

Queen Elizabeth Hospital / Selly Oak Hospital

Coordinating Surgeon:

Mr Sat Parmar
Consultant Oral and Maxillofacial Surgeon

The Pan Birmingham Cancer network serves a population of over 1.8 million. The designated cancer centre for the network is University Hospital Birmingham.

There are 4 Maxillofacial Surgeons with an interest in Head and Neck Cancer and Reconstruction. There are 2 Otolaryngology Consultants with an interest in Head and Neck Cancer at UHB and a further surgeon at City Hospital. There is one Otolaryngologist, whose main interest is thyroid surgery. There are two Otolaryngologists with an interest in skull base surgery. There is a skull base MDT held every two weeks, in addition to the weekly Head and Neck MDT. The Thyroid MDT is held within the weekly Head and Neck MDT.

There are 3 full time Oncologists with an interest in Head and Neck Cancer. They are providing IMRT. There are 3 Radiologists with an interest in Head and Neck imaging. PET imaging is available on site. There are 2 Restorative dental consultants who carry out clinics on site.

The Maxillofacial Laboratory is world renowned and has 7 full time Maxillofacial Prosthetists and the trust has one of Europe's largest extra oral implant programmes.

Weekly pre-treatment clinics are held by the SALT, Dietetic, Head and Neck specialist Nurses and Head and Neck counsellors. The aim is that every patient undergoing cancer treatment will be assessed at these clinics. All surgical patients are looked after in a designated Head and Neck ward shared between ENT and Maxillofacial teams.

The programme for the Fellow can be tailored to the successful applicants needs. However, in principle it consists of 3 monthly rotations between Maxillofacial or ENT. Within each rotation, there is scope for regular training in thyroid surgery. Each rotation will have regular operating sessions and clinics. All aspects of Head and Neck Cancer are treated at UHB.

There will be opportunity and fellows will be encouraged to attend oncology, pre-treatment, and SALT clinics. Fellows will also spend some time in planning Radiotherapy and Chemotherapy.

The fellowship at UHB in Birmingham will provide candidates training in all surgical treatments for Head and Neck Cancer including complex reconstructions. It will also give them training in all aspects of care for this complex group of patients.

If you have any questions, please contact Mr Sat Parmar, Consultant Oral and Maxillofacial Surgeon on 07808 777595.

Glasgow Royal Infirmary / Southern General Hospital

Coordinating Surgeon:

Mr Kenneth MacKenzie
Consultant ENT Surgeon

The interface fellow is expected to attend all sessions in the timetable (see below) with other times for private study / audit and research. Depending on their level of training and needs, the fellow is expected to take a primary active role, during theatre. This will be as primary surgeon or 1st assistant in most instances, with senior surgeon supervision. During clinic, the fellow is encouraged to assess and work-up head and neck oncology patients, with the use of diagnostics (i.e. endoscopy) and local anaesthetic biopsies where indicated. Follow-up patients and management in the MDT environment will also allow experience in allied health care specialities as well as non-surgical treatment regimes and indications.

The year, in Glasgow, is divided into blocks to incorporate the work of the two main units in the north and south of the city and for the purposes of continuity in patient care. This also allows for exposure to of all aspects of head and neck surgical oncology in the time allocated.

North Glasgow (Glasgow Royal Infirmary)

| | |
|-----------|--|
| Monday | MDT meeting / MDT clinic (am) |
| Tuesday | Plastic Surgery Theatres (all day) / ENT clinic (am) alternate |
| Wednesday | ENT Theatres (am) / Audit / Research (pm) |
| Thursday | Plastic surgery Theatres (all day) |
| Friday | MDT meeting / clinic (am Southern General Hospital) |

South Glasgow (Southern General Hospital)

| | |
|-----------|---|
| Monday | Maxillo-facial Theatres (all day) |
| Tuesday | Maxillo-facial Theatre (pm) |
| Wednesday | ENT clinic (am) / Head & neck clinic pm |
| Thursday | Maxillo-facial Theatres (all day) |
| Friday | MDT meeting / clinic (am) |

The last few months of the fellowship time are flexible depending on the remaining training needs of the fellow.

Hull Royal Infirmary

Coordinating Surgeon:

Professor Nicholas Stafford
Consultant ENT & Head & Neck Surgeon

FACULTY: Mr Nick Hart, Consultant Plastic & Reconstructive surgeon
Mr Jemy Jose, Consultant ENT & Head & Neck surgeon
Mr Douglas Kennedy, Consultant Oral & Maxillofacial surgeon
Mr Martin Cope, Consultant ENT surgeon
Mr James England, Consultant ENT & Head & Neck surgeon

TIMETABLE:

| | AM | PM |
|-----------|---|--|
| Monday | Plastics theatre | Plastics theatre |
| Tuesday | ENT theatre | ENT theatre |
| Wednesday | CPD (upper GI Endoscopy training) | Head & Neck & MDT (combined clinic) |
| Thursday | Oral & Maxillofacial theatre | Oral & Maxillofacial theatre |
| Friday | ENT theatre (Thyroid/Parathyroid surgery) | |

The fellowship provides ample opportunity of surgical operating, with high quality training and excellent workload of Head and Neck pathology. Visits are organized for the fellow to attend clinical sessions with the Clinical Oncology department based in Castle Hill hospital.

