NCCN GUIDELINES FOR PATIENTS®

2025

# Nasopharyngeal Cancer



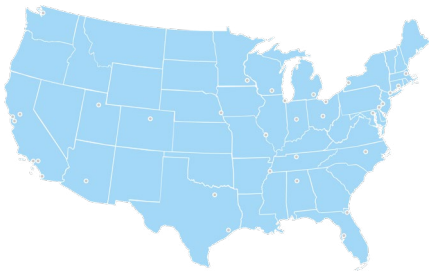
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# About the NCCN Guidelines for Patients®

National Comprehensive Cancer Network®



Did you know that top cancer centers across the United States work together to improve cancer care? This alliance of leading cancer centers is called the National Comprehensive Cancer Network® (NCCN®).

Cancer care is always changing. NCCN develops evidence-based cancer care recommendations used by health care providers worldwide. These frequently updated recommendations are the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). The NCCN Guidelines for Patients plainly explain these expert recommendations for people with cancer and caregivers.

**These NCCN Guidelines for Patients are based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Head and Neck Cancers Version 1.2026 – December 8, 2025.**

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# 1
# About nasopharyngeal cancer


5 What is nasopharyngeal cancer?

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**Nasopharyngeal cancer is a type of head and neck cancer that affects the nasopharynx. The nasopharynx connects the back of the nose (nasal cavity) to the back of the mouth (pharynx). This chapter reviews the basics of nasopharyngeal cancer.**

## What is nasopharyngeal cancer?

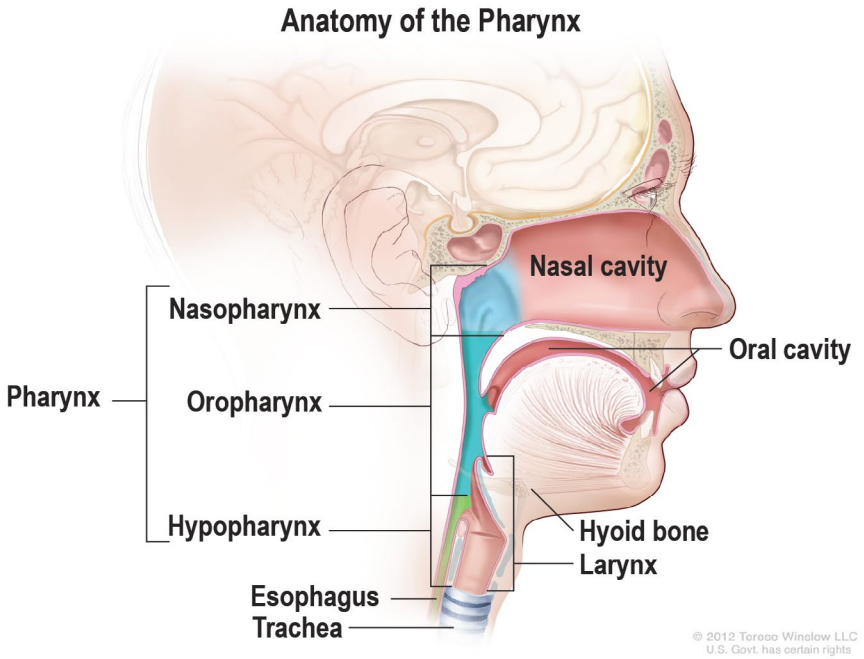
Nasopharyngeal cancer, also called nasopharyngeal carcinoma, starts in the nasopharynx. The nasopharynx is the part of the throat that connects the back of the nose (nasal cavity) to the back of the mouth (the pharynx).

Nasopharyngeal cancer is different than other types of cancer that also affect the throat, such as laryngeal cancer and esophageal cancer. It's often difficult to recognize nasopharyngeal cancer because the symptoms are similar to other less serious conditions. Also, many people with nasopharyngeal cancer don't have any symptoms until the cancer reaches an advanced stage.

Most nasopharyngeal cancers start in the squamous cells that form the thin, flat cells of the mucus membranes of the mouth (oral), nose (nasal), and throat (pharynx). Squamous cell carcinoma is the most common type of nasopharyngeal cancer and is the focus of this guide.

### The pharynx

**The pharynx is a hollow, muscular tube inside the neck that starts behind the nose and opens into the larynx and esophagus. The pharynx has 3 parts: the nasopharynx, oropharynx, and hypopharynx.**



## What is the pharynx?

The pharynx is part of the throat and is found inside the neck. It's a hollow, muscular tube that starts behind the nose (nasal cavity) and opens into the voice box (larynx) and esophagus (the tube that goes to the stomach). When you breathe in through your nose, air flows through your nose, nasopharynx, and into your throat before it reaches your lungs.

The pharynx (pronounced "fair-inks") has 3 parts:

- **Nasopharynx** – the upper part behind the nasal cavity
- **Oropharynx** – the middle part that includes the tonsils, the side and back walls of the throat, and the base of the tongue
- **Hypopharynx** – the lower part behind the voice box

Cancer can be found in any part of the pharynx. This guide will focus on cancer of the nasopharynx.

The nasopharynx is a small, tube-shaped structure above the soft part of the back of the mouth (soft palate) that connects the nasal cavity to the oropharynx. The nasal cavity is the space inside the nose. It lies above the bone that forms the roof of the mouth (hard palate) and curves down at the back to join the throat. The oropharynx includes the back of the roof of the mouth (soft palate), the tonsils, the side and back walls of the throat, and the base of the tongue found in the throat.

## What is head and neck cancer?

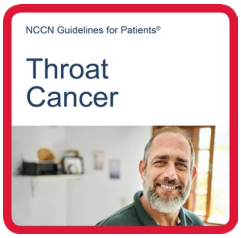
Nasopharyngeal cancer is a type of head and neck cancer. Head and neck cancers are a group of cancers that arise in the head or neck area of the body. Cancer is named and treated based on the location of the tumor or where the cancer started.

Cancer can occur in the

- Mouth (oral cavity),
- Middle part of the pharynx near the mouth (oropharynx),
- Space behind the nose (nasal cavity and paranasal sinuses),
- Upper part of the pharynx near the nasal cavity (nasopharynx),
- Voice box (larynx), or
- Lower part of the pharynx near the larynx (hypopharynx).

More information on mouth (oral cavity) cancer and throat (oropharyngeal) cancer can be found at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



# How is nasopharyngeal cancer treated?

Nasopharyngeal cancer treatment is based on whether the tumor has grown into nearby areas and lymph nodes or spread to distant sites in the body. Treatment options include radiation therapy and drug (systemic) therapy. A clinical trial is also an option in many cases.

This guide will discuss in greater detail how nasopharyngeal cancer is diagnosed and treated. It will provide an overview of the types of tests and treatments and what to expect during testing and treatment.

# How can I get the best care?

Advocate for yourself. You have an important role to play in your care. Many people feel more satisfied when they actively take part in planning their cancer care.

The NCCN Guidelines for Patients will help you play a larger role in your care. Discuss the recommendations in this guide with your care team. Ask questions about your options and share your goals and concerns.

Don't know what to ask? You're not alone. That's why we include suggested questions to ask at the end of chapters.

Keep reading to find the best care for you.

## How this guide can help you

Making decisions about cancer care is stressful. There's a lot to learn, and you don't know what the future holds.

Use this guide to get the information and support you need.

Patients, doctors, and other health care professionals trust the NCCN Guidelines for Patients. This guide uses clear, everyday language to explain current cancer care recommendations made by respected experts in the field. Their recommendations are based on the latest research and practices at leading cancer centers.

Your health is unique to you, so your cancer care should be, too. As you read this guide, you'll learn which treatments are likely to provide the best results for you. And you'll be better prepared to talk with your care team.

# 2

# Testing for nasopharyngeal cancer


9 General health tests

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17 Questions to ask

**Treatment planning starts with testing. Your care team will want to gather as much information as they can about your nasopharyngeal cancer. This chapter presents an overview of the possible tests you might receive and what to expect.**

Tests are used to find cancer, plan treatment, and see how your cancer is responding to treatment. Results from a tumor and lymph node biopsy, blood tests, and imaging studies will be used to determine what treatments are best for your nasopharyngeal cancer. This chapter provides a general overview of some of the tests you might have. Tests to plan treatment can be found in **Guide 1**.

## General health tests

Some general health tests are described next.

**Guide 1**
**Tests for treatment planning**

| |
|---|
| Medical history, tobacco and alcohol use history, and physical exam, including complete head and neck exam. Mirror exam if needed. Screening for distress. |
| Nasopharyngeal fiberoptic exam |
| Biopsy of tumor and/or lymph nodes |
| MRI of collarbone to skull base. CT of skull base and neck may also be done. |
| Imaging for distant metastases with FDG-PET/CT and/or chest CT with contrast |
| Epstein-Barr virus testing and possible HPV biomarker testing |

As needed:

- Dental exam
- Nutrition, speech, and swallowing evaluation, and hearing test (audiogram)
- Eye exam
- Endocrine tests
- Help to quit smoking
- Fertility counseling
- Screening for hepatitis

## Medical history

A medical history is a record of all health issues and treatments you've had in your life. It includes past surgeries and current health conditions. Bring a list of old and new medicines and any over-the-counter medicines, herbals, or supplements you take. Some supplements interact with and affect medicines that your care team may prescribe. Also, tell your care team about any symptoms you have.

## Tobacco and alcohol use history

Tobacco and alcohol use are known risk factors for developing head and neck cancer and can limit how well treatment works. They can also affect survival.

You'll be asked about your tobacco and alcohol use history and asked to avoid tobacco and limit alcohol use during treatment. Speak to your care team if you have any questions or concerns.

## Family history

Head and neck cancers are generally not inherited from your biological (birth) parents. However, some risk factors and other diseases can run in families. Your doctor will ask about the health history of family members who are blood relatives. This information is called a family history.

