

FRIDAY THE 13TH

HEAD & NECK CANCERS

CANCER EDUCATION DAYS

Resource Package

Friday, February 13, 2026

This package includes resources as well as specific supports pertaining to the care of Head & Neck Cancer patients. We invite you to explore the various sections of the package to learn more.

Questions and Answers

Thank you for your questions during Cancer Education Day: Head & Neck Cancers. Below is a summary of the questions asked and answers from the speakers during the event.

Question	Answer
Epidemiology & Risk Factors – Dr. Ming Pan	
What is the difference between VMAT and IMRT in terms of comparable local control; is there further data on disease-specific survival vs overall survival? Is better survival overall due to less toxicities from VMAT vs IMRT?	I cannot make that conclusion that VMAT has less toxicities; our study did not show that. They are considered similar with no significant difference between the two. We would need a larger study to compare VMAT versus conventional IMRT. Not many people are using conventional IMRT, as it is not comfortable for the patient and they do not like it. VMAT treatment is done in 3 minutes and improves the patient's comfort. To obtain similar survival and local control, it makes more sense to use VMAT compared to using old conventional IMRT. Toxicity wise, I believe they are similar. They are toxic treatments involving both chemo and radiation.
What proportion of local HNSCC patients fall into the stage 3/4AB vs earlier or later?	The staging system from March 2019 (AJCC 8) is what we are currently using. The new staging system changed the story; some of these patients will be called early stage (i.e., stage 3 instead of stage 4a or 4b) because of the change in AJCC 8, which includes the p16 status as a favorable prognostic factor. If you have HPV positive cancer then your stage is lower because they respond well to chemo and radiation and do better than p16 negative squamous cell carcinoma patient. In VMAT vs conventional IMRT, the number of p16 patients were similar; however, in 2009-2019 (AJCC 7) version, they were not consistently testing p16.

Clinical Presentation & Oral Optimization – Dr. Michael Laschuk	
What is the main barrier to getting hyperbaric oxygen in Detroit as opposed to HHS?	Obtaining hyperbaric oxygen in Detroit is patient-specific. Some patients who would more likely benefit from the hyperbaric oxygen have transportation issues, or do not have passports. For many of these patients, it is easier to facilitate transportation, lodging and care to Hamilton, as opposed to getting across the border.
A lot of patients we would like to have seen by dentistry prior to radiation. Are there any supports for them if they don't have the finances or insurance to see a dentist?	This is an issue for many patients given that community dental treatment is not publicly covered. Fortunately, there are some new government programs that have come out that should help with assistance. Additionally, OHIP coverage can be applied for patients with oral cancer to cover procedures such as extractions, in the hospital setting. Some general dentists who do not have hospital privileges, or do not have timely access to perform the procedures in hospital which could delay cancer treatment, will often perform these in the office setting pro bono. This can be costly to the dentists given the overhead costs of general dentistry.
As you know, patients really prefer treatment closer to home. We have limited dental oncology care in London currently. What is your capacity for seeing pre-operative patients in Windsor for dental assessment/extractions if required?	The majority of the oral surgeons in Windsor-Essex have hospital privileges and access to hospital resources. We have been receiving referrals from the Cancer Centre to see patients for pre-radiation optimization. As far as dental optimization, we have no dental oncologist and our local capacity to optimize patients pre-operatively and manage them during their cancer treatment is limited to general dentists who are willing to help these patients. Unfortunately, many don't have much experience with oral cancer patients and will defer.
Diagnostic Pathway & Referral Process – Lauren Emery	
How many patients choose to have the treatment in Windsor vs LHSC?	It's very minimal that patients choose to complete radiation/chemotherapy in London unless they happen to live closer or are about halfway to London (i.e., Chatham, Ridgetown).
HPV and Head & Neck Cancers – Dr. Danielle MacNeil	
Should we be recommending to patients with HPV+ cervical screening that their partners should receive the HPV vaccine?	Not currently recommended for people that are older because of the long latency period. If patients have coverage or can afford it, there is very little downside to receiving the HPV vaccine.
Any role of HPV vaccination after cancer diagnosis? Any benefits?	No.
If someone had HPV original vaccine (prevention against 4 types) is there any data that booster with HPV 9?	As an ENT surgeon, not that I am aware of. I would defer this to the NACI guidelines.
Is there a reason why men are at a greater risk of HPV?	Not that we are aware of.
Will you accept a referral for suspicious symptoms or abnormal exam/mass without any imaging? Can be hard to get imaging completed in timely manner.	Definitely. In terms of head and neck cancer symptoms that we always worry about (i.e., unilateral neck mass or bilateral, hoarseness for greater than 3 months, globus sensation,