The previous fellow conducted and led clinical research that resulted in an accepted oral presentation in the Royal Society of Medicine (RSM), looking at acid reflux in Laryngectomy patients.

University Hospital Aintree

Coordinating Surgeon:

Mr James Brown
Consultant Oral and Maxillofacial Surgeon
Mr Nick Roland
Consultant ENT Surgeon

The Liverpool Head and Neck Oncology Centre is located at the University Hospital Aintree Foundation Trust. All new Head and Neck Cancer cases are discussed at the Multidisciplinary (MDT) meeting each Wednesday morning. There is also a thyroid and an adult skull-base MDT which runs along side the main meeting. This is probably the largest MDT in the country with about 450-500 new cases discussed per year. The clinicians attending the MDT can provide all aspects of modern treatment both surgical and oncological.

The Unit serves a population of about 2.4 million and the area has a higher than average number of cases developing Head and Neck Cancer. The multidisciplinary team consists of the following:

- 4 Otorhinolaryngologists Head and Neck Surgeons (ORL)
 - 4 Maxillofacial Head and Neck and Reconstructive Surgeons (OMFS)
 - 3 Radiation Oncologists
 - 2 Neurosurgeons
 - 1 Ophthalmologist
 - 1 Restorative Dentist with a special interest in oral and Head and neck rehabilitation.
- Excellent supporting specialists including Speech and Language, Dieticians Nurse Liaison and Physiotherapy

In surgical terms there is considerable expertise in laser surgery for the larynx, reconstructive laryngeal surgery, endoscopic techniques, microvascular reconstructive options including iliac crest fibula scapula and perforator flap options.

The Academic status of the unit is now enhanced by the appointment of 2 Senior Lecturers (ORL and OMFS) now the principal investigators for the HOPON trial (Hyperbaric Oxygen as prophylaxis to prevent osteoradionecrosis following dental extractions in the irradiated mandible). We are also actively involved in the SEND trial (Neck or no neck for small T1-2 oral cancer) the PETNECK trial (Neck dissection of no neck dissection in oropharyngeal cancer treated by chemoradiotherapy). Other research interests include the Epigenetics of Oral cancer and their role in the prediction of cancer progression from premalignancy.

Job Description:

The fellow is the senior trainee and is treated as such with the privilege of working where the training is most needed or desired. This may depend on the principal specialty of the trainee but the unit will accommodate a timetable which reflects those training requirements.

There are 4 OMFS and 4 ORL lists per week and skull-base cases are usually done on a Thursday at the Walton Neurosurgery Centre (Aintree site). The MDT is on Wednesday morning followed by the multidisciplinary clinics on the Walton outpatient site (Rice Lane)

John Radcliffe Hospital

Coordinating Surgeon:

Mr Rogan Corbridge
Consultant ENT/Head and Neck Surgeon

Aim: To gain competency in resection and reconstruction for cancer of the Head and Neck and the holistic care programme for the Head and Neck programme. To be involved in the daily management of Head and Neck patients, attendance at outpatient clinics and theatre and MDT meetings.

TIMETABLE:

| | | |
|-----------|-----|--|
| Monday: | am | Ward round, clinic ENT GC 3J4J, clinic OMFS SB, clinic oncology/radiotherapy planning |
| | pm | Preoperative ward round, study, clinic oncology/radiotherapy planning |
| Tuesday: | am | Ward round, Theatre ENT, clinic OMFS |
| | pm | Theatre ENT/Plast |
| | eve | Theatre ENT/Plast |
| Wednesday | am | Ward round, Theatre ENT/Plast, Theatre CAM/Plast, Theatre OMFS, clinic oncology/radiotherapy planning, clinic CAM skull base 1 |
| | pm | Theatre ENT/Plast, Theatre CAM/Plast, Theatre OMFS, clinic oncology/radiotherapy planning |
| Thursday | am | Ward round, clinic ENT RC 2RA, 3RA, 4J |
| | pm | MDT/study |
| Friday | am | Ward round, Theatre Plast, Theatre OMFS |
| | pm | Theatre OMFS |

The fellow may be expected to participate in teaching of the specialist registrars and occasionally other medical and non-medical personnel.

Participation in audit is required. There should be some opportunities for research during the appointment.