Ask family members on both sides of your family about their health issues like heart disease, cancer, and diabetes, and at what age they were diagnosed. It's important to know the specific type of cancer, where the cancer started, if it's in multiple locations, and if they had genetic testing.




### If you smoke or vape, seek help to quit

Smoking or vaping nicotine greatly increases your chances of having side effects during and after radiation therapy. Smoking and vaping can limit how well cancer treatment works and prevent wound healing. They also increase your chances of developing other cancers. Cannabis use might also affect the amount of anesthesia used during some procedures.

Nicotine is the chemical in tobacco that makes you want to keep smoking and vaping. Nicotine withdrawal is challenging for most people who smoke or vape. The stress of having cancer may make it even harder to quit. If you smoke or vape, ask your care team about counseling and medicines to help you quit.

More information can be found in the *NCCN Guidelines for Patients: Quitting Smoking* at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.

For online support, try these websites:

- SmokeFree.gov
- CDC.gov/tobacco

## Physical exam

During a physical exam, your health care team may:

- Check your temperature, blood pressure, pulse, and breathing rate
- Check your height and weight
- Listen to your lungs and heart
- Look in your eyes, ears, nose, and throat
- Feel and apply pressure to parts of your body to see if organs are of normal size, are soft or hard, or cause pain when touched.
- Feel for enlarged lymph nodes in your neck.

## Complete head and neck exam

A physical exam will include the head and neck. Since some parts of the mouth and throat aren't easy to see when you open your mouth, a health care provider might feel inside your mouth and use a special mirror or fiberoptic scope to look inside the mouth and throat.

## Dental exam

Head and neck cancer and its treatment can affect the health of your jaw, teeth, and gums. It's important to tell your dentist about your head and neck cancer and to have more frequent dental cleanings and checkups. If you need any dental work or procedures, you might be asked to have it done before starting certain treatments.

Specialized dentists, such as dental oncologists and maxillofacial prosthodontists, focus on people with cancer. Ask your oncologist if they can recommend a dental expert who's associated with a comprehensive cancer center.

## Distress screening

Dealing with a cancer diagnosis can be stressful and may cause further distress. Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect how you feel, think, and act. Distress might include feelings of sadness, fear, helplessness, worry, anger, and guilt. You may also experience depression, anxiety, and sleep disorder issues. Your treatment team will screen your level of distress. This is part of your cancer care.

## Endocrine tests

Radiation therapy to the head and neck can affect endocrine (hormone) glands found in the head and neck, such as thyroid and pituitary glands. Therefore, blood tests to look at thyroid endocrine levels might be done before and/or after treatment.

## Hearing test

Tumors in the head and neck can affect hearing. Treatment of these tumors can also affect hearing. A hearing test shows if there's any hearing loss, and if so, the type of hearing loss, how severe it is, and what might have caused it.

## Hepatitis virus screening

Hepatitis virus infections can affect the liver. A hepatitis blood test will show if you had hepatitis in the past or if you have it today.

Some cancer treatments can wake up (or reactivate) the virus. If this happens, it can harm the liver.

### Nutrition assessment

You might meet with a nutrition expert before starting treatment. A nutritionist or dietitian can suggest the best foods and fluids for your situation. You might be asked to see a nutrition expert before starting treatment to help prevent severe weight loss and nutrition imbalance.

### Performance status

Performance status is a rating of a person's general level of fitness and ability to perform daily self-care tasks. It's one factor taken into consideration when choosing a treatment plan.

### Speech and swallowing assessment

You might visit with a speech therapist who will test your ability to swallow and/or speak before and after treatment.

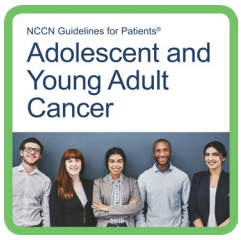
**"If you feel something different around your neck, glands, tongue, or mouth area, please don't wait! Go see your dentist, an oral and maxillofacial surgeon, or an ear, nose, and throat (ENT) doctor."**

## Fertility (all genders)

Treatment with systemic drug therapy can affect fertility, or the ability to have children. If you think you want children in the future, ask your care team how cancer and cancer treatment might affect your fertility.

Fertility preservation is all about keeping your options open, whether you know you want to have children later in life or aren't sure at the moment. Fertility and reproductive specialists can help you sort through what may be best for your situation.

More information on fertility preservation can be found at *NCCN Guidelines for Patients: Adolescent and Young Adult Cancer* at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.




### Preventing pregnancy during treatment

Preventing pregnancy during treatment is important. Cancer treatment can affect the ovaries, damage sperm, and hurt a developing baby. Therefore, becoming pregnant or having one's partner become pregnant during treatment should be avoided. If you're pregnant or breastfeeding at the time of your cancer diagnosis, treatments may need to be adjusted.

# Imaging tests

Imaging tests take pictures of the inside of your body. They show the primary tumor, or where the cancer started, and look for cancer in other parts of the body. A radiologist, a doctor who's an expert at interpreting imaging tests, will send a report of the imaging test results to your care team.

The following information isn't in order of importance. You'll likely have a combination of imaging tests.

## Contrast material

Contrast material is a substance used to improve the quality of imaging tests such as CT and MRI scans. It's used to make the pictures clearer. Not all imaging tests require contrast, but many do.

Contrast might be taken by mouth (oral) or given through a vein (intravenously or IV). Oral contrast will be passed with your next bowel movements. IV contrast will leave the body in the urine immediately after the test. The types of contrast vary and are different for CT and MRI.

Tell your care team if you've had allergic reactions to contrast in the past. This is important. You might be given medicines to avoid the effects of those allergies. Contrast might not be used if you have a serious allergy or if your kidneys or liver aren't working well.

## CT scan

CT or CAT scan uses x-rays and computer technology to take pictures of the inside of the body. It takes many x-rays of the same body part from different angles. You may have a CT scan of your head, neck, and chest to look for cancer. In most cases, contrast will be used.

### CT machine

**A CT machine is large and has a tunnel in the middle. During the test, you will lie on the table that moves slowly through the tunnel.**



## MRI scan

An MRI scan uses radio waves and powerful magnets to take pictures of the inside of the body. It doesn't use x-rays, which means there's no radiation delivered to your body during the test. Because of the very strong magnets used in the MRI machine, tell the technologist if you have any metal or a pacemaker in your body. During the test, you'll likely be asked to hold your breath for 10 to 20 seconds as the technician collects the images.

MRI scans take longer to perform than CT scans. A closed MRI has a capsule-like design where the magnet surrounds you. The space is small and enclosed. An open MRI has a magnetic top and bottom, which allows for an opening on each end. Closed MRIs are more common than open MRIs, so if you have claustrophobia (a dread or fear of enclosed spaces), be sure to tell your care team about it.

## PET scan

A PET scan uses a radioactive substance called a tracer that's injected into a vein. On the scan, the tracer shows where cancer cells are in the body and how much sugar is being taken up by the cancer cells. This gives an idea about how fast the cancer cells are growing.

Cancer cells show up as bright spots on PET scans. However, not all tumors will appear on a PET scan. Also, not all bright spots are cancer. It's normal for the brain, base of the tongue or tonsil lymphoid tissue, heart, kidneys, and bladder to be bright on PET. Inflammation or infection can also show up as a bright spot.

When a PET scan is combined with CT, it's called a PET/CT scan.

- **An FDG-PET** uses a radiotracer called fluorodeoxyglucose (FDG). This scan is most helpful when other imaging results are unclear.

## Ultrasound

Ultrasound uses high-energy sound waves to form pictures of the inside of the body. This is similar to the sonogram used for pregnancy. A wand-like probe (transducer) will be held on your neck and moved using gel. Ultrasound doesn't use x-rays, so it can be repeated as needed.

## Panoramic dental x-ray

A panoramic dental x-ray (Panorex) uses a very small dose of radiation to capture the entire mouth in one image, including the teeth, upper and lower jaws, and surrounding structures and tissues. It's commonly performed by dentists and oral surgeons in everyday practice and may be used to plan treatment for dentures, braces, extractions, and implants. If a particular tooth shows more concern, the dentist may order a different x-ray called a periapical radiograph, which can better and more closely assess the tooth.

# Biopsy

A biopsy is the removal of a sample of tumor tissue or group of cells for testing. It's an important part of an accurate diagnosis. A pathologist, a doctor who identifies diseases by studying cells and tissues, will examine the biopsy sample and note the overall appearance and the size, shape, and type of cells. This is called histology or histopathology. Lab tests are done on the tumor after It's removed.

There are different types of biopsies used for nasopharyngeal cancer. A fine-needle aspiration, fine needle biopsy, and core needle biopsy use needles of different sizes to remove a sample of tumor or lymph node. An ultrasound or CT scan might be used to guide a lymph node biopsy.

### Biopsy of metastasis

Metastasis is the spread of nasopharyngeal cancer to an area of the body outside of the neck such as the lung or distant lymph nodes. A biopsy of the metastasis may be needed to confirm the presence of cancer. If there's more than one metastasis, each site may be biopsied. The type of biopsy used depends on the location of the suspected metastases and other factors.

**It is strongly recommended, when possible, for those with head and neck cancers to be treated at a high-volume center or hospital that has experience in their type of cancer.**

# Biomarker testing

A sample from a biopsy of your tumor or lymph node may be tested to look for gene mutations, protein levels, or other molecular features. It's sometimes called molecular testing or tumor profiling, tumor sequencing, gene expression profiling, or genomic testing. These tests are generally used in advanced or widely spread (metastatic) head and neck cancers.

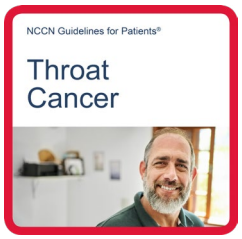
### Epstein-Barr virus

Epstein-Barr virus (EBV) is a common virus that causes infectious mononucleosis ("mono"). It remains dormant or inactive in most people. Most nasopharyngeal cancers are EBV-related. A sample of your tumor and/or blood will be tested for EBV DNA before and after treatment.

