

CanNET

**Cancer Service Networks
National Demonstration Program**

Linking regional and metropolitan
cancer services for better
cancer outcomes



Australian Government
Cancer Australia



Northern
Territory
Government

Cancer Journeys

IN THE NORTHERN TERRITORY

NT Patient Cancer Care Referral Pathways

Head and Neck Cancer

The *Northern Territory Patient Cancer Care Referral Pathways* have been produced by Healthcare Management Advisors (HMA) for the Northern Territory Government Department of Health and Families.

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Copies of this resource can be downloaded from the CanNET NT website at:
www.health.nt.gov.au/Cancer_Services/CanNET_NT/Publications/

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1 Explanation of Patient Pathways

Introduction

Welcome to the **Head and Neck Cancer** Pathway for the Northern Territory.

This pathway booklet aims to assist people with cancer to understand and navigate the journey ahead. It includes information on early detection, initial diagnosis, treatment planning and treatment options.

It is also useful for health professionals to follow the referral and treatment pathways for particular cancers.

Purpose of this Pathway Document

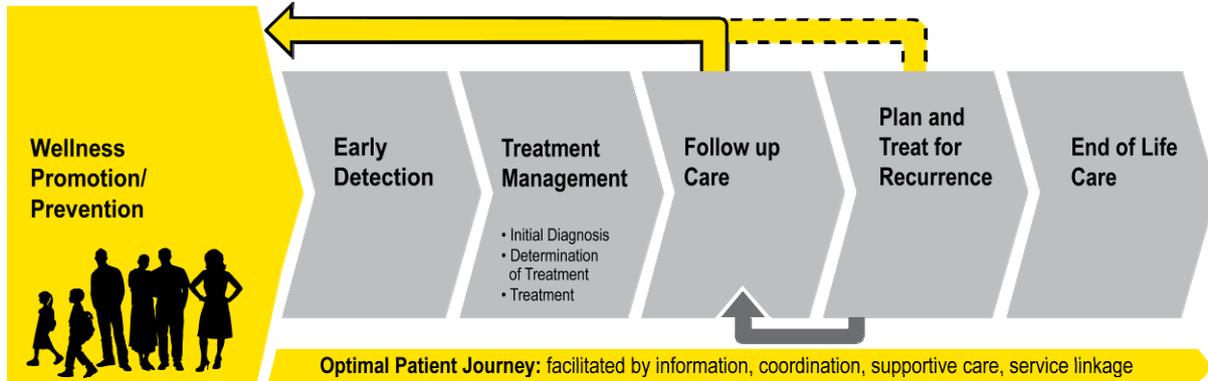
This document will help to guide you on your cancer journey through the public health system in the Northern Territory. You may choose to access the private system or to travel interstate for care, which may change the nature of the pathway you follow.

The pathway describes the current typical cancer service delivery arrangements in the NT. It is not designed to serve as evidence-based clinical guidelines or to recommend areas for service development.

It is designed to inform you of the services and treatments available, and to encourage communication amongst all team members involved in the delivery of cancer services.

The Radiation Oncology Unit at the Alan Walker Cancer Care Centre (AWCCC) in Darwin is able to plan and treat head and neck cancer patients who require radiotherapy. This will mean that fewer people will need to travel interstate for such services in the future, although some people will still need to do so.

Patient Cancer Care Referral Pathway – The Generic Pathway



Five pathways booklets have been developed for the following tumour streams:

- Trachea/Lung
- Breast
- Prostate
- Bowel
- Head and Neck

Implementation and Principles of Patient Care

The care pathway that you follow needs to be tailored to your needs and developed in consultation with your clinician. It will need to reflect the type of cancer that you have and the practicality of your situation. All care is based on the following principles:

- (1) **Patient-centred care:** Involves you and your carers accessing adequate information and being actively involved in the processes for all aspects of your care. Your involvement is critical.
- (2) **Coordinated care:** Throughout the cancer journey, coordinated care involves your local health professional (eg general practitioner, health worker, visiting medical officer, clinical nurse, Aboriginal Health Worker), as well as the treating surgeon and cancer specialist. You and your family should experience coordinated care with smooth and timely transitions from one service to another. Coordination of services may occur through the use of Multidisciplinary Team (MDT) meetings, case conferencing, patient records and sharing of information. Communication amongst health professionals is of vital importance to ensuring a smooth pathway for you. Do not be afraid to ask about this.
- (3) **Quality cancer services:** Cancer services support and participate in planned approaches to quality improvement through a variety of strategies designed to address your needs, service delivery, the collection and analysis of data, and staff knowledge and skills.
- (4) **Psychosocial support:** Quality of life issues are integral to your care. You should be offered access to a range of support services throughout each step of the cancer journey. This includes all services that support people with cancer and their carers to meet their physical, psychological, social, cultural, information and spiritual needs.

Future Review and Development

It is envisaged that the NT Patient Cancer Care Referral Pathways will be reviewed annually to include new services that significantly impact upon the delivery of cancer services in the NT.