Freeman Hospital, Newcastle upon Tyne/Sunderland Royal Hospital

Coordinating Surgeon:

Mr Andrew Welch
Consultant ENT Surgeon

General description of service

The post is heavily theatre based and provides a wide exposure to a large number of extirpative and reconstructive procedures for benign and malignant conditions of the upper aerodigestive tract and thyroid.

At the Freeman Hospital training opportunities are provided by ENT, Maxillofacial and Plastic surgery departments and at Sunderland Royal there is no on-site Plastic surgery department. It is acknowledged that the Fellow has sufficient flexibility to attend whichever lists are appropriate to further their training. The Fellow is expected to assist in managing in-patients they have been involved with and also to have an overall view of all the head & neck patients in the unit. There is a weekly MDT at which the Fellow is expected to present cases and be involved with decision making discussions. Also, it is expected that the Fellow is a useful clinical resource for the Allied Healthcare Professionals and the Head & Neck Co-ordinator to help facilitate management of problems as they arise.

At the Freeman Hospital there is a thyroid cancer MDT every 2 weeks and on average 2-3 clinics per month to see suspected cancer referrals. There are no additional clinic commitments at Sunderland Royal.

During a calendar year, 9 months is spent at the Freeman Hospital and 3 months at Sunderland Royal.

Both units are well run, busy, modern head and neck departments fully equipped to a high standard and aided by excellent support services such as radiology, histopathology, clinical nurse specialists, MacMillan Specialist Nurses, Speech & Language therapists and Dieticians.

Central Manchester University Hospitals NHS Foundation Trust

Manchester Royal Infirmary/Christie Head and Neck Cancer Centre

Coordinating Surgeon:

Mr Brian Musgrove, Consultant Oral and Maxillofacial Surgeon

Surgeons:

Mr Jarrod Homer, Consultant ORL-HNS

Mr Sean Loughran, Consultant ORL-HNS

Mr Tim Blackburn, Consultant OMFS

General description of service

This multidisciplinary team (MDT) treats all patients with Head and Neck cancer from Central Manchester, East Manchester/Tameside, and the North-West sector of Salford, Wigan and Bolton (1.2M); and selected patients from the entire network and beyond.

The weekly MDT meeting and clinics take place at Christie Hospital. All new patients are seen at Christie before treatment.

All oncologic resection/reconstructive surgery takes place at Manchester Royal Infirmary. Radiotherapy and chemotherapy takes place at Christie Hospital.

The team covers UADT (upper aerodigestive tract) and Salivary Gland malignancies and forms an essential part of the Network Thyroid MDT (hosted at Christie Foundation Trust). The Network Skull base cancer MDT is under the umbrella of the MRI/Christie MDT (details follow).

The core consultant clinicians who form the team are:

| Consultant | Specialty | Hospital base |
|-----------------|--------------------------------------|-----------------|
| Mr J J Homer | Otolaryngology Head and Neck Surgery | MRI/Christie |
| Mr S Loughran | Otolaryngology Head and Neck Surgery | MRI/Hope |
| Mr B M Musgrove | Oral Maxillo Facial Surgery | MRI |
| Mr T Blackburn | Oral Maxillo Facial Surgery | MRI/Wigan |
| Mr G Ross | Plastic Surgery | Christie |
| Dr N Slevin | Clinical Oncology | Christie |
| Dr B Yap | Clinical Oncology | Christie |
| Dr J Gillespie | Radiology | MRI/Hope |
| Dr S Mak | Radiology | Christie |
| Dr S Bonnington | Radiology | Christie |
| Dr J Lawrence | Radiology | Christie |
| Prof N Thakker | Pathology | MRI |
| Dr G Hall | Pathology | MRI |
| Dr C Barclay | Restorative Dentistry | MRI/Dental Hosp |

Non-medical clinicians

| Name | Specialty | Hospital base |
|----------------|---------------------------------|---------------|
| Ms C Silva | Clinical nurse specialist (CNS) | MRI |
| Ms B Faramond | Clinical nurse specialist (CNS) | MRI |
| Mrs D Elliot | CNS | Christie |
| Ms K Mais | Nurse clinician (non-surgical) | Christie |
| Mrs K Graves | CNS | Bolton |
| Ms C Cameron | CNS | Wigan |
| Vacant | CNS | Hope |
| Ms Heptonstall | CNS | Tameside |
| Mrs F Ascott | Speech therapy | MRI |
| Mrs H Smith | Speech therapy | MRI |
| Mrs H Rust | Speech therapy | Christie |
| Ms J Jones | Speech therapy | Christie |
| Ms H Taylor | Speech therapy | Bolton |

There is an active research program in biomarker discovery and validation and other translational and clinical research based both at Christie/Patterson and MRI.