## HPV

HPV (human papillomavirus) is a group of viruses that infect the cells on the surface of skin or on the moist surfaces or inner linings of some organs and body cavities. HPV is generally passed by sexual contacts. The body typically clears HPV infections in about 9 out of 10 people. However, HPV infections can cause abnormal tissue growth (non-cancerous warts) and cancer. Cancer caused by HPV is called HPV-related cancer. In cancers of the head and neck, throat (oropharyngeal) cancer is most often related to HPV. However, HPV testing might be done in some cases for nasopharyngeal cancer.

More information on HPV can be found in *NCCN Guidelines for Patients: Throat Cancer*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.




## MSI-H/dMMR mutation

Microsatellites are short, repeated strings of DNA. When errors or defects occur, they are fixed by mismatch repair (MMR) proteins. Some cancers have DNA mutations or changes that prevent these errors from being fixed. This is called microsatellite instability (MSI) or deficient mismatch repair (dMMR). When cancer cells have more than a normal number of microsatellites, it's called MSI-H (microsatellite instability-high). This is often due to dMMR genes.

## PD-L1 testing

PD-L1 is an immune protein that activates your immune system to better fight off the cancer cells. If this protein is found (expressed) on the surface of cancer cells, it can cause your immune cells to ignore the cancer and suppress the anti-tumor immune response. PD-L1 expression is measured using a combined positive score (CPS), which measures the immune proteins in your tumor and your immune system.

## Tumor mutational burden

When there are 10 or more mutations per million base pairs of tumor DNA, it's called tumor mutational burden-high (TMB-H). Metastatic or unresectable TMB cancers are often treated using immunotherapy such as pembrolizumab that targets the proteins called PD-1 and PD-L1.

## Tumor mutation testing

A sample of your tumor or blood may be used to see if the cancer cells have any specific DNA mutations. This is a different type of DNA testing than the genetic testing for mutations you may have inherited from your birth parents. In tumor mutation testing, only the tumor is tested and not the rest of your body.

## Key points

- Results from a tumor and lymph node biopsy, blood tests, and imaging studies will be used to determine what treatments are best for your nasopharyngeal cancer.
- Head and neck cancer and its treatment can affect the health of your jaw, teeth, and gums. Tell your dentist about your head and neck cancer as soon as you learn about it and keep up with regular dental cleanings and checkups.
- Treatment can affect fertility. Talk to your care team about your concerns and if you're planning a pregnancy now or in the near future.
- Imaging tests take pictures of the inside of your body and are used to learn more about the type, size, and location of your tumor.
- A biopsy is the removal of a sample of tissue or group of cells for testing. Lab tests will be done on the biopsied cells.
- Most nasopharyngeal cancers are caused by the Epstein-Barr virus (EBV).

## Questions to ask

- What tests will I have?
- Will my insurance pay for these tests?
- What tests will be done on the tumor and lymph nodes?
- Who will explain the test results to me?
- What other information do you need to gather before I start treatment?

### What's next?

**Now that you've learned about the different types of tests you might receive, the next chapter will discuss how nasopharyngeal cancer is staged. Staging is part of treatment planning.**

# 3

# Nasopharyngeal cancer staging


19 How is nasopharyngeal cancer staged?

20 TNM scores

22 Nasopharyngeal cancer stages

23 Key points

23 Questions to ask

**Cancer staging is used to guide treatment decisions. It describes the size and location of the tumor and if cancer has spread to lymph nodes or other parts of the body. This chapter explains nasopharyngeal cancer stages.**

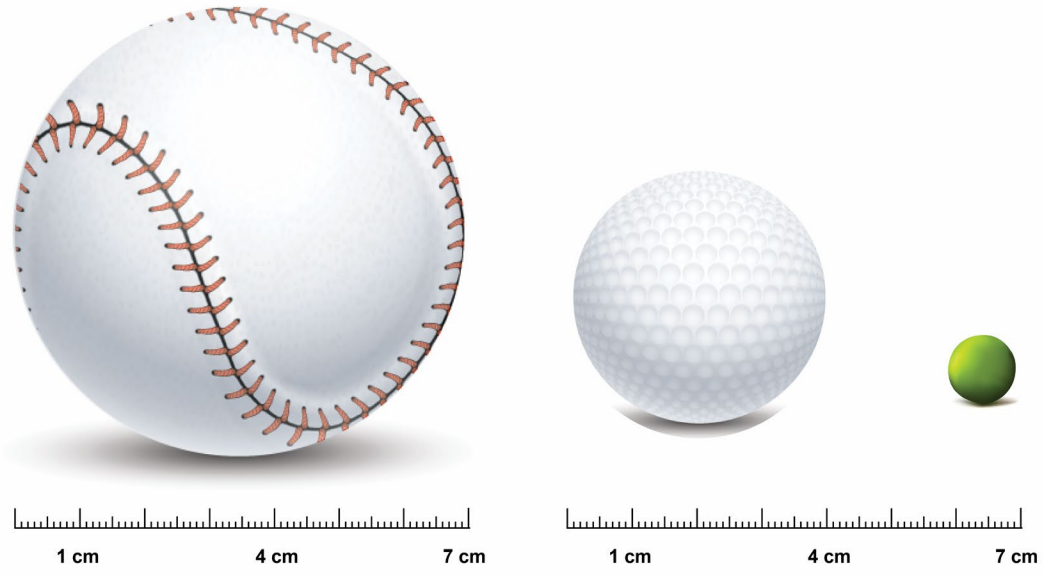
# How is nasopharyngeal cancer staged?

A cancer stage is a way to describe the cancer at the time you're first diagnosed. Based on testing, your cancer will be assigned a stage. Staging helps to predict prognosis and is needed to make treatment decisions. A prognosis is the course your cancer will likely take.

Information gathered during staging:

- **Size and location of the tumor (T)**: Where's the tumor located? How large is the tumor? Has it grown into nearby areas?
- **Spread to nearby lymph nodes (N)**: Has cancer spread to nearby lymph nodes? If so, how many? Where?

**Head and neck tumors are measured in centimeters: For comparison, a baseball is 7 cm, a golf ball is 4 cm, and a pea is 1 cm.**



- **Spread (metastasis) to distant sites (M)**: Has cancer spread to distant organs such as the lungs or liver?
- **Biomarker testing**: Does the cancer have any genes or mutations that might suggest treatment? Does the blood or tumor contain Epstein-Barr virus (EBV) or HPV?

Staging is based on a combination of information to reach a final numbered stage. Often, not all information is available at the initial evaluation. More information can be gathered as treatment begins.

## TNM scores

The tumor, node, and metastasis (TNM) system is used to stage nasopharyngeal cancer. In this system, the letters T, N, and M describe different areas of cancer growth. Based on test results, a score or number is assigned to each letter. The higher the number, the larger the tumor or the more the cancer has spread. These scores will be combined to assign the cancer a stage. A TNM example might look like this: T1N0M0 or T1, N0, M0.

The following TNM staging information is used for squamous cell carcinoma (SCC) of the nasopharynx. SCCs start in the surface (epithelium) layer of the nasopharynx.

### T = Tumor

A tumor can grow into nearby structures. Tumor size is measured in centimeters (cm) or millimeters (mm). A golf ball is 4 cm (40 mm) and a pea is 1 cm (10 mm).

- **Tis** – This is carcinoma in situ, meaning that cancerous cells are found only in the squamous cell layer and haven't invaded more deeply into the underlying tissue.
- **T1** – Tumor is confined to the nasopharynx or has grown into the oropharynx and/or nasal cavity, but not into the parapharyngeal space. The parapharyngeal space is a triangular area near the pharynx (throat), between the base of the skull and the hyoid bone (the bone under the tongue). It's in the deep tissues of the neck and contains mostly fat, as well as blood vessels (including the carotid artery and jugular vein), nerves, lymph nodes, and parts of the salivary (spit) gland.
- **T2** – Tumor has grown into parapharyngeal space, and/or nearby soft tissue (muscles such as the medial pterygoid, lateral pterygoid, and prevertebral muscles)
- **T3** – Tumor has grown into bony structures at the skull (cranial) base, neck (cervical) vertebra, pterygoid (jaw) structures, and/or paranasal sinuses. The base of the skull is between the bottom of your brain and the structures of your face.
- **T4** – Tumor has grown inside the skull, cranial nerves, hypopharynx, eye (orbit) bones, and/or parotid (saliva) gland, and/or grown into the area beyond the lateral pterygoid (jaw) muscle.

## N = Regional lymph node

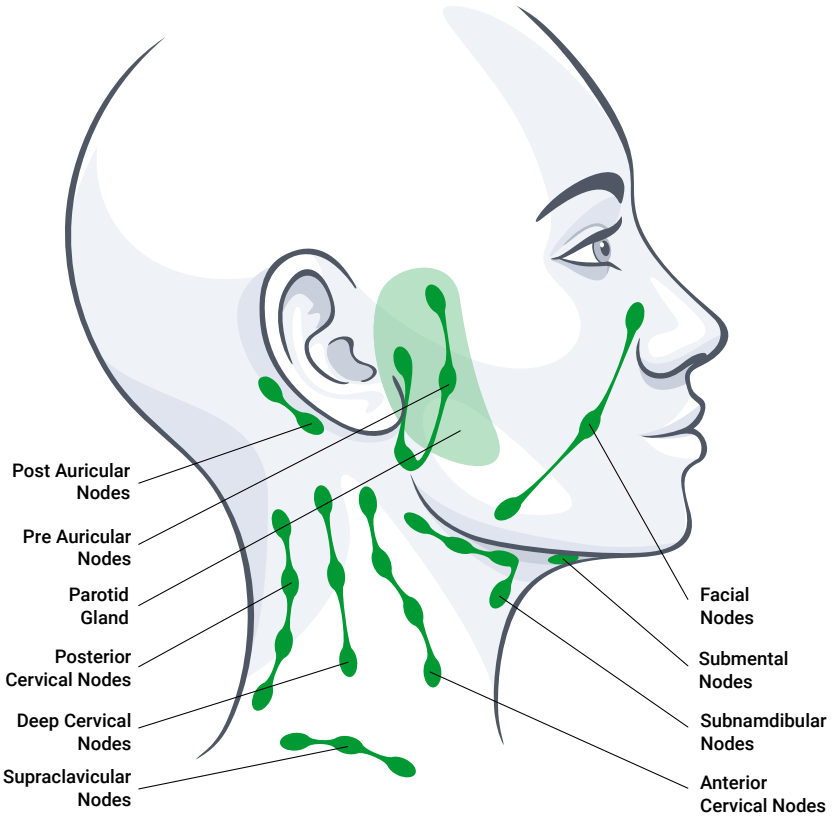
There are hundreds of lymph nodes throughout your body. They work as filters to help fight infection and remove harmful things from your body. The head and neck contain a network of more than 300 nodes. They are bound together with muscles, nerves, blood vessels, and lymph vessels. Nasopharyngeal cancer can spread to nearby lymph nodes in the head and neck.