During future reviews, the scope of the pathways may be altered and development of additional tumour streams will occur.

Structure of the Pathways

The pathway for head and neck cancer documentation is provided at three levels of detail, to reflect the diverse information needs of different readers. These levels are:

- **Level 1: Overview** (Chapter 2): This diagram provides an overview of the typical pathway for patients with head and neck cancer in the NT public health system. It is intended to summarise the key features of the head and neck cancer pathway in one easy-to-access location for patients.
- **Level 2: Expanded View** (Chapter 3): This diagram provides an expanded view of the typical pathway for patients with head and neck cancer in the NT public health system, with additional detail. The information contained in this additional 'view' is consistent with the overview but contains more detail for patients on the type of intervention to expect and where services are available.
- **Level 3: Detailed View** (Chapter 4): This section provides a further level of detailed information on diagnostic processes, treatment options and possible variations in the pathway. It is intended for interested patients and health professionals with a need to inform themselves in undertaking their professional role.

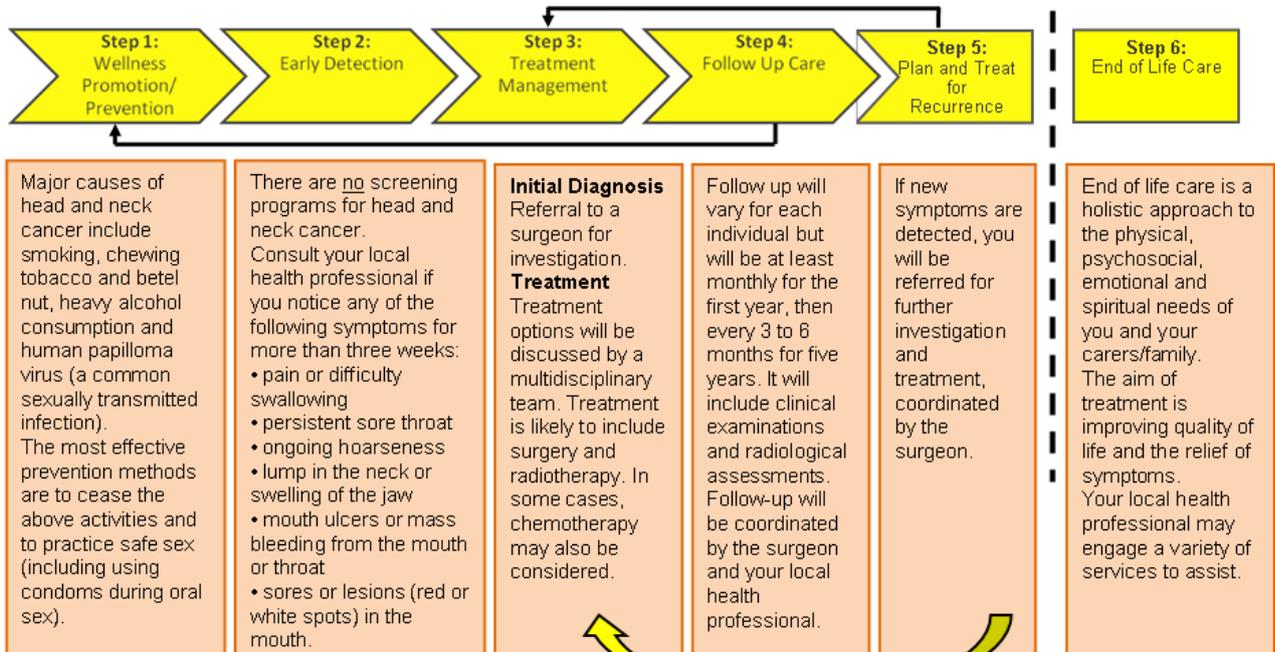
These different views are complemented by extra details on:

- Support services for head and neck cancer (Chapter 5)
- Other useful sources of information on head and neck cancer (Chapter 6)
- A glossary of terms (Chapter 7)

2 NT Head and Neck Cancer Patient Referral Pathway – Overview

This diagram provides an **overview** of the typical pathway for people with head and neck cancer in the NT public health system. It is intended to summarise the key features of the Head and Neck Cancer Patient Referral Pathway in one easy to access location.

Overview of the NT Head and Neck Cancer Patient Referral Pathway, Public Health System



Support Services

Support services are available at Royal Darwin Hospital through the **Maxillofacial / Head and Neck Clinic** and through the **Cancer Council NT**. Further information is available through the **CanNET NT** online Directory of Services at www.health.nt.gov.au
Cancer Support Nurse Darwin ph: (08) 8927 4059 or Alice Springs ph: (08) 8953 5920.

