Head and neck surgical oncology in the time of a pandemic: Subsite-specific triage guidelines during the COVID-19 pandemic

MD Anderson Head and Neck Surgery Treatment Guidelines Consortium¹ and Anastasios Maniakas¹

¹Affiliation not available

April 28, 2020

Abstract

Background: COVID-19 pandemic has strained human and material resources around the world. Practices in surgical oncology had to change in response to these resource limitations, triaging based on acuity, expected oncologic outcomes, availability of supportive resources, and safety of healthcare personnel.

Methods: The MD Anderson Head and Neck Surgery Treatment Guidelines Consortium devised the following to provide guidance on triaging Head and Neck cancer (HNC) surgeries based on multidisciplinary consensus. HNC subsites considered included aerodigestive tract mucosa, sinonasal, salivary, endocrine, cutaneous, and ocular.

Recommendations: Each subsite is presented separately with disease-specific recommendations. Options for alternative treatment modalities are provided if surgical treatment needs to be deferred.

Conclusion: These guidelines are intended to help clinicians caring for HNC patients appropriately allocate resources during a healthcare crisis, such as the COVID-19 pandemic. We continue to advocate for individual consideration of cases in a multidisciplinary fashion based on individual patient circumstances and resource availability.

Author: MD Anderson Head and Neck Surgery Treatment Guidelines Consortium

Consortium members

Anastasios Maniakas¹, Yelda Jozaghi¹, Mark E. Zafereo¹, Erich M. Sturgis¹, Shirley Y. Su¹, Ann M. Gillenwater¹, Paul W. Gidley¹, Carol M. Lewis¹, Eduardo Diaz, Jr¹, Ryan P. Goepfert¹, Michael E. Kupperman¹, Neil D. Gross¹, Yelda Jozaghi¹, Mark E. Zafereo¹, Eduardo Diaz, Jr¹, Ryan P. Goepfert¹, Michael E. Kupperman¹, Neil D. Gross¹, Yelda Jozaghi¹, Mark E. Zafereo¹, Matthew Johnston¹, Chenxi You¹, Rolando De Luna¹, Liza Joseph¹, Julia Diersing¹, Kaitlin Prescott¹, Katherine Heberger¹, Lilian Mugartegui¹, Jessica Rodriguez¹, Sara Zendehdel¹, Justin Sellers¹, Rebekah A. Friddell¹, Ajay Thomas¹, Sonam J. Khanjæ¹, Katherine B. Schwarzlose¹, Mark S. Chambers¹, Theresa M. Hofstede¹, Richard C. Cardoso¹, Ruth Aponte Wesson¹, Alex Won¹, Adegbenga O. Otun¹, Dan S. Gombos¹, Nagham Al-Zubidi¹, Katherine A. Hutcheson¹, G. Brandon Gunn³, David I. Rosenthal³, Maura L. Gillison², Renata Ferrarotto², Randal S. Weber¹, Ehab Y. Hanna¹, Jeffrey N. Myers¹, Stephen Y. Lai¹,³

¹Department of Head and Neck Surgery, The University of Texas MD Anderson Cancer Center, Houston, TX, United States.

²Department of Thoracic Head and Neck Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, United States.

³Department of Head & Neck Surgery, The University of Texas MD Anderson Cancer Center, Houston, TX, United States.
3Department of Radiation Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, United States.

Corresponding author:

Stephen Y Lai, MD PhD, Professor, Patient Safety Quality Officer, The University of Texas MD Anderson Cancer Center, Department of Head and Neck Surgery, Division of Surgery, 1515 Holcombe Blvd, Unit 1445, Houston, TX 77030, sylai@mdanderson.org

No conflict of interest. No financial disclosures.

Hosted file