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Nasal Cavity and Paranasal Sinus Cancer - Treatment Options [1]

This section has been reviewed and approved by the Cancer.Net Editorial Board [2], 08/2014

ON THIS PAGE: You will learn about the different ways doctors use to treat people with these types of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care, the best proven treatments available, for these specific types of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, see the Clinical Trials [3] and Latest Research [4] sections.

Treatment overview

In cancer care, different types of doctors often work together to create a patient?s overall treatment plan that combines different types of treatments. This is called a multidisciplinary team [5]. For nasal cavity or paranasal sinus cancer, the team may include medical and radiation oncologists (doctors who specialize in treating people with cancer), surgeons, otolaryngologists (ear, nose, and throat doctors), dentists, maxillofacial prosthodontists (specialists who perform restorative surgery in the head and neck areas), physical therapists, speech pathologists, psychiatrists, nurses, dietitians, and social workers. A neurosurgeon (a doctor who specializes in surgery on the brain and spinal cord) should also be part of this team when a tumor in the skull or facial area needs to be removed.

Nasal cavity and paranasal sinus cancer can often be cured, especially if found early. Although curing the cancer is the primary goal of treatment, preserving the function of the nearby nerves, organs, and tissues is also very important. When doctors plan treatment, they consider how treatment might affect a person?s quality of life, such as how the person feels, looks, talks, eats, and breathes.

Descriptions of the most common treatment options for nasal cavity and paranasal sinus cancer

are listed below. The three main treatment options are surgery, radiation therapy, and chemotherapy. One of these treatments, or a combination of them, may be used. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient?s preferences and overall health. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about making treatment decisions. [6]

Surgery

Surgery is frequently used to remove cancer of the paranasal sinus or nasal cavity. A surgical oncologist is a doctor who specializes in treating cancer using surgery. The goal of surgery is to remove all of the tumor and leave no trace of cancer in the healthy tissue, also called negative margins. However, usually it?s not possible to completely remove the cancer with an operation, so additional treatments may be necessary. This may include more than one operation to remove the cancer and to help restore the appearance and function of the tissues affected.

Common types of surgery for nasal cavity and paranasal sinus cancer include:

Excision. During an excision, the doctor performs an operation to remove the cancerous tumor and some of the healthy tissue around it, called a margin.

Maxillectomy. This is a surgery that removes part or all of the hard palate, which is the bony roof of the mouth. Artificial devices called prostheses or, more recently, flaps of soft tissue with and without bone can be placed to fill gaps from this operation. A maxillectomy is sometimes recommended to treat paranasal sinus cancer. Occasionally, it is possible to save the eye on the side of the cancer.

Craniofacial resection/skull base surgery. This is an extensive surgery often recommended for paranasal sinus cancer that removes more tissue than a maxillectomy. It requires the close cooperation of the health care team, particularly cooperation between a neurosurgeon and a head and neck surgeon.

Endoscopic sinus surgery. This relatively new approach is less destructive to healthy tissue than traditional operations. Occasionally, it can be used for nasal cavity and paranasal sinus tumors, especially if they are benign. The surgeon makes a small incision to remove the tumor using a thin, telescope-like tube inserted into the nasal cavity or sinus. As mentioned in the Diagnosis [7] section, endoscopic sinus surgery is often used for chronic sinusitis, and cancer may be discovered during such surgery.

Neck dissection. This is the surgical removal of lymph nodes in the neck area. If the doctor suspects the cancer has spread, a neck dissection may be performed, often at the same time as another surgery. A neck dissection may cause numbness of the ear, weakness when raising the arm above the head, and weakness of the lower lip. The side effects are caused by injury to nerves in the area. Depending on the type of neck dissection, weakness of the lower lip and arm may go away in a few months. Weakness will be permanent if a nerve is removed as part of a dissection.

Reconstructive (plastic) surgery. If surgery requires removing large or specific areas of tissue, reconstructive surgery may be recommended. If the eye is removed, a specialist called a prosthodontist can provide an artificial replacement, called a prosthesis. More often, when the upper jaw, called the maxilla, is removed, a prosthodontist may play a large role in the rehabilitation [8] process.

In general, surgery often includes risks because the eyes, mouth, brain, and important nerves and blood vessels are nearby. Surgery often causes swelling of the face, mouth, and throat, making it difficult to breathe; sometimes a hole in the windpipe, called a tracheostomy, may be necessary to make breathing easier for some period of time after surgery. It is important to talk with your surgeon(s) about which side effects to expect before having the surgery and your plan for recovery. Learn more about cancer surgery [9].