Other Information

RDH Head and Neck Cancer: web.me.com/mahiban1/Site_2/Welcome.html
Cancer Council NT www.cancercouncilnt.com.au
Quitnow www.quitnow.info.au

Travel Support

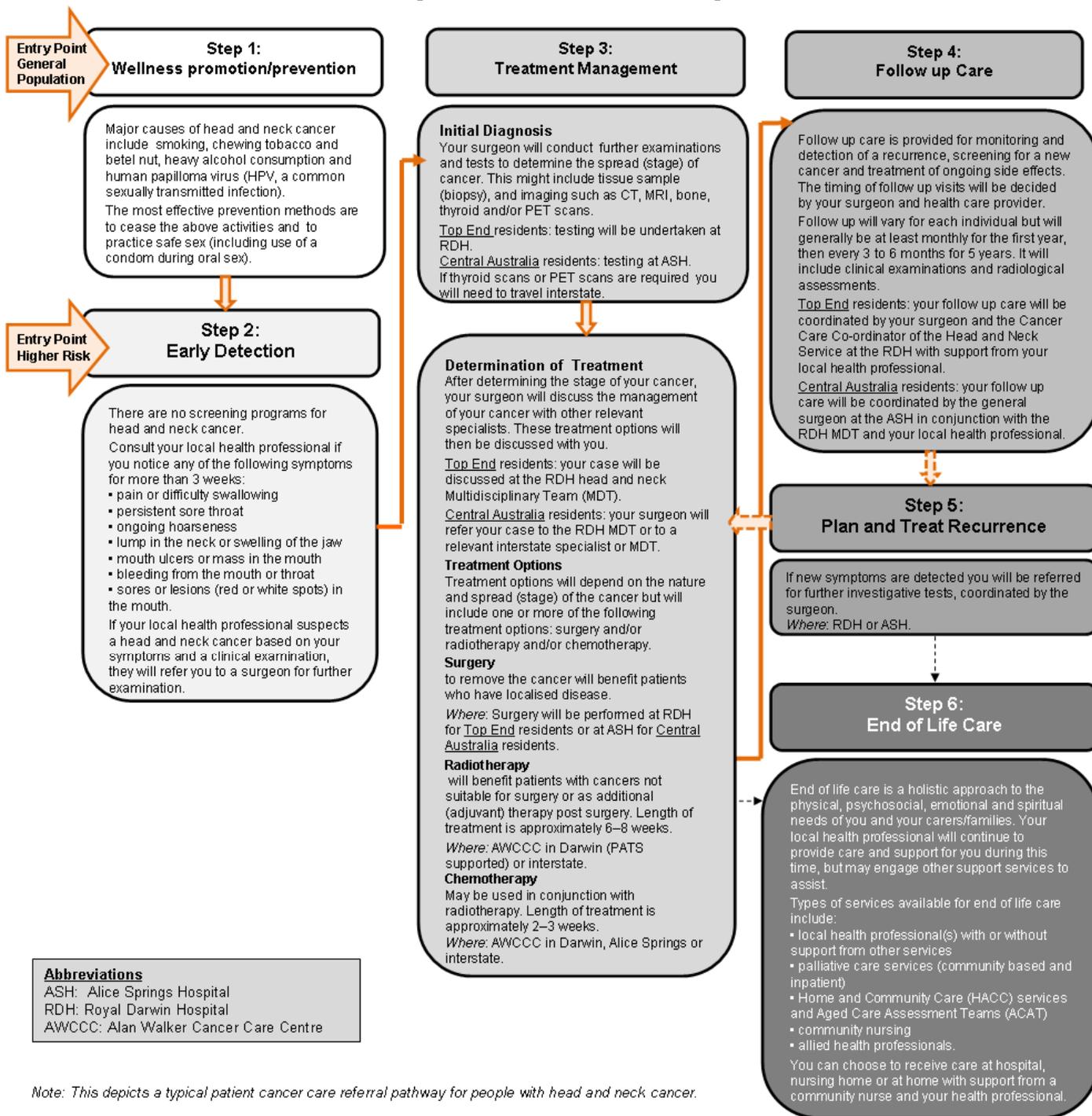
Assistance for patient travel through the **Patient Assistance Travel Scheme (PATS)**. Contact: **Royal Darwin Hospital** (08) 8922 8135 or (08) 8922 8134; **Katherine District Hospital** (08) 8973 9208 or (08) 8973 9213; **Gove District Hospital** (08) 8987 0540; **Alice Springs Hospital** (08) 8951 7846 or (08) 8951 7979; and **Tennant Creek Hospital** (08) 8962 4262.

3

NT Head and Neck Cancer Patient Referral Pathway – Expanded View

The following diagram provides an *expanded view* of the typical pathway for people with head and neck cancer in the NT public health system, with additional detail. The information contained in this additional 'view' is consistent with the overview but contains more detail for patients on the type of intervention to expect and where services are available.

Expanded View of the NT Head and Neck Cancer Patient Referral Pathway, Public Health System



Other Local Support Services

Royal Darwin Hospital Maxillofacial / Head and Neck Clinic comprises services such as the surgical team, a head and neck cancer care co-ordinator, a dietician and a speech pathologist, along with a medical oncologist. In some instances, the unit may also refer you to a nurse specially trained in counselling for facial trauma for psychosocial support.

