**Suspicious neck mass**

- History and physical examination
  - Fine needle aspiration or core biopsy
  - HR-HPV testing for level II and III SCCUP nodes
    - EBV testing should be considered on HPV-negative metastases

**Random biopsies of non-suspicious areas should not be performed**

- Complete operative upper aerodigestive tract evaluation of mucosal sites at-risk (oral cavity, nasopharynx, oropharynx, hypopharynx, and larynx) including directed biopsy of any suspicious areas. Narrow band imaging may be helpful

**Unilateral lymphadenopathy**

- Ipsilateral palatine tonsillectomy
  - No primary identified

**Bilateral lymphadenopathy**

- Unilateral lingual tonsillectomy on the side with the greater nodal burden
  - No primary identified

- Ipsilateral lingual tonsillectomy
  - No primary identified (ie, SCCUP)

**Go to Diagnosis & Management Algorithm of SCCUP in the Head and Neck: Part II**

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**Abbreviations:** SCCUP, squamous cell carcinoma of unknown primary; CT, computed tomography; PET, Positron-emission tomography; HR, High Risk; HPV, Human papillomavirus; EBV, Epstein-Barr virus

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This algorithm is derived from recommendations in Diagnosis and Management of Squamous Cell Carcinoma of Unknown Primary in the Head and Neck: ASCO Guideline. This is a tool based on an ASCO guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.

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