Regional lymph nodes are found near the tumor. Cancer found in a regional lymph node is a lymph node metastasis. This is different than a distant metastasis, which is found outside the neck (in the lungs for example).

- **N0** – No regional lymph node metastasis is found.
- **N1** – Metastasis of 6 cm or smaller is found inside 1 lymph node.
- **N2** – Metastasis of 6 cm or smaller is found inside 1 or more lymph nodes on both sides of the neck, above the cricoid. The cricoid is the ring-shaped cartilage at the bottom of the larynx (voice box).
- **N3** – Metastasis of larger than 6 cm is found inside 1 or more lymph nodes, or an involved lymph node (of any size) is found below the cricoid.

### Lymph nodes in the head and neck

**There are over 300 lymph nodes in the head and neck. If head and neck tumors spread, they most commonly spread to nearby lymph nodes.**



### M = Metastasis

Cancer that has spread to distant parts of the body through the bloodstream is shown as M1. In M1a, cancer has spread to 3 or less areas. In M1b, cancer has spread to more than 3 areas. The most common site for metastasis is the lymph nodes outside the head and neck. Other common areas are the lungs and bones. Biopsy of a metastasis depends on the location and size.

## Nasopharyngeal cancer stages

Numbered cancer stages are based on TNM scores. Stages range from stage 0 to stage 4, with 4 being the most advanced. They might also be written as stage 0, stage I, stage II, stage III, and stage IV. For nasopharyngeal cancer stages, see **Guide 2**.

Here are the general stages for nasopharyngeal cancer:

- **Stage 0** – This is carcinoma in situ, meaning that cancerous cells are found only in the squamous layer of the nasopharynx.
- **Stage 1 (early-stage nasopharyngeal cancer)** – Tumor is confined to the nasopharynx or has grown into the oropharynx and/or nasal cavity, but not into the parapharyngeal space. Cancer might be in 1 lymph node and is less than 6 cm.
- **Stage 2 (early-stage to locally advanced nasopharyngeal cancer)** – Tumor might have grown into the parapharyngeal space and nearby soft tissue, or grown into the bony structures at the base of the skull, neck, and jaw, and/or paranasal sinuses. Cancer may be in more than 1 lymph node, but is less than 6 cm.
- **Stage 3 (locally advanced nasopharyngeal cancer)** – Tumor is larger and might have grown inside the skull, cranial nerves, hypopharynx, eye bones, and/or parotid (spit) gland, and/or beyond the jaw muscle. Cancer may be in more than 1 lymph node or larger than 6 cm.
- **Stage 4 (metastatic nasopharyngeal cancer)** – Cancer has spread outside of the head and neck to areas of the body such as the lungs or distant lymph nodes.

**Guide 2**
**Nasopharyngeal cancer stages**

| | |
|---|---|
| **Stage 0** | • Tis, N0, M0 |
| **Stage 1A** | • T1 or T2, N0, M0 |
| **Stage 1B** | • T0 or T1 or T2, N1, M0 |
| **Stage 2** | • T0 or T1 or T2, N2, M0<br>• T3, N0 or N1 or N2, M0 |
| **Stage 3** | • T4, Any N, M0<br>• Any T, N3, M0 |
| **Stage 4A** | • Any T, Any N, M1a |
| **Stage 4B** | • Any T, Any N, M1b |

## Key points

- A cancer stage is used to guide treatment decisions.
- Staging describes the size and location of the tumor and if cancer has spread to lymph nodes, organs, or other parts of the body.
- The head and neck contain a network of more than 300 lymph nodes, connected by lymph channels, which drain all areas of the head and neck.
- Head and neck cancer often spread to nearby neck (cervical) lymph nodes.
- Head and neck cancer can spread to distant sites in the body.

## Questions to ask

- What stage is my cancer?
- Is my cancer early stage, locally advanced, or metastatic?
- Is cancer in any nearby structure or areas like lymph nodes?
- Has the cancer spread to distant lymph nodes or sites like the lungs?
- What does the cancer stage mean in terms of length of survival and quality of life?

### What's next?

**The next chapter provides an overview of treatment options and what to expect.**

# 4
# Types of treatment


25 Your care team

26 Radiation therapy

27 Systemic therapy

28 Clinical trials

30 Key points

30 Questions to ask

**Nasopharyngeal cancer is treated with radiation therapy and systemic therapy or a combination of both. This chapter describes an overview of treatment options and what to expect. Together, you and your care team will choose a treatment plan that's best for you.**

Results from imaging studies and biopsy will be used to determine your cancer stage treatment plan. Nasopharyngeal cancer isn't treated with surgery because of the location of the tumor. Treatment is usually a combination of systemic therapy and radiation therapy.

## Your care team

Those with head and neck cancer should seek treatment at experienced cancer centers.

Treating cancer takes a team approach. Treatment decisions should involve a multidisciplinary team of health care and psychosocial care professionals from different backgrounds who have knowledge and experience in your type of cancer. This team is united in the planning and implementation of your treatment. Ask who will coordinate your care.

Some members of your care team will be with you throughout cancer treatment, while others will only be there for parts of it. Get to know your care team and help them get to know you.



### Your care team

Treatment for head and neck cancers is complex. Depending on the type and location of the tumor, your care team might include some of the following specialists.

- **Otolaryngologist** is a doctor who diagnoses and treats disorders of the ear, nose, and throat (ENT).
- **Dentist** is trained to diagnose and treat oral health conditions. You'll often see a specialized dentist, like a dental oncologist, before starting some types of treatment. Also, you'll need to see your regular dentist more often during treatment. Tell your dentist as soon as you know about your cancer diagnosis.
- **Oncologist** is a doctor who diagnoses and treats cancer. Types of oncologists include dental, medical, radiation, and surgical oncologists.
- **Physical medicine and rehabilitation** help to improve function and quality of life for those with nasopharyngeal cancer. It might include physical therapy, speech-language and swallowing therapy, pain management, or treatment for swelling of the neck.
- **Nutritionists and dietitians** can suggest foods to support recovery and to manage side effects of treatment.

# Radiation therapy

Radiation therapy uses high-energy x-rays, photons, electrons, and other sources to kill cancer cells and shrink tumors. It's typically delivered from outside the body by a computerized machine, which can shape the treatment to closely fit the location and size of the tumor. Treatment is given in small daily doses, typically over 6 to 7 weeks on weekdays (Monday through Friday), with weekends off. A body-fitting device resembling a hockey goalie mask may be used to keep your head and shoulders still during treatment. If you're uncomfortable in tight spaces, please talk to your radiation oncologist for ways to help keep you comfortable and calm during radiation therapy.

At least once a week, you'll see your radiation oncologist to review your progress and check for side effects, such as sunburn-like rash, mouth soreness, lack of taste, dry mouth, thick saliva, and throat pain.

Before starting radiation therapy, you should

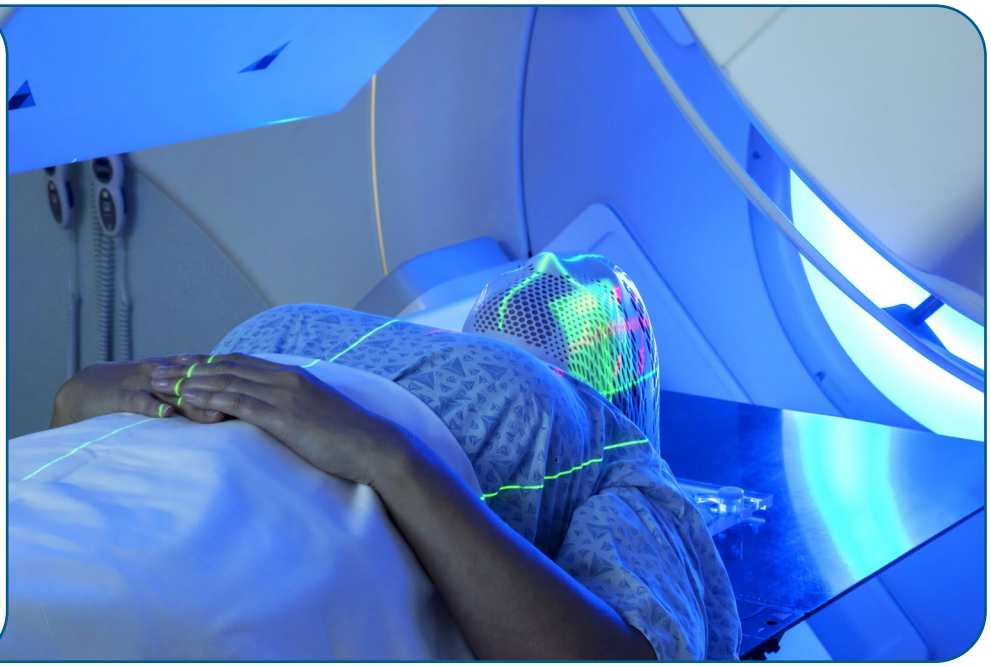
- Try to see a specialized dentist or dental oncologist for a clearance exam. Radiation therapy has many long-term and life-changing side effects that are best addressed ahead of time.