CanNET website provides updates of cancer services in the NT, and a Directory of Services at www.health.nt.gov.au

Cancer Council NT provides counselling services via nurse counsellors, face to face or telephone and other support services. Call the Cancer Council Helpline on 13 11 20.

Allied health professionals that you may wish to be referred to include:

- **Dietitians** for nutritional advice, e.g. strategies to reduce diet related side effects and enhance nutrition and quality of life; and advice on difficulties swallowing (dysphagia).
- **Occupational therapists** or **physiotherapists** to help maximise physical capabilities and functional independence and for education and management of lymphoedema.
- **Pastoral care** for support and comfort irrespective of religious affiliation (or otherwise).
- **Speech therapists** can assist some patients if hoarseness is experienced.

Assistance for patient travel can be sought for eligible patients through the **Patient Assistance Travel Scheme (PATS)**. Contact: **Royal Darwin Hospital** (08) 8922 8135 or (08) 8922 8134; **Katherine District Hospital** (08) 8973 9206 or (08) 8973 9213; **Gove District Hospital** (08) 8987 00540; **Alice Springs Hospital** (08) 8951 7846 or (08) 8951 7979; and **Tennant Creek Hospital** (08) 8962 4262.

Peer Support Counselling. The Head and Neck Service at RDH can put you in contact with other consumers willing to provide support and peer counselling. Contact (08) 8922 8419.

4 NT Head and Neck Cancer Patient Referral Pathway – Detailed Description

This chapter provides a **detailed description** of the typical pathway for people with head and neck cancer in the NT public health system. It provides a further level of detailed information compared to the expanded view and includes details of diagnostic processes, treatment options and possible variations in the pathway. It is also intended for health professionals with a need to inform themselves in undertaking their professional role.

Step 1 - Wellness Promotion / Prevention

Smoking (current, previous or passive), chewing tobacco or betel nut, and heavy alcohol consumption are major causes of head and neck cancers. Reduce your risk of head and neck cancer by stopping these activities.

Human Papilloma Virus (HPV, a sexually transmitted infection) has also been associated with certain types of head and neck cancers. Preventative measures for HPV include practising safe sex options such as using a condom during oral sex.

If you require information and/or help to quit smoking, consult your local health professional and/or contact *Quit Now*.

Web: www.quitnow.info.au

Phone: 131 848

For information, counselling and referrals on alcohol and other drug related issues, call the Alcohol and Drug Information Service.

Phone: 1800 131 350

Step 2 - Early Detection

At the time of publication there were no population screening programs for head and neck cancer.

There are common symptoms associated with head and neck cancers. The following symptoms should be discussed with your local health professional and investigated if they persist for more than three weeks, especially if there is more than one symptom of:

- Difficulty swallowing
- Hoarse voice
- Persistent sore throat
- Lump/s in the neck or mouth
- Mouth ulcers that persist for over three weeks
- Sores or lesions (red or white spots) in the mouth
- Loose teeth
- Non-dental mouth or jaw pain
- Swelling of the side of the face or under the jaw
- Altered speech
- Spitting up blood

Note: most of these symptoms have non-cancer causes, but should be investigated by a health professional.

If your health professional suspects a head and neck cancer based on your symptoms and a clinical examination, they will refer you to a *maxillofacial/head and neck* specialist.

If you display the following symptoms you should be referred by your local health professional to the Head and Neck Clinic at Royal Darwin Hospital (RDH) or to a head and neck specialist:

- Ulcers (both painful and painless) that have persisted for more than three weeks
- Loose teeth; bleeding from the nose or oral cavity
- Swelling in the region of the salivary glands

If you live in the Top End, you will be referred to the head and neck specialist (surgeon) at Royal Darwin Hospital.

If you live in Central Australia, you will be referred to a general surgeon at the Alice Springs Hospital (ASH), who will discuss your case with a head and neck specialist.

Initial Diagnosis

If head and neck cancer is suspected, you will be referred to a surgeon. The head and neck surgeon at Royal Darwin Hospital or the general surgeon at Alice Springs Hospital will conduct a clinical and endoscopic (internal) examination. Other tests that the surgeon may conduct to determine the spread (stage) of the cancer are likely to include:

- Tissue sampling (biopsy)
- Imaging such as Computer Tomography (CT) scan, Magnetic Resonance Imaging (MRI) scan, bone scan and/or thyroid scan using radioactive iodine (I-131 scan)
- Whole body imaging via Positron Emission Tomography (PET) scanning

If you live in the Top End, testing will occur at Royal Darwin Hospital, except for PET scanning or I-131 scanning, which will require interstate travel.

If you live in Central Australia, testing will occur at Alice Springs Hospital, except for MRI, PET and I-131 scanning which will require interstate travel.

Step 3 - Treatment Management

Determination of Treatment

After determining the stage of your cancer, your surgeon will discuss the management of your cancer with other relevant specialists. These treatment options will then be discussed with you.

