25% 54/60/65-66Gy 30f 20% 66Gy 33f 5%	
		Palliative radiotherapy 30%			20Gy 5f 40% 27-30Gy 6f 40% 8Gy 1f 20%		
		Not fit for RT 20%					
	T4b 20%	Suitable for curative surgery 20%	Fit for surgery and PORT 95%			60Gy 30f 45% 66Gy 33f 50% 50Gy 20f 5%	
			Not fit for surgery 5%	Fit for radiotherapy 80%	Curative radiotherapy 90%	70Gy 35f 50% 55Gy 20f 5%	

						54/60/65-66Gy 30f 20% 66Gy 33f 25%
					Palliative radiotherapy 10%	20Gy 5f 40% 27-30Gy 6f 40% 8Gy 1f 20%
				Not fit for radiotherapy 20%		
		Unsuitable for curative surgery 80%	Fit for radiotherapy 90%	Curative radiotherapy 30%	70Gy 35f 33% 50Gy 20f 67% 54/60/65-66Gy 30f 0% 66Gy 33f 0%	
				Palliative radiotherapy 70%	20Gy 5f 10% 27-30Gy 6f 20% 30Gy 10f 70%	
				Not fit for radiotherapy 10%		
IVC 2%	Symptomatic 50%	Fit for palliative radiotherapy 90%	Local palliative radiotherapy 60%	8Gy single 40% 20Gy 5f 40% 27-30Gy 6f 5% 30Gy 10f 15%		
			Distant palliative radiotherapy 40%	8Gy single 90% 20Gy 5f 10%		
		Not fit for radiotherapy 10%				
	Asymptomatic	No radiotherapy 50%				

Metastatic neck nodes primary 5%	Suitable and fit for surgery 95%	PORT 90%	Conventional radiotherapy 70% 60Gy 30f 100% Hypofractionated 30% 50Gy 20f 80% 55Gy 20f 20%
		No RT 10%	
	Not fit for surgery 5%	Fit for palliative radiotherapy 90%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
			No RT 10%

Hypopharynx/supraglottic tumours 11% Stage I-II 10%	Fit for curative therapy 99%	Primary radiotherapy 80%	66Gy 33f 30% 70Gy 35f 50% 65Gy 30f 20%	
		Primary surgery 20%	PORT 30%	Conventional fractionation 65% 66Gy 33f 85% 60Gy 30f 15% Hypofractionation 35% 50Gy 20f 17% 55Gy 20f 83%
			No radiotherapy 70%	

	Not fit for curative therapy 1%	Palliative radiotherapy 25%		21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%	
		No RT 75%			
Stage III-IVB 85%	Fit for curative therapy 80%	Disease suitable for curative therapy 80%	Primary radiotherapy +/- chemotherapy [50/50 chemo split] 30%	66Gy 33f 5% 70Gy 35f 90% 54/60/65Gy 30f 5%	
			Primary surgery 70%	PORT 90%	Conventional fractionation 70% 60Gy 30f 50% 66Gy 33f 50% Hypofractionation 30% 50Gy 20f 50% 55Gy 20f 50%
				No PORT 10%	
		Disease not suitable for curative therapy 20%	Palliative radiotherapy 30%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%	
				No radiotherapy 70%	

IVC 5%	Not fit for curative therapy 20%	Palliative radiotherapy 30%		21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
		No radiotherapy 70%		
	Symptomatic 50%	Fit for palliative radiotherapy 90%	Local palliative radiotherapy 60%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
			Distant palliative radiotherapy 40%	8Gy single 90% 20Gy 5f 10%
		Unfit for palliative radiotherapy 10%		
	Asymptomatic 50%	No radiotherapy		

Salivary gland tumours 6%	Fit for surgery 95%	PORT 80%	60Gy 30f 14% 66Gy 33f 15% 70Gy 35f 35% 55Gy/50Gy 20f 35% 45Gy 25f 1%
		No radiotherapy 20%	
	Not fit for surgery 5%	Fit for palliative radiotherapy 80%	21Gy 3f 9% 20Gy 5f 40% 27-30Gy 6f 9% 30Gy 10f 40% 14Gy 4f 1% 50Gy 20f 1%
		No radiotherapy 20%	