	referred otalgia, any change in their diet or red flag symptoms, etc.), we are happy to see the patients without imaging.
Is there a decreased rate of oropharyngeal CA in patients with prior tonsillectomy? Or is tonsillectomy considered protective at all in the reduction of HPV oropharyngeal CA?	No. In fact, we see many patients who have had prior tonsillectomy with oropharynx cancer. The main reason is that the palatine tonsils at the back of the throat is continuous with the tonsil tissue at the base of the tongue. When we take the tonsil out, it is really an arbitrary line that we draw through the tonsil tissue inferiorly so there is still lots of tonsil tissue there that can harbor HPV and become HPV-related oropharynx cancer. Additionally, the tonsils can regrow. With intracapsular tonsillectomy, we are not removing the entire tonsil so there can be little pieces of tonsil left behind and they can grow.
Is there a protective benefit to late vaccination in people who are unlikely to contract a new HPV infection?	Not that we are aware of. Due to the latency period, it is hard to show, other than in large population studies, that the HPV vaccine actually prevents oropharynx cancer; but almost certainly it does, which is why it is being recommended.
Is the neck mass normally solitary?	It can be but it doesn't have to be. A neck mass in an adult is very suspicious, so we are happy to see them even if you're not sure what is going on. You can have multiple nodes; you can have bilateral nodes.
If a patient diagnosed with anal cancer HPV related, do we need to screen for other areas such as oral and cervical?	For oropharynx there is no recommendations for screening. If you have other HPV-related cancers, you should be aware that that patient could have an increased risk of developing HPV-related oropharynx cancer. If they develop any symptoms, have a low threshold for referral.
Acute and Chronic Toxicities: Systemic Treatment – Dr. Akmal Ghafoor	
Wondering why steroids are not just part of immunotherapy regimens with this that much risk of these side effects?	Severe toxicities from immunotherapy are experienced in 10-15% of patients. Grade 1-2 toxicities are manageable with no need to provide steroids with treatment. We can provide a smaller dose of steroid. If more than 50% of patients experienced grade 3-4 toxicities, we would be more inclined to provide steroids with treatment. Immunotherapy for head and neck cancers are more often used in the palliative setting. So far, we have not been using immunotherapy in the curative setting. In the palliative setting you have to weigh the risks and benefits of giving steroids if the patient is not getting better.
Would you be concerned with disease relapse when using steroids?	If you are using steroids more than 10 mg/day then it would be decreasing the systemic response. If you can use steroids at less than 10 mg/day then immunotherapy can be continued.
Healing Beyond the Tumour: How Speech-Language Pathologists Support Recovery in Head & Neck Cancer – Sara Sampietro & Ashley Timmermans	
Are all of WRCP H&N receiving automatic referrals to our SLP program?	No. The SLP's only work one day per week. Given this limitation, we are only accepting patients identified as high-risk for severe dysphagia, (i.e., bilateral neck radiation, higher tumour grade, at least 60 Gy of dosage, radical curative intent cases).

<p>Since there is a lot of stress on the upper body, breathing might be hit, what can we advise our clients?</p>	<p>We don't make very many recommendations around breathing. We will assess different risk factors that patients come in with. If we identify that a patient may have difficulty from a pulmonary perspective, that may change some of the recommendations that we are making. We are not currently making any specific recommendations around breathing.</p>
<p>Physiotherapy Intervention and Management – Alex Grant</p>	
<p>Can a patient have the physio at home with OHAH referral if they have no coverage?</p>	<p>This will be determined by the OHIP eligibility. Home care physio is available but there are different avenues in terms of the funding for it.</p> <p>Please see the link below, in the Physiotherapy section, to the Government of Ontario's website to determine who is eligible.</p>

Erie St. Clair Cancer Clinic Webpages

- The cancer clinics below provide exceptional cancer care to residents of Sarnia-Lambton, Chatham-Kent and Windsor-Essex:
 - [Bluewater Health Cancer Clinic](#)
 - [Chatham-Kent Health Alliance Cancer Clinic](#)
 - [Erie Shores HealthCare – Satellite Site](#)
 - [Windsor Regional Cancer Centre](#)
 - To refer a patient to the [Windsor Regional Cancer Centre](#), complete the [New Patient Referral Form](#) and fax to 519-253-5364.
- [My Cancer Journey](#) has been developed by patients, family members, and our care team to guide your patients through the cancer experience. It includes directions to the Windsor Regional Cancer Centre, important phone numbers, what to bring, and community resources in addition to other helpful information.