If you live in the Top End, your surgeon will discuss your case at the head and neck Multidisciplinary Team (MDT) meeting at Royal Darwin Hospital. The MDT comprises a mix of health professionals such as your surgeon, a medical oncologist, a pathologist, a radiologist, the cancer support nurse, a speech pathologist, and a dietician. For advice regarding radiotherapy, the radiation oncologist from the AWCCC will be consulted. Your health professional may also be involved in the MDT discussions.

If you live in Central Australia, the surgeon will discuss your case with a head and neck MDT regarding treatment options. The MDT may include a radiation oncologist and a medical oncologist from RDH or interstate.

Treatment

Treatment for your cancer will depend on the nature and spread (stage) of the cancer but will include one or more of the following treatment options:

- Surgery
- Radiotherapy
- Chemotherapy

Surgery

Surgery to remove the cancer will benefit people who are fit and whose cancer is localised.

If you live in the Top End, surgery will be undertaken at Royal Darwin Hospital by a head and neck surgeon.

If you live in Central Australia, your surgery will be conducted by a head and neck surgeon or an ear, nose and throat surgeon.

After surgery, you may be referred for radiotherapy and/or chemotherapy as appropriate.

Radiotherapy

Radiotherapy is the preferred primary treatment for early tumours that are not suitable for surgery. It is also an additional (adjuvant) therapy after surgery. Radiotherapy is the use of a high-energy x-ray that is targeted where the cancer is located. The rapidly dividing cancer cells are less able to recover from the damage caused by the radiation (compared to healthy cells) and are therefore destroyed.

The length of treatment is approximately six to eight weeks for radiotherapy of head and neck cancers.

As part of the preparation for radiotherapy, you will require a thorough dental assessment and treatment if necessary. This will prevent any dental issues arising from your treatment.

The radiation oncology facility at the AWCCC is set-up to plan and treat almost all head and neck cancer patients who require radiotherapy. Children, adolescents and some complex cases may still need to be referred interstate.

Chemotherapy

Chemotherapy is the use of drugs to kill rapidly dividing cancer cells throughout your body and is often used in conjunction with radiotherapy as a curative treatment targeting any cancer cells that may have spread. Treatment length varies from two to three weeks to six weeks.

If you live in the Top End, chemotherapy will occur at Royal Darwin Hospital.

If you live in Central Australia, chemotherapy will occur at Alice Springs Hospital.

Note: If you are undergoing radiotherapy in Darwin or interstate, you may also undergo chemotherapy there as well.

During the treatment of cancer you may require the input of many different health professionals. You can support communication between your treatment team by asking them to share your medical information with relevant health professionals in your treatment team.

Shared Electronic Health Record (SEHR)

We recommend the use of the Shared Electronic Health Record (SEHR) as a way of securely storing and sharing important information about your health. This information is collected when you visit participating health care providers such as NT public hospitals, health centres and some GPs.

Your SEHR does not replace the medical record that is held by your health care provider. It is a summary of your medical record that is accessible only by authorised health professionals.

For more information on the eHealth and SEHR programs, please visit www.ehealthnt.nt.gov.au or call Consumer Services on (08) 8924 7013.

Step 4 - Follow up Care

Follow up care will vary for each individual and depend on the type of treatment provided.

Follow up for **surgical** treatment is likely to include monthly checks for one year, and check-ups every three months for a further three years after. A CT scan or an MRI scan will be performed during the first year of follow up, and once a year after that.

Follow up for **radiotherapy** is likely to include the following check-ups: every three months for two years; every four months in the third year; and every six months for five years post treatment.

If you live in the Top End, your follow up care will be coordinated by your surgeon in conjunction with the Cancer Care Co-ordinator of the Head and Neck Service at Royal Darwin Hospital, and with support from your local health professional.

Consultations with the head and neck surgeon will occur at Royal Darwin Hospital or at specialist outreach clinics at the Katherine District Hospital or the Gove District Hospital.

If you live in Central Australia, your follow up care will be coordinated by the general surgeon at Alice Springs Hospital in conjunction with the Royal Darwin Hospital or an interstate MDT and your local health professional. Consultations with the surgeon will occur at Alice Springs Hospital or at a specialist outreach clinic at Tennant Creek Hospital.

Follow up for radiotherapy may require travel to Darwin to consult with the treating radiation oncologist at the Alan Walker Cancer Care Centre.

If any abnormalities are detected in the follow up processes, you will be referred for further diagnostic testing with the surgeon.

Step 5 - Plan and Treat for Recurrence

If new symptoms are detected from your regular follow up care, you will be referred for further investigative tests as coordinated by your surgeon. Investigative tests may include:

- Clinical examination
- Oral examination (including with a VELscope – a hand held device for examination of the mouth and throat)
- Nasopharyngeal fiberoptic endoscopy (internal examination of the nose/throat passage)
- Tissue sample (biopsy)
- Blood examination
- Imaging (eg PET scan)

You may re-enter the pathway for further treatment if a recurrence is found.

If you live in the Top End, testing will occur at Royal Darwin Hospital.

If you live in Central Australia, testing will occur at Alice Springs Hospital.

Interstate travel will be necessary for anyone requiring a PET scan.

