

Development of the sixth edition of the UK multidisciplinary head and neck cancer guidelines

BY JONATHAN FUSSEY

Head and neck cancer care is a complex and constantly evolving field. What's new and how are national guidelines on the subject produced? We spoke to Professors Homer and Winter, the lead authors of the most recent edition of the UK multidisciplinary head and neck cancer guidelines, about their development.

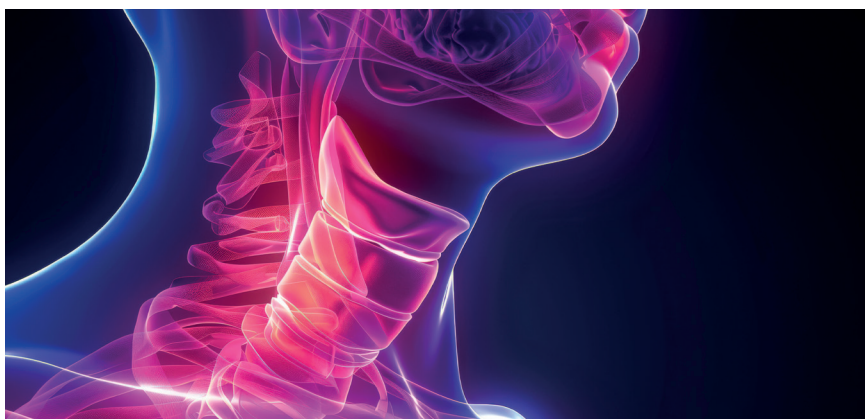


Prof Jarrod Homer, BMedSci (Hons), BMBS, FRCS, FRCS (ORL-HNS), MD,
Consultant Head and Neck / Thyroid Surgeon / Otolaryngologist, Manchester Head and Neck Centre, Manchester University Foundation Trust, UK; Professor of Otolaryngology-Head and Neck Surgery, Manchester Academic Health Sciences Centre (MAHSC), University of Manchester, UK; National ENT Cancer Lead, GIRFT, NHS England.



Prof Stuart Winter, MD, MB, ChB, BSc, FRCS(ORL-HNS),
Associate Professor, Nuffield Department of Surgical Sciences, University of Oxford; Consultant Ear Nose and Throat, Head and Neck Surgeon, Oxford University NHS Foundation Trust.

Declaration of competing interests:
None declared.



This is the sixth edition of the UK multidisciplinary national head and neck cancer guidelines [1]. What is the history of the guidelines?

The first guidelines, which were a Consensus Document on 'Effective Cancer Management', were first published in 1998 by ENT UK (then BAO-HNS). They were instigated and led by Janet Wilson, who recognised the need for them. At that time, there was little genuinely multidisciplinary care, no MDT meetings and H&N cancer management in the UK was not particularly centralised, and with significant variation. The key to the guidelines was their multidisciplinary nature and endorsement, which continues.

It has been eight years since the fifth edition – how did you go about updating them for this new version?

The timing of when a new edition comes out is approximately every five years but is also designed to reflect key decision-making evidence. The pandemic put a bit of a spanner in the works.

Each edition is an iteration based on the previous one. This time, we refreshed the structure of the guidelines and included new authors with more diversity.

At the outset we did an outline for each chapter – the aim of this was to try to make them more uniform across the whole guidelines. We also approached lead authors for each chapter and had a discussion about how the writing would evolve and who would be involved.

What are the main developments in the current guidelines?

The incorporation of HPV testing into the new TNM grading, as well as some important research updates, including from high level trials, meant that certain chapters

“We very much wanted to increase multidisciplinary input; this is why approximately 1/3 of the guidelines are focused on allied healthcare provision”

IN CONVERSATION WITH

“It’s particularly important that guidelines are accessible by not only healthcare professionals but also those involved in healthcare management and projects, such as commissioners, managers, IT /scientific professionals and, increasingly, patients”

are markedly different; for example, oropharyngeal cancer, unknown primary and sinonasal cancer. We also introduced new chapters including the sequelae of treatment, a focus on neck nodes and paragangliomas. We very much wanted to increase multidisciplinary input; this is why approximately 1/3 of the guidelines are focused on allied healthcare provision.

How do these guidelines complement other head and neck cancer guidelines from around the world?

There are a number of guidelines produced around the world. We very much hope that these guidelines not only produce guidance but also give a lot more contextual reasons behind that guidance and remain an important educational resource. They’re very much UK specific, although we recognise that they will be looked at from around the world.

You have also published a lay summary of this edition [2]. What prompted this development?

It’s particularly important that guidelines are accessible by not only healthcare professionals but also those involved in healthcare management and projects, such

as commissioners, managers, IT /scientific professionals and, increasingly, patients. The aim of the lay summary was very much to incorporate an approach that could be understood by a wide number of people.

What does the future hold for these guidelines? What changes do you envisage in the seventh edition?

As we transition to an age of rapid information updates, it may be that the full version of the guidelines is only produced every few years but there are rapid release updates for particular areas when high-quality evidence emerges. It may be that we take the approach of updates with a main guideline produced every few years. It’s particularly important that we maintain the multidisciplinary approach.

References

1. Homer JJ, Winter SC, Abbey EC, et al. Head and Neck Cancer: United Kingdom National Multidisciplinary Guidelines, Sixth Edition. *J Laryngol Otol* 2024;**138**(S1):S1–224.
2. Homer JJ, Dawson CC, Naylor A, et al. UK Head and Neck Cancer Multidisciplinary Guidelines – lay summary for non-clinicians. *J Laryngol & Otol* 2024;**138**(S3):S1–25.

Scan this QR code to access the full guidelines.



Or scan this QR code to access the lay summary.



INTERVIEWED BY



Jonathan Fussey

ENT Head and Neck Surgery Consultant
University Hospitals Birmingham NHS Foundation Trust, UK.