Head and Neck Cancer

Canadian Cancer Society:

- Laryngeal Cancer: [Laryngeal cancer | Canadian Cancer Society](#)
- Oral Cancer: [Oral cancer | Canadian Cancer Society](#)
- Nasopharyngeal Cancer: [Nasopharyngeal cancer | Canadian Cancer Society](#)
- Oropharyngeal Cancer: [Oropharyngeal cancer | Canadian Cancer Society](#)
- HPV: [Reducing your risk for oropharyngeal cancer | Canadian Cancer Society](#)
- Salivary Gland Cancer: [Salivary gland cancer | Canadian Cancer Society](#)
- Thyroid Cancer: [Thyroid cancer | Canadian Cancer Society](#)

BC Cancer:

- Laryngeal: [Laryngeal](#)
- Mouth (Oral): [Mouth \(Oral\)](#)
- Pharyngeal: [Pharyngeal](#)
- Salivary Glands: [Salivary Glands](#)
- Thyroid: [Thyroid](#)

Cleveland Clinic:

- [Head and Neck Cancers: Symptoms & Treatment](#)
- Oral Cancer: [Oral Cancer: Causes, Symptoms & Treatment](#)
- Salivary Gland Cancer: [Salivary Gland Cancer: Symptoms, Causes & Treatment](#)
- Nasal Cavity & Paranasal Sinus Cancer: [Nasal & Paranasal Tumors: Symptoms, Causes & Treatment](#)
- Nasopharyngeal Cancer: [Nasopharyngeal Cancer: Symptoms, Causes & Treatment](#)
- Oropharyngeal Cancer: [Oropharyngeal Cancer: Symptoms, Stages & Prognosis](#)
- Hypopharyngeal Cancer: [Hypopharyngeal Cancer: Symptoms & Prognosis](#)
- Laryngeal Cancer: [Laryngeal Cancer: Symptoms, Causes & Treatment](#)
- NUT Carcinoma: [NUT Carcinoma: Symptoms, Causes & Treatment](#)

Nurse Navigator Referral Process

Our head and neck program typically receives fine-needle aspiration (FNA) biopsies or incisional/excisional biopsies of the following sites:

- Lip
- Tongue
- Floor of mouth
- Buccal mucosa
- Mandible
- Maxilla
- Pharynx/ nasopharynx/ hypopharynx/ larynx
- Sino-nasal cavity
- Parotid gland
- Vocal cord
- Tonsils
- Salivary glands
- Adenoids

Referrals to the WRCP must include:

- Pathology report
- CT Head, Neck & Chest (at least ordered) per head & neck pathway
- Bloodwork (Cr for contrast)
- Operative reports (if applicable)

Nurse Navigator (NN) Role

- Our role is to ensure patients are diagnosed and treated within a timely manner and supported appropriately to ensure completion of treatment
- Provide patient education, care co-ordination, advocacy, resource connection and psychosocial & emotional support
- The NN role supports expediting the Head & Neck diagnostic pathway and referral process to enhance overall treatment adherence & completion

Dentistry

Dentistry plays a crucial role in head and neck cancer (HNC) management by improving a patient's oral health before, during, and after treatment, which helps to prevent complications like infections and osteoradionecrosis. Dentists are involved in screening for oral cancer, providing preventive care, managing side effects such as dry mouth and radiation-induced caries, and offering rehabilitation with prosthetics after surgery. Collaboration between dental and oncology teams is essential for comprehensive and effective patient care throughout the HNC journey, from initial diagnosis to long-term survivorship.