Step 6 - End of Life Care

End of life care is a holistic approach to the physical, psychosocial, emotional and spiritual needs of you and your carers and family.

Even though your illness is considered incurable at this stage, you may still be treated with surgery, chemotherapy or radiotherapy to control symptoms and to ensure your comfort during this time. The aim of treatment is improving your quality of life and for the relief of symptoms.

Your local health professional will continue to provide care and support for you during this time and may engage other support services to assist.

Referral to other services such as Territory Palliative Care (TPC), a team of health professionals who specialise in assisting patients and their families through this last stage of illness, may be made by your medical team and/or local health professional. You or your family and friends may also approach TPC for support, advice or even temporary care.

Types of services available for end of life care include:

- Local health professional(s) with or without support from other services
- Territory Palliative Care services (TPC, community based and inpatient care)
- Community Support Services such as: Home and Community Care (HACC) services and Aged Care Assessment Teams (ACAT)
- Community nursing
- Allied health professionals such as a social worker, dietician, occupational therapist, pastoral care and physiotherapist

If you live in the Top End, public palliative care services are available at:

- home with support from your local health professional with or without support from TPC, community nursing or Home HACC/ACAT
- Palliative Care Hospice at Royal Darwin Hospital campus (provides palliative care, respite and symptom management)
- medical wards at Royal Darwin Hospital
- Palliative Care room at the Katherine District Hospital
- medical wards at the Gove District Hospital
- nursing homes

If you live in the Central Australia, public palliative care services are available at:

- home with support from your local health professional with or without support from TPC, community nursing or Home HACC/ACAT
- medical wards at Alice Springs Hospital
- medical wards at Tennant Creek Hospital
- nursing homes

Additionally, the Cancer Council NT offers a variety of Cancer **Support Groups** and will recommend a suitable forum for your needs. These groups offer a supportive environment to discuss relevant issues, share experiences and gain strength.

For more information contact the Cancer Council helpline Darwin office on (08) 8927 4888 or Alice Springs on (08) 8953 5920.

5 Support Services for Head and Neck Cancer

At different times in the treatment of your cancer, different team members may be the main co-ordinator of your care. They will advise you of services available to you and refer you on to support services such as those described below.

The Royal Darwin Hospital Maxillofacial / Head and Neck Surgery Unit

If you are treated at Royal Darwin Hospital, the Head and Neck Services comprise of the surgical team, a head and neck cancer care co-ordinator, a dietician, a speech pathologist, and an oncologist. Access to all of these services is available during each follow up clinic at the Maxillofacial / Head and Neck Surgery Unit. In some instances, the unit may also refer you to a nurse specially trained in counselling of facial trauma for psychosocial support.

If you are treated at Alice Springs Hospital, the general surgeon will coordinate and refer you to support services.

CanNET NT

The CanNET NT website provides updates on cancer services in the NT, including a directory of cancer specific services.

Phone: (08) 8999 2572

Web: www.health.nt.gov.au

Physical

Lymphoedema

Lymphoedema (swelling of limbs) may be a side effect if surgery has included the removal of or damage to the lymph nodes. An occupational therapist or physiotherapist specifically trained in the management of lymphoedema can provide education on prevention and management, and can provide a personalised treatment program for lymphoedema. This may include manual lymphatic drainage, compression bandaging, exercises, skin care and the provision of compression garments if needed.

Treatment can be provided publicly through hospital departments or through a private lymphoedema therapist. You can talk to the local hospital if you are concerned about lymphoedema.

Lymphoedema Support Group NT

Meetings are at the Carers NT Meeting Room, 1 Caryota Circuit, Coconut Grove. All are welcome to come along. Support and advice is also available in the central district of the Northern Territory through the following contacts.

Phone: (08) 8927 4888

Email: lsgnt@ymail.com

Accessories and Wigs

You can contact the Cancer Council NT for information on free accessories such as wigs after you have received treatment.

Phone: 131 120

Symptom Management

Your medical team will offer you symptom management, including pain relief, as required. In some cases you may be referred to the palliative care doctor for symptom management such as pain relief, as palliative care specialises in this type of treatment.

Referral to palliative care for symptom management does not necessarily mean that your case is incurable. Palliative support and advice is available in many areas of the Territory, for more information on services please contact the following areas:

Top End

Building 58 (Menzies Building), Royal Darwin Hospital
PO Box 41326, Casuarina NT 0810

Phone: (08) 8922 6761

Fax: (08) 8922 6775

Central Australia

Flynn Drive Community Care Centre, Flynn Drive
PO Box 721, Alice Springs NT 08721

Phone: (08) 8951 6762

Fax: (08) 8951 6774

Web: www.health.nt.gov.au/Palliative_Care

Psychosocial

Counselling

Counselling can be beneficial for anxiety or depression, issues regarding body image and/or sexuality and fertility issues.

The Cancer Council NT offers counselling services available to all clients via Nurse Counsellors. Brief interventions include a single session with a clinical psychologist funded by the Cancer Council NT.

Psychological consults are available at the Darwin Office of the Cancer Council NT.