**Panoramic dental x-ray** is part of a pre-radiation therapy dental evaluation. It's needed to check the health of your jaw and teeth and to see if you need any dental work before starting radiation therapy.

It's important to tell your dentist about your head and neck cancer. You'll need to see your dentist every 3 to 4 months for routine care to counteract the side effects of radiation therapy to the head and neck.

**Intensity-modulated radiation therapy (IMRT)** uses small beams of different strengths to match the shape of the tumor. This limits the amount of radiation to normal tissue.

**"I'm not claustrophobic, but the immobilization mask is tight. Getting radiation therapy only takes about 6 to 8 minutes on the table each day. Keeping my eyes closed and listening to some good music allowed me to withstand being immobilized."**



IMRT is recommended for nasopharyngeal cancer to minimize radiation dose to critical structures.

## Systemic therapy

Systemic therapy is drug therapy that works throughout the body. Types include chemotherapy, targeted therapy, and immunotherapy.

All systemic treatments listed in this guide are recommended and appropriate. When helpful, NCCN experts also assign a level of preference to their recommendations for systemic therapies:

- **Preferred therapies** have the most evidence they may work better and may be safer than other therapies.
- **Other recommended therapies** can provide effective results but may have less evidence, more side effects, or may not work quite as well as preferred therapies.
- **Therapies used in certain cases** work best for individuals with specific cancer features or health circumstances.

For examples of systemic therapies, see **Guide 3**.

### Chemotherapy

Chemotherapy kills fast-dividing cells throughout the body, including cancer cells and some normal cells. Sometimes, chemotherapies are combined or used with other systemic therapies. This is called multiagent chemotherapy. Chemotherapy might be followed by radiation therapy.

### Chemoradiation

In chemoradiation, chemotherapy and radiation therapy are given at the same time. This is called concurrent chemoradiation. For locally advanced nasopharyngeal cancer,

**Guide 3**
**Systemic therapies**

| | | |
|---|---|---|
| **Chemotherapy examples** | • Capecitabine (Xeloda)<br>• Carboplatin (Kyxata)<br>• Cisplatin<br>• Docetaxel (Taxotere, Docivyx, Beizray) | • Gemcitabine (Gemzar)<br>• Infusional Fluorouracil<br>• Methotrexate<br>• Paclitaxel |
| **Targeted therapy examples** | • Cetuximab (Erbitux)<br>• Enfortumab vedotin-ejfv (Padcev) | |
| **Immunotherapy examples** | • Nivolumab (Opdivo)<br>• Pembrolizumab (Keytruda)<br>• Penpulimab-kcqx | • Tislelizumab-jsgr (Tevimbra)<br>• Toripalimab-tpzi (Loqtorzi) |

cisplatin is often the preferred chemotherapy drug given with radiation therapy.

Other systemic therapies that aren't chemotherapy might be given at the same time as radiation therapy (concurrent treatment) or one after the other (sequential treatment). But these aren't called chemoradiation.

### Targeted therapy

Targeted therapy focuses on specific or unique features of cancer cells. Targeted therapies seek out how cancer cells grow, divide, and move in the body. These drugs stop or inhibit the action of molecules that help cancer cells grow and/or survive. If your tumor has certain mutations, targeted therapy might be used.

### Immunotherapy

The immune system has many on and off switches. Tumors take advantage of off switches. Immunotherapy can block these off switches, which helps turn the immune system back on.

If your tumor has a high number of mutations or a combined positive score (CPS) score of at least 1 percent (1%) or higher, immunotherapy might be given. Immunotherapy can be given alone or with chemotherapy or targeted therapy.

For more information, see *NCCN Guidelines for Patients: Immunotherapy Side Effects*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.




## Clinical trials

You may also be able to receive treatment through a clinical trial. A clinical trial is a type of medical research study. After being developed and tested in a lab, potential new ways of treating cancer need to be studied in people. If found to be safe and effective in a clinical trial, a drug, device, or treatment approach may be approved by the U.S. Food and Drug Administration (FDA).

Everyone with cancer should carefully consider all of the treatment options available for their cancer type, including standard treatments and clinical trials. Talk to your doctor about whether a clinical trial may make sense for you.

### Phases

Most cancer clinical trials focus on treatment and are done in phases.

- **Phase 1** trials study the safety and side effects of an investigational drug or treatment approach.
- **Phase 2** trials study how well the drug or approach works against a specific type of cancer.
- **Phase 3** trials test the drug or approach against a standard treatment. If the results are good, it may be approved by the FDA.
- **Phase 4** trials study the safety and benefit of an FDA-approved treatment.

## Who can enroll?

It depends on the clinical trial's rules, called eligibility criteria. The rules may be about age, cancer type and stage, treatment history, or general health. They ensure that participants are alike in specific ways and that the trial is as safe as possible for the participants.

## Informed consent

Clinical trials are managed by a research team. This group of experts will review the study with you in detail, including its purpose and the risks and benefits of joining. All of this information is also provided in an informed consent form. Read the form carefully and ask questions before signing it. Take time to discuss it with people you trust. Keep in mind that you can leave and seek treatment outside of the clinical trial at any time.

## Will I get a placebo?

Placebos (inactive versions of real medicines) are almost never used alone in cancer clinical trials. It's common to receive either a placebo with a standard treatment, or a new drug with a standard treatment. You will be informed, verbally and in writing, if a placebo is part of a clinical trial before you enroll.

## Are clinical trials free?

There's no fee to enroll in a clinical trial. The study sponsor pays for research-related costs, including the study drug. But you may need to pay for other services, like transportation or childcare, due to extra appointments. During the trial, you will continue to receive standard cancer care. This care is often covered by insurance.



## Finding a clinical trial

### In the United States

NCCN Cancer Centers
NCCN.org/cancercenters

The National Cancer Institute (NCI)
cancer.gov/about-cancer/treatment/clinical-trials/search

### Worldwide

The U.S. National Library of Medicine (NLM)
clinicaltrials.gov/

### Need help finding a clinical trial?

NCI's Cancer Information Service (CIS)
1.800.4.CANCER (1.800.422.6237)
cancer.gov/contact

## Key points

- Systemic therapy works throughout the body. It includes chemotherapy, targeted therapy, and immunotherapy.
- Targeted therapies can block the ways cancer cells grow, divide, and move in the body.
- Immunotherapy uses your body's natural defenses to find and destroy cancer cells.
- Radiation therapy uses high-energy x-rays, gamma rays, protons, photons, and other sources to kill cancer cells and shrink tumors.
- Treatment that combines chemotherapy with radiation therapy is called chemoradiation.
- A clinical trial is a type of research that studies a treatment to see how safe It is and how well it works.

## Questions to ask

- What is your experience treating head and neck cancer?
- What treatment do you recommend and why?
- How long will treatment last?
- Is a clinical trial an option for me?
- What can I expect from treatment?

### What's next?

**Now that you've read about the different types of treatment and what to expect, the next chapter talks about some of the common side effects of treatment and what might be done to manage those effects.**

# 5
# Supportive care


32 What is supportive care?

33 Side effects

35 Late effects

36 Survivorship

37 Key points

37 Questions to ask

**Supportive care helps manage the symptoms of nasopharyngeal cancer and the side effects of treatment. This chapter discusses possible side effects.**

## What is supportive care?

Supportive care is an important part of cancer care. The goal is to improve your quality of life during and after cancer treatment. Supportive care is for everyone with cancer and their families, not just for those at the end of life. It's also known as palliative care.

Supportive care includes a wide range of services. Supportive care prevents or manages the symptoms of cancer and the side effects of cancer treatment, like pain and cancer-related fatigue. It also addresses the mental, social, emotional, and spiritual concerns faced by people with cancer.

Supportive care provides help with additional needs, such as:

- Making treatment decisions
- Coordinating your care
- Paying for care
- Planning for advanced care and end of life

Read more about the types of support you may receive in *NCCN Guidelines for Patients: Palliative Care*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.

**Head and neck tumors often impact a person's ability to function, such as chew, swallow, speak, and breathe. It can also impact taste, smell, hearing, and how your voice sounds or how you look. You'll want to be well prepared and understand how treatment might cause changes to these functions and your appearance.**



# Side effects

Cancer treatment can cause unwanted health issues called side effects. Side effects depend on many factors. These factors include the drug type and dose, length of treatment, and the person.

Treatment can cause several side effects. Some side effects may just be unpleasant. Others may be harmful to one's health. Treatment can cause several side effects. Some are very serious. Tell your care team about any new or worsening symptoms.

Some possible side effects of treatment are described next. They are listed in alphabetical order and not in order of importance.

**It's important to tell your care team about all of your side effects, including new or worsening symptoms, so they can be managed.**

## Diarrhea or constipation

Diarrhea is frequent and watery bowel movements. Your care team will tell you how to manage diarrhea. It's important to drink lots of fluids.

Constipation is also common, especially if taking certain pain medicines. Constipation means having less frequent and more difficult bowel movements. Drinking fluids, staying active, and taking medicines for constipation are often recommended.

## Difficulty eating, swallowing, or speaking

Because of the location of nasopharyngeal cancer, difficulty eating, swallowing, or speaking are common side effects of treatment. Difficulty swallowing (dysphagia) or painful swallowing (odynophagia) can be caused by cancer or its treatment and might be long term (chronic). Speech-language pathologists can help people who have trouble swallowing or speaking. A maxillofacial prosthodontist can restore speech, chewing, swallowing, and appearance by creating artificial replacements for areas removed during surgery.

## Difficulty with smell, nose bleeds, and congestion

Your sense of smell might be affected by cancer or its treatment. The lining of your nasal cavity and sinuses might become inflamed or irritated causing your nose to feel stuffed-up or congested. Your nose might bleed. You might have headaches. Your care team might recommend using a humidifier or other ways to help with sinus or nasal irritation.