National Library of Medicine:

- [The role of dentistry other than oral care in patients undergoing radiotherapy for head and neck cancer - PMC](#)

Journal of the National Cancer Institute:

- [Poor oral health influences head and neck cancer patient survival: an International Head and Neck Cancer Epidemiology Consortium pooled analysis | JNCI: Journal of the National Cancer Institute | Oxford Academic](#)

Canadian Dental Association (CDA):

- <https://www.cda-adc.ca/jcda/vol-69/issue-9/585.pdf>

American Dental Association (ADA):

- [Cancer Therapies and Dental Considerations | American Dental Association](#)

Speech Language Pathology (SLP)

Speech-language pathologists (SLPs) are essential members of the head and neck cancer care team, providing pre-treatment education, assessment, and rehabilitation for patients before, during, and after treatment. Their role encompasses two primary areas: swallowing (dysphagia) and communication ([dysarthria](#), [aphasia](#), voice disorders, and [trismus](#)). SLPs help patients maintain oral nutrition, prevent complications like pneumonia, restore speech and voice, and improve overall quality of life by addressing the complex functional deficits caused by cancer and its treatments.

Canadian Cancer Society:

- Speech Language Pathology: [Speech problems and treatments | Canadian Cancer Society](#)

BC Cancer:

- Speech Language Pathology Services: [Speech Language Pathology Services](#)

Hartford HealthCare:

- [Why Head and Neck Cancer Patients Need Speech, Swallow Rehabilitation | Institute of Living | Hartford HealthCare | CT](#)

American Speech-Language-Hearing Association (ASHA):

- [Head and Neck Cancer](#)

Registered Dietitian (RD)

A registered dietitian plays a crucial role in the care of head and neck cancer (HNC) patients by providing individualized nutritional assessments, education, and support to manage weight loss and optimize nutrition status during and after treatment. They offer strategies to combat side effects, recommend nutrition support via oral supplements or tube feeding, monitor intake, and tailor interventions to improve treatment tolerance, wound healing, quality of life, and overall outcomes.

British Association of Head & Neck Oncologists (BAHNO):

- [Dietitians | BAHNO - British Association of Head & Neck Oncologists](#)

University College London Hospitals:

- [Head and Neck Dietitians : University College London Hospitals NHS Foundation Trust](#)

International Journal of Radiation Oncology:

- [Impact of Interventions by a Registered Dietitian on Nutritional Outcomes in Head and Neck Cancer Patients Undergoing Radiotherapy - International Journal of Radiation Oncology, Biology, Physics](#)

Physiotherapy

Physiotherapy plays a crucial role in managing head and neck cancer (HNC) by addressing and preventing physical side effects of treatments like surgery and radiation. Specialists work to reduce pain and lymphedema, restore function in the neck, face, and shoulder, improve strength and flexibility, and educate patients on self-management strategies, ultimately improving quality of life for survivors.

OHAH Physiotherapy:

- <https://www.ontario.ca/page/get-physiotherapy>
- Are **65 or older and require in-home physiotherapy** (whether in your own home or a retirement home): contact Ontario Health atHome
 - by phone: 310-2222 (no area code required)
 - [find Ontario Health atHome near you](#)

National Library of Medicine:

- [A Comprehensive Review of Head and Neck Cancer Rehabilitation: Physical Therapy Perspectives - PMC](#)

Oncology Recovery Services Inc.:

- [Physiotherapy for Head and Neck Cancer | ORSI Physiotherapy](#)

Physiopedia:

- [Oncology Rehabilitation - Physiopedia](#)

Sign-up to join the Erie St. Clair Regional Cancer Program email directory:

- <https://forms.gle/rg6tWKiZfBhvpHM39>

SIGN UP TODAY!!

Stay connected with important updates relating to cancer screening, diagnosis and treatment for your patients!

As a Regional Cancer Program, we regularly share important updates related to cancer screening, diagnostic pathways, and treatment processes. Many of these updates come directly from Ontario Health, and it is our responsibility to ensure they reach the appropriate providers across the region.

To make sure you receive this critical information in a timely and reliable way, please provide an email address that you actively use and check frequently. These communications often include changes that can directly impact patient care, clinical workflows, and access to diagnostic services, so staying connected is essential.

We respect your time and your inbox. You will only receive relevant, clinically meaningful updates that support your practice and help ensure patients receive the best possible care.



Or contact:

emma.mineau@wrh.on.ca

519-254-5577 ext. 52800

to sign up

Thank you for joining us for Cancer Education Day: Head & Neck Cancers!

We hope to see you at our next event on November 13, 2026,

focused on GU Cancers.