Head & Neck Cancer
Program Resource Grid

This grid outlines Oncology Roundtable guidance on the resources required to develop a basic, intermediate, and advanced head & neck cancer program. It provides a framework for initial discussions on resource investment and program implementation. Data included represent key differentiating factors by program status but are not exhaustive.. Leveraging internal clinical expertise prior to using this grid will allow you to enhance and customize it to reflect your institution's priorities and physician feedback.

Ratings are provided for each category indicating the relative importance of that program characteristic to the tumor site in question.

1	Least important
2	Moderately important
3	Very important
4	Most important

	Program Feature	Basic	Intermediate	Advanced
3	**Leadership Infrastructure**	• No formalized leadership	• Physician leader	• Medical director
4	**Care Coordination**	• Access to nurse navigator • Consultations and diagnostics not coordinated	• Dedicated nurse navigator • Coordinated consultations and diagnostics	• Comprehensive patient tracking process • Multidisciplinary clinics in which patient evaluation is completed in one visit, or virtually in 2-3 days
3	**Treatment Approach**	• Adherence to nationally recognized guidelines	• Active discussion of, and adherence to, nationally recognized guidelines	• Complete integration of nationally recognized guidelines or clinical pathways
3	**Patient Engagement**	• Ad hoc shared decision making • Access to decision aids • Education classes (e.g. chemotherapy orientation) • Access to educational materials • Point of contact available to answer patient questions	• Standardized approach to shared decision making • Caregiver engagement and support • Access to robust in-person and online educational resources • Patients provided guidance about conducting effective online research	• Regular use of decision aids • Patient education priorities assessed periodically throughout treatment • Educational information available to patients 24/7 via online portals
4	**Clinical Expertise**	• Head & neck surgeon • Patients see personal dentist	• Head & neck subspecialized medical and radiation oncologists • Oral surgeon/dentist • Partnerships between dentists with oncology experience and expertise	• Dental oncologist • Oral surgeon • Reconstructive surgeon • Plastic surgeon • Head & neck pathologist • Palliative care physician
2	**Diagnostic Technology**	• Ultrasound • Endoscopy • CT • PET/CT	• Same as basic	• Interventional radiology techniques • Advanced endoscopic technology • Genetic testing
4	**Treatment Technology**	• IMRT • LDR and HDR brachytherapy	• SRS • VMAT • Helical IMRT	• Robotic surgery • Microsurgery • Immunotherapy • Proton beam therapy
2	**Research**	• No head & neck cancer-specific clinical trials	• Few head & neck cancer-specific clinical trials at institution • Access to clinical trial networks • Data management support on a limited basis	• Active head & neck cancer-specific clinical research at institution • Collaboration with other entities (e.g. NCI) • Dedicated data management support
1	**Quality Improvement**	• Little operational interest in gathering and using data • Tumor registry main source of data	• Internal benchmarking • Actionable head & neck cancer-specific dashboards • Data analyses sometimes leveraged to inform program (re)design	• Dedicated head & neck tumor registrar • Real-time data updates • Dedicated head & neck cancer data mart • Data analyses actively inform program (re)design • Part-time data/analytic support
3	**Support Services[1]**	• Social work, clinical psychology available • Dietician and speech pathologist as needed	• Dedicated dietician and speech pathologist • Access to physical and occupational therapy • Access to behavioral health specialist	• Integrated palliative care
3	**Survivorship**	• Survivorship care plans	• Survivorship support services	• Dedicated survivorship clinic
1	**Outreach**	• Information on head & neck oncology program available on-site • Participation in off-site information expos, which may or may not be hospital-sponsored	• Community educational sessions • Hospital-sponsored outreach events • Partnerships between dentist with oncology experience and expertise	• Engage referring physicians in tumor conferences
3	**Prevention/ Risk Assessment**	• Assessment of risk based on family and smoking history, alcohol use	• Comprehensive smoking cessation program • Substance-misuse program	• Alcohol abuse counseling program

1) Support services are made available to head & neck cancer patients but are not necessarily dedicated exclusively to them.

Source: Oncology Roundtable research and analysis.