Head & Neck Palliative Treatment Clinic

Kathleen Mais - Nurse Clinician, Head & Neck Oncology
Trish Murray - Clinical Nurse Specialist

Head and Neck Symposium
4th November 2022

© Copyright Greater Manchester Cancer. All rights reserved.

Session Content

- Background to the clinic
- Personnel
- Patient referrals
- Benefits of the clinic
- Case Study
- Role of the CNS
- Areas for improvement

History

- Since 2003, dedicated clinic for all head & neck chemotherapy patients
- Originally nurse-led
- Benefits
  - patient selection
  - monitoring of toxicities
  - assessment of clinical response
  - scheduling of scans
- Now, Head & Neck IO / chemo clinic runs on a Thursday morning
- Concurrent Skin IO clinic and adjuvant chemo consent clinic

Core Team

- Dr Rob Metcalf (Medical Oncologist)
- Dr Andrew Sykes (Clinical Oncologist)
- Research registrars & fellows
- Clinical oncology registrar on rotation
- GP with special interest
- Advanced clinical practitioners (nurses and radiographer)
- Clinical Nurse Specialist (based with Clinical Oncology H&N team)
- Pharmacist (based with Head & Neck team)
- Skin CNS

Other Team Members

- Research nurses
- Speech & language therapist
- Dietitian
- Supportive care team
- Tissue viability nurse

Greater Manchester Cancer

Patient Referrals

- Via one of three MDTs (South MCR, North MCR, Central MCR)
- Clinical oncology team
- Surgical colleagues
- Second opinions
- Now have 2 – 3 new referrals per week and average clinic size (head and neck only) is 26 patients

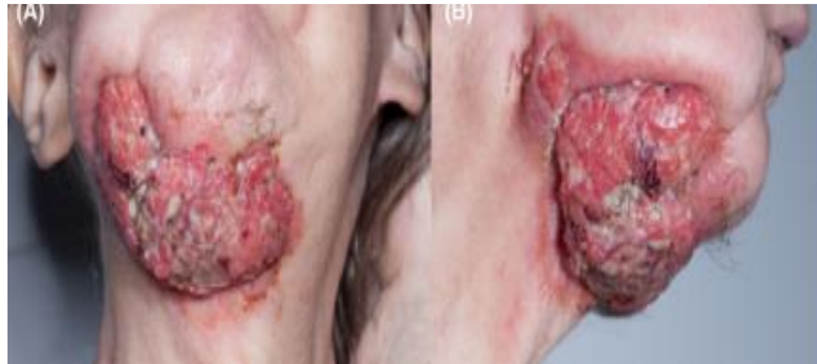
SACT (systemic anti-cancer therapy) drugs used

- Carboplatin and capecitabine
- Nivolumab (If cancer has recurred within 6 months of receiving platinum chemotherapy and can be given until unacceptable toxicity, progression or patient chooses to stop
- Pembrolizumab (for patients whose tumours express PDL1). Can be given for up to 2 years or 3-weekly cycles x 35
- Cemiplimab (skin cancer)

Benefits of the clinic

- Core consultant-led team
- Continuity of care
- Growing expertise in recognising and managing IO toxicities
- Medical oncologist with strong interest in research
- Access to clinical drug trials
- Data collection
- H&N specialist team – management of disease-specific problems eg wound care, altered airways, post-RT problems
- Clinical oncologist present – rapid referral for radiotherapy opinion
- H&N CNS

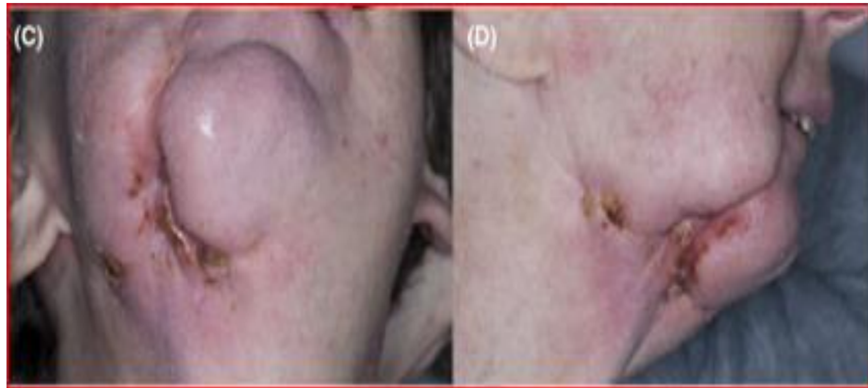
Case Study



- August 2018 - 63 year old lady presented with large fungating squamous cell carcinoma of the oral cavity.
- October 2018 - Deemed unresectable by the surgical team
- Oct 2018 – Feb 2019 – patient received 6 cycles of palliative chemotherapy
- March 2019 – MRI Scan showed progressive disease.

Durable complete response rates following radiotherapy and immunotherapy combination in recurrent and metastatic head and neck squamous cell carcinoma: A retrospective single centre cohort study (Feb 2022)

Case Study



- April 2019 – March 2021 – 50 cycles of Nivolumab over 2 years
- September 2019 – Introduced 10# radiotherapy concurrently with Nivolumab to improve the response.

Durable complete response rates following radiotherapy and immunotherapy combination in recurrent and metastatic head and neck squamous cell carcinoma: A retrospective single centre cohort study (Feb 2022)

Case Study

- May 2021- MRI showed continued response with no definitive residual disease.

Durable complete response rates following radiotherapy and immunotherapy combination in recurrent and metastatic head and neck squamous cell carcinoma: A retrospective single centre cohort study (Feb 2022)

The Role of the Clinical Nurse Specialist

- Psychological support
- Community referrals
- Wound care
- Altered airway care
- Good liaison with local CNS teams
- Identifying additional support requirements
- Providing ongoing support and advice

Areas for improvement

- Small clinic room with many personnel plus HCAs running clinic
- Very busy clinic
- Occasional inappropriate referral
- Baseline scans, CPS scores
- Two-day treatments
- Long distances travelled

Questions?

© Copyright Greater Manchester Cancer. All rights reserved.