

**Submitted by: Sheila H. Ridner, PhD, RN, FAAN**

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NCCN Guidelines Panel: Head and Neck Cancer

On behalf of Vanderbilt University School of Nursing and Kessler Institute for Rehabilitation, we respectfully request the NCCN Head and Neck Cancer Guidelines Panel to review the below requested changes to promote more consistent screening for head and neck cancer related lymphedema given its high prevalence and patient impact yet continued under recognition in the population.

**Specific Changes:**

- In **FOLL-A** page 1 of 2, add a **sub-bullet** under the “Supportive care and rehabilitation” bullet that reads: **“Lymphedema evaluation and rehabilitation, including home management, as clinically indicated (see Survivorship guidelines LYMPH-A).”**
- In **NUTR-A** page 1 of 2, under the second sub-bullet of Speech and Swallowing, amend sentence in the middle of the paragraph to read, “Patient evaluations should also include assessment for any changes in speech and communication; **internal lymphedema as typified by swelling and fibrosis**; changes in taste; and assessment for xerostomia, pain, and trismus.”

**FDA Clearance:** N/A – Change does not pertain to a medical device.

**Rationale:**

The current guidelines state in TEAM-1 that “Physical medicine and rehabilitation (including therapy for lymphedema of the neck)” is part of the Multidisciplinary team. Data demonstrates 90% of head and neck cancer survivors present with lymphedema, with 75% considered moderate to severe.<sup>1</sup>

Unidentified and unmanaged, lymphedema leads to detrimental functional, quality of life, and psychosocial impacts.<sup>2-10</sup> Updates to include guidance on lymphedema screening will promote consistent patient identification for appropriate management.

Furthermore, specific guidance for SLPs or other providers to conduct evaluation, diagnosis and management of *internal lymphedema* is critical as physical therapy is not typically equipped to identify or manage internal swelling.

**Sincerely,**

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**Citation of Articles: The following articles are submitted in support of the proposed changes.**

- 1) Ridner, S.H., et al., A prospective Study of the Lymphedema and Fibrosis Continuum in Patients with Head and Neck Cancer. *Lymphat Res Biol*, 2016. 14(4): p. 198-205.
- 2) Aulino, et al., Evaluation of CT Changes in the Head and Neck after Cancer Treatment: Development of a Measurement Tool. *Lymphatic Research and Biology*, 2018. DOI:10.1089/lrb.2017.0024
- 3) Rasmussen, JC, Tan, I-C, Naqvi, S. Longitudinal monitoring of the head and neck lymphatics in response to surgery and radiation. *Head Neck*. 2017;39:1177-1188.
- 4) Doersam JK, Dietrich MS, Adair MA, Rhoten B, Deng J, Ridner SH. A Comparison of Symptoms Among Patients with Head and Neck or Truncal Lymphedema and Normal Controls. *Lymphat Res Biol*. 2019 Aug 5.
- 5) Smith BG, Hutcheson KA, Little LG, et al. Lymphedema outcomes in patients with head and neck cancer. *Otolaryngol Head Neck Surg*. 2015;152(2):284–291 6. Ridner, S.H., et al., A prospective Study of the Lymphedema and Fibrosis Continuum in Patients with Head and Neck Cancer. *Lymphat Res Biol*, 2016. 14(4): p. 198-205
- 6) Jie Deng, Elizabeth M Wulff-Burchfield, Barbara A Murphy, Late Soft Tissue Complications of Head and Neck Cancer Therapy: Lymphedema and Fibrosis, *JNCI Monographs*, Volume 2019, Issue 53, August 2019, lgz005,
- 7) Castellanos, Emily & S. Dietrich, Mary & Bond, Stewart & Wells, Nancy & Schumacher, Karen & Kishor Ganti, Apar & A. Murphy, Barbara. (2018). Impact of patient symptoms and caregiving tasks on psychological distress in caregivers for head and neck cancer (HNC). *Psycho-Oncology*. 28. 10.1002/pon.4968.
- 8) Deng J, Murphy BA, Dietrich MS, Sinard RJ, Mannion K, Ridner SH. Differences of symptoms in head and neck cancer patients with and without lymphedema. *Support Care Cancer*. 2016 Mar;24(3):1305-16. doi:10.1007/s00520-015-2893-4.
- 9) Jackson LK, Ridner SH, Deng J, Bartow C, Mannion K, Niermann K, Gilbert J, Dietrich MS, Cmelak AJ, Murphy BA. Internal Lymphedema Correlates with Subjective and Objective Measures of Dysphagia in Head and Neck Cancer Patients. *J Palliat Med*. 2016 Sep;19(9):949-56. doi: 10.1089/jpm.2016.0018.
- 10) Jeans C, Brown B, Ward EC, et al. The trajectory of head and neck lymphedema following chemoradiotherapy for head and neck cancer: prevalence, improvement trends and the association with dysphagia. Poster presented at: The Dysphagia Research Society 29th Annual Meeting (virtual meeting) March 10-12, 2021.