

MRI protocols and sequences for staging of Head and neck cancer.

The protocols are intended for guidance. Modifications may be necessary for unusual disease presentation or pattern.

When MR scanning, it is important that gadolinium is used where indicated.

If fat suppressed T1 images are to be employed these should be of high quality with homogenous fat suppression. If this is not possible, then routine Spin Echo post gadolinium T1 weighted images can be provided.

The STIR sequences need to cover from the skull base to as low down to the root of the neck as the coil will allow as it is important to assess the nodal status.

The remaining sequences should concentrate on the primary tumour site and extent of spread utilising as small a field of view for the relevant site as is possible with slices no thicker than 5 mm but preferably thinner.

It is ideal to use the same modality of imaging ie. CT or MRI to compare between pre and post treatment scans unless indicated by the radiologist for clinical reasons.

A dedicated head and neck coil is required for best imaging.