## Distress

Depression, anxiety, and sleeping issues are common during a cancer diagnosis. Talk to your care team and those with whom you feel most comfortable about how you're feeling. There are services, people, and medicine that can help relieve your distress.

## Fatigue

Fatigue is extreme tiredness and inability to function due to lack of energy. Fatigue may be caused by cancer or it may be a side effect of treatment. Let your care team know how you're feeling and if fatigue is getting in the way of doing the things you enjoy. Eating a balanced diet, exercise, yoga, acupuncture, and massage therapy can help. You might be referred to a nutritionist or dietitian to help with fatigue.

## Loss of appetite

The side effects from nasopharyngeal cancer or its treatment, and the stress of having cancer might cause you to feel not hungry or sick to your stomach (nauseated). You might have a sore mouth or difficulty swallowing.

Healthy eating is important during treatment. It includes eating a balanced diet, eating the right amount of food, and drinking enough fluids. A registered dietitian who's an expert in nutrition and food can help. Weight loss is common in those with head and neck cancer. You might be asked to see a nutrition expert before starting treatment to help prevent severe weight loss.

## Low blood cell counts

Some cancer treatments can cause low blood cell counts.

- **Anemia** is a condition where your body doesn't have enough healthy blood cells, resulting in less oxygen being carried to your cells. You might tire easily if you're anemic.
- **Neutropenia** is a decrease in neutrophils, a type of white blood cell. This puts you at risk for infection.
- **Thrombocytopenia** is a condition where there aren't enough platelets found in the blood. This puts you at risk for bleeding.

## Lymphedema

Lymphedema is a condition in which lymph fluid builds up in tissues and causes swelling. It may be caused when part of the lymph system is damaged or blocked, such as during surgery to remove lymph nodes, or by radiation therapy. Cancers that block lymph vessels can also cause lymphedema. Swelling usually develops slowly over time. It may develop during treatment, or it may start years after treatment. If you have lymphedema, you may be referred to an expert in lymphedema management. The swelling may be reduced by exercise, massage, compression devices, and other means.

## Nausea and vomiting

Nausea and vomiting are common side effects of treatment. You'll be given medicine to prevent nausea and vomiting.

### Pain

Tell your care team about any pain or discomfort. You might meet with a palliative care specialist or with a pain specialist to manage pain. Some people may benefit from palliative radiation therapy to help relieve pain caused by the tumor. During this treatment, a radiation beam is focused on the tumor.

### Radiation burn

Radiation dermatitis or radiation burn is a common side effect of radiation therapy. It can cause the skin to change color or cause dry and itchy skin, pain, peeling, blistering, or swelling. Your health care provider can help you find the best treatment for radiation burn.

**“The effects of radiation therapy are cumulative, so while you may look and feel okay by the end of your cycle, the side effects will continue for weeks afterward. My skin was red and burned at the end of radiation, but it got much worse in the weeks after I was done. Same with the mouth ulcers.”**

## Late effects

Late effects are side effects that occur months or years after a disease is diagnosed or after treatment has ended. Late effects may be caused by cancer or cancer treatment. They may include physical, mental, and social health issues, and second cancers. The sooner late effects are treated the better. Ask your care team about what late effects could occur. This will help you know what to look for.

### Cranial neuropathies

Cranial neuropathy affects the nerves in the head and neck and might cause

- Pain
- Dizziness (vertigo)
- Muscle weakness, numbness, or tingling in the face, neck, or shoulders
- Changes in vision, hearing, taste, and smell

Cranial neuropathies can affect speech, swallowing, and hearing, making it difficult to communicate. This might cause distress and impact your ability to function and complete certain tasks at home and at work.

Your treatment may not completely reverse these symptoms. Treatment may also worsen or cause new cranial neuropathies if your cancer is located close to sensitive nerve or brain structures.

Ask your doctor about these risks, and what can be done to minimize them. You can also ask to see an occupational therapist or speech-language pathologist who might be able to help you recover from these symptoms.

### Dry mouth

Xerostomia is the medical term for dry mouth. Treatment for nasopharyngeal cancer can affect your salivary glands. This means you may not make as much spit (saliva) as before and so your mouth may become dry. It's a very common side effect after radiation and might be long term (chronic). Drinking plenty of water and avoiding beverages with caffeine, alcohol, or sugar can help. Special mouth rinses and sugar-free lozenges are available.

### Stiff neck

Cancer or its treatment can cause stiff neck and shoulders and long-term (chronic) neck pain. The stress of having cancer can also cause tightness in the neck, shoulders, jaw, and head. Movement such as tai chi, walking, or stretching, and massage might help a stiff neck and shoulders to feel better. Speak to your care team about how to manage chronic neck pain.

## Survivorship

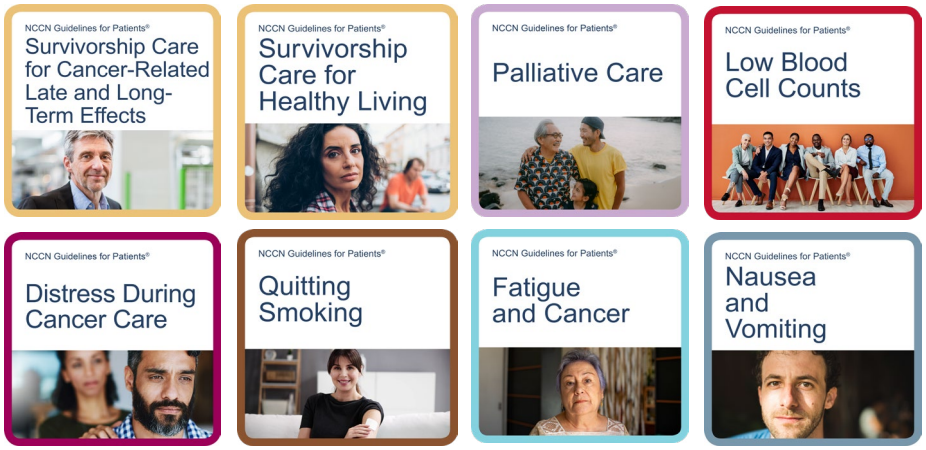
A person is a cancer survivor from the time of diagnosis until the end of life.

After treatment, your health will be monitored for side effects and the return of cancer. This is part of your survivorship care plan. It's important to keep any follow-up care and imaging test appointments. Seek routine medical care, including regular doctor visits for preventive care and cancer screening.

A personalized survivorship care plan will contain a summary of possible long-term effects of treatment and a list of follow-up tests. Find out how your primary care provider will coordinate with specialists for your follow-up care.

### Supportive care resources

More information on supportive care is available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



## Key points

- Supportive care is health care that relieves symptoms caused by cancer or its treatment and improves quality of life. Supportive care is always given.
- All cancer treatments can cause unwanted health issues called side effects. Side effects depend on many factors. These factors include the drug type and dose, length of treatment, and the person.
- Some side effects are very rare. Ask your care team what to expect.
- Tell your care team about any new or worsening symptoms.



**Let us know what you think!**

**Please take a moment to complete an online survey about the NCCN Guidelines for Patients.**
**NCCN.org/patients/response**

## Questions to ask

- What are the side effects of this treatment?
- How are these side effects treated?
- What should I do if I notice changes in my condition?
- What should I do if I notice side effects on weekends and other non-office hours?
- Will my care team be able to communicate with the emergency department or urgent care team?

### What's next?

**The next chapter discusses treatment options for non-metastatic nasopharyngeal cancer.**

# 6

# Non-metastatic nasopharyngeal cancer


39 Early-stage nasopharyngeal cancer

40 Locally advanced nasopharyngeal cancer

41 Follow-up care

42 Key points

42 Questions to ask

**This chapter is for nasopharyngeal cancer that hasn't spread to distant parts of the body. Treatment for early and locally advanced nasopharyngeal cancer is based on tumor location and if any lymph nodes in the head and neck have cancer.**

Treatment for early-stage and locally advanced nasopharyngeal cancer is based on tumor location and if any lymph nodes have cancer. Factors such as your overall health are considered when making treatment decisions. Your preferences about treatment are always important. Talk to your care team and make your wishes known.

## Early-stage nasopharyngeal cancer

In early-stage nasopharyngeal cancer, the tumor is confined to the nasopharynx, but it might have spread to nearby structures. A cancer metastasis of 6 cm or smaller might be found in 1 lymph node only. The tumor might test positive for Epstein-Barr virus.

Treatment options include:

- Radiation therapy aimed at the tumor, nasopharynx, and possibly neck
- Systemic therapy given at the same time as radiation therapy (concurrent treatment)

If the tumor tests positive for Epstein-Barr virus, then systemic therapy might be given before or after concurrent systemic therapy and radiation therapy.

**Standard of care is the best-known way to treat a particular disease based on past clinical trials. There may be more than one treatment that's considered standard of care. Ask your care team what treatment options are available and if a clinical trial might be right for you.**



For systemic therapy options, see **Guide 4**.

## Locally advanced nasopharyngeal cancer

In locally advanced nasopharyngeal cancer, the tumor has spread to nearby structures including the skull base and cancer is found in 1 or more lymph nodes. The skull base is between the bottom of your brain and the structures of your face. It's common for nasopharyngeal cancer to grow into the skull base or very near to it.

The preferred treatment options are:

- Clinical trial
- Induction systemic therapy followed by systemic therapy and radiation therapy (sequential treatment). Sequential treatment is given one after another and not at the same time. Induction systemic therapy is for people who are healthy enough to withstand intense treatment. It's often given for a tumor that tests positive for Epstein-Barr virus.