SKULL BASE ONCOLOGY

Within the team is the Network/supranetwork team for skull base cancers. All patients requiring surgery for skull base cancers in the network population (3.5M) come to this team and a number of patients from beyond the network (e.g. N Wales, W Yorkshire, Lancashire). These cancers are generally:

- Sinonasal cancers near to or involving anterior skull base
- Cancers with high infratemporal fossa involvement (eg from pharynx or parapharyngeal space)
- Cancers involving temporal bone.
- Advanced skin cancers with skull base involvement

Skull base cancer team core members:

| Name | Specialty | Hospital Base |
|-------------|---------------------|---------------|
| King | Neurosurgery | Hope |
| Rutherford | Neurosurgery | Hope |
| Homer | ENT (Head and Neck) | MRI/Hope |
| Lloyd | ENT (neuro-otology) | MRI/Hope |
| Musgrove | MaxFac | MRI |
| Blackburn | MaxFac | MRI |
| Ross | Plastic surgery | Christie |
| Leatherbrow | Oculoplastics | MRI |
| Atuallah | Oculoplastics | MRI |
| Herwadkar | Radiology | Hope |
| Gillespie | Radiology | Hope/MRI |
| Laitt | Radiology | Hope/MRI |

New cases are discussed at the MRI/Christie MDT meeting. There is then further discussion and clinic appointments depending on exact case requirements (i.e. which specialties are involved).

Intradural surgery takes place at Hope Hospital. Extradural surgery (e.g. sinonasal cancers away from skull base and temporal bone resections) takes place at MRI.

Interface Fellow: Basic Timetable

| | Mon | Tue | Wed | Thur | Fri |
|----|--------------------------------|---|--|---|-----------------------------|
| AM | Theatre Loughran All day | Neck lump/diagnostic clinics ENT or OMFS | Theatre Musgrove/ Blackburn all day (2 parallel lists) All day | MDT meeting and H&N clinics Christie | Theatre Homer All day |
| PM | | | | | |

The basic timetable is as above. It can be tailored to individuals' requirements.

MANCHESTER ROYAL INFIRMARY/CHRISTIE HOSPITAL HEAD AND NECK CANCER CENTRE: 2007 SURGICAL FIGURES FOR CANCER RESECTIONS

All operations at MRI or Christie (except intradural skull base at Hope). Benign tumour surgery excluded. Each operation counted once only (no dual classification) except composite figures for total numbers of flaps and neck dissections. Primary Operators; Homer/Musgrove/Loughran (H&N cancer); Homer/Loughran/Parrott/Augustine (Thyroid)

Head and Neck Cancer surgical resection codes- Primary Tumour

| | | | Number |
|----------|----|---|---------------|
| A | | Oral Cavity Resections | 46 |
| | A1 | Transoral resections (incl partial (inferior) maxillectomy) | 22 |
| | A2 | Resections requiring mandibulotomy/tongue drop and soft tissue reconstruction | 18 |
| | A3 | Resections requiring segmental mandibulectomy and bone reconstruction | 6 |
| | | | |
| B | | Oropharynx | 15 |
| | B1 | Transoral resections | 3 |
| | B2 | Resections requiring mandibulotomy and soft tissue reconstruction | 9 |
| | B3 | Resections requiring segmental mandibulectomy | 3 |
| | B4 | Resections via transcervical approach and soft tissue reconstruction | 0 |
| | | | |
| C | | Larynx/hypopharynx | 30 |
| | C1 | Total laryngectomy | 4 |
| | C2 | Transoral laser partial laryngectomy | 15 |
| | C3 | Open partial laryngectomies | 1 |
| | C4 | Pharyngolaryngectomy with flap reconstruction | 6 |
| | C5 | Pharyngo-oesophago-laryngectomy with gastric transposition | 2 |
| | C6 | Open partial pharyngectomy | 1 |
| | C7 | Transoral laser partial pharyngectomy | 1 |
| | | | |
| D | | Sinonasal/anterior skull base | 8 |
| | D1 | Medial maxillectomy | 1 |
| | D2 | Total/subtotal maxillectomy | 3 |
| | D3 | Craniofacial resection (Anterior or anterolateral skull base) | 4 |
| | | | |
| E | | Other Skull base | 4 |
| | E1 | Temporal bone resections/infratemporal fossa resection | 4 |
| | | | |
| F | | Salivary Gland | 10 |
| | F1 | Parotidectomy | 9 |
| | F2 | Submandibular gland excision | 1 |
| | | | |
| G | | Thyroid | 49 |
| | G1 | Total thyroidectomy (incl completion) | 38 |
| | G2 | Hemithyroidectomy | 3 |
| | G3 | Re-exploration for recurrent cancer | 8 |
| | | | |

COMPOSITE SURGICAL FIGURES: 2007

| | |
|--|------------|
| NECK DISSECTION | 120 |
| MICROVASCULAR FREE TISSUE TRANSFER RECONSTRUCTION | 49 |
| PEDICLED FLAP RECONSTRUCTION | 11 |