Radiation therapy

Radiation therapy is the use of high energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist.

For this type of cancer, radiation therapy is most often used in combination with surgery, given either before or after the operation. It may also be given along with chemotherapy (see below). For some types of tumors in the nasal cavity or paranasal sinus, radiation therapy may be the main treatment. It can also be an option if a person cannot have surgery or decides not to have surgery.

The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. Specific types of external radiation therapy include intensity-modulated radiation therapy (IMRT) and proton therapy. IMRT allows more effective doses of radiation therapy to be delivered while reducing the damage to healthy cells and causing fewer side effects. Proton therapy uses protons, rather than x-rays. At high energy, protons can destroy cancer cells. Proton therapy may be used in nasal cavity or paranasal sinus cancer when the tumor is located close to the eye or central nervous system, which includes the brain and spinal cord. An external-beam radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. Internal radiation therapy involves tiny pellets or rods containing radioactive materials that are surgically implanted in or near the tumor site. The implant is left in place for several days while the person stays in the hospital.

Before beginning any type of radiation therapy for these types of cancer, people should receive a thorough examination from a dentist experienced in treating people with head and neck cancer. Because radiation therapy can cause tooth decay, damaged teeth may need to be removed. Often, tooth decay can be prevented with proper treatment from a dentist before beginning cancer treatment. After radiation therapy for nasal cavity or paranasal sinus cancer, dental care should continue to help prevent further dental problems. People may receive fluoride treatment to prevent cavities, also called dental caries. Read more about dental and oral health during cancer treatment [10].

In addition, radiation therapy to the head and neck may cause redness or skin irritation in the treated area, dry mouth or thickened saliva from damage to salivary glands, bone pain, nausea, fatigue, mouth sores, and/or sore throat. Other side effects may include pain or difficulty swallowing; loss of appetite, due to a change in sense of taste; hearing loss, due to buildup of fluid in the middle ear; and buildup of earwax that dries out because of the radiation therapy?s effect on the ear canal. Radiation therapy may also cause a condition called hypothyroidism in which the thyroid gland, located in the neck, slows down, causing people to feel tired and sluggish. Every patient who receives radiation therapy to the neck area should have his or her thyroid checked regularly. Researchers are conducting numerous studies to find ways to reduce or better relieve the side effects of radiation therapy.

Learn more about radiation therapy. [11]

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells? ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication. A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time.

Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally).

The use of chemotherapy before or after surgery and/or radiation therapy or in combination with radiation therapy, called concurrent chemoradiotherapy, is frequently recommended for these types of cancer. However, chemoradiotherapy is still being investigated and should be done as part of a clinical trial.

For nasal cavity or paranasal sinus cavity cancer, chemotherapy may also be used to treat advanced cancer (see below) or to treat symptoms. Some chemotherapy is available in clinical trials that may treat cancer at an earlier stage.

The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished.

Learn more about chemotherapy [12] and preparing for treatment [13]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using searchable drug databases [14].

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person?s symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care can help a person at any stage of illness. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, and radiation therapy. Talk with your doctor about the goals of each treatment in the treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it is addressed as quickly as possible. Learn more about palliative care [15].

Metastatic nasal cavity and paranasal sinus cancer

If cancer has spread to another location in the body, it is called metastatic cancer. Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan. Learn more about seeking a second opinion [16] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [3].

Your health care team may recommend a treatment plan that consists of chemotherapy or a combination of surgery, radiation therapy, and chemotherapy. Supportive care will also be important to help relieve symptoms and side effects.

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This

may also be called ?no evidence of disease? or NED.

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious that the cancer will come back. While many remissions are permanent, it?s important to talk with your doctor about the possibility of the cancer returning. Understanding the risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about coping with the fear of recurrence [17].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence, including whether the cancer?s stage has changed. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the therapies described above, such as surgery, chemotherapy, and radiation therapy, but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer.

People with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about dealing with cancer recurrence [18].

If treatment fails

Recovery from cancer is not always possible. If treatment is not successful, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and this is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about advanced cancer care planning [19].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about grief and loss [20].

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

Links:
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[2] http://www.cancer.net/about-us
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