**Guide 4**
**Systemic therapy options**

| | Given at the same time (concurrent) as radiation therapy (RT) | Induction and sequential systemic therapy |
|---|---|---|
| **Preferred therapies** | • Cisplatin plus RT followed by Cisplatin, Infusional Fluorouracil | • Cisplatin, Gemcitabine<br>• Cisplatin, Docetaxel, Infusional Fluorouracil |
| **Other recommended therapies** | • Cisplatin plus RT followed by Carboplatin, Infusional Fluorouracil<br>• Cisplatin plus RT | • Cisplatin, Infusional Fluorouracil<br>• Cisplatin, Docetaxel<br>• After induction chemotherapy, Cisplatin or Carboplatin with RT |
| **Therapies used in certain cases** | • Carboplatin plus RT followed by Carboplatin, Infusional Fluorouracil<br>• Cisplatin plus RT followed by Capecitabine. Induction chemotherapy might be added. | • Capecitabine |

Other treatment options are:

- Concurrent systemic therapy and radiation therapy followed by chemotherapy
- Concurrent systemic therapy and radiation therapy

For systemic therapy options, see **Guide 4**.

# Follow-up care

After treatment, you'll be monitored for side effects and for any signs of cancer returning (called recurrence). Follow-up care includes imaging tests such as CT, MRI, and FDG-PET/CT and doctor visits to check for late effects and signs that cancer has returned. It's important to contact your doctor right away if you notice any changes in your head or neck. For general follow-up care, see **Guide 5**.

**Guide 5**
**Follow-up care**

| |
|---|
| Medical history and physical exam, including complete head and neck exam:<br>• Year 1, every 1 to 3 months<br>• Year 2, every 2 to 6 months<br>• Years 3 through 5, every 4 to 8 months<br>• Over 5 years, every 12 months |
| Blood tests to look for hormone levels made by glands in the head and neck. Other blood tests, such as EBV DNA monitoring, will be done as needed. |
| Imaging tests |
| Dental exam for areas exposed to radiation treatment |
| Supportive care, as needed:<br>• Speech, hearing, and swallowing evaluation and rehabilitation<br>• Nutrition evaluation and rehabilitation<br>• Ongoing screening for depression<br>• Help to quit smoking; tobacco use and alcohol use counseling<br>• Lymphedema evaluation and rehabilitation |
| Information on survivorship care and creation of a survivorship care plan within 1 year of completing treatment. During survivorship, you will continue to see a head and neck oncologist and your primary care doctor. |

## Key points

- In early-stage nasopharyngeal cancer, the tumor is confined to the nasopharynx, but it might have spread to nearby structures.
- In locally advanced nasopharyngeal cancer, the tumor has spread to nearby structures including the skull base and cancer is in 1 or more lymph nodes.
- Treatment depends on the cancer stage.
- Systemic therapy given at the same time as radiation therapy is called concurrent treatment.
- Sequential treatment is given in order, one after another, and not at the same time.
- Induction systemic therapy is for people who are healthy enough to withstand intense treatment. It's often given for a tumor that tests positive for Epstein-Barr virus.
- After completing treatment, you'll have blood and imaging tests, physical exams, and doctor appointments to look for signs of cancer returning. Contact your doctor right away if you notice any changes in your head or neck.

## Questions to ask

- What treatments do you recommend and in what order will they be given?
- Has the cancer grown outside the nasopharynx? What does this mean in terms of treatment options?
- How will treatment affect my ability to taste, smell, chew, breathe, talk, or swallow?
- How long will this course of treatment take?
- Will I be able to work during treatment?

### What's next?

**The next chapter discusses treatment options for metastatic, recurrent, and persistent nasopharyngeal cancer.**

# 7

# Metastatic nasopharyngeal cancer


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**This chapter is for cancer that has spread to distant (metastatic) sites in the body. It also includes cancer that remains after treatment (persistent cancer) or cancer that has returned after a disease-free period (recurrence).**

If you have metastatic, recurrent, or persistent nasopharyngeal cancer, ask if the goal of treatment is to cure or prevent the further spread of cancer. Also, ask how treatment may impact your quality of life. This will help you know what to expect. Factors such as your overall health are considered when making treatment decisions. Your preferences about treatment are always important. Talk to your care team and make your wishes known.

# Metastatic nasopharyngeal cancer

Metastatic disease is cancer that has spread through the bloodstream to distant areas of the body. Treatment focuses on reducing the number of metastases or amount of cancer, sometimes referred to as cancer burden.

Treatment for metastatic nasopharyngeal cancer is systemic therapy. Radiation therapy aimed at the tumor, nearby lymph nodes, and distant metastases might be given with (concurrent) or after (sequential) systemic therapy. Supportive care is also given to prevent, reduce, and relieve suffering, and to improve quality of life.

**"When I was undergoing treatment, I found that first-hand accounts of people with similar cancers were very helpful to hear. I'm a firm believer in the power of words and shared stories to help people heal. Now, I would like to be a source of support for other people who have been diagnosed with head and neck cancers."**



For systemic therapy options, see **Guide 6**

## Guide 6
## Systemic therapy options: Recurrent, persistent, or metastatic disease

| | | |
|---|---|---|
| **Preferred therapies** | First-line:<br>• Cisplatin, Gemcitabine plus Toripalimab-tpzi | Next-line (if not used before):<br>• Toripalimab-tpzi (if disease progresses on or after platinum-based chemotherapy) |
| **Other recommended therapies** | First-line combined drugs:<br>• Cisplatin, Gemcitabine<br>• Cisplatin, Gemcitabine plus Pembrolizumab or Nivolumab<br>• Cisplatin, Infusional Fluorouracil<br>• Cisplatin or Carboplatin, Docetaxel or Paclitaxel<br>• Carboplatin plus Cetuximab<br>• Carboplatin, Gemcitabine<br>• Carboplatin, Gemcitabine plus Penpulimab-kcqx<br>• Cisplatin, Gemcitabine plus Penpulimab-kcqx<br>• Cisplatin, Gemcitabine plus Tislelizumab-jsgr | First-line single drugs:<br>• Capecitabine<br>• Carboplatin<br>• Cisplatin<br>• Docetaxel<br>• Infusional Fluorouracil<br>• Gemcitabine<br>• Methotrexate<br>• Paclitaxel |
| | Next-line is treated with immunotherapy drugs:<br>• Nivolumab<br>• Pembrolizumab<br>• Penpulimab-kcqx<br>• Toripalimab-tpzi | |
| **Therapies used in certain cases** | • Pembrolizumab | |

Note: A platinum-based chemotherapy is cisplatin or carboplatin.

## Recurrent or persistent nasopharyngeal cancer

Recurrent disease is cancer that has returned after a disease-free period. Persistent disease is cancer that remains after treatment. It might include cancer that has grown or spread during treatment. Recurrent or persistent cancer treatment options are usually a combination of radiation therapy and systemic therapy. A clinical trial might be preferred depending on your situation. For systemic therapy options, see **Guide 6**.

## Follow-up care

General follow-up care includes regular and frequent doctor visits to check for late effects and signs that cancer has returned. It's important to contact your doctor right away if you notice any changes in your head or neck. For general follow-up care, see **Guide 7**.

**Guide 7**
**Follow-up care**

Medical history and physical exam, including complete head and neck exam:

- Year 1, every 1 to 3 months
- Year 2, every 2 to 6 months
- Years 3 through 5, every 4 to 8 months
- Over 5 years, every 12 months

Blood tests to look for hormone levels made by glands in the head and neck. Other blood tests, such as EBV DNA monitoring, will be done as needed.

Imaging tests

Dental exam for areas exposed to radiation treatment

Supportive care, as needed:

- Speech, hearing, and swallowing evaluation and rehabilitation
- Nutrition evaluation and rehabilitation
- Ongoing screening for depression
- Help to quit smoking; tobacco use and alcohol use counseling
- Lymphedema evaluation and rehabilitation

Information on survivorship care and creation of a survivorship care plan within 1 year of completing treatment. During survivorship, you will continue to see a head and neck oncologist and your primary care doctor.

## Key points

- Metastatic nasopharyngeal cancer has spread through the bloodstream to distant areas of the body.
- Recurrent disease is cancer that has returned after a disease-free period. Persistent disease is cancer that remains after treatment. It might include cancer that has grown or spread during treatment.
- Treatment for metastatic, recurrent, or persistent nasopharyngeal cancer is based on the size and location of the tumor(s), if there's cancer in the lymph nodes or nearby areas, and what treatment you had before. Your overall health and preferences about treatment are also important.
- After completing treatment, you'll have follow-up care to monitor for sides effects and changes in your health. Contact your doctor right away if you notice any changes in your head or neck.

## Questions to ask

- What treatments do you recommend and why?
- What's the goal of treatment?
- Does the order of treatments matter?
- How can I prepare for treatment?
- What will you do to manage side effects?

### What's next?

**The next chapter provides resources and where you can get more information.**

# 8
# Other resources


49 What else to know

49 What else to do

49 Where to get help

50 Questions to ask

**Want to learn more? Here's how you can get additional help.**

## What else to know

This guide helps you know your options so you can make informed decisions and improve your cancer care. But it's not the only resource that you have.

Ask for as much information and help as you need. Many people are interested in learning more about:

- Finding an oncologist who's an expert in head and neck cancer
- Making treatment decisions
- The details of treatment and possible side effects
- Getting financial help
- Coping with cancer treatment and other health challenges

## What else to do

Your health care center can help you with next steps. It often has onsite resources to help meet your needs and find answers to your questions. Health care centers can also inform you of resources in your community.

In addition to help from your providers, the resources listed in the next section provide support for many people like yourself.

## Where to get help

Look through the list below and visit the provided websites to learn more about these organizations.