In Alice Springs the Cancer Council NT can refer you to a psychology service, but there may be long waiting periods. Face to face and/or telephone counselling services can also be arranged.

Phone the Cancer Council Helpline on 131 120

For further counselling, you can ask your local health professional to arrange a Mental Health Plan for you.

Allied Health

Ask your medical team or local health professional to refer you to allied health services at your local hospital, community health clinic or privately to address specific areas of care. The following are allied health services that may be of benefit to you:

- **Dieticians** provide information about nutritional needs, develop strategies to reduce treatment side effects and enhance quality of life through nutrition.
- **Occupational Therapists (OT)** can suggest different ways of managing symptoms including using equipment for the management of your daily tasks. OTs can help you achieve the best quality of life and be as safe, independent and comfortable as possible. OT's may also assist with the treatment and management of lymphoedema.
- **Pastoral Care** offer support and comfort in times of need, help with problems or are simply a companion, listen and talk without giving unwanted advice or intruding. This is available to you, whether you have any religious affiliation or not.
- **Physiotherapists** assist you to maximise your physical capabilities and functional independence. This may include the provision of mobility aids where appropriate. They may also assist in pain management and lymphoedema intervention.
- **Social workers** provide support, counselling and help in organising practical assistance with regards to finance and accommodation.
- **Speech Pathologists** can recommend strategies and exercises to assist with swallowing and speech difficulties that may be the side effects of radiation and/or chemotherapy.

Patient Assistance Travel Scheme (PATS)

If travel is required, you may be eligible to access PATS. The Scheme assists NT residents to access a range of essential specialist medical or surgical services where services are not available locally or from a visiting service.

PATS provides assistance with travel and, where applicable, accommodation costs to NT residents who are required to travel more than 200kms to specialist medical treatment. PATS is a contribution scheme and does not cover all travel and accommodation costs.

Visit PATS online for more information or contact your Patient Travel Office at your local hospital:

Web: www.health.nt.gov.au

Phone:	Royal Darwin Hospital	(08) 8922 8135 or (08) 8922 8134
	Katherine Hospital	(08) 8973 9206 or (08) 8973 9213
	Gove District Hospital	(08) 8987 0540
	Alice Springs Hospital	(08) 8951 7846 or (08) 8951 7979
	Tennant Creek Hospital	(08) 8962 4262

6 Other Useful Sources of Information on Head and Neck Cancer

The following websites and contact details have been provided for your information. The authors take no responsibility for the content of these websites.

For the General Public

Alcohol and Drug Information Service

Alcohol and Drug Information Service provides 24-hour, 7-day telephone counselling, information and referral for people with an alcohol or drug problem. People can access:

- Immediate counselling and support including crisis intervention
- Support in dealing with the impact of drug use on the family
- Information on how to reduce the harm associated with drug use
- Information and referral to treatment and support services across the NT

Phone: 1800 131 350

Cancer Council NT

The Cancer Council NT is a non-government, charitable, community based organisation committed to raising funds for the purpose of reducing the impact of cancer. It achieves this by providing information and support for people affected by cancer. The Cancer Council NT is a member of The Cancer Council Australia. The website contains information sheets on various cancer types including screening processes and risk factors.

Web: www.cancercouncilnt.com.au

Email: admin@cancernt.org.au

Darwin

Casi House,
Unit 2 & 3/25 Vanderlin Drive, Wanguri

PO Box 42719
Casuarina NT 0811

Telephone: (08) 8927 4888
Fax: (08) 8927 4990

Alice Springs

Shop 3, Ground Floor
Anangu House, Bath Street

PO Box 9215
Alice Springs NT 0871

Telephone: (08) 8953 5920
Fax: (08) 8952 9189

Cancer Council Helpline

By calling the Cancer Council Helpline you can speak to caring and experienced people who understand what you need to know about your cancer and whom are familiar with resources available in the Territory. The expertly trained nurse/health counsellors provide confidential information and support for people with cancer and their families and friends about:

- How to prevent cancer or detect it early
- Different types of cancer
- Diagnostic tests and cancer treatments
- Services available to people with cancer
- Emotional aspects of cancer

The Cancer Council Helpline does not provide medical advice or recommend a course of action, but the trained nurses and health counsellors can provide information to clarify medical terms, procedures and treatments.

The Cancer Council NT facilitates support groups for people at different stages of the cancer journey, offering a supportive environment to discuss relevant issues with people who can offer support, advice and hope. Please contact the Cancer Council to discuss which group would meet your needs.

Phone: 131 120

Local call cost from anywhere in Australia

Open: 9.00 am – 5.00 pm, Monday to Friday

Cancer Council Australia

Cancer Council Australia is Australia's peak national non-government cancer control organisation providing advice to the Australian Government and other bodies on practices and policies to help prevent, detect and treat cancer. Cancer Council Australia also advocate for the rights of cancer patients for the best treatment and supportive care. The vision of the Cancer Council Australia is to *minimise the threat of cancer to Australians, through successful prevention, best treatment and support.*

The website contains fact sheets on various cancer types including lifestyle factors, early detection and diagnosis.