Key changes from previous model:

- Changes to palliative radiotherapy regimens used
 - o in the previous model: 8Gy/1f, 20Gy/5f, 27Gy/6f, 30Gy/10f
 - o now: 21Gy 3f, 20Gy 5f, 27-30Gy 6f, 30Gy 10f, 14Gy 4f, 50Gy 20f 1
 - with 8Gy single and 20Gy 5f used for distant palliative radiotherapy
- oropharynx/unknown primary
 - o stage I-II
 - removal of accelerated fractionation for primary radiotherapy, conventional fractionation only
 - for primary radiotherapy, increasing use of 66Gy in 33f (conventional fractionation)
 - o stage III-IV
 - removal of altered fractionation for primary RT (+/- chemo)
 - changes for conventional fractionation for primary RT
 - 68Gy in 34f removed from old model
 - 65-66Gy 30f and 66Gy 33f added
 - o stage IV

- previous model – 70% of patients modelled as symptomatic, now 100%
- oral cavity and lip
 - stage I-IVB
 - PORT
 - 60Gy 30f added to conventional fractionation for patients with no adverse features
 - conventional and hypofractionated therapy classified by whether adverse features were present or absent
 - primary curative RT
 - old model
 - stratified by conventional fractionation, normo/hyperfractionation or hypofractionation
 - updated model
 - fractions included: 65Gy 30f, 55Gy 20f, 50Gy 15f (lip only)
 - multiple fractions from old model removed e.g. 68/34f, 81.2 Gy/68f (DAHANCA), 66-70Gy in 33-35f
 - stage IVc
 - palliative radiotherapy stratified by whether local or distant radiotherapy and suitable fractions included
- nasal cavity and paranasal sinuses
 - stage I-II
 - 50Gy 20f added to PORT regimens
 - 65-66Gy 30f and 66Gy 33f added to primary RT regimes. Removed stratification by conventional and hypofractionated
 - stage T3-T4b
 - PORT – removed 55Gy/20f and 70Gy/35f. Added 50Gy 20f
 - primary RT – added 54/60/65-66Gy 30f and 66Gy 33f
- nasopharyngeal
 - 65Gy 30f added to primary RT
 - distant palliative radiotherapy regimen remains unchanged, but local palliative radiotherapy regimen changed as indicated in first bullet point e.g. removal of 8Gy 1f
- glottic larynx
 - stage I-II or Tis
 - PORT no longer indicated after primary surgery (now 100% receiving no PORT, vs 90% in old model)
 - for primary RT, new model uses 100% of patients receiving hypofractionation (conventional fractionation removed).
 - hypofractionated regimens added: 55Gy 20f, 50Gy 16f, 63Gy 30f, 63Gy 30f

- stage III-IVB
 - for disease suitable for laryngeal preservation and receiving curative RT
 - altered fractionation removed. In new model 100% of patients receiving conventional fractionation
 - removed 81.2Gy/68f, removed DAHANCA 68Gy/34f
 - addition of 66Gy 33f and 54Gy/60Gy/65Gy 30f
 - added +/- chemotherapy to decision tree alongside RT
 - PORT if not suitable for laryngeal preservation
 - now classified depending on whether adverse features present. Now subdivided into hypofractionated vs conventional fractionation
- metastatic neck nodes skin primary
 - for PORT, conventional fractionation regime changed from 70Gy/35f in old model to 60Gy 30f in updated model
- hypopharynx and supraglottic tumours
 - stage I-II
 - for primary RT, altered fractionation (normo/hyper/hypofr) removed, except 65Gy/30f which remains
 - for PORT
 - conventional fractionation 70Gy/35f removed. Other two unchanged
 - hypofractionation 65Gy/30f removed, 50Gy/20f added
 - stage III-IVB
 - for primary RT
 - conventional vs altered fractionation distinction removed
 - 54/60/65Gy 30f added
 - 72Gy/42f and 55Gy/20f removed
 - for PORT
 - conventional fractionation 70Gy/35f removed. Other two unchanged
 - hypofractionation 65Gy/30f removed, 50Gy/20f added
- salivary gland tumours
 - for PORT, 45Gy 25f added