**Bag It**
bagitcancer.org

**Bone Marrow & Cancer Foundation**
bonemarrow.org

**CanCare**
Cancare.org

**Cancer*Care***
Cancercare.org

**Cancer Hope Network**
Cancerhopenetwork.org

**GRACE**
Cancergrace.org

**Head and Neck Cancer Alliance**
Headandneck.org

**HPV Cancers Alliance**
hpvca.org

**Imerman Angels**
Imermanangels.org

**Oral Cancer Foundation**
Oralcancerfoundation.org

**Support for People with Oral and Head and Neck Cancers**
Spohnc.org

**THANC Foundation**
Thancfoundation.org

**Triage Cancer**
triagecancer.org

**“You’ll get through this! It may take a long time to heal, so be patient and do one day at a time. There are many resources and survivors that are available, just reach out when you’re ready. I wasn’t a ‘group’ person, but I found the conversations, either as a group or as ‘one-on-one’ extremely beneficial.”**

## Questions to ask

- Who can I talk to about help with housing, food, and other basic needs?
- What help is available for transportation, childcare, and home care?
- What other services are available to me and my caregivers?
- How can I connect with others and build a support system?
- Who can I talk to if I don’t feel safe at home, at work, or in my neighborhood?



**We want your feedback!**

**Our goal is to provide helpful and easy-to-understand information on cancer. Take our survey to let us know what we got right and what we could do better.**
**NCCN.org/patients/feedback**



# Words to know

**biomarker**
A substance found in body tissue or fluid that may be a sign of cancer.

**biopsy**
A procedure that removes fluid or tissue samples to be tested for a disease.

**cancer stage**
A rating of the growth and spread of cancer.

**carcinoma**
Cancer that starts in cells that form the lining of organs and structures in the body.

**chemotherapy**
Drugs that kill cancer cells by damaging or disrupting the making of the genetic code.

**clinical trial**
A type of research that assesses health tests or treatments.

**computed tomography (CT)**
A test that combines many x-rays to make pictures of the inside of the body.

**contrast**
A substance put into your body to make clearer pictures during imaging tests.

**cricoid**
The ring-shaped cartilage at the bottom of the larynx.

**first-line treatment**
The first drug or set of drugs given to treat cancer.

**gene**
Coded instructions in cells for making new cells and controlling how cells behave.

**histology**
The structure of cells, tissue, and organs as viewed under a microscope.

**imaging**
A test that makes pictures (images) of the insides of the body.

**immune system**
The body's natural defense against infection and disease.

**immunotherapy**
A treatment with drugs that help the body find and destroy cancer cells.

**larynx**
The voice box.

**lymph node**
A small group of disease-fighting cells located throughout the body.

**lymph vessels**
Tubes that carry lymph—a clear fluid containing white blood cells that fight disease and infection—throughout the body and connect lymph nodes to one another.

**magnetic resonance imaging (MRI)**
A test that uses radio waves and powerful magnets to make pictures of the insides of the body.

**metastasis**
The spread of cancer cells from the first tumor to another body part.

**mutation**
An abnormal change.

**nasal cavity**
The space inside the nose. The nasal cavity lies above the bone that forms the roof of the mouth and curves down at the back to join the throat.

**nasopharynx**
The part of the throat behind the nose.

**oropharynx**
The middle part of the throat.

**palliative care**
Health care that includes symptom relief but not cancer treatment. Also sometimes called supportive care.

**Panorex x-ray**
A picture of the inside of the entire mouth, including jaw.

**paranasal sinus**
One of many small hollow spaces in the bones around the nose. Paranasal sinuses are lined with cells that make mucus to keep the nose from drying out during breathing.

**parapharyngeal space**
A triangular area near the pharynx (throat), between the base of the skull and the hyoid bone (the bone under the tongue).

**performance status (PS)**
A rating of a person's general level of fitness and ability to perform daily self-care tasks.

**positron emission tomography (PET)**
A test that uses radioactive material to see the shape and function of body parts.

**primary treatment**
The main treatment used to rid the body of cancer.

**primary tumor**
The first mass of cancer cells in the body.

**prognosis**
The likely course and outcome of a disease.

**progression**
The growth or spread of cancer after being tested or treated.

**radiation therapy (RT)**
A treatment that uses high-energy rays or related approaches to kill cancer cells.

**radiotracer**
A substance that releases small amounts of energy (radiation) that's put into the body to make pictures clearer.

**recurrence**
The return of cancer after a cancer-free period. Also called relapse.

**side effect**
An unhealthy or unpleasant physical or emotional response to treatment.

**skull base**
A group of bones and tissues between the bottom of the brain and the structures of the face.

**soft palate**
Muscular, soft portion of the back of the roof of the mouth. Behind the hard palate. Part of the oropharynx.

**staging**
The process of rating and describing the extent of cancer in the body.

**supportive care**
Health care that includes symptom relief but not cancer treatment. Also called palliative care.

**targeted therapy**
Treatment with drugs that target a specific or unique feature of cancer cells.

**throat**
A hollow, muscular tube inside the neck that starts behind the nose and ends at the top of the trachea (windpipe) and esophagus (the tube that goes to the stomach).

**tumor**
An abnormal mass of cells.

**ultrasound**
A test that uses sound waves to take pictures of the insides of the body.

# NCCN Contributors

This patient guide is based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Head and Neck Cancers Version 1.2026. It was adapted, reviewed, and published with help from the following people:

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# NCCN Cancer Centers

Abramson Cancer Center
at the University of Pennsylvania
*Philadelphia, Pennsylvania*
*800.789.7366 • pennmedicine.org/cancer*

Case Comprehensive Cancer Center/
University Hospitals Seidman Cancer Center and
Cleveland Clinic Taussig Cancer Institute
*Cleveland, Ohio*
*UH Seidman Cancer Center*
*800.641.2422 • uhhospitals.org/services/cancer-services*
*CC Taussig Cancer Institute*
*866.223.8100 • my.clevelandclinic.org/departments/cancer*
*Case CCC*
*216.844.8797 • case.edu/cancer*

City of Hope National Medical Center
*Duarte, California*
*800.826.4673 • cityofhope.org*

Dana-Farber/Brigham and Women's Cancer Center |
Mass General Cancer Center
*Boston, Massachusetts*
*877.442.3324 • youhaveus.org*
*617.726.5130 • massgeneral.org/cancer-center*

Duke Cancer Institute
*Durham, North Carolina*
*888.275.3853 • dukecancerinstitute.org*

Fox Chase Cancer Center
*Philadelphia, Pennsylvania*
*888.369.2427 • foxchase.org*

Fred & Pamela Buffett Cancer Center
*Omaha, Nebraska*
*402.559.5600 • unmc.edu/cancercenter*

Fred Hutchinson Cancer Center
*Seattle, Washington*
*206.667.5000 • fredhutch.org*

Huntsman Cancer Institute at the University of Utah
*Salt Lake City, Utah*
*800.824.2073 • healthcare.utah.edu/huntsmancancerinstitute*

Indiana University Melvin and Bren Simon
Comprehensive Cancer Center
*Indianapolis, Indiana*
*888.600.4822 • www.cancer.iu.edu*

Johns Hopkins Kimmel Cancer Center
*Baltimore, Maryland*
*410.955.8964*
*www.hopkinskimmelcancercenter.org*

Mayo Clinic Comprehensive Cancer Center
*Phoenix/Scottsdale, Arizona*
*Jacksonville, Florida*
*Rochester, Minnesota*
*480.301.8000 • Arizona*
*904.953.0853 • Florida*
*507.538.3270 • Minnesota*
*mayoclinic.org/cancercenter*

Memorial Sloan Kettering Cancer Center
*New York, New York*
*800.525.2225 • mskcc.org*

Moffitt Cancer Center
*Tampa, Florida*
*888.663.3488 • moffitt.org*

O'Neal Comprehensive Cancer Center at UAB
*Birmingham, Alabama*
*800.822.0933 • uab.edu/onealcancercenter*

Robert H. Lurie Comprehensive Cancer Center
of Northwestern University
*Chicago, Illinois*
*866.587.4322 • cancer.northwestern.edu*

Roswell Park Comprehensive Cancer Center
*Buffalo, New York*
*877.275.7724 • roswellpark.org*

Siteman Cancer Center at Barnes-Jewish Hospital
and Washington University School of Medicine
*St. Louis, Missouri*
*800.600.3606 • siteman.wustl.edu*

St. Jude Children's Research Hospital/
The University of Tennessee Health Science Center
*Memphis, Tennessee*
*866.278.5833 • stjude.org*
*901.448.5500 • uthsc.edu*

Stanford Cancer Institute
*Stanford, California*
*877.668.7535 • cancer.stanford.edu*

The Ohio State University Comprehensive Cancer Center -
James Cancer Hospital and Solove Research Institute
*Columbus, Ohio*
*800.293.5066 • cancer.osu.edu*

The UChicago Medicine Comprehensive Cancer Center
*Chicago, Illinois*
*773.702.1000 • uchicagomedicine.org/cancer*

The University of Texas MD Anderson Cancer Center
*Houston, Texas*
*844.269.5922 • mdanderson.org*

UC Davis Comprehensive Cancer Center
*Sacramento, California*
*916.734.5959 • 800.770.9261*
*health.ucdavis.edu/cancer*

UC San Diego Moores Cancer Center
*La Jolla, California*
*858.822.6100 • cancer.ucsd.edu*

UCLA Jonsson Comprehensive Cancer Center
*Los Angeles, California*
*310.825.5268 • uclahealth.org/cancer*

UCSF Helen Diller Family Comprehensive Cancer Center
*San Francisco, California*
*800.689.8273 • cancer.ucsf.edu*

University of Colorado Cancer Center
*Aurora, Colorado*
*720.848.0300 • coloradocancercenter.org*

University of Michigan Rogel Cancer Center
*Ann Arbor, Michigan*
*800.865.1125 • rogelcancercenter.org*

University of Wisconsin Carbone Cancer Center
*Madison, Wisconsin*
*608.265.1700 • uwhealth.org/cancer*

UT Southwestern Simmons Comprehensive Cancer Center
*Dallas, Texas*
*214.648.3111 • utsouthwestern.edu/simmons*

Vanderbilt-Ingram Cancer Center
*Nashville, Tennessee*
*877.936.8422 • vicc.org*

Yale Cancer Center/Smilow Cancer Hospital
*New Haven, Connecticut*
*855.4.SMILOW • yalecancercenter.org*




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