Web: www.cancer.org.au

CanNET NT

The aim of CanNET NT is to develop a network of cancer service providers to deliver streamlined cancer services across the Northern Territory. The project focuses on enhancing access to quality cancer services for all Territorians. Visit the website for updates on cancer services in the NT, including a directory of cancer specific services, patient pathway booklets in five tumour streams and Indigenous resources in five Indigenous languages.

Web: www.health.nt.gov.au

Head and Neck Cancer website for Royal Darwin Hospital

This website contains information on different types of head and neck cancer, the multidisciplinary team at Royal Darwin Hospital, allied health (speech pathology and dietician) and radiation oncology. Visit the website at:

Web: web.me.com/mahiban1/Site_2/Welcome.html

Quit Now (Australian Government)

The Quit Now website provides information on smoking statistics, smoking cessation, the harm smoking can do to your body and other information for health professionals and the public.

Contact: Tobacco Action Project
Department of Health and Community Services
PO Box 40596
Casuarina NT 0811

Phone: (08) 8999 2661

Fax: (08) 8999 2420

Web: www.quitnow.info.au

Quitline

Quitline provides help, support and advice for people who wish to quit smoking.

Phone: 131 848

Peer Support Counselling

Head and Neck Service at Royal Darwin Hospital

There is no official support group for head and neck cancer at this stage. If you have been newly diagnosed with a head and neck cancer or would like peer support counselling, you are encouraged to contact the Head and Neck Service at Royal Darwin Hospital to be put in contact with other people who have had similar experiences and are willing to offer peer support.

Phone: (08) 8922 8419

For Health Professionals

Medicare Australia items available for cancer treatment

A summary of Medicare Australia items available for cancer treatment is accessible from:

Web: www.canceraustralia.gov.au

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Glossary and Abbreviations

Term	Abbreviation	Meaning
Alice Springs Hospital	ASH	
Biopsy		Removal of a small amount of tissue from part of the body. Can be non-surgical eg using a needle to extract the tissue, usually for diagnostic purposes only; or surgical, where larger amounts of tissue are removed for treatment and diagnostic purposes.
Chemotherapy		Use of anti-cancer drugs to stop the growth of cancer, either by killing the cancer cells or by stopping them from dividing. Chemotherapy drugs enter the bloodstream and can reach cancer cells throughout the body. The way the chemotherapy is given depends on the type and stage of the cancer being treated. Chemotherapy is used to kill cancer cells and prevent recurrence.
Computer Tomography	CT	A diagnostic technique used to produce cross-sectional images of the body. Very useful in the head, chest and abdomen regions.
Dysphagia		Difficulties/pain associated with swallowing
Local health professional		For the purpose of this document, your local health professional has been defined as the health professional with whom you seek initial medical advice such as a general practitioner, health worker, visiting medical officer, clinic nurse or Aboriginal Health Worker.
Lymphoedema		Secondary lymphoedema can occur after treatment for cancer, when lymph nodes are removed from the body by surgery or damaged by radiotherapy. This can stop the lymph fluid from flowing freely through the lymphatic system and can cause a build up of fluid in some parts of the body. Lymphoedema may affect the arm after treatment of lymph nodes in the armpit, or swelling may occur in the leg if nodes in the groin are removed. Facial swelling may also occur if local nodes are affected.
Magnetic Resonance Imaging	MRI	Diagnostic technique which uses magnetic signals to produce images of tissue in the body. Like all imaging techniques, MRI creates images by the differences between types of tissues.

Term	Abbreviation	Meaning
Multi-disciplinary Team	MDT	Team of health professionals from various disciplines including clinical staff, eg surgeon and medical oncologist; and allied health professionals eg physiotherapists. The MDT aims to provide holistic patient-centred, best practice treatment planning.
Palliative Care		Palliative care improves the quality of life of patients who face a life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life, and bereavement. <i>Definition from the World Health Organisation:</i> www.who.int/cancer/palliative/en/
Positron Emission Tomography	PET	Diagnostic technique used to produce images of metabolically active disease (ie actively growing tumour).
Radiotherapy		Use of a high-energy x-ray targeted at specific areas of the body where the cancer is located (sometime referred to as <i>localised therapy</i>). The rapidly dividing cancer cells are less able to recover from the damage caused by the radiation (compared to healthy cells) and are therefore destroyed.
Royal Darwin Hospital	RDH	
Staging of cancer		A method of classifying the severity and spread of the cancer based on size of the tumour and spread of the cancer (if any). Accurate staging of a cancer is important to determine appropriate treatment and prognosis.
Thyroid scan using radioactive iodine	I-131	The thyroid scan uses radioactive iodine (I-131) to determine the function of the thyroid gland and to see if the gland is working properly. A whole-body thyroid scan is typically performed on people who have had thyroid cancer to help diagnose problems with the gland, to detect areas of abnormality - such as lumps or inflammation – and to determine whether thyroid cancer has spread beyond the thyroid gland.

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