Nasopharyngeal Cancer - Treatment Options [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat people with this type 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 this specific type 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, which usually combines different types of treatments. This is called a multidisciplinary team [5]. The team may include medical oncologists (doctors who specialize in treating cancer with medication), radiation oncologists (doctors who specialize in treating cancer with radiation therapy), surgeons, otolaryngologists (ear, nose, and throat doctors), maxillofacial prosthodontists (specialists who perform restorative surgery in the head and neck areas), dentists, physical therapists, speech pathologists, mental health professionals, nurses, dietitians, and social workers.

Many cancers of the nasopharynx can be cured, especially if found early. Descriptions of the most common treatment options for nasopharyngeal cancer are listed below. 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.

The main treatment of NPC is radiation therapy, often given in combination with chemotherapy. This approach may be called concomitant chemoradiotherapy. Surgery for NPC is occasionally used, mainly to remove lymph nodes after chemoradiotherapy or to treat NPC that has recurred (come back after initial treatment). Your care plan may also include treatment for symptoms and side effects, an important part of cancer care.

Although curing the cancer is the primary goal of treatment, preserving the function of the nearby organs and tissues is also very important. When doctors plan treatment, they consider how it might affect a person?s quality of life, including how a person feels, looks, talks, eats, and breathes. 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].

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. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

The most common type of radiation therapy used to treat NPC is called external-beam radiation therapy, which aims radiation from a machine outside the body at the tumor. A method of external radiation therapy, known as intensity-modulated radiation therapy (IMRT), allows for more effective doses of radiation therapy to be delivered while reducing the damage to healthy cells and causing fewer side effects.

Another type of external-beam radiation therapy is called proton therapy, which uses protons rather than x-rays. At high energy, protons can destroy cancer cells. Proton therapy may be used as part of the treatment for some skull-base tumors to further limit the radiation dose to nearby structures, such as the optic nerves in the eye and the brainstem. Proton therapy may also be an option for later-stage NPC that is located close to parts of the central nervous system, which includes the brain and spinal cord.

Stereotactic radiosurgery delivers radiation therapy precisely to the tumor using a machine called a gamma knife. This can be used to treat a tumor that has invaded the base of the skull or a tumor that has recurred at the base of the brain or skull.

When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. Internal radiation therapy for NPC involves tiny pellets or rods containing radioactive materials that are surgically implanted in or near the cancer site. The implant is left in place for several days while the person stays in the hospital. This approach is most often used to NPC that has returned after initial treatment. It may also be used to treat the original tumor.

Before beginning radiation treatment for any head and neck cancer, people should receive a thorough examination from a dentist experienced in treating people with head and neck cancer, called an oncologic dentist. Since 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 NPC, dental care should continue to help prevent further dental problems. People may receive fluoride treatment to prevent dental cavities. Read more about dental and oral health [7].

Other side effects of radiation therapy to the head and neck include 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. In addition, there may be pain or difficulty swallowing, loss of appetite because of changes in a person's sense of taste, hearing loss because of a 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. This causes people to feel tired and sluggish and gain weight. As a result, every person who receives radiation therapy to the neck area should have his or her thyroid checked regularly.

There are numerous studies underway to find ways to reduce or better relieve the side effects of radiation therapy [8]. Talk with your doctor before treatment begins about ways to prevent or manage side effects.

Learn more about radiation therapy [9].

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.

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, in a pill or capsule that is swallowed (orally), or by injection into a muscle, under the skin, or directly into the cancerous tumor. A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time.

A combination of chemotherapy and radiation therapy is commonly used to treat NPC. The use of chemotherapy as a first treatment before radiation therapy is also being studied.

Each drug or combination of drugs can cause specific side effects, and it is important to talk with your doctor about which side effects to expect and if any may become permanent. Side effects of chemotherapy may include fatigue, nausea, vomiting, hair loss, dry mouth, diarrhea and/or constipation, and loss of appetite, often due to a change in a person's sense of taste. In addition, chemotherapy can weaken the immune system and cause open sores in the mouth, which can lead to infection. In general, chemotherapy in combination with radiation therapy increases these side effects. Nutritional support may be necessary during treatment due to these side effects.

Learn more about chemotherapy [10] and preparing for treatment [11]. 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 [12].

Surgery

Surgery is the removal of the tumor and surrounding tissue during an operation. It is occasionally used for NPC, but it is not a common treatment choice because the area is hard to reach and lies

close to cranial nerves and blood vessels. A surgical oncologist is a doctor who specializes in treating cancer using surgery.

If the doctor suspects that the cancer has spread to the lymph nodes, surgical removal of lymph nodes in the neck may be recommended. This type of surgery is called a neck dissection. In the specific instance of undifferentiated carcinoma of the nasopharynx, neck dissection is occasionally needed.

A neck dissection may cause numbness of the ear, weakness when raising the arm above the head, and weakness of the lower lip. These side effects are caused by damage to nerves in the area. Depending on the type of neck dissection, weakness of the lower lip and arm may go away after a few months. However, it is possible that weakness will be permanent if a nerve is removed or damaged as part of a dissection. Facial disfigurement may need to be addressed using reconstructive (or plastic) surgery. Before your operation, talk with your surgeon in detail about what you can expect and if another surgery will be needed for reconstruction.

Learn more about cancer surgery [13].

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 [14].

Metastatic NPC

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 [15] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [16].

Your health care team may recommend a treatment plan that includes a combination of radiation therapy and chemotherapy. Sometimes, surgery may be recommended as well. 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. Recurrent NPC is usually treated with radiation therapy and/or chemotherapy, and sometimes surgery. Chemotherapy is used for people whose cancer has recurred in distant sites and who were previously treated with radiation therapy only. Chemotherapy may also be used together with radiation therapy to improve the effectiveness of the radiation therapy. This approach is called chemoradiotherapy. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer. For instance, a clinical trial of biologic therapy, also called immunotherapy [18], may be an option. Learn more in the Latest Research [4] section.

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 [19].

If treatment fails

Recovery from NPC 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 [20].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about grief and loss [21].

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:
[1] http://www.cancer.net/cancer-types/nasopharyngeal-cancer/treatment-options
[2] http://www.cancer.net/about-us
[3] http://www.cancer.net/node/19417
[4] http://www.cancer.net/node/19420
[5] http://www.cancer.net/